



Convening + Uniting + Transforming

July webinar

THE SECRET SAUCE

How Some Primary Care Practices
Are Surviving COVID-19

Wednesday, July 22
3:00 to 4:00 p.m. EDT





- 01** PCC announcements and introductions
- 02** Karolina Skrzypek, MD & Ewa M. Matuszewski
- 03** John Bennett, MD, FACC, FACP & Adetutu Adetona, MD
- 04** Moderated discussion among panelists
- 05** Participant Q&A



On PCC's
website:

thepcc.org/
covid

COVID-19 Survey

Weekly survey results and analysis are posted here every Wednesday.

May 21, 2020
Primary Care & COVID-19: Week 10 Survey

May 13, 2020
Primary Care & COVID-19: Week 9 Survey

May 6, 2020
Primary Care & COVID-19: Week 8 Survey

April 30, 2020
Primary Care & COVID-19: Week 7 Survey

April 23, 2020
Primary Care & COVID-19: Week 6 Survey

1 of 2 [next >](#)

Working in Primary Care? Take The Survey!

Are you a physician, nurse practitioner, or PA working in primary care?

Help PCC and the Larry A. Green Center track how your practice is responding to the COVID-19 outbreak by completing the Green Center's weekly survey.

Take the survey now (open until noon ET on Tuesday, May 26).

COVID-19 Updates

May 21, 2020
New Primary Care Survey Shows Practices in Trouble Now and in the Future

May 5, 2020 | New York Times
Doctors Without Patients: 'Our Waiting Rooms Are Like Ghost Towns'

May 4, 2020
Washington hospitals, community health centers face a new crisis: red ink

Health Plan Honor Roll

Health plans that are offering support to primary care during the COVID-19 crisis

COVID-19 Resources

PCC Webinar: Primary Care's Role in Responding to COVID-19

UPMC Ready to Test for Coronavirus



Today's speakers

PANELISTS



**KAROLINA
SKRZYPEK, MD**

Medical Director,
Blue Cross Blue Shield
of Michigan



**EWA
MATUSZEWSKI**

CEO and Co-Founder,
MedNetOne Health
Solutions



**JOHN BENNETT,
MD, FACC, FACP**

President and CEO,
Capital District
Physicians' Health
Plan, Inc.



**ADETUTU
ADETONA, MD**

Owner and President,
Lansingburgh Family
Practice P.C.

MODERATOR



**Julie Schilz,
BSN, MBA**

Senior Director,
Commercial Health
Innovation,
Mathematica

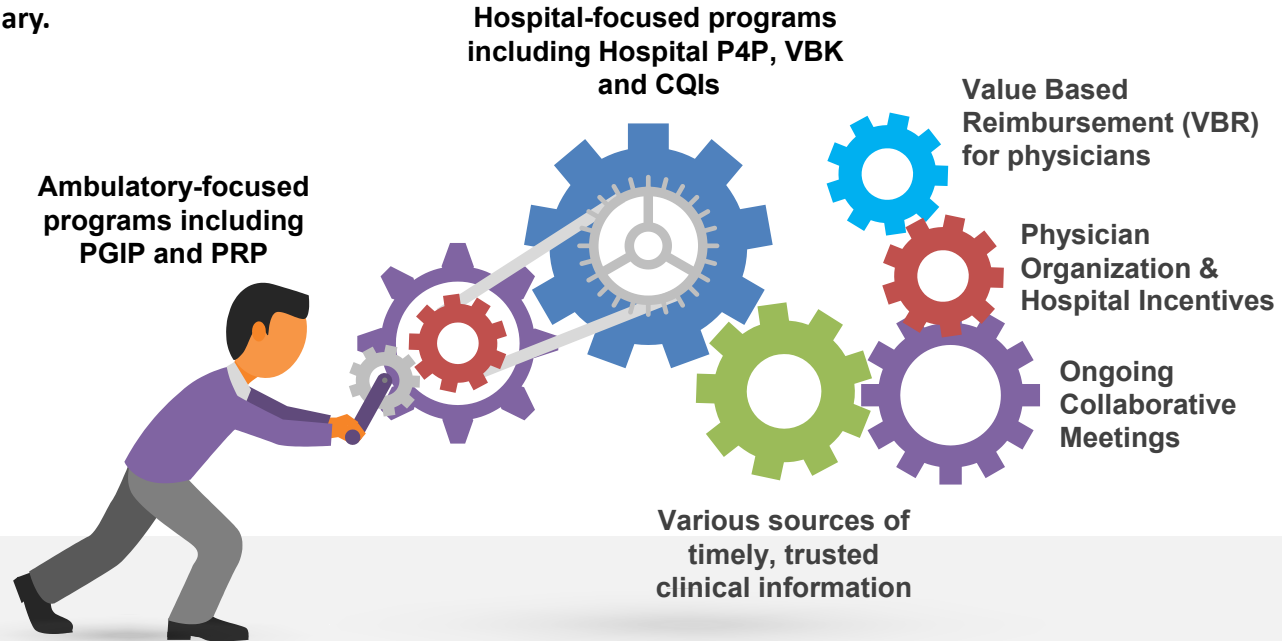
***Blue Cross Blue Shield of Michigan's
Support of the Provider Community
During the COVID-19 Crisis***

Karolina Skrzypek MD
Medical Director
Provider Engagement
Blue Cross Blue Shield of Michigan



Value Partnerships and its various levers

Value Partnerships, through the Physician Group Incentive Program (PGIP) and Collaborative Quality Initiatives (CQIs) platform serves multiple roles including **market leader/convenor of the medical community, catalyst of practice transformation, funder of value based reimbursement and an information intermediary.**



PGIP = Physician Group Incentive Program, PRP = Performance Recognition Program, P4P = Pay for Performance, VBK = Value Based Contracting, CQI = Collaborative Quality Initiatives



Responding to the COVID-19 pandemic

- The PGIP and CQI platform has been invaluable during this crisis. Because the platform has been in place for over a decade, we have been able to quickly assemble groups of statewide providers and give them a forum to share information and best practices in dealing with the pandemic. This platform has helped Blue Cross achieve key activities including:
 - Rapid dissemination of policy changes and key information (i.e. patient testing criteria, lab operations, data sharing, and protocols) to the provider community.
 - Understanding the evolving challenges and needs of providers.
 - Quickly responding to meet provider needs through programmatic changes, coordination with other healthcare agencies, and advancing incentive funds.



PGIP hosts weekly webinars with PGIP leaders, MDHHS, labs, and other partners for COVID updates

- For the first months of the pandemic we led weekly meetings with key leaders.
 - Leaders from the statewide provider community
 - BCBSM executives
 - Representatives from the Michigan Department of Health and Human Services
 - Representatives of major private laboratories

Blue Cross leverages longstanding statewide collaborations to facilitate COVID-19 response
By Debbie Reinheimer

The COVID-19 pandemic is challenging the speed and resiliency of many health organizations as situations and protocols rapidly change. Because of the statewide collaborations already in place through Blue Cross Blue Shield of Michigan's platform, physician organizations and practices throughout the state have been able to connect and share vital information on patient testing and care protocols for addressing this crisis.

Information sharing is helping physician practices, who have reported difficulties keeping up with the recommended testing protocols that are rapidly evolving.

Blue Cross and the Value Partnerships team are leveraging their established communication channels available through the Physician Group Incentive Program (PGIP) to keep physicians and health leaders updated on issues related to COVID-19 testing, lab operations, and best practice protocols.

"Our team has been working relentlessly with the state health department, laboratories and the greater provider community to try to iron out logistics issues in test processing," said Fares Ahmad, MD, medical director at Blue Cross. "We're issuing ongoing updates, using teleconferencing, webinars and website posts."

A scheduled 300-person day-long PGIP quarterly meeting with providers across the state was seamlessly converted into a webinar over the course of two business days to adhere to CDC recommendations for social distancing. During the webinar, representatives from the Michigan Department of Health and Human Services answered questions about how state and local health departments are tracking COVID-19 cases.

"I would like to applaud BCBSM for leveraging the digital world to connect physicians and their physician organizations to representatives from MDHHS to learn the latest on dealing with COVID-19," said attendee Marie Hooper, executive director of Northern Physicians Organization. "Even though it would have been much easier to cancel the PGIP meeting, BCBSM revised the agenda and had all of us gather virtually to share and learn from the providers who are closest to the patients. The venue provided an exchange of information between BCBSM leadership, MDHHS, and the participants so we could all benefit from the shared learning."

Another concern is the added strain to test and care for patients with COVID-19, which can pose a financial risk to practices, and a health risk to medical office staff.

RELATED POSTS

Physician Group Incentive Program, Patient-Centered Medical Home
Access to substance use treatment boosted through statewide training programs

Despite the COVID-like conditions, more than 60 emergency physicians and nurses from across Michigan traveled to Lansing in late February for a critical day of training. The eight-hour training session would enable them to screen patients for opioid use disorder and stabilize medication-assisted treatment (MAT) right in the emergency department, getting patients needed support.

Collaborative Quality Initiatives
CQIs: A 20-year partnership

Back in the late 1990s, Blue Cross Blue Shield of Michigan was investigating ways to support efforts to improve health care processes and quality. "We realized we had to do a better job of creating value in health care," said Thomas Semmer, MD, senior vice president and chief medical officer, BCBSM. A grant from the J. I.

Patient-Centered Medical Home
Expanding and improving patient-centered model of care

The Blue Cross PCMH program has already led to more than \$60 million in cost savings, due to reduced or prevented ER visits and hospital stays. It works, because of the collaboration among many.



BCBSM accelerated incentive payments to support physicians during COVID pandemic

Starting in April, accelerated payments for POs, OSCs and physician practices were made available

Early payments

Pull forward existing, planned incentive payments



COVID payments



Availability

Accelerated funding was made available to more than 40 physician organizations, including more than 20,000 primary care and specialist physicians



Meeting Needs

Gave PGIP-affiliated physician organizations immediate financial means to purchase equipment needed to safely test for COVID-19 and treat patients successfully, and to pay physicians for the care they were providing through telehealth visits



CQIs redesign efforts to be responsive to COVID-19

- Collaborative Quality Initiatives address many of the most common and costly areas of surgical and medical care in Michigan.
 - In each CQI, hospitals and physicians across the state collect, share and analyze data on patient risk factors, processes of care and outcomes of care, then design and implement changes to improve patient care.
- Multiple CQI programs have adapted their operations to specifically address COVID-19.
 - **MVC**: The Michigan Value Collaborative has developed hospital specific resource utilization reports that are aimed at helping hospitals prioritize which surgical services can begin again with the least impact on the care of remaining COVID-19 patients.
 - **HMS**: The Hospital Medicine Safety consortium has launched a COVID-19 registry collecting information on coronavirus patients with the following aims
 - Identify factors associated with critical illness/severe course and outcomes.
 - Identify patient characteristics, care practices, and treatment regimens associated with improved outcomes.
 - Understand the long-term complications for hospitalized patients including subsequent rates of readmission, mortality, and return to normal activities.



PGIP's practice-level telehealth incentives support key needs for a high functioning telehealth delivery model



Encourage delivery of telehealth services using non-HIPAA or HIPAA-compliant solutions during COVID crisis.



Support the use of HIPAA-compliant applications for ongoing telehealth services



Encourage patient facing applications with the ability for patient to initiate and schedule visits

PO funding to help support PGIP practices in both the rapid deployment of telehealth services to address the immediate COVID-19 crisis and implementation of a long term telehealth strategy.



Strengthen HIPAA-compliant solutions that will allow information to be imported into an EHR



Increase the use of HIPAA-compliant telehealth solutions with the ability for data sharing among care providers



Boost behavioral health practices engaging with other providers in delivering telehealth services and consultations

The rate of use of telehealth among our PCPs and BH providers went from 9% to over 82% in the course of 5 weeks once the pandemic started.



PGIP is making it easier to deliver care management services

Enhanced Provider-Delivered Care Management (PDCM) fees by temporarily increasing the fee schedule on PDCM codes by 20%

Relaxed criteria to allow all PDCM services to be delivered virtually, through audio-visual or telephone-only delivery methods

Encouraged providers to conduct outreach and engage chronically ill patients in virtual care management

Many of these members would typically be completing in-person visits to address their chronic conditions

Connected hospitalized patients, in isolation, with their families to promote care coordination and assessed the need for connecting members to behavioral health resources



Summary of key themes of BCBSM's approach to supporting the provider community during the COVID-19 pandemic

- The needs of our providers evolved during the last several months requiring our organization to move rapidly and to adapt and be flexible
 - Appropriate communication channels were critical for our providers
 - BCBSM was able to help meet the needs of our providers and to help facilitate the flow of communication
- The BCBSM PGIP and CQI platforms have been invaluable during this crisis
 - We have been able to quickly assemble groups of statewide providers and give them a forum to share information and best practices in dealing with the pandemic
- BCBSM accelerated incentive payments to support physicians during the pandemic
- BCBSM PGIP programs also supported providers in telehealth engagement during the pandemic
- BCBSM CQIs were redesigned in an effort to be responsive during the pandemic
- BCBSM PGIP made it easier to deliver care management services



Responding to COVID-19

Ewa Matuszewski
Medical Network One
CEO

About Medical Network One



- ❖ Self-employed healthcare professionals located in southeast Michigan
- ❖ Provides Infrastructure support
- ❖ Offers multidisciplinary teams
- ❖ Linkages with community behavioral health organizations
- ❖ Contracts with payers
- ❖ Aligned with BCBSM Value Partnership

Telehealth Expands Outreach and Enhances Communication



- ❖ Comfort and assurance
- ❖ Remote support of primary care practices
- ❖ Expand access to services
- ❖ More frequent follow-up and monitoring
- ❖ Capture social determinants of health (SDOH) and assist with unmet social needs
- ❖ Reduce non-emergent visits
- ❖ Provide self-management education regarding symptom management and co-morbidities
- ❖ Limit unnecessary exposure

Support for Healthcare Professionals



- ❖ Major financial support from BCBSM Value Partnership
- ❖ Initial assessment and ongoing monitoring of practices
- ❖ Identify a point person
- ❖ Checklist of support services
 - Telehealth billing grid
 - PPE
 - Policies and Procedures
 - Assistance with applications
- ❖ Consistent communication

Support for Patients and Healthcare Professionals During a Pandemic



- ❖ Identify a COVID-19 Response Team
- ❖ Augment care coordination with additional resources
 - community
 - practice
 - patient
 - family and/or caregiver
- ❖ Train practice teams on topics related to COVID-19
- ❖ Create a Physician Playbook
- ❖ Develop and share training video with knowledge assessment



- ❖ Identify COVID-19 positive patients
- ❖ Outreach by care team member within 48 hours
- ❖ Encounter documentation includes:
 - Review of discharge instructions
 - Assessment of needs
 - Patient education
 - Action plan



- ❖ All COVID-19 positive patients tracked on a “report back” template
- ❖ Template has specific data points:
 - Examine trends
 - Identify racial disparities
 - Create heat maps
 - Examine common comorbidities
 - Analyze length of stay

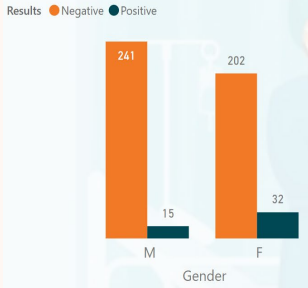
Sample Dashboard



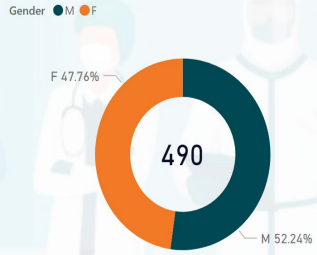
Covid-19 Dashboard



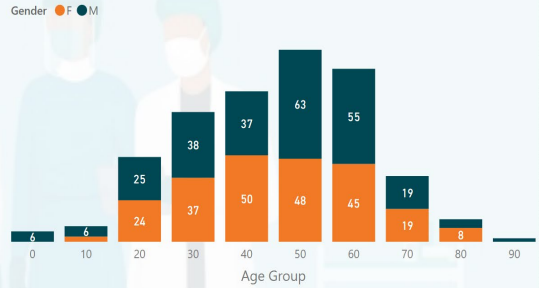
Results By Gender



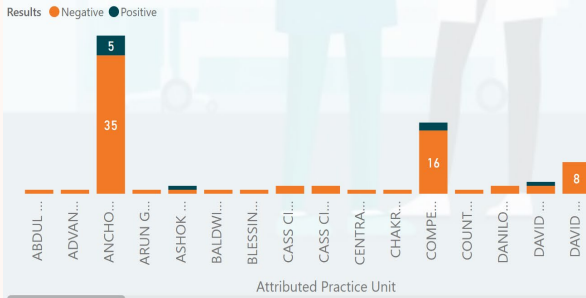
Patients By Gender



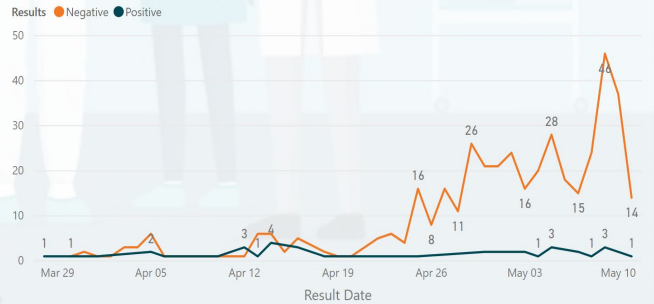
Patients by Age Group and Gender



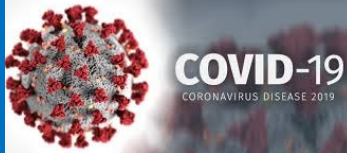
Patients by Attributed Practice Unit Name and Results



Patients by Result Date and Results



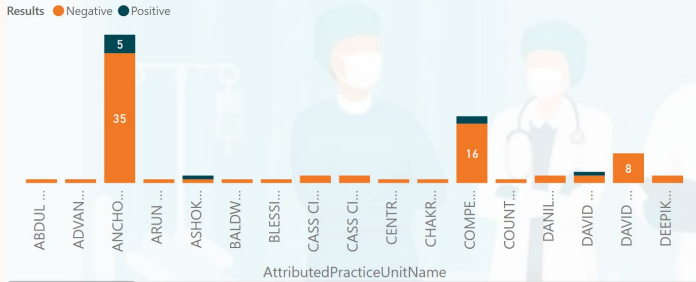
Heat Map with Direct Link to Zip Code



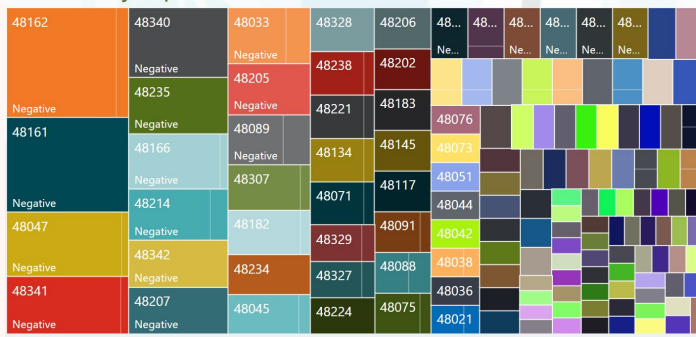
Covid-19 Dashboard



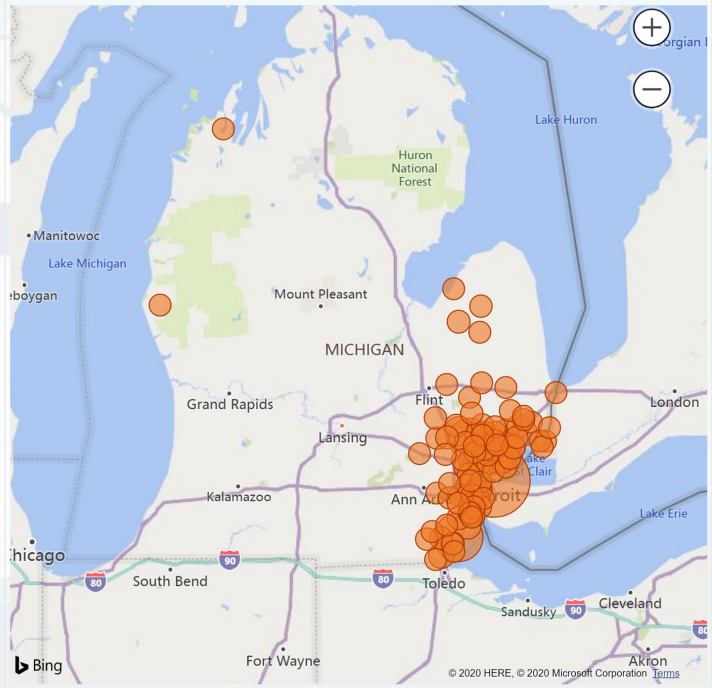
Patients by Practice Unit and Results



Patients by Zip and Results



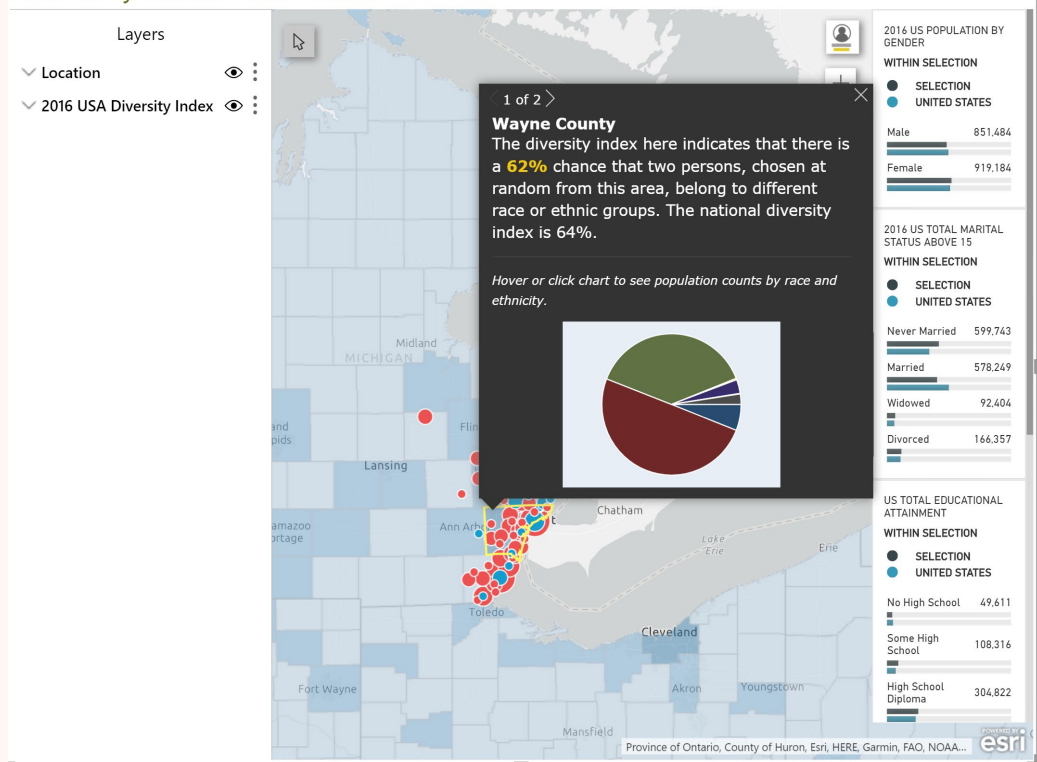
Patients by Location



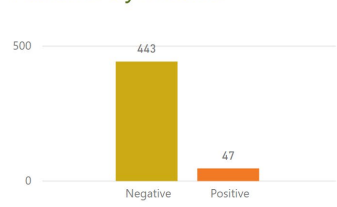
Diversity Tracking



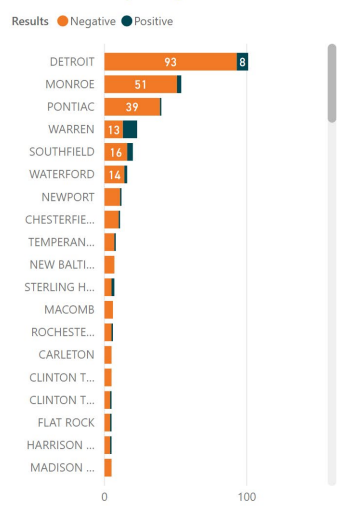
Patients by Location and Results



Patients by Results



Patients by City and Results





MNO care team member contacted a COVID-19+ patient 48 hours post ED visit to review current status, address needs and provide education. Conversation included spouse. Monitoring symptoms of everyone in the home was discussed. PPE, tracking tool and educational materials were sent to the home. Two days after the conversation spouse began to show symptoms of COVID. She recognized the symptoms; and stated she may not have otherwise recognized the signs.

Via telehealth she met with her PCP who referred her to a care team member. She followed quarantine guidelines to protect herself and other family members.

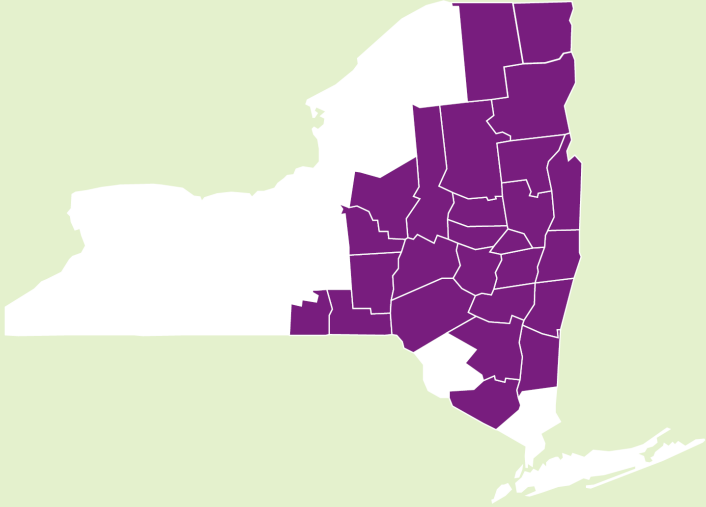
“If it weren't for the initial discussion, and the educational packet I received, I may not have recognized the symptoms I was experiencing were related to COVID. I was so busy caring for my husband but my chest cold, aches and pains were getting worse.”



Dr. John Bennett

President and CEO

Capital District Physicians' Health Plan, Inc. (CDPHP)



Physician-founded
Not-for-profit
Mission-driven
Network model

26

COUNTIES
in Upstate NY

380,000+

MEMBERS
across all lines of business

825,000+

PROVIDERS
throughout the country

CDPHP Enhanced Primary Care

A nationally-recognized patient-centered medical home (PCMH) model that...



Gives patients more time
with their doctor



Expands practice
office hours

**HIGHER
QUALITY OF CARE**



**LOWER
COST OF CARE**



Enhances the
patient-doctor
relationship



Improves electronic
communications

Paying Doctors for Better, Not More Care

Cornerstones of the Model:

- Practice transformation
- Payment reform
- Interoperability



**On average, EPC providers receive 40% more than fee-for-service.
Plus the opportunity to earn 20% bonus based on Triple Aim goals.**

When COVID-19 Hit...

Top Priority to Protect Independent Practices:

- Immediately reached out to providers – how can we help?
- Created advanced payment program with zero interest loans
- Waived cost-share for all COVID19 testing and treatment
- Expanded access to new, no-cost telehealth and mental telehealth
- Implemented payment parity for telehealth

**95% of primary care practices were on global payments pre-COVID19,
Were not impacted by a reduction in in-person visits.**

One Such Practice...

Lansingburgh Family Medicine, Troy, NY

- Solo practitioner with five (5) employees
- Certified PCMH since 2013
- Serving low-income community
- Nearly 3,000 patients / primarily Medicaid
- Ranking among top providers in areas of...
 - ✓ Quality
 - ✓ Efficiency
 - ✓ Patient satisfaction





Dr. Adetutu Adetona

Owner

Lansingburgh Family Medicine

The Recipe for Success

- ✓ **Quick Decision-Making**
- ✓ **Continuous Analysis of Processes**
- ✓ **Patient Access**
- ✓ **Business Sustainability**





Panel Discussion



Q&A