DuPage Medical Group's Cost Effective Care Management Approach Consolidates Complex Patients into Clinics with Intensive Resources and Services

Scouting Health

Summary

Faced with stagnant reimbursement levels and increasing operational costs, DuPage Medical Group made the strategic decision to develop a cost effective care model that enabled the group to successfully manage complex care for seniors. It centralized the management of these patients into three clinics. Called *BreakThrough Care Centers*, these clinics specialize in the treatment of high-risk, potentially high-cost patients and provide comprehensive care by bringing together a full complement of clinical expertise, resources, and support services in one physical location. This model creates full and convenient patient access to services while achieving cost efficiencies for the organization that result in better patient management in the outpatient setting, better coordination, streamlined care, reduced waste, and intensive investment in resources and services only at these specialized clinics. This approach, which relies on a shared electronic health record infrastructure, has been well received by both DuPage Medical group physicians and BreakThrough Care Center patients, who have been largely amenable to having their care needs transferred from their primary care provider to the BreakThrough Care Center team. This model has reduced acute health care utilization, achieving lower acute admission rates, emergency department utilization, and average length or stay, all of which have resulted in a positive patient experience for the patients and their caregivers and a positive financial impact to DMG and participating Medicare Advantage plans.

Context of the Innovation

Formed in 1999, DuPage Medical Group (DMG) is an independent, for-profit, multi-specialty physician group serving the western suburbs of Chicago, Illinois. DMG has nearly 600 primary care and specialty physicians in more than 60 clinics. These physicians manage over 1 million patient visits annually, treating roughly 750,000 unique patients. DMG is governed by a board of experienced physicians with a leadership structure that balances primary and specialty care. A steadily growing proportion of DMG's payer mix is Medicare Advantage beneficiaries. Estimates from the Congressional Budget Office project a steep increase in Medicare Advantage enrollment in the next 5-7 years.[1]

Because about 15 percent of Medicare beneficiaries consume about 80 percent of Medicare dollars[2], DMG sought a solution that would effectively target these high risk patients and position the organization to enter into full risk payment contracts for both Medicare Part A (inpatient) and B (outpatient) costs without a negative financial impact. Instead of investing money and resources into reengineering care across its more than 60 clinics, DMG designed a cost effective solution that centralized the management of complex patients into three "ambulatory intensive care units" or tertiary clinics called BreakThrough Care Centers (BCCs) that specialize in the treatment of this patient population and enabled the management of these patients in the outpatient setting. DMG has been operating the BCCs for nearly four years and plans to expand to five clinics within the next year.

Description of the Innovative Activity

DMG created the specialized BreakThrough Care Centers to provide comprehensive care that has resulted in controlled costs for high-risk, potentially high-cost patients. These intensive outpatient locations enabled the group to successfully manage complex Medicare Advantage patients under full risk contracts covering both Medicare Part A and B costs. By providing a full complement of clinical expertise, resources, and support to high-risk complex patients in one physical location, DMG was able to reduce comprehensive care costs by addressing a number of key operational cost drivers (inefficiencies in scheduling and duplication of services) and reduce health care utilization (avoidable hospital admissions and readmissions, length of stay, use of Emergency services). Although DMG provided only outpatient services, the full risk contract mechanism held DMG financially responsible for hospital-based (Medicare Part A) costs. Additional details about the BCC model are provided below:

[1] From Dr. Krouse's 2015 AMGA Presentation "BreakThrough Care Center: A New Care Model for High Risk Patients."
[2] From Dr. Krouse's 2015 AMGA Presentation "BreakThrough Care Center: A New Care Model for High Risk Patients."

- **Cost effective approach to manage patients under full risk Medicare Advantage contracts.** Since DMG is responsible for both Medicare Part A and B costs for Medicare Advantage patients under the full risk contracts, it had to design a cost effective strategy to manage these patients in the outpatient setting. By grouping all needed services on-site in one physical location and concentrating monetary and resource investments into these sites, DMG found it was able to provide the appropriate comprehensive supports needed to address the acute and preventive care needs of Medicare Advantage patients without raising institutional costs to a point where it did not make financial sense for DMG.
- **Care model and coordination that streamline care and eliminate waste.** The BCC model has resulted in additional efficiencies that have contributed to the financial solvency of the group. Clustering services has allowed the BCC physicians to hone a unique skill set to successfully manage these patients and provide more effective coordination that has streamlined care and reduced duplication. The model has also garnered success for other DMG physicians including an increase in revenue due to enhanced productivity. DMG has streamlined its financial investment in resources to treat high-risk, potentially high-cost patients by making concentrated investments in the centers to target these patients instead of making investments across all of DMGs practices.
- **Mechanisms to identify and provide comprehensive care and support to high-risk, potentially high-cost patients:** DMG developed its own proprietary Health Risk Assessment (HRA) tool that uses electronic health record data to identify high-risk, potentially high-cost patients (using factors such as illness acuity, resource consumption, and health care service utilization). Once an individual is identified as high risk (and if the patient agrees), the patient is then shifted to the care team at one of three BCCs. Each center has a diverse, interdisciplinary on-site care team that is designed to manage and optimize all aspects of an individual's care. The centers also have on-site laboratory and diagnostic imaging services and a fitness center. Since DMG manages these patients under full risk contracts, there are no limits placed on the frequency or length of patient visits. The care team will spend as much time as needed with a patient based on the patient's acuity and needs. Also, since all the resources are on site, a care team member can make a real-time referral to another care team member if needed.

Impact

The BreakThrough Care Center Model has reduced acute health care utilization (which has a direct financial impact to the organization given its full risk contract arrangements) and addressed a number of key operational cost drivers, all with positive feedback from both patients and physicians.

- **Reductions in acute care utilization:** All BCC patients are seen within 24 hours of hospital discharge, and the 30-day hospital readmission rate of BCC patients is 7.2 percent, compared with a Chicago market average of 13.6 percent. BCC patients have lower acute admission rates, emergency department utilization, and average length of stay (3.9 days compared to a Chicago market average of 5.0 days). These improvements in utilization have resulted in positive financial impact to the organization and participating Medicare Advantage plans.
- **Reductions in operational cost drivers.** Because the BCC model provides dedicated and direct access to needed services for high-risk, potentially high-cost patients, DMG has reduced a number of inefficiencies that contributed to operational costs. For example, DMG has essentially eliminated the opportunity cost of staff time wasted arranging for and following up on services for complex patients. Additionally, the BCCs instituted process for staff to not only review DMG's electronic health record (EHR) for duplicate ordering of laboratory and radiology tests (such as X-rays and CT scans) but also to scrutinize the need for such tests.
- **Positive patient and physician experience:** DMG reports extremely high levels of patient satisfaction with the BCC model. DMG physicians have expressed high satisfaction with the BCC model, and non-BCC primary care physicians have increased productivity since the most difficult and time-consuming patients are transitioned to the BCCs for intensive intervention, support and optimal patient care.

Lessons Learned

- **It is feasible and cost effective to manage high acuity patients in the outpatient setting.** Given the time constraints that primary care physicians face, previous practice was to admit sick patients to the hospital, since primary care physicians did not have the time or resources to actively manage these patients. DMG has learned that through the BreakThrough Care Center model, serious health conditions (such as acute hyperglycemia requiring intravenous insulin titration) can be treated in the outpatient setting, an approach that is both preferable to patients and avoids costly hospitalizations.
- **Investing in intense resources in a few locations is a cost effective approach.** As noted, it would not be feasible or cost effective to invest in the extensive array of resources needed to care for complex patients across all DMG's clinics. By diverting and consolidating patients into the BCCs and supplying only these

locations with the full complement of resources, DMG has created a cost effective mechanism for successfully caring for complex patients.

- **EHR infrastructure critical to success of BCC model.** DMG uses a shared EHR across all its clinics, which enables key activities that facilitate the BCC model, including the HRA patient identification process; communication between BCC care teams and other providers, particularly a patient's primary care provider; and review of diagnostic tests for appropriateness and duplication.
- **Continually evaluate the complement of services offered at the BCCs.** DMG regularly assesses what services to include at the BCCs and notes that the available services have evolved over time. For example, to continuously best meet patients' needs, an orthopedist has been added once a week, and DMG plans to add a vascular wound clinic to serve BCC diabetic patients. Ongoing assessment of patient needs is critical to ensuring that the BCCs have the right mix of services.
- **Promote a collaborative mentality across clinics.** DMG has adopted the mentality that each patient belongs to all the doctors in the group, which is a fundamental tenet of the BCC model. For this model to work, primary care physicians must be willing to transfer their complex patients to the BCC care team. DMG promotes that BCC physicians are specialists in the care of complex patients with the resources available to provide comprehensive management, and views referring patients to the BCC in line with similar to referrals to other specialties (e.g., referring a patient with a heart condition to a cardiologist).
- **Patient reluctance to change providers has not been a barrier.** For the model to work, patients also must be amenable to being transferred to another provider. Initially, DMG physicians had concerns that patients would not agree to switch to the care of the BCC team. DMG's experience has been that the majority of patients are willing to have at least the initial visit with the BCC team and that retention rates after the first visit are extremely high. DMG estimates that only about one percent of patients have decided to return to their original provider on their own volition (i.e., before the BCC care team had fully addressed complex care needs and recommended transfer of care back to the primary care provider).

Implementation of a BCC model requires extensive physician education. To start, emphasizing the patient-centered attributes of the BCC model with physicians is fundamental in promoting the value of care the centers offer. Additional education topics should include the need for value-based care (i.e., considering value and outcomes, not merely volume); understanding full risk payment models and the financial vulnerabilities associated with ineffective management of complex patients; and the importance of population health, prevention, and patient wellness. All topics mentioned above have been an effective way to educate physicians about the

model and promote buy-in and ongoing support by non-BCC physicians across the organization.

The Innovators

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DuPage Medical Group offers consulting services for a fee to organizations that are interested in adopting the BCC model.