

Accountable Care NEWS

How to Get New and Established Primary Care Physicians Aligned on the Delivery of Accountable Care

By *Debbie Zimmerman, MD*

P rimary care has become increasingly complex and demanding as it migrates from a volume-based to a value-based model. Providers and health systems must deal with a wave of complex change that requires the healthcare delivery system to accept shifts in business model, cost structure, organizational culture and -- most importantly -- behavior modifications to overcome the barriers to value-based care adoption. At the core of the transformation are primary care physicians (PCPs) who must modify the practice of medicine in ways that were not, and are still not, taught in medical school. We find that the evolution of the healthcare system is reframing the job description for the physicians of today and, even more so, for the physicians of the future.

Accountable care is the roadmap for reaching The Institute of Healthcare Improvement's Triple Aim, defined as improved health outcomes with lower costs and improved patient satisfaction. Acknowledging that the PCP is at the forefront of transitioning to a value-based model of healthcare, Lumeris added physician engagement to the other Triple Aim factors, coining the term Triple Aim *Plus One*. So, what does the transition to accountable care mean to PCPs? First and foremost, it means that they have to change the way they deliver care. PCPs are increasingly finding themselves in roles that require them to play an active part in the governance of their organizations, understand financials and technology, and counsel patients not only on the medical effectiveness of treatment options, but also on their cost-effectiveness. In addition, they cannot do this alone and now must be a part of a team, we call it an Accountable Care Team. The PCP and the consumer are at the center of this team which includes others such as specialists, case managers, pharmacists, office staff and medical directors.

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While change can be hard, the overwhelming majority of PCPs understand that something must be done to curb the rising cost of healthcare and are receptive to best practices that can help deliver value-based care. In fact, the transition to value-based care can be empowering for PCPs. They gain increased visibility into the continuum of patient care, as well as into the cost of care, and they are able to better customize and coordinate treatment plans.

I get asked a lot if I believe physicians in value-based contracts practice differently than those in fee-for-service arrangements. My answer is that I don't believe they care differently for patients with specific conditions, but they may prioritize their care delivery differently. For example, with a diabetic patient, the physician is going to care for him or her in the same way, regardless of their payment structure. On the other hand, if the patient called the office at 4:45 p.m. on a Friday afternoon with something fairly urgent, a value-based physician will be incentivized to bring him or her into the office while a fee-for-service physician would be inclined to send the patient to the emergency room. Moreover, the PCP in a value-based practice will have access to the full medical history, including the tests the patient had in the last month, as well as prescription information. This transparency enables the PCP to have honest conversations with patients about options for their care, including cost. It also gives them access to clinical information so they can make the best decisions about the course of treatment, increasing success with performance measures.

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So, how can an organization get the PCPs better aligned with delivering accountable care? Based on the model we developed at Lumeris, there are a number of key elements that need to be put in place to enable provider engagement throughout the transition to accountable care and to empower PCPs and their staff with the competencies that will help them thrive in the future.

First, it is important for the practice to reach sufficient patient panel density in value-based plans to make the model feasible. If a physician has one or very few patients who fall under a value-based arrangement, while the rest are fee-for-service, they are not going to be able to implement accountable care.

Another critical consideration is to have the right value-based contract between the payer and provider and ensure that incentive contracts at the institutional level are matched by internal physician compensation and incentive arrangements so

that PCPs are motivated to adopt the necessary behavior modifications.

Next, it is important to have robust clinical representation in the leadership structure of the organization to ensure that the physician perspective is well represented. An organization, including PCPs and staff, needs tools and workflows that provide access to critical information, such as cost of care, comparative performance, and best practice sharing. Part of a PCP's enhanced skill set is the ability to document critical conditions differently and learn how to lead teams and enhance workflows in order to better coordinate care.

Lumeris has combined these key elements into a prescriptive role-based playbook, which we call The Nine C'sSM, for organizations adopting accountable care. The Nine C's aim to help healthcare practices develop a series of core competencies based on the Accountable Primary Care Model. Lumeris also works with the entire staff of an organization to implement these strategies. If practices still struggle with improving performance, we provide additional clinical transformation assistance, as well as a PCP Boot Camp through our Accountable Delivery System Institute. This model enables physicians and their care teams to develop new, sustainable and rewarding ways of delivering quality care for patients and measurable outcomes for all.

The shift towards value-based care is fraught with complexities and will take time. The good news is that there is strong alignment about the need to cut costs both on the payer and the provider side. There are also best practices with proven results that PCPs and their practices can rely on to navigate today's complexities and position themselves favorably for the future.

Dr. Debbie Zimmerman is Chief Medical Officer, for Lumeris, an operating partner for organizations that are committed to the transition from volume- to value-based care based in Saint Louis, MO. Dr. Zimmerman builds the clinical strategy for Lumeris, managing consulting services, clients' clinical initiatives, and the clinical content and analytics in the Lumeris Accountable Delivery System Platform. She may be reached at dzimmerman@lumeris.com.