

Connecting physician groups for better patient care at Holston Medical Group



Holston Medical Group (HMG) has developed several successful value-based initiatives, which earned the practice more than \$7.2 million in 2015. HMG helped form a physician-led Accountable Care Organization (ACO), Qualuable Medical Professionals, and a healthcare transformation company, OnePartner, which includes a private health information exchange (HIE). Together, these organizations are improving the overall health of the communities HMG serves by championing a patient-centered, data-driven approach to care.

Client Profile

Holston Medical Group

Kingsport, Tennessee U.S.A.

OVERVIEW

Holston Medical Group (HMG)

- Independent, multi-specialty physician group
- 200,000 unique patients, 20% under risk-based contracts
- Launched ACO and HIE in 2012
- 150 primary care physicians, specialists and mid-level providers
- 41 offices in Eastern Tennessee and Southwest Virginia

Qualuable Medical Professionals (ACO)

- Medicare ACO
- 500+ independent physicians
- 90 locations
- 26,609 allocated lives

One Partner HIE

- Connects 13 disparate EHR systems
- 1,514 participating physicians

ALLSCRIPTS SOLUTIONS

- Allscripts CareInMotion™
 - Allscripts dbMotion™ Solution
 - Allscripts FollowMyHealth®
- Allscripts Practice Management™
- Allscripts TouchWorks® EHR
- Allscripts Document Management™

\$40M Shared savings

\$7.2M Value-based payments

Earned \$7.2 million in value-based payments in 2015*



Top performing ACOs

Recognized as one of the top performing ACOs in the U.S.

Allscripts®

"We analyze where we can have the greatest impact to improve outcomes...We have expanded capabilities to identify, stratify and better care for patients."

Wesley Combs, HMG Chief Information Officer

Experience

HMG is a multi-specialty physician group, seeing an average of 40,000 patients per month across its 41 offices in Northeast Tennessee and Southwest Virginia. Physician-owned and physician-led, HMG manages a diversified group of more than 150 primary care physicians, specialists and mid-level providers. Its mission is to provide quality medical care that exceeds patient expectations and builds lasting relationships.

Starting with its first EHR in 1995, HMG has successfully used technology to help deliver high-quality care for more than two decades. HMG consistently captures data for individual patients, and across patient populations, to assess progress toward achieving better outcomes. HMG uses data and analytics to identify patients with high probability for an adverse event, such as a hospital admission, readmission, multiple emergency room (ER) visits or medicine complications.

"The goal in providing value-based care should not be to ration healthcare services, it should be to take better care of people," HMG Chief Medical Officer Samuel Breeding, M.D., said. "Technology helps us do this."

HMG uses data from its TouchWorks EHR to stratify patient populations according to the complexity of their conditions.

The information helps clinicians address various conditions, including the top four disease states of HMG's patient population: hypertension, diabetes, depression and asthma.

"We analyze where we can have the greatest impact to improve outcomes," HMG Chief Information Officer Wesley Combs said. "We have expanded capabilities to identify, stratify and better care for patients."

These capabilities enable HMG to participate in an increasing number of value-based initiatives. "HMG has been well positioned to succeed in pay-for-value contracting models due to the availability of patient data across its specialties," Marketing and Communications Manager Danielle Krueger said. "HMG leverages technologies that can help achieve success in managing our patient population by achieving reduced cost and improved quality." Approximately 20% of HMG's unique patients are covered by a value-based contract.

Physician groups join forces to create more value

HMG was one of the founding members that engaged other independent physician groups in the region to participate in the Medicare Shared Savings Program (MSSP). HMG's leaders formed Qualuable Medical Professionals in 2013 as a certified ACO. The name Qualuable blends the words quality, value and ability to demonstrate the organization's commitment to providing a patient-centered model of care.

Dr. Breeding described some of the early challenges of managing the ACO. "When HMG had the vision to form an ACO, we had to help medical groups with different systems to work together," he said. "We needed a way to normalize the data from the various EHRs so all caregivers have access to patients' complete care histories."

Seeing a need, HMG participated in another collaborative effort to launch OnePartner, a technology and healthcare transformation company that specializes in providing consulting and data solution services. The OnePartner HIE Community Record, powered by dbMotion health information exchange platform, enables secure, safe and actionable access to information across the continuum to improve patient care and enable value.

One of the organizing principles of the ACO was that all physicians who chose to participate would also contractually agree to participate in the OnePartner HIE to share their data with the community of providers. "Today, there are more than 600 physicians in Qualuable connected to and sharing information with the OnePartner HIE," Krueger said. "This model makes a huge impact on the ability to effectively and efficiently report on quality measures."

Krueger continued, "With all the data on Medicare beneficiaries aggregated into a clinical analytics gateway, Qualuable can quickly and easily identify key areas of improvement across disparate systems and create initiatives to specifically address them."

"We're seeing more unity among the physicians in the ACO," Dr. Breeding said. "More access to patient data means as a group we make more intelligent and timely decisions to keep costs down and quality up." Qualuable has now entered into its second contract term for an additional three years.

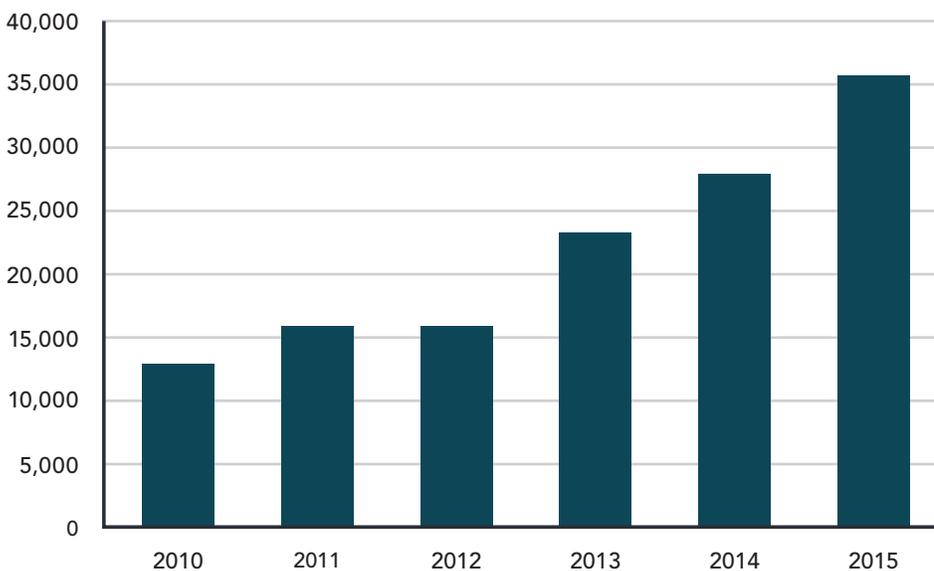
Outcomes

Insurance companies are taking note of HMG's focus on cost containment through the reduction of duplicate medical tests and hospital referrals. With better access to patient records through the EHR, HMG is better able to effectively treat patients, avoiding unnecessary and costly trips to the emergency room.

HMG has successfully participated in value-based programs with a number of insurance providers.

"The universe of solutions able to achieve value is small," said HMG Chief Executive Officer Scott Fowler, M.D., "The HMG model using OnePartner infrastructure creates value-based success and allows physicians to participate in more favorable contracts."

HMG MEMBERS IN VALUE-BASED CONTRACTS



Over a six-year period, HMG has an increasing number of patients covered by risk-based payment contracts, generating \$7.2 million in 2015 alone.

Outcomes

OVERVIEW

- Earned \$7.2 million in value-based payments in 2015*
- Founding member of Qualuable Medical Professionals (ACO):
 - Recognized as one of the top performing ACOs in the U.S.
 - Generated \$40 million in shared savings, earning net payment of \$19 million (for performance years 2013, 2014 and 2015)
 - 91.67% of primary care physicians met Meaningful Use requirements in 2015, better than national mean of 76.22%**
- Helped launch OnePartner HIE Community Record, which enabled members to achieve:
 - 20% increase in risk score
 - 5% increase in quality score
 - 12% increase in net revenue

"The universe of solutions able to achieve value is small. The HMG model using OnePartner infrastructure creates value-based success and allows physicians to participate in more favorable contracts."

Scott Fowler, M.D., HMG Chief Executive Officer

"Because this is our sixth year working with pay-for-value models, we are seeing some great success...If you look at it over time, we started with just 13,000 members that generated \$170,000 on top of fee-for-service revenue...fast forward to 2015, and those numbers jump to more than 35,000 members generating \$7.2 million."

Danielle Krueger, HMG Marketing and Communications Manager



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Value of sharing data through OnePartner HIE

HMG physicians find tremendous clinical value in being able to view patient information through the OnePartner HIE. This capability also enables physicians to code their visits at a higher, more accurate level. For example, if a physician is able to review a diagnostic exam, or can document patients with multiple chronic conditions, it is coded differently than a regular office visit. Appropriately coded visits increase risk scores and payment rates.

"If physicians review things, like lab results or HbA1c levels over time, from other locations, that work is more complex and is paid at a higher rate," Krueger said. "Additional savings come from avoiding duplicate testing."

On average, OnePartner HIE members typically see a 20% increase in risk scores, 5% increase in quality scores and a 12% increase in net revenue.

Enabling an independent future

Qualuable Medical Professionals generated more than \$40 million in shared savings (\$19 million in net payment) over three performance years. The ACO distributes most of the savings to participants. It also uses the savings to connect even more practices to the HIE, if they are unable to finance participation on their own, and reinvest in the infrastructure.

"The beauty of Qualuable is that we have great physician groups coming together and learning from each other's strengths for the common benefit," Krueger said. "Now HMG is well positioned to help small practices succeed with value-based payments...they're reaching out to us because they know we can help them maintain their independence."



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