

IT'S TIME!

PRIMARIS POPULATION HEALTH SOLUTION

Improve the Quality of Care for Individual Patients and Populations

As value-based care delivery models—like accountable care organizations (ACOs)—enter the mainstream of healthcare, managing population health and risk stratification becomes more important than ever. Healthcare organizations working to change their cost structure and improve outcomes must understand the health risk of all patient populations while focusing on high-risk patients as well as addressing preventive and chronic care needs of every patient.

Primaris' population health solution helps providers analyze and categorize patient population by risk level to identify gaps in care. We then help you look at documentation, coding and performance improvement opportunities to better manage population health, thus improving both quality and cost.

Benefits of Population Health Management

Better Patient Experiences

By addressing all of a patient's conditions, a tighter, trusting relationship is developed with the physician.

Increased Revenue

Train staff on accurately documenting and coding to optimize population health management and financial performance. Analysis of one ACO identified 40% of beneficiaries had potential "dropped" and/or "suspect" diagnoses and could potentially increase their ACO benchmark by \$605 per member per year.



Improved Clinical Outcomes

Identify and track opportunities to impact patient's chronic conditions and intervene prior to the condition manifesting itself into a catastrophic event. Monitor and manage effectiveness of improvement initiatives to ensure quality outcomes.

Reduced Medical Costs

Identify and manage high-risk patients and populations through the use of evidence-based care plans.



Fewer Hospital Admissions and Readmissions

Keep patients out of the emergency room and reduce hospital visits by identifying problems before they require an inpatient stay.

Higher Quality of Care

Treat patients holistically and collaboratively for all chronic conditions, rather than episodically by individual physicians for each system at an isolated office visit.



Why Primaris?

Health systems looking to better manage population health can be assured marked improvement when they partner with Primaris. Our proven methodology is at the core of the Primaris Population Health Solution. It is a simple yet powerful tool that helps transform the way healthcare is delivered.

TIME, the Primaris Healthcare Improvement Model

TIME, the Primaris Healthcare Improvement Model, comprises four areas of focus proven to improve care coordination:

1. Thresholds for Success

The first step in our healthcare improvement model is to identify the success thresholds – or the minimum acceptable performance standards you must achieve – in order to receive your monetary incentives for improving and coordinating healthcare. We also gather baseline performance data to evaluate how you align with the often pre-determined success thresholds. How much improvement is required to meet and exceed the success thresholds?

2. Improvement Strategies

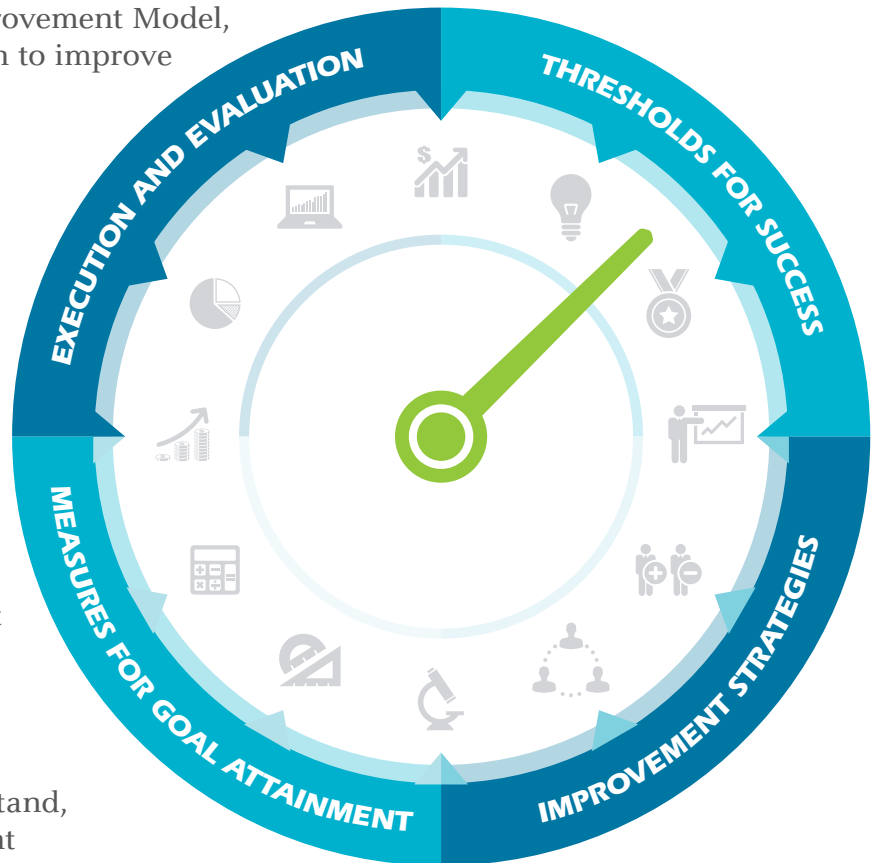
Once we've determined where you stand, we focus on developing improvement strategies that will enable you to close the gaps in the quality and efficiency of care across your healthcare organization. We use this knowledge to devise a strategy tailored to address your specific challenges, drive quality improvements and cost reductions. Our goal is to help you achieve all of the thresholds for success in today's performance-driven healthcare system.

3. Measures for Goal Attainment

Most healthcare organizations have a lot of work to do, and success doesn't happen overnight. We focus on multi-year goal setting that enables healthcare organizations to drive incremental improvement over time to achieve all success thresholds. Our measures for goal attainment help you increase achievement and close gaps so you can cross the success threshold, avoid penalties and increase monetary incentive revenues.

4. Execution and Evaluation

From processes and procedures, to workflows, to training, to documentation, to office design, to technology or any other improvement strategy, we combine implementation with ongoing evaluation to drive measureable healthcare improvements and cost reductions.



It's TIME for Action

When you partner with Primaris, we will put our methodology to work as we design an effective Population Health Management program for your health system. At Primaris, we've developed a three-step process that allows providers to categorize patients by risk level and identify gaps in care.

1 STEP ONE

Operational Data Analysis Opportunities

We use a patent pending software program to identify gaps and opportunities to better manage ACO membership. Using our proven outcomes experience in population health, we identify actionable opportunities to enhance members' quality of care, plus improve the ACO benchmark to accurately reflect the illness severity of members. This process does not require data input or research time by physicians or radical changes to the physician's office flow. Our actionable information significantly enhances the ACO's potential for achieving a CMS bonus payment.

2 STEP TWO

Documentation and Coding Training

Primaris provides training on CMS Hierarchical Condition Category (HCC) model and the patient chart documentation requirements to support compliant ICD diagnosis coding and billing. Training sessions encompass gaps and opportunities identified in reports from step one. The goal of the training is to instruct primary care physicians, clinical staff and office administration on how to accurately code a diagnosis to optimize population health management (quality) and financial performance.

3 STEP THREE

Auditing and Performance Improvement Consulting

Primaris provides project management as well as auditing and retraining to ensure that the clinical documentation training was retained and being employed by the physicians and practice managers. Primaris can also provide GPRO benchmarking, additional abstraction services and performance improvement consulting around Physician Quality Reporting System (PQRS).

Risk Adjustment Factor Case Study

A physician group with 40 primary care physicians (PCPs) implemented a population healthcare management program around the CMS Hierarchical Care Condition (HCC) model which increased the Risk Adjusted Factor (RAF) from 1.00 to 1.21 and benchmark from \$794 to \$952. The net effect was a \$5,570,000 increase to the risk pool for 2,700 members.

The primary care group's success is attributable to 3 key steps for implementing population healthcare: **Training, Analytics and Chart Reviews.**

- **Training** - Physicians were trained on accurate, thorough and compliant documentation of chronic medical conditions. Emphasis was placed on progress note documentation of patient's medical condition as diagnosed, assessed and treated during the patient's visit.
- **Analytics** - PCPs and their staff were provided actionable reports on their patients without visits and chronic medical conditions not documented and coded in the Electronic Medical Record within the past 12 months.
- **Chart Reviews** - Certified coders were employed to perform chart reviews to identify instances of under documented medical conditions, previously identified medical conditions from prior PCP visits, specialists' notes and lab and diagnostic test reports.

An independent audit, designed to mimic a CMS Risk Adjustment Data Validation (RAD-V) audit, revealed the PCP group increased its RAF and benchmark by 20% while maintaining a documentation and coding compliance of 99%.

Utilizing the successful three-step process made this easy to administer for the PCPs and their staff. The patients improved management of their chronic conditions plus the physician group was given credit for the illness severity of the patients they managed.

Practicing population healthcare is a profitable way of managing patients.

The following services are incorporated into our three-step Population Health Management Solution:

Thresholds for Success	
Chart Abstraction	Quality measures have taken center stage under new care and reimbursement models, intensifying pressure on providers to monitor and make improvements to ensure top performance. Primaris analyzes the information contained in your medical records to look for quality indicators which have been defined by best practice standards and/or quality measures. Our teams of experts identify patterns and trends, offer recommendations for improvement and provide real-time feedback of your performance on quality measures. This allows you to make improvements early to maintain high performance levels.
Chart Review	Primaris will conduct a remote review of a sample of beneficiary charts to identify patterns of medical conditions which are inaccurately documented or not included in the medical history.
Program Review	Primaris will review your population health management efforts to determine current structure and population served, and then we will work with you to implement best practice models of caring for your high-risk populations, while addressing patient education and activation, self-management support, physician-to-physician communications, use of information systems, delivery system changes and types of personnel involved in care coordination.
Patient Stratification	Primaris will assess your overall patient population and group patients based on key clinical and demographic criteria. Next, we will filter appropriate patients into the newly designed Population Health Management program and place other patients in more suitable programs. By segmenting patients using multiple filters, Primaris can ensure patients are matched into a program that is both clinically effective (addressing the patients specific needs for maximum benefit) and operationally efficient (using limited care management resources most appropriately).
Focus Groups	Through interviews or focus groups, Primaris will gather feedback from patients, providers, or partners about the quality of the care coordination services provided and/or their satisfaction with the existing program, or needs for a newly designed program.
Data Mining	We will extract data from your EMR, data source files from CMS and health plans, and any other available business and clinical intelligence to create intelligent, actionable information to transform your practice.
Data Analysis	Analyze data from chart abstraction, chart review, patient stratification, focus groups and program review.
Thresholds Report	Once we've conducted a review of your population health management efforts, our team will create a report that summarizes our analysis into useful, actionable information that can be used to increase revenue, cut costs, and improve outcomes. This report will also identify the success thresholds for your program. It will outline how much improvement is required to meet and exceed the success thresholds, deliver recommendations that will inform the design and execution of your population health management program, and discuss budget impacts.

Improvement Strategies	
Root Cause Analysis	Primaris will conduct a root cause analysis designed to identify primary or underlying causes of patients experiencing problems when trying to obtain medical records and test results, and breakdowns in physician-to-patient communications. Because Primaris focuses on identifying processes that can be redesigned to help the patient remain out of the hospital and take more ownership for managing their disease, a root cause analysis allows you to make program decisions based on collected data and facts.
Clinical Workflow Analysis	Primaris will work with you to gain a solid understanding of clinician workflow so we can identify the most vital population health management processes and address inefficiencies. We will then create custom workflow checklists based on your unique needs to optimize the delivery of care within your organization and across your network of partners.
Gap Analysis	Primaris will review your organization's population health management objectives and conduct a readiness assessment and gap analysis to determine whether the workflows support the data that needs to be collected, how the data will be reported, and whether your organization's process, procedures, staffing and technology is optimized to achieve business objectives.
Program Development/Improvement	Primaris will develop a customized population health management program for your organization that is designed to enable clinicians to lead and collaborate with patients and other health care professionals to deliver quality safe care in the least expensive environment, while achieving desired outcomes.
Technology Considerations	Primaris will assess your existing technologies and identify areas where existing technology investments can be maximized to reduce inefficiencies and streamline clinical and business processes. We also will identify opportunities where further automation can deliver substantial improvements in population health management while reducing costs for your organization.
Security Plan	Primaris will develop a plan to ensure your patient data is secure as you analyze and send patient data to physicians and patients/caregivers, reducing the frequency of office visits while improving patient oversight. We will ensure your organization is HIPAA-compliant to protect patient privacy while handling a variety of tasks including care and treatment planning, patient/provider communication and care coordination.
Physician Engagement Strategy	Gaps in communication across sites of care undermine population health management. From internal communications for processes and physician involvement in leadership and decision-making to physician outreach support and solutions, Primaris will work with you to deliver a streamlined physician engagement plan that aligns physicians with your health system's vision and goals.
Patient Engagement Strategy	Primaris will develop a patient engagement strategy focused on activating patients to collaborate with providers to manage health outcomes. Patient engagement may take the form of automated preventive service reminders delivered via email, or high-touch care management in the patient's home, and/or in-person goal setting with the doctor.
Change Management Plan	Primaris will develop a change management plan that includes educating providers and other staff members about the need for better population health management. We will work with you to implement a systematic change management process to guide your transition.
Quality Improvement Plan	Primaris will work with you to identify processes and outcomes of care that can be improved through the Plan Do Study Act process. We will help you understand total cost of care and identify potential savings resulting from achieving quality and performance improvement goals. Primaris will implement quality assurance and quality control processes that provide structured mechanisms for ongoing improvement. We also will detail a plan for integrating with other new or existing care management or quality improvement processes underway.

Patient Experience Design	Primaris will help you improve the patient experience, including access to care, quality and reliability of care. We will design a population health management program that improves the patient experience and provides smooth transitions between the patient, health care team, and the patient's medical neighborhood.
Process Review, Alignment and Standardization	From admissions to diagnostics to patient care to discharge planning to readmissions, Primaris will analyze and identify process and patient-flow issues. We will assess opportunities to change workflows to generate long-term process and patient flow improvements, and will identify key performance indicators and measurements that can help you make real-time operational decisions and continuously improve patient flow.
Financial Plan	Primaris will work with you to develop a financial plan that estimates revenues, expenses, and profits (or losses) for your population health management program. The financial plan will be reflective of services that can be strengthened and maintained, and those that can be reimbursed.

Measures for Goal Attainment	
Goal Statement	Primaris will work with you to create a well-defined purpose that is real, practical and shared. The goal statement will summarize the improvement you think can be made within a realistic timeframe.
Multi-Year Goal Setting	Primaris will work with you identify and commit to achieving specific, measurable goals. Our focus will be on setting multi-year goals that will enable your organization to drive incremental improvement over time to achieve all success thresholds.
Timeline Planning	Timelines for designing and implementing care coordination programs can vary from six months to several years. Primaris will work with you to create a detailed timeline that maps to your organization's goals and program requirements.
Resource Planning	Primaris will work with you to plan and identify resources across the organization required to manage population health effectively. We will identify patients according to risk factor and clinical condition, and plan resources accordingly to ensure patients receive the right care at the right time in the right modality.
Budget Planning	Your population health program requires a budget. Primaris will work with you to determine estimated revenues and expenses. We'll look at line items such as physician billing, staff salaries, supplies, patient education materials, medical supplies, office space, technology and more to ensure you're looking at the total budgetary impact to your organization.
Prioritization	Once Primaris has identified gaps in population health, we will focus attention first on the improvements that will substantially improve health outcomes for your patient population. From forging partnerships and adopting health information technology to accelerating adoption of culture change strategies, we will establish short- and long-term priorities that will enable you to achieve your goals.
Action Plan	Primaris will develop an action plan that includes a set of recommendations that address how to better manage high-risk patient populations. The plan will enable multiple providers to connect, facilitating better communication with patients, families, and other care team members. It will detail how we plan to improve information sharing and automate connections between patients, health care providers, and community-based organizations, enabling improved care coordination and health outcomes.
Goal Setting Across Continuum of Care	Primaris will help you facilitate goal setting across the continuum of care by bringing together various care providers to determine what the goals are, how they should be set, and how they should be measured.

Goal-to-Actual Reporting	<p>Once we've worked with you to establish specific goals and desired results, Primaris will implement a process for tracking your actual results and comparing the actual results to the desired results. This will enable you to either take corrective action for things that aren't working as desired or revise your goals or desired results based upon your new level of knowledge. We can use this process to build your population health program in a way that allows your organization to continually establish, and intelligently meet, your care coordination goals. Or, discover how to modify operations, expectations, or workflows to get back on track.</p>
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Execution and Evaluation	
Strategy Implementation and Execution	<p>Primaris will take your plan from paper to day-to-day operation. We will help you implement changes in the delivery system required to achieve seamless care and the health outcomes you seek. We will help you strengthen the primary care team and develop multidisciplinary teams that can oversee the care of people over time. We will track progress with comparative information and performance benchmarking.</p>
Project Management	<p>Primaris will keep your project moving forward to meet expected results in a timely, cost-effective manner. Primaris will maintain transparency throughout the entire planning process to manage risk and achieve desired goals.</p>
Pilot Projects	<p>Primaris will use the Plan-Do-Study-Act cycle to guide pilot implementation efforts for your program. This method involves a "trial and learning" carried out over a course of four repeated steps.</p>
Clinical Documentation Improvement	<p>Clinicians generally are not using EHRs to their full capacity to manage a patient population. Although features are present in many systems that could make more data available for quality measurement, they are often underutilized. Primaris will train clinical and administrative staff on how to accurately document and code a diagnosis in order to optimize population health management (quality) and financial performance.</p>
Policies and Procedures	<p>Primaris will ensure you have structured and effective systems, policies, procedures, and practices to create, document, execute, and update a plan of care for every patient. We will work with you to audit and revise your existing policies and procedures relating to care coordination, case management, utilization management, assessment and stratification. Population health management policies and procedures will reflect the principles of self-directed care, follow-up and monitoring of cases. Policies and procedures also will govern how your organization will make referrals and follow up with specialists and other healthcare providers in the referral network.</p>
Process Mapping	<p>Safe patient transitions depend on effective communication and a functioning care coordination process. Primaris will use process mapping to illustrate current handover practices between ambulatory and inpatient care settings, identify existing barriers and facilitators to effective transitions of care, and highlight potential areas for quality improvement.</p>
Staff Training and Education	<p>Primaris will provide clinical and administrative training on the CMS Hierarchical Condition Category (HCC) model and the patient chart documentation requirements to support compliant ICD diagnosis coding and billing. Training sessions will encompass gaps and opportunities identified in the reports.</p>

Team Development	When individuals work well together, everyone wins. Good teamwork creates a positive environment, fosters good relationships among coworkers, and lightens the load on all individuals. Most importantly, teamwork provides consistent, quality of care to clients. Research has shown, employees who feel part of a strong team are happier and more productive. Primaris Master TeamSTEPPS training will provide the evidence-based teamwork system to improve communication and teamwork skills.
Just-in-Time Analysis and Reporting	Primaris will help you create the structure, process, and outcome measures required to assess progress toward your goals, while enabling you to evaluate access, continuity, communication, and tracking of high-risk patient populations across providers and settings. Primaris will analyze this measurement data to prepare just-in-time reports that will help you make timely, informed decisions.

It's TIME to Improve Population Health

Are you ready? Contact Primaris today to design an effective Population Health Program that transforms the way you deliver healthcare services.



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