CPCPracticeSpotlight72

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Small Practice Leverages Team-based Care and Care Management

Lawrence P. Wang, MD LLC, Terrace Park, Ohio; solo practitioner; 1,500 patients

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CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.2: Planned Care and Population Health
- 1.3: Risk-Stratified Care Management
- 1.4: Patient and Caregiver Engagement

Situation: In a region where 85% of CPC practices belong to a multi-specialty group or are affiliated with a hospital system, solo practitioner **Lawrence Wang, MD,** frequently stands out in regional CPC meetings — in a good way. His suburban Cincinnati practice appears consistently on regional high performance lists for Milestone performance and Medicare outcomes measures.

Strategies: Dr. Wang says his practice "hit the ground running" in CPC's first quarter due to the flexibility of being a small, experienced team coupled with considerable tenure with the same patient panel. While larger practices have more resources (i.e., staff), a solo practitioner benefits from a flat management structure. In short, fewer meetings and more action fast-tracked how Dr. Wang and his team were able to quickly test changes to re-structure their workflows into a proactive, care-management focused model.

100% CARE MANAGEMENT SUPPORT FOR HIGH-RISK PATIENTS

Dr. Wang's practice has been recognized for providing care management support for 100% of his patients in the top two risk factor tiers for three consecutive quarters in 2015. Additionally, this solo practitioner is a consistent top performer in the Ohio/ Northern Kentucky region in reducing admissions.

Where everybody knows your name — With about 1,500 patients in his panel, Dr. Wang says he can identify by name all of his high-risk patients. In fact, so can everyone on the care team due to low staff turnover. Three of the four team members have been with the practice for more than 15 years, and the newest addition has been on board for three years. The small team with long-standing relationships with patients makes a difference, Dr. Wang emphasizes. When someone from the practice reaches out to patients for care management support or a hospitalization follow-up call, patients have a face to pair with the voice on the phone line, and that makes the outreach personal.

"Our patients know we are calling because we care about them," Dr. Wang says. "They know it's not a scripted call from a stranger at the insurance company, but from someone they know in my office and they know we're here to support them."

Further, the long-term, personal rapport with patients has guided the practice's expanded self-management support efforts. The care manager reports that patients feel comfortable calling the practice to ask for assistance because they view the care team as a trusted partner in their health.

Prioritizing areas for improvement — Looking through the lens of lowering costs and unnecessary utilization, Dr. Wang initially focused on working with those patients who were frequent users of high-cost health care services, especially those patients using the ED for ambulatory conditions such as low-back pain. Having daily access to the local health information exchange to check hospital admissions and ED visits made the effort considerably easier, but consistent outreach helped push overall admissions down. As of Q12 (July–Sept. 2015), the practice's admissions had dropped 60% from its Q1 (Oct.–Dec. 2012) rate. ED visits for the same period are down about 15%.

Hardwiring outreach — Recurring contact with high-risk or high-use patients was a priority item for this practice. By embedding the ongoing phone calls and messages into workflows, time was planned for these new tasks. This carried over to hospitalization and ED follow-up calls, so "everyone gets that touch" from the practice.

Hurdles they're still working on — The drawbacks of running a small practice in a data-driven environment is the lack of access to data. Dr. Wang feels as a solo, independent practitioner he lacks leverage with EHR vendors to influence custom reports or to add data reporting. He would like to see more work-arounds and flexibility from payers and EHR vendors for practices like his.

Looking beyond CPC: For Dr. Wang, the underlying premise that care management for high-risk and high-utilizing patients leads to overall savings in dollars and resources for the system makes complete sense. He sees care management as an essential part of his practice, not only for monitoring the usage and cost aspects but also because it provides the kind of wrap-around care those high-risk and high-utilizing patients clearly need.

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

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