

AMERICA'S PHYSICIAN GROUPS

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Donald Rebhun, MD, MSPH

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From the President

A MESSAGE FROM DON CRANE, PRESIDENT AND CEO
AMERICA'S PHYSICIAN GROUPS

Members and friends,

As summer ends and Washington gears up for the return of Congress, I think about one of the great Yogi Berra's famous lines, "It's déjà vu all over again."

In last summer's message, I talked about the serious financial distress facing the Medicare program. Since then, the numbers have only gotten worse. According to the Kaiser Family Foundation (and based on the 2018 Medicare Trustee report), Medicare Part A will be depleted in 2026—three years earlier than projected in 2017.

With the rising cost of healthcare, more baby boomers enrolling, and the increased use of services, Medicare is in desperate need of new and innovative ways to provide lower-cost, high-quality care to America's seniors and aging population.

That's why we were so pleased when the Centers for Medicare & Medicaid Services (CMS) announced plans to launch new payment models at the beginning of next year. While not an "I told you so" moment, our members have consistently demonstrated for decades that patient-centered, integrated, and accountable care can address the challenges facing Medicare and its fragmented fee-for-service foundation.

We believe there is a better way to improve health in America through our Third Option—and CMS agrees. Many of our recommendations for improving value-based care were adopted throughout these models.

However, tools are only good if you know how to use them. At APG, we've been rolling out the instruction manual for months now. We've used our Webinar Wednesday and Deep Dive series to introduce the new models and what they may mean for physician groups. We've submitted comment letters and responded to requests for information. And we've joined forces with like-minded organizations to share what we like—and what concerns us—about these new models.

More recently, we partnered with the Center for Medicare & Medicaid Innovation (CMMI) to present a webinar series for physicians and physician groups. The webinars brought together the best of both worlds—CMMI's expertise on regulations and APG member know-how on implementing and executing successful care management strategies for risk-bearing organizations.

I'm also very excited about a special session at our upcoming Colloquium 2019: Thriving in Tomorrow's New Models and Downside Risk, to be held November 11-13 in Washington, DC. This can't-miss session will look at how physicians are reacting to these new models. It's sure to be a packed house, so if you haven't registered yet, I encourage you to do so.

I'll end with another Yogi Berra line: "When you come to a fork in the road, take it." That's exactly what we're doing: We're taking responsibility for America's health. These new models are another giant step forward in the value-based care movement. The momentum is ours. And we don't intend to stop. ○



Don Crane,
America's Physician Groups
President and CEO



Improving Patient Activation: Case Studies From Parkinson's Disease

BY PETE FRONTE, MBA



“Clinical studies have proven to be an effective way for patients to learn about, and be actively involved with, their medical condition.”

Physician groups (PGs) are well-positioned to be patient-centered change leaders. Although PGs contend with organizational, financial, and cultural barriers to providing consumer-driven healthcare, groups that consistently overcome these barriers will see significant benefits.

For example, 60% of the top loyalty drivers for healthcare are related to patient experience, rather than cost or clinical quality.¹ When organizations focus on providing a positive customer experience, they see a 25% increase in patient retention. In turn, every 5% increase in retention can yield a 25% increase in profits.

Yet, the 2018 Kaufman Hall State of Consumerism in Healthcare Report found that 70% of practices have not begun or are only in the very early stages of meeting patients' needs as consumers.

Patient experience depends not only on clinical skills, practice workflow, and environment, but also on patient engagement and activation—defined as the knowledge, skill, and confidence to self-manage care. Patients who are actively engaged in their own care have better outcomes, require less-costly care, and are more satisfied.²

The Patient Activation Measurement (PAM) is a widely used, validated model. According to PAM, patients move through four stages of activation, as indicated in the chart below.³



THE ROLE OF CLINICAL STUDIES

Fortunately, physician groups can incorporate high-impact strategies to increase and sustain patient activation and engagement with minimal time and staff, little expense, and without time-consuming software integration.

Clinical studies have proven to be an effective way for patients to learn about, and be actively involved with, their medical condition. This promotes increased activation levels.

One clear example is a Phase III clinical trial supported by Altura that introduced insulin to insulin-naïve diabetics. Patients viewed the study as an interesting short-term option to try insulin (e.g., study medications and visits at no cost, limited study period, a stipend for their time). Not only did study patients have a significant reduction in HbA1c, but 65% remained on insulin after the study's completion—essentially moving them from Level 2 to Level 4 of activation.

In the remainder of this article, we'll discuss how clinical studies and disease-based programs are being used to increase patient engagement and activation in Parkinson's disease (PD). However, these concepts and tactics can be used for any medical condition. The ultimate goal is to move and maintain patients at higher levels of activation.

ACTIVATING PARKINSON'S PATIENTS

Parkinson's disease (PD) impacts nearly 1 million Americans. Patient activation is essential, as care is ongoing and costly, and the disease must be managed continuously.

Most Parkinson's patients want more information or resources related to their condition. In a 2013 online survey, only about half of patients said they felt "informed or very informed" about living with PD (53%) and about the progression of their disease (51%).⁴ In addition, only 48% of PD patients and 38% of caregivers said they knew where to find information or support, and even fewer (43% of patients and 36% of caregivers) were aware of how to engage with their local Parkinson's community.

According to a 2011 ORC Poll, only 1 in 10 people with PD participate in clinical trials, even though the Parkinson's community has a significant interest in being involved in research.⁵ In a 2014 Harris poll, only 36% of PD patients reported feeling informed about opportunities to participate in clinical research—while more than 85% were at least somewhat interested in participating in a trial.⁶ Patients said that not knowing about clinical study opportunities in their area was the greatest barrier to study participation.

Michael Wukelic, MD, an experienced researcher at Providence Medical Group, found that even healthcare providers (HCPs) involved in research failed to educate their patients about potential study opportunities outside of their own specialty. Most people with PD say they look to their doctors for information about studies. However, in a Zogby Analytics Poll, only 2 in 10 said that their providers talked with them about research.⁷

The challenge: Many physicians and other HCPs do not have easy access to information about clinical studies and do not present options due to time constraints.

During a recent Altura-supported Phase III Parkinson's clinical trial, Altura screened and triaged 4,700 patients from traditional study-based marketing (TV, radio, and online ads). In total, 73% of patients were interested in the study after learning the details, and over half of those not referred by their doctor wanted their HCP to be aware of the study for other patients.

For PD and other medical conditions, physician groups can use both internal and external studies and disease-based programs to increase and maintain levels of patient engagement and activation. In general, these options fall into the three categories below. Here is a look at how APG members successfully use these approaches.

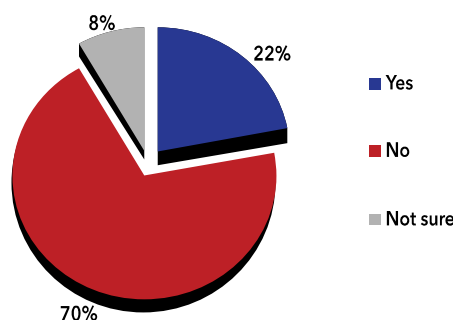
1. Internal studies and programs

OhioHealth has established a robust patient-centered Movement Disorders Clinic. The clinic provides PD patients immediate consultation with a physician and a physical therapist, as well as an information/resource guide. The guide offers easy access to resources for exercise, wellness, and regional patient and care partner support. It also includes information about medications, diet, and symptom management.

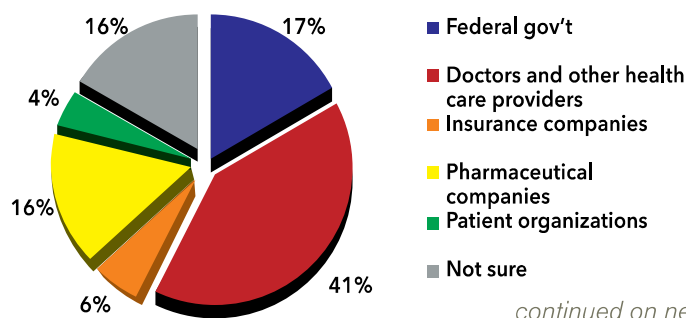
David A. Hinkle, MD, PhD, a movement disorder specialist, and other clinic team members lead periodic discussions and seminars about PD and its treatment. They also offer a yearly OhioHealth Parkinson's Symposium to update the community on current research, exercise, and wellness theory. In addition, OhioHealth offers an exercise and wellness program called Delay The Disease that employs a research-based approach to group therapy for people with PD.

As the program grows, OhioHealth hopes to participate in PD-focused exercise and disease-modifying therapy clinical trials. The organization demonstrates that having resources available within your physician group is only a starting point. Activation requires a culture of constant communication of available resources by all group team members.

Has your doctor or other healthcare professional ever talked to you about medical research?



Which organizations have the greatest responsibility in educating the public about clinical trials?



continued on next page

2. External studies and programs: local or regional networks (ACOs, CINs, integrated system)

Sutter Health has its own research program and resources, but it also collaborates with UC Davis to offer clinical studies and local support groups so patients have as many options as possible.

Erica Byrd, MD, a neurologist at the Roseville, California, location, not only gives her patients information about these support groups, but she also speaks at them—sharing her knowledge on the disease and on clinical trials that are available in the area.

According to Dr. Byrd, “PD patients and their caregivers are very proactive in seeking information about studies and resources. Our goal is to try to reduce the burden related to finding local resources so they can meet their desire to be active in managing symptoms and finding solutions.”

3. External studies and programs: national opportunities

Desert Oasis Healthcare (DOHC) strives to provide patients options outside of its own research program and resources. DOHC offers the Michael J. Fox Foundation's (MJFF) Fox Insight Study (FIS), an online study, via fact sheets posted at neurology offices, direct communication from the DOHC research team, and the DOHC research website.

In addition, its providers and team members use the Altura HCP Studies™ Mobile Platform to share FIS information with patients and other providers. Close to 81% of PD patients at DOHC who were contacted expressed a desire to enroll in the study.

DOHC Medical Director Marc Hoffing, MD, MPH, explains, “We are proactive in providing our patients disease experience options, and with the FIS, it was an easy way to support patient activation while contributing to important research.”

Sutter Health and OhioHealth also provide access to FIS. The HCP Studies™ Mobile Platform, meanwhile, essentially creates a study ecosystem and allows HCPs to view and share FIS study information in an easy manner—anytime and anywhere.

For many physician groups, partnering with an external organization may bring the greatest increase in patient engagement and activation with the least investment. For example, FIS is a virtual study that is national in scope and easy to access. Its objective is to learn about life with Parkinson's and accelerate breakthroughs by capturing the experiences of people with and without the disease.

“Fox Insight is bringing the patient voice to research and making it possible for more people to participate in clinical studies,” says Katie Kopil, PhD, Director of Research Partnerships at MJFF. “Parkinson's is a highly variable disease. Understanding more

about what patients experience will help us prioritize the development of therapies they need the most.”

The study was launched in late 2017 and already has more than 37,000 participants, with a goal of recruiting 100,000. Through the foundation's collaboration with the consumer genetics company 23andMe, those who join Fox Insight can add their genetic information to the study. This creates a more holistic understanding of Parkinson's disease. (For more information about making FIS available to your PD patients, please contact Altura.)

MJFF also provides access to many Parkinson's studies through the Fox Trial Finder (FTF) website. The site connects volunteers with studies looking for people like them. People don't need to have Parkinson's to participate, nor do they have to take a drug. Some trials test lifestyle interventions like diet and exercise, while other observational studies simply collect data over time to better understand the disease.

A SENSE OF OWNERSHIP

In sum, clinical studies and disease-focused programs offer physician groups opportunities to provide patient-centered resources that encourage patients to move to higher levels of activation. Groups can immediately adopt the concepts and tactics shared in this article for any medical condition—at no cost and with minimal time investment.

When patients develop a sense of personal ownership with their medical condition, this can manifest itself as more active self-management—with benefits for both patients and physician groups. ○

Pete Fronte is President and CEO of Altura, an APG Affiliate Partner that supports patient engagement via clinical studies and disease experience programs with its HCP Studies™ Mobile Platform and related services. He can be reached at pfronte@alturastudies.com.

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⁵ 2011 ORC Poll: <https://www.michaeljfox.org/faq> “Why is it so important that more people volunteer for trials?”

⁶ 2014 Harris Poll: <https://www.michaeljfox.org/publication/michael-j-fox-foundation-launches-parkinsons-clinical-trial-companion-educational-suite>

⁷ *A Research!America poll of U.S. adults conducted in partnership with Zogby Analytics in May 2017.*