

Better Medicare Alliance (BMA) is the leading advocacy coalition supporting Medicare Advantage. In this Spotlight on Innovation case study, BMA highlights how Medicare Advantage facilitates care coordination at Iora Health, one of the innovative primary care practices in the country. The Iora Primary Care model for seniors over 65 years old is enabled by the value framework provided under Medicare Advantage.

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Medicare Advantage Facilitates  
Care Coordination: Iora Health

The motto at Iora Health’s much-heralded primary care program is to “put people first.” The Iora Primary Care model can be illustrated through the experience of a 68 year-old Colorado man struggling with eye complications. Upon his arrival at Iora Primary Care, the patient was immediately assigned a care team consisting of a physician, nurse, and a Health Coach. His Health Coach, Victoria, a former acupuncture therapist with expertise caring for senior patients, set up his first appointment with the care team doctor. She participated in the appointment, taking notes that appeared on a large screen in the exam room. During the visit, a care plan was developed and the man left with a letter summarizing his appointment, next steps, and goals to improve his health.

After his first visit, the care team met to study his records and assign him a “worry score” based on the level of care he needed. The care team identified that the man did not have a caregiver at home and needed cataract surgery, but he was afraid to get the surgery. Victoria worked with a case worker at his health insurance plan, Humana, to develop a plan to help him feel confident enough to have the surgery. Victoria provided additional support to his case worker by accompanying him to a specialist to get an eye ultrasound before the surgery. After the surgery, Victoria went to his home to ensure eye drops were being administered correctly. The surgery was successful and the care team continues to strive to lower the man’s “worry score” during his recovery. His clinicians agree that without the coordinated effort of the Iora team, this man may not have received the cataract surgery that improved his quality of life.

A DIFFERENT PHILOSOPHY

Iora Health has quickly become a recognized leader in primary care by achieving high quality outcomes for beneficiaries using its innovative primary care model for patients over 65 years old. Today, Iora Primary Care serves as a powerful example of the type of comprehensive care that is supported by Medicare Advantage (MA) when providers are not constrained by financing models that incentivize volume over patient-centered, value-based care.

The lora Primary Care model tenants are a supportive care team, a different payment model and technology that supports the model. lora Health uses the flexibility of monthly capitated (fixed) payments in MA that incentivize care that keeps seniors healthy and slows disease progression, rather than treating them only when they get sick.

Under the lora Primary Care model, health care delivery for patients 65 years and older is focused on putting the health of the patient first. The health of the patient population is managed through robust primary care that keeps patients healthier, happier, and more engaged in their own care and supported with lora's proprietary collaborative care platform (EMR), Chirp.

Fully integrated care teams focus on finding dynamic solutions to improve patients' care. The care team model has four key components: 1) a care team working together, 2) a warm and caring atmosphere, 3) a forum for patients to be heard, and 4) a Health Coach for every patient. lora Health describes themselves as more than providers saying, "we're confidants, cheerleaders, even friends." Victoria, the Health Coach from Colorado, said she stepped away from acupuncture therapy to work at lora Health because her work as a Health Coach is more than a job, it's a calling. These components make up the comprehensive, high-quality, evidence-based lora Primary Care model.



## A FRAMEWORK ENABLED BY MEDICARE ADVANTAGE

The lora Primary Care model for seniors over 65 years old is enabled by the framework provided under Medicare Advantage (MA). lora Health works with other models, but the lora Primary Care model focuses exclusively on patients with MA and takes on 100 percent of the financial risk through the capitated payments it receives. This means lora Health partners with an insurer who provides a single payment that covers all of the patients' needs and provides flexibility within that payment to deliver care.

Dr. Rushika Fernandopulle, a physician with over 10 years of experience and the CEO and Co-Founder of lora Health, started the practice because of what he perceived as misaligned financial incentives in primary care that did not allow him to care for patients in the most effective way. In Traditional Fee-For-Service (FFS) Medicare, practitioners are primarily paid by visit or per episode, often creating a less global approach at the primary care level. The capitated payment received by lora Health enables care coordination before, during, and after a sick visit or episode. MA provides an incentive to keep patients healthy by managing conditions and slowing disease progression to keep the patient as healthy as possible for as long as possible.

The mission of lora Health is to change the way health care is delivered by making sure all incentives put the health of the patient first. The payment model in MA allows lora Health to provide care that will add value and move away from a volume-driven health care model. lora Primary Care's billing department is a clear example of this shift. lora Primary Care clinics do not have payment windows because they do not want to discourage anyone from getting care. Instead, patient expenses are covered through a fixed payment that allows practitioners to focus on providing health care, rather than setting up a billing department. Instead of a front desk, the clinics have proactive "greeters" who know the patient's name and make sure they feel welcome. lora Primary Care's brochures say to patients "we'd love to meet you!"



## A TEAM-BASED APPROACH

Iora Primary Care is focused on improving the patient experience through a personal care team. The care team has morning meetings called a “huddle” and weekly panel discussions. Each care team includes a physician, nurse, Health Coach and behavioral health specialist as needed to integrate primary care and mental health, nutrition and medication management seamlessly. This holistic approach helps the team to know not only the patients’ medical conditions, but also their hopes, fears, and challenges that contribute to their health needs. This team-based approach is also what allows Iora Primary Care to take on risk because the model enables sophisticated population health management strategies.

Care teams start every morning with a huddle to discuss the patients visiting that day. The care team also discusses which patients have been admitted to the hospital or have a high “worry score.” The score is part clinical formula, part instinct. The worry score helps the team identify how much care a patient needs and helps them determine how often the patient should be contacted. A patient who scores a 10 is in crisis and is likely to be contacted every day. Every time the team interacts with a patient the worry score is discussed. The goal is to get worry scores down over time. The more health conditions a patient has to manage, the more the team will meet to get that patient the best care possible. Each team member takes a turn running the meeting so the focus is not on a hierarchy, but on the importance of the team.



## THE IMPORTANCE OF HEALTH COACHES

The Iora Primary Care model works because it is tailored to keeping patients who are over 65 years old healthy, happy, and socially connected. The care team does not wait for the patient to make an appointment. Instead, the team reaches out to check-in and see what the patient needs to manage their health. The team works together on creative solutions to involve everyone from the operations assistant to the physician in meeting the needs of the patient. The care teams are also focused on building relationships with the patients by connecting with their support systems. The focus on care coordination continues even outside the four walls of Iora. When a patient is admitted to the ER or the hospital, the care team talks through the next steps with outside specialists and clinicians.

At Iora Primary Care there are three to four Health Coaches per physician and they coordinate care for patients through phone calls, emails, text messages, and home visits. Patients can contact the team by phone, 24/7. Health Coaches often have customer service backgrounds rather than health care backgrounds because their jobs range from finding transportation, to working with patients to make sure prescriptions get filled. Health Coaches are hired, in part, for their ability to empathize and work with patients. Dr. Fernandopulle has said, “we recruit for attitude and train for skill.” For example, a Health Coach at a clinic in Seattle realized a patient was not showing up to appointments because she did not understand the public transportation system, so the Health Coach accompanied her to make sure she was able to get to future appointments. Iora Primary Care also places an emphasis on mental health as a priority for overall health because social factors can lead to serious health problems. The goal of the care team is to meet the patient where they are and assess what they need to be happy and healthy.



## THE USE OF TECHNOLOGY AND INNOVATIVE APPROACHES TO CARE

Dr. Fernandopulle says technology won't replace humans, but technology can be leveraged to strengthen human relationships and improve care. Iora Primary Care tailors the use of technology to the needs of seniors. Facilities are designed around the medical technology that keeps seniors healthy, rather than the technology with the highest reimbursement rate.

Iora Primary Care is also focused on involving the patient and their whole family in the primary care model and using technology to achieve this goal. Rooms are bigger so caregivers can attend visits and a video screen in every exam room allows practitioner, patients, and their loved ones to ensure the accuracy of medical records. Patients can even Skype their family into appointments.

A collaborative technology platform allows patients to access their records at home. The care team consistently works with the records to ensure health outcomes are being accurately tracked and managed. Care teams can also skype with a patient to follow-up and avoid an unneeded office visit. The increased use of technology encourages innovations like allowing a patient to email a question rather than schedule an appointment.

Care teams are also focused on adding value to the patient experience in creative ways. Health Coaches take the time to hear the concerns of each patient. Motivational interviewing helps empower the patient and put them in the driver's seat. The Health Coaches work to understand the motivations of the patient to develop solutions to barriers to care. By building trust and connecting patients to social services such as transportation or prescription delivery services, Health Coaches can use resources in the community and technology to have a substantial impact on the overall health and wellness of patients.

Iora knows the care that will help a patient most does not always have a billing code. Health care that involves meditation, yoga or dance can improve health outcomes. For example, Iora Primary Care worked with a patient who needed strength training. The care team found out he didn't have time to exercise because he was taking care of his wife who had dementia. An operations assistant on the care team found out his wife liked to dance, so when the man came in for strength training, the operations assistant would do a dance class with the patient's wife.



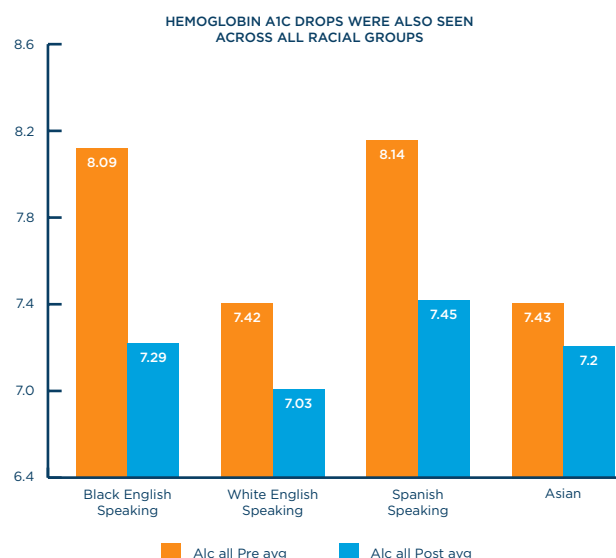
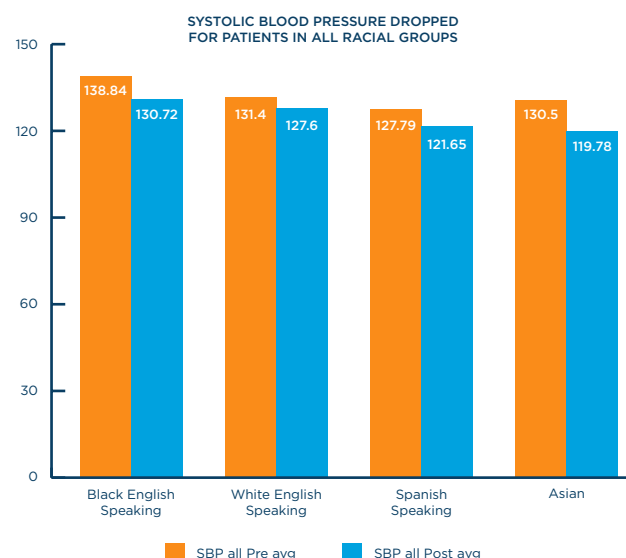
## EVIDENCE THE IORA HEALTH PRIMARY CARE MODEL IS WORKING

Dr. Fernandopulle still does rotations at Massachusetts General Hospital and he found himself asking "what percentage of these patients in the hospital might not have been here if they actually had better primary care?" Based on his experience he has estimated the answer is roughly 40 percent. Iora Health focuses on keeping people healthy to prevent and manage chronic health conditions. According to the New York Times, that is why a typical Iora Health doctor cares for about 1,000 patients when most primary care doctors in the United States take care of more than 2,000 patients. The average appointment time is also about an hour at Iora Health.

Iora Health has data showing that when primary care increases, hospital visits go down. Iora Health monitors how often patients are admitted to the hospital Emergency Department on a 1,000-member basis. The data is benchmarked to a "well managed" population of patients in each market. In 2015, reductions in the number of patients who visited the Emergency Department and were admitted to the hospital were observed. In senior practices, hospitalizations moved

from twice the “well managed” benchmark to a level right at the “well-managed” benchmark. In 2014, practices had 7 percent more Emergency Department visits than the “well-managed” benchmark and ended 2015 with 38 percent under the “well-managed benchmark.”

Iora Health has worked to eliminate racial disparities through the delivery model. The practices hire staff from the local community that mirrors the patient population. The Health Coaches and care teams must be able to effectively communicate with patients to positively impact health outcomes. When the focus is on doing whatever necessary to ensure each patient gets the health care services they need, disparities dissipate in a number of areas. For example, the Atlantic City Special Care Center has improved outcomes for systolic blood pressure, A1C blood sugar levels and smoking status for all racial groups when looking at initial and recent measures for patients enrolled over 6 months.



## MEDICARE ADVANTAGE ENABLES IORA HEALTH TO IMPROVE HEALTH OUTCOMES

Iora Health is often referred to as one of the most innovative primary care practices in the country. MA enables the Iora Health model that provides advanced primary care to improve health outcomes for patients care. The capitated payments incentivize efficiencies, care coordination and innovations for patients. Through MA, Iora Health has developed a unique approach based on care teams, Health Coaches, compassionate care and technology that meets patients’ needs even if a reimbursement code does not exist. MA and Iora Health are partnering to cut down on fragmentation, improve connections between patients and health care providers and enable care coordination. The work Iora Health is doing embodies the shift from volume to value to improve health outcomes and create a more efficient health care system.