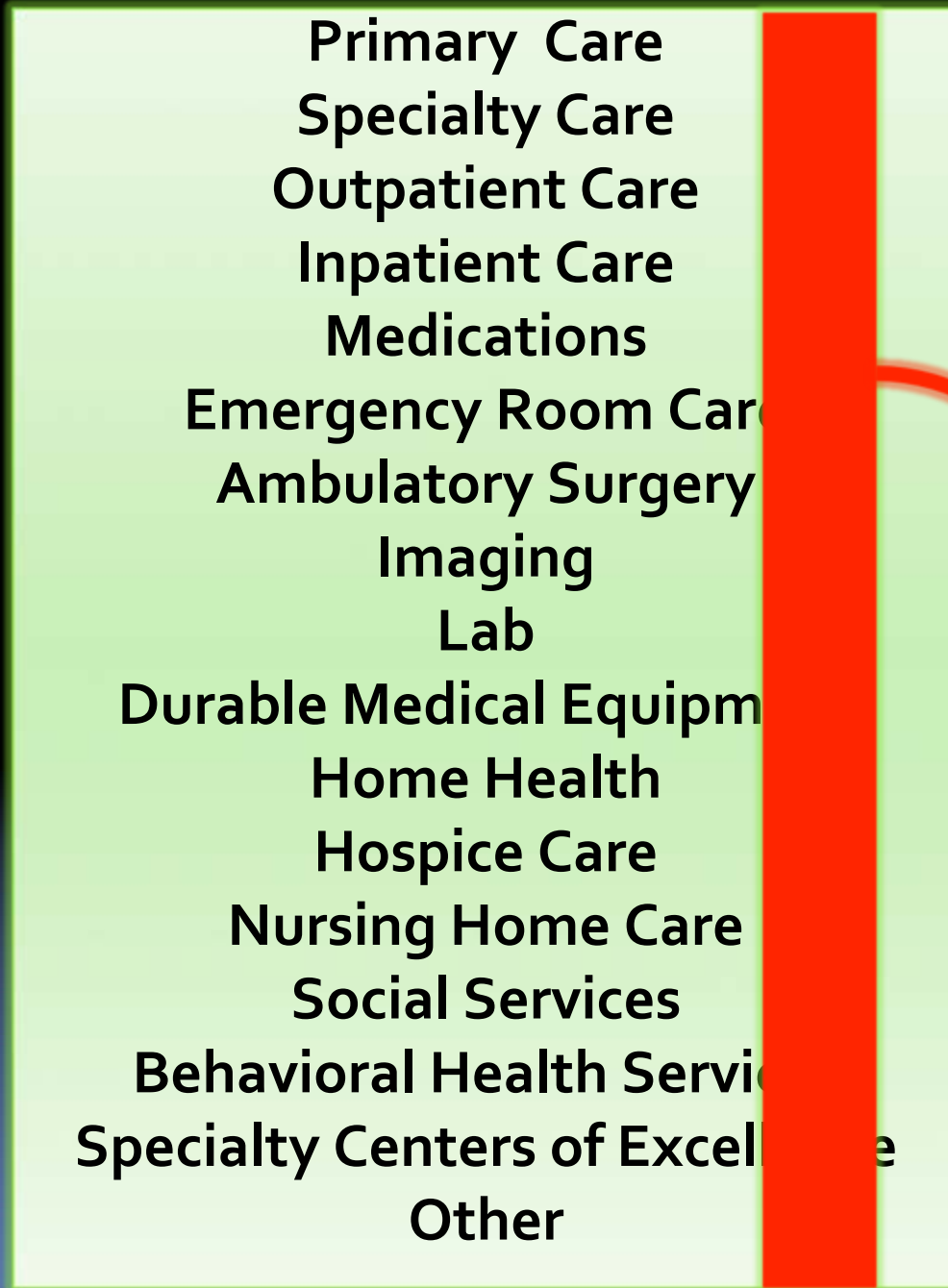


Specialty Clinical Service Lines

John I Allen, MD, MBA

Minnesota Gastroenterology
American Gastroenterological Association
ICSI

Accountable Care Organization

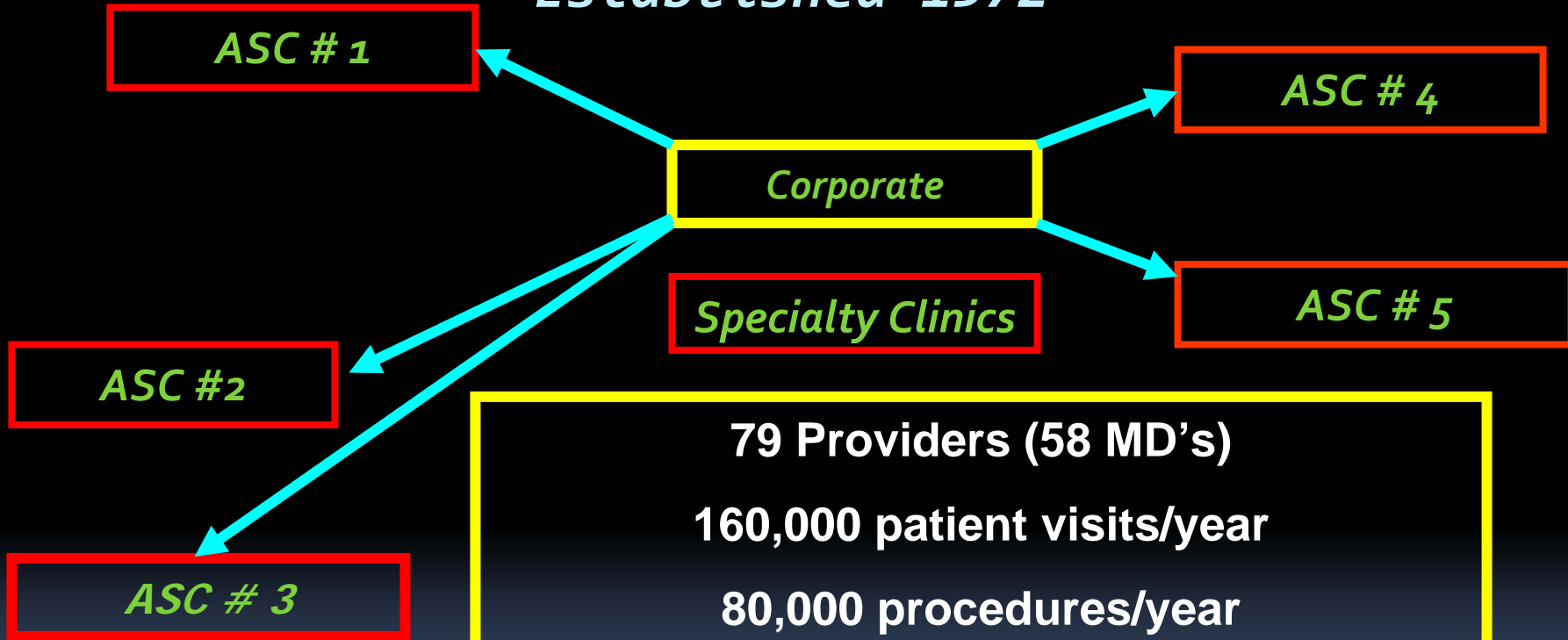


**Specialty
Service
Line**

Minnesota Gastroenterology

PA and LLC's

Established 1972



79 Providers (58 MD's)

160,000 patient visits/year

80,000 procedures/year

Infusion centers, Pathology

Fully integrated EMR (2004)

Centers of Subspecialty Care

Consolidated, Protocol-Driven Business

Minnesota GI Infrastructure

- Partner commitment to accountability
 - Transparent practice
 - P4P – production + quality
 - Public Reporting of measures
 - Clinical Practice Protocols
 - Consistent management
- Governance
 - Employee by Day – Owner by Night
 - Peer Review Process
 - Learning from errors or poor outcomes

Minnesota GI Clinical Infrastructure

- Centers of Excellence
 - All partners capable of initial evaluation and management
 - Rapid Referral for complex management
 - Liver disease
 - Inflammatory Bowel Disease
 - Esophageal Disease
 - Motility Disorders
 - Life Coach and Nutrition

Electronic Medical Record

- Single database for practice management, endoscopy and clinic
- Embedded production, financial and quality measures
- Routine generation of production dashboard and outcome measures
- Integrates all aspects of gastroenterology
 - Endoscopy
 - Cognitive
 - Pathology

Advantages of “Depth”

- Reduction in un-needed testing
- Patients less likely to seek outside referrals or management
 - ACO's are open (unlike traditional HMO)
- Development of clinical algorithms across care spectrums
- Financial tracking

Example - Reflux

- 36% of Americans have acid reflux
 - 60% respond to simple measures
 - Primary Care algorithms
 - 20% respond to intensive therapy
 - Single referral to specialist
 - Typically these patients have “medication bounce”
 - 20% need Endoscopy and further evaluation
 - pH studies
 - High resolution manometry

Patients with difficult to manage problems get over-treated, over-evaluated and seek care elsewhere

GI Clinical Service Line for an ACO

IBD

- *Steroid-Free Remission*
- *Lab monitoring*
- *Infection surveillance*
- *CRC surveillance*
- *Preventive Care*

CRC Prevention

- *Appropriate Indication*
- *Adenoma Find Rate*
- *Complication rate*
- *Appropriate Surveillance*
- *Resource use for Episode*

System Integration Performance Measures

EMR

- *Meaningful Use*
- *Interface*
 - *Regionally*
 - *Registry*

Management of
Clinical Service
Lines

Cost of GI Care

Centers of
Excellence

- IBD
- Liver
- Esophagus
- Obesity

Specialty “Carve Out”

- Contract with ACO for defined accountability
 - Determine scope
 - Separate Performance from Insurance Risk
- Develop Primary Care (ED) algorithms
 - Abdominal Pain
 - GERD
 - GI bleeding
 - Irritable Bowel Syndrome
- eConsults
- Post-Hospital Visits

Specialty Carve Out

- Price major components
 - Colon Cancer Prevention
 - Would consider assuming partial financial risk
- System Performance Measures
- Clinical Performance Measures
- Periodic Review of Results

Barriers and Pitfalls

- Requirement for employment
- Requirement to use a specific EMR
- Legal barriers to directed referral
- Infrastructure to share savings
- Transition from FFS to episode payments
- Commitment to partner
- Definition of compensation model
 - Incentives
 - With-holds

Accountable Care Organization

Primary Care
Specialty Care
Outpatient Care
Inpatient Care
Medications
Emergency Room Care
Ambulatory Surgery
Imaging
Lab
Durable Medical Equipment
Home Health
Hospice Care
Nursing Home Care
Social Services
Behavioral Health Services
Specialty Centers of Excellence
Other



**Specialty
Service
Line**