



Yale Medicine

Value Based Care and Population Health

What is the state of value-based care and population health in your market

Connecticut received a four-year, \$45 million SIM Test grant award from CMMI in 2014.

The Connecticut SIM program chose to implement a value-based payment strategy that sets up a “glide path” for providers to transition from a P4P payment program to a shared savings model.

The goal, according to the state’s innovation plan, is to have 88% of the state’s population being treated by a clinician who is responsible for quality and cost of care.

As part of this strategy, the state will align all payers in the state to a common set of measures spanning the domains of quality, care experience, health equity, and cost.

Payers and providers would be free to negotiate the terms of the performance payments and the degree to which they prefer to share in savings and risk.

There is limited information about the progress of this strategy at this time, but so far, the state has established a Value Based Insurance Design Consortium, which has created information on value-based insurance design for self-insured employers.*

* Information taken from the Value-Based Reimbursement State-by-State Document written by Change Healthcare

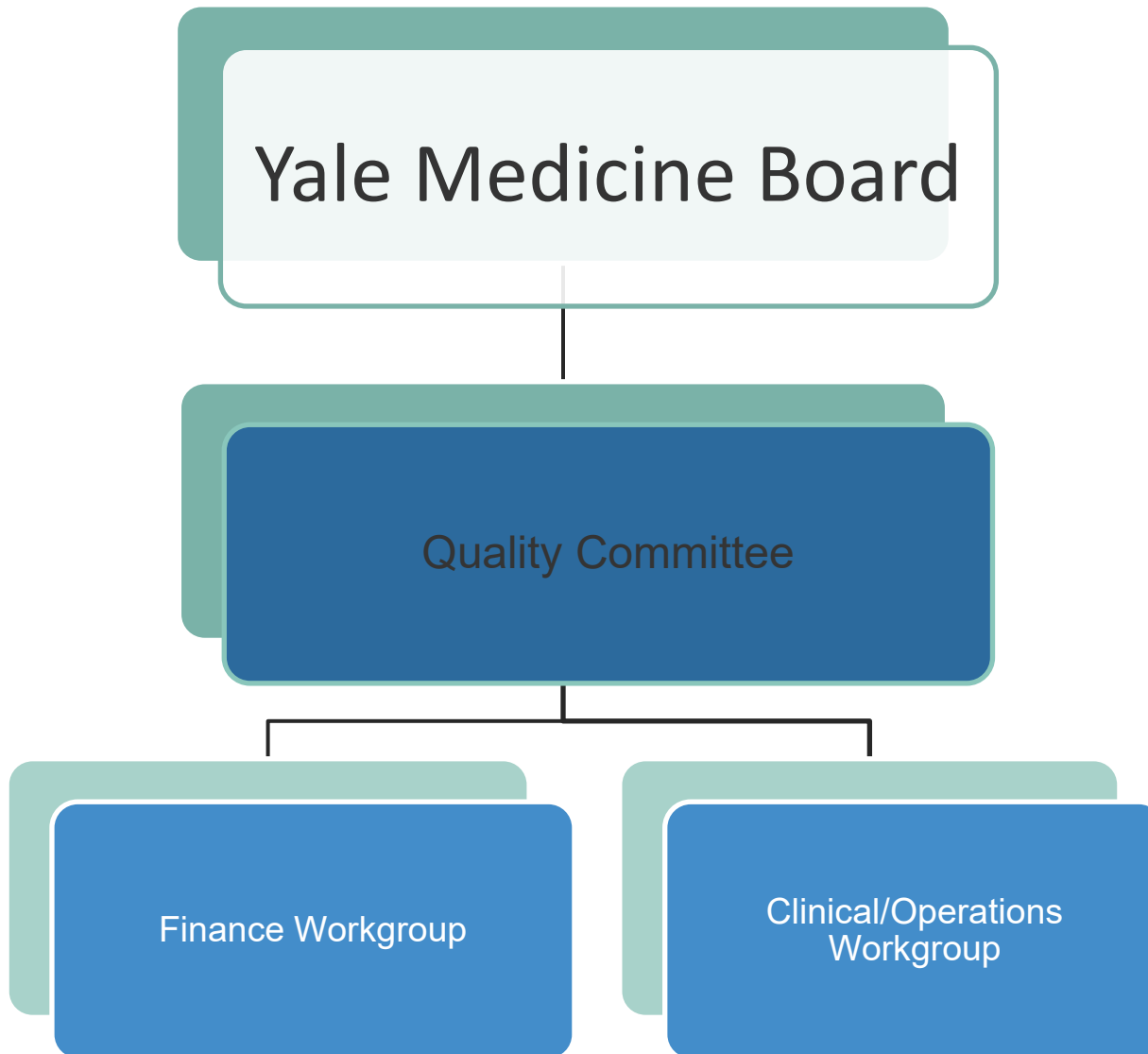
How is your faculty practice preparing for value-based care and population health?

Yale Medicine has created a Population Health Team that is actively engaging Yale Medicine providers in initiatives that aim to improve quality outcomes for specified patient populations, improve coordination between primary care and specialty care, and treat not only physical but also the mental health of patients.

In response to the upcoming shift in fee for service to value based, Yale Medicine's Board approved the creation of the Quality Committee and two workgroups (Finance and Clinical/Operations).

The goal of the groups is to develop an ongoing plans to support and align the various value based care models and population health initiatives.

Yale Medicine Current Support Structure



Current Initiatives

Transforming Clinical Practice Initiative

A service delivery innovation model launched by CMS to assist approximately 140,000 clinicians (primary and specialty care) to move towards value-based care and alternate payment models (APM). We use this initiative to assess readiness for value-based payment, share quality data with our providers, and work with them to create processes that will improve performance.

Primary Care Team Based Care

Yale Medicine is investing in team-based care and behavioral health integration in our primary care clinic, Yale Internal Medicine Associates.

This includes hiring a behavioral health care manager who will be focused on depression evaluation and treatment, care coordinators who will proactively manage the patient population and a social worker who will address social determinants of health

Current Initiatives

Enhanced Referrals and eConsults

Enhanced Referrals are specialty consult order referral templates that allow the primary care physician to relay clinical questions, relevant information and results, and expectations about co-management at the point of referral. These referral templates are developed in collaboration with YM specialists, provide concise decision-support, and include necessary medical testing to obtain prior to referral.

eConsults are electronic communications initiated by a primary care provider and sent to a specialist regarding lower-complexity clinical questions that do not require an in-person evaluation of the patient by the specialist. eConsults include a clear clinical question that a specialist could reasonably address using the content of the eConsult and the information available in the electronic health record.

Do you participate in or own a Clinically Integrated Network (CIN)?

Yale Medicine is part of the Yale New Haven Health System which share one Electronic Health Record System.

Yale Medicine and Yale New Haven Health System are working together to develop enterprise wide protocols and measures, to improve patient care and decrease cost.

How important are these initiatives to the overall strategic direction of the practice?

Very Important!

A Chief Quality Officer has just been hired. The CQO will lead Yale Medicine as well as Yale New Haven Health System.

With this leadership in place we will be able to make Clinically Integrated decisions that will improve our quality and our patient care while decreasing costs.

Does your practice participate in an Accountable Care Organization(s)?

Currently Yale Medicine is not participating in a Accountable Care Organization.

What is your practice's stance on MACRA and other Medicare initiatives in this area?

Yale Medicine is currently participating in MACRA via MIPS.

We submit our MIPS data as a group, which is at the Tax Identification Number level.

We submit our MIPS data via the EHR Direct method.

For 2017, Yale Medicine's final MIPS Score was 100 out of 100 points.

Engagement by faculty/leadership in managing at risk populations

The investment we are making in Yale Internal Medicine Associates, a primary care clinic at Yale Medicine, will promote team-based care and behavioral health integration.

This program will allow us to better manage patients with multiple comorbidities, frequent utilizers of ED and the hospital and patients suffering from mental illness.

Data sets, dashboards and/or metrics used to manage at-risk population(s)

The team-based care and behavioral health integration initiative will be tracking:

Depression screening

Rates of Depression Remission

ED

Hospital utilization

Measures of chronic disease management such as A1c.

Contact Information

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