Moving from Fee-for-Service to Advanced Primary Care with Full Risk Payment
Zoom session hosted by Larry Bauer, Chief Executive Officer Emeritus of FMEC
Presentation by Alan Roth, DO, FAAFP, FAAHPM and Luigi Tullo, MD, FAAFP

Alan Roth, DO and Luigi Tullo, MD are family medicine physicians who practice at Jamaica Hospital in Queens County, NY, the most diverse county in the nation with over 130 languages spoken. Dr. Roth is Chair of the Department of Family Medicine, Ambulatory Care and Community Medicine at Medisys Health Network. Dr. Tullo is Vice Chair of Ambulatory Care and Medical Director of the Division of Population Health, also at Medisys Health Network.

Roth explained that Medisys had been moving from fee-for-service care toward value-based care and said that because Jamaica Hospital is a mixed system, patients who are fee-for-service receive the same value-based approach to their care. He noted that Jamaica Hospital is capitated with Health First Insurance for more than 195,00 patients, with 40,000 of those patients under the direct care of faculty doctors at the hospital.

Roth pointed out that the hospital's transformation toward value-based care has accelerated over the past five years. "In fact, our project started at the Innovators Network - we met some colleagues there, such as Dr. Wayne Jonas and Dr. Scott Conard who helped us get some of the data we need on what it is to truly be an advanced primary care delivery model." One of the hospital's proactive strategies has been making same day visits available, in addition to extended, forty-minute "high value visits," Tullo said. "Our doctors now get about 40 minutes to do comprehensive care." The hospital has hired patient navigators to reach out to the sickest patients who haven't received care in over a year, which Tullo calls "a bridge to patient care."

Working with Dr. Scott Conard of health care consulting organization Converging Health, Roth and Tullo learned it was possible to stratify patient data and align resources to minimize cost and maximize quality of care, especially for high-risk patients. Conard helped the men use insurance claims data to create a risk assessment score, which would flag other providers using the EMR that the patient was "high risk." Tullo said the hospital also began identifying care gaps for patients (i.e. patients needing mammograms and colonoscopies) to help determine a patient's **hierarchical categorical condition (HCC).**

A patient's **total risk score** is the sum of three other sub-scores. A **patient's absolute risk score** measures the essential medical problems a patient might have, including demographic info. The **gap risk score** measures how well the health care team is meeting the patient's needs - is the patient getting their medical screenings? The **flare score** looks at where the patients are receiving their care (urgent care, ambulatory care center, specialists, etc.) "We also built a special diagnosis column for the HCC category. So, when providers are documenting the diagnosis, they look to try to see if there is an appropriate HCC category to choose," Tullo added.

In 2023, Jamaica Hospital created a highly successful pilot program researching medication adherence. Five patient navigators reached out to patients two weeks before their prescriptions were due to be filled. Physicians were encouraged to fill prescriptions for 90-day supplies of medicine, so their patients over 65 wouldn't have to travel so frequently to the pharmacy. Navigators also followed up with pharmacies to be sure patients picked up their medications. "In

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Page 2

2023, we started out with three stars for hypertension... and two stars for diabetes. At the end of the pilot, we were the only ones to be five stars across the board," Tullo said. The best part, he emphasized, is that the hospital made about $2.5 million which was reinvested back into the process to hire more navigators, etc.

Tullo and Roth, working with Conard, studied high-risk patients who had a high value visit versus patients who were high risk and did not have a high value visit. Billing information obtained from their insurers enabled Jamaica Hospital to produce a scattergram that highlights four quadrants: **low risk/low cost** (young healthy people with no major issues); **low risk/high cost** (for instance, an athlete requires surgery but then drops back into the lowest risk cost quadrant following the procedure).

The **high risk/low cost** quadrant includes patients with chronic conditions which need to be controlled, such as pre-diabetics with metabolic syndrome. The most expensive **high risk/high cost** quadrant is made up of patients with the most significant medical problems, such as heart attack, stroke, etc. A prime objective of Conard's model is to prevent patients in the high risk/low cost category from moving up to the high risk/high cost quadrant.

For patients with conditions like CHF, the per member per year spend was almost $40,000 but with the high value visit, the per member per year spend was down to $11,400, Tullo said, citing similar savings with diabetic patients. "So what we've seen in the first 18 months of the project was a 10% reduction in total hospital days and in the next 24 months, a 21% reduction in hospital days," Roth reiterated. For ER utilization, the results were similar with an almost 18.5% reduction in the last 24 months of patients going to the ER. In the six years that they've been working to stratify risk, Jamaica Hospital's excess medical revenue climbed from $42 million to $118 million.

Tullo and Roth discussed additional current projects. The hospital recently began working with an Epic product called Epic's Healthy Planet, which is helping the hospital better track patients who really need certain tests and screenings. Tullo and Roth also plan to increase the number of patient navigators from 14 to 24. The hospital just introduced "nursing pended orders in pre-charting," Tullo said. He explained that nurses will be able to go into the patient's chart a day or two before an appointment and a smart set will pop up telling the nurse which care gaps need to be addressed. Nurses will be able to alert providers "with the stroke of a button" as to which clinical testing the patient needs.

The hospital is also hiring five care management nurses to help patients between their provider visits. Lastly, Jamaica Hospital is about to begin using the popular medical AI product Navina AI, known for its extraordinary ability to interpret data in medical charts and to streamline providers' workflow.

"So, what does this all mean? We're keeping people healthier. We're making our providers happier. And it's a win-win situation for our patients and our institution," Roth concluded.