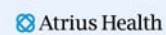


Working Together: From Guild to Enterprise

Gene Lindsey, MD
 President and CEO
 Atrius Health and Harvard Vanguard Medical Associates
 Mass Medical Society
 November 30, 2012



A first aid chart for barber surgeons treating wounded soldiers
 Copyright © The British Library Board

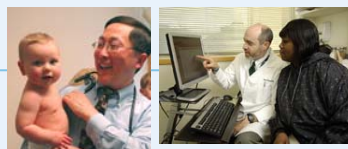


Thinking about Dr. Masters



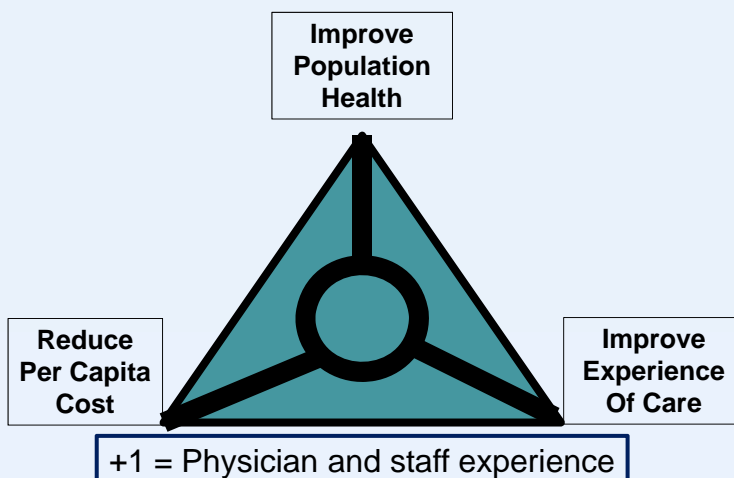
Atrius Health

- Non-profit alliance of six leading independent medical groups
 - Granite Medical
 - Dedham Medical Associates
 - Harvard Vanguard Medical Associates
 - Reliant Medical Group
 - Southboro Medical Group
 - South Shore Medical Center
- Provide care for ~ 1,000,000 adult and pediatric patients in almost 50 ambulatory sites
- 1000 physicians, 1450 other healthcare professionals across 35 specialties
- Largest physician-based “Accountable Care Organization”



Long history of managing risk for cost and quality. 100% on EMR. Significant infrastructure for managing risk.

The Triple Aim



Source: IHI.org

Atrius Health

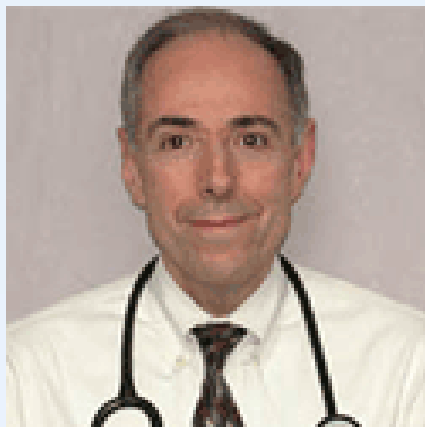
The concept of an Accountable Care Organization is not new

“The existing deficiencies in health care cannot be corrected simply by supplying more personnel, more facilities and more money. These problems can only be solved by organizing the personnel, facilities and financing into a conceptual framework and operating system that will provide optimally for the health needs of the population.”

Dr. Robert Ebert, Founder,
Harvard Community Health Plan, 1967

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Dr. Guy Spinelli President of Granite Medical Group



 Atrius Health

BIG MED.....and the



 Atrius Health

We will challenge “Simple rules”

“I am accountable” → “We are accountable”



From Accountable Care Organizations, Marc Bard and Mike Nugent, 2011

Atrius Health



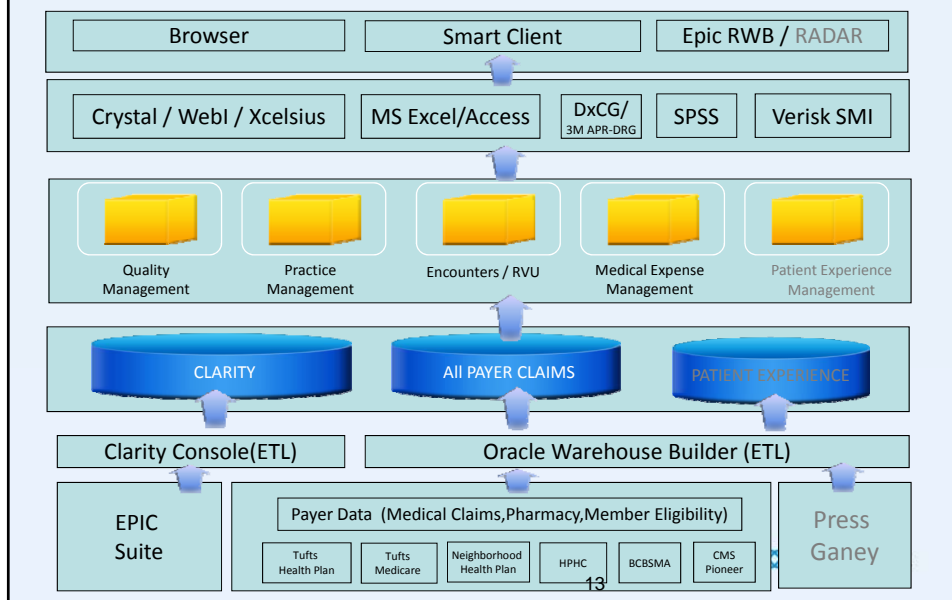
Atrius Health

Lean Methodology provides Focus on Adding Value and Use of Common Approach

The A3 Problem Solving Method

A3		DESCRIPTION	VALUE STREAM MAP	PROBLEM STATEMENT	PROPOSED SOLUTION	PROPOSED SOLUTION	PROPOSED SOLUTION	PROPOSED SOLUTION	PROPOSED SOLUTION	PROPOSED SOLUTION	
1	2	3	4	5	6	7	8	9	10	11	
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19		20		21		22		23		24	
25		26		27		28		29		30	
31		32		33		34		35		36	
37		38		39		40		41		42	
43		44		45		46		47		48	
49		50		51		52		53		54	
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Robust Data Management Infrastructure is critical



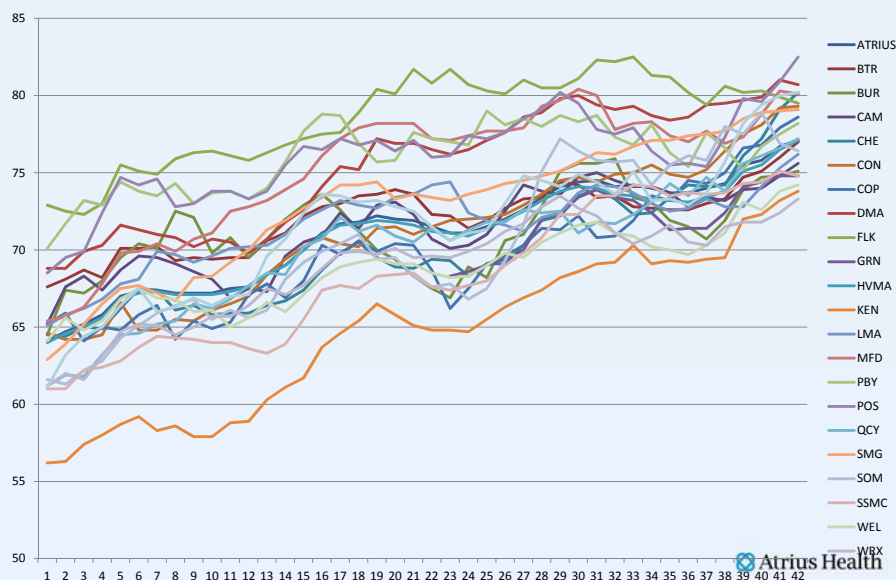
Sites x Metric Score

loc	dep - acute rx	dep - cont rx	DM - HbA1c	DM - LDL	CVD - LDL	Cancer - BCS	Cancer - CRC	Abx Acute Bronch	Pedi w5	Pedi w36	Pedi awc	DM - HbA1c poor	DM LDL good	DM BP	HTN BP	CVD LDL
BTR	67.6	48.6	49.4	85.9	75.0	74.7	67.3	50.0	89.4	58.9	45.1	212	63.5	55.3	75.2	57.1
BUR	100.0	42.9	61.9	85.7	100.0	68.4	59.5	-	95.3	66.2	51.0	23.8	54.8	40.5	82.4	50.0
CAM	50.0	30.0	48.8	83.3	70.0	75.7	68.9	22.2	90.2	54.0	54.4	14.3	64.3	60.7	63.2	70.0
CHE	59.1	36.4	57.9	86.2	83.3	74.5	70.2	37.5	92.1	59.8	40.9	17.0	61.6	75.5	82.9	72.2
CON	77.4	51.6	41.9	73.5	77.8	77.4	61.0	50.0	93.6	62.0	55.7	23.9	56.4	63.2	76.0	50.0
COP	87.5	62.5	55.6	77.8	75.0	68.1	65.5	50.0	75.0	51.7	45.6	311	60.0	66.7	71.6	75.0
DMA	63.3	56.7	38.7	80.9	79.3	82.5	68.3	44.4	95.9	62.5	58.5	20.1	65.0	57.7	70.0	65.5
FLK	75.0	50.0	57.1	81.0	80.0	75.7	66.2	-	-	-	50.0	14.3	76.2	61.9	70.7	60.0
GRN	611	50.0	54.9	81.3	85.4	82.4	74.3	50.0	-	-	52.2	12.5	59.0	57.7	76.2	71.6
KEN	50.0	38.9	49.6	86.3	84.0	74.7	69.8	50.0	94.6	51.9	39.6	217	53.5	58.4	73.1	76.0
LMA	72.7	45.5	66.3	93.7	70.6	80.5	67.9	50.0	-	-	81.5	22.1	60.0	51.6	73.9	70.6
MFD	73.7	47.4	58.5	77.7	100.0	69.9	65.1	60.0	93.0	63.6	54.6	29.8	55.3	58.5	72.7	87.5
PBY	85.7	42.9	59.6	78.7	60.0	81.3	72.9	-	78.9	57.5	55.6	23.4	51.1	63.8	81.4	40.0
POS	89.5	63.2	50.9	91.2	60.0	72.6	71.9	80.0	-	-	27.3	24.6	54.4	70.2	80.4	60.0
QCY	615	38.5	51.7	89.7	100.0	72.6	74.5	66.7	92.3	58.0	45.0	17.2	75.9	70.7	63.2	83.3
SHR	62.5	50.0	66.3	90.7	80.0	81.3	65.4	57.1	91.8	61.7	50.1	12.2	55.1	70.3	71.6	69.7
SOM	57.1	42.9	65.1	81.0	87.5	81.1	72.6	83.3	87.5	51.2	47.7	20.6	52.4	65.1	74.0	75.0
SSMC	56.9	51.4	63.4	89.2	80.0	79.4	67.5	70.0	82.1	58.8	56.3	11.1	59.9	55.0	76.0	77.7
WEL	60.0	56.0	57.4	83.6	82.6	75.8	69.6	83.3	95.6	53.6	52.9	19.7	60.7	59.0	76.2	69.6
WRX	36.4	36.4	53.2	88.3	90.0	72.4	68.1	28.6	88.9	54.0	55.5	18.1	54.3	46.8	72.3	60.0
WTR	70.0	60.0	43.1	84.3	85.7	75.8	67.3	100.0	97.0	59.7	50.8	25.5	60.8	60.8	80.3	71.4

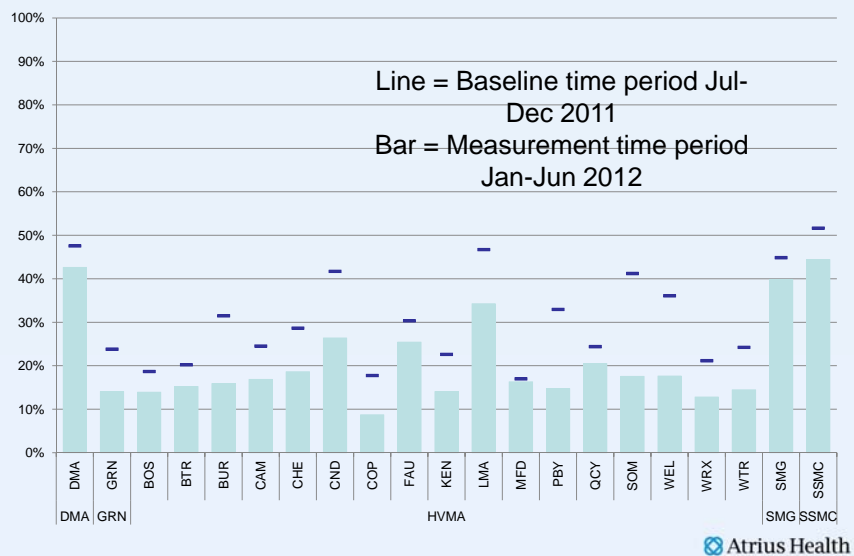
HTN Tactics Menu

- **Engage Patient**
 - No copay BP check
 - Measured by MA with whom patient has a relationship
- **Measurement logistics**
 - Annual checking of MA competency at BP check; watch NEJM video at a staff mtg
 - Check MA stethoscopes – are they effective?
 - Consider purchasing at least 1 auto BP cuff – leave patient alone to check BP
- **Internal Communications/Triggers—closing the loop**
 - Effective communication of high BP by MA to clinician so that clinician rechecks BP
 - Communication of high BP to check-out person and BP check routinely booked within 4 weeks (MA, RN – depending on dept protocol); no copay BP checks
 - Outreach to pts who do not f/u with BP check in 4 weeks (use of pt reminder system in Epic)
 - Review of patient rosters (PCP & MA) to identify next steps in care
- **Doctor Patient Piece**
 - Make sure all BPs are documented in Vital Signs (not just progress note)
 - Inquire about medication adherence, and try to address them. If not resolved, book patient with APC for long visit to address medication barriers
 - Review of BP meds at visit – consider changing medications instead of ↑ the dosage
 - Document plan in patient's AVS for patient to refer to
 - Provide patient with educational materials on HTN

HTN control <139/89: Mar 2009 – Aug 2012



Screening CBCs ordered without apparent clinical indication



Choosing Wisely[™]
An initiative of the ABIM Foundation

American College of Cardiology

AMERICAN COLLEGE of CARDIOLOGY

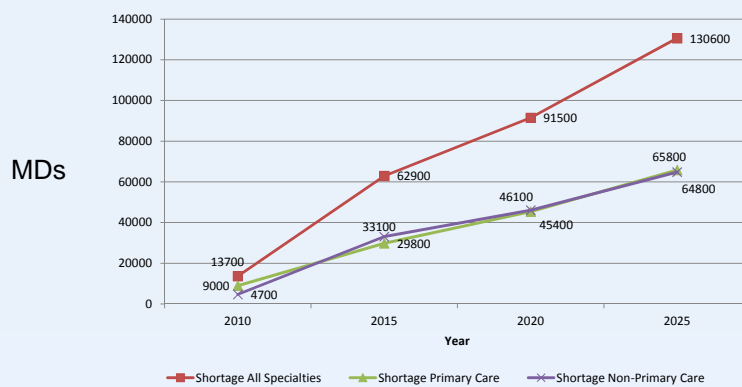
Five Things Physicians and Patients Should Question

- Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.**

Asymptomatic, low-risk patients account for up to 45 percent of unnecessary "screening." Testing should be performed only when the following findings are present: diabetes in patients older than 40-years-old; peripheral arterial disease; or greater than 2 percent yearly risk for coronary heart disease events.
- Don't perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.**

Performing stress cardiac imaging or advanced non-invasive imaging in patients without symptoms on a serial or scheduled pattern (e.g., every one

Growing Shortage of Physicians Nationally



AAMC 2008 report updated to reflect PPACA and more recent projections

Atrius Health



Atrius Health

Two Kinds of Change

Technical

- Problem is well-defined
- Solution is known, can be found
- Implementation is clear

Adaptive

- Challenge is complex
- To solve requires transforming long-standing habits and deeply held assumptions and values
- Involves feelings of loss, sacrifice (sometimes betrayal to values)
- Solutions requires learning and a new way of thinking, new relationships

From Jack Silversin, Amicus

 Atrius Health



Original: The Doctor, R. A. - Joseph T. Ford

Myth, Philadelphia

THE DOCTOR

 Atrius Health

Reflections...

The future we predict today is not inevitable. We can influence it, if we know what we want it to be...

We can and should be in charge of our own destinies in a time of change.

Charles Handy
The Age of Unreason

 Atrius Health