Primary Care: Evolution to Risk-Based Models

Rodney Ison
Community Health Care

MAY 18 2022
Community Health Care

Our mission always is, and always will be:

- To provide our patients with the highest quality of innovative, comprehensive health care, and health care services;
- To provide medical care that is... compassionate, supportive, personal, convenient, and cost-effective;
- To encourage effective educational programs for our physicians, staff, patients, and the whole community;
- To carefully recruit the finest staff possible, giving maximum support and encouragement to all personnel to foster growth and pride in the organization; and
- To continually improve the efficiency and quality of all operations and resources of the practice, so as to generate a profit as a result of our combined efforts.
Community Health Care

- 17 Locations
- 30 Physicians
- 24 Nurse Practitioners
- 3 Physical Therapist
- 3 Occupation Therapist
- 5 Behavior Health Specialists
- 14 RN Care Managers
Community Health Care

LOCATIONS

- Chippewa Family Medicine - Doylestown
- Community Health Care – Barberton
- Community Health Care – Canal Fulton
- Community Health Care – Copley
- Community Health Care – Louisville
- Community Health Care – Manchester
- Community Health Care Pediatrics - Massillon
- Community Health Care – Wadsworth
- Community OB/GYN - Barberton
- Community Therapy Center-OT/Speech
- Community Therapy Center - Physical Therapy
- Green Family Practice - Uniontown
- Hartville Family Physicians - Hartville
- Massillon Family Practice - Massillon
- Norton Family Practice - Norton
- Stow-Kent Family Practice - Stow
- Women's Care OB/Gyn - Barberton
Community Health Care
Payment Model Timeline

- **CHC**: Founded payment fee for service
- **PCP cap**: Capitation for office visits only.
- **EOC**: Episode of Care payment. Payment for care of a diagnosis. Very short lived model.
- **PFP**: Payment for meeting certain Targets. Quality and financial.

Timeline:
- 1985: CHC Founded payment fee for service
- 1990: PCP cap Capitation for office visits only.
- 2005:
Payment Model Timeline

- **SS** 2010
  - Shared saving, receive a Share of any Savings.

- **ACO** 2015
  - SUMMA ACO.

- **CPC+** 2020
  - CMS demonstration project. Provided support for accelerating value based care.

- **PCP+**
  - Cap for All Primary care services, will SS.

- **Risk**
  - Full control of payment. With Partner AGLION.
Can cost of Care be Reduced? Effect of Local team Care?

**CHC VS MEDICARE REGION**

![Chart showing comparison between Community Health Care, Inc. and OH/N.KY for Total Medicare Expenditure over time.](chart.png)
Sustainable Though Crisis?
Is It Just Regional Cost Difference?

**MEDICARE MA PLAN**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Cost (PMPM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>NHC 705.99, CHC 624.27</td>
</tr>
<tr>
<td>2017</td>
<td>NHC 721.02, CHC 657.27</td>
</tr>
<tr>
<td>2018</td>
<td>NHC 731.61, CHC 622.32</td>
</tr>
</tbody>
</table>
Cost Savings, But What About Quality?

- Only 5 Star provided for Devoted Health Plan in OHIO 2021
- ACO Summa, 2020
  - Hypertension 9 of Top 10 practices, Community Health Care
  - Diabetes Top 10 practices all Community Health
Cost Savings, But What About Quality?

- Only 5 Star provider for Devoted Health In Ohio 2021
What Would Happen With Team Care Across Specialties?

- High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.

- “Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care,” May 2021, A comprehensive report published by the National Academies of Sciences, Engineering and Medicine.
Will It Come To Our Markets?
Who will be your Payer?

Agilon Growth

### Geographies on the Platform (Live and Implementation)

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live States</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Implementation</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>17</td>
<td>25</td>
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### Membership from New Markets

<table>
<thead>
<tr>
<th>Year</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership from New Markets</td>
<td>25K</td>
<td>27K</td>
<td>26K</td>
<td>36K</td>
<td>~50K</td>
<td>~80K</td>
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### PCPs in Live Markets

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Partner Market</td>
<td>571</td>
<td>785</td>
<td>980</td>
<td>1,186</td>
<td>1,350</td>
<td>1,638</td>
<td>&gt;2,200</td>
</tr>
<tr>
<td>Non-Partner Market</td>
<td>29K</td>
<td>57K</td>
<td>90K</td>
<td>131K</td>
<td>DCE</td>
<td>340K-355K</td>
<td>DCE</td>
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### Ending Membership

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<tr>
<td>Ending Membership</td>
<td>29K</td>
<td>57K</td>
<td>90K</td>
<td>131K</td>
<td>DCE</td>
<td>238K</td>
<td>DCE</td>
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</table>

CAGR: ~61%
Agilon’s Growth Trajectory

<table>
<thead>
<tr>
<th>Category</th>
<th>2018</th>
<th>2023P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Members on Platform:</td>
<td>~50,000</td>
<td>~500,000</td>
</tr>
<tr>
<td>Partner Groups &amp; Geographies:</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>(2 Geographies)</td>
<td>(12 States, 25 Geographies)</td>
</tr>
<tr>
<td>Partner Primary Care Physicians:</td>
<td>180</td>
<td>1,600+</td>
</tr>
<tr>
<td></td>
<td>(700+ total PCPs)</td>
<td>(2,200+ total PCPs)</td>
</tr>
<tr>
<td>Diverse Partners &amp; Communities:</td>
<td>PCP Group</td>
<td>PCP, Multi-Specialty,</td>
</tr>
<tr>
<td></td>
<td>Market with &lt;1M Pop</td>
<td>Network &amp; Health Systems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Markets from &lt;100K to &gt;2M Pop</td>
</tr>
</tbody>
</table>
Will Insurance Companies be Needed?

- 219 Venture Capital firms in Health care 7/8/2020
- “Full-risk models, not shared savings, let health systems deliver what patients really need” Griffin Myers, M.D., chief medical officer of Oak Street Health.
- In Full Risk, Provider receives the entire health care dollar attributed to their patients by Medicare and other Payors
- This allows providers to add patient centered services to address patient needs. (Not profits for Insurance Company)
  - More services where Patient lives: Home visits, Hospital at home, Virtual Specialty visit in PCP office and at home, Care coordination, Behavior health, Pharmacy management, Home monitors with real time reporting to healthcare team
Profit Centers, Do They Exist In Medicine Anymore?

- Hospitals and high-cost specialties are now COST CENTERS and potential LIABILITIES to the system if they do not provide high value to patients
- PCP’s will look for ways to improve quality while decreasing cost of these services
  - Hospital at home
  - Owning their own imaging centers
  - Subcontracting and partnering with low cost radiologists
How do Large System’s Respond?

CurbsideQD is a partnership of Northeast Ohio’s premier resources in both medical care and business functions. The combined forces bring together the seasoned healthcare business professionals of Medic Management Group with medical providers in Community Health Care Inc. and Cleveland Clinic that are leaders in quality medical care.

Our collective knowledge, buying power and access to resources makes our services cost effective for you. Because of this partnership, we can tailor a solution to your specific needs, no matter the size of your practice or health system. We have the ability to be creative in matching services that will help you achieve your business and patient care goals.

We go beyond advising and walk step by step with you.
What is the next Healthcare Disrupter?

Micro Hospitals?
Hospital at Home?
Artificial Intelligence?

The Future of Healthcare

Nutex Health, Inc. is a technology-enabled health management company with two divisions:

- Hospital Division
- Population Health Division
How Does Radiology Team with Primary Care?

From presentation by Dr. Syed Zaidi to Community Health Care 8-14-2017

Population Health Management Partnership with Primary care

- Work with physicians on appropriate imaging
- Radiologists Should follow Best Practices for recommendations for potential neoplastic findings and other important diagnoses
- Use data mining to evaluate outcomes and compliance
- Hospital based radiologists can help manage patients across care continuum with use of care coordinators
- Reduce malpractice risk and prevent leakage
How Does Radiology Team with Primary Care?

Improve Revenue
- HHC coding, education and focus. Include in assessment.
- Star Rating, Primary way by improving Quality

Improve Quality
- Call back programs for screening
- Recall for abnormal tests

Decrease Cost
- Provide concise readings and recommendations
- Partner with or provide low-cost diagnostic centers to PCP’s
  With evening and weekend access
- Develop mobile serves to support Hospital at home.
Who Will Define Radiologist’s Future?