

# touchpoints

Connecting you to the Heritage Provider Network

Issue 15 | Nov/Dec 2013



## Harnessing the **Power of Change**

Shifting behavior to thrive in an altered landscape

### »» SPOTLIGHT

**The Medicare Annual Election Period is October 15 through December 7 this year.**

Heritage can connect members and providers to resources that can help them understand their benefit options.

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Each year I look forward to the HPN Innovation and Leadership Conference and the new ideas and solutions it generates. This year's gathering was especially pertinent, in light of the recent rollout of the Covered California Exchange, as well as California's dual eligible demonstration. Both of these issues took center stage, as a diverse panel of industry experts examined how the Affordable Care Act (ACA) will impact the way we manage and deliver care.

Our various presenters all shared a common message – we must adapt to our evolving healthcare system by creating a better patient experience and embracing non-traditional forms of communication. This is critical if we are to attract and retain new membership under the ACA.

The conference also touched upon ways to use new technologies to deliver services to more patients at a higher standard of care while keeping costs in check. Though this may seem daunting, HPN is already ahead of the technology curve. From our development of Q-ACO, a tool providing improved care coordination through better patient encounter tracking, to the predictive modeling algorithms for hospitalization inspired by the Heritage Health Prize, HPN continues to trailblaze and redefine healthcare through better technology.

Here's to an innovative, healthy and successful 2014!

**Richard Merkin, M.D.**  
President and CEO of HPN



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## Harnessing the Power of Change: Insights from the Heritage Leadership Conference

**Last month, key leaders from Heritage Provider Network (HPN) and its affiliates once again came together in Palos Verdes, California to share experiences, teamwork and gain new knowledge.** The annual symposium focused primarily on opportunities and strategies for building success over the coming years, particularly when addressing two of the larger challenges facing California providers in 2014 – The California Duals Demonstration and the Covered California Exchange.

During the three day conference, an impressive variety of industry experts presented ideas and generated discussions around a few key themes which included, building a better patient experience/building a “culture of yes,” thinking outside the box to attract and retain patients in the era of the Affordable Care Act and using technology to facilitate communication and do more with less.





## Building a Better Patient Experience

Customer satisfaction is more important than ever for success in the medical services industry. With Healthcare Exchanges and social media making the healthcare experience increasingly transparent and public, the patient experience will influence customer decisions like never before. The Exchange culture provides easy means for customers to shop around and “churn” or change health plans and providers on a regular basis. The Cal MediConnect Duals Demonstration will also bring an influx of customers with a “go wherever, do whatever” mindset into the more restrictive structure of managed care. Many are expected to opt-out of the Medicare managed care portion of the demonstration at the first frustrating encounter.

Presenters at the conference concurred, that if we are to retain patients within these new and challenging demographics, we must provide a stellar, consistent customer experience.

### Some ideas from the experts:

- › Kristin Baird & Janet Schulz of Baird Group discussed the reality of creating a truly patient centered practice, suggesting that we see every step in a patient’s healthcare visit from the patient perspective. As an easily relatable example, they noted that most practices house their scale in a common area near the front desk. Although this may be convenient for the staff, it is hardly ideal for most patients to be weighed in such a public area, adding discomfort and embarrassment to the patient experience right at the start of the visit. Baird and Schulz also encouraged physicians and staff to see past the daily minutiae to reconnect with their purpose as healthcare providers; to care for people, make them well and to help them feel better.
- › Steven Cloobek of Diamond Resorts International pointed out the ways in which medicine is lacking in hospitality. Patients typically arrive tense and worried and the experience we give them seems catered to exacerbate and not alleviate that. Waiting rooms should be pretty and inviting, yet most of the time they are drab and off-putting. Patients go to the trouble of scheduling appointments, sometimes weeks in advance, yet often have to wait 30 – 45 minutes or more to be seen once they arrive.

Cloobek encourages changing these environments and behaviors by deeply ingraining a “culture of yes” within every facet of training, attitude and operations and by treating every interaction as an opportunity to respect the customer and do everything you can to give them what they want. For example, if a physician is called away to an emergency, causing a long wait for regularly scheduled patients, staff can mobilize to minimize customer frustration. They can reach out to the customers in the waiting room and apologize and bring other staff into play to make their visit as productive as possible while they wait. They should also call upcoming appointments to let them know the situation and do everything possible to give them options for rescheduling.

## Attracting and Retaining Patients in the Era of Affordable Care

The rules of customer engagement must change along with the healthcare landscape. The Exchange and Duals Demonstration are bringing an unprecedented number of previously untapped customers into the system. These new utilizers – the previously untreated ill targeted by Cal MediConnect, and the “young invincibles” (20 – 30 year olds in great health) targeted by Covered California – bring with them a completely new mindset and set of challenges. Likewise, engaging and embracing them requires a completely different approach.

Whereas older, more traditional customers remain loyal to their doctors and value continuity of care, younger, newer consumers will not maintain loyalty to a certain provider. The new consumer will instead prefer to shop around, making choices based upon competitively priced rates, customized plans and value-added services. They will also view healthcare differently, and will need to be reached in less traditional manners.

Mark L. Wager of HPN’s New York based Heritage Medical Systems noted that although HPN is nationally recognized as an industry leader and great success in the delivery of innovative critical care, that alone won’t carry us into the future. We must take the same spirit of innovation and apply it to future challenges, constantly thinking outside the norm for creative, sustainable healthcare solutions.

For example, he pointed out two accessible, yet previously untapped resources for influencing new membership and retention. First, he suggested more aggressively reaching out to those commercially insured patients who will be turning 65 and becoming Medicare eligible at least a year in advance of their 65th birthday. By helping these healthy, active, familiar customers to stay within the fold as they transition to Medicare, we can balance the cost of the expected influx of chronically ill patients brought in through the Duals Demonstration.

Mr. Wager and final presenters, Charlene Frizzera and Jeremy Brown of CF Health Advisors, also introduced the concept of reaching and attracting the “*young invincibles*” through their parents and grandparents. Physicians and groups should be engaging patients to encourage their 20 – 30 year old children and grandchildren to join the Exchange. The conversation can be built around building awareness of the very real benefits of health insurance perhaps by juxtaposing the cost of insurance

against the high cost of seeking even routine care without insurance. According to these experts this “*Nagging Mom*” approach is expected to be the most effective marketing tactic for enrolling the young invincibles into the Exchange. Parents are also a great marketing target for young invincibles, as it is often the parent who will be paying the premiums for the child.

Jeremy and Charlene took their discussion further, addressing the unique challenges of attracting, retaining and treating new chronically ill “*duals*” patients introduced through Cal MediConnect. Duals present unique communication challenges as they are traditionally itinerant and hard to reach. Many are in constant financial distress and won’t answer the phone for fear of encountering bill collectors. In order to reach them, providers must look to less traditional means, like texting. According to Jeremy, “*A text message is an alert. An e-mail is a little more formal. Voice calls are for emergencies.*”

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## Using Technology to Do More with Less

In the new era of Affordable Care, providers are being tasked with providing more services, serving a greater number of patients, delivering positive service experiences with improved outcomes and all for less money. This is the new reality, and it can seem insurmountable. Still, this new reality offers great opportunity for those providers willing and able to change.

Daniel Kraft, MD of FutureMed, Singularity University and IntelliMedicine spoke about the unprecedented opportunity to apply rapidly developing technology to change the way we do medicine. Those institutions that remain stuck in time, working in silos with old-school methodologies won’t survive the new reality. Those institutions that embrace change, bringing in new thought, processes and tools from outside the traditional medical arena will not only survive but flourish in the new marketplace.

Dr. Kraft gave several specific examples of new technologies that are already changing not only how we treat patients, but where. He drew a parallel between the way the electronics and technology industries have changed within the last 20 – 30 years and the current metamorphosis of the medical industry. In the 70’s, 80’s and 90’s one would have to spend close to a million dollars to buy the hardware, software and devices needed (camera, video camera,

GPS, laptop, VCR, telephone) to provide all of the functionality provided by a single smart phone today, which is available at little or no cost to the consumer.

In this way the technology sector “*self-disintegrated*” to become something entirely new, and medicine is on a similar path. Whereas standard medicine now requires large facilities with many different pieces of oversized, expensive machinery, services and treatments are becoming increasingly mobile, accessible, and app based. Today, converged apps, data, sensors and diagnostics are being employed within iPhone enabled glucometers and cardio monitors to make diagnosis and treatment mobile and transparent and communicating results automatic. These breakthroughs are so effective in improving outcomes and eliminating unnecessary expense and waste that it is often in a provider’s best interest to foot the bill to provide low-cost tablets/phones to the patients on which to run the apps.

It is conceivable that in the not-so-distant future, doctors will regularly prescribe an app to patients along with medications. This evolution will change the face of medicine, bringing greater efficiencies along with improved outcomes, all with little cost.

# Reflecting on the Leadership Retreat

## Inspired and energized for 2014

*The retreat overall was very stimulating and provided us an opportunity to learn more about the creative ways our counterparts are tackling issues that we face daily. However, the team building exercises initiated a very personal and introspective thought process. We all become accustomed to those with which we work each day and began to approach challenges “the same old way”. But when we were required to work with a team of individuals that were complete strangers, I realized that I needed to be more patient, listen to each person attentively and keep an open mind. I know that these are traits we all attempt to put into practice daily, but these exercises were a vivid reminder that we can do better.*

**Fred Miller, M.D., Ph.D., F.A.A.F.P.**

Arizona Priority Care Plus

*As a first time participant of the Leadership Retreat, I thoroughly enjoyed the speakers and the team building exercise. The task given was challenging as we were given very little direction, and really forced to think outside the box (or bag in this case). What I found is that no one individual on our team had all the answers to what the process should be to achieve the end goal. This challenge was very similar to some of the daunting tasks we face with continued regulatory requirements from the Health Plans and Medicare. We need to engage as a “team”, draw on all perspectives and develop a plan. Functioning in a silo will be detrimental to the long-term success with the goals we need to achieve to be the very BEST.*

**Stacy Reeves, Vice President ACO / Quality / Provider Services**

Bakersfield Family Medical Center



# Heritage in the News

## Heritage California ACO

### Recognized for Beneficiary Engagement

On October 13, 2013, Heritage Provider Network was mentioned on The New York Times website for the Heritage California ACO's preventive focused beneficiary engagement activities. In an article called Obamacare: The Rest of the Story, Bill Keller mentions Heritage California ACO as a positive example of how ACOs are focused on the treatment of patients, not diseases. *"The Heritage Provider Network, a huge accountable care organization in California, offers Medicare patients free dance lessons, healthy cooking classes and casino excursions that feature "brain power" activities on the bus."*

According to Mr. Keller, Heritage California ACO has embraced the entrepreneurial energy that is fueling what he calls the Silicon Valley of preventive care.

## Heritage California ACO

### Featured in US News and World Report

In the August 19, 2013 edition of US News and World Report, Heritage California ACO was featured in an article called ACOs: The New Rx for Health Care Delivery by Christopher J. Gearon. In his article, Mr. Gearon focuses on how accountable care organizations force healthcare professionals and organizations to rethink how to deliver more coordinated, better quality and lower cost care.

The article featured a quote from one of Heritage California ACO beneficiaries:

*"I feel like there are people who are around me and are concerned,"* says Cynthia York, a Thousand Oaks, California, Medicare beneficiary whose doctor belongs to physician-led Heritage California ACO, one of the nation's largest ACOs. Thanks to Heritage, she's always reminded of preventive tests and screenings, had pharmacists do safety reviews of her drugs, learned to shop for healthy foods and attends ACO-sponsored social events, which range from breakfasts to exercise classes to bus trips to casinos in California. *"I don't feel alone,"* she says.

Through its focus on preventive beneficiary engagement, Heritage California ACO was one of the Pioneer ACOs to demonstrate savings in 2012.

Do you have questions about **Medicare** or **Health Plan** coverage ?

We can refer members and providers to resources that can help them understand the benefit options.

For questions about Medicare or Health Plan coverage, or to RSVP for informational meetings in your area, contact the affiliated group in your area to be referred to a regional qualified benefits specialist.

Affiliated Doctors of Orange County  
 > 888.268.1912

Arizona Priority Care Plus  
 > 480.499.8718

Bakersfield Family Medical Center (BFMC) and Coastal Communities Physician Network (CCPN)  
 > 661.846.4662

Desert Oasis Healthcare  
 > 800.500.5215

Heritage Victor Valley Medical Group  
 > 760.261.1496

High Desert Medical Group (HDMG)  
 > 661.951.3046

Regal Medical Group & Lakeside Community Healthcare Patient & Provider Assistance Line (PAL)  
 > 888.787.1712

Sierra Medical Group  
 > 661.273.7346



**The Medicare Advantage Annual Election Period is October 15 through December 7 this year.** This is the period of time when members may be allowed to make certain changes and/or additions to their Medicare health plan coverage.

The Heritage Provider Network family would like to wish all our members, providers and partners a very safe, healthy and happy holiday season.

We are grateful that you have chosen to be a part of our healthcare family. Your vitality and health is the measure of our success.

As we go forth into the New Year, our Purpose will remain the same; We will continually innovate and improve the business of managing healthcare in order to deliver quality, compassion and vitality to every life that we touch. The resulting health and satisfaction in the communities we serve is our reward and our compass.

Here's to the end of a fantastic year and to the beginning of the best year of our lives! We look forward to continued success and collaboration with you in 2014.

Cheers!

