

Physician-led Virginia Care Partners drives improvement to patient care - Richmond.com: Business

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By TAMMIE SMITH Richmond Times-Dispatch

Most doctors think they are doing a good job taking care of their patients.

“But when you look at the hard numbers in your practice, you really realize that you can do a lot better,” said Dr. John Siedlecki of Family Practice Specialists of Richmond.

Siedlecki is one of about 1,000 physicians participating in Virginia Care Partners (formerly Virginia Quality Care Partners), a quality improvement initiative that requires doctors to open their practices to the scrutiny of other doctors, with the goal of improving care.

Launched in mid 2012, led by physicians and backed financially by HCA Virginia, the initiative has surpassed organizers’ expectations for physician participation.

Primary care doctors and specialists are asked to implement proven best practices for patient care. Measures shared by family practice doctors, for instance, might include how many of their patients over age 50 have been screened for colon cancer or what percent of their diabetic patients have the disorder under control. A lung specialist might focus on measures such as how often asthma patients use rescue versus control medications.

Doctors who see improvements are eligible for financial incentives. The initiative is similar to other quality improvement programs such as Anthem’s Enhanced Personal Health Program that pays primary care doctors more to keep closer tab on patients with complex or multiple medical issues.

One big difference, say creators of Virginia Care Partners, is that it is run by doctors, not insurers.

“Medicine has really undergone a fundamental shift,” said Dr. Georgean deBlois, chief medical officer for Virginia Care Partners, adding that the era of no-costs-barred medical care is gone.

“What we are working on is delivering not only great quality but also with an eye to cost,” deBlois said.

Doctors are barred from banding together and collectively setting prices and negotiating with insurance companies, but Federal Trade Commission rulings allow what’s called “clinical integration” networks among doctors working together to improve patient care and quality.

“Doctors come together to look at costs, raise quality; they do this by having a good (information technology) infrastructure that enables them to examine the data,” deBlois said, explaining the rules to qualify as a clinical integration network.

“If these physicians come together for that reason with those structures in place, then the Federal Trade Commission gives that organization what they call safe harbor, meaning those physicians can negotiate collectively because otherwise ... two physicians groups can’t talk to each other and can’t negotiate if they are independent and separate,” deBlois said.

“Every practice negotiates their own professional fee arrangement,” she explained. “What VCP has done has been to negotiate for an additional quality incentive.”

Virginia Care Partners has four contracts — with HCA Virginia health system and with Optima, Coventry and Cigna health plans. The Cigna arrangement, which started in October, is for two years.

“(VCP) was created to show momentum in care coordination and health improvement, so these physician groups came together to try to coordinate care and to try to improve the health of the community in the population that they serve,” said Julia Huggins, president, Cigna Mid-Atlantic. “In our view, this blends very well to what we are trying to do with our collaborative care arrangements.” Those arrangements, she explained, pay for performance.

Dr. Glenn Giessel, who helped launch the VCP initiative in mid-2012, chairs the board of managers that oversees the group.

“It certainly, in terms of the involvement of physicians, has exceeded our expectations,” said Giessel, a lung specialist at Pulmonary Associates of Richmond.

“When we started we were feeling our way along, so in a sense it was hard to know what to expect,” Giessel said. “I think our doctors see it as a way to work collaboratively to improve care.”

Giessel said some physicians have left the group because they were unwilling to submit their data or they did not have the technology to do so.

The impact of VCP will be improved quality and reduced costs through best practices and also by holding each other accountable, Giessel said.

Virginia Care Partners receives money if the network meets certain quality measures. That money is distributed twice a year to the doctors, he said.

“We have a formula for distributing the money. Most of it is aimed at primary care because they do the majority of the heavy lifting,” Giessel said.

Siedlecki said his practice, which includes five physicians and two nurse practitioners, has instituted some of the best practices and is seeing results. “At first our numbers were not that great,” he said.

“But now we are getting into the upper 90th percentile for all those measures.”