As Good as it Gets?:
Managing Risks of Cardiovascular Disease in California's Top Performing Physician Organizations

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Overview

1. Interview process and content
2. Methods
3. Structural capabilities of top performers
4. Facilitators and barriers to implementing new systems
5. Overview of strategies with limited adoption among groups
6. Reflection- Moving the needle?
Interviews of RCI’s Top Performers

- Includes medical directors and quality improvement leaders from physician organizations scoring better than the 90th percentile of national performance on LDL and HbA1c control measures among commercially-insured health plan enrollees as part of the 2011 RCI.

<table>
<thead>
<tr>
<th>Organization</th>
<th>#Primary Care Physicians</th>
<th># Specialists</th>
<th>Central Location</th>
<th>Year Founded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sutter Gould Medical Foundation</td>
<td>90</td>
<td>170</td>
<td>Modesto, CA</td>
<td>1948</td>
</tr>
<tr>
<td>Arch Health Partners*</td>
<td>25</td>
<td>14</td>
<td>Poway, CA</td>
<td>2010</td>
</tr>
<tr>
<td>The Permanente Medical Group*</td>
<td>1570</td>
<td>2449</td>
<td>Oakland, CA</td>
<td>1948</td>
</tr>
<tr>
<td>UCLA Medical Group</td>
<td>200</td>
<td>1000</td>
<td>Los Angeles, CA</td>
<td>1985</td>
</tr>
<tr>
<td>Palo Alto Medical Foundation</td>
<td>116</td>
<td>160</td>
<td>Burlingame, CA</td>
<td>1930</td>
</tr>
<tr>
<td>St. Joseph Heritage Medical Group</td>
<td>50</td>
<td>10</td>
<td>Orange, CA</td>
<td>1964</td>
</tr>
<tr>
<td>St. Jude Heritage Medical Group</td>
<td>65</td>
<td>60</td>
<td>Fullerton, CA</td>
<td>1929</td>
</tr>
<tr>
<td>Sharp Rees-Stealy Medical Group</td>
<td>105</td>
<td>300</td>
<td>San Diego, CA</td>
<td>1923</td>
</tr>
<tr>
<td>Mercy Medical Group/CHW Medical Foundation</td>
<td>50</td>
<td>65</td>
<td>Sacramento, CA</td>
<td>1920</td>
</tr>
<tr>
<td>Scripps Clinic Medical Group</td>
<td>134</td>
<td>300</td>
<td>La Jolla, CA</td>
<td>1924</td>
</tr>
<tr>
<td>John Muir Physician Network</td>
<td>266</td>
<td>371</td>
<td>Walnut Creek, CA</td>
<td>1965</td>
</tr>
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</table>
1. To clarify the common systems, interventions, and care processes adopted by the physician organizations to achieve high performance on cardiovascular disease management quality indicators.

2. Interviews assessed implementation facilitators and barriers to changing organizational and financial processes, policies, and strategies.
Major Strategies Assessed

1. Individual physician performance reporting and feedback
2. Medication management protocols
3. Co-management of hypertension and/or hyperlipidemia
4. primary care team huddles (structured team communication)
5. coordination improvement activities with physician specialists (cardiology and endocrinology)
6. group visits and classes focused on diet, physician activities, hypertension management, and diabetes care, and
7. scheduled return telephone visits for high risk patients
Interview Methods and Analysis

- 45-60 minute key informant interviews of medical directors and QI leaders from January 2012-May 2012.
- Record, transcribe, clean transcripts
- Develop code book based on our interview guide and thorough review of transcripts
- Use ATLAS.ti to code interviews
- Employed “member checks” to ensure consistency of coding between researchers
<table>
<thead>
<tr>
<th>Medical group characteristics</th>
<th>Medical group Median (IQR)</th>
</tr>
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<tbody>
<tr>
<td>Number of primary care physicians (PCPs) in medical group</td>
<td>97.5 (60,134)</td>
</tr>
<tr>
<td>% PCPs accepting new patients</td>
<td>82.4% (62.5%, 89.5%)</td>
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<tr>
<td>% Specialists in medical group</td>
<td>58.1% (48%, 71%)</td>
</tr>
<tr>
<td>Payor mix</td>
<td></td>
</tr>
<tr>
<td>% Medicaid</td>
<td>5% (&lt;1%, 9%)</td>
</tr>
<tr>
<td>% Medicare</td>
<td>25% (16%, 26%)</td>
</tr>
<tr>
<td>% Commercial health plans</td>
<td>60% (40%, 72%)</td>
</tr>
<tr>
<td>% Revenues from capitation arrangements</td>
<td>40% (30%, 45%)</td>
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</table>
Diverse non-physician support specially trained in cardiovascular disease prevention. All but 2 had one clinical/staff role specially trained.
High on electronic data use, except for specialty interface and alerts for ordered tests not performed

- Electronic radiology test ordering: 9
- Electronic laboratory test ordering: 9
- Emergency department discharge summaries: 9
- Secure electronic messaging to and from patients: 8
- Electronic referrals to specialists: 6
- Alerts if ordered tests are not performed: 3
- Alerts if no note from specialist referral: 1
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Level of Adoption</th>
</tr>
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<tr>
<td>Point of care use of disease registries</td>
<td><strong>HIGH.</strong> Most medical groups use registries to identify high risk patients.</td>
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<tr>
<td>Group visits</td>
<td><strong>LOW.</strong> With exception of health education classes, expansion of group visits has been restricted by complex logistics and limited reimbursement.</td>
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<tr>
<td>Planned return telephone visits</td>
<td><strong>LOW.</strong> Although two medical groups use telephone visits in health education interventions, no medical groups reported the return use of planned return phone visits.</td>
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<tr>
<td>Team huddles</td>
<td><strong>LOW.</strong> Many noted the clinical benefit of team huddles, but efforts are hindered by scheduling issues.</td>
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<tr>
<td>Pharmacists on the care team</td>
<td><strong>LOW.</strong> While pharmacists are used for medication protocols and management, hiring cost restrict complete integration onto primary care teams for most.</td>
</tr>
<tr>
<td>Team-based care</td>
<td><strong>MEDIUM.</strong> Multiple medical groups have attempted to maximize staff’s role in clinical care but financial constraints minimize group’s ability to expand team members.</td>
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Facilitators and Barriers to Care Management Systems Implementation

- Provider Push-back/Resistance: 34%
- Lack of Resources: 21%
- Organizational Capacity: 19%
- Provider Time Constraints: 18%
- Limited Reimbursements: 12%
- Organization Supports Quality Improvement: 29%
- Physician Buy-in: 42%
- Electronic Health Record/Information System: 47%
- Performance-based Financial Incentives: 49%
- Emphasis on data accuracy and collection: 53%
“A particular challenge that we see in implementing quality improvement strategies very broadly speaking is [the issue of] money and capital. Those products and strategies can be very expensive. At times we don’t have the capital to work with...another increasing barrier is the capacity of departments to take on so many projects”

“So if you ask why certain strategies are not implemented, it is because there’s no reimbursement for it. Anytime you ask ‘why’ the answer is usually money...”
“The biggest barrier is finding that staff time to test different strategies. Some of these strategies can be very labor intensive and some providers will not commit to 15-30 minutes because that will take away time from treating patients.”
Pay for Performance
Electronic Health Record
Outside Metrics (HEDIS)

RESPONSE TO EXTERNAL REPORTING
• Infrastructure
• QI Staff
• Performance Metrics
• Data validation

EARLY STAGE

Physician Engagement
Regular QI Meetings

ROUTINE USE OF CARE MANAGEMENT PROCESSES
• Performance reports
• Physician feedback
• Patient experience assessment
• Use of disease registries in chronic care management

MIDDLE STAGE

Staff Engagement
Team-based care
Communication Strategies

PRIMARY CARE DELIVERY REFORM
• Medication management
• Patient self-management systems
• Patient reminders
• Same day scheduling
• Point of care use of disease registry

LATE STAGE

Financial Incentives
Dedicated Leadership
Summary of Top Performing Groups’ Experiences

1. High emphasis on individual physician performance feedback and improving data integrity

2. Physician resistance is a common experience as changes were implemented.

3. Structural capabilities are high, except for electronic specialty interface and electronic clinician-patient communication.

4. Financial/capital constraints are perceived as major barriers to the implementation of self-management support systems

5. Primary care team approaches do not appear to be consistently implemented across top performing sites.
Moving the Needle?- What will it take?