LEARNING COMMUNITY FEATURES

March 21, 2019 10:00 am

Call Instructions:

Please

- **Mute your phone, microphone, and speakers on your computer/device**
- ***Enter your name/organization in the chat box feature for attendance***
- ***We encourage active participation via Chat or audio***
  - **Submit questions via the chat box feature**
    - ***Questions will be answered as submitted***
  - ***Unmute yourself to ask question and participate in discussions***

Time to ask questions via audio will be offered for those on the phone

*6 - Toggle mute/un-mute
*9 - Toggle raise/lower hand

Developing Your Value Proposition

Pamela Ballou-Nelson, RN, MSPH, PhD

Principal Consultant MGMA

March 7, 2019

Objectives

- Define value proposition
- Who is my customer?
- How to develop a practice value proposition
- Examples of value propositions
- Share your story

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Value Proposition

What is a value proposition?

- Value proposition is focused on the needs of the customer
- Includes a promise of value to be delivered according to factors important to the customer
- Putting the customer at the center of the value proposition means that a deep knowledge of the potential and current customer base is required
- Who is our customer?

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Value Proposition

Value proposition requires effective physician leadership:

- The “end customer” in healthcare is the patient
- Defining and measuring quality outcomes
- Identifying and understanding the true costs involved in delivering care (TCOC)
- Understanding payers in value based contracts
- Shifting the paradigm of our healthcare culture from a physician-centric to a customer-centric one

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Value Proposition

Your value proposition requires a broad perspective

- People who are generally well but require a specific service — for example, a prescription refill — want an efficient transaction
- People who have a discomfort that stops short of an emergency want convenient access to a caregiver for quick diagnosis and treatment
- People who have chronic conditions that require ongoing management and that put them at risk of hospitalization or emergency department visits may need assistance with living conditions, transportation or nutrition — services that may previously have been called “public health.”

October 22, 2015
Kenneth Kaufman

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Value Proposition

Value proposition requires a broader perspective

- People who are healthy and want to stay that way want resources to help them learn, practice, track and reward healthy behaviors
- The entire community needs care that is coordinated among multiple settings and providers
- Care that is far easier to navigate than what they have now
- Your value proposition needs to expand from caring to helping

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Value Propositions

Make Choices

- **Maximize the value**
  - Specify the value proposition as an objective. We often make choices because they seem to be the right thing to do, *but fail to identify the specific value proposition for the choice, i.e. adding care managers, BH worker, decreasing re-admissions*
  - *Ask "Is the customer asking for this objective; Why are we doing it?"*
  - *Ask "Did we really achieve the objective?"*

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Value Propositions

Make Choices

- **Minimize the effects of choices that do not add value**
  - For example, best-intended efforts to decrease re-admissions may simultaneously decrease staff productivity in meeting other patients' needs, by increasing the time and complexity of the transition to care
  - What is it about your products and services that bring value to payer and patients you serve?

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Consumer Patient Choice

- Patients encouraged to choose high quality care at a lower overall cost,
- Need access to information to help them make well-informed decisions.
- With better information on value — outcomes, satisfaction, and costs — patients could make more confident decisions about getting the care they need while spending no more than necessary.

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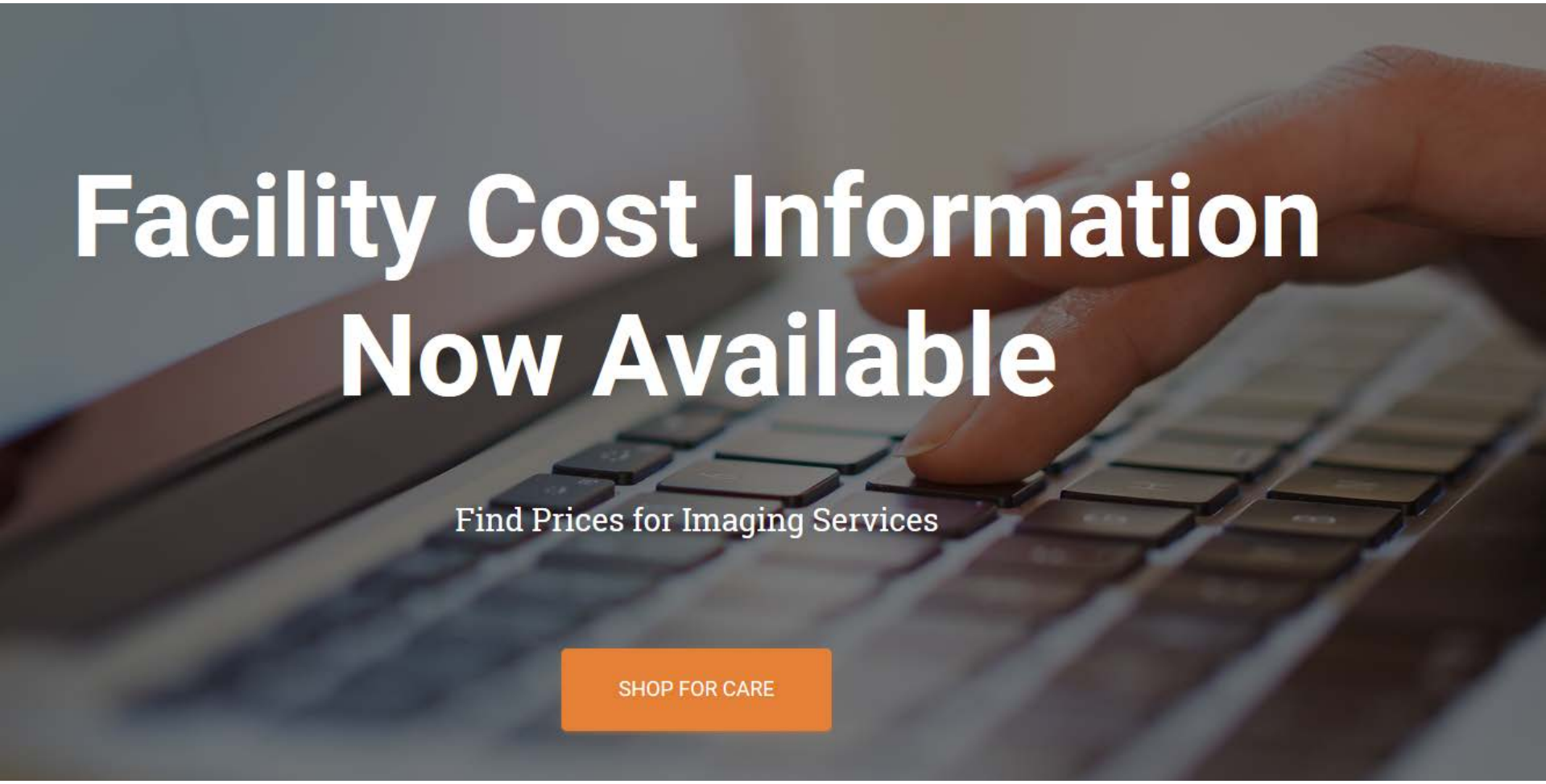
Facility Cost Information
Now Available
Find Prices for Imaging Services
SHOP FOR CARE

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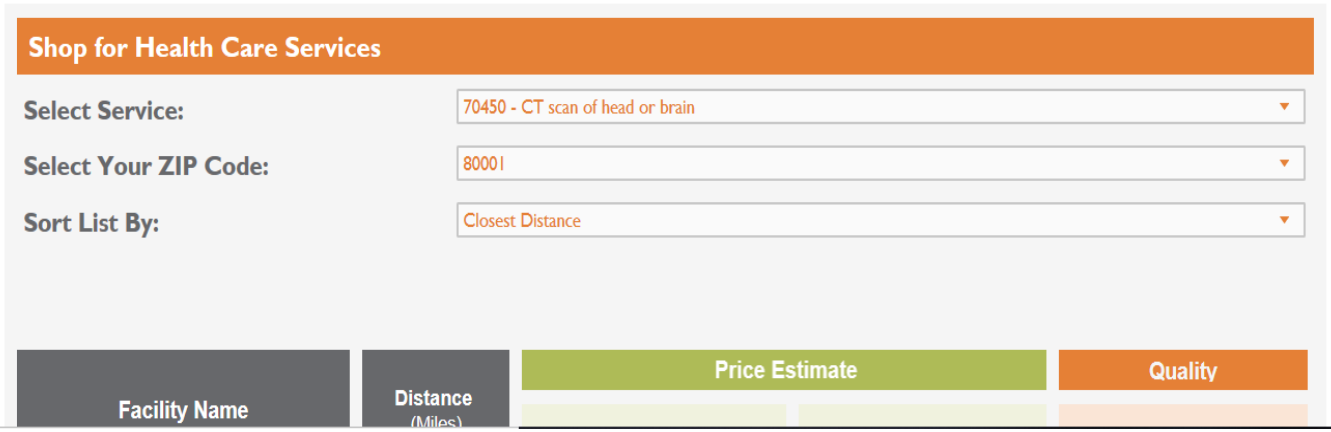
Considerations

- Prices reflect only the cost of the procedure, and there may be a doctor fee billed.
- Prices represent the patient paid portion AND insurance paid portion combined.
- For more specific price information, contact your insurance company or the facility directly.
- This information is based on 2016 commercial claims payments for the majority of insured Coloradans.

- Get Data
  - CO APCD Overview
  - Public Data
    - Interactive Data
    - Publications
  - Custom Data
  - My Data Login



Report Resources

- Excel File (download the imaging data)
- Imaging FAQs

Graphic

Facility Name	Distance (Miles)	Price Estimate		Quality
		Average Price	Price Range	Patient Experience
HealthOne North Suburban Medical Center	6.9	$530	$480–$530	★★★☆☆
HealthOne Presbyterian St Lukes	7.5	$480	$470–$510	★★★★☆
Centura Health St Anthony Hospital	8.1	$330	$80–$360	★★★☆☆
HealthOne Rose Medical Center	9.5	$480	$430–$1,200	★★★★☆
Centura Health Porter Adventist Hospital	10.9	$350	$190–$370	★★★☆☆
HealthOne Swedish Medical Center	11.7	$510	$430–$600	★★★☆☆
Centura Health Avista Adventist Hospital	11.9	$310	$310–$350	★★★★☆
UCHealth University of Colorado Hospital	13.7	$580	$450–$710	★★★☆☆
Childrens Hospital Colorado Anschutz Medical Campus	13.7	$1,420	$900–$1,560	*
Centura Health Littleton Adventist Hospital	16.4	$300	$40–$430	★★★☆☆
Boulder Community Health Foothills Hospital	16.8	$310	$290–$910	★★★★☆

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Select Service: 74177 - CT scan of abdomen and pelvis, with contrast

Select Your ZIP Code: 80001

Sort List By: Closest Distance

Facility Name	Distance (Miles)	Price Estimate		Quality
		Average Price	Price Range	Patient Experience
SCL Lutheran Medical Center Wheat Ridge	2.3	$990	$700–$1,040	★★★☆☆
HealthOne North Suburban Medical Center	6.9	$1,200	$480–$1,500	★★★☆☆
HealthOne Presbyterian St Lukes	7.5	$1,500	$530–$1,500	★★★★☆
Rocky Mountain Cancer Centers Denver Midtown	7.5	$350	$310–$350	*
SCL St Joseph Hospital	7.8	$690	$520–$710	★★★★☆
Centura Health St Anthony Hospital	8.1	$480	$310–$530	★★★☆☆

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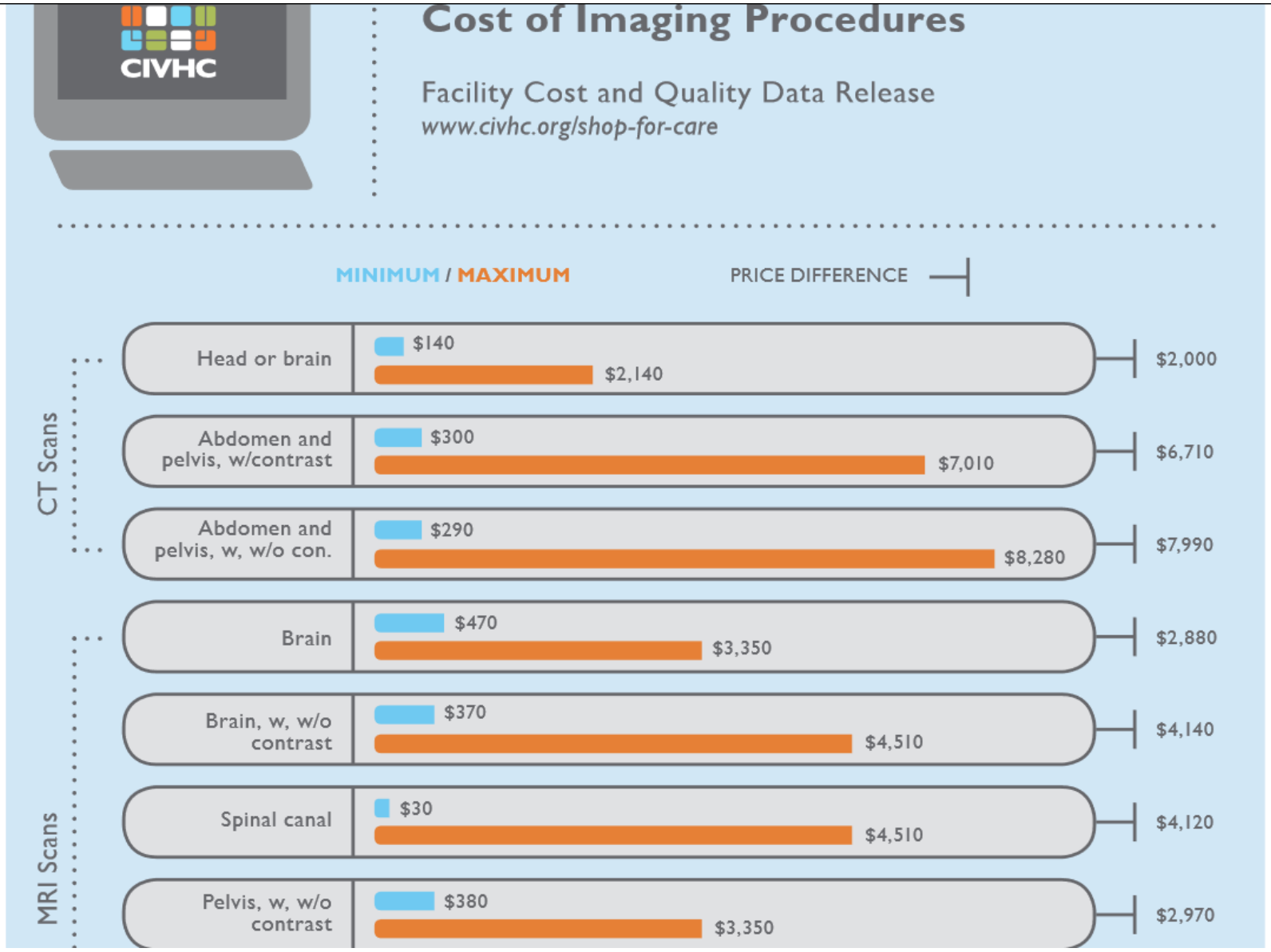
Cost Variation



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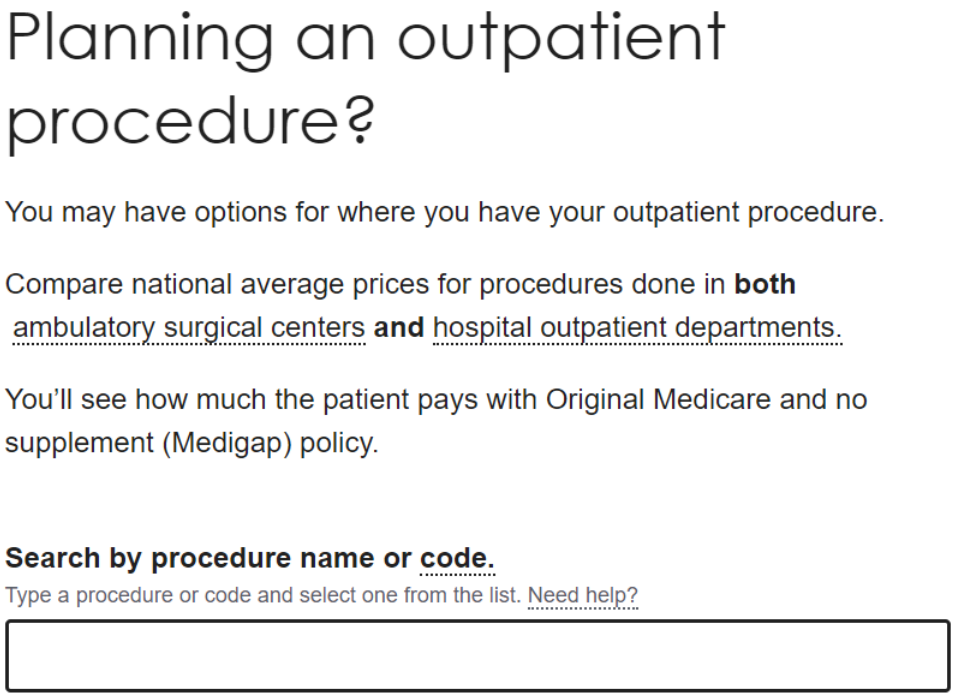
CMS

New Online Tool Displays Cost Differences for Certain Surgical Procedures

Procedure Price Lookup will help patients with Medicare consider potential cost differences when choosing among safe and clinically appropriate settings

https://www.medicare.gov/procedure-price-lookup/



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Open treatment of broken of lower forearm or growth plate separation with insertion of hardware 3 or more fragments

Code: 25609

Ambulatory surgical centers

Patient pays (average)
$771

Average Medicare pays	**$3,085**
Average total cost	**$3,856**

Hospital outpatient departments

Patient pays (average)
$1,121

Average Medicare pays	**$4,485**
Average total cost	**$5,606**

Next Steps: Use this checklist to talk to your doctor about your costs and options, or find ambulatory surgical centers and hospitals in your area.

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Price Transparency - Value Proposition

- While enabling a more transparent system poses risks to both patients and providers, consumers are ready for a more open environment when it comes to healthcare pricing.
- 89% of patients want to know their medical costs before they receive any care.
- 30% of hospital revenue comes from patients.
- 26% of American adults said they had contacted different doctors or medical facilities about prices.

How Do I Develop a Value Proposition?
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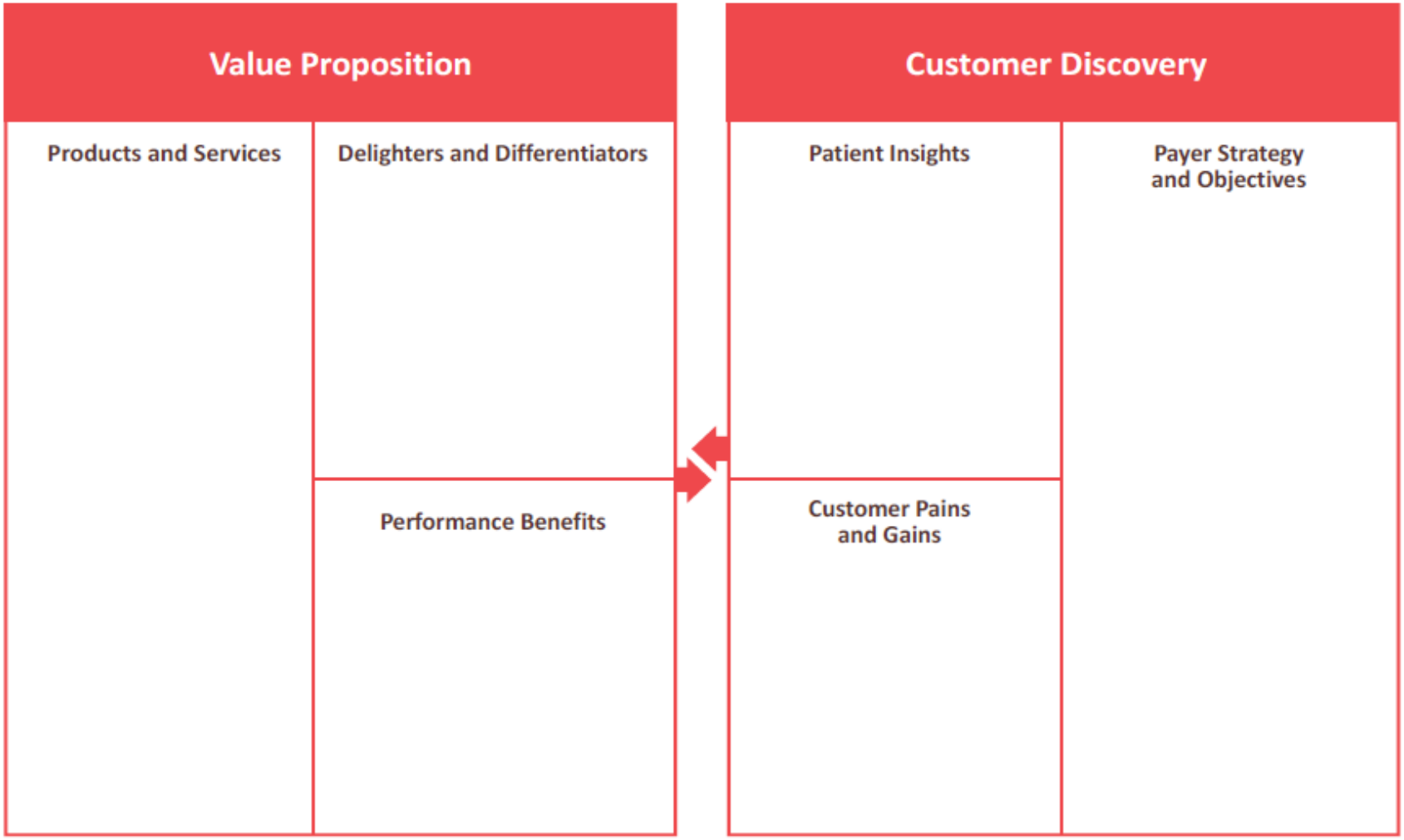
Value Canvas



Value Proposition - Components

Practice Differentiators

What does your practice offer in the market that differentiates you from the competition?

- Access?
- Technology?
- Affiliations of interest (i.e., sports teams, schools)?
- Accolades?
- Participation in alternative payment models?
- Special Programs?

Practice Information

- Describe your practice succinctly
- How many MDs? Non-physician providers? Specialties? Locations?
- Describe your “service mix”?
- Ancillary services?
- Alternative payment models? If so, which ones?
- Affiliations with hospital systems, IPAs, ACOs etc.?
- Accolades? What are you working toward?

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Value Proposition - Components

Goals & Ratings

- Mission Statement
- Organizational Goals
- How does your practice “rate”?
  - Medicare
  - Commercial Payers
- Narrow network participation
- Transparency: Do you understand where you stand relative to costs compared to your peers?
- Quality compared to peers?

Outcomes

- What do you know about practice “outcomes” compared to peers?
  - Infection rates?
  - LOS?
  - ED utilization?
  - Readmissions?
  - Costs?
- Patient satisfaction scores?
- Quality Initiatives – PQRS? MU?
- Referring provider satisfaction scores?
- Employee satisfaction scores?
- Patient engagement activities?

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Value Proposition - Components

Common Ground

- Understand how your practice aligns with payer goals
- Define how you envision collaborating
- How does your practice work toward achieving the "Quadruple Aim"?
- Where do you want to be on the managed care contracting continuum?
- How are you going to get there?

KEY Questions

- What kinds of value-based contracts should we explore together?
- How can we facilitate improved communications?
- What types of models would be worth investigating?
- What timelines are we working within?
- What kinds of arrangements are being explored with our peers?

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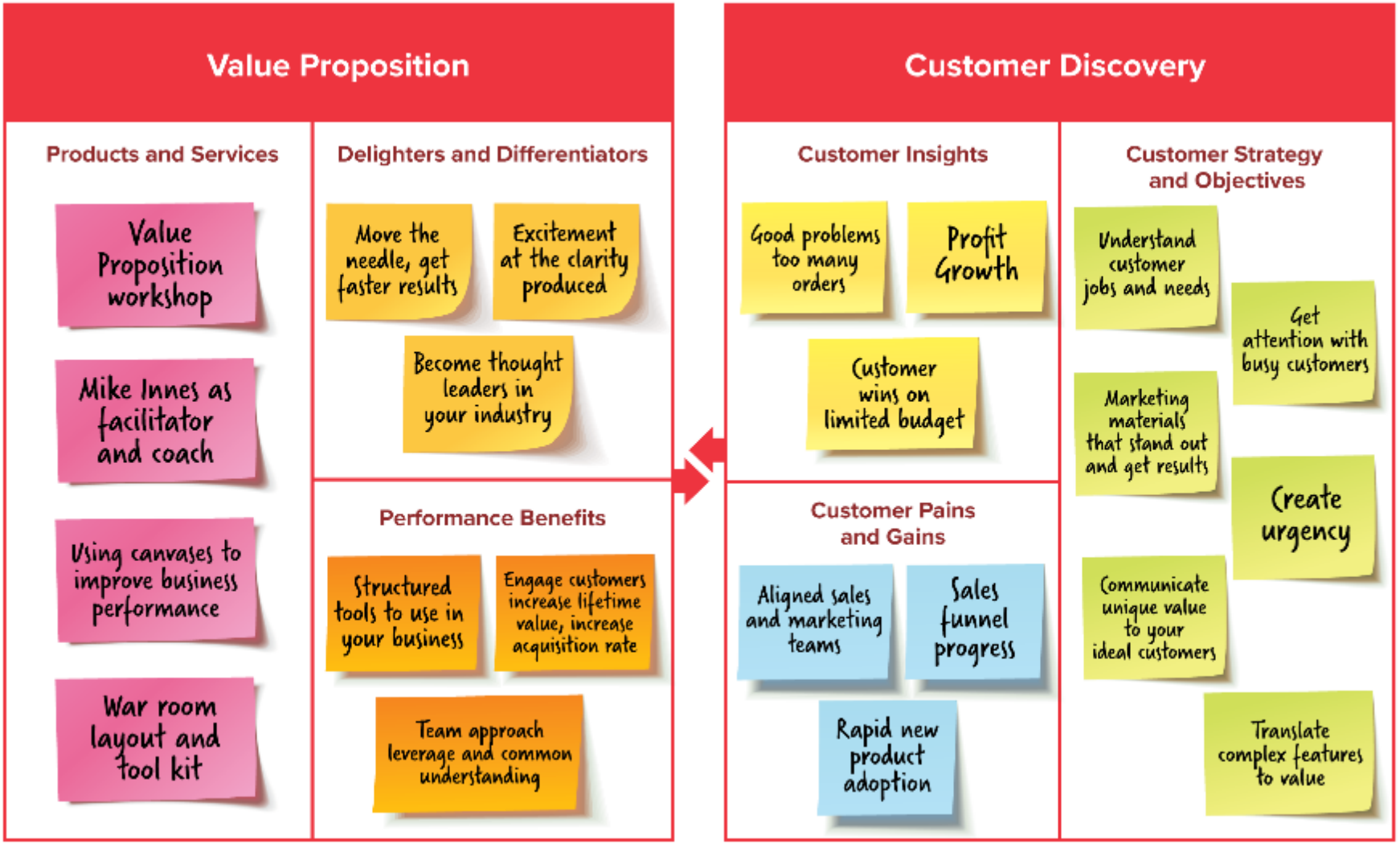
Customer Value Canvas



Examples of a Value Proposition
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Colorado Colon & Rectal
SPECIALISTS

LISA A PERRYMAN, MD FACS, FASCRS

President and Founding Physician

Colorado Colon & Rectal Specialists
∞The Premier Colorado Hemorrhoid Center∞
9397 Crown Crest Blvd, Ste 301 Parker, CO 80138

HEALTH PLAN PROPOSAL

Founded in 2008 and serving the greater Denver metro area and beyond, Lisa A Perryman, MD, PC, has been contracted with [redacted] for more than a decade. We have built a premier, top performing physician owned solo practice, and since implementing EMR in 2013 released over [redacted] charges totaling [redacted]. We have not contacted [redacted] to update our contract until now. Today we respectfully request rates that reflect the Triple Aim goals constantly demonstrated and delivered to our more than 14,000 patients—better healthcare quality, lower costs, and improved outcomes.

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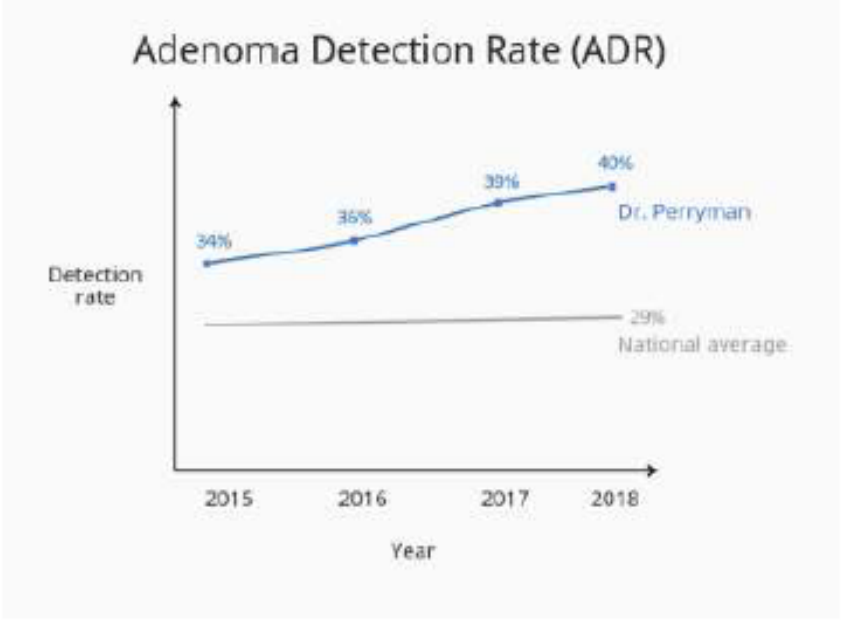
What Makes Us Different?

- QUALITY
- VALUE
- EXPERIENCE
- INTEGRITY
- PEOPLE

WHAT MAKES LISA A PERRYMAN, MD, PC, DIFFERENT

ONE OF ONLY 20 Fellow American Society of Colon and Rectal Surgeons (FASCRS) in Colorado. Fellowship in the Society recognizes the highest achievement, professionalism, and unique knowledge in advancing and promoting the science and treatment of patients with diseases affecting the colon, rectum, and anus. This ensures UHC members receive the best colorectal medical care.

27% HIGHER ADENOMA DETECTION RATE than national benchmark. Adenoma detection rate, or ADR, is considered a quality indicator, or a "report card" for a colonoscopy, as it measures the detection of precancerous polyps in colonoscopy patients. As shown below, Dr. Perryman's ADR is *27% higher* than the national benchmark and increases every year. ADR directly correlates with the effectiveness of he colonoscopies that she offers. *She performs about 1,500 annually*.



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PRACTICE PROFILE

Lisa A Perryman, MD, PC

CONTACT

PHONE:
303-830-8822

WEBSITE:
www.ColoradoColon.com

EMAIL
ColoradoColon1@gmail.com

PRACTICE AWARDS AND RECOGNITION

UnitedHealthcare Premium Tier One Provider

Selected by NBC/9News to Launch Colon Cancer Awareness Month

American Cancer Society Colorectal Task Force

CMS Transforming Clinical Practices Initiative (TCPI) Award

Centura/CHN Value & Vision Committee Chair

Colorectal Cancer Alliance Denver Undy Walk Run Committee

Executive Board of Colorado Medical Group Management Assn (CMGMA)

UCHealth Highlands Ranch Hospital Women's Health Steering Committee

- ✓ **Same Day Urgent Appts**
- ✓ **Access to Dr Perryman 24/7, 365**
- ✓ **Read What Patients Say About Us**

EST 71% SAVINGS FOR PATIENTS AND UNITEDHEALTHCARE by offering patients less expensive places of service. Rubber band ligation (RBL) and Infrared Coagulation (IRC) are effective treatments for hemorrhoids, and are safely performed during an office visit. Hemorrhoid patients undergoing colonoscopies often want to have RBL at the same time either for convenience or out of fear or embarrassment. However, RBL performed in a hospital rather than clinic often costs $600-800 in extra facility and anesthesia charges. We proactively discuss cost of care and advise patients of their options in advance. Similarly, we perform 84% of outpatient surgeries at ambulatory surgery centers (ASC) rather than hospitals.

33% FEWER OPIOD PRESCRIPTIONS COMPARED TO SIMILAR PROVIDERS, AND 20% FEWER THAN PROVIDERS WITHIN THE SPECIALITY. This is according to Colorado Prescription Monitoring program year-end report.

A LITTLE "TLC" GOES A LONG WAY FOR PATIENTS, which is why in addition to automated reminders, we personally call patients on a timely basis to encourage them to schedule repeat colonoscopies & referral appointments. In just ten days, for example, 32% of high risk colonoscopy patients contacted had already scheduled. We call procedure patients 7 days prior, as well, to offer reassurance and answer questions. They truly appreciate the outreach—we believe this level of personal touch is unique.

96.67% 'VERY SATISFIED' PATIENT EXPERIENCE according to the 2017-2018 pilot survey conducted by Centura Health. Of respondents, 36.67% indicated UnitedHealthcare as their insurance provider.

SCORED 17% HIGHER THAN ALL PRACTICES IN TRANSFORMING CLINICAL PRACTICES INITIATIVE (TCPi). Identified as a top performing practice, Lisa A Perryman, MD, PC, was asked to participate in a 15-mo quality improvement program sponsored by CMS and administered by the University of Colorado Anschutz Medical Campus. It established baseline scores for quality in 22 areas of practice, set rigorous milestones, and provided post-evaluation metrics capturing those improvements.

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QUALITY STANDARD SURPASSED FOR COLONOSCOPIC WITHDRAWAL TIMES is another indicator that sets us apart. Mean instrument withdrawal times of 6 minutes or more during screening colonoscopy have higher rates of neoplasia detection. Using Jan/Feb 2019 as an example, ***Dr Perryman exceeded the quality and excellence factor 87.1% of the time.*** This ensures effective colorectal cancer prevention and better patient outcomes.

- Colon cancer is the #2 cancer killer
- 1:20 will be diagnosed in their lifetime
- Colon cancer is highly preventable

DR PERRYMAN'S CHARITABLE CARE COLONOSCOPY INITIATIVE launched in 2018 offers lifesaving cancer screenings to uninsured/underinsured patients—especially those who are at high risk for colon cancer. We rallied our anesthesia, surgery, and pathology partners to offer deeply discounted colonoscopies, even helping with free credit for those who might not otherwise be screened due to cost.

*Ave cost of colon cancer surgery: $31,601**
*Ave cost of adjuvant treatments: $12,345/mo***
Burden of debt 1st year cost is more than $105,000

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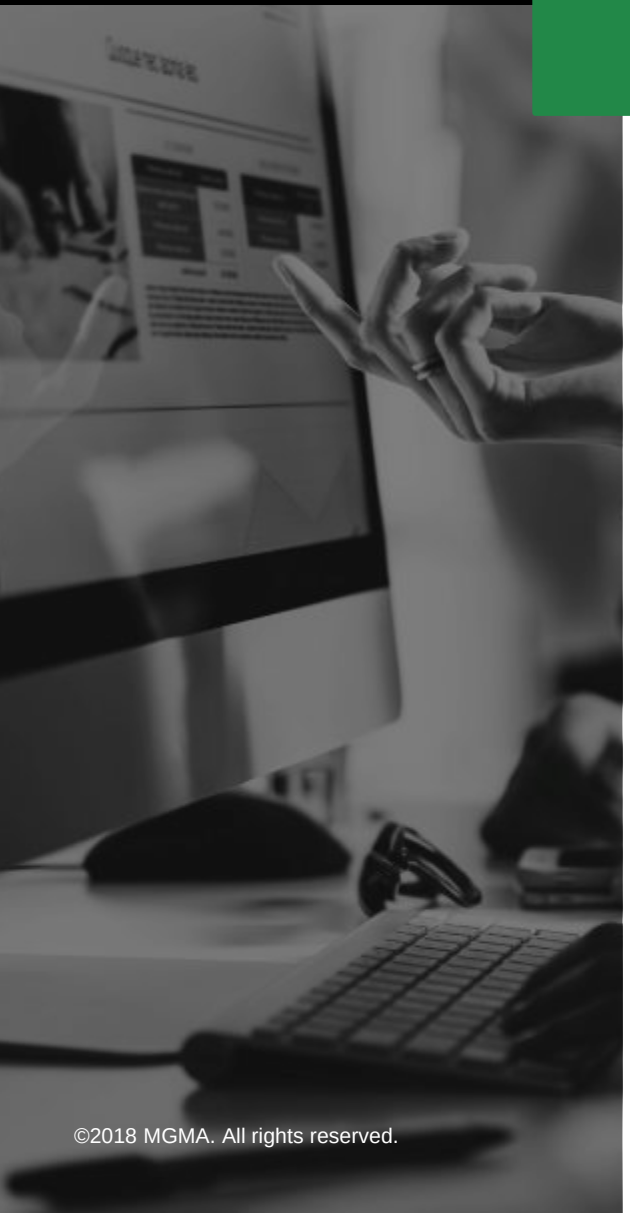

Summary

Do Your Homework

- Constructed Value Proposition
- Model current payer arrangements
- Know your patient population
- Surveyed payer environment
- Focus on what you do best

Game Plan

- Approach Payers
  - Face-to-face meetings
  - Collaborative approach
  - Rigorous follow-up
  - Set the tone for future relationship

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Thank You.
Consulting@mgma.org
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UPCOMING TRAININGS

- **3/26 – CO QPP Coalition Webinar; "Improve your Cost Category Performance in 2019" 12- 1 pm**
- **3/27 – SIM PTO Training; Cohort 2 & 3, DISCUSS/REVIEW BB8, BB9, BB10; 9 -10 am**
- **3/28 -- SPLIT Office Hours; 9 – 10 am**

April 2019

- **4/3 -- CQM Quarterly Update; 10-11 am**
- **4/4 – Virtual Colorado MAT Learning Forum** 12:30 – 1:30 pm
- **4/9 – TCPi PTO Touchbase; 9-10 am**
- **4/16 – CHITA Learning Community; 3-4 pm**
- **4/17 – MGMA Practice Webinar; 12-1 pm**
- **4/18 – Learning Features Call; Social Determinants of Health; Heather Bleacher 10-11 am**
- **4/23 – CO QPP Coalition Office Hours; 2019 Eligibility Parameters 12- 1 pm**
- **4/24 – SIM PTO Training; Cohort 2 & 3, DISCUSS/REVIEW BB8, BB9, BB10; 9-10 am**
- **4/25-- SPLIT Office Hours 9-10 am**

Department of Family Medicine
University of Colorado Anschutz Medical Campus

SPLIT SIM TCPi Transforming Clinical Practices Initiative

University Practice Innovation Team Contact Information

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Invoicing – Natalie.Buys@ucdenver.edu

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QUESTIONS?