

A Foot in Two Canoes

Succeeding in both Fee-For-Service
and Value-Based Care



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Succeeding in both Fee-For-Service and Value-Based Care

Lessons Learned

APRIL 2020



UnityPoint Health

UnityPoint Accountable Care

Multi-state ACO

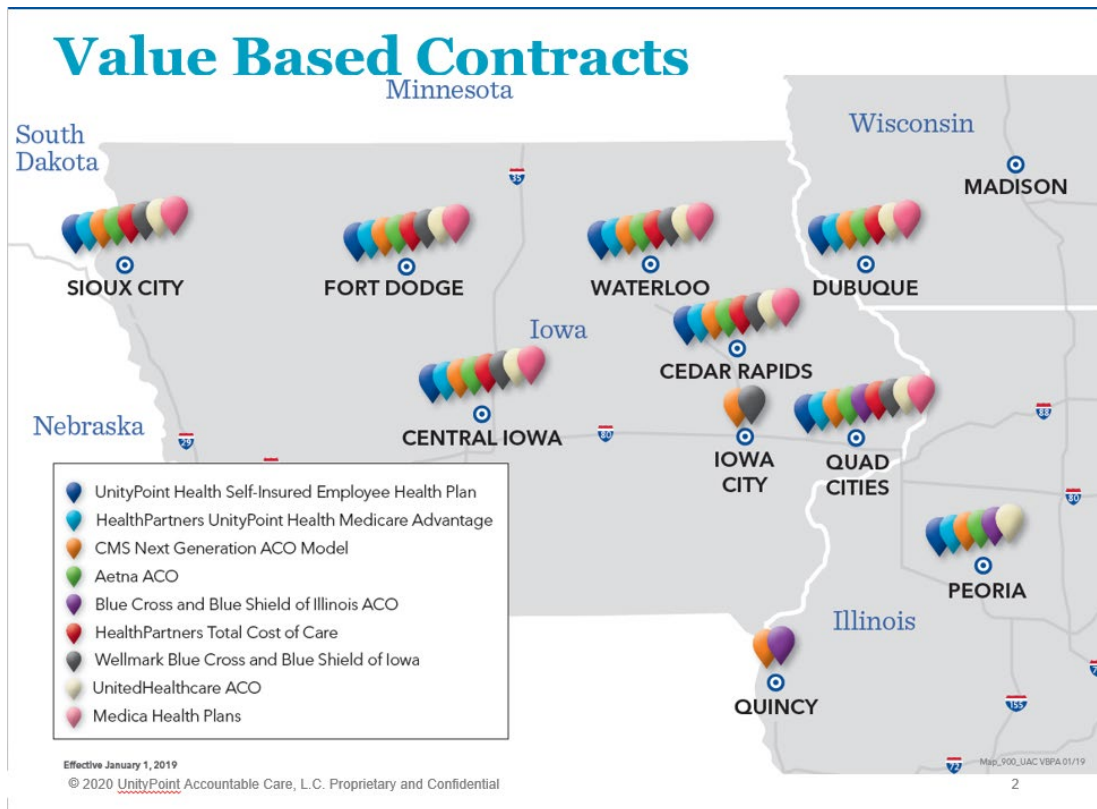
Value-Based contracts

250,000 lives in Value Agreements
50%+ with downside risk = \$1B+

8,000+ Providers

5,542+ independent
2,308 employed
45 hospitals

Approximately 104,000 lives in Next Generation Model ACO



Lessons Learned

Determine your destination and plan how to get there.

Lessons Learned

Make sure your partners are engaged in the idea
AND give them the information and tools they
need to get behind the strategy.

Lessons Learned

Know your contracts, know your plan, and execute.



Empowering Physicians
TRANSFORMING HEALTHCARE

Lessons Learned from the Journey to Risk



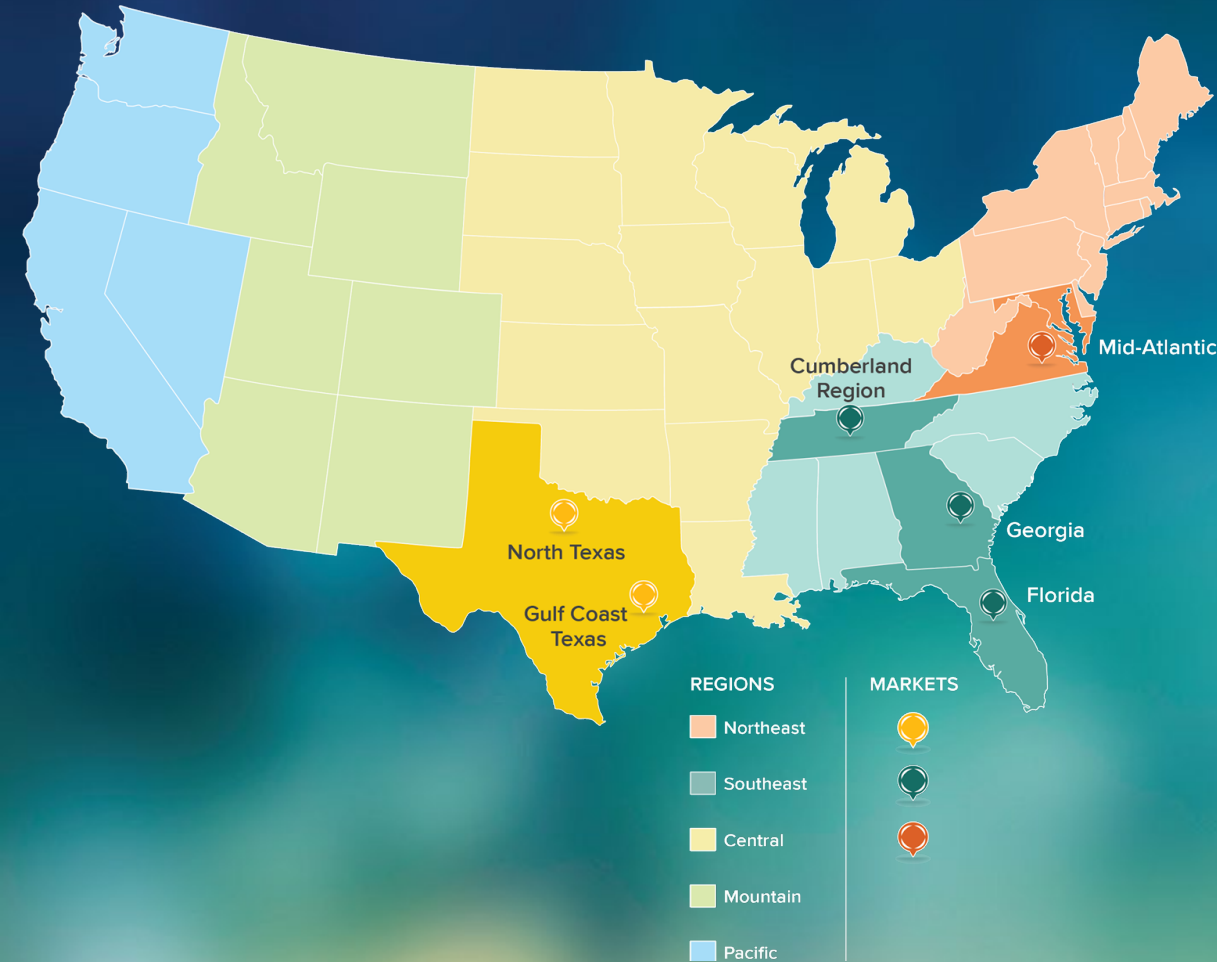


2,500+
Providers

658K
Attributed Lives

190K
Medicare Advantage &
MSSP Lives

\$285M+
Total Savings Generated
(2014 - 2018)



TRANSFORMATIONAL JOURNEY

Methodical process to move providers and the market to value

1

Practice Fundamentals

Stabilize the practice to create a successful base

2

Enhanced Experience

Upgrade the patient experience

3

Fundamentals of Value

Execute on the fundamentals of value-based care

4

Comprehensive Care

Take greater responsibility for the totality of patient care

5

Advanced Clinical Model

Redesign practice to succeed in mature value models

Privia Capabilities

Provider Expectations

Key Metrics

- EHR & Patient Portal
- Revenue Cycle
- Payer Contracting
- Performance Mgmt
- Reporting

- Practice Websites
- Online Scheduling
- Virtual Visits
- Patient Outreach
- Satisfaction Surveys

- Membership Growth
- Risk Adjustment
- Quality Measures
- POD Engagement
- Value Reporting

- Total Cost of Care
- Referral Management
- Care Management
- Palliative Care
- Behavioral Health

- Advanced Practitioners
- Network Delegation
- Inpatient Mgmt
- Risk Positioning
- Virtual Assistant



PRIVIA'S VISION FOR VALUE-BASED CARE

Keys to success (as identified by our providers)

1

Like-minded Payer Partner

Select 1-2 preferred payers in region, trying to accomplish the same goals

2

Contract with Aligned Incentives

Aligned values and stair-steps to risk over time, across multiple lines of business

3

Provider Compensation Model

That incentivizes performance on improving quality and lowering cost

4

Physician Leadership

And Governance that creates accountability across the group

5

Oriented toward Growth

Patient membership growth (per physician) and physician growth in region

6

Team Sport

Engaged practice staff and supplemental support roles

7

Transparent & Timely Data

To be shared transparently across the group to create continuous improvement

8

Embedded Workflows

Process and technology integrated into the point-of-care for clinicians

PHYSICIAN ENGAGEMENT

We believe an engaged physician is the starting place for value-based care

SHARED VISION

Bring together like-minded providers who share common vision and mission for better patient care

GOVERNANCE

Build governance structures selecting physician leaders that will make the hard decisions necessary to be successful in value-based care

LOCAL PODs

Organize providers into local peer groups to create accountability, and drive follow-through with the Privia team



INCENTIVES

Align incentives with provider and payer to encourage right activities and reward performance

PRIVIA RESOURCES

Additional services, talent, and technology to reduce administrative burden

EMBEDDED WORKFLOWS

Move data and decision support to be integrated within the provider's EHR workflow

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Jamie L. Reedy, MD, MPH
Chief Population Health Officer

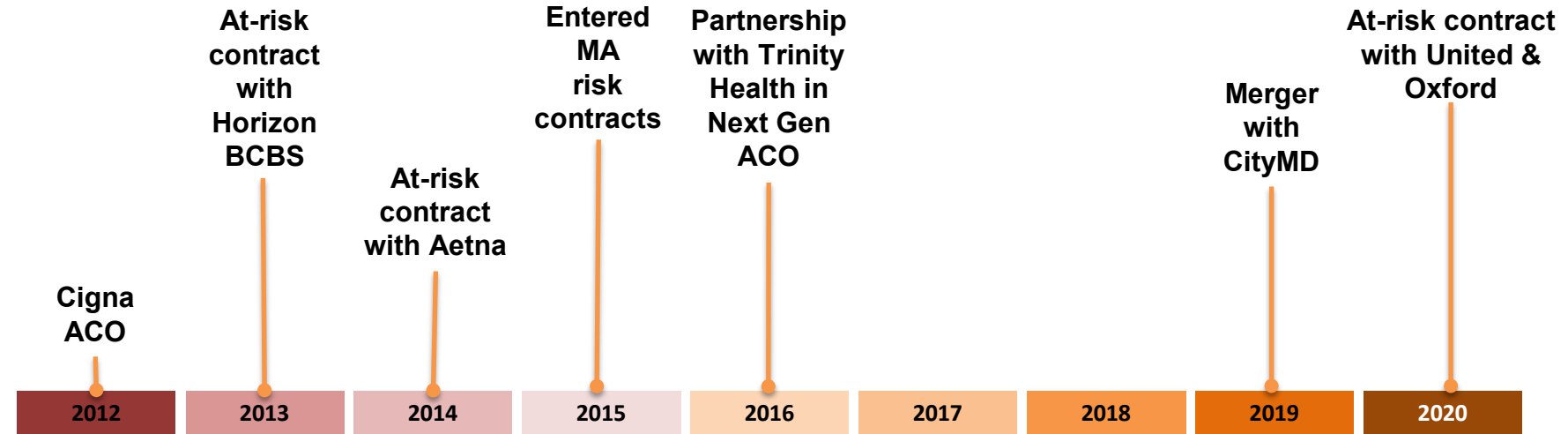


Ashish D. Parikh, MD
SVP of Medical Affairs and
Quality



Our Strategy: Progressive Increases in Risk

2012 – 2020: Growth from 3K to 165K attributed lives



Increasing our risk progressively was key to our success



Growth in providers to match population needs and to grow attribution

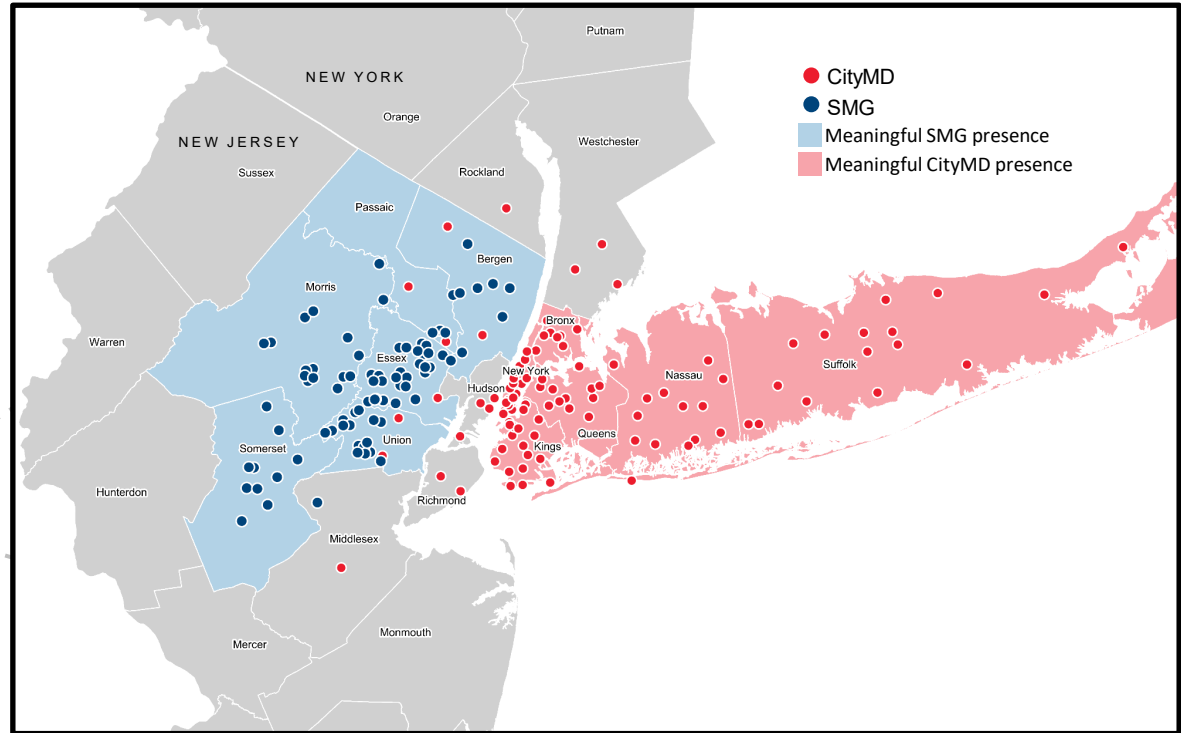


Progressive success enabled further investment in value-based care



Summit CityMD

- 4.6 million annual patient encounters
- 1,300+ providers
- \$1.16 billion in revenue
- 190+ locations across tri-state area



What Comes First?

Investment in Population
Health Infrastructure
(people and technology)



Revenue from Value-
Based Reimbursement

Both!

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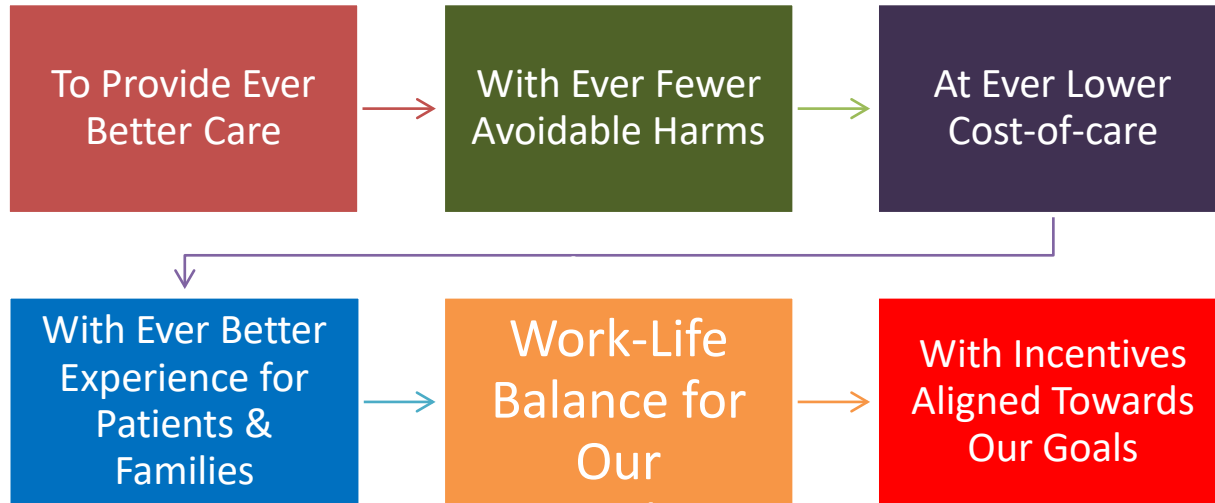


CITYMD
URGENT CARE



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Ultimate Shared Goals



Our VBC Call to Action

- Ensure every patient has a PCP
- **Prove great care:** Satisfy Quality Metrics in the EHR
- Offer a superior patient experience

- **Get credit for hard work:** Capture disease burden with accurate coding of all chronic conditions
- **If you think it click it**

$$V \text{ (VALUE)} = \frac{Q \text{ (QUALITY)} + D \text{ (DISEASE BURDEN)}}{\$ \text{ (COST)}}$$

- **No Place Like Home:** Keep patients out of expensive settings (e.g Hospitals, EDs, SNFS)
- **Choose Wisely:** Reduce avoidable utilization
- **Keep It in the Family:** Use SMG consultants and services

Universal Provider Incentive Program

$$\begin{array}{c} \mathbf{V} \\ \text{(Value)} \end{array} = \frac{\begin{array}{c} \mathbf{Q} \\ \text{(Quality)} \end{array} + \begin{array}{c} \mathbf{D} \\ \text{(Disease Burden Capture)} \end{array}}{\begin{array}{c} \$ \\ \text{(Cost)} \end{array}}$$

UPIP Structure

Applies to all providers

Specialty-specific measures

20% of compensation tied to UPIP

Transparent reporting

Aligns with VBCs & Ever Evolving

Attributes

Clinical Quality and Utilization Measures

Patient Experience: Net Promotor Score

Access: Extended Hours and Weekends

Disease Burden Accuracy

Productivity

