



### **Objectives**

- Recognize that the downward pressures on traditional reimbursement models is a "race to the bottom" if you don't capitalize on value-based revenues
- 2. Learn how team-based models of care can turn cost centers into revenue generators in your practice
- 3. Acknowledge the value of investing in value-based efforts to improve patient outcomes, provider wellbeing, recruitment efforts and the long term sustainability of your practice

#### Who Are You?

What is your current role?

- Provider?
- Clinical care team member?
- > Administration?

### What if You Were the Patient?



 How confident are you that the healthcare system of today will meet the needs of you, family, friends?

• If you could change one thing to make it better today what would it be?





#### **Bryan Health Connect PHO**

#### **Mission**

We connect a network of resources, innovative leadership and data to drive cost-effective population health improvement.

#### Vision

Leading exceptional health care transformation.

- **➤ Individual Providers 1,877**
- **→** Private Practices & Rural Health Clinics 280
- Critical Access Hospitals 24
- PPS Hospitals 3



#### Our Bryan Health Connect ACO in 2024





Supporting the process toward clinical integration

14 TINs 70,000 Lives 9 VBC Agreements

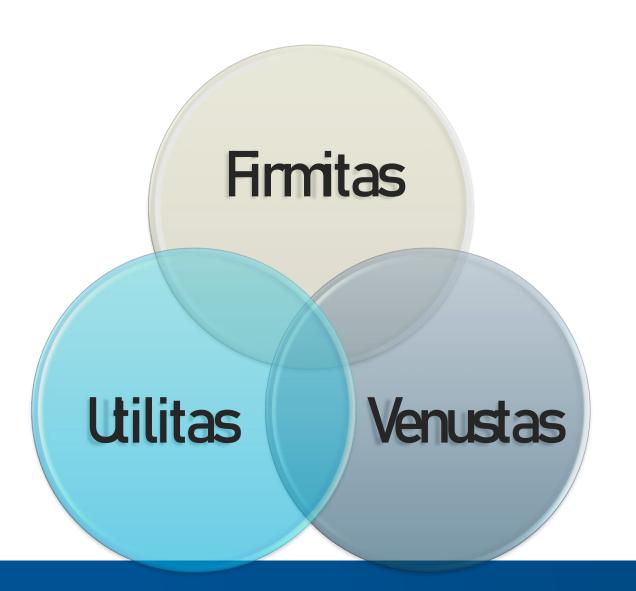
# A Self-Proclaimed Health Care "Transformationist" "Design for the people that live in and use the space..."

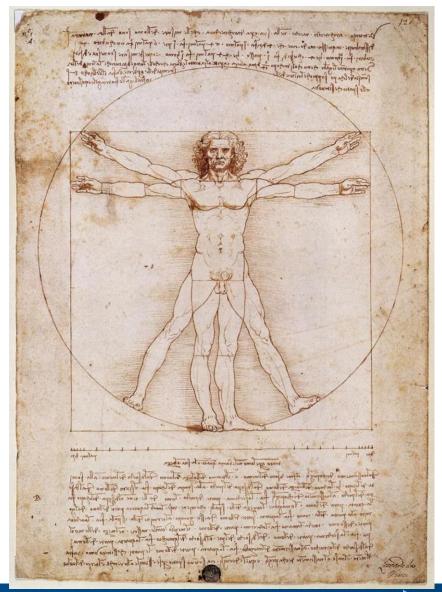




Designing a Better Healthcare Delivery System

The Golden Rule of Design









### How Many Years for Evidence to Make it Into Practice?





Timeframe for

"Value"

has been

about the same

Source: The answer is 17 years, what is the question: understanding time lags in translational research Zoë Slote Morris, Steven Wooding, Jonathan Grant First Published December 16, 2011

#### "Value-Based Care" is 25 yrs Old



**SAFE AVOIDING INJURY** 



**EFFECTIVE IMPLEMENTING SCIENTIFIC KNOWLEDGE** 



**PATIENT CENTERED** PREFERENCES, NEEDS, VALUES



**Lower Cost of** Care

**Improved** Provider Experience



**TIMELY** REDUCING DELAYS, **WAITS** 



**EFFICIENT AVOIDING WASTE** 

2001



**EQUITABLE** 

**REDUCING DISPARITY** 

**Improved** Patient Experience

**Improved** Patient Outcomes

2007

#### Nationally Conversation Has Evolved from <u>Safety to Sustainability</u>

#### **Waste 6 Domains:**

- Failure of Care Delivery
- Failure of Care Coordination
- Overtreatment or Low Value Care
- Pricing Failure
- Fraud and Abuse
- Administrative Complexity

TOTAL

#### **Estimated Costs > Savings (Billions)**





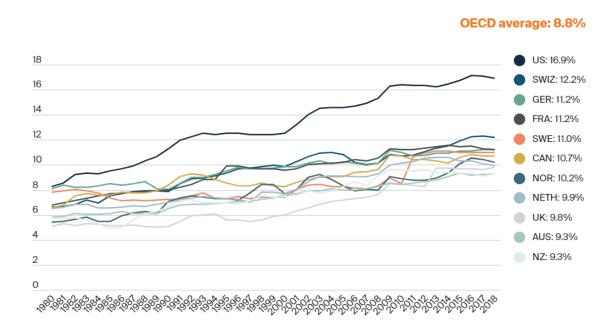
Source: Waste in the US Healthcare System, W Shrank JAMA 2019

### Low Value – Are We Getting our Money's Worth?

#### **SPENDING**

The U.S. Spends More on Health Care Than Any Other Country

Percent (%) of GDP, adjusted for differences in cost of living Legend shows 2018 data\*



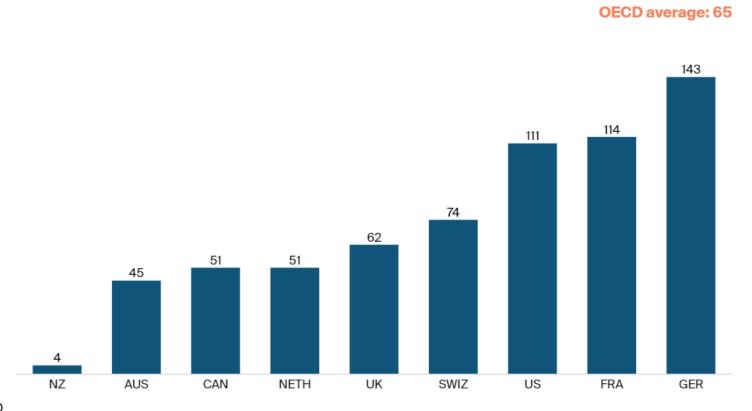
Source: Commonwealth Fund 2020

#### Low Value – Essential or Excessive?

#### **UTILIZATION**

#### The U.S. Has a High Rate of MRI Scans

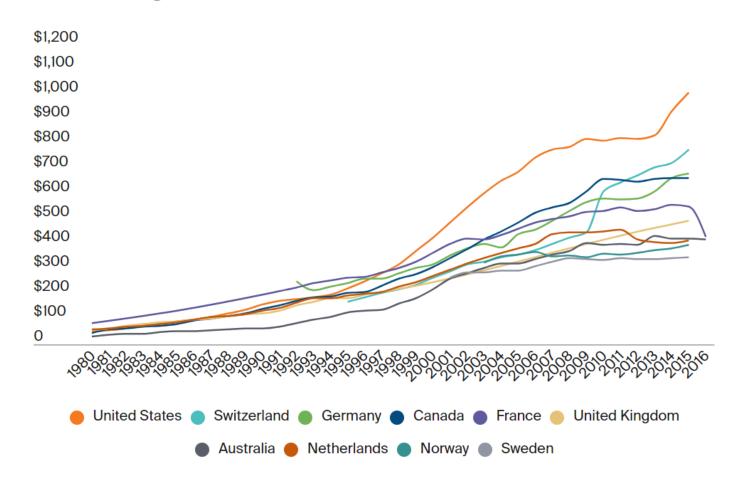
Magnetic resonance imaging (MRI) scans per 1,000 population



Source: Commonwealth Fund 2020

#### Low Value – Cost Conundrum

National Trends in Per Capita Pharmaceutical Spending, 1980–2015

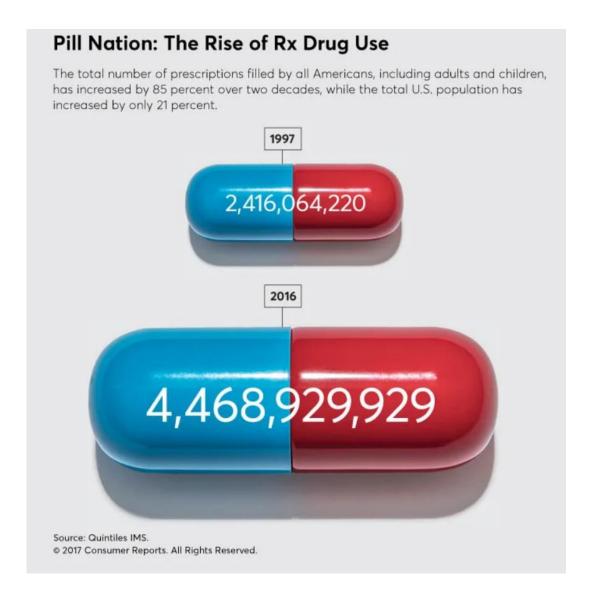


### Low Value – A Problem of Producers or Pushers?

Total Population

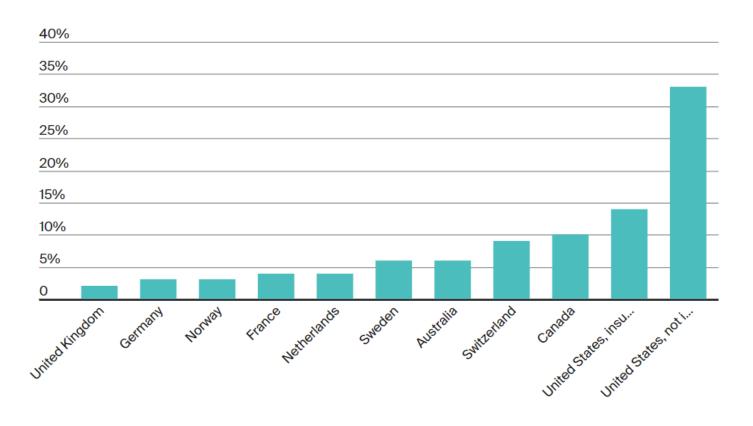


• Total Prescriptions 85%



### Low Value – Cost Impacts Compliance

Adults Who Cited Cost as a Reason for Skipping Prescriptions or Doses, 2016

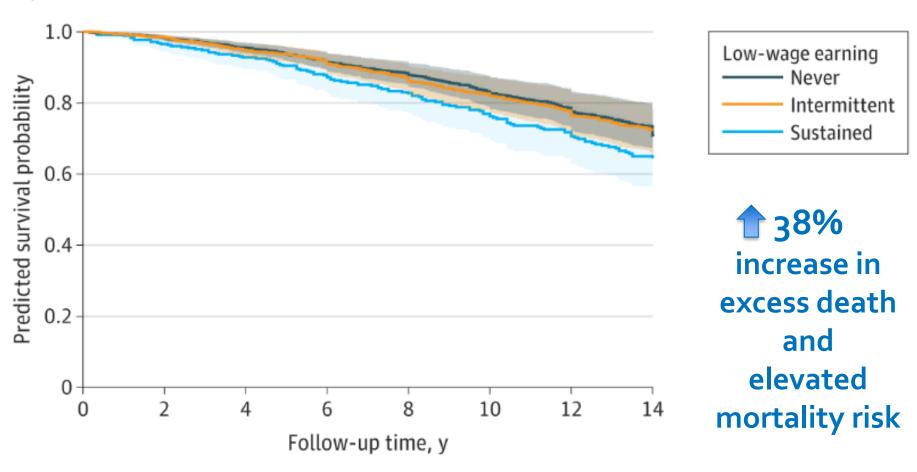


33% Patients
in US Can't
Afford
Their
Medications

Data: 2016 Commonwealth Fund International Health Policy Survey of Adults in 11 Countries.

## Affordability and Mortality

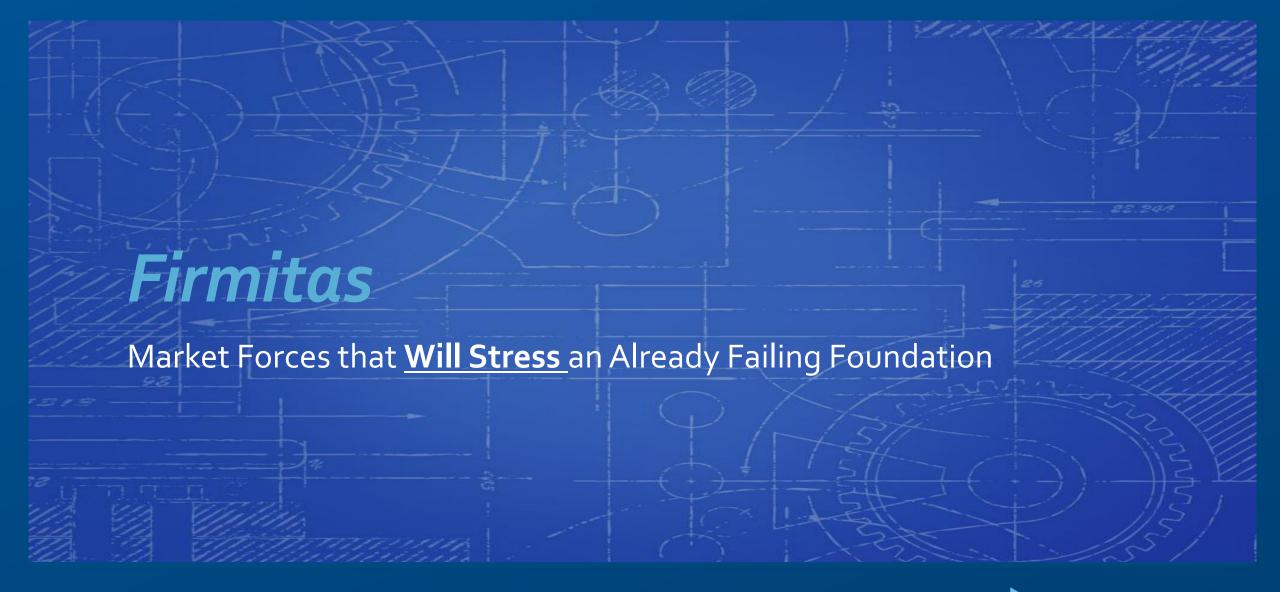
Total sample



Source: JAMA February 21, 2023 History of Low Hourly Wage and All-Cause Mortality Among Middle-aged Workers

### 2022 Scorecard on <u>State</u> Health System Performance

Performance Indicator		Improved	Worse
1. Access	Adults who went without care because of <b>cost</b>	37	
2. Affordability	High out-of-pocket medical spending	32	
3. Cost	Employee total potential out-of-pocket medical costs as a share of state median income		15
4. Prevention	Adults with age-appropriate vaccines	49	
	Hospital 30 Day <b>Mortality</b>	49	
5. Treatment	Adults with any mental illness reporting unmet need		42
	Diabetic adults without an annual hemoglobin A1c	48	
6. Avoidable Hospital Use	Potentially <b>avoidable emergency</b> department visits age <b>65</b> and older	51	
	Hospital 30-day readmission rate age 65 and older	47	
	Preventable hospitalizations ages 18–64 (Chronic Disease)		48

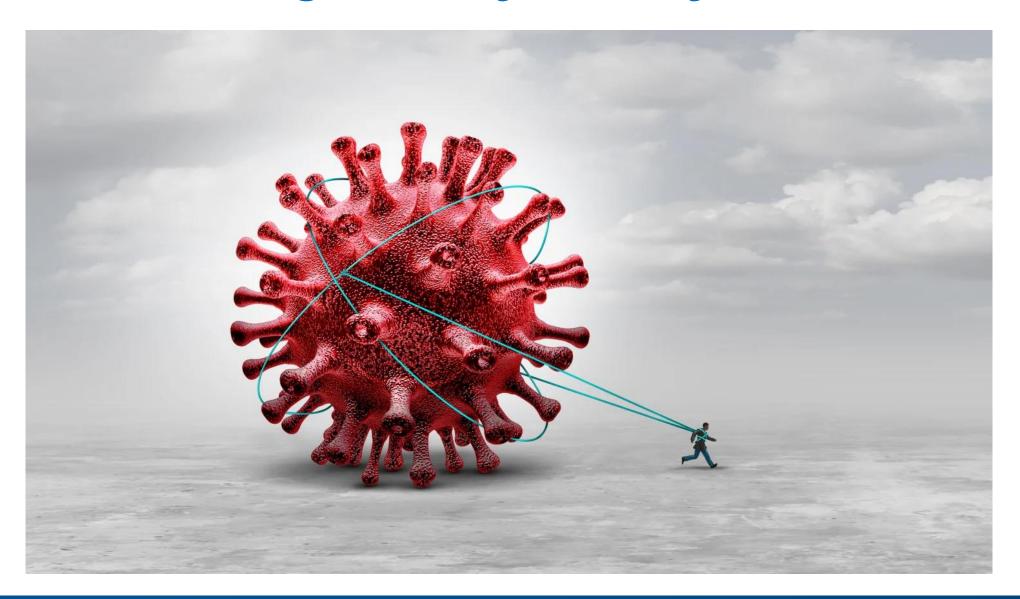




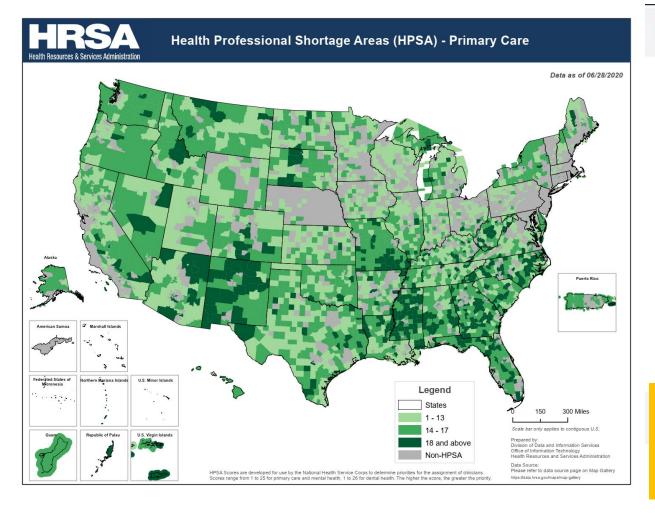
# "Single Point of Failure"



# COVID was a "Single Point of Failure" for Healthcare



### Provider Shortages and Access

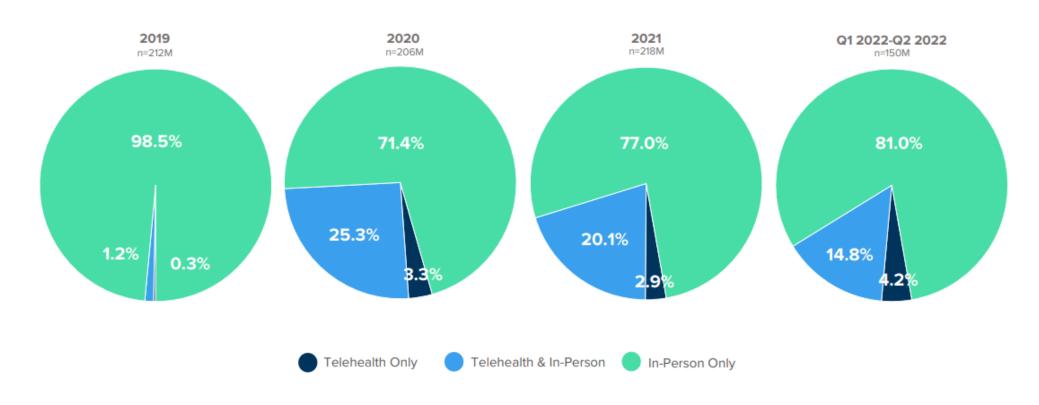




Sources: HRSA, Merritt Hawkins 2014/2017/2022

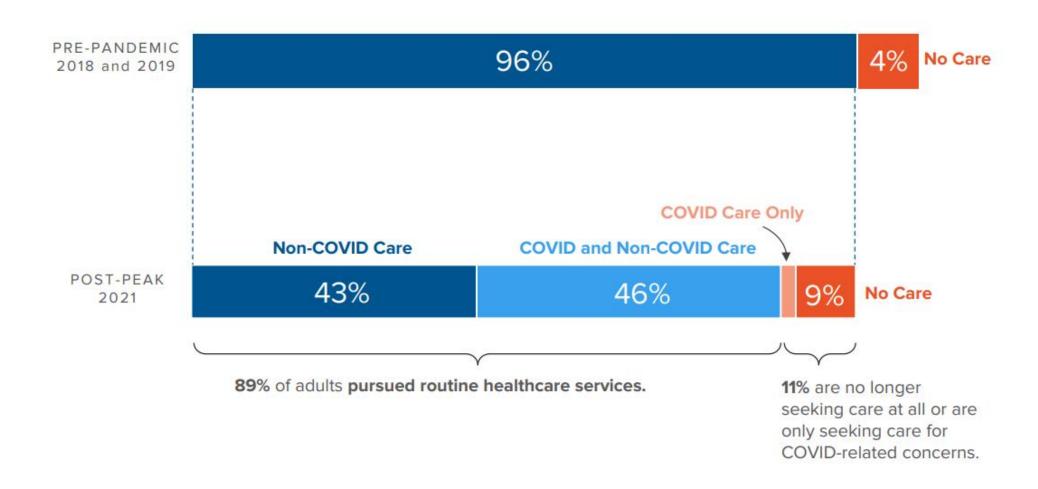
### How People Access Healthcare is Different Now

PERCENT OF IN-PERSON, TELEHEALTH & IN-PERSON, AND TELEHEALTH-ONLY PATIENTS, 2019-2022



Source: Trilliant Health national all-payer claims database.

#### Attrition Rates are On the Rise



Note: Pre-COVID-19 is inclusive of 2018-2019. Individuals included in the analysis were continuously enrolled between 2018 and 2021, excluding Traditional Medicare. Source: Trilliant Health national all-payer claims database.

#### Where Are These Patients Going?

**<2**%

Share of Americans treated at any given health system



Cleveland Clinic

CommonSpiri

**62**%

of American adults have an active prime membership



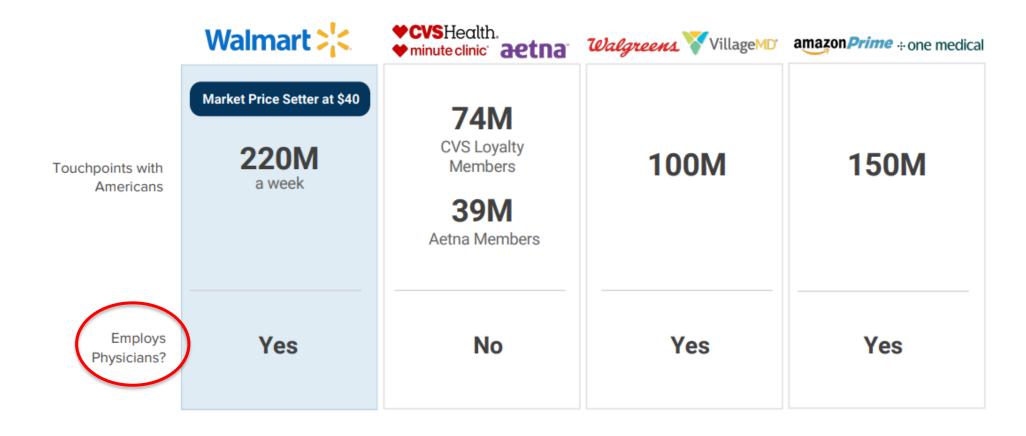
**42%** 

of Americans shop at a Walmart location weekly



Note: Hospital admissions at each health system as a percentage of all hospital admissions was used as a proxy. Source: Business Insider; analysis of Walmart press releases; Trilliant Health national all-payer claims database.

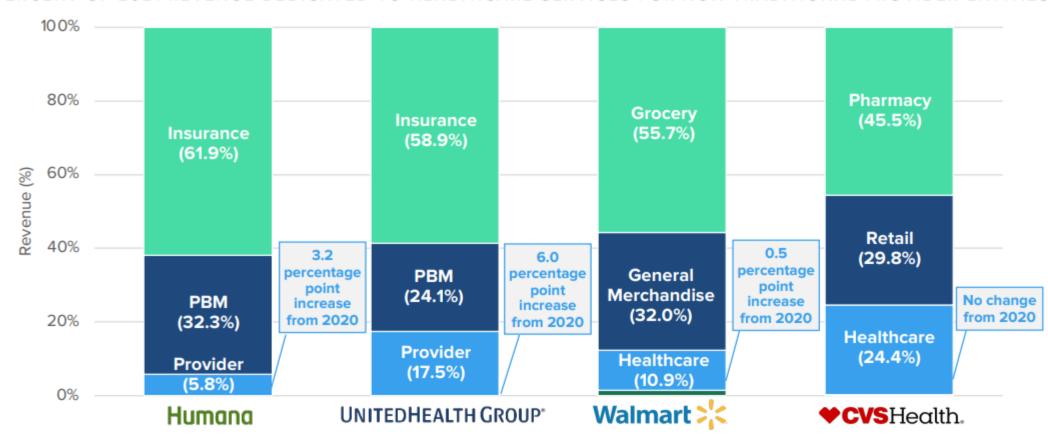
#### Their Mission Isn't the Same as Ours



Note: Touchpoint numbers are likely underestimates and are intended to illustrate the disproportionate share of U.S. consumers that large retailers have relative to traditional providers (e.g., health systems). The question posed is in relation to the fact that margins on primary care businesses are very low, making it historically difficult business to operate as a stand alone (at least for traditional providers). Source: Publicly available company information.

## Healthcare Delivery isn't just for "Providers" Anymore

PERCENT OF 2021 REVENUE DEDICATED TO HEALTHCARE SERVICES FOR NON-TRADITIONAL PROVIDER ENTITIES



#### Loss Leaders are Patient Pleasers

COST COMPARISONS FOR SELECT COMMODITY HEALTHCARE SERVICES

		ESTABLISHED		
SERVICE	<b>♥CVS</b> Health.	Walgreens	Walmart :	URGENT CARE
Office Visit	\$99-\$139	\$89	\$40	\$137
Flu Test	\$70-\$100	\$66	\$20	\$102
Strep Test	\$35-\$45	\$25	\$20	\$102
Lipid Panel	\$37	\$35	\$10	\$102

### Coming to Your Neighborhood Soon?

MARKETS WITH HIGH CONCENTRATION OF PATIENT CARE ACROSS NEW ENTRANTS



Note: VillageMD featured due to partnership with Walgreens. Source: Trilliant Health national all-payer claims database.

### Insurance Carriers are Doubling Down on the Return on Risk

Insu	urer	CVS Health	Elevance	Centene	Cigna	Humana	UnitedHealthcare <sup>1</sup>
PBN	VI	Caremark	IngenioRx	Envolve	Express Scripts	Humana Pharmacy Solutions Enclara	OptumRx
•	ecialty irmacy	CVS Specialty	BioPlus	Acaria Health	Accredo	Centerwell Specialty Pharmacy	BriovaRx
Virtu		CVS Health Virtual Primary Care	Carelon Digital Platforms		MD Live		Optum Virtual Care
Hon care		Signify Health	myNEXUS			Kindred onehome	LHC Group Optum HouseCalls Landmark
	vider vices	Minute Clinic Health Hub Oak Street	CareMore Aspire	Community Medical Group USMM	Cigna Medical Group (AZ)	CenterWell Conviva Partners in Primary Care	OptumCare Atrius <sup>2</sup> Kelsey-Seybold
Oth ass	er key ets	Aetna (insurance), CVS Pharmacy (retail)	Beacon BH	Magellan BH	CareAllies EviCore	Enclara Healthcare	Optum BH naviHealth Change Healthcare <sup>2</sup>

<sup>1.</sup>Advisory Board and UnitedHealthcare are both subsidiaries of UnitedHealth Group. All Advisory board research, expert perspectives, and recommendations remain

Source: UnitedHealth's Optum Reportedly Strikes Deal for Landmark Health, Home Health Care News, February 21, 2021.



<sup>3.</sup> peintmenture or non-exclusive collaboration

### Convenient & Cost-Effective Care is the New Norm



56%

of routine procedures performed in hospital outpatient departments are for non-complex patients with access to lower-cost ASCs.

144% higher cost

for common procedures performed in hospital outpatient departments in 2019 when compared to the price of the same procedures at ASCs.



2011-2018

\$29B

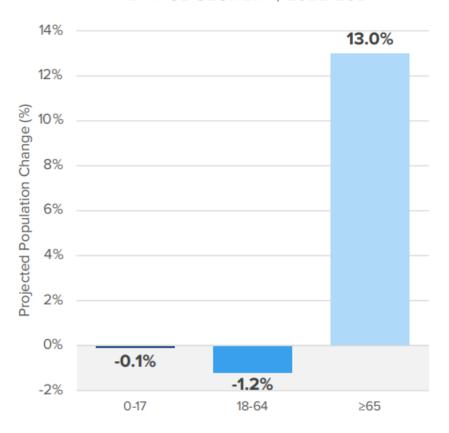
2019-2028

\$73 B

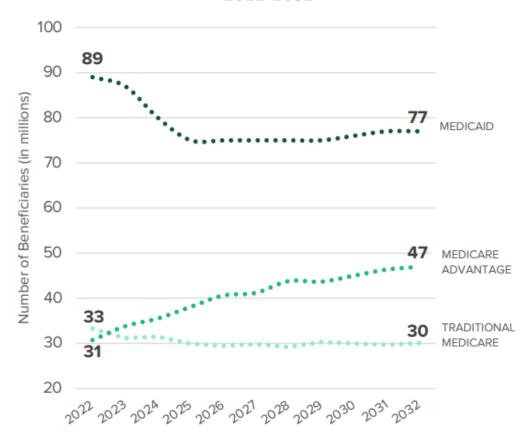
Source: United Health Care 2021

#### The Silver Tsunami is Here

PROJECTED U.S. POPULATION CHANGE, BY AGE SEGMENT, 2022-2027



PROJECTED MEDICARE AND MEDICAID ENROLLMENT, 2022-2032



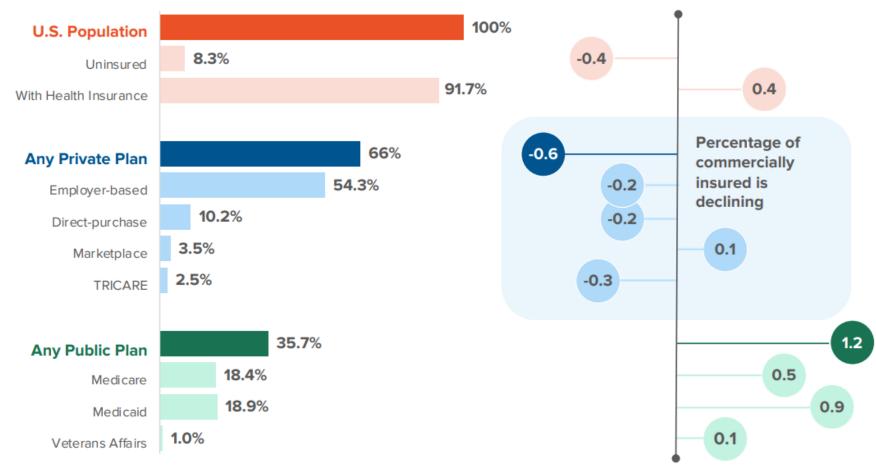
Note: 2022-2032 Medicare and Medicaid enrollment numbers represent projections.

Source: Trilliant Health national consumer database. U.S. Congressional Budget Office Baseline Projections for Medicare and Medicaid.

### Unfavorable Payer Mix Shifts Are Impacting Margins



PERCENTAGE POINT CHANGE, 2020 TO 2021

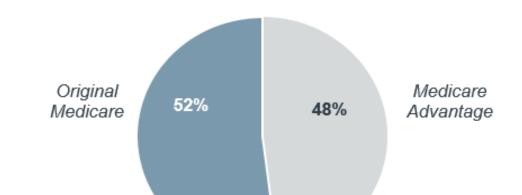


Note: Percentages do not sum to 100% due to dual enrollment.
Source: U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC).

### Medicare Advantage...or Dis-Advantage?

#### MA projected to overtake Original Medicare in 2023

Breakdown of Medicare beneficiaries in 2022



#### MA increasingly profitable for health plans

Average national rebate per MA enrollee

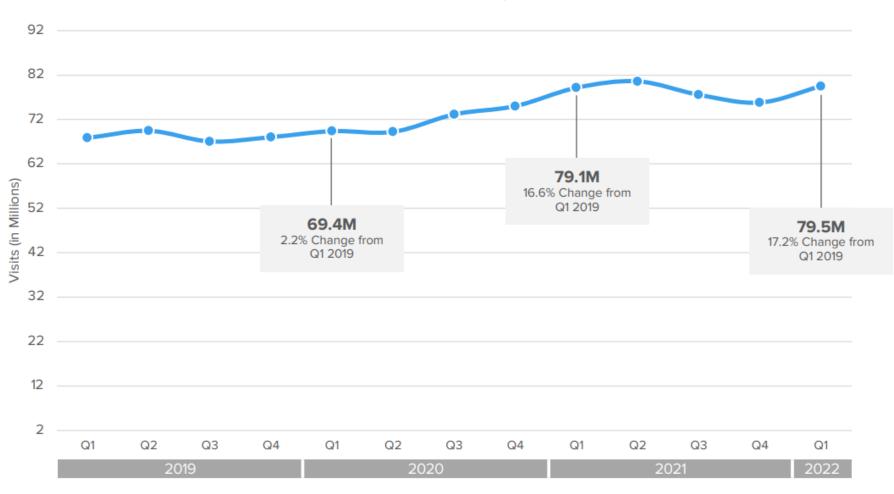


1. Projected by The Congressional Budget Office.

Source: Freed M, et al., "Medicare Advantage in 2021: Enrollment Update and Key Trends", KFF, June 2021; King, R., "Chartis Group: Medicare Advantage enrollment grew by 2.3M for 2022 as for-profit plans see boost", Fierce Healthcare, February 2022; "Health Care Spending and the Medicare Program, Medpac, July 2020.

## A Looming Behavioral Health Crisis is a single point of failure

BEHAVIORAL HEALTH VISIT VOLUMES, Q1 2019 - Q1 2022



Source: Trilliant Health national all-payer claims database.

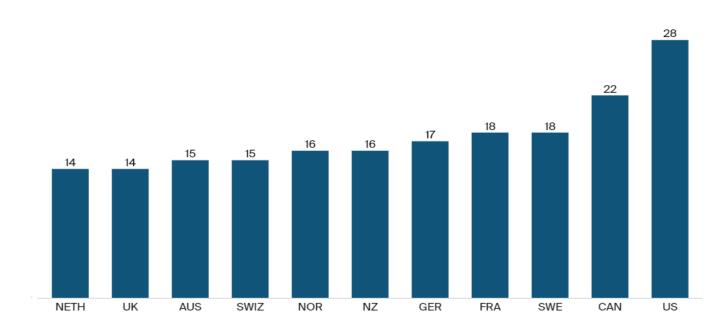
### Last but Not Least - Tsunami of Chronic Disease

#### POPULATION HEALTH

U.S. Adults Have the Highest Chronic Disease Burden

Percent (%)



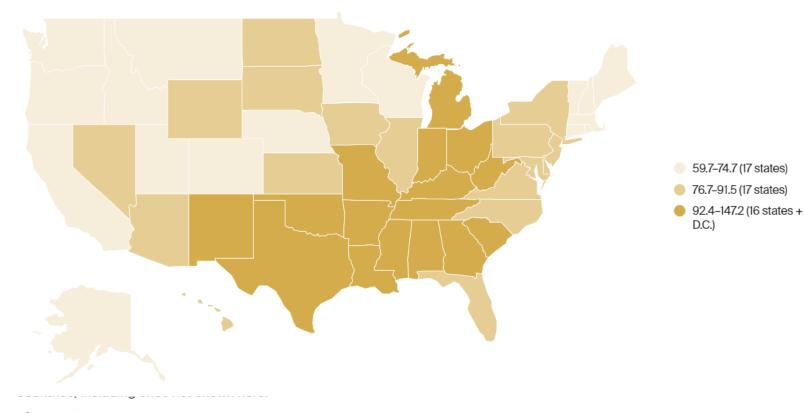


Source: Commonwealth Fund 2020

### Uncontrolled Chronic Disease Was Already Unsustainable

With people postponing routine health services because of COVID-19, deaths from treatable conditions like heart disease and diabetes rose. These deaths were particularly high in the South and parts of the Midwest.

Deaths from health care treatable conditions before age 75, per 100,000 people



Source: Commonwealth Fund 2020 & 2022



Over 45 million Americans live in poverty.

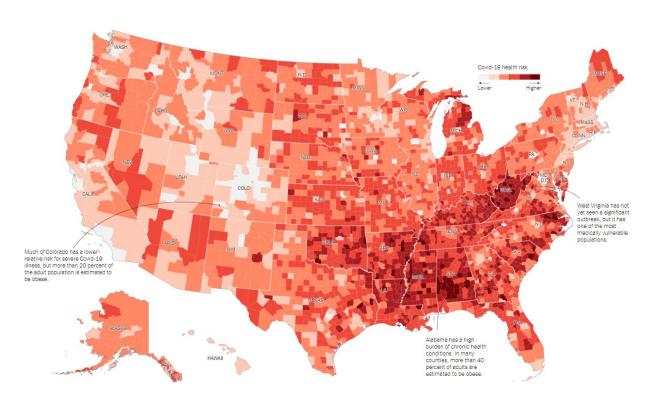
Closely associated with high rates of diabetes, inflammatory disease, low birth weights, obesity, mental illness and

lifespans 10 to 15 years lower than those of wealthy Americans



Map Source: https://www.povertyusa.org/data

#### COVID Exposed a Groundswell of Chronic Disease



## 38% OF US DEATHS ARE ATTRIBUTABLE TO 4 BEHAVIORS:

SMOKING
POOR DIET
PHYSICAL INACTIVITY
ALCOHOL USE.

**\$730.4 BILLION** 

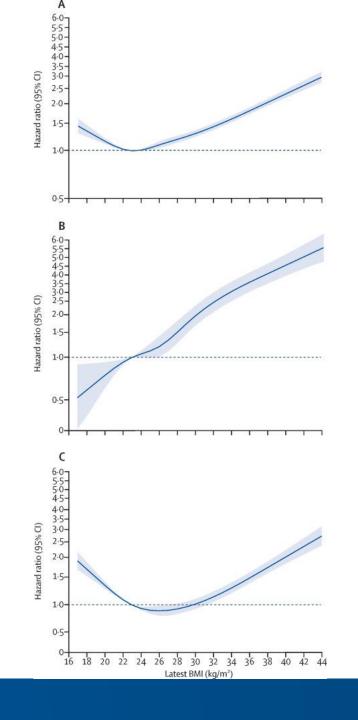
**ALCOHOL USE** 

SOURCE: THE LANCET Health-care spending attributable to modifiable risk factors in the USA: an economic attribution analysis 2020

## COVID Exposed an "Occult" Obesity Crisis

46%

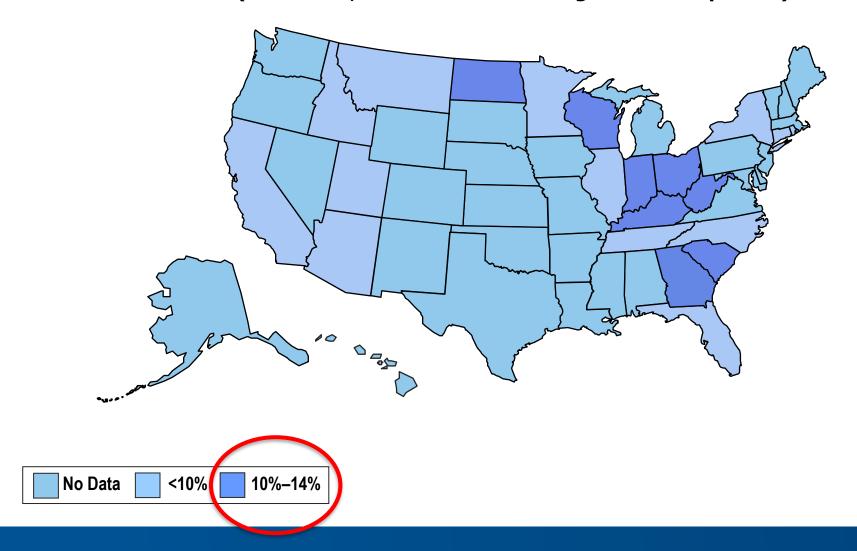
Higher Chance of Contracting COVID

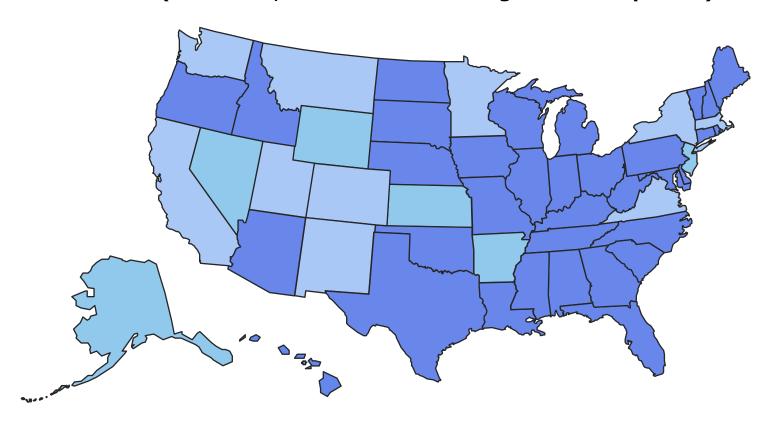


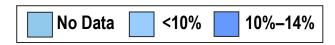
**Admission to Hospital** 

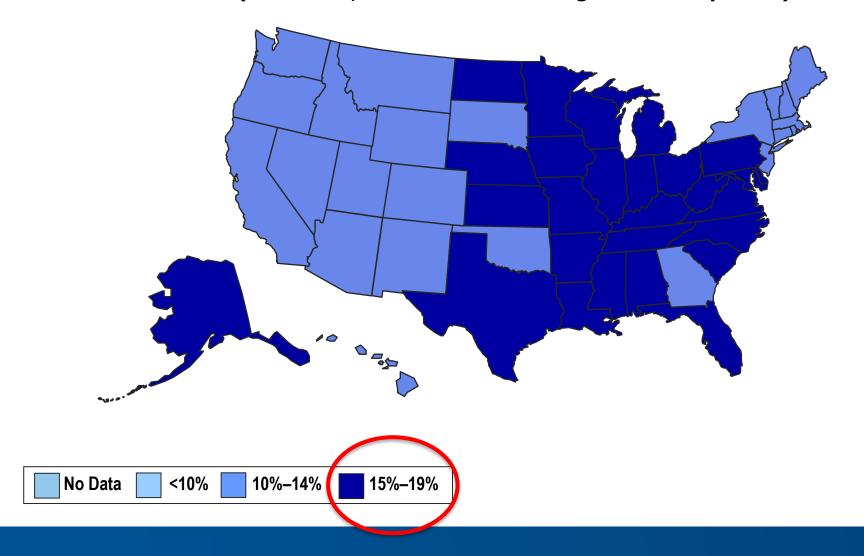
**Admission to ICU** 

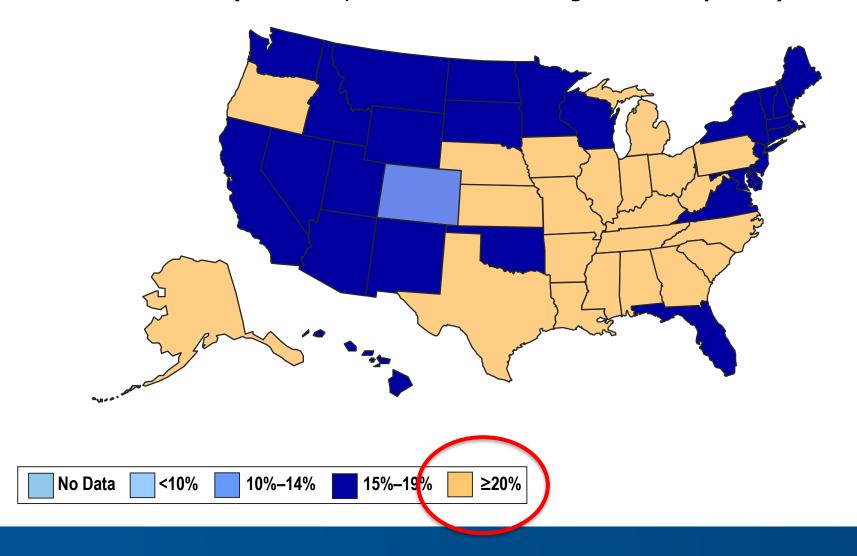
**Death Due to COVID** 

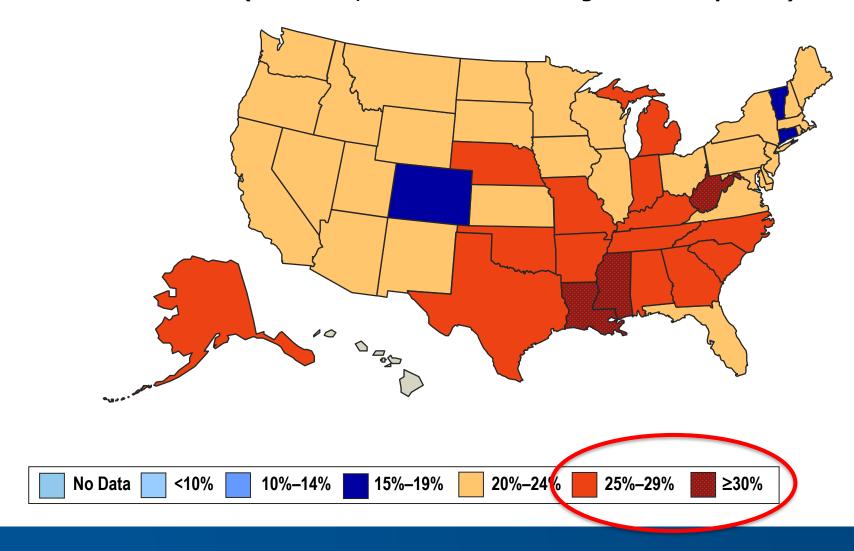


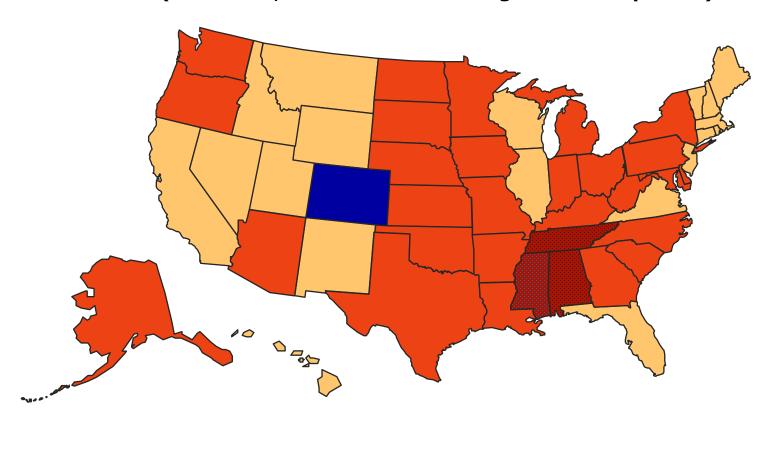


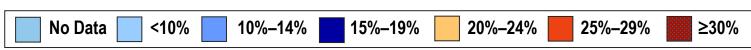


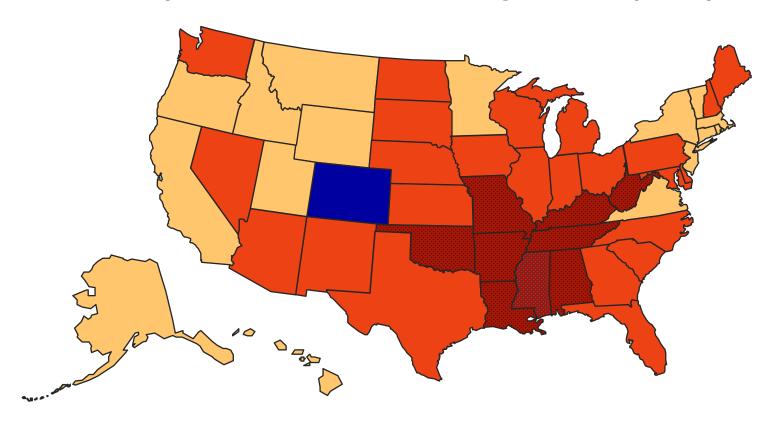


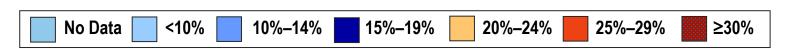




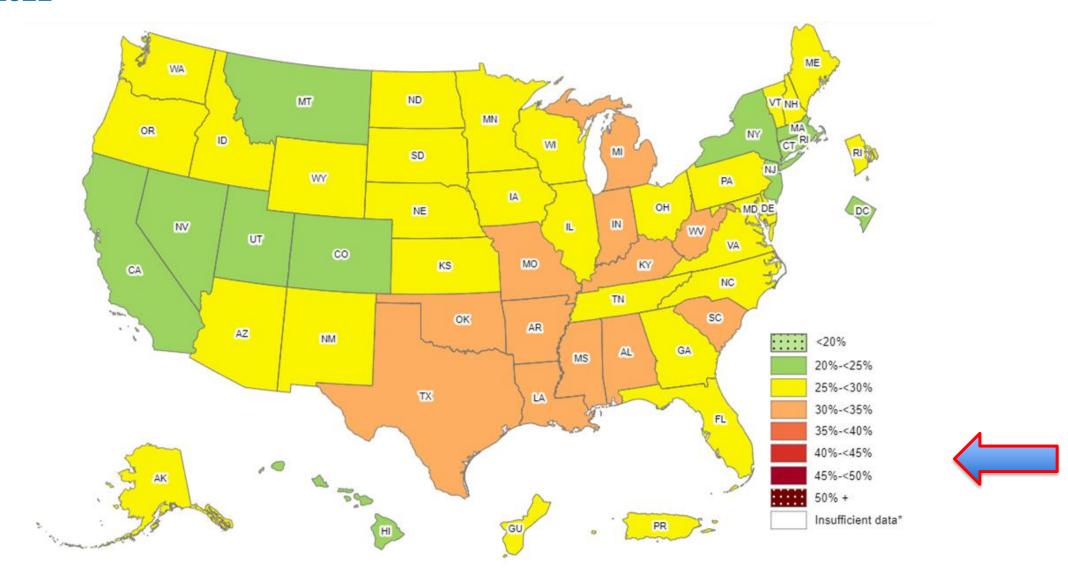




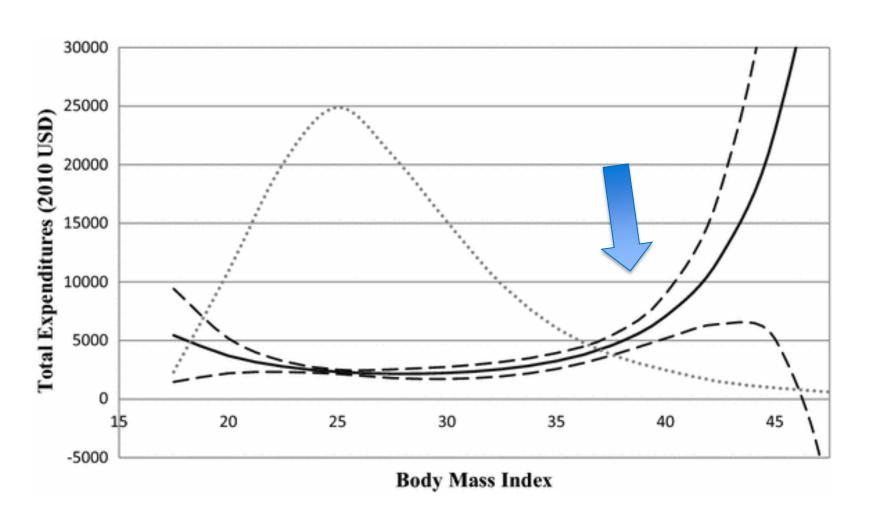




2011-2021



#### A BMI of 40 is a "Single Point of Failure"



1999 -2020

Obesity (BMI >30)
in Adults
Increased

30.5% to 41.9%

During the same time

Severe Obesity (BMI >40)

Increased

4.7% to 9.2%

(NHANES, 2021)

### Are You Ready to Treat the Downstream Effects?

Age Adjusted Prevalence in 20-44 yr olds 2009-2020

Obesity 33% > 40.9%

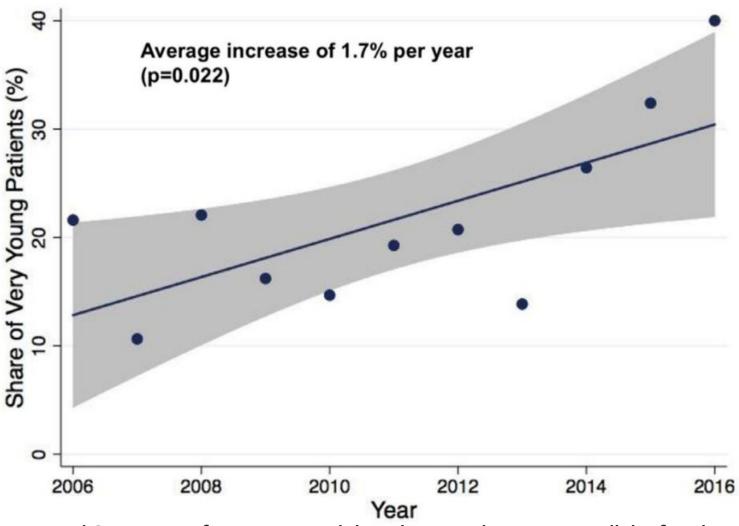


**Hypertension 9% > 11.5%** 

**Diabetes 2% > 4.1%** 

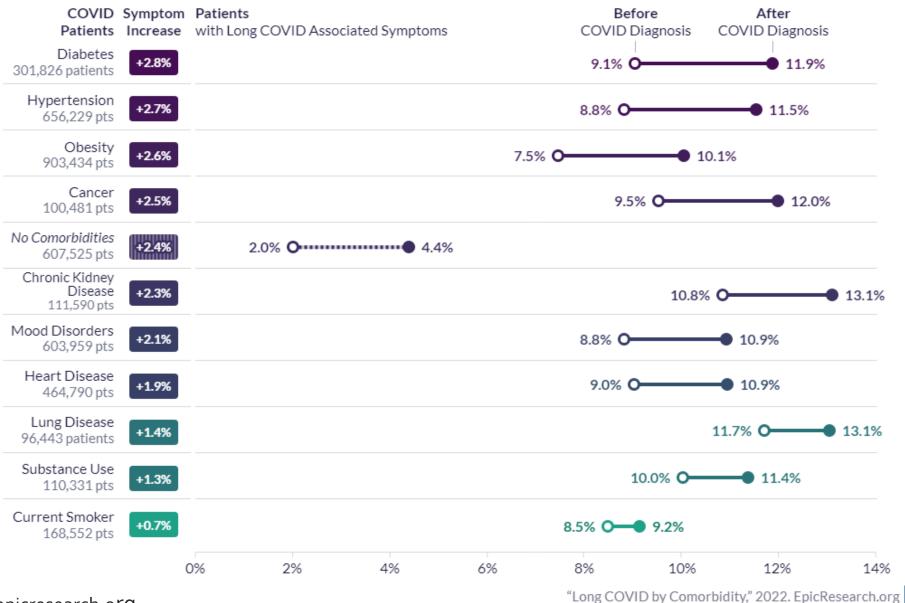
Life expectancy in US the lowest it has been since 1996!

#### Cardiovascular Disease...No Longer a Disease of Elderly

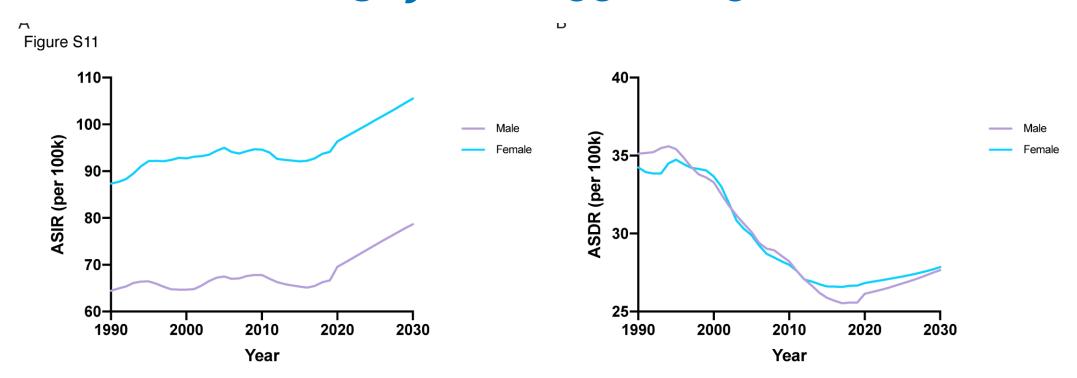


AM J Med 2020 May, Risk Factors and Outcomes of Very Young Adults Who Experience Myocardial Infarction:

#### Chronic Disease's Correlation with Long COVID

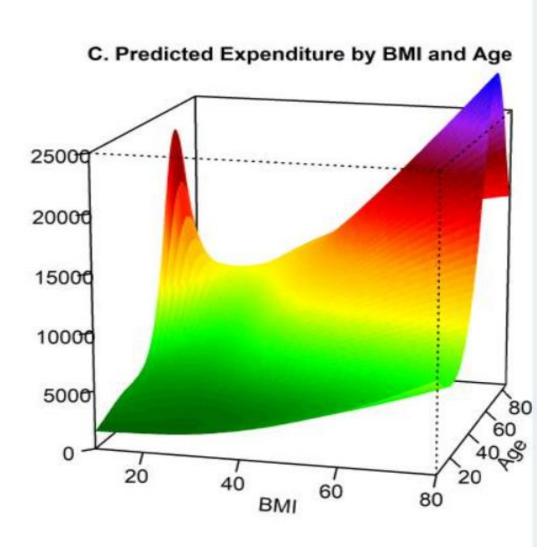


#### *Cancer in Adults < 50 yrs old 1990-2019*



79.1% increase of the <u>incidence</u> v.s. 1990, the <u>mortality</u> number of early-onset cancer only increased by 27.7%

#### The Heavy Toll of a BMI above 40



Association of body mass index with health care expenditures in the United States by age and sex 2021

### COVID Exposed Many Vulnerabilities...and Opportunities

"While COVID has been the driving force behind **high rates of excess deaths** across the U.S., states with historically strong health systems

Value-Based Care

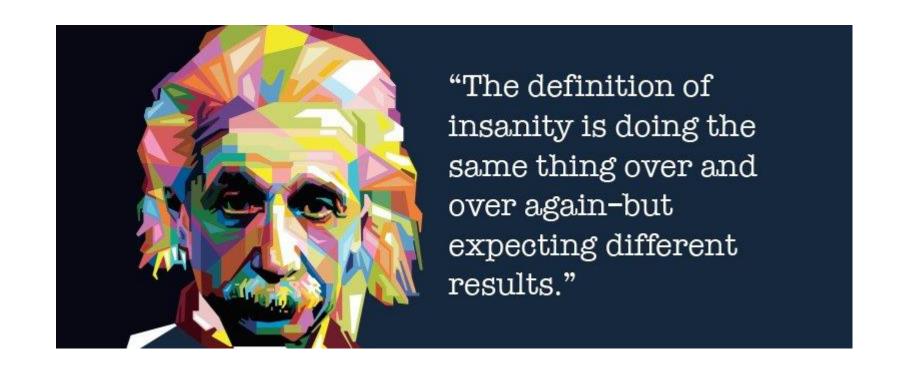
generally had lower rates than states with weaker health systems."

Commonwealth Fund

2022







#### The "Blueprint" for a New Foundation is Out There

Commonwealth analysis shows that the U.S. has the highest rates of avoidable mortality because of people not receiving timely, high-quality care.

- Improve Access (Investment in Primary Care)
- Move Care to Lowest Cost settings
- Promote incentives to cut down on wasteful care

Communication Across Care Settings

Source: Commonwealth Fund 2020

#### Team-Based Medicine is Evidence-Based Medicine

"High-value primary care is the provisions of whole-person, integrated, accessible, and equitable care by <u>interprofessional</u> teams that are accountable for addressing the majority of an individual's health and wellness needs across settings."

National Academy of Sciences, Engineering, and Medicine

**American Academy of Family Physicians** 

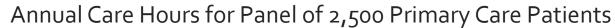
American College of Cardiology

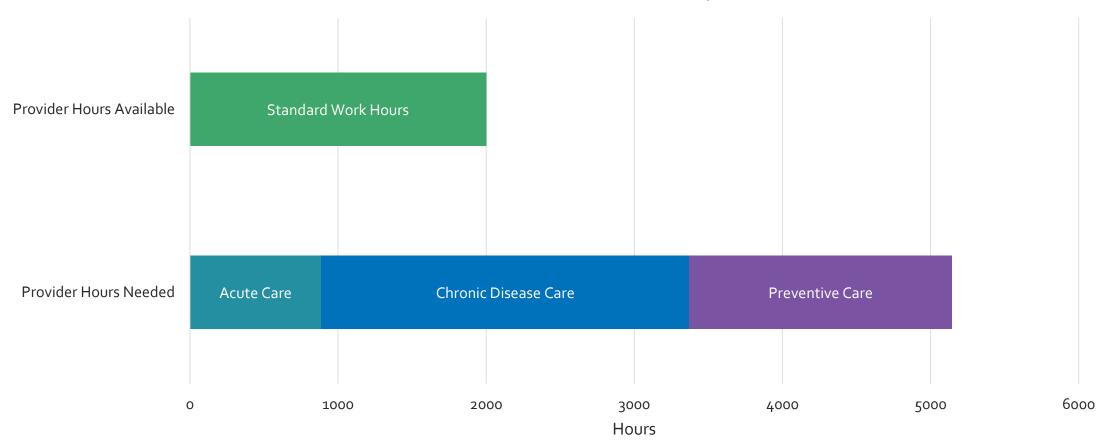
U.S. Preventive Services Task Force - USPSTF

Agency for Healthcare Research and Quality – AHRQ

CDC

#### Key Take-Away: Traditional Primary Care is Unsustainable





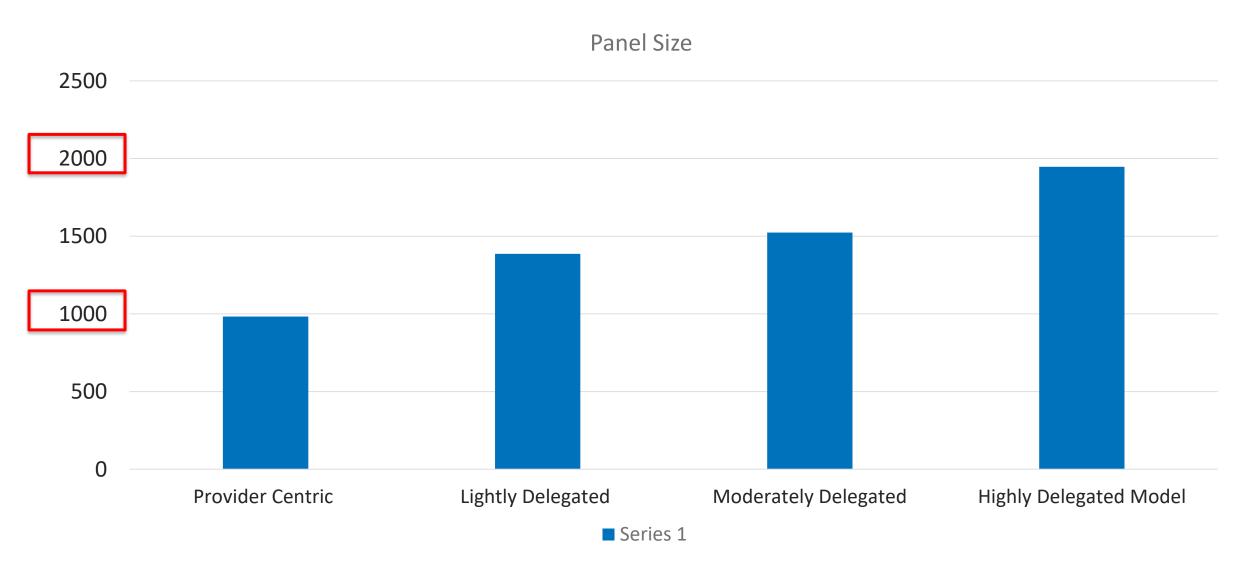
Source: Altschuler et al. (2012) Estimating a Reasonable Patient Panel Size for Primary Care Physicians with Team-Based Task Delegation. Annals of Family Medicine. doi:10.1370/afm.1400

#### Team Based Care is the only way to meet the Demand!

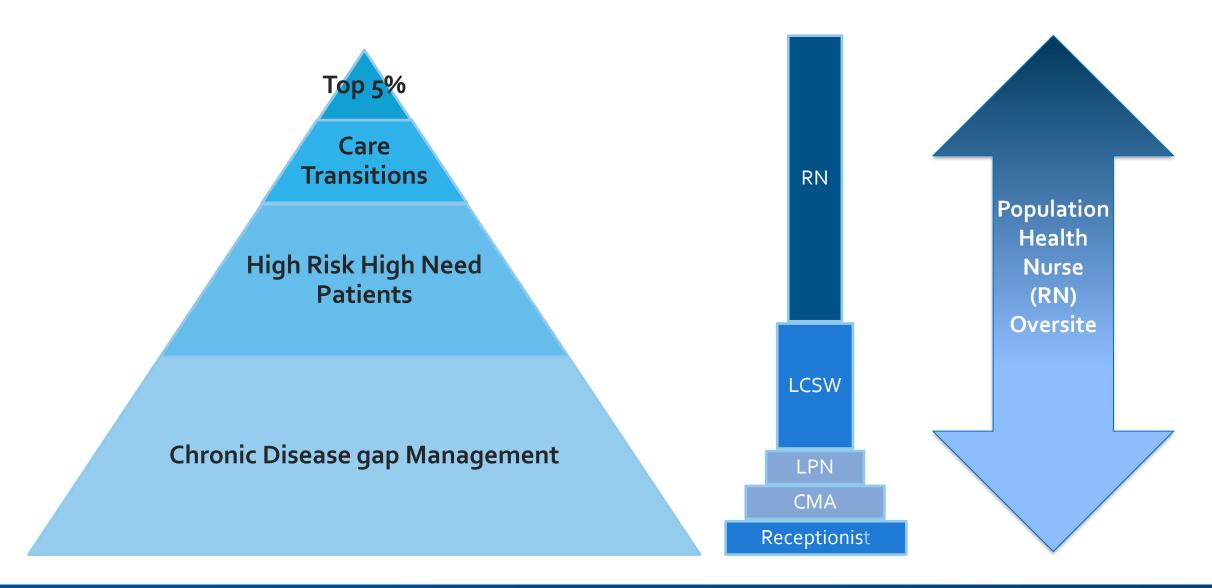
Task	Physician alone	Team-based care
Preventive care (AWV)	14.1	2
Chronic care (CCM)	7.2	3.6
Acute care	2.2	1.1
Documentation & inbox management	3.2	2.6
Total physician hours	26.7	9-3

Source: Porter J, Boyd C, Skandari MR, Laiteerapong N. Revisiting the time needed to provide adult primary care. J Gen Intern Med. July 1, 2023

### Teams Double Physician Capacity and Improve Access



### Delegating Work to "Top of License" to Achieve Triple Aim



#### The Work of Many Hands Lightens the Chronic Disease Load

#### Where should I refer the patient?

#### **PHARMACIST**

- Uncontrolled diabetes
- Continuous glucose monitor (CGM) support
- Uncontrolled blood pressure
- Medication support
- Side effects
- Starting new med
- Why they take med
- How they take med
- Reduce number of meds
- Can't afford meds
- Non-compliant with meds
- Bubble packs/med sets
- Anticoagulation (INR Check)
- Osteoporosis
- COPD
- Heart failure
- High cholesterol

Tobacco cessation

#### **DIABETES EDUCATOR**

- Management Education
- Support (ADA accredited)
   Healthy Eating/Being Active
- Monitoring/Reducing Risks
   Taking Medications
- Problem Solving/Health Coping
- Diabetes Prevention
   Education (CDC accredited)
- Medical NutritionTherapy
- Chronic Kidney Disease
   Diabetes Nutrition Therapy
- Weight Loss (BMI under 40)
- Cancer Prevention
- Tube Feeding Food Intolerances
- · Gastrointestinal diseases
- Gestational Diabetes
   Education
- Insulin Pump Education & Training
- Continuous Pump Education & Training
  - Personal
    Professional

#### **CARE NAVIGATOR**

- Chronic Care Management
- Managing new diagnosis
- Additional education/review following provider visit
- Status decline
- At risk for change in condition
- Education and support for complex acute and chronic diagnosis
- Telephone check-ins for frail patients
- Diabetes survival skills
- RN Coach Support
- Meeting care plan goals
- Implementing provider recommendations
- Self-Management Support
- Transitions from hospital discharge
- Remote Patient Monitoring of BP device
- ► Behavioral Health
- Anxiety & depression

#### **SOCIAL WORKER**

- Social Determinants of Health
  - Medicaid/economic assistance
- Healthcare financial assistance
- Transportation services
- Housing assistance
- Domestic violence and human trafficking resources
- Referrals to community resources/support
- Medicare enrollment
- Transitions to Assisted Living/Long Term Care
- Medical POA/Advance Directives
- VA benefits
- Green card assistance
- Frequent ED use



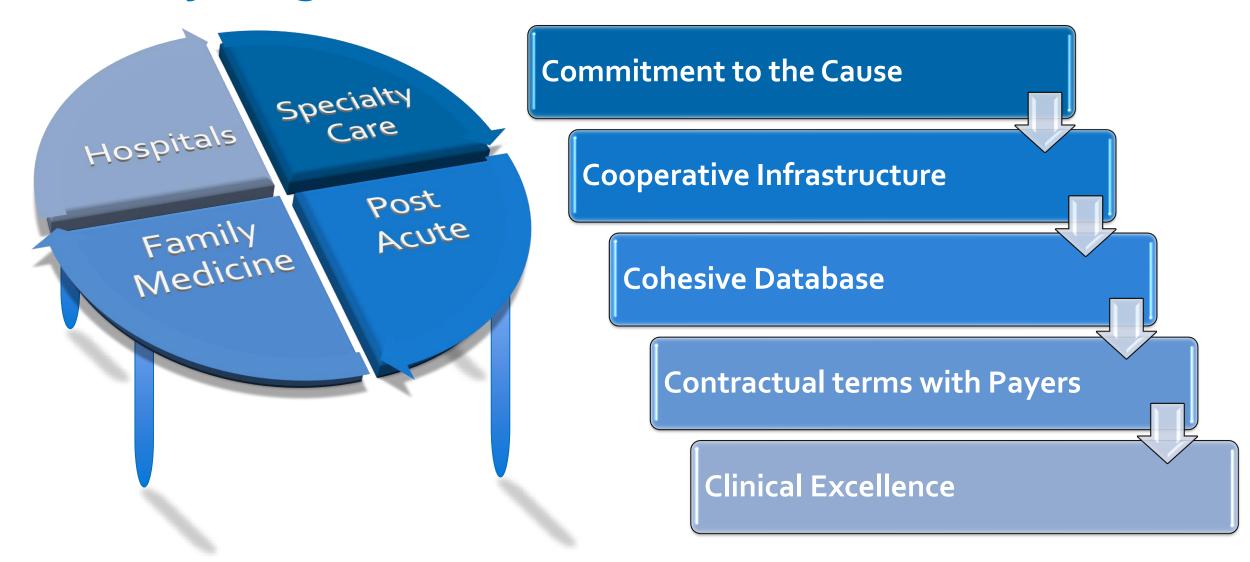


### You Have to Invest & Incent to Reap the Rewards

	Barrier	Facilitator
Family Context		
Policy and Available Resources		
Physician Buy-In		
Relationship Building		
Team Communication Practices		
Autonomy of Care Managers		
Training in Technology		
Relationships with Patients		
Time Pressure and Workload		

Source - https://www.annfammed.org/content/annalsfm/18/4/355.full.pdf

#### Clinically Integrated Networks <u>are</u> the Solution







## Great Architectural Design is "a thing of beauty"



### The Math of Value-Based Care Adds Up

#### The equation for the math of ACOs.



#### Bonus payments

Effective shared savings received by organization for ACO performance



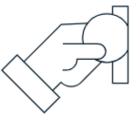
#### **Demand destruction**

Loss of revenue due to reduced utilization from ACO population and spillover effects from non-ACO patients



#### Market share gains

Increased share due to improved network status and reduced system leakage



#### Operating costs

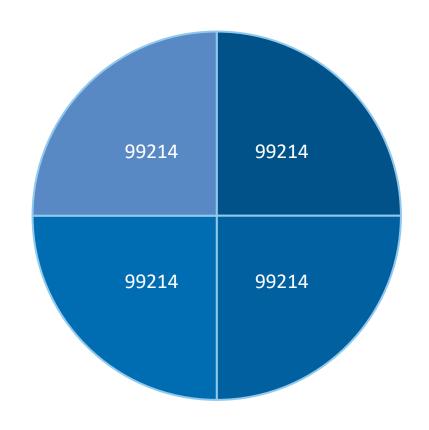
Incurred fixed and variable costs associated with running an ACO

ACO, accountable care organization.





### Traditional Primary Care Doesn't Pay the Bills



**Provider time**: 80 minutes

Patient touchpoints: 4

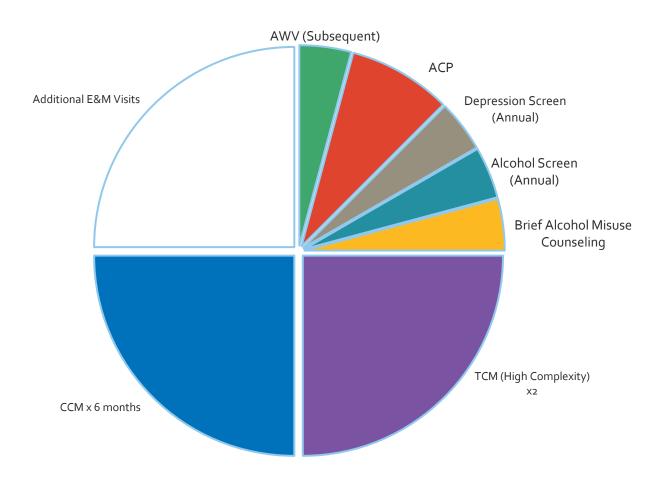
wRVUs<sup>1,2</sup>: 8.12

**Revenue**<sup>1</sup>: \$441.72 FFS, \$504 RHC AIR

<sup>1</sup>FFS

<sup>2</sup>RHC

# More Access Results in More Revenue – A "thing of beauty"



**Provider time**: 90 minutes

Patient touchpoints: 19+

Additional wRVUs: 13+

Additional Revenue: \$800-1200

# Annual Wellness Visit is "a thing of beauty"

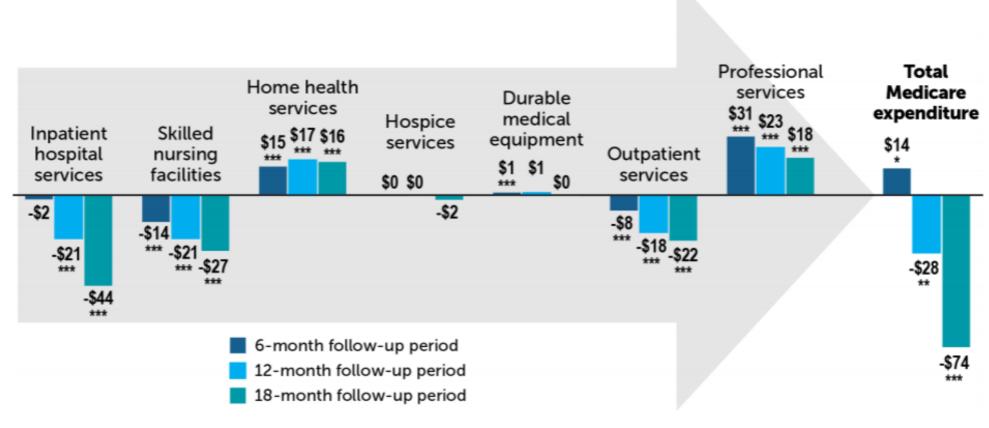
• Patients who received an AWV in the index month had a 5.7% reduction in adjusted total healthcare costs over the ensuing 11 months.

 Beneficiaries who had an AWV were also more likely to receive recommended preventive clinical services.

Source: Beckman et al. Medicare Annual Wellness Visit Association with Healthcare Quality and Costs. American Journal of Managed Care 2019 25(3), e76-e82

# Care Management is "a thing of beauty"

Figure ES.2. Estimated PBPM impact of CCM on total expenditures and by expenditure category: 6-, 12-, and 18-month follow-up periods



Source: Medicare 2014–2016 enrollment and FFS claims data.

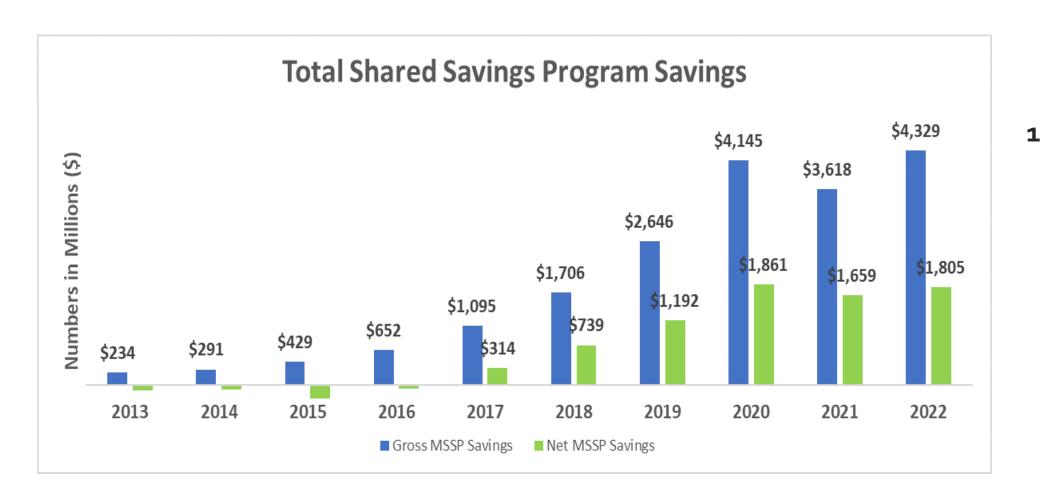
# Transitional Care Management is "a thing of beauty"

Total cost of care 11.1% lower for beneficiaries with TCM services\*

o.6% higher mortality among eligible beneficiaries who didn't receive TCM\*

Source: Bindman & Cox. 2018. Changes in health Care Costs and Mortality Associated with Transitional Care Management Services after a Discharge Among Medicare Beneficiaries. <a href="https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2687989">https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2687989</a>

## The CMS Investment in ACOs Has Paid Off Over Time



2022 10.3 Million seniors \$4.3B savings

\$21B over 10 yrs

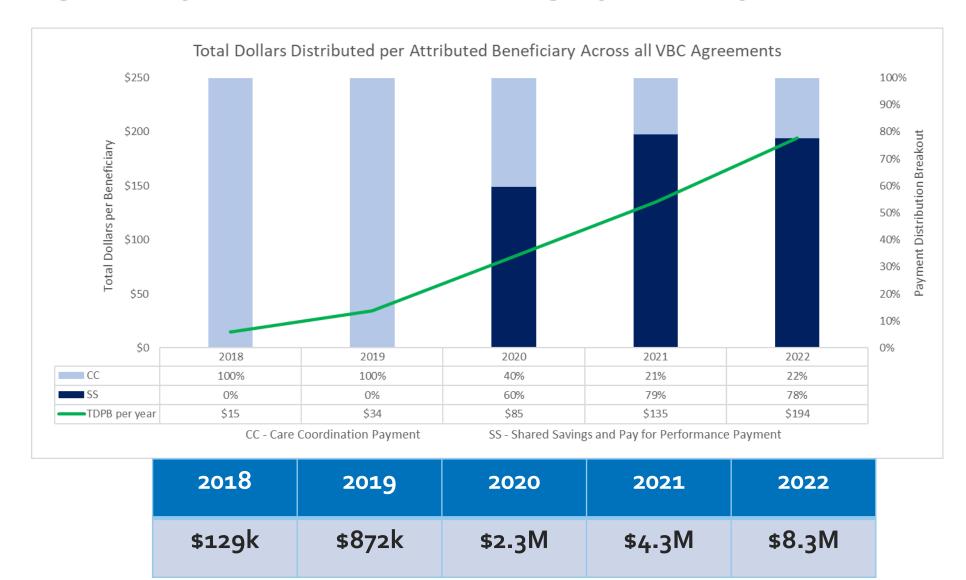
# Our ACO's in Nebraska are "a thing of beauty"

#### Seven Nebraska Based ACO's:

- Bryan Health Connect
- CHI Health Partners
- Midwest Health Coalition
- Nebraska Health Network
- NPG
- One Health
- Think Health

- 111, 161 Medicare Beneficiaries
- 4/7 100% Quality Score
- 6 showed net savings
- Net savings for all seven was ~\$40.3 million
- Six received shared savings bonuses from CMS

# Getting Paid for Value is "a thing of beauty"



# Improving Chronic Disease is "a thing of beauty"

### Quality continues to improve



Nearly all ACOs – 99 percent – met quality standards required to share in savings for the 2021 performance year.

ACOs had higher average performance on quality measures compared to clinicians not in ACOs, including better performance on:

- Diabetes and blood pressure control,
- Breast and colon cancer screenings,
- Flu vaccinations, and tobacco screenings,
- Statin therapy for the treatment and prevention of cardiovascular disease, and other measures.













Less Preventable Hospitalizations
Less Preventable Deaths
Less Heart Attacks
Less Strokes
Less Major Cancer
Less Long COVID

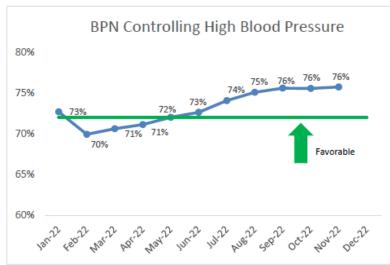
Less

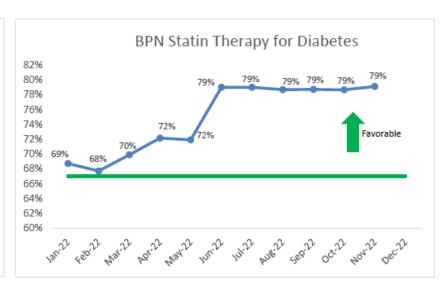
www.naacos.com

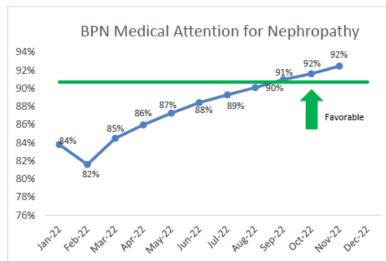
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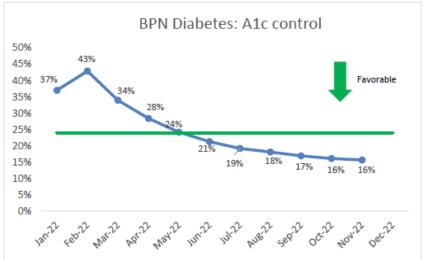
Less

# Team's Getting More Patients to Goal is "a thing of beauty"



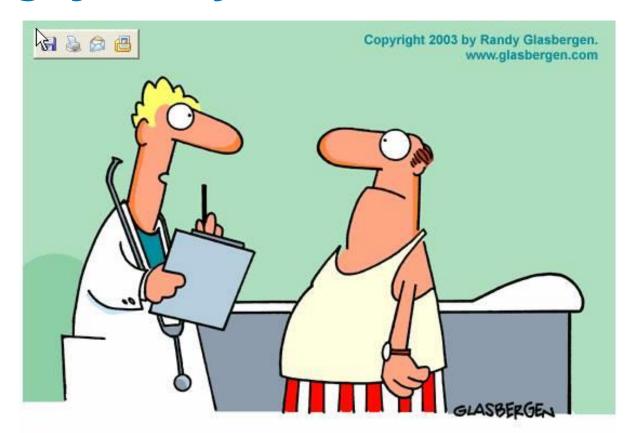






# Breaking Bad Habits is "a thing of beauty"

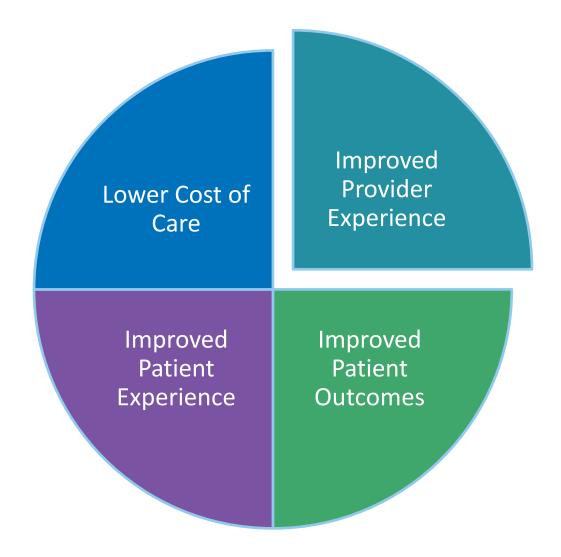
prevented in US
if adults
40 to 85
increased
physical activity
10 minutes per day!



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

Source: Estimated Number of Deaths Prevented Through Increased Physical Activity Among US Adults | Cardiology | JAMA Internal Medicine

# Improving Provider Wellbeing is a "thing of beauty"



## Value-Based Care is Part of the Solution to Burnout

Any health care organization that recognized it had a system issue that threatened quality of care, eroded patient satisfaction, and limited access to care would rapidly mobilize organizational resources to address the problem.

Burnout is precisely such a system issue.

- Dr. Tait Shanafelt & Dr. John Noseworthy, Mayo Clinic

Shanafelt & Noseworthy. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burden. Mayo Clinic Proceedings 2017 92(1):129-146c



# What do you wish you had more of each day at Work?



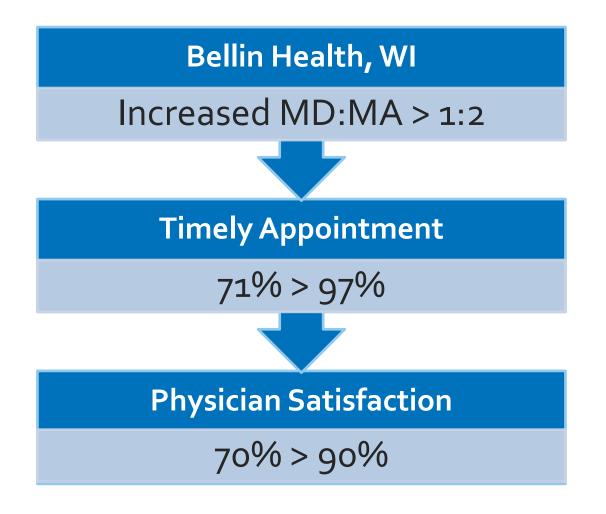


# Giving Time Back to Physicians is "a thing of beauty"

## How much uncompensated care are you providing each day?

Number of in-person visits with any provider	\$
Number of patient phone calls > 10 min long with any provider	\$
Number of patient phone calls 5- 10 min long with any provider	\$
Number of nurse phone calls > 5-10 min	\$
Number of nurse phone calls > 15 min	\$
Number of secure messages exchanged (portal, SMS- can include images, videos, or text)	\$

## Increasing Provider Capacity & Satisfaction is "a thing of beauty"



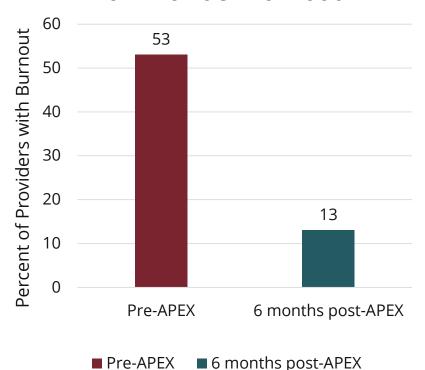


 80% of physicians are at full capacity or are overextended.

Source: Revitalizing Primary Care, Part 2: Hopes for the Future, Ann Fam Med, Bodenheimer 2022

# Reducing Administrative Burden is "a thing of beauty"

# Effect of APEX Implementation on Provider Burnout



- Proactive, planned care with pre-visit planning and tests
- Shared care standing orders, panel management, protocols
- Distribution of clerical tasks documentation, order entry, Rx Management
- Messaging management verbal and inbox
- Team model co-location, huddles, workflow mapping

Wright & Katz. Beyond Burnout- Redesigning Care to Restore Meaning and Sanity for Physicians. New England Journal of Medicine 378(4) 2018 DOI: 10.1056/NEJMp1716845



## Recruiting Physicians to Rural America is a "thing of beauty"

### **Most Satisfying Part of Practice**

- 1. Patient/physician relationship 78.7%
- 2. Intellectual Stimulation 55.1%
- 3. Social and Community Impact 21%

Income #4

### **Least Satisfying part of Practice**

- 1. E.H.R. 39.2%
- 2. Regulatory/Insurance requirements 37.6%
- 3. Loss of Autonomy 37%

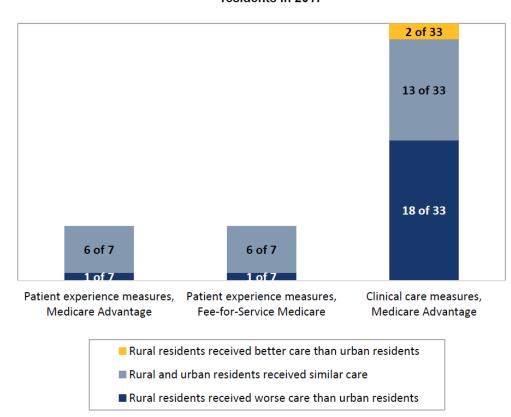
Income # 6

"Other factors, such as call coverage, adequate clinic support staff and autonomy over one's practice, tend to have a greater influence on loyalty in the long term."

Merritt Hawkins

# Improving Rural-Urban Care Quality Discrepancies is "a thing of beauty"

Number of patient experience measures and clinical care measures for which rural residents received care that was worse than, similar to, or better than the care received by urban residents in 2017



"Primary care practices with the support of a facilitator are almost 3 times more likely to implement evidence-based guidelines compared with usual care practices."

Annals of Family Medicine 2019

# Creating Connections is "a thing of beauty"

"Clinicians perceived practice facilitation to be an important resource for connecting their practice to the external health care environment and resources, and helping their practice build QI capacity through teaching, hands-on support, and EHRdriven solutions"

Annals of Family Medicine 2019



# The Art of Medicine is "a thing of beauty"...to patients

51 yo Female with History of Stage 2b Rectal Cancer in remission for 11 years presents during COVID pandemic with Lower Extremity Radiculopathy and paresthesia.

#### **Failure to Connect**

If you just <u>listen</u>, the patient will tell you everything you need to know

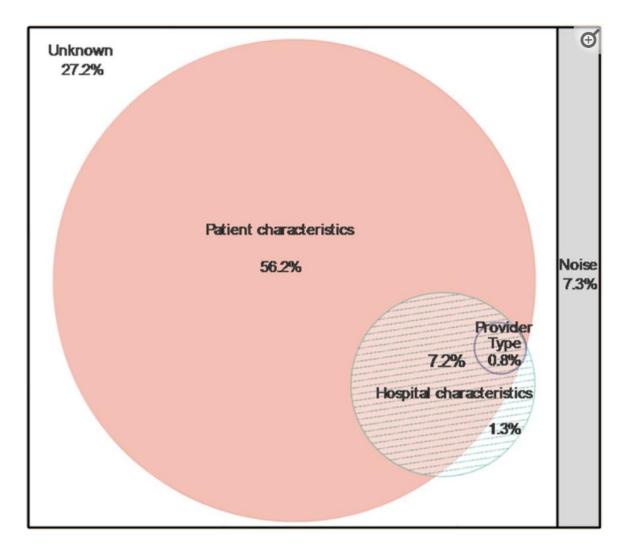
Failure to Care

A <u>team</u> is the only way to get it right... every time for every patient

Failure to Coordinate

Between visit support matters...no matter how good you may be

# Getting it Right Every Patient Every Time is "a thing of beauty"



Source: JGen Intern Med. 2014 Apr; 29(4): 572–578 Variation in the Risk of Readmission Among Hospitals: The Relative Contribution of Patient, Hospital and Inpatient

# Investing in Value-Based Care Yields Dividends!

Intervention	Access/Revenue	Patient Satisfaction	Provider Burnout	Quality
RN Directed Care				
AWV/TCM				
• CCM				
• 99211				
Increase MA Ratios				
Expanded rooming				
• Scribe				
Inbox management				
Pharmacist				
<ul> <li>Med Adjustments</li> </ul>				
<ul> <li>"Incident to" visits</li> </ul>				
Behavioral Health				
• BHI				

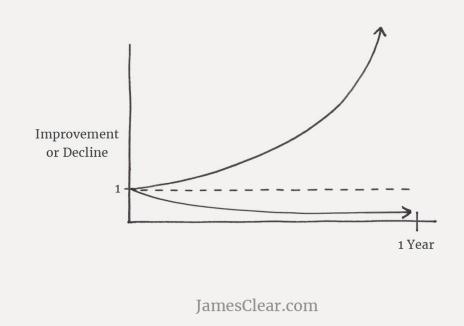
# Small Improvements Make Big Differences over Time

"It's easy to overestimate the importance of one defining moment, and underestimate the value of making small improvements on a daily basis."

James Clear – Atomic Habits

# The Power of Tiny Gains

1% better every day 
$$1.01^{365} = 37.78$$
  
1% worse every day  $0.99^{365} = 0.03$ 



# Kubler-Ross Change Curve

