

Case study: A peek inside the value-based care journey

Holston Medical Group

Kingsport, Tennessee



186

PCPs

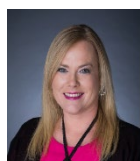
50

Locations

8,680

Humana MA members

Patient-physician relationship critical in value-based care



Sharing Holston Medical Group's value-based care story is
Samantha Sizemore, chief operating officer

How did your practice start in value-based care?

We began in 2012-13, understanding that value-based medicine would be advantageous not only because it would benefit the patient by providing quality care but would also benefit our providers financially. At the time, when value-based medicine became recognized with payers, Holston Medical Group (HMG) was already a leader in innovation and technology, working to provide the best care possible to our patients.

“Never let a good crisis go to waste.” This statement represented the country’s financial crisis and burnout of our healthcare providers’ desire to embrace a care model of more than fee-for-service. In recognizing this, we knew we needed to do things differently if we were going to maintain a status of independence from hospital systems and continue our mission statement of providing quality care that exceeds patient expectations and builds long-lasting relationships.

To do this, we entered our first value-based model with Humana with a 25% risk. We learned a lot during this time, grew a lot and developed a deeper relationship that was beneficial to our patients, providers and the payer. We now embrace a full-risk model where patient care, cost and relationships are at the forefront of our medical decision-making.

What have been or continue to be some key areas of focus and investment?

Building relationships with patients so they know we are here for them is first and foremost. They know they can come to the office first, not the hospital. HMG is where they get the best care and if more intensive hospital care is needed, we will direct them there. In building relationships, we build confidence. By bringing the patient to the office for their Annual Wellness Visits and keeping their diagnostic results and specialty appointments in the EMR, we are delivering the best care. One

complete medical record that can be accessed by our pharmacy partners, specialists and diagnostics helps eliminate duplicate services, but also spotlights gaps in care.

To be able to provide the necessary reporting structure for multiple payers for value-based medicine, HMG had to improve upon its ability to obtain and format pertinent data from our electronic medical record (EMR). We invested in developing a more robust IT department and data analytics, so we were able to capture and report on information needed to showcase the work being done.

HMG developed a system within our EMR of providing the patients' current risk scores with a year-over-year comparison and what HCC diagnosis the patient may be missing. This allowed us to ensure we were properly capturing all the diagnosis claims to report to the payer. Through value-based medicine, we also began campaigns that focus and center around wellness visits, as well as work to close gaps in care with patients.

How have relationships evolved between PCPs and specialists and other entities?

Being a multi-specialty practice, our specialists understand the importance of value-based medicine. Some have been able to help with some gap closures and A1cs. We have staff in our specialty department who continually work to improve patients' health and get the preventative care they need. Our hospitalists also are aware and work to help with decreasing hospital re-admissions.

Care coordinators make phone calls to patients once they are back home from a hospital stay to not only ensure a follow-up appointment is scheduled, but to generally check on the patient and how they are doing. Care coordination also educates patients with information regarding our urgent care centers and how they can be helpful as compared to a visit to the emergency department. It's less expensive for the patient as well.

Everyone knows we all have key parts to play in quality care and communication, from HCC coding to medication management. Our singular goal is to provide quality care. This is best when care is affordable, and everyone feels like a valued team member.

How has the relationship with payers evolved under value-based care?

We have been communicating more frequently and more in-depth with payers since we began value-based medicine. There are regular meetings to discuss the high cost of some medications, for example. This has led to suggesting to the provider and/or the patient the potential to use a generic medication or one that is just as effective but at a lower cost. Being able to drill down to the particular risk or medical expense ratio is essential to treat patients effectively, as well as remaining financially responsible.

We see the payers as our customers and business partners. We know we are in this together to provide quality care. When we began a value-based program with Humana, HMG went into the process with a 25% risk model.

We were very successful in our efforts and eventually moved to a 50% risk, and now we are at 100% risk. Our work with Humana also helped to pave the way for us to work with other payers. Humana works with us when our patients have a specific need. They listen when we give them feedback, but at the end of the day, they are a patient-advocate first, as they should be.

How does Humana help your practice in your value-based care journey?

Humana consistently works with our team to give feedback on where we are with reporting. Humana has helped with our outreach to patients to help them better understand the reasoning behind why we need to see them more frequently or follow up on their preventive visits. Humana gives us timely information. They also provide ways to meet goals in quality care metrics.

What is a lesson your practice learned that led to success?



Transition of care visits in the office really work to keep patient's readmission rates low. I have heard our care coordinators and patient-centered medical home staff discuss how they speak with a patient to determine if additional care is needed. For example, they arranged for an earlier appointment or gave feedback about the patient's issues so the provider could take immediate action.

What is a lesson learned that identified a challenge or opportunity?

I go back to the high cost of medications. Patients see the commercials for the next best medication out there, and they feel they need it. Value-based medicine has helped showcase that some of these expensive medications, while good, are not always the only answer for the patient. Realizing other drugs are available that can give the same effective outcome is helpful.

Statin usage is another challenge and opportunity. Patients fear statins and don't understand why they are necessary. We found we need to educate on many different fronts, including the pharmacist.

What are some outcomes your practice and patients have experienced?



Over time, our readmission rates have decreased. This is a direct result of the work we put into making transition of care calls and follow-up hospital visits within the seven to 14 days of discharge. Our diabetics have better A1C control and chronic kidney disease outcomes with the constant monitoring and focus.

How did being in a value-based arrangement impact your practice operationally during the pandemic?

One of the best solutions we utilized during the pandemic was telemedicine. Having our value-based payers recognize and support telehealth was of great importance. We needed to provide the best care possible at the time, and being able to conduct visits and even well checks during that period with payers supporting same reimbursement was crucial.

We quickly recognized that to survive operationally, we would have to move quickly to set up and perform telehealth. We utilized telehealth optimally, and with Humana educating patients, it was easier to get their buy-in.

If you could offer your peers one critical piece of advice, what would it be?



Ensure you communicate to your providers the reasoning behind what you want to do and accomplish, as well as develop a very robust data analytic reporting process. You need to earn support from the top. The relationship between the doctor and patient is the most valuable aspect of all and can't be replaced.