



ChenMed: Patient-Centered Care for Medicare Advantage Patients

Better Medicare Alliance
Spotlight on Innovation

BY BETTER MEDICARE ALLIANCE
DECEMBER 2017

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“I’ve never had care like this...ChenMed is like my family, and I love everybody here,” said Marilyn, a ChenMed patient. Marilyn is diabetic. With the help of ChenMed, she lost 86 pounds, and her diabetes is under control. In her health journey with ChenMed over the past eight years, she has received nutrition counseling from her primary care physician and a nutritionist. ChenMed also provided Marilyn with educational materials - such as the 7-day Chen Cleanse, which is designed to reduce cholesterol levels, balance blood sugar levels, and help her lose weight. Now Marilyn is teaching her 9-year-old granddaughter the healthy choices she has learned from ChenMed. “They empower us with the tools to empower ourselves.”



Marilyn, Joe, and their mother are ChenMed patients .

Featured in Image: Juana Sofia Recabarren-Velarde, MD, ChenMed, Maina Gatonye, MD, ChenMed, Dr. Jason Barker, Market President, South Florida, ChenMed, Allyson Y. Schwartz, President and CEO of Better Medicare Alliance

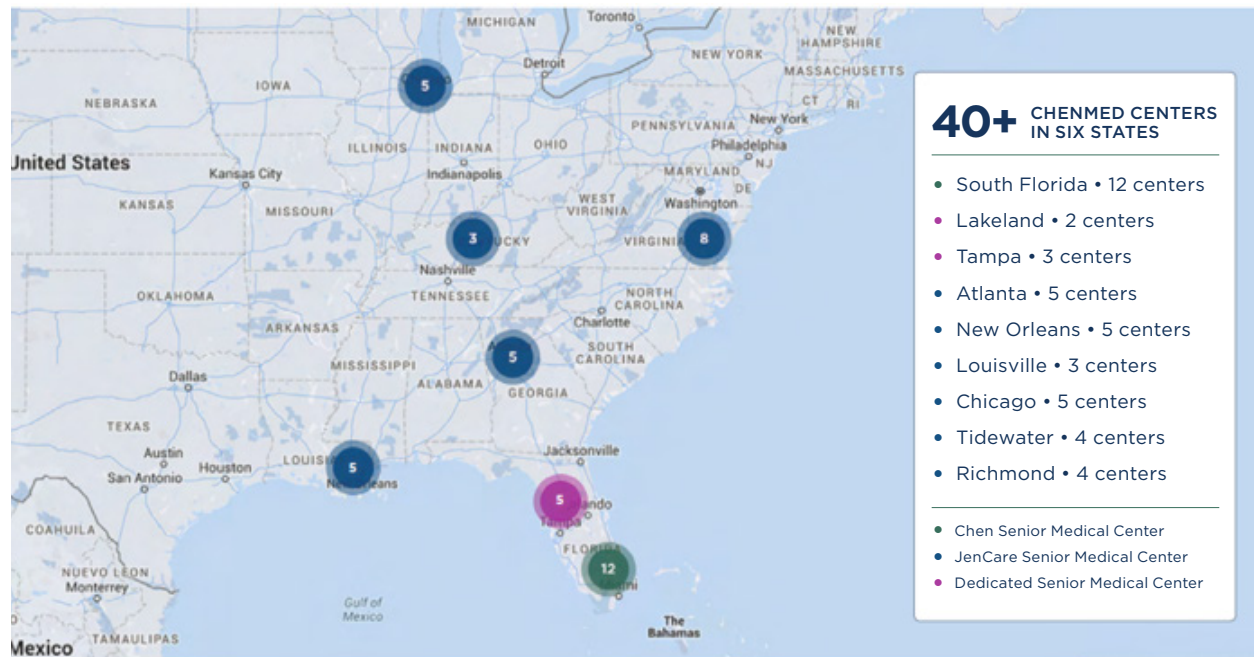
Marilyn’s brother, Joe, was living in Georgia several years ago and got sick. His sister urged him to move closer to family in Florida and become a patient at ChenMed. Soon after Joe returned, he found out he had cancer and had to have a kidney removed.

He is also managing diabetes and recently had knee surgery. Joe is working closely with his primary care physician and the total care team at ChenMed to get his chronic conditions under control and quit smoking as he recovers from surgeries. He said he values the providers at ChenMed because, “They never talk down to you. They always talk to you.”

The Patient-Centered ChenMed Model

ChenMed is a physician-led, integrated care medical center that delivers high-quality health care for seniors who are Medicare Advantage beneficiaries. The ChenMed model provides patient-centered care by elevating primary care to increase access to services, enhance care coordination, and address social determinants of health. The model leverages technology to deliver care more efficiently, improve access to medication, and access to care in the home.

ChenMed, which has been a provider for seniors in Miami for decades, expanded its mission in 2010. Today, the company remains focused on transforming care for the neediest populations. ChenMed currently operates more than 40 practices in Florida, Georgia, Illinois, Kentucky, Louisiana, and Virginia. About 30 percent of its patients are dually eligible for Medicare and Medicaid, with monthly incomes below \$1,025.¹



The core of the ChenMed philosophy is compassion. By aligning medical and family values, each staff member understands he or she will someday be a patient. The ChenMed philosophy says, “We treat our patients with the same compassion and respect that we would want for ourselves during our time of greatest need. We also realize that an entire family can be affected when a patient is ill, so we consider their peace of mind to be just as important as the health and well-being of the patient.” The capitated (per member per month) payment framework in Medicare Advantage provides the freedom and flexibility for ChenMed to take patient-centered care to a new level.

The ChenMed Story

In 2003, Dr. James Chen, an internist with over two decades of experience in health care, was diagnosed with an untreatable form of cancer and told he had roughly two months to live. In the months that followed, his family of health care professionals worked with six specialists to treat his condition. Over time, the family realized the specialists were not talking to each other, leading to a lack of care coordination and delays in access to the right care. His eldest son, Dr. Chris Chen, called a well-known specialist to ask for another opinion about his father’s diagnosis. On a Saturday morning, the specialist conducted additional tests and found Dr. James Chen’s condition was misdiagnosed and was in fact a treatable cancer.



Gordon Chen, MD, Chief Medical Officer, ChenMed

During his recovery, Dr. James Chen thought about his recent patient experience and considered ways to improve the services provided to his own patients, and others caught in a system of care that too often lacks patient-centered, coordinated care. He drew on his personal and professional experience to enhance ChenMed as a value-based care provider. He focused on leveraging Medicare Advantage to increase access to care, coordinate care, and implement innovative technologies, described in greater detail below, to change how older adults are treated in the health care system. Dr. James Chen's wife, Mary Chen, called the cancer scare a "wake-up call." She said the experience motivated her family to help people navigate the health care system. Another son, Dr. Gordon Chen, said the experience inspired his family to change health care so seniors would not face similar challenges.

Medicare Advantage Enables the ChenMed Model

ChenMed partners with insurers to ensure high-quality care and adequate resources are available to attend to the social determinants of health impacting patients' health care needs. Through innovative payment arrangements with Medicare Advantage plans, ChenMed takes on 100 percent of the financial risk through value-based contracts.² The payment is adjusted based on each patient's health status. ChenMed believes capitation provides the freedom and focus needed to effectively care for patients. The goal at ChenMed is to provide patients with more healthy days at home.

In Fee-For-Service (FFS) Medicare, providers get reimbursed per visit, procedure, and episode of care. In contrast, the prospective, capitated payment ChenMed receives provides practices with the financial incentive and flexibility to keep patients out of the hospital and target care to high-need patients. ChenMed is focused on redesigning systems to ensure the appropriate care is incentivized. ChenMed works with Medicare Advantage plans to deliver high-value care, high-quality care through the Star Ratings System, and better outcomes. The capitated Medicare Advantage financial framework incentivizes the most appropriate care in the most appropriate setting to achieve each patient's health goals.³

The payment structure in Medicare Advantage enables ChenMed to obtain adequate resources to manage patients' chronic conditions. ChenMed prefers the capitated payment structure, because it enables investments in data-driven risk stratification, expanded access to care, and social supports that foster innovation and quality. ChenMed strives to deliver the care that achieves the best outcomes for each patient, rather than billing per procedure. More comprehensive care is delivered to seniors by providing ready access to primary care physicians, including walk-in appointments for patients when needed. The ChenMed in-center care team also includes specialist doctors (e.g., cardiologists, podiatrists, endocrinologists, oncologists, etc.), as well as on-site medication dispensary, acupuncture, ultrasound, and digital x-ray services under one roof.⁴

ChenMed Elevates Primary Care to Provide Patient-Centered Care

Medicare beneficiaries with four or more chronic conditions accounted for 76 percent of spending in 2015.⁵ Because patients with four or more chronic conditions drive most Medicare spending, ChenMed's delivery model focuses on increasing access to preventive care, coordinated care, and addressing social determinants of health for patients with multiple chronic conditions. ChenMed is focused on winning at the primary care level by delivering high-value, patient-centered care in the most appropriate care setting.

INCREASED ACCESS TO CARE

ChenMed delivers concierge medicine, which typically refers to physicians who see a small number of patients. Patients in a concierge model generally pay physicians a set amount (in addition to insurance coverage) to be personally available over a period of time. ChenMed applies this concept of concierge care without concierge-type fees to improve health outcomes and lower costs for high-cost, high-need beneficiaries in Medicare Advantage.

Patients often visit ChenMed so frequently their providers feel like family members. Approximately 30 percent of patients come to ChenMed alone, because they don't have family members or caregivers. A long history with patients, training in chronic disease management, and motivational interviewing techniques enable clinicians to work on behavior changes to better manage chronic conditions – such as diabetes, depression, and cardiovascular disease – common among ChenMed patients.

ChenMed maintains a strong physician culture that values education and accountability. The culture is designed to encourage humble healers who take responsibility for the health of patients. Practices focus on high-touch care to address patients' needs. To do this, ChenMed makes preventive care as easy as possible to access. For example, patients can benefit from ChenMed transportation to and from ChenMed facilities. Additionally, ChenMed offers weekday walk-in hours for patients with more urgent concerns. These initiatives make it easier for patients to see a doctor. The average ChenMed patient sees a doctor 13.3 times a year, far more frequently than the national average.⁶ According to a Medical Expenditure Panel Survey from 2009 to 2011, high-need patients visited the doctor on average 9.6 times a year.⁷

The average ChenMed patient sees their doctor 13.3 times a year, the national average for high-need patients is 9.6 visits per year.

The ChenMed model emphasizes access by increasing the quantity and quality of patient visits. A typical ChenMed physician maintains a panel of approximately 450 patients, while the average primary care physician in America maintains a panel size of up to 2,300 patients.⁸ Smaller patient panels enable ChenMed physicians to see 18 patients a day. Fewer appointments mean ChenMed physicians can spend an average of twice as much time per visit with each patient.⁹ A ChenMed patient has 189 minutes of FaceTime with his or her doctor over the course of a year, nine-times longer than the national average of 21 minutes a year.¹⁰ High-risk patients often see a ChenMed provider once a month, and more often if necessary to optimize care. ChenMed patients are more likely to visit with their primary care physician first, who serves as a quarterback for their total care.

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CARE COORDINATION

Collaborative care teams encourage a high level of interaction between patients and providers. ChenMed utilizes the expertise of three types of care managers - care coordinators who work with providers outside of the practice; care facilitators who work with patients; and care promoters, who are Medical Assistants or Licensed Practical Nurses, who work with ChenMed clinicians on treatment adherence. ChenMed transitional care teams and hospitalists also monitor patients in the hospital to help seniors recover as effectively as possible.

ChenMed care team members receive on-going training in strategies and tactics to effectively care for patients living with multiple chronic conditions. Primary care physicians lead daily care team meetings to prepare for patient appointments the following day. Physicians also conduct meetings each week to discuss complex patients, patients in the hospital, and interventions for high risk patients that may prevent avoidable hospitalizations. Whenever patients need extra attention, they are included in super huddle discussion, as well as presented in the weekly doctors meeting. One of the first patients discussed in a ChenMed super huddle had chronic ulcers for more than eight months, leading to repeated visits to the ER. ChenMed tasked a care coordinator and a social worker with delivering home care. In addition, the patient's primary care physician saw him weekly until the ulcers were under control and the need to go to the ER was resolved.

ChenMed practices are designed to facilitate care coordination. The waiting rooms look like hotel lobbies, with coffee, healthy snacks, and televisions to welcome seniors. The clinical care area is a hub of patient rooms surrounding a central work station, mimicking the open-floor layout of a hospital. Work stations are situated far enough from patient rooms to give physicians and specialists the privacy to collaborate and gain consensus on treatment recommendations. Physicians' offices are open cubicles on the same floor, which further facilitates accessibility and interaction.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

There is a growing body of evidence that suggests addressing social determinants of health can improve outcomes, particularly for low-income beneficiaries in Medicare. A study by the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation found beneficiaries with social risk factors had poorer outcomes on quality measures.¹¹ In July 2017, the National Quality Forum (NQF) endorsed 17 measures associated with social risk factors found to influence health outcomes, which include family experience with care coordination and community services. NQF is continuing to analyze measures that adjust payment policy to account for social risk factors.¹²



Vanessa, ChenMed patient

At the Hallandale Beach ChenMed, Vanessa attends workout classes Monday, Wednesday, and Friday. She said her providers at ChenMed have taught her about the importance of eating healthier, drinking more water, and improving her strength to boost energy. As a retiree, she values the social aspect of seeing her friends, celebrating birthdays, and connecting with her clinicians. Vanessa said, "I just love it - when I see the doctor I give her a hug and a kiss." Since discovering ChenMed, she has never felt the need to go anywhere else. She trusts her doctor.

At ChenMed, there is an acknowledgment that at least 60 percent of a person's health is based on social determinants. Yet, addressing social determinants is not taught in medical school, so ChenMed focuses on providing staff with education and tools to address social and economic barriers to health care. They've found a critical component of addressing social determinants of health is gaining patients' trust. In addition to the ongoing contact with the clinical team, ChenMed engages beneficiaries through programs like cooking classes to improve diet, on-site exercise classes like Silver Sneakers and Tai Chi to improve strength and balance, and door-to-doctor transportation to ensure access to care. ChenMed also leverages expertise in the community by working with organizations like Meals on Wheels and The Salvation Army to address food insecurity among seniors.

The ChenMed model is designed to ensure patients do not fall through the cracks in health care delivery systems. Physicians care for patients at ChenMed through a partnership built on a foundation of respect. Patients who trust their providers are more likely to change unhealthy behaviors. Caregivers and family members are encouraged to attend appointments to support patients in their health goals. As one primary care physician at ChenMed said, "Our patients are sick, and non-compliance with a treatment is a cry for help."

ChenMed Innovations in Care Delivery

ChenMed innovations in care delivery are designed to remove barriers to high-value care. ChenMed recognizes the importance of the patient-doctor relationship and seeks to enhance that relationship through the use of technology, care in the home, and the implementation of ways to make compliance with treatment easier for patients. ChenMed utilizes customized Electronic Medical Records (EMRs), point-of-care medication delivery systems (POCMDs), and mobile integrated health units (MIH) to increase health care access and efficiencies for patients and providers.

INNOVATIVE HEALTH CARE TECHNOLOGY

Outcomes data is critical to deliver high-quality primary care and avoid unnecessary hospital admissions. The customized ChenMed EMR system reduces the reporting burden on staff, because it does not contain systems built for FFS Medicare reimbursements. ChenMed employs a panel of IT experts who build new technologies based on the needs of patients and physicians. Technology improves patient engagement, and increases efficiencies to free staff from burdensome reporting requirements to spend more time with patients.

One example is the personalized ID card, called a LifeCard, that is used to check-in patients at time of service, instead of filling out traditional paperwork. The back of each LifeCard features a picture of a recent patient electrocardiogram in case there is a need to quickly present information to emergency room physicians. ChenMed physicians and patients use the LifeCards to speed access to valuable electronic medical data.

IMPROVING MEDICATION ADHERENCE

To address medication adherence issues such as functional, language, or literacy barriers, ChenMed implemented a novel way to get medications into patients' hands, called a POCMDS. The system improves medication adherence by allowing physicians to deliver pre-sealed medications on-site to patients either during, or within minutes of their visit. Physicians order medication through the EMR and pick-up medications from a secure room. A third-party contractor takes responsibility for maintaining inventory and helps with billing and compliance. Physicians can use the EMR to order from a list of around 100 medications, roughly 80 percent of the medications most patients need—with use of generic options a priority—and retrieve them from the dispensary.

The POCMDS enables patients to receive their medications during or within fifteen minutes of their appointment, which avoids additional trips to a pharmacy.^{13, 14} A study of 426 diabetic patients surveyed on the system's effects found the proportion of patients better able to fill and understand prescriptions increased to 90 percent. Fifty-two percent of diabetic patients felt the system improved the way they took medications, and 80 percent reported better physician-patient communication.

Physicians reported that the system helps encourage patients to bring in their medications during visits, enabling them to conduct more effective medication reconciliation, improve adherence, and improve communication with patients. The analysis also found that prescription costs decreased by 15 percent after implementation.¹⁵ ChenMed has found the POCMDS is a more convenient and cost-effective way to dispense prescriptions for patients and providers.

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MOBILE HEALTH UNITS TO AVOID UNNECESSARY HOSPITALIZATIONS

Older patients are more likely to have limited functionality, challenges accessing transportation, and hazards in their living environment. Many patients call 9-1-1 to seek care in an emergency room. In 2015, ChenMed collaborated with a private ambulance company, American Ambulance, to establish a MIH company called Transitional Health Solutions (THS) to offer an alternative to repeated trips to the ER. THS won a Centers for Medicare & Medicaid Services (CMS) Innovation Grant to pilot-test a new MIH program to add access to physician care in patients' homes with the assistance of specially-trained paramedics. The pilot was both successful and financially sustainable due to the capitation model in Medicare Advantage.

When a patient needs care, and cannot come to one of the practices, they can call the ChenMed care center to speak with their primary care physician, or with an after-hours physician with access to the patient's EMR. The physician can dispatch an MIH paramedic to provide physician-directed care to the patient at home, if needed, avoiding a trip to the hospital. The THS paramedics receive critical care certification and act as a connection between the patient at home and the physician at ChenMed. Each THS paramedic unit is equipped with Emergency Medical Service equipment, as well as point-of-care tests that are brought back to a ChenMed facility, analyzed, and logged into the EMR system. The paramedics have been trained to approach each patient interaction in a methodical manner to ensure the patient receives the appropriate care, and the care is captured in the EMR.

The paramedic also may evaluate the patient's living conditions for environmental hazards, and discuss the patient's level of care in the context of their home. Paramedics conduct vital sign checks, formal social reviews, fall risk evaluations, and medication reconciliations. All tests, findings, and analyses are entered into a tracking system that funnels data back into ChenMed's EMR. After each visit, the THS paramedic unit contacts the ChenMed physician with an update on the patient's status and the care provided.

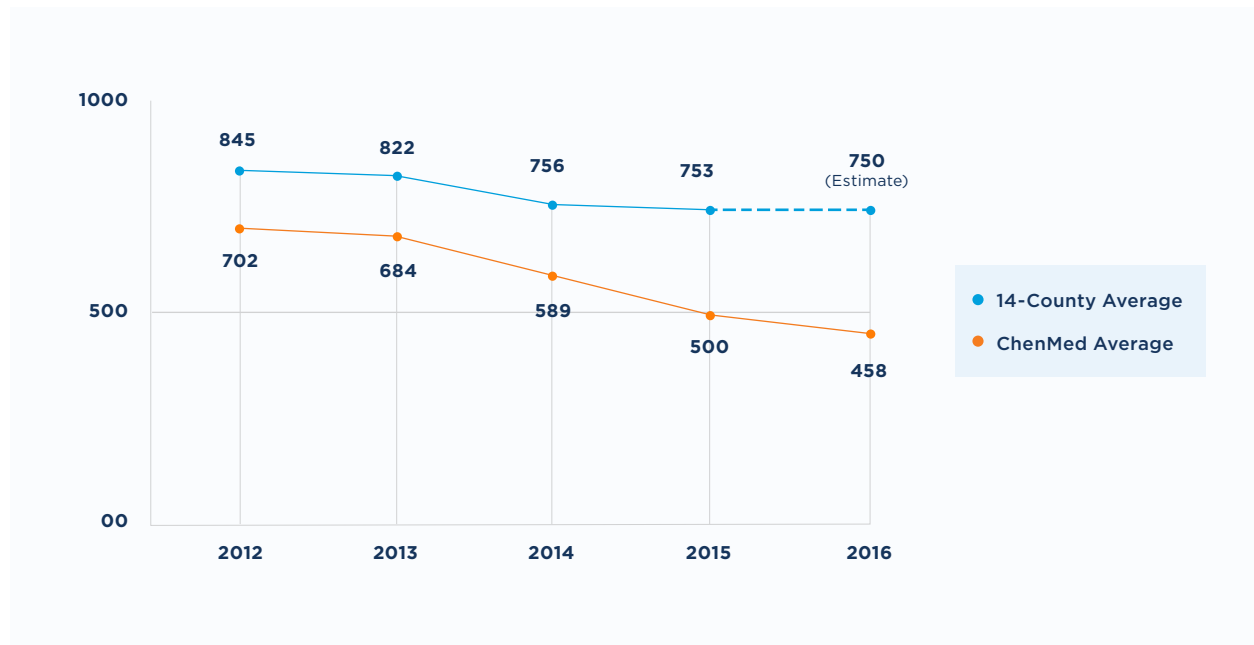
The program is data-driven, which enables outcomes to be tracked. In a study of 1,300 house calls and 506 patients, 84 percent of patients who were acutely ill remained at home after a primary care physician-directed MIH visit. Out of the 506 patients, only two percent required 9-1-1 transport. Another 14 percent required THS-affiliated ambulatory transport to a clinic or hospital, which enables ChenMed to integrate care records into one EMR. The THS program generated an estimated \$1.4 million in savings and better health outcomes for patients. The model continues to evolve, moving toward comprehensive mobile integrated health care by offering remote monitoring and chronic disease management in patients' homes.¹⁶

DATA SHOWS FEWER HOSPITAL VISITS

ChenMed released data in 2017 showing their patients have fewer hospital visits compared to the average among Medicare beneficiaries. ChenMed had over 30 percent fewer ER visits and 28 percent fewer hospital admissions in the counties they serve compared to the average among Medicare beneficiaries. In 2015, CMS data indicated an average of 753 ER visits per thousand Medicare beneficiaries annually, and ChenMed averaged 500 ER visits per thousand in counties where patients are served. Overall, in 2015, ChenMed patients averaged 431 fewer hospital in-patient days per thousand, leading to savings of \$978.80 per patient.¹⁷

FIGURE 1

ChenMed Emergency Room Visits Compared to Average



Conclusion: ChenMed is Delivering Better Outcomes

ChenMed has chosen to operate in risk-assumption, value-based contracts with Medicare Advantage, instead of the FFS Medicare system to deliver highly personalized, patient-centered care. This financing arrangement enables ChenMed to provide innovative concierge-style medicine, attend to patient's medical and social needs, develop more patient-centered delivery solutions, and deliver compassionate and coordinated care across settings.

Patient-Centered Care

ChenMed provides high-value care and achieves high patient satisfaction through concierge-style medicine by reducing barriers to care, offering greater access to providers, and using a team-based approach to address social determinants of health. ChenMed uses the industry standard Net Promoter Score methodology to measure patient satisfaction. Patients answer whether they would recommend their provider to friends and family; answers are scored on a 0-10 scale and aggregated. ChenMed patient satisfaction levels are among the highest in the industry.

Innovations in Care Delivery

ChenMed's capitated payment model provides the resources and flexibility to make investments in technology that improve the patient experience, deliver care more efficiently, and assist clinicians and patients in achieving better health outcomes. An innovative EMR system facilitates care coordination, on-site medication dispensing, and mobile health units, which lead to fewer hospitalization for patients and better health outcomes.

Looking to the Future

Medicare Advantage offers mission-directed providers like ChenMed a financing model that enables them to provide high-quality, patient-centered, cost-effective care, and achieve high patient satisfaction and better health outcomes. ChenMed's success is an example of scalable, patient-centered care in Medicare Advantage with lessons for other provider-plan partnerships.

Resources

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