

# Demonstrating Value in Health Care

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Primary Health Medical Group



# Primary Health Medical Group

- A privately held medical group that has started the transformation to improve coordination of patient care
  - Providing increased access to care
  - Improving quality
  - Collecting data
  - Offering patients a medical home
  - Efficient use of resources
- Outcome data to demonstrate value of coordinated care that would be achieved with managed care

# At a Glance

- One of the largest Independent Medical Groups in Idaho
- Founded by Physicians in 1992
  - Physician/Employee purchased in 2005 from an insurance company
  - Small investment from St Luke's Health System
- 11 clinics in Boise, Meridian, Eagle, Nampa and Caldwell
- Family Practice, Urgent Care, Pediatrics, ENT, Obstetrics/Gynecology, Occupational Health, Sports Medicine and Dermatology
- 200,000+ patient visits a year
- 6,000 Healthy Connection lives
- 25,424 Medicaid visits 12 months ending 11/30/11
- Over 2,000 referrals a month
- 18,500 flu vaccines administered
- Currently 32 physicians and 13 mid-levels

# Combination Clinic

- Urgent Care and Family Practice in same location
- Providers work synergistically
- Optimal utilization of shared resources
- Integrated model addresses episodic and chronic care
  - Availability of patient information with electronic health records
- Provides access and continuity
- Medical records faxed to PCP's daily with automated electronic health record system
- Urgent Care open up to 7 days/week; 12 hours/day
  - Access for Occupational Health
  - The difference in cost between an urgent care visit and an ED visit *for the same diagnosis* ranges from \$228-\$583
  - 27% of visits to ED are for non-emergent conditions

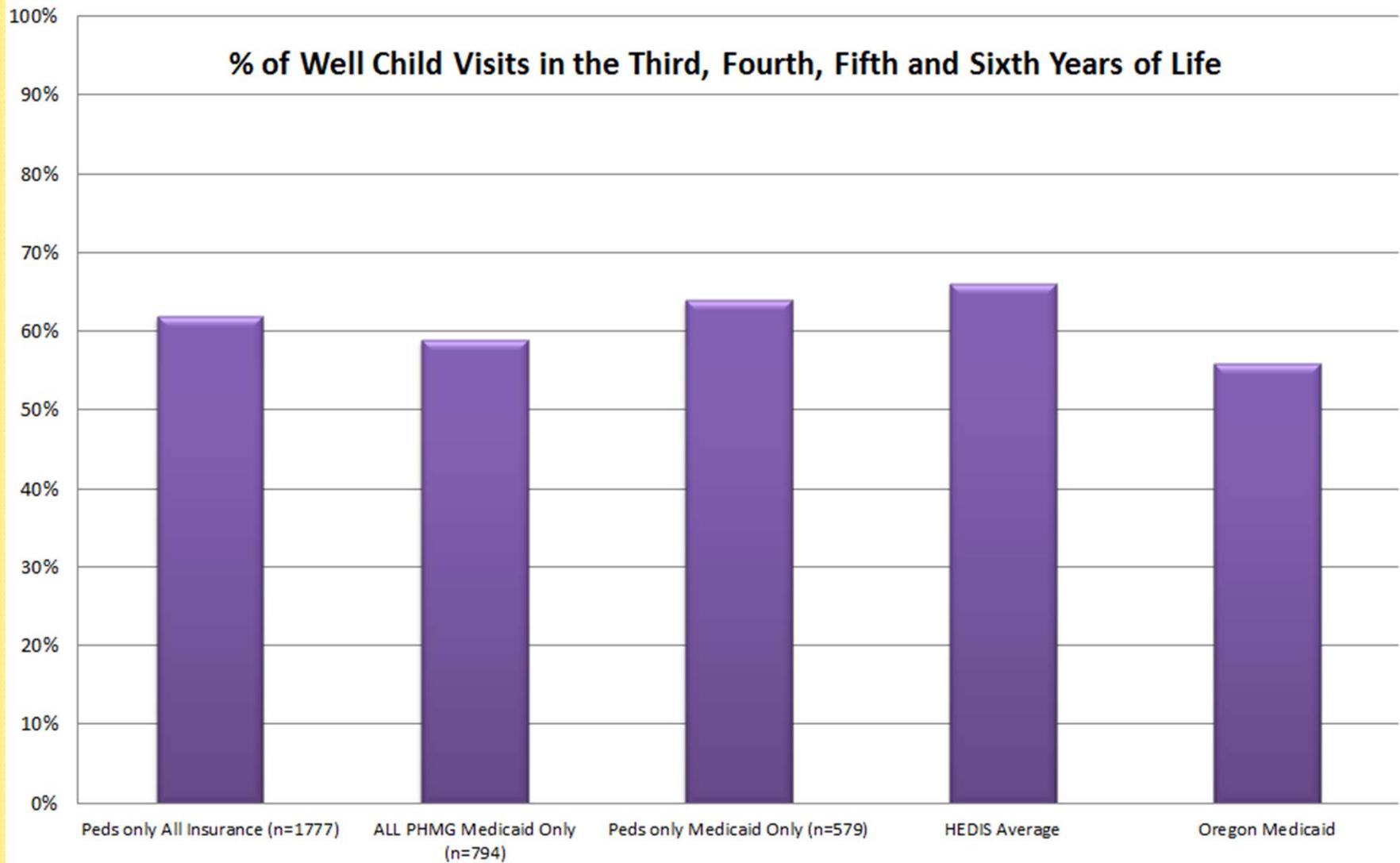
# Care for Medicaid Patients

- The Medicaid challenge
- Combination-clinic enables assignment of Medicaid patients to whole group; group is “medical home”
- Patients seek care at any location without an appointment
- Complicated cases scheduled with a Family Practice provider within the group
- One of the few private groups seeking Medicaid patients; 200-400/month
- Decreased Emergency Room visits at 1/3 cost

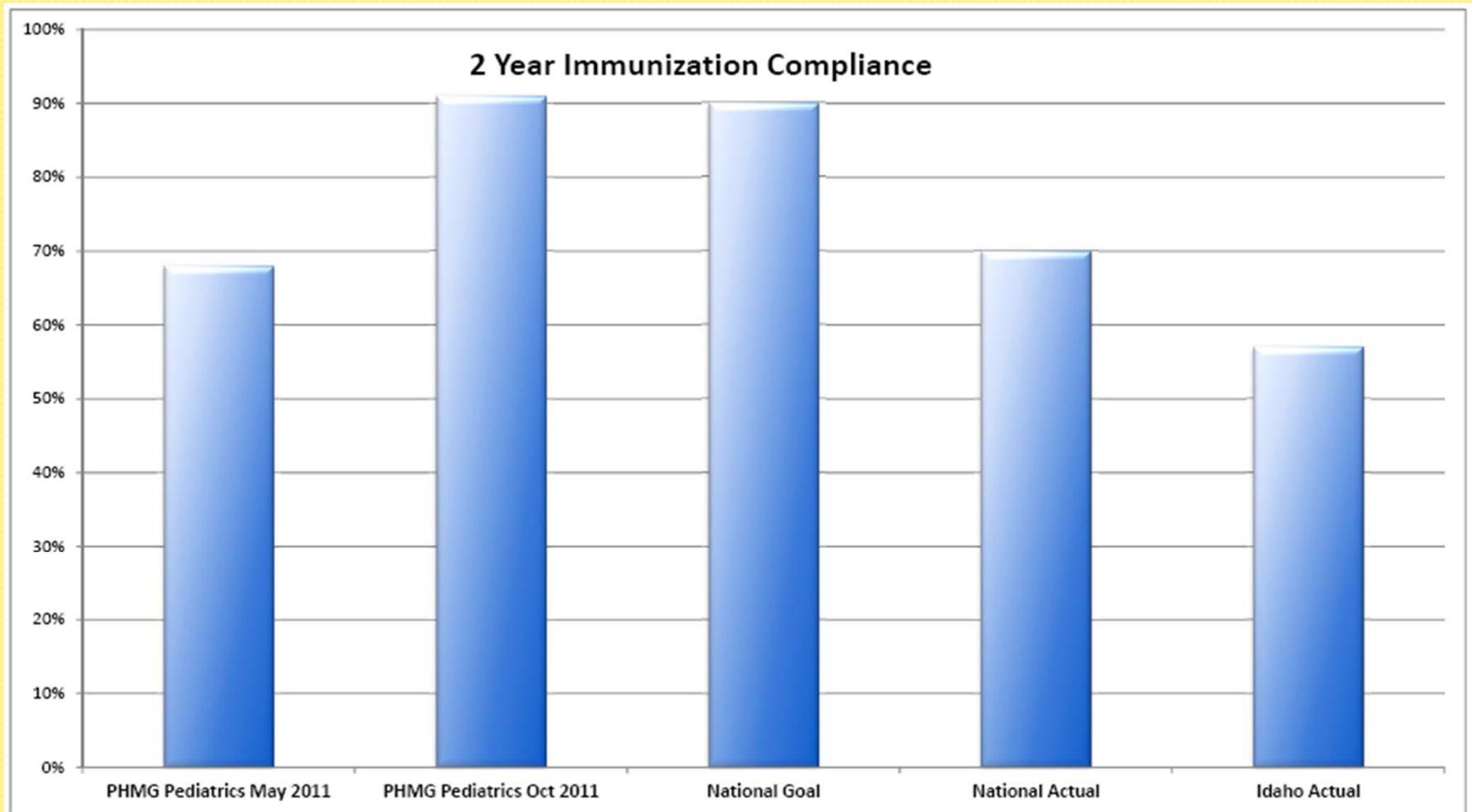
# Initiatives

- Implemented electronic health records in 2007
- Using CDSS (Clinical Data Support System)
  - Evidenced based guidelines to manage chronic diseases
- All eligible physicians attested for Meaningful Use
- Fulfilling level 2 standards for Patient Centered Medical Home

# Well Child Visits

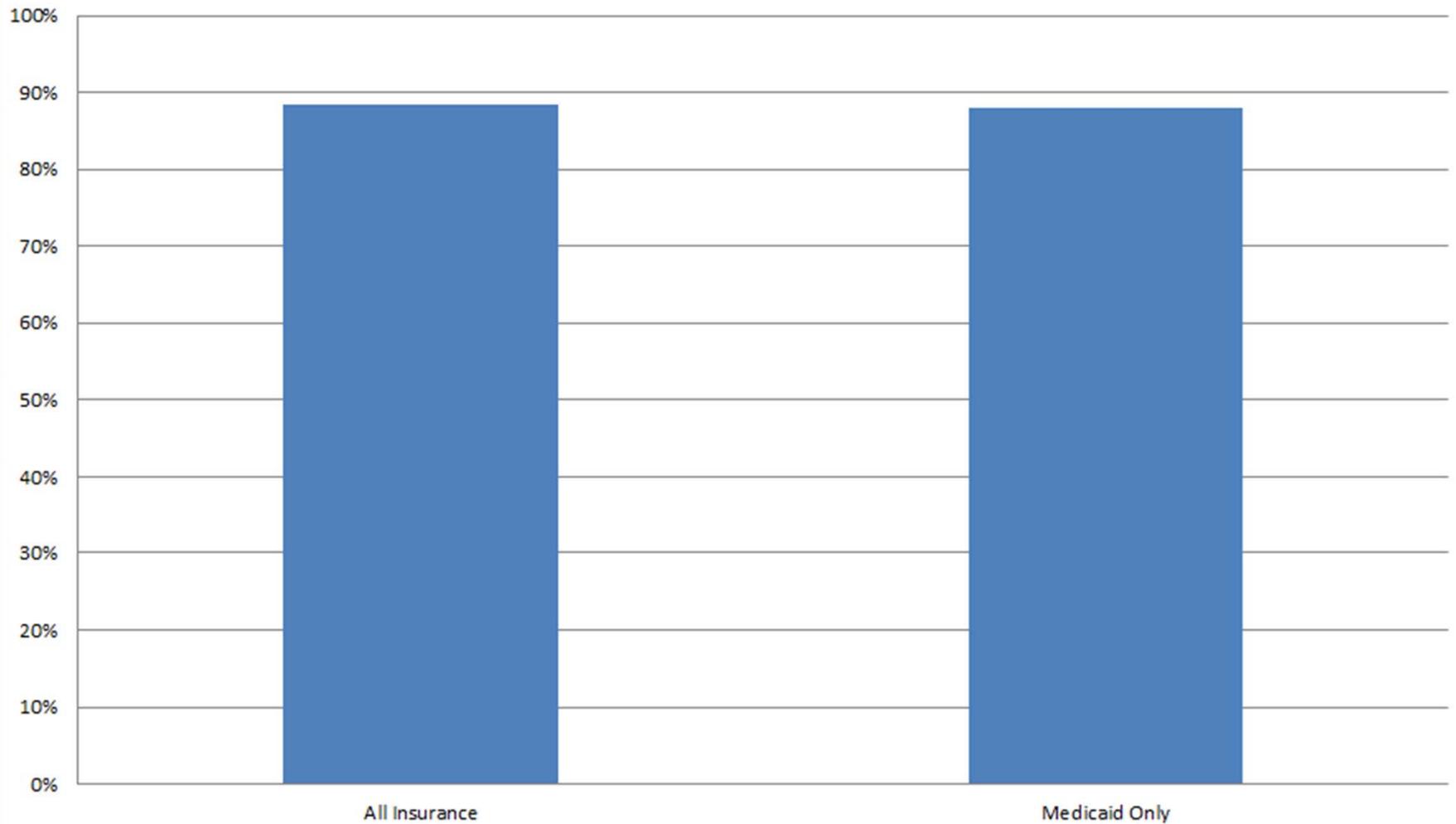


# Immunization Compliance

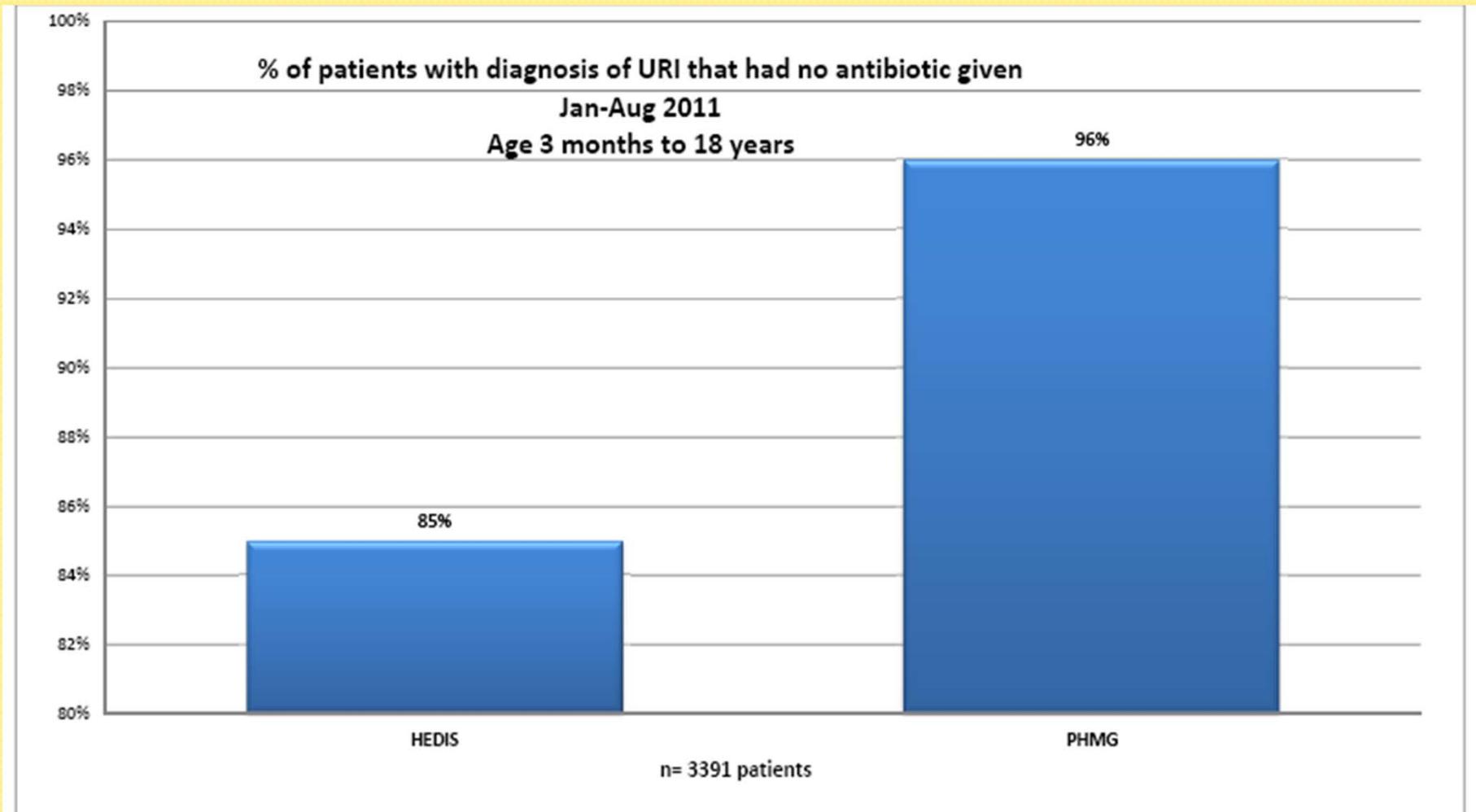


# Asthma Flu Vaccine

**Kids Age 1-5 with Asthma that Received Flu Vaccine**

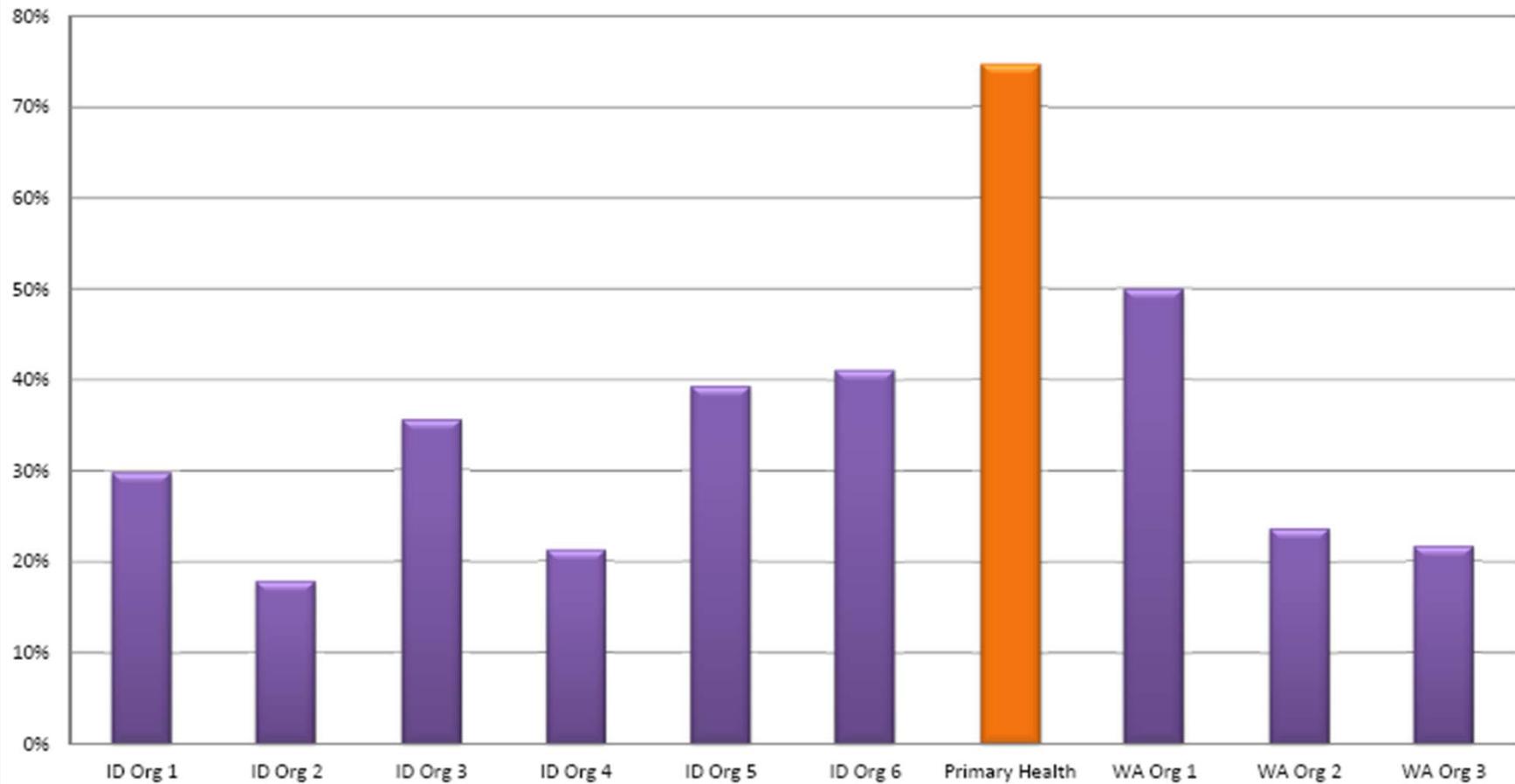


# URI Diagnosis & Antibiotics



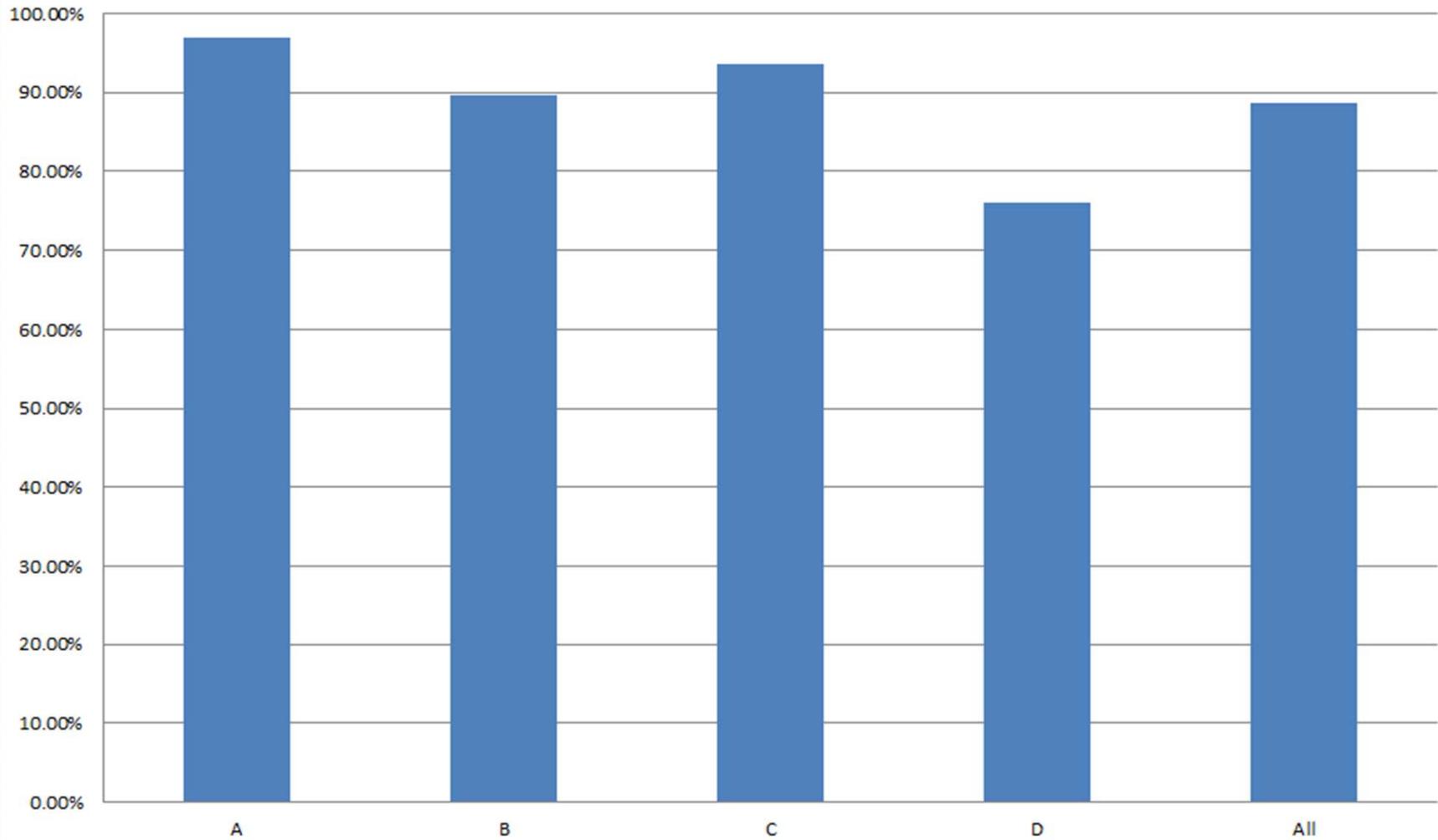
# Influenza Compliance

Qualis Flu Immunizations--Age 65+



# Asthma Visits to ED

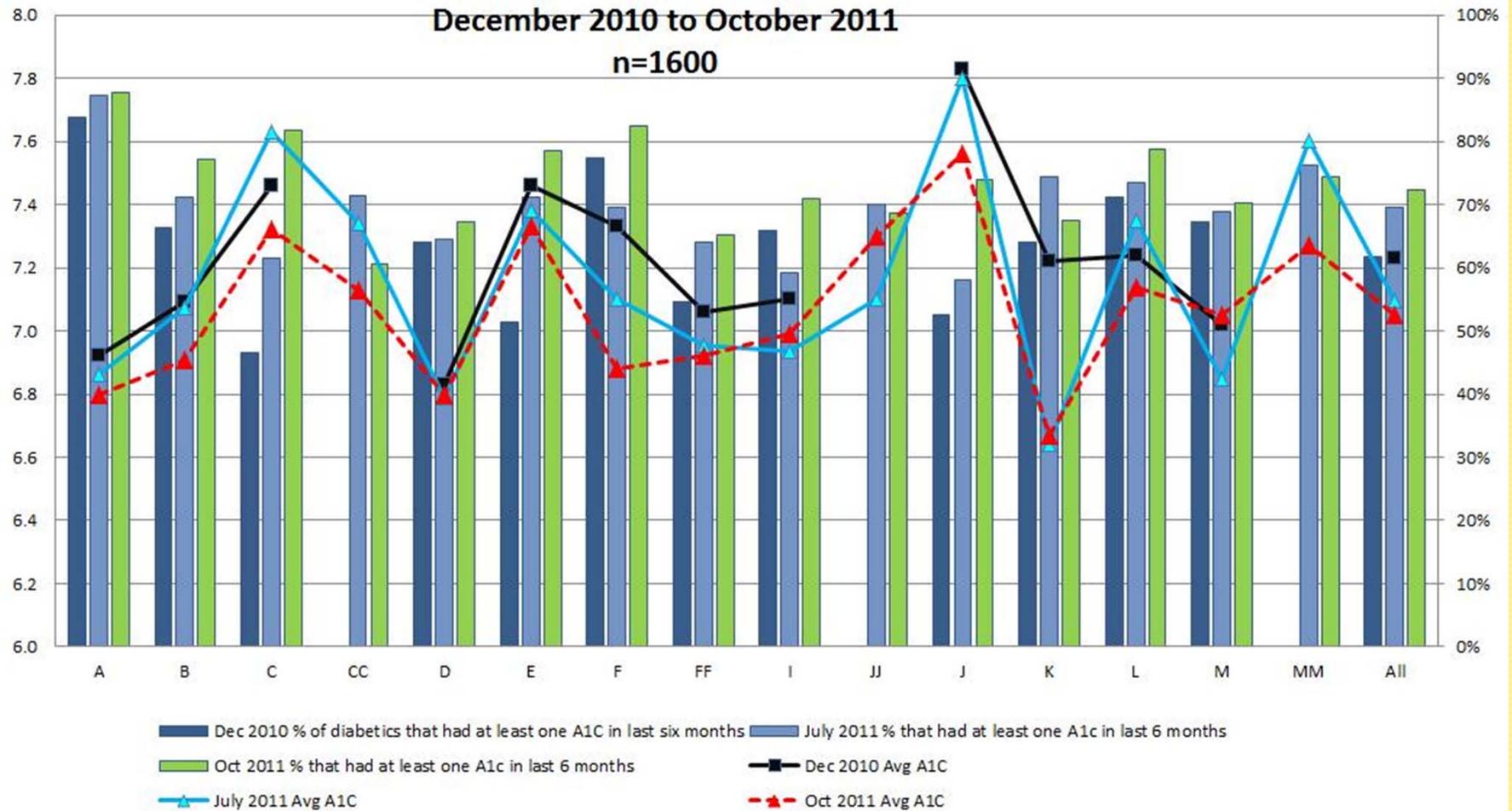
**% of PHMG Pediatric Asthma Patients that have not been to ED in Last 6 Months**



**By Physician**

# Diabetes Improvement

Adult Type II Diabetics  
December 2010 to October 2011  
n=1600



# Advantages of Managing Care

- Capitated contracts with full risk for a population
  - Costs are predetermined
  - Providers must collaborate with the third party payer because there is limited monetary resources
  - Coordination of care, measurement of outcomes, and efficient care are necessary for success
  - Third party payer has an incentive to emphasize care coordination
  - Managed at local level
    - Local providers work with the plan to use local resources to coordinate care

# Managed Care Priorities

- Access to primary care
  - Reimbursement must support increased primary care visits
- Flexibility in rural areas
  - May not be able to have full risk with capitation
- Coordination of care
  - Patient centered home with patient involvement
- Importance of electronic health records
- Must integrate outcome and claims data to measure success
- Care based on evidence-based medicine