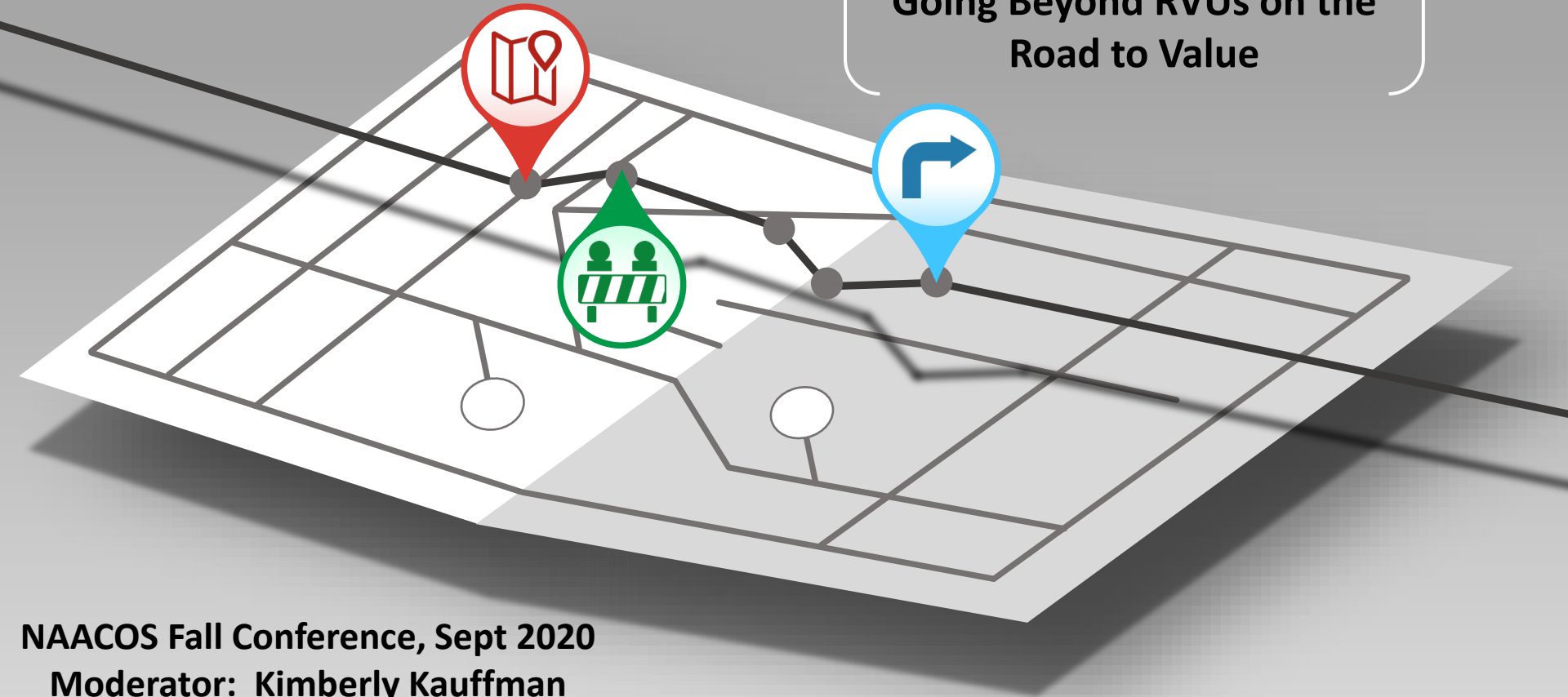
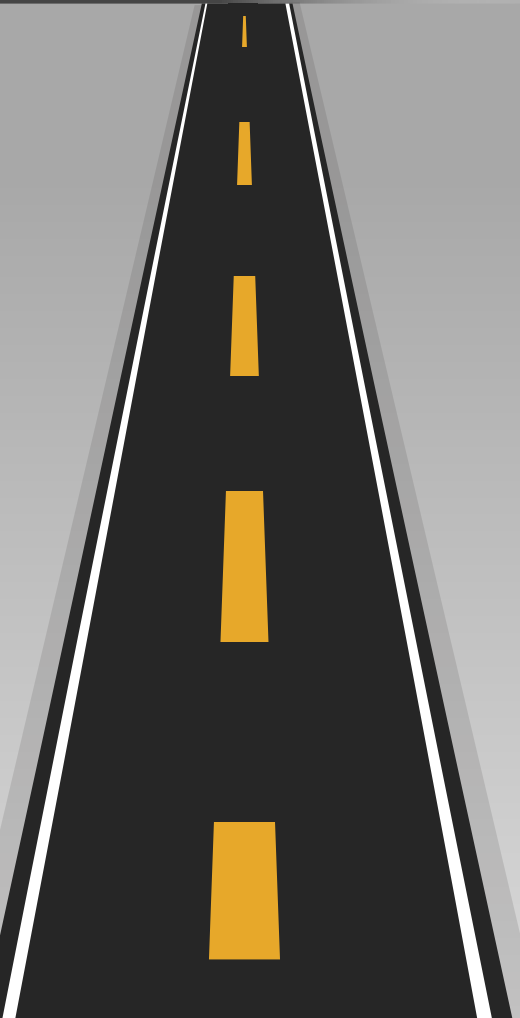


Physician Comp: Going Beyond RVUs on the Road to Value



NAACOS Fall Conference, Sept 2020
Moderator: Kimberly Kauffman



Agenda

The What – imperative for change

The Why – things to consider

The How – approaches used by peers

The When – tipping point

Q&A

The What - Misalignment

Anyone see a navigation problem here?

COMPENSATION BASIS

We pay physicians based on productivity

1

BUT

We want them to focus on the **Patient's Experience of Care**

2

AND

We want them to focus on **Improving Health Outcomes**

3

AND, AND

We want them to focus on **Decreasing the Total Cost of Care**

4

GOAL

Align Compensation Model with Organization's Value-Based Goals

7

AND, AND, AND

We want them to **Not Burnout and Find Joy in Practicing Medicine**

5

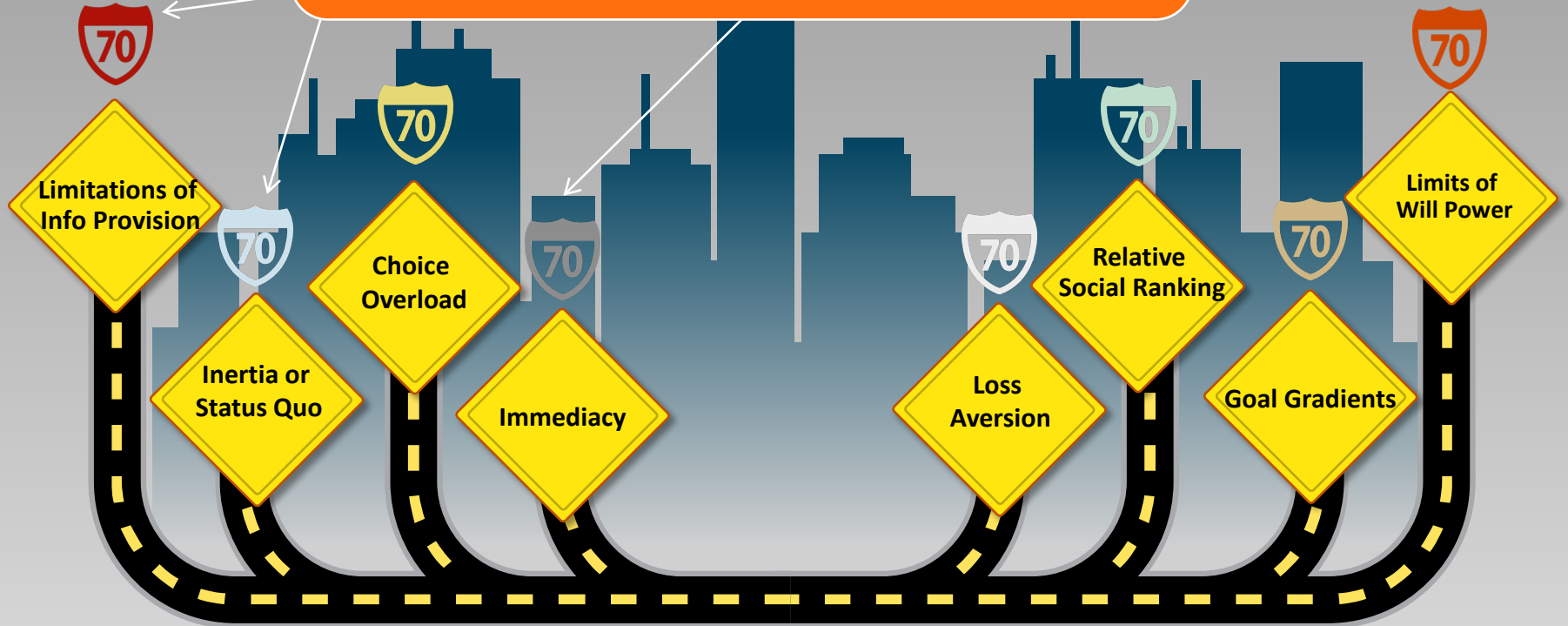
"CRASH AHEAD?"

waze



6

Using Behavioral Economics to Design Physicians Incentive That Deliver High-Value Care¹



1. Author Kevin Rosteing, Annals of Internal Medicine, March 14, 2016

CareMount Medical, P.C.

Comprehensive Multi-Specialty Physician Group with 600+ Providers and 50+ Specialties

Internal Medicine

97

Family Medicine

20

Pediatrics

52

OB / GYN

44

Anesthesiology

26

Ophthalmology

21

Radiology

20

Orthopedic
Surgery

19

Gastroenterology

19



Distinguished Awards



Representing Leading Academic Institutions



Leading Hospital Affiliations



Note: Counts exclude 250+ other providers.

State-of-the-Art Facilities & Procedure Suites

48 offices across Westchester, Putnam, Dutchess, Columbia and Ulster counties, and New York City

State-of-the Art Facilities

8

Urgent Care
Clinics

3

Affiliated
ASCs

1

Central Robotic
Laboratory

12

Major
Campuses

5

Infusion
Sites

5

Endoscopy
Suites

48

Offices



Kingston Campus



Mount Kisco Campus



Fishkill Westage Campus



Mount Kisco Endoscopy Suite



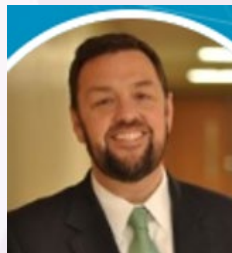
*GE SIGNA Voyager
MRI Scanner at
Yorktown Campus*



*Mount Kisco Endoscopy Suite -
Procedure Room*



CareMount Clinical Laboratory



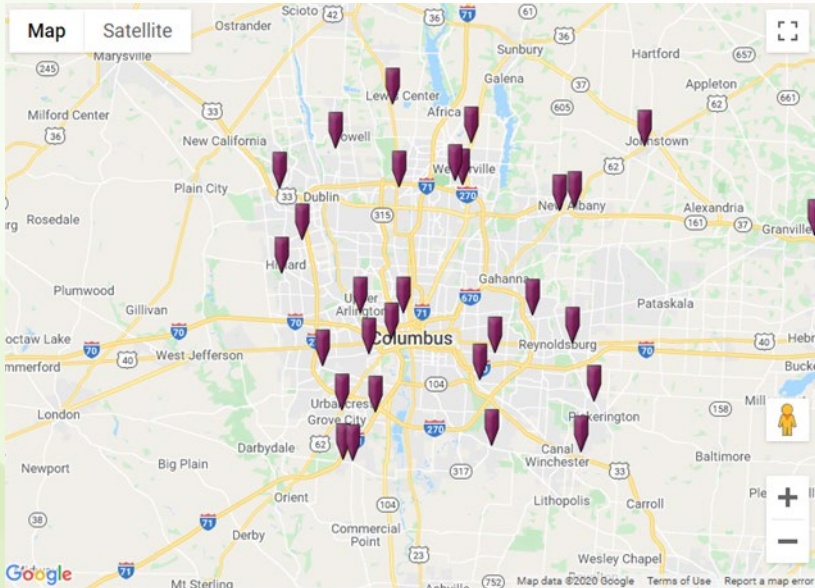
Mark Vorherr, President and COO

Mount Carmel Medical Group

MCMG SLIDES CONFIDENTIAL - DO NOT DISTRIBUTE WITHOUT MCMG PERMISSION



Mount Carmel Medical Group: more than 300 physicians practicing in 60+ locations throughout central Ohio



Mount Carmel Medical Group is focused on doing what's best and doing what's right for you and your family.

We believe in offering our patients the highest quality medical care in a convenient, friendly atmosphere.

We strive to make the doctor-patient relationship a friendly one and encourage patients to take an active role in their healthcare.



BECAUSE
OF YOU

Michael Sheehy, MD

Chief of Population Health & Analytics

Reliant Medical Group



Reliant Medical Group

299



PHYSICIANS

197
ADVANCED
PRACTITIONERS



317,000
PATIENTS

2500
EMPLOYEES



19

(May 2019)

CLINICAL
LOCATIONS

- Adult Medicine
- Pediatrics
- Geriatrics
- Specialty Care
- Urgent Care
- Occupational Health
- Durable Medical Equipment
- Optical Care
- The Endoscopy Center
- Laboratory
- Radiology
- Rehabilitation and Sports Medicine

Patient Populations and Business Model

- 220,000 primary care patients in central Massachusetts
- Payer mix is about 50/50, risk and FFS
- Revenue split is 75/25, risk and FFS
- Most are global risk:
 - 55,000 full risk commercial
 - 14,000 full risk Medicare Advantage
 - 10,000 full risk NextGen ACO
 - 33,000 shared risk Medicaid

The Initial business plan

- 78 new physician contracts with increased compensation risk tied to quality performance
- Annual wellness process as a priority to further gain share performance
- Big goal: what does going from 13% to 60% completion rate mean to us?
- EMR needs to change (workflow and documentation)
- Patients need to help us in the process (iPad check, PHQ-9, etc.)
- Identify the right resources for AWW (investment)
- Physicians need to own AWW
- Leadership & Physician buy-in: this investment works for patients

Communication and Feedback

- “Dr. Courser” emails
- By clinician
- By practice
- Performance to goal

AWW Data by Clinician June 2020.pdf
137 KB

HTN by provider 2020 JUNE.pdf
134 KB

Sent: Thursday, July 2, 2020 2:08 PM

To: COCS DISGROUP MCMG Primary Care Providers DG U <COCSMCMGPrimaryCareProviders@mchs.com>; COCS DISGROUP MCMG APRNs Primary Care DG U <cocsmcmgaprnspc@mchs.com>

Cc: MCMG Administration <MCMGAdministration@mchs.com>; MCMG Office Managers <mcmgofficemgrs@mchs.com>

Subject: [Quality] June AWW and HTN update

To: MCMG **Primary Care** Physicians, APP's and Practice managers
 From: Mark Vorherr and Maria Courser, MD
 Date: July 2nd, 2020
 Re: [Quality] June AWW and HTN update

“Because of You”

Relevance: What is our group progress on AWW's and HTN control to date?

Below is a graph showing AWW completion rate by month compared to the last 3 years. Going forward, these communications will also include HTN control rates by practice given our MAP BP initiative. Please see the 2 attachments for AWW completion rate by clinician as well as current HTN control rates by clinician.

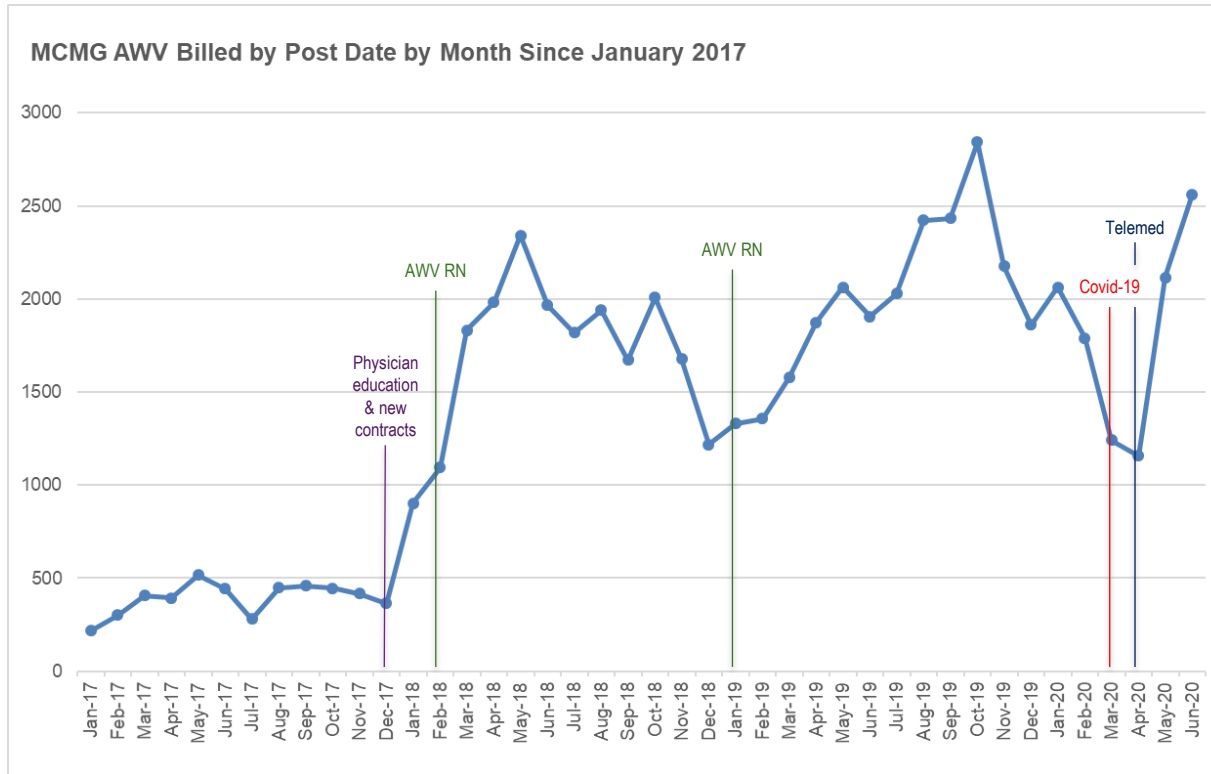
I am astonished at our June performance. Thanks to all of you for your hard work!

	Goal	January	February	March	April	May	June
AWV	60%	5%	10%	13%	17%	22%	29%
HTN	81%	72.83%	72.64%	72.44%	72.09%	71.54%	70.34%

MCMG AWW Completion (2017-2020)

Date of Charge Post

Columbus, Ohio: Annual Wellness History & Timeline



The ongoing business plan

- “Exhibit A” contract changes for annual alignment
- Introduction of the CY2020 “In-Year Incentive”
- Support staff training
- The Medicare Advantage Roadshow for clinicians (October- December 2019)
 - Includes examples of HCC coding and gap close
- EMR needs to change (identify gaps prior to the appointment)
- Investment in coding resources (RAF)

Ongoing Learning & Performance

MA Financial Performance

MA Plan	Current MLR %r/Target	Data Timing
MediGold	67.6% / 85%	July 2020
Anthem MA	73% / 86%	June 2020
Humana MA	80% / 86%	May 2020
Aetna MA	72.5% / 85%	June 2020

Clinical Condition Revalidation Performance

MA Plan	HCC Revalidation %	Data Timing
MediGold	73.3%	7/31/20
Anthem MA	58.1%	6/30/20
Humana MA	69.9%	7/29/20
Aetna MA	60.4%	6/30/20

Example of Shared Daily Appointment Management in MS Teams

MCMG Daily Metrics.xlsx

Search or type a command

File Home Insert Formulas Data Review View Help Open in Desktop App Tell me what you want to do Editing

Sheet View: Default Keep Exit New Options Freeze Panes Show Headings Show Gridlines

CO31 138

	A	B	C	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ
1	MCMG Daily Statistics																
2				M	T	W	Th	F			M	T	W	Th	F		
3				5/18	5/19	5/20	5/21	5/22	5/23	5/24	5/25	5/26	5/27	5/28	5/29	5/30	5/31
4	Primary Care																
5	Established patient appts																
6	New patient appts																
7	AWV visits billed																
8	Open encounter >30days																
9	Specialty Care																
10	Established patient appts																
11	New patient appts																
12	Open encounter >30days																
13	Other																
14	Telemed/Evisit appts																
15	Telemed/Evisit codes billed (E&M)																
16	Telemed/Evisit codes billed (G2012)																
17	Telemed/Evisit codes billed (99421-99423)																
18	Telemed/Evisit codes billed (99441-99443)																
19	Total Telemed/Evisit codes billed																
20	Zpnosis encounters																
21	Qltssoft users_active																
22	Daily Cancellation Count																
23	Encounters																
24	All Encounters																
25	Percent Telemedicine to All Encounters																
26	Referral to Fever Clinic																
27	Covid-19 positive cases (cumulative)																
28	Covid-19 MCMG lab orders																
29	Testing stations visits																
30	Outbound/outreach to patients																
31	Email Campaign (# sent)																
32	Open rate																
33	Outbound calls or outreach																
34	Colleagues																
35	Providers on Quarantine																
36	Staff on Quarantine																

In Summary

- Educate
- Support
- Create incentive
- Consistently measure
- Questions?

Why Change the Compensation Model?

- In 2015 Reliant Medical Group merged with Southboro Medical Group
- Legacy Reliant had a long history with mostly risk-based HMO and MA contracts, compensation primarily panel-based
- Southboro historically more FFS, compensation model was pure FFS % of collections, regardless of payer
- Both had evolved to very a similar payer mix but retained their legacy practice styles

How to Change a Culture: Change Compensation

- Changing compensation models is *hard!*
- Fortunately we needed to change both groups to one that truly reflected our current corporate business model
- Educating all on the business model is fundamental
- Need senior physician buy-in
- Overcommunicate
- Be inclusive in soliciting input and feedback
- Phase in such a large change over time

Adult Primary Care Compensation Model

	<u>Component</u>	<u>Calculation</u>	
Clinical Salary	RVUs (40% Allocation)	<i>Work RVUs</i> x \$/RVU	Total Medical Expense (TME) Factor (1.00-1.10)
	Panel (40% Allocation)	<i>Age-sex weighted (ASW) Panel</i> x \$/Panel	
	Patient Satisfaction (10% Allocation)	Press Ganey % WR Very Good scaled vs Department Median \$ per 1.0 Clinical FTE if at Median	
	Clinical Quality (10% Allocation)	<i>(Team Gate Score / Corporate Gate Score)</i> x Clinical FTE x \$	
	Tenure Salary	\$1,500 per applicable year of experience; FTE adjusted (paid FTE), Maximum of \$30K	
	Stipends	Site Chief, AP Supervisory, Other Admin roles, etc.	
	Non-Salary Payments	Moonlighting, 25+ Years of Service, etc.	

Reliant Physician Compensation

- Provider salaries calculations changed to biannual
- Salaries calculated as an annualized figure, with a 6 month salary draw, using rolling 12 mos of data
- Physicians were eased onto the new model over 3 years
- New data every 6 months and paid the better of during transition
- New hires are guaranteed a salary for two years but are also calculated on their department's variable model and paid the better of

Primary Care Advanced Practitioner Compensation Model

- Problem to solve:
- Need to move off of legacy fixed salaries, no differentiation with performance
- Align with new primary care physician model
- Flexible enough to allow variation in practice models
 - Team care 1MD +1 AP with all patients assigned to MD
 - AP as PCP with patients assigned to AP
 - AP seeing same day visits for a site
 - Any combination of the above

Primary Care Advanced Practitioner Compensation Model

70% Guaranteed Salary (Individual)
10% Work RVUs (Individual)
10 (+)% Panel (Individual)
5% Quality (Team Score)
5% Patient Satisfaction (Individual Score)

Guaranteed Salary

- Legacy market-based payroll salary
- Excludes any non salary payments
 - *Moonlighting*
 - *Bonuses*
- 70% paid to individual provider, 30% placed into pool for variable metrics

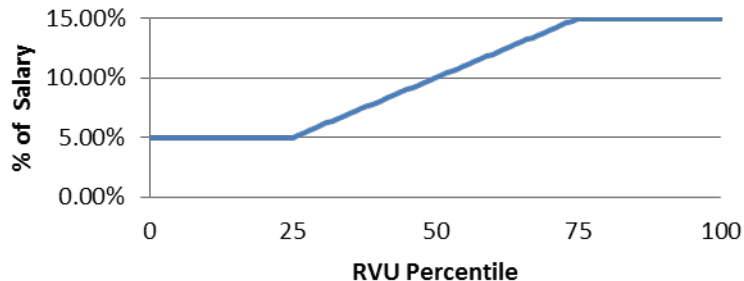
Work RVUs

Methodology:

Calculate an average \$/FTE for the 10% compensation pool. Amounts would be adjusted based upon RVU %tiles and clinical FTE.

- Those under 25%tile would lose 5% of the RVU \$/FTE.
- Those between 25-50%tile would lose between 0-5% of the RVU \$/FTE (calculated in a linear fashion)
- Those between 50-75%tile would gain 0-5% of the RVU \$/FTE (calculated in a linear fashion)
- Those above 75%tile would gain 5% of the RVU \$/FTE

RVU Salary Component



Panel Calculation

- \$ 30/ Age-Sex Weighted (ASW) Panel Member
 - AP acting as PCP
- \$15/ Attributed Panel Member - any ASW Panel Members
 - Team care model or any combination

Definition:

Patients are attributed to the AP if he/she has delivered the predominant amount of primary care over the course of a year for the patient, regardless of the PCP on record (adjusted by ASW as well)

Quality

5% of Salary Pool

Team Score:

Gatescore calculated at the Site Level

Metric Comparison:

Corporate Gatescore

Calculation:

*$\$/ \text{Clinical FTE} * (\text{Team Score} / \text{Corporate Score}) *$
*Provider's Clinical FTE**

Patient Satisfaction

5% of Salary Pool

Individual Score:

Likelihood to Recommend Care Provider

Metric Comparison:

Press Ganey specialty specific benchmarks – each percentile attributed to an adjustment factor 50% to 150%

Calculation:

*$\$/ \text{Clinical FTE} * \text{Adjustment Factor}$
** Provider's Clinical FTE**

The When

When should an organization begin to Align Compensation Model with Organization's Value-Based Goals?



Based on the % of patients in a value-based arrangements?



Based on the % of revenue from value-based arrangements?



Questions?

