



WHITE PAPER | HEALTHCARE & LIFE SCIENCES | ACROSS PRACTICES

High-Value Primary Care Practices: The Key to Accelerating Success With Value-Based Care

JANUARY 2018



Despite the diversity of interests across the global healthcare industry, there is near-universal consensus on the goal of healthcare transformation: better care and better patient experience at lower cost. Those nine words sum up what we seek — a system that provides better value for all.

With an aging population in many parts of the world and increasing rates of chronic disease, the question has never been more important: How do we provide better outcomes, at lower cost, faster?

While there are many entry points for improvement and many groups working across the globe to improve their piece of the system, we need a concerted, coordinated effort at the most effective point in the system. And that point is primary care.

Recent research by The Peterson Center on Healthcare and the Clinical Excellence Research Center at Stanford Medicine uncovered the characteristics of primary care practices that placed in the top 25% on quality measures and in the lowest 25% for per-patient overall health costs. Not only did these practices meet the quality and cost goals of the triple aim, they also provided a highly satisfying experience for both patients and physicians.¹ In this paper, we will discuss the implications of this research, how partnerships across the healthcare continuum can extend the high-value methodology to other practices and the role that technology can play in helping physician practices make the transition to a high-value primary care.

Primary care and the value equation

In 2013, researchers from The Peterson Center on Healthcare and the clinical Excellence Research Center at Stanford Medicine analyzed quality and cost data on 15,000 primary care practices, looking for the bright spots in the current U.S. healthcare system: the “healthcare providers in communities large and small” who consistently deliver high quality care at lower-than-average cost. These are the high-value primary care practices, those who were able, through their practice methodology, to meet the triple aim of better outcomes and patient experience at lower cost.

In a report titled “America’s Most Valuable Care: Primary Care,” the researchers detailed their findings, identifying 11 practices that provide extraordinary value for their patients and detailing a list of the characteristics that these primary care practices share.

What they found was remarkable. These high-value care practices all placed in the top 25% on quality measures and in the lowest 25% for costs. Overall healthcare costs for patients, adjusted for the severity of illness, including medications, hospitalizations and other care, was much lower — in some cases less than half — than seen in patients cared for by other practices. The group used claims data from commercial health insurers in their analyses, because this allowed them access to the total cost of all care covered under a patient’s health plan. Not only did these practices meet the quality and cost goals of the triple aim, they also provided a highly satisfying experience for both patients and physicians.

For a more personal look at one of the physicians in a high-value practice found by The Peterson Center on Healthcare, follow Nayan Vyas, M.D., of Family Physician Group in Orlando, Florida, as she treats one of her asthma patients.

[Watch Video >](#)

Characteristics of high-value primary care

To understand how these practices achieved their remarkable results, the researchers looked at the characteristics that distinguished these practices and found 10 key attributes that were relevant:

- 1. The practices are “always on.”**
Patients have a sense that the practice is “always on call” and they can reach the care team quickly, whether the practice is open or closed.
- 2. Physicians adhere to quality guidelines and choose tests and treatments wisely.**
Care teams have systems to ensure patients receive evidence-based care and physicians are mindful of benefits, risks and patient preferences when ordering tests and treatments.
- 3. They treat patient complaints as gold.**
Practices actively solicit patient feedback, good and bad, to improve the patient experience.
- 4. They kept some needed tests and procedures in-house, rather than outsourcing.**
Care teams do as many tests and procedures — as can be done safely — in-house, often with guidance from specialists.
- 5. They stay close to their patients, even when referring them to specialists.**
Physicians refer to a select group of specialists they trust to act in their patients’ interests, and stay in close communication as care decisions are made.
- 6. They close the loop with patients.**
Practices actively follow up to ensure that patients are seen rapidly after hospitalizations, adhere to medications and see specialists when needed.
- 7. They maximize the abilities of staff members.**
Support is provided to physicians by a range of staff who are encouraged to perform at the “top of their license.”
- 8. They work in “hived” workstations.**
Open office environments facilitate physician supervision and communication across clinical teams.
- 9. They balance compensation.**
Physicians are not paid solely on volume of services or revenue they individually produce.
- 10. They invest in people.**
Investment in staff is prioritized over space, equipment and technology.

If you would like to learn more about these practices and how they achieve high value for their patients while providing a better working environment for physicians and a more satisfying patient experience, take time to read the entire study. It provides some important insights into team work and making the best use of resources.

For health systems that are paid under capitated or value-based reimbursement models, having primary care practices like these would provide a clear path for success. For publicly financed health systems, such as those across much of Europe, this high-value model of care could greatly reduce costs and provide new resources to expand care. For private health plans, such as those in the U.S., lower costs translate to lower premiums, a critical factor in competitive markets. For areas of the world where public financing or private insurance are scarce, this model could make healthcare more affordable for everyone.

To accelerate high-value care, primary care needs support

For the healthcare system to change, primary care has to change. Yet many primary care physician practices are so burdened by the load they carry that progress is slow and uneven. Small budgets, lack of staff dedicated to transformation and high patient demand impedes progress.

To speed up transformation, primary care practices need help, and hospitals, health systems, health plans (public and private) and researchers all have a role to play in this work.

How technology fits

At NTT DATA Services, much of our work is focused on helping physician practices, hospitals, health systems, health plans and life sciences organizations across the globe integrate technology into their operations in ways that further the triple aim. If you look at the list of characteristics above, you'll notice a focus on staff over technology. We agree with that prioritization, especially in primary care. For technology to enhance care, you need to have the right people in place.

Still, technology has an important role in helping staff members do many of the things that contribute to high-value care:

- Being available when patients need you, with access

to the right information to help them

- Staying in close contact with patients and other caregivers
- Giving patients an easy way to offer feedback and register complaints
- Closing the loop with patients to ensure they are seen soon after hospitalization and follow through on medications, treatments and referrals
- Individualizing care so that those who need intensive help get it

While technology is only one tool in the arsenal of primary care providers, it can assist in making efficient use of practitioner time and aid in the coordination of resources that increase the value of the care being provided. It can also facilitate the identification of patients with unmet needs, and provide insights to appropriate, highly individualized care.

Partners can help provide technology and insights primary care needs

Primary care practices seldom have large budgets, especially for technology. That's where partners in the healthcare system can help, sharing technology, data and insights and making sure that information flows freely to those who need it. By focusing on primary care, health systems can ensure that they use technology in ways that support the needs of these physicians and caregivers. So what, specifically, can these larger partners do to help? Let's look at technology initiatives currently in motion and how these initiatives can be shaped to help primary care.

Population health: Health systems across the globe are adopting analytic technology to help identify patients at risk for chronic disease and intervene early. New sources of data, including socio-economic factors and automated analyses of imaging studies to identify signs of disease, are making these predictive analytics more accurate and more cost effective.

Primary care physicians need access to the results of these analyses in clear, easy-to-digest formats, with specific recommendations for follow up. The information should arrive within the physician's workflow, where he or she can easily take appropriate action. If the format is clunky or requires use of a new system or workflow, chances of action drop dramatically.




For example, we're working with Baystate Health, which serves about 800,000 people in western New England, on a physician-led project in partnership with Enli Health Intelligence. Baystate has created a population health risk identification system that provides data in easy-to-read dashboards that physicians can share with patients. This facilitates shared decision-making and helps patients become more proactive about wellness. The system uses socio-economic data as well as data from electronic health records (EHRs) and insurance claims to identify not only those who are high risk but also those who have rising-risk. These are the patients who are often missed by systems that look only at claims data. Often, issues such as difficulty getting to a primary care facility or a lack of health literacy, family support or money for medications can derail a patient's efforts to stay healthy. Identifying and addressing these challenges can dramatically affect outcomes.

We are also working with Zebra Medical Vision to provide imaging analytics that scan both new and archived images for signs of previously undetected disease. For example, a chest X-ray taken prior to surgery can hold a wealth of information about cardiovascular risk. The cloud-based system uses machine vision to automatically analyze images from any imaging platform. Currently, FDA-registered algorithms exist for detecting lung, cardiac, liver and bone functions, though many others are in development. The results are provided to the imaging facility in easy-to-read reports that can be routed to physicians or care managers for follow-up. An advantage of this system is that it is accurate and allows providers to find additional value in diagnostic images.

Telehealth, remote monitoring and tools to extend the reach of care:

Health systems can also help develop technology that can be easily and cheaply adopted by physician practices that need it. For example, we are working with a major health system to develop a telehealth platform that uses readily available technology. In the pilot stage now, it will eventually allow all physicians in their network to easily provide telehealth to their patients. This will take healthcare to a patient's home, substituting a video conference for an in-person appointment that would be much less convenient for the patient, and increasing the likelihood of the patient keeping the appointment. While telehealth is not appropriate for every patient visit, there are many times that it is a better option, especially for patients with transportation barriers. It's another way of being "always on" for patients.



Care coordination systems (which provide support via telehealth, offering information, coaching and answers to patient questions) whether run directly by a health system or outsourced to vendors, can greatly improve outcomes. NTT DATA works with a number of health plans to provide care coordination for their members. This is an important way that health plans can extend the resources of primary care teams, especially if the care coordination system is tightly integrated with primary care practices. A free flow of information between care coordinators and the primary care practice is crucial. Like population health risk data, information from care coordination systems should be formatted to allow primary care physicians to quickly understand and act on the data.

Cost and outcomes data: Health plans and health systems have access to cost data on tests and treatments primary care physicians order, as well as the tests and treatments ordered by any specialists needed. How many physicians currently have the data on total healthcare costs for their patients? How many even know what other physicians their patients are seeing? Or even what drugs have been prescribed by other physicians? This knowledge would help primary care physicians see the full picture of their patients' care. Health plans and health systems have this data, and they can apply analytics to their existing EHR and claims data to deliver this information to primary care physicians. They also need to know which specialists get good results at lower costs. NTT DATA currently works with a number of health systems and health plans to use analytics to identify the high-value specialty care physicians in their networks — the results of which could be shared with primary care physicians to help them make referrals wisely.

Pharmaceutical and medical device companies also have a role to play in this effort. Many of these companies are exploring value-based contracts with health plans and health systems and are gathering data to help them more precisely target patients for enhanced effectiveness of the therapies they sell. Proactively sharing that data with health plans, health systems and physicians can reduce rates of ineffective care and improve positive outcomes.

Emergency events and acute inpatient stays: Primary care practices need to be immediately alerted when one of their patients is seen in the ER or admitted to the hospital. This would allow the primary care team to follow up with the patient and learn what precipitated the emergency. Does the patient need a medication adjustment? Is there a problem developing that caused a

fall? Is the patient having trouble adhering to medication schedules? These are the kinds of questions that a primary care physician would like to investigate, to head off future crises. They also need to coordinate follow-up care after an acute event, so they need fast access to all relevant information. While some practices make a habit of seeking out this information, not all do. Hospitals should routinely push this data out to primary care practices, through EHR systems or by text, email or fax. The method of transmission should be flexible, based on the needs of the primary care practice, to ensure that the information gets to the right person in the practice.

Our Research and Development team is currently testing several mobile alert applications, including wearable sensors and other remote monitoring devices, in a variety of environments. These applications can be useful for primary care physicians who are helping patients avoid events that lead to costly ER visits and hospitalizations.

Data integration and interoperability: Electronic health records can reduce the friction in the flow of information, but only if data can move freely from one point in the system to another. With a plethora of proprietary EHR platforms, such as found in the U.S., data does not flow freely to those who need it. This is a systemic problem that needs immediate attention. The 21st Century Cures Act, recently passed in the U.S., includes a directive to the Department of Health and Human Services to create clear standards for interoperability. That work should lead to greater interoperability between EHR platforms as well as smoothing the flow of data between health systems, health plans and other organizations such as public health registries. But it doesn't solve the immediate need for easier data exchange between health systems and primary care physicians.

While that work progresses, health systems can approach this problem as an enterprise-wide initiative to help primary care practices easily access all data about their patients, including results of tests, imaging studies and unstructured data of all kinds. NTT DATA has developed a cloud-based vendor-neutral platform for storing and integrating data which allows easy integration of images with EHR systems. We also work with a number of health systems to integrate, rationalize, standardize and optimize their clinical systems and make data more accessible across proprietary EHR systems. We've helped health systems transition to a single, system-wide EHR solution, while other clients have used a robust integration platform that provides interoperability across their existing clinical software investments.

Patient engagement: An important part of providing high-value care is intimate knowledge of the patients in the practice. Customer relationship management systems (CRMs) can help keep track of all the patient information that isn't clinical in nature but is critical to better health outcomes. This could include information about a patient's family or support relationships, transportation barriers and other factors that affect their ability to stay healthy. Electronic systems to track this information can help primary care practices manage the patient relationship more effectively. These systems can also be useful in tracking relationships with other physicians and with hospitals, to ensure seamless transitions from one physician to another or from outpatient care to inpatient care and vice versa.

Also, hospitals and health systems are increasingly using mobile apps and other tools to engage patients wherever they are. These tools could help primary care physicians provide more access to accurate health information and self-care instructions.

Health systems and health plans are also engaging social media listening and other types of sentiment analysis to better understand patients and their needs. Sharing this data with primary care physicians, especially insights that are actionable, could be valuable to both physicians and patients.

They participate in social media conversations, helping to validate and spread accurate health information and counter misinformation. With the reports, Spectrum's physicians can anticipate patient questions and provide accurate information when a health topic spikes in the community social conversations.

Investing in a robust primary care network

The U.S. is experiencing a shortage of primary care physicians, while the number of specialists continues to grow. High-value primary care may be a path toward solving this shortage. As noted in the Stanford/Peterson study, physicians in high-value team-based practices enjoyed a higher quality of work life and were well-compensated, at least in comparison with other primary care physicians.

Also, as health plans have begun negotiating value-based contracts with physicians, primary care physician income has increased, rising to about \$200,000–\$330,000, depending on where the physicians practice. That's nearly 10% more than in 2012, compared to the 3% growth rate of specialists.² But specialists still earn far more than the family physicians and internists who make up primary care practices.





Health plans can push this trend further, increasing value-based contracting and increasing support for high-value practices. As incomes for primary care physicians rise, and as team-based practices improve the work life of primary care physicians, more of the best and brightest medical students will choose family practice and internal medicine residencies. With medical school student debt averaging well into six figures for most graduates, higher income is critical to increasing the number of primary care physicians.

Health plans can further nurture high-value primary care by steering their members toward the practices in their networks that provide the highest value. In the U.S., most patients choose their own physicians, though they are often limited to a list of those who participate in their health plans. These choices are often random and have little to do with the quality or cost of care, because consumers do not have access to relevant data. Health plans can make this data available to their members to guide these choices, giving primary care practices an incentive to adopt a high-value practice model.

Health systems and health plans can also directly support those physicians who take on the task of transformation. This could include providing opportunities to learn about the high-value model through continuing medical education, such as the workshops and collaborative groups sponsored by the Institute for Healthcare Improvement and the High Value Healthcare Collaborative; paying consultants to advise physicians on transformation; and financial incentives to help defray the costs of transition. Bonuses for physicians who deliver care that meets quality and cost benchmarks can also speed transformation.

It's a good investment for health plans. Aetna and WellPoint have used higher pay for primary care, combined with targeted support and standards of care (such as 24-hour patient access to care), and are beginning to see a return on that money in the form of fewer ER visits, hospitalizations and reduced use of specialists.

Conclusion

Moving the world healthcare system toward high-value care will not be easy, but a focus on creating more primary care practices that use a high-value model is the fastest way to get there. This initiative will require much closer collaboration between all stakeholders in the healthcare delivery chain. We really are all in this together. Our ability to meet the triple aim relies on all partners in the healthcare system working together to make primary care more effective and cost efficient. Doing so will help ensure each partner's success as well as the success of the people they serve across the globe.

About the authors

[Karen Way](#)

Analytics Practice Lead, Health Plan Innovation and Consulting

[Frank Negro](#)

Global Practice Leader, Healthcare Strategic Consulting and Interoperability

[Karen Branz](#)

Marketing Senior Advisor, Healthcare Content

References

¹ America's Most Valuable Care: Primary Care," <https://med.stanford.edu/content/dam/sm/cerc/documents/2014-1203FINALMostValuableCare-PrimaryCareOverview.pdf>

² Doctors here make \$472,000, by Jeanne Sahadi, [CNN Money](http://money.cnn.com/2016/01/27/pf/jobs/doctors-pay/)
<http://money.cnn.com/2016/01/27/pf/jobs/doctors-pay/>

Visit nttdataservices.com to learn more.

NTT DATA Services partners with clients to navigate and simplify the modern complexities of business and technology, delivering the insights, solutions and outcomes that matter most. As a division of NTT DATA Corporation, a top 10 global IT services and consulting provider, we wrap deep industry expertise around a comprehensive portfolio of infrastructure, applications and business process services.

NTT DATA