



## ***Ascension Wisconsin – Collaborating for a Healthier Future***

**Presentations by:**

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***Panel Discussion:***

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**Ascension SE Wisconsin**

### **Executive Summary**

Representatives from employers, providers, brokers, consultants and other stakeholders gathered on May 30 at Ascension SE Wisconsin, Wauwatosa, to attend the second symposium of BHC Group's 2019 Delivering Value Series. The Series was created to impart in-depth knowledge about the best-in-class innovative employer solutions in BHC Group's portfolio.

The use of analytics can be a powerful tool to reach desirable goals such as reducing medically homeless populations and improving clinical care decisions and consumer choices while improving the overall health care experience for patients and payers. Attendees learned how Ascension Wisconsin and BHC Group best in class strategic partners, member employers and other health systems can collaborate and use analytics to increase health care value.

## BHCG's Strategic Plan

### *Introduction*

- **BHCG's work with Ascension will provide a framework to replicate with the provider community and other health systems in the state – from Racine to the northeast**
  - Employers have not been directly at the table with health systems before
  - Will use the Wisconsin market to illustrate and be a leader on how to increase health care value

### *Solving underlying issues and improving health care value*

- **The evolution of coalitions (and of BHCG)**
  - Significant health care price challenges existed at the start
  - Have done a great deal to resolve the problem, but it's still a high cost marketplace
  - Currently not all the analytics are in place to really understand who the high value providers are – need to go deeper to get actionable information to provide guidance to providers, consumers and payers
- **Analytics & guidance strategy**
  - Used together to provide effective health care
    - Identification of high and low value providers and services
    - Actions to get patients to consume (or providers to supply) only necessary, high value services
  - Will look at the data in a number of different ways (e.g.; clinical initiatives) to get a better value solution
- **How do you understand and illustrate value in health care?**
  - BHCG has engaged GNS Healthcare (leading health care analytics company) to utilize the Wisconsin Health Information Organization's (WHIO) claims database to determine "who's doing it the best and how do they do it?"
    - The study will analyze data on a statewide basis, further demonstrating BHCG's commitment to responsible corporate citizenship
    - Represents a collaboration between the employer community and BHCG partners providers and health systems – very enthused about moving forward on opportunities to drive engagement for all stakeholders
    - Will create opportunities for conversations with health systems and providers
      - "If we moved all health care to the best providers, how much money could we save?"
    - Big data will provide employers with a greater ability to look for savings opportunities
    - Lots of dollars involved – if we spend better, that's the win
    - GNS study has been kicked off and is expected to be completed in about three months (late summer, early fall)

## Ascension Wisconsin

### ***BHCG Collaboration***

- **Ascension is a provider and an employer – well aware of rapid changes and how expensive health care is**
  - Health care is personal – have a significant responsibility to help people access health care
  - “We want it (the BHCG collaboration) to be the beginning of a true partnership”
- **Working with BHCG and its analytics and guidance strategy**
  - Sound and complete data is the basis for change – “with help we can achieve a lot”
    - End medical homelessness
    - Guide members’ access and utilization decisions
    - Improve clinical outcomes and health care experiences
    - Where are the pain points, where do members get stuck?
    - Increase value

### ***Ascension Strategic Plan***

- **Share many objectives with BHCG employers**
  - Share the plan with employers and physicians to help prioritize
- **Ascension integration is three years old**
  - Twenty-three hospitals across Wisconsin
  - Part of a larger system – largest nonprofit in the country
  - Integration has not been easy but has spent time trying to understand priorities
- **Mission, vision and values**
  - Mission to transform health care is important – have the ability because of breadth and depth
  - Dedicated to serving health and welfare of patients and the community
- **Strategic direction**
  - Looking ahead to 2025 – “how do we need to pivot, given the national landscape?”
  - Hospital, clinic and department priorities – health of communities, quality, safety and superior experience
  - Redesigning the system of care to eliminate redundancy, create efficiencies, build advanced clinical programs/service lines and create additional access points
    - Ambulatory expansion – primary care is a top priority as well as digital access (created own platform)
  - Build a workforce that is aligned with goals
    - Redesigning care team to address burnout and to be smart about what, where and how care is delivered
    - Creating and promoting a positive culture
- **Roles as a partner**
  - Get patients to consume (or providers to supply) only necessary, high value services
    - Collaboration with employers, other providers, and payers is important across all activities

- Create effective plan design
- Provide support and ensure continuity across the health continuum
- Create risk-based models that
  - Address all determinants of health (lifestyle, social, etc.)
  - Offer high value integrated care at all points of care
- **Building out a continuum of health**
  - Expectation to change how things are done
  - Reviewing best practices and exporting them (the work with BHCG will help inform what is done)
  - Provider needs assessment performed (What are the needs going forward? Where are the deficits in the community and how can they be addressed?)
    - Huge variation across the state
    - Plans to expand clinics, consolidate and create new ones – urgent care clinics need to be in the mix
    - Outpatient imaging needs to be delivered in a more affordable way
    - Neighborhood hospital strategy

### ***Premium Designation & Reducing Costs***

- **UnitedHealthcare’s (UHC) data validates Ascension’s value to employers, payers and plan members**
  - Seventy-one percent of Ascension Wisconsin physicians are designated as Tier 1 by UHC
    - On a relative basis, Ascension’s primary care providers in southeast WI deliver higher quality/lower costs than competitors
  - Works with UHC to try to correct high costs when found to make sure pricing is equal to expectations
- **Developing innovative solutions to lower the cost of care – have a commitment to continually look at what is being charged**
  - Lowered cost of MRI to \$900 (was \$2,000)
  - Imaging division and most other commodity operations will be moved to ambulatory facilities to bring cost down even further (welcome employer input on other cost reduction ideas)
- **Educating patients to help them navigate to appropriate care settings (i.e., what the service is, when you should use it, tips, and cost of services)**
  - Emergency department overutilization is a problem – understand most patients choose convenience (as an employer, has their own ED overutilization problem)
    - Need to get “upstream” and put navigators in places of care to help patients make good decisions
    - Always ask if patients have a PCP relationship – assist with finding a PCP and encourage follow-up

### ***Medical Homelessness & Patient Engagement***

- **Medical homelessness is being reduced**
  - Primary goal is to connect patients with appropriate care options

- Use analytics and dedicated resources including ED navigators to help patients with next step in care
  - Solutions need to be community-specific
- Employers are encouraged to provide lists of members with PCPs
  - Remind them of annual visit
  - Try to ensure 70% of patients get a PCP visit
- Results – 2018: 40% had a PCP visit; 2019 through April is at 60%
- **Care management changes based on patient needs – use analytics to tailor and personalize service offerings**
  - Disease management, health coaching and behavioral health management
  - Target unnecessary use of the ED
  - Navigation assistance with benefits and billing and referring to onsite clinics
  - Connect to PCP and assist with appointments
  - Break down non-clinical barriers to care
  - Transitions of care; facilitate access to special programs

### ***Quality Initiatives***

- **Ascension is creating a singular focus on quality and patient safety**
  - Using analytics to improve clinical outcomes and health care experience – “The Ascension Way”
  - Two-tier quality goal system – annual goal and long-term goals in three year rotating cycle
    - Focus on eliminating disparities (e.g., race, ethnicity, etc.)in health care outcomes
- **Transforming care models**
  - Held symposium on new PCP models (PCP residencies are difficult to fill, looking for solutions and alternatives)
  - Doing everything possible to eliminate failure
    - Developing a culture of safety – huddles, safety event guidelines and review teams
  - Need reliable and consistent data and consistency in definitions
- **Developing a national model for care management team**
  - Care management team has case management, population health and documentation teams
  - “It’s important to get the right patients to the right spot”
- **Increasing cancer screening**
  - 23,000 additional colorectal cancer screenings last year (520 saved lives) – increased goal to an additional 750 lives saved
  - Focused on disparate populations to close the gap
  - Screening is consistently high with adequate and consistent operations (making sure it has been done or scheduled before patients leave)
    - Looking at different areas to stratify initiatives and where to roll out
    - All about improving patient care and outcomes

### **BHCG-Moderated Panel Discussion (Ascension, UnitedHealthcare, Quantum Health, Navitus Health Solutions)**

### ***Ascension – Jon Sohn***

- **As a large employer, Ascension shares the same concerns**
  - Want to make sure to put services in place that have an impact on costs
  - Have seen an absolute reduction in health care costs for employees
    - 5.6% per member per month reduction in costs
    - 14% reduction in inpatient utilization (well below benchmark)
    - ER utilization and all measures are showing favorable results through plan design and other strategies – want to help other employers
- **Question: How do you figure out what is a commodity and the price point?**
  - The hope is to get to a transparent level someday– true cost is not easy to define, trying to create the science to get at it
- **Question: How do you look at expanding access in relation to keeping costs down?**
  - Made the decision not to invest in more inpatient beds (exceptions for some areas with need)
  - Need alternative care models – do not have enough active points for primary care, low cost imaging, etc. “Where does the community have need?”
  - Understanding of trend shift to outpatient care to align resources and community need – larger strategy of care and options – not bricks and mortar (may include consolidation)
- **Question: How will you assist consumers, payers and brokers to get to high value providers?**
  - Recognize there is strategic importance to having strong relationships with payers and other stakeholders to talk about innovative new solutions for health care navigation and ending medical homelessness
  - Have a commitment to working with BHCG and the UHC Tier 1 program
- **Question: What have you done to address waiting times for appointments**
  - Committed to a maximum of one week wait for a specialty care visit
- **Question: What has been the provider reaction to the Premium designation program?**
  - Haven’t seen unwillingness to change to get to Tier 1 status – started at 61% and have increased to 71%
  - Providers appreciate that access and availability of providers is affected by Tier 1 designation

### ***UnitedHealthcare – David Smith***

- **Premium designation program performed analysis of members with high utilization of Premium care providers compared to low utilizers (risk adjusted)**
  - High utilizers cost about 12% less with a 24% lower overall risk score (every member gets a risk score every month) than low utilizers and are
    - Older, more engaged and compliant
- **Undertook medical homelessness analysis**
  - Looked at two years of data of continuously enrolled adults; categorized type of visit and stratified population into a number of different groups

- Focused on two populations – members that haven’t seen a PCP at all in the last two years and members who have only seen a PCP once but not for a wellness visit
  - What happened in the next 12 months to the two populations mentioned above?
    - An acceleration of cost for many of the members (especially over 40); e.g., a 50-year old who has not seen a PCP, next year will be incurring about \$4,000 of care
    - Found some very high cost individuals among zero medical spend population over two years – 10 members with over \$100,000 in costs in the next year
  - Analysis has been very eye-opening – partnering with BHCG to help identify the problem and engage members
- **Question: When you look at the BHCG medically homeless campaign, what are some of the key elements of the initiative through the Premium designation program?**
  - There were 14,000 members with zero visits
    - Working on a communication strategy to reach out as a partner and customize/target for each employer
    - No member employer expense for the campaign
- **Question: What did you find when you stratified populations?**
  - Saw disparities, men more likely to be medically homeless
  - Haven’t looked at how deductibles affect medical homelessness – can happen with some employers even when employees know a wellness visit is free

***Sarah Simmons Schreiber – Quantum Health***

- **Quantum’s model – complete care coordination and consumer navigation platform with single point of contact to improve the health care journey**
  - Working with providers is the “DNA” – offers earlier indicators (don’t have to wait for data) and an opportunity to create a relationship
    - Outreach to member to make sure they are getting what they need
    - Proprietary Real-time Intercept can trigger engagement 60 days prior to a claim to catch actionable items early
- **Used to working with health systems and communities**
  - “All marching forward with the same goals”
- **Foundational research (three-year study of where patients show up; what the barriers and challenges were) developed the model we see today**
- **Question: How do you leverage your data?**
  - Uses real time actionable information for outreach – once consumer is engaged, data is “absolutely critical”
    - Do they have a PCP? financial information?; where are they best positioned to get needed procedures?; do they understand what the next steps are?; how can administrative burdens be eliminated?; what’s available in the community?
    - Address social determinants – make sure they have connections, support for the family
    - Close the loop to identify trends before they become data – starting to see issues to work on with health systems and other partners to come up with custom solutions

- **Question: How do providers feel about Quantum being the single point of contact – are you a barrier? What about members?**
  - Quantum's Net Promoter Score is 74% from providers (over 50% of calls are from providers)
  - Not directing care but instead coordinating all other elements, benefits and what is available in the community
  - Member engagement is all about timing – answer all questions, not just clinical, but financial questions as well

### ***Navitus Health Solutions – Sarah King***

- **The Navitus model was born out of a need to serve the State of Wisconsin Employee Trust Fund health plan**
  - Wanted pharmacy to be transparent where rebates are passed back through so they could choose how to use those dollars
- **Use patient data to make outreach, talk to pharmacists, work with physicians, and give feedback to employer**
- **Question: How do you leverage your data?**
  - Historically, pharmacy data has been retrospective, but member safety, duplicative prescriptions and multiple prescribers need to be identified proactively as in the Navitus model
  - Lowers the cost trend for payers and members by identifying alternatives and solutions
  - Have access to providers through electronic health records
    - Formulary and lower cost alternatives info is readily available
    - Providers can do real time benefit checks (no delay of care)
  - Submitting claims to WHIO for BHCG physician data study
- **Question: How do providers react to your model?**
  - Positive reaction from providers – they can see exactly where gaps are, sending the same information to the members to educate and drive them to have conversations with the provider to promote continuity of care and close the gaps

Slides from this event are available for [review](#)