

HOW THE NINE C'S HELP ACCOMPLISH THE GOALS OF THE TRIPLE AIM PLUS ONE



Primary care has become increasingly complex and demanding in a fee-for-service world. As primary care delivery migrates from a volume- to value-based model, providers and health systems must learn new strategies and tactics and apply proven best practices for delivering better care, improving the health of populations and reducing per-capita costs.

The Accountable Primary CareSM Model — or the Nine C'sSM, for short — is a powerful, proven framework for delivering the Triple Aim *Plus One*: better health outcomes, lower costs and improved patient *plus* physician satisfaction. The Nine C's help providers understand their risk and the fundamental process, workflow and behavioral approaches that must be adopted for health care to move from a volume- to a value-based model.

C1: FIRST CONTACT

Accountable primary care physicians are the “medical home” for their patients. They make health care accessible where and when new medical needs arise and help coordinate patient care throughout the health system. (Starfield et al 2005)

Workflow/behaviors to support first contact:

- Open-access scheduling
- Same-day appointments
- Email and telephone care
- On-call access: evenings and weekends

In a nationally representative sample of more than 20,000 episodes of care, when these events began with PCP visits, as distinguished from some other source of care in the system, costs were 53 percent lower. This cost differential persisted after controlling for ER visits, health status, socio-demographics and other relevant variables. (Forrest and Starfield 1998)

C2: COMPREHENSIVE CARE

Accountable primary care physicians meet the bulk of their patients' health care needs and refer to accountable specialists for uncommon problems.

Workflow/behaviors to support comprehensive care:

- Practicing to the highest level of training
- Longer patient visits
- Comprehensive health-risk assessments
- Data-driven collaborative population management and risk-adjusted revenue management

In her 2005 review of primary care outcomes, Barbara Starfield described the role of primary care in reducing unnecessary or inappropriate specialty care. She found that increasing the supply of specialists in the U.S. would either have no effect or an adverse effect on major health outcomes. (Starfield et al 2005)

C3: CONTINUOUS, LONGITUDINAL, PERSON-FOCUSED CARE

Accountable primary care physicians and patients work together to transcend episodic care and reach mutual care decisions.

Workflow/behaviors to support continuous, longitudinal, person-focused care:

- Engaging the patient and family members
- Tools to assess emotional and physical wellbeing
- Personalized care plans that address prevention, screening goals and advanced care planning

Continuous, longitudinal, person-focused care takes on increasing importance in light of research linking such care to better health outcomes, lower costs, an enhanced care experience, better quality of life, and other benefits. Patient and family involvement in health care decisions has been associated in primary care settings with reduced pain and discomfort, faster recovery in physical health and improvements in emotional health. (Stewart et al 2000)

C4: COORDINATED CARE

Accountable primary care physicians and their care teams coordinate care for patients across the health system and manage transitions of care to specialists; from home to ERs, inpatient settings and skilled nursing facilities; and back to outpatient care and home settings.

Workflow/behaviors to support coordinated care:

- Care coordination/care management
- Medication reconciliation
- Home health coordinators/social workers

After World War II we had about a dozen categories of health care professionals and a half dozen types of specialists. Now we have over 200 categories of health care professionals and over a hundred specialties. Many of them use different computer systems that don't talk to each other and they create patient care plans in isolation.

C5: CREDIBILITY AND TRUST

Accountable primary care physicians earn their patients' trust through their care delivery and demonstration of specific behaviors that help patients engage and become more accountable in their own treatment.

Workflow/behaviors to support credibility and trust:

- Effective communication during the "moments that matter"
- Tools that gather the patient's perspective, help set goals and manage expectations
- Demonstrating ideal physician behaviors/humanic clues of quality

Mayo Clinic's survey of 192 patients revealed seven ideal physician behaviors — confident, empathetic, humane, personal, forthright, respectful, and thorough — that proved to be patient satisfiers as well as humanic "clues of quality." How physicians interact with patients helps build trust between providers and patients and increases adherence to treatment. (Berry and Seltman 2008)

C6: COLLABORATIVE LEARNING

Accountable primary care physicians are dedicated to continuous learning and improvement. They are leaders within their organizations who foster a culture of teamwork, information sharing and collaboration across institutional roles and organizational boundaries to support the Triple Aim *Plus One*.

Workflow/behaviors to support collaborative learning:

- Use of technology for real-time access to clinical and claims data for best care decisions
- Tools that engage and empower patients and eliminate complexity
- Systematic monitoring and sharing of safety, quality, processes, prices, costs, and outcomes of care
- Adoption of Lean principles for process improvement, team training and skill building and evaluation

Several sources estimate that physicians direct about 80 percent of spending in a \$2.6 trillion market. While each physician has about \$2 million in annual spending authority, he or she may not know how much services cost and very little about comparative quality and value of choices. Payers and physicians have a huge opportunity to improve care through collaborative decision support.

C7: COST EFFECTIVENESS

Accountable primary care physicians are constantly looking at ways to reduce costs for their practice and their patients, while maintaining high clinical quality. Cost-effective care naturally results from C1 through C6, but is enhanced through proactive, intentional physician-led efforts to deliver the right care at the right place and time.

Workflow/behaviors to support cost effectiveness:

- Focus on prevention
- Reduction of unnecessary services/appropriate use of specialty care, screenings and diagnostic tests
- Access to clinical and claims data for care decisions
- Lean efforts to standardize workflow, improve efficiencies and eliminate waste

According to the Institute of Medicine, there is evidence that a substantial proportion of health care expenditures is wasted, leading to little improvement in health or in the quality of care. Estimates of excess cost in unnecessary services, inefficient service delivery, prices that are too high, excess administrative costs, missed prevention opportunities, and medical fraud total an estimated \$750 billion loss in 2009. (IOM 2012)

C8: CAPACITY EXPANSION

Accountable care physicians have found ways to expand their capacity through the use of information technology and by re-architecting their care delivery model within their practice to include a team/pod-based approach and extenders such as nurse practitioners, care managers and social workers to manage routine care or transitions of care.

Workflow/behaviors to support capacity expansion:

- Medical home team
- Extended team: advanced practitioners, hospitalists, care coordinators
- Email and telephone care

Dr. Charles Kilo estimates that about half of the medical care delivered in our country could be delivered by email or telephone, if we paid doctors differently. This would produce tremendous capacity expansion and be more convenient for patients. A 2002 Cochrane Collaboration systematic review found that patients have higher levels of satisfaction with care from Nurse Practitioners than they do from physicians. NPs spend about four minutes longer with patients and order 20 percent more tests.

C9: CAREER SATISFACTION

Accountable primary care physician satisfaction is the foundation for patient satisfaction, team satisfaction, and quality care. The structure, incentives, and culture of today's health care system are poorly aligned to engage physicians and respond to their needs. Drivers of career satisfaction must be addressed to prevent burnout and make for a happier health care system.

Workflow/behaviors to support career satisfaction:

- Structure work environments to simplify procedures and workflows, preserve control and emphasize autonomy and order
- Align incentives around value
- Recharge the culture of care around meaning/significance, support from colleagues and work-life balance

Dr. Carol Horowitz and colleagues conducted workshops at annual meetings of the American College of Physicians and the Society of General Internal Medicine over a 13-year period. Through narrative analysis of written vignettes, they discerned three major themes about what was most meaningful to doctors.

- 1) A fundamental change in doctors' perspectives about themselves, their roles, human nature, illness, and patient care after being part of profound experiences with patients.
- 2) Connecting with patients in moments of emotional professional intimacy that evoke genuine, personal responses from physicians.
- 3) Making a difference in a patient's life, often in the context of chronic, incurable conditions or end-of-life care. (Horowitz 2003)

