July webinar

THE SECRET SAUCE
How Some Primary Care Practices Are Surviving COVID-19

Wednesday, July 22
3:00 to 4:00 p.m. EDT
01 PCC announcements and introductions

02 Karolina Skrzypek, MD & Ewa M. Matuszewski

03 John Bennett, MD, FACC, FACP & Adetutu Adetona, MD

04 Moderated discussion among panelists

05 Participant Q&A
On PCC's website:

thepcc.org/covid
Today's speakers

**PANELISTS**

- **KAROLINA SKRZYPEK, MD**
  Medical Director, Blue Cross Blue Shield of Michigan

- **EWA MATUSZEWSKI**
  CEO and Co-Founder, MedNetOne Health Solutions

- **JOHN BENNETT, MD, FACC, FACP**
  President and CEO, Capital District Physicians' Health Plan, Inc.

- **ADETUTU ADETONA, MD**
  Owner and President, Lansingburgh Family Practice P.C.

**MODERATOR**

- **Julie Schilz, BSN, MBA**
  Senior Director, Commercial Health Innovation, Mathematica
Blue Cross Blue Shield of Michigan’s Support of the Provider Community During the COVID-19 Crisis

Karolina Skrzypek MD
Medical Director
Provider Engagement
Blue Cross Blue Shield of Michigan
Value Partnerships and its various levers

Value Partnerships, through the Physician Group Incentive Program (PGIP) and Collaborative Quality Initiatives (CQIs) platform serves multiple roles including market leader/convener of the medical community, catalyst of practice transformation, funder of value based reimbursement and an information intermediary.

Ambulatory-focused programs including PGIP and PRP

Hospital-focused programs including Hospital P4P, VBK and CQIs

Ongoing Collaborative Meetings

Value Based Reimbursement (VBR) for physicians

Physician Organization & Hospital Incentives

Various sources of timely, trusted clinical information

PGIP = Physician Group Incentive Program, PRP = Performance Recognition Program, P4P = Pay for Performance, VBK = Value Based Contracting, CQI = Collaborative Quality Initiatives
Responding to the COVID-19 pandemic

• The PGIP and CQI platform has been invaluable during this crisis. Because the platform has been in place for over a decade, we have been able to quickly assemble groups of statewide providers and give them a forum to share information and best practices in dealing with the pandemic. This platform has helped Blue Cross achieve key activities including:
  • Rapid dissemination of policy changes and key information (i.e. patient testing criteria, lab operations, data sharing, and protocols) to the provider community.
  • Understanding the evolving challenges and needs of providers.
  • Quickly responding to meet provider needs through programmatic changes, coordination with other healthcare agencies, and advancing incentive funds.
For the first months of the pandemic we led weekly meetings with key leaders.

- Leaders from the statewide provider community
- BCBSM executives
- Representatives from the Michigan Department of Health and Human Services
- Representatives of major private laboratories
BCBSM accelerated incentive payments to support physicians during COVID pandemic

Starting in April, accelerated payments for POs, OSCs and physician practices were made available

- **Early payments**
  - *Pull forward existing, planned incentive payments*

- **COVID payments**

Accelerated funding was made available to more than 40 physician organizations, including more than 20,000 primary care and specialist physicians

Gave PGIP-affiliated physician organizations immediate financial means to purchase equipment needed to safely test for COVID-19 and treat patients successfully, and to pay physicians for the care they were providing through telehealth visits.
CQIs redesign efforts to be responsive to COVID-19

- Collaborative Quality Initiatives address many of the most common and costly areas of surgical and medical care in Michigan.
  - In each CQI, hospitals and physicians across the state collect, share and analyze data on patient risk factors, processes of care and outcomes of care, then design and implement changes to improve patient care.
- Multiple CQI programs have adapted their operations to specifically address COVID-19.
  - **MVC**: The Michigan Value Collaborative has developed hospital specific resource utilization reports that are aimed at helping hospitals prioritize which surgical services can begin again with the least impact on the care of remaining COVID-19 patients.
  - **HMS**: The Hospital Medicine Safety consortium has launched a COVID-19 registry collecting information on coronavirus patients with the following aims:
    - Identify factors associated with critical illness/severe course and outcomes.
    - Identify patient characteristics, care practices, and treatment regimens associated with improved outcomes.
    - Understand the long-term complications for hospitalized patients including subsequent rates of readmission, mortality, and return to normal activities.
PGIP’s practice-level telehealth incentives support key needs for a high functioning telehealth delivery model

- Encourage delivery of telehealth services using non-HIPAA or HIPAA-compliant solutions during COVID crisis.
- Support the use of HIPAA-compliant applications for ongoing telehealth services.
- Encourage patient facing applications with the ability for patient to initiate and schedule visits.
- PO funding to help support PGIP practices in both the rapid deployment of telehealth services to address the immediate COVID-19 crisis and implementation of a long term telehealth strategy.
- Strengthen HIPAA-compliant solutions that will allow information to be imported into an EHR.
- Increase the use of HIPAA-compliant telehealth solutions with the ability for data sharing among care providers.
- Boost behavioral health practices engaging with other providers in delivering telehealth services and consultations.

The rate of use of telehealth among our PCPs and BH providers went from 9% to over 82% in the course of 5 weeks once the pandemic started.
PGIP is making it easier to deliver care management services

- Enhanced Provider-Delivered Care Management (PDCM) fees by temporarily increasing the fee schedule on PDCM codes by 20%

- Relaxed criteria to allow all PDCM services to be delivered virtually, through audio-visual or telephone-only delivery methods

- Encouraged providers to conduct outreach and engage chronically ill patients in virtual care management. Many of these members would typically be completing in-person visits to address their chronic conditions.

- Connected hospitalized patients, in isolation, with their families to promote care coordination and assessed the need for connecting members to behavioral health resources.
Summary of key themes of BCBSM’s approach to supporting the provider community during the COVID-19 pandemic

• The needs of our providers evolved during the last several months requiring our organization to move rapidly and to adapt and be flexible
  – Appropriate communication channels were critical for our providers
  – BCBSM was able to help meet the needs of our providers and to help facilitate the flow of communication

• The BCBSM PGIP and CQI platforms have been invaluable during this crisis
  – We have been able to quickly assemble groups of statewide providers and give them a forum to share information and best practices in dealing with the pandemic

• BCBSM accelerated incentive payments to support physicians during the pandemic

• BCBSM PGIP programs also supported providers in telehealth engagement during the pandemic

• BCBSM CQIs were redesigned in an effort to be responsive during the pandemic

• BCBSM PGIP made it easier to deliver care management services
Responding to COVID-19

Ewa Matuszewski
Medical Network One
CEO
About Medical Network One

- Self-employed healthcare professionals located in southeast Michigan
- Provides Infrastructure support
- Offers multidisciplinary teams
- Linkages with community behavioral health organizations
- Contracts with payers
- Aligned with BCBSM Value Partnership
Telehealth Expands Outreach and Enhances Communication

- Comfort and assurance
- Remote support of primary care practices
- Expand access to services
- More frequent follow-up and monitoring
- Capture social determinants of health (SDOH) and assist with unmet social needs
- Reduce non-emergent visits
- Provide self-management education regarding symptom management and co-morbidities
- Limit unnecessary exposure
Support for Healthcare Professionals

- Major financial support from BCBSM Value Partnership
- Initial assessment and ongoing monitoring of practices
- Identify a point person
- Checklist of support services
  - Telehealth billing grid
  - PPE
  - Policies and Procedures
  - Assistance with applications
- Consistent communication
Support for Patients and Healthcare Professionals During a Pandemic

- Identify a COVID-19 Response Team
- Augment care coordination with additional resources
  - community
  - practice
  - patient
  - family and/or caregiver
- Train practice teams on topics related to COVID-19
- Create a Physician Playbook
- Develop and share training video with knowledge assessment
Patient Outreach Process

- Identify COVID-19 positive patients
- Outreach by care team member within 48 hours
- Encounter documentation includes:
  - Review of discharge instructions
  - Assessment of needs
  - Patient education
  - Action plan
Patient Tracking

- All COVID-19 positive patients tracked on a “report back” template
- Template has specific data points:
  - Examine trends
  - Identify racial disparities
  - Create heat maps
  - Examine common comorbidities
  - Analyze length of stay
Sample Dashboard

Covid-19 Dashboard

Results By Gender

Patients By Gender

Patients by Age Group and Gender

Patients by Attributed Practice Unit Name and Results

Patients by Result Date and Results
Heat Map with Direct Link to Zip Code

Covid-19 Dashboard

Patients by Practice Unit and Results

Patients by Zip and Results
Wayne County
The diversity index here indicates that there is a 62% chance that two persons, chosen at random from this area, belong to different race or ethnic groups. The national diversity index is 64%.

Hover or click chart to see population counts by race and ethnicity.
MNO care team member contacted a COVID-19+ patient 48 hours post ED visit to review current status, address needs and provide education. Conversation included spouse. Monitoring symptoms of everyone in the home was discussed. PPE, tracking tool and educational materials were sent to the home. Two days after the conversation spouse began to show symptoms of COVID. She recognized the symptoms; and stated she may not have otherwise recognized the signs.

Via telehealth she met with her PCP who referred her to a care team member. She followed quarantine guidelines to protect herself and other family members.

“If it weren't for the initial discussion, and the educational packet I received, I may not have recognized the symptoms I was experiencing were related to COVID. I was so busy caring for my husband but my chest cold, aches and pains were getting worse.”
Dr. John Bennett

President and CEO
Capital District Physicians’ Health Plan, Inc. (CDPHP)
CDPHP Background Info

26 COUNTIES in Upstate NY
380,000+ MEMBERS across all lines of business
825,000+ PROVIDERS throughout the country

Physician-founded
Not-for-profit
Mission-driven
Network model
CDPHP Enhanced Primary Care

A nationally-recognized patient-centered medical home (PCMH) model that...

- Gives patients more time with their doctor
- Expands practice office hours
- Enhances the patient-doctor relationship
- Improves electronic communications

Higher quality of care = Lower cost of care
Paying Doctors for Better, Not More Care

Cornerstones of the Model:
• Practice transformation
• Payment reform
• Interoperability

On average, EPC providers receive 40% more than fee-for-service. Plus the opportunity to earn 20% bonus based on Triple Aim goals.
When COVID-19 Hit…

Top Priority to Protect Independent Practices:

• Immediately reached out to providers – how can we help?
• Created advanced payment program with zero interest loans
• Waived cost-share for all COVID19 testing and treatment
• Expanded access to new, no-cost telehealth and mental telehealth
• Implemented payment parity for telehealth

95% of primary care practices were on global payments pre-COVID19, Were not impacted by a reduction in in-person visits.
One Such Practice…

Lansingburgh Family Medicine, Troy, NY

- Solo practitioner with five (5) employees
- Certified PCMH since 2013
- Serving low-income community
- Nearly 3,000 patients / primarily Medicaid
- Ranking among top providers in areas of...
  - Quality
  - Efficiency
  - Patient satisfaction
Dr. Adetutu Adetona

Owner
Lansingburgh Family Medicine
The Recipe for Success

✓ Quick Decision-Making
✓ Continuous Analysis of Processes
✓ Patient Access
✓ Business Sustainability
Panel Discussion
Q&A