Population health: Going beyond primary care, making it work in a complex health system

Mary Brainerd, HealthPartners President and CEO
A little about HealthPartners

coverage
1.4 million
plan members

patients
1 million +
cared for yearly

care system
1,700 physicians
50+ medical clinics
20+ dental clinics
7 hospitals
What creates health?
(a little humility, please...)
30% health behaviors

20% clinical care

40% social & economic factors

10% physical environment

Source: County Health Rankings model © 2010 UWPHI
Who we are: Head + Heart, Together

**Mission**
To improve health and well-being in partnership with our members, patients and community.

**Vision**
Health as it could be, affordability as it must be, through relationships built on trust.

**Values**

**EXCELLENCE**
We strive for the best results and always look for ways to improve.

**COMPASSION**
We care and show empathy and respect for each person.

**PARTNERSHIP**
We are strongest when we work together and with those we serve.

**INTEGRITY**
We are open and honest and we keep our commitments.
Population health: Moving from one patient at a time...
...to supporting health.

- **30,000** patients with diabetes
- **25%** of patients with behavioral health diagnosis
- **4,000** frail, elderly with 16+ scripts
- **1%** of patients account for 25% of costs
Essential elements to successful population health:
Informatics and analytics to understand populations

Integrated team-based approach and outreach

Innovation

Goals and will

Aligned payment and business model

Partnerships for health
Measures for success

- **Better health**
  - Achieve top decile in Partners for Better Health Measures*

- **Improving experience**
  - Achieve top decile score nationally, and leading scores in the region

- **Affordable care**
  - Total cost of care performance that is 10% lower than the region average

- **Thriving culture**
  - Leading results on engagement survey

- **Growth in patients and members**
  - Consistent with the 5-year strategic plan

*More than quality — health

... *while maintaining our financial health.*
Implementation at Scale:
- Call, Click, Come In
- Risk stratification + micro segmentation
- Patient-centered registries, planning and outreach
- Enhanced care teams
- Performance reporting aligned with goals
Most cost-effective settings for care: Call, Click, Come-in

Condition complexity/cost

- ER
- Urgent Care
- Clinic Visit
- Quick Clinic
- Well@Work
- Walmart video visit

Condition simplicity/convenience

- Phone Visit
- CareLine
- E-visit
- Video Visit
- virtuwell
- E-mail

Triple Aim
Project Portfolio

HealthPartners
virtuwell.com:
Convenient, easy to use and savings every time

50+ treatable conditions
99% say it’s easy to use
$105 claims savings
2.5+ hours saved per visit
More affordable onsite care and productivity savings
New model for depression care

Stepped model

SEVERE: Medication; **and** therapy; **and** self care

MODERATE: Medication; **and/or** self care or therapy

MILD: Self care; **and** therapy

Beating the Blues
Quality: Everybody works on something, knows why it matters, measures results

- Appropriate Care score in Stroke patients.
- Reducing Lung Cancer Mortality – Role of low dose CT Screening
- Appropriate use of imaging in patients with melanoma
- Symptom improvement and functional status in patients with Back Pain
- Blood pressure control in nephrology
- Preparing colon cancer: adenoma Detection rate
- Gout – uric acid levels
- Asthma control
- Acute MI: Door to Balloon time
- Adherence to protocols in patients with breast cancer
- Diabetes patients in good control
- Duodopa administration for selected patients with Parkinson’s Disease
- Patients with HIV: undetectable viral load, cervical cancer screening
Transforming how care is paid for.
Total cost of care — healthpartners.com/tcoc

- Population based model
- Attributable to medical groups
- Includes all care, treatment costs, places of service, and provider types
- Measures overall performance relative to other groups
- Illness-burden adjusted
- Drillable to condition, procedure and service level
- Identifies price differences and utilization drivers
- Developed in partnership with network
Total cost of care uptake nationally

In use by 160+ licensees across 35 states and the District of Columbia.
Northwest Alliance update
Northwest Alliance Triple Aim initiatives

- **Community Health:**
  - Community Flu Campaign (started 2013)
  - Pediatric Obesity Program (started 2012)
  - Accountable Communities for Health (2014)
  - Community Wellness and Health Promotion
- **Electronic Medical Record Integration Optimization**
  - Prospective Consent for Care Everywhere (2013)
  - Review of CE matching criteria (2014)
  - Epic Care Link (2014)
- **Medication Adherence Outreach** (2013)
- **Low Risk Chest Pain Protocol for Alternatives to Admission** (2012)
- **Community Paramedic Program** (2014)
- **Optimal Treatment of Chronic Pain**
  - ED Care Plans for Chronic Pain (2014)
  - New Pain Medicine Clinic (2015)
- **Expanded Urgent Care Locations and Hours** (2012)
- **Home Health, Palliative Care and Advanced Directives**
  - New Outpatient Palliative Care Clinic (2014)
  - Increasing inpatient palliative care and hospice
  - Advanced care planning
- **Linking Patients to Primary Care** (2014)
- **Centralized Disease and Case Management** (2014)
- **Case Management in ED** (2012)
Northwest Alliance Triple Aim initiatives

- **Mental Health Initiatives**
  - Improved systems of communication, handoffs and transitions (2014)
  - Increased IRTS post-acute capacity (2014)
  - Community Engagement and Partnership Around Mental Health (2012)
  - Partial Hospital Program Expansion (2013)
  - Access for outpatient mental health services

- **Readmissions Interventions**
  - Transition conferences, recommendations to outpatient provider and follow-up appts (2013)
  - ED and Discharge Lists to Clinics (2012)
  - Booking of appts prior to discharge (2014)

- **Specialty Care Partnerships**
  - Primary Care Liaisons with Specialists
  - Referral and Handoff Guidelines
  - PCP Phone Consultation with Specialist
  - Care in primary care - specialty referrals

- **Primary Care Access**

- **Education around Generics Prescribing**

- **High Tech Imaging decision support**

- **Reducing Inductions of Labor at < 39 weeks**

- **Back Pain Protocol and Guidelines**

- **Increasing Colorectal Cancer Screening**

- **Patient Experience initiatives**

- **Engagement of Physicians and Staff**
Background on Pain Care in NW Metro

New Northwest Pain Clinic

- Anoka County had the largest number of opioid/heroin related deaths than any other county in Minnesota.

StarTribune

Anoka County forums will address heroin and prescription drug abuse

January 18, 2014 - 4:27 PM

Alarmed by the rise in heroin and prescription painkiller abuse, Anoka County authorities will host three educational community forums in the coming weeks.

Representatives from the Sheriff’s Office, attorney’s office and Minnesota Adult and Teen Challenge will discuss the dangers of heroin, opiates and prescription painkillers.
ED Trend: Visits/1,000 Risk Adjusted Medicaid IHP ACO Population

- Northwest Alliance IHP
- MN Medicaid Attributable Population

Year: 2012, 2013, 2014

- 2012: 712
- 2013: 671
- 2014: 632

HealthPartners
Allina Health
2014 Northwest Alliance TCOC Trend HealthPartners Commercial Population
In 2014, the Northwest Alliance achieved maximum shared savings and reduced total cost of care by over $7.0 Million!
2015 Northwest Alliance structure

Northwest Alliance Oversight Council

NWA Clinical Integration Committee
- NWA HPMG Chiefs and Clinic Leaders Workgroup (HP)
- NWA Allina Health Group Workgroup (AH)

NWA Contract and Financial Oversight Committee
- Northwest Community Health Workgroup
- Mercy Hospital Linking Patients to Primary Care
- NWA Mental Health Leadership Workgroup

HPMG Primary Care Liaisons to Specialty Care (HP)

Mersey Hospital Hospitalist Leadership Team

Northwest Interoperability Committee

Ad-hoc Triple Aim Workgroups

MH Workgroups: A&R, Anoka County and various others

* New in July 2015
HealthPartners illness-burden adjusted TCOC

- **17%** Lower than Minnesota costs
- **8%** Lower than regional costs
- **1.8%** Lower trends, on average
“... it is important to remember that we cannot become what we need to be, by remaining what we are.”

— Max DePree