

# WellMed, Inc. A Primary Care Accountable Care Organization

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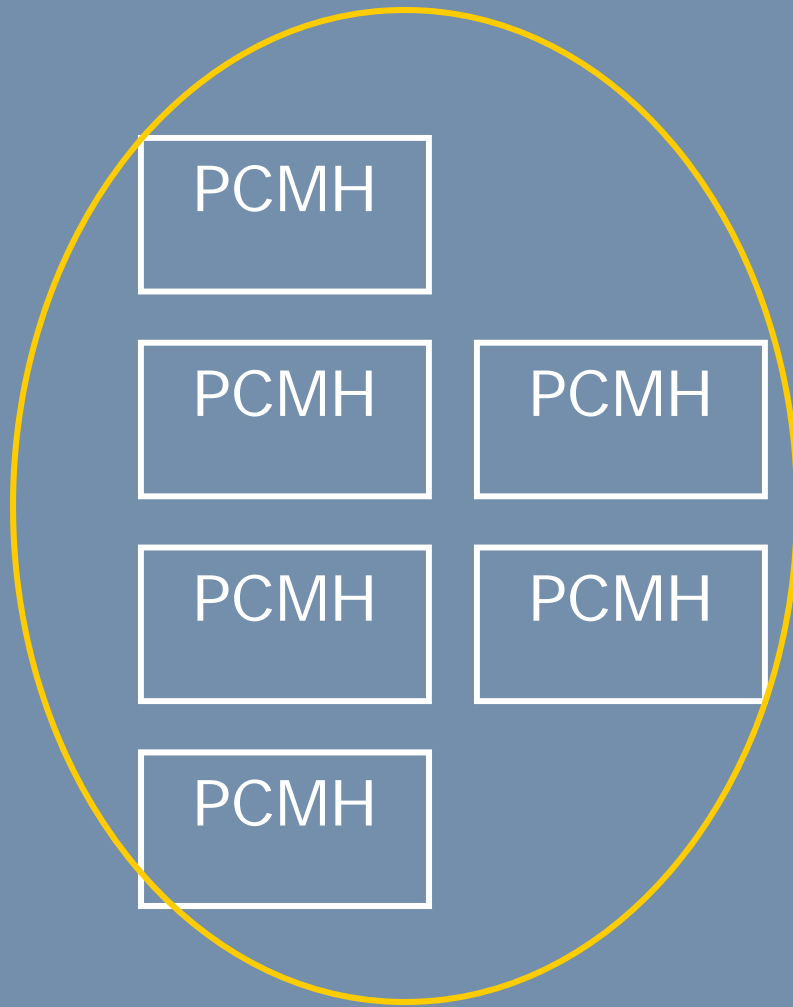
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# Study funded by the US Agency for Healthcare Research and Quality

- Graham Center and the Distributed Ambulatory Research in Therapeutics Network 18 month qualitative and quantitative study of
  - How they got there—vision, process, failures
  - Culture—how sustain constant experimentation
  - Outcomes—financial, quality, satisfaction

(Task order HHS A290200710008)

# Accountable Care Organization

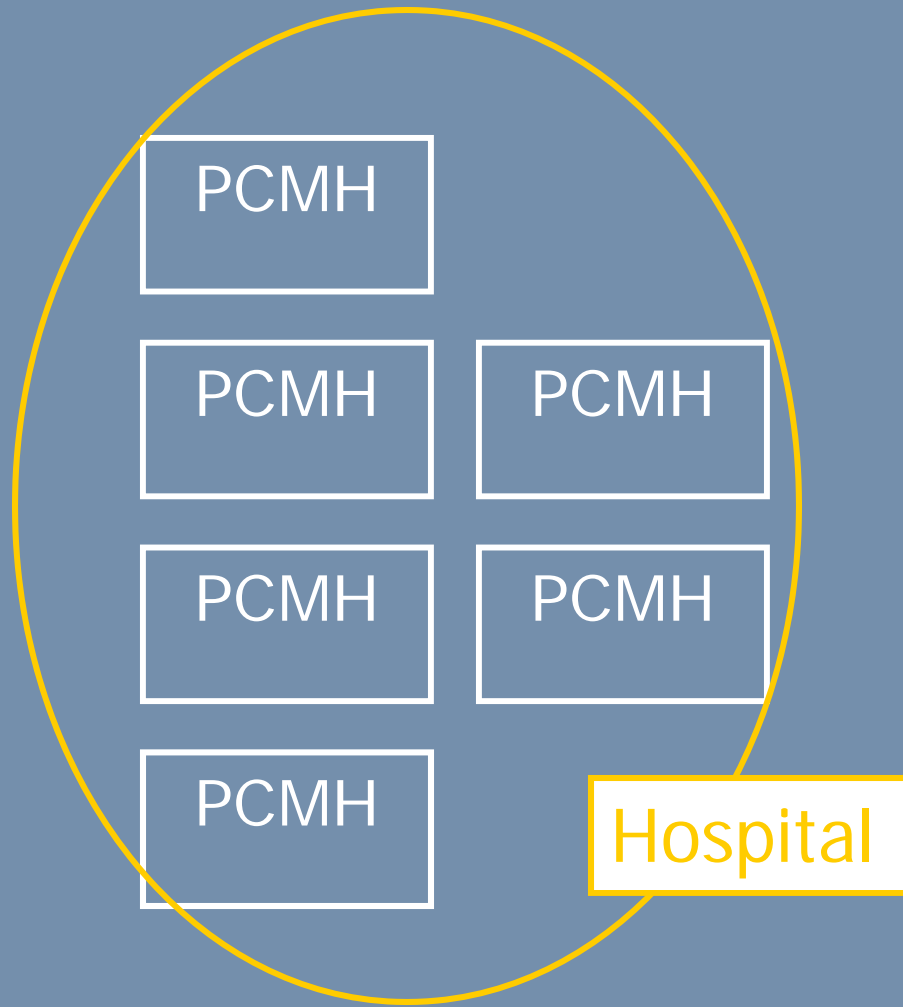


- group of providers responsible for the health care of a group of people
- alignment of incentives and accountability of providers across the continuum of care



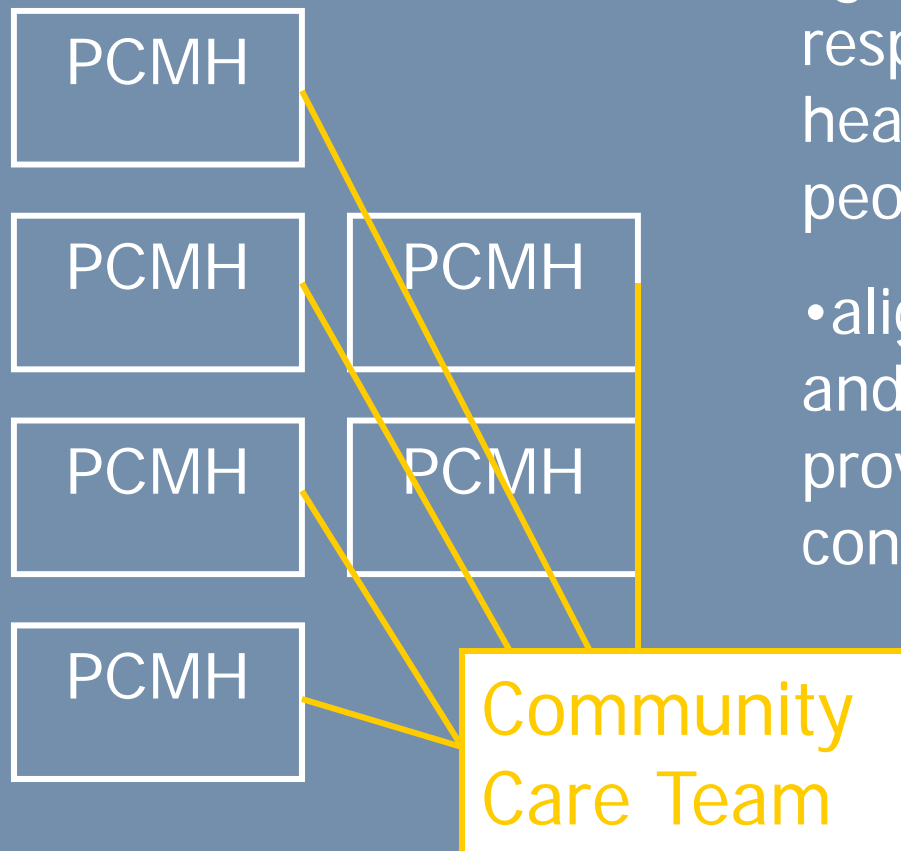
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# Accountable Care Organization



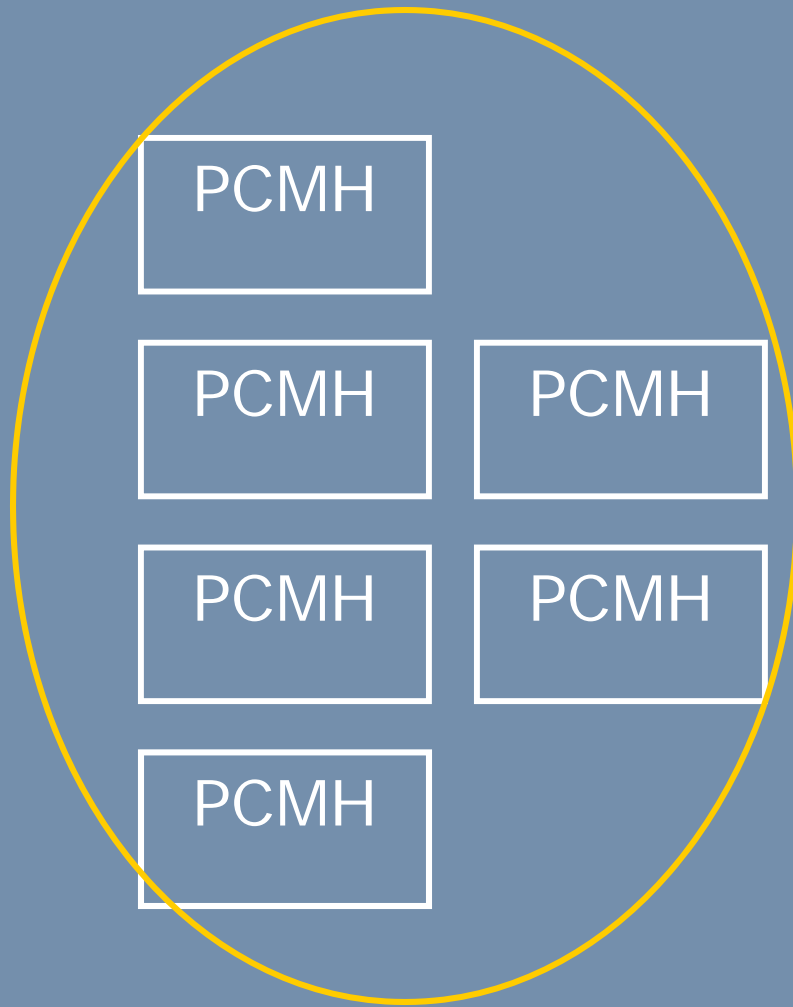
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# Accountable Care Organization



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# Accountable Care Organization



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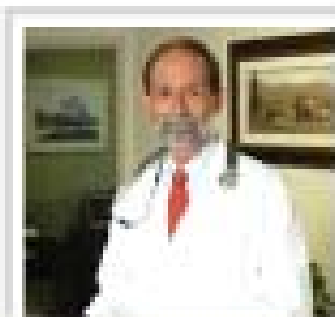
Changing the face of healthcare delivery for seniors.



### Welcome to WellMed.

Beyond Regular Medical Care. Innovators in Senior Healthcare.

WellMed Medical Group is, first and foremost, a highly-qualified group of more than 60 Board Certified Family Practice and Internal Medicine physicians who specialize in senior healthcare. Since our inception in 1990, we have grown to become the largest physician-owned medical practice management company in South



### Care and Service Plan:



CLICK A LINK ABOVE FOR MORE INFORMATION

WellMed Information:



## At A Glance

<b>Chairman and CEO:</b>	George M. Rapiere III, M.D.
<b>WellMed clinics:</b> <i>(Primary care)</i>	24 in Texas; 4 in Florida Treasure Coast region
<b>In-take transition centers:</b> <i>(Healthcare assessment)</i>	2 in Texas (San Antonio and Corpus Christi)
<b>Medicare Advantage Plan markets:</b> <i>(Health plan options for Medicare beneficiaries)</i>	Texas – Austin, Corpus Christi, El Paso, Harlingen Arkansas – Little Rock New Mexico – Las Cruces Florida – Fort Lauderdale
<b>Affiliated Physicians' Offices:</b> <i>(Medical management services for patients on select MA plans)</i>	More than 100 in Texas and Florida
<b>Targeted patients:</b>	Medicare-eligible senior citizens
<b>Employees:</b>	1,200+ <i>(more than half support clinic operations)</i>
<b>Patients and insured members:</b>	83,000+
<b>2008 Revenues:</b>	\$560.6 million
<b>2008 Assets:</b>	\$223 million

# Practice setting

- Lots of space
  - In primary care trend is downsizing footprint
  - Big community space for exercise classes, computer classes, nutrition/cooking classes
- Podiatry, Rheumatology, Dermatology rotate through
- Free orthopedic shoes fitted onsite



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# Teams

- Med Assistants do most data entry
- Health Coaches
  - Call patients next day to reinforce care plan
  - Meet with patients (clinic, home, phone) to do behavior change, mental health, care plan
- Disease Mgmt program for COPD, DM, CHF, CAD—manage most fragile, high cost patients intensely



# Teams

- Inpatient
  - Their own case managers and hospitalists (their culture, their plan)
  - Interventions for specific conditions—national award for model Knee Replacement protocol
- Nursing home team led by NPs for 26 nursing homes (4 core)



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# Teams

- Very low turnover compared to market
- Grow their own—Medical Assistants trained and mentored into higher roles
- Starting an MA school
  - cut usual cost in half (more diversity)
  - Train to their model
  - Practicum in their clinics, take best on staff
- 2 week orientation for new physicians + pairing with best clinicians for shadowing and mentoring



# DataRap

## All the Dollars & All the Data!

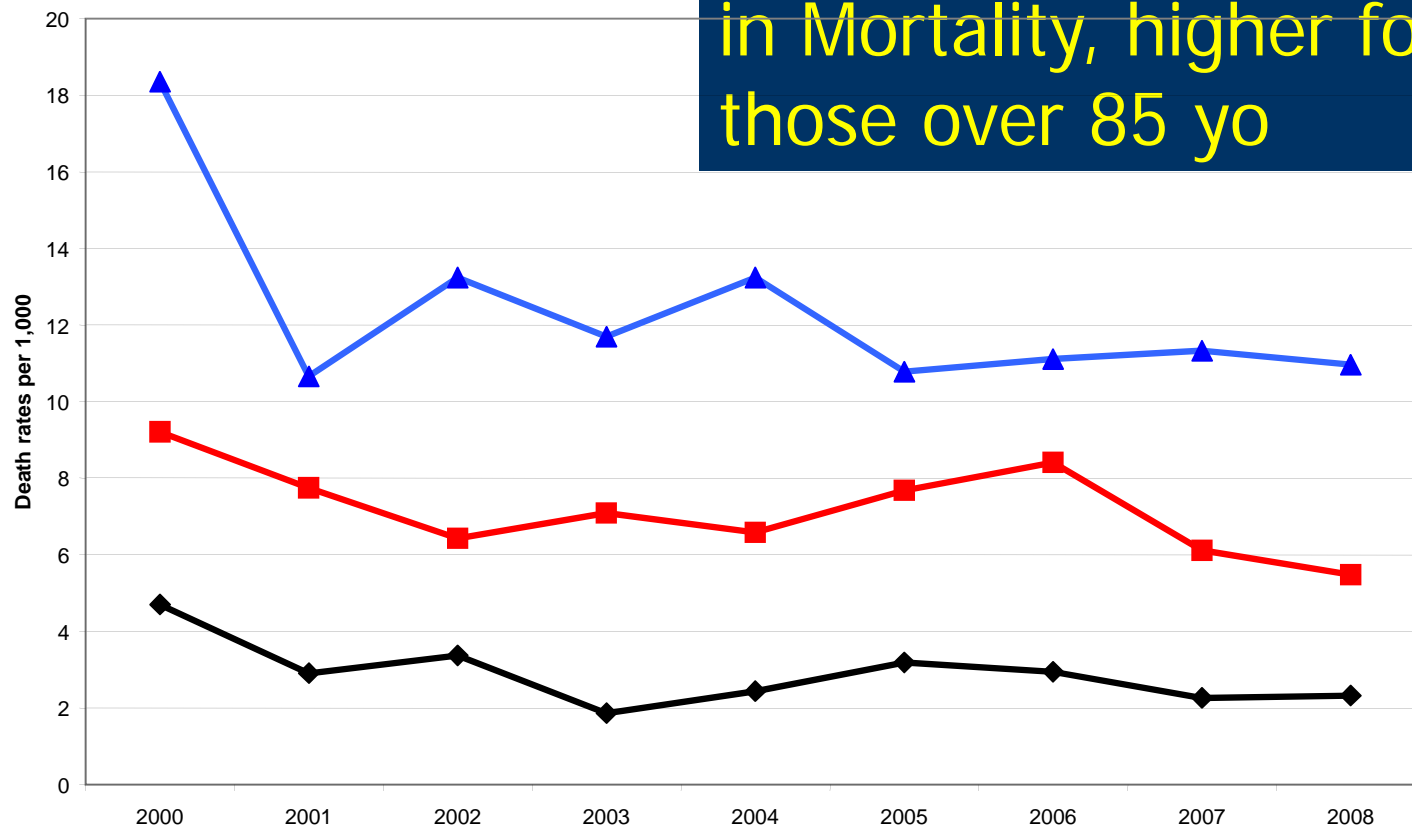
- Data for all patients, all settings, all care
- Very innovative population data array
  - Used to monitor quality
  - Identify, develop, evaluate interventions
  - Identify outliers; not keeping appointments, not filling prescriptions, increased utilization
- Team bonuses based on quality improvement

# Personal Medical Record To Go



# Outcomes: Age Specific Mortality

38% Relative Reduction  
in Mortality, higher for  
those over 85 yo



◆ 65-74    ■ 75-84    ▲ 85+

	<b>2000</b>	<b>2001</b>	<b>2007</b>	<b>2008</b>
DM patients with A1C <=7	81	84	93	93
DM patients with LDL <=100	51	56	78	95
IHD patients with LDL <=100	48	56	75	93
HBP patients with BP<140/90		67	90	

# What's next

- Completing Qualitative Study
- Completing matched cohort study (costs/outcomes of similar Medicare beneficiaries)
- Starting financial sustainability review



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