



Vancouver Clinic Spotlight on Innovation

JANUARY 2022



BETTER MEDICARE

ALLIANCE



Vancouver Clinic provides high-quality, cost-effective medical care to the community of Southwest Washington. Working with Humana, Vancouver Clinic opened two neighborhood clinics designed to serve adults with complicated health conditions. Providers at these clinics take the time to understand their patients' needs, and patients have on-site access to a licensed social worker, dietician, and other experts. Medicare Advantage organizations like Humana support the neighborhood clinic model and Vancouver Clinic's efforts to care for underserved populations.

Vancouver Clinic's Neighborhood Model - Components for Success:

- **Compassionate, collaborative care team members**
- **Value-based, whole person health care offering**
- **Well designed approach that considers local dynamics**
- **Openness to innovative collaborations between providers and health plans**

Vancouver Clinic's Simple Mission

Caring for people is Vancouver Clinic's first priority. Since 1936 Vancouver Clinic has provided excellent care for its patients and has expanded services as the community has grown.

Vancouver Clinic, which operates 12 clinic locations with more than 1,200 employees and 400 providers, has a long history in the community, and focus on patient care is evident through its recently opened clinics – the Vancouver Plaza Neighborhood Clinic and Evergreen Neighborhood Clinic. Opened in coordination with Humana, the neighborhood clinics are home to the Adult Medicine Department, which serves patients with complicated health conditions. Recognizing that health is more than just providing medical care, the clinics focus on the whole person and address the social and emotional needs of its patients.

In January 2019, Vancouver Plaza Neighborhood Clinic opened, followed by Evergreen Neighborhood Clinic in November 2020 during the COVID-19 pandemic. Appropriately named Neighborhood Clinics, both locations are strategically located to offer easy access and ample transportation resources. Moreover, the clinics foster community engagement, which support other drivers of health like social and emotional wellbeing. While COVID-19 temporarily limited the clinics from offering all services, they will soon return as COVID-19 is no longer a public health threat.

Walking Down the Path to Value-Based Care

Vancouver Clinic's leadership and commitment to transitioning to value-based care enabled the success of its neighborhood clinics.

Historically, Vancouver Clinic primarily operated on a fee-for-service (FFS) payment model, which is based on reimbursing for each service provided. An alternative model is the capitated payment model, which is a focus of many Medicare Advantage organizations. Capitation rewards health care providers and payers primarily for the quality and outcomes delivered to patients. In the early 2000s, capitation lost momentum in Washington. More recently, capitation is getting a second look with the shift to value-based care.

Vancouver Clinic has prioritized value-based care as a way to improve community health and patient outcomes. Starting in 2016, Vancouver Clinic became an early partner in value-based care by refining its infrastructure, processes, and workflows and making investments that would allow the clinic to be successful in a value-based model. In 2018, Vancouver Clinic identified a need and opportunity to provide care to not only medically complex but also socially complex individuals in underserved neighborhoods within Vancouver.

“The cornerstone of a value-based care model is the focus on preventative, proactive, and personalized care.”

- **Catherine Field**, Senior Vice President and Northwest Division Leader at Humana

Dr. Jeremy Chrisman, Chief Transformation Officer and family medicine physician at Vancouver Clinic, presented the new opportunity's challenge succinctly - “How do we take care of people and incorporate interventions

that are shown to improve health, while at the same time, capturing the medical complexity of patients?”

The solution? The neighborhood clinics were developed and built specifically for populations that need extra care. Vancouver Plaza and Evergreen Neighborhood Clinics focus on dual eligible patients, meaning patients are eligible for both Medicare and Medicaid. Many are enrolled in a specific type of Medicare Advantage plan called a Dual-eligible Special Needs Plan (D-SNP). Because Medicaid eligibility is based on income, dual eligible patients are low-income and 65 years old or older or a person living with a disability. This specific population also tends to have more chronic conditions, making them medically complex and often in need of extra care. By establishing the neighborhood clinics, Vancouver Clinic made the commitment to move away from reactive medicine and transition to proactive care management.

Finding the right location for the new clinics was a crucial part of their future success. Vancouver Clinic leaders knew they needed to identify communities that were traditionally underserved from a primary care standpoint and had high concentrations of individuals that generally meet the eligibility criteria for both Medicare and Medicaid. To aide this effort, Vancouver Clinic utilized demographic data to identify communities with older, lower income populations.

Leaders also understood that medically underserved populations need more than primary care – they need support for their whole health, including social and emotional needs. As a result, the clinics were designed as community centers, creating a space where patients can gather and interact outside of their medical appointments. Moreover, social workers are included in the care teams and have built connections to area resources. Through the clinic design, Vancouver Clinic demonstrated its commitment to patient health and wellbeing outside of the exam room, and the clinics became a space where value-based care and social services come together to support the whole person.



A True Partnership Leads to Innovative Care Delivery

In BMA's conversation with Vancouver Clinic, Dr. Chrisman underscored the need to improve patient outcomes and be financially sustainable. "The Medicare Advantage program shifts the paradigm in health care delivery," he said. "The different financing mechanisms available in Medicare Advantage allow us to do our best when the patient does best."

Strong partnerships are based on the alignment of goals and incentives and the corresponding balance. In Medicare Advantage and value-based care models, providers and health plans often share financial risk, which relies on patient outcomes and the quality and efficiency of care delivered. When both the providers and health plan share the common goal of improved quality, positive outcomes, and reduced costs, there is balance not commonly found in health care. According to Dr. Chrisman, "The balance is where the magic happens because everyone is advocating for wellness and ensuring patients receive high-quality care."

Vancouver Clinic's Approach to the Quadruple Aim

The quadruple aim in healthcare refers to a set of four goals to optimize performance and health outcomes. The four goals touch on patient experience, cost, quality of care and outcomes, and provider satisfaction. At the neighborhood clinics, the quadruple aim is deeply integrated into the care model. The quadruple aim is embodied by the neighborhood clinics in the following ways:

Vancouver Clinic leverages panel coordinators to help ensure patient care is coordinated.

At Vancouver Clinic, there are approximately 14 panel coordinators that work across the organization and in the neighborhood clinics to help ensure all patients receive proper care, testing, referrals, and follow-up care. Panel coordinators are also responsible for scheduling patients for their annual comprehensive wellness visits. During COVID-19, the neighborhood clinics maintained their high rate of patients completing the annual comprehensive wellness visits, with nearly 85 percent of patients receiving their annual visit, which is about 20 percent higher than the market average.

Patients at Vancouver Clinic receive a comprehensive wellness visit lasting 60 minutes each year.

At the neighborhood clinics, the annual wellness visit may look a bit different compared to the visit most patients are accustomed to. Here, patients spend an hour each year with their provider discussing their health and any concerns they may have. This extended visit provides the time necessary to address all patient concerns, as well as build trust central to the patient-provider relationship. Together, Vancouver Clinic and Humana promote the importance of regular visits to Humana members and ensure they have extended visits each year.

The longer visit time is also critical from a system-wide perspective. “There is no more negotiating on what concerns need to be addressed due to time constraints, and this leads to better chronic care management,” Dr. Chrisman said. The longer visits allow the Vancouver Clinic to really understand the disease burden of its population. “To the system as a whole, it is very valuable for providers, and even from the policymaker’s perspective, to know, with accuracy, the health status of the population you take care of,” Dr. Chrisman continued.

“Our goal at this clinic is simple: To help adults with complex medical needs feel their best every day. We start by encouraging patients to take advantage of longer and more frequent visits with their doctor. This allows physicians to get to know people personally, quickly address concerns, and provide holistic care. We also connect patients with experts who can help them improve their physical and emotional health. A dietician, social worker, and resource specialist are all part of our team. As caregivers, we believe that relationships are vital. We’re ready to help you become your healthiest self.”

– Dr. Jeremy Chrisman

The value-based care model at the neighborhood clinics translates to better care and better outcomes for patients.

Under the value-based care model, patients at Vancouver Clinic receive high-quality care and have overall better health outcomes. Providers see a significant reduction in key clinical measures. This is especially true among the D-SNP population.

Patients at Vancouver Clinic in 2020 had:

- Access to their primary care provider
- Low readmission rates
- Few emergency room visits

Vancouver Clinic partners with local social service organizations to address the health of the whole person.

Medicare Advantage plans may offer benefits that are not covered under FFS Medicare. The most common supplemental benefits offered by Medicare Advantage plans are dental, vision, and hearing coverage. Recent changes to policies governing supplemental benefits in Medicare Advantage expanded the types of items and services that health plans may offer as a supplemental benefit, including items and services aimed at improving overall health. The changes provide new flexibility to target beneficiaries who need the additional benefits the most. Under the expansion, Medicare Advantage plans may also offer a new category of benefits specifically for individuals with certain chronic conditions. The benefits, formally known as Special Supplemental Benefits for the Chronically Ill (SSBCI), may be used to directly address non-medical needs. New types of supplemental benefits offered by Medicare Advantage plans include transportation, meals after hospitalization, home modifications, and support for caregivers. Through the expansion, SSBCI allows Medicare Advantage plans to better tailor their benefits to the highest-need enrollees and address the components that contribute to overall health but that are often discussed outside the clinical care setting. The neighborhood clinics leverage this flexibility to support patients' whole health.

Through its relationship, Humana representatives provide information to Vancouver Clinic on utilizing the various benefits in its Medicare Advantage plans and help patients navigate the process. Social workers also help connect patients to other resources in the community and help Humana members use their plan benefits. Many of the benefits offered by Medicare Advantage plans support the social and economic drivers of health, such as access to transportation, healthy foods, and prescription medications.

Patients at the Vancouver Clinic are also referred to services offered through the local Area Agency on Aging and Disability of Southwest Washington (AAA). In conversation with Catherine Field, she said, “Members utilize their benefits more effectively to solve their broader health care needs rather than just visiting their doctor.”

Beneficiary Corner – Meet Jack

Jack, a 72-year-old man and Humana member living in Washington, was struggling with his health.

He recently had a kidney removed, he had a skin infection in his navel that continued to get worse, and he didn’t know who his primary care doctor was, so he wasn’t receiving adequate care. Jack also didn’t have a stable home, which complicated matters and made managing his care more difficult.

In cases where someone is living with a serious chronic illness, Humana often works with local organizations to help connect people with health-care and community resources. To provide the holistic care Jack needed, Humana used Jack’s Special Supplemental Benefits for the Chronically Ill (SSBCI) and joined forces with the Area Agency on Aging and Disabilities of Southwest Washington (AAADSW).

Work on Jack’s behalf began with a call to the Vancouver Housing Authority (VHA), where he was fast tracked for housing because of his illness. However, Jack had a dog Buddy that prevented Jack from securing housing. To ensure Jack and Buddy stayed together, his team worked together to help him secure an Emotional Support Animal letter and secured housing.

From there, Jack’s team worked to identify his Vancouver Clinic PCP and schedule an appointment. At his visit, Jack’s doctor treated his skin infection and set him up with further testing of a potentially cancerous growth at the Oregon Health & Science University. Unfortunately, that testing uncovered a re-growth of cancer.

Lastly, Jack was connected to community resources. He received caregiving services to make his daily activities easier and completed a power of attorney document with the Northwest Justice Project.

Jack's conditions were complex and required extensive coordination between the teams responsible for his care. Together, Humana, the AAADSW, the Vancouver Clinic, and community resources came together to understand and address factors in Jack's life contributing to his health, including those not always addressed in a clinical setting.

A Symbiotic Relationship

A testament to the partnership and balance created by aligning goals and incentives, Vancouver Clinic and Humana continue to grow as their relationship deepens. Each organization shares its knowledge, skills, and learnings in providing and supporting value-based care. One particular aspect that has grown and improved are the real time data feeds. Data is vital to understanding the patient population and care delivered and is therefore essential in improving health outcomes.

The commitment of executive leadership and providers supported the transition to value-based care.

In a system predominantly driven by volume of services performed, the transition to value-based care is often challenging. Taking the first step takes time, infrastructure, money, and expertise. But the right commitment, attitude, and partnerships can lessen the challenges and lead to success.

The commitment of Vancouver Clinic's executive leadership and physicians was critical in developing the neighborhood clinics. Dr. Chrisman was particularly focused on transforming the provider practice and helping the organization effectively calculate risk and identify high-risk patients for targeted coordinated care. "Leadership really matters in this area. Great physician leadership is an important first step on the value path," said Catherine Field. And with time, physicians saw firsthand the positive change in patient outcomes, further promoting the transition to value-based care.



A Closer Look at Vancouver Clinic's D-SNP Beneficiaries

Caring for medically and socially complex individuals is a focus for the neighborhood clinics, and with the comprehensive care teams, the clinics are ideally suited to serve this population. Because people who are dually eligible for Medicare and Medicaid generally have more chronic conditions, this population can truly benefit from the approach and support of the neighborhood clinics.

The outcomes among D-SNP beneficiaries are clear in key clinical measures. Most notably, D-SNP beneficiaries have a lower readmission rate compared to the overall Vancouver Clinic population. The low readmission rates likely speak to the coordinated care the neighborhood clinics provide its patients as they manage their chronic conditions.

Conclusion

Through the neighborhood clinics, Vancouver Clinic developed an approach that meets the needs of the whole patient. Whether it is the clinic atmosphere and sense of community or the diverse care team that touches each part of an individual's health and wellbeing, Vancouver Clinic's model produces high-quality care and better outcomes. Panel coordinators, comprehensive wellness visits, a value-based care model, community partnerships, and commitment to leadership are key components to success.

In response to this success, Vancouver Clinic is expanding the neighborhood clinic model this year and exploring new markets. Operating as Enliven by Vancouver Clinic, the value-based care model at the center of the neighborhood clinics will reach Portland, Oregon. This critical expansion will further serve individuals in need of preventive and primary care and support Vancouver Clinic's journey towards value-based care offerings.



Y0040_GCHLHJ9EN_C

BETTER MEDICARE

ALLIANCE

BETTER MEDICARE ALLIANCE
1411 K Street NW, Suite 1400
Washington, DC 20005

202.735.0037

bettermedicarealliance.org