

Healthcare without Limits

Aging in Texas Conference
Irving, TX
July 14, 2017



WELLMED

Doctors helping patients live longer for more than 25 years

Presented by:

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Medical Director, SeniorCare

USMD Population Health Management

Dr. George M. Rapier III founded WellMed in 1990 as a single primary care practice in San Antonio, TX.

WellMed's mission is to change the face of healthcare delivery for seniors.

By developing a measurable and results-driven healthcare delivery system for seniors, WellMed will help the sick become well, and help patients understand and control their health in a lifelong effort at proactive wellness.



WellMed has developed into a diversified healthcare company to serve Medicare-eligible Seniors:

- Primary Care Clinics
- Medical Management Services
- UM, Case Management, Disease Management
- Integrated Medical Information Systems
- Transportation Services

USMD Joins WellMed

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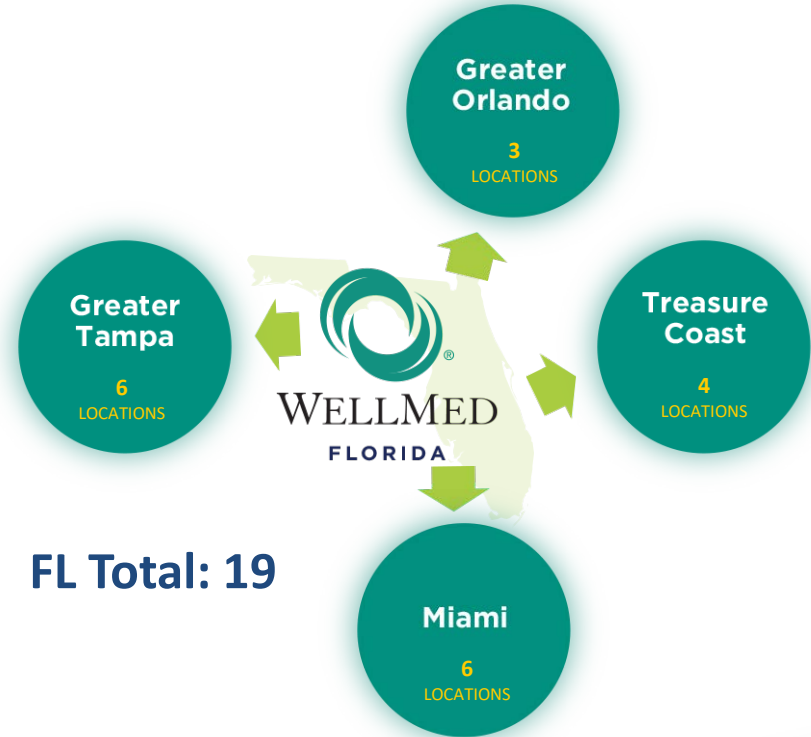
- In 2016, USMD became a part of WellMed with 120 providers in the USMD SeniorCare Program and 26 clinic locations across the DFW Metroplex.



WellMed/USMD Owned PCP Locations

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Total Locations : 123



Texas - WellMed providers report under WellMed Medical Group, PA

Florida - WellMed providers report under WellMed Medical Management of Florida, Inc.



Key Process and Strategies for Success



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WellMed Model of Care - Overview

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- We specialize in providing quality healthcare for Medicare eligible patients
 - More time spent with each patient = better relationships and better outcomes
- We provide:
 - Affordable care
 - Assistance connecting patients who qualify with social and financial assistance programs
 - 24/7 healthcare guidance through on-call providers and extended clinic hours
- An independent study shows WellMed patients live longer than the average non-WellMed patient (in Texas)

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OVERKILL

An avalanche of unnecessary medical care is harming patients physically and financially. What can we do about it?

BY ATUL GAWANDE

It was lunchtime before my afternoon surgery clinic, which meant that I was at my desk, eating a ham-and-cheese sandwich and clicking through medical articles. Among those which caught my eye: a

British case report on the first 3-D-printed hip implanted in a human being, a Canadian analysis of the rising volume of emergency-room visits by children who have ingested magnets, and a Colorado study finding that the percentage of fatal motor-vehicle accidents involving marijuana had doubled since its commercial distribution became legal. The one that got me thinking, however, was a study of more than a million Medicare patients. It suggested that a huge proportion had received care that was simply a waste.

Millions of Americans get tests, drugs, and operations that won't make them better, may cause harm, and cost billions.

ILLUSTRATION BY ANNA PARINI



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“Typical” Patient Experience

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www.improvingchroniccare.org



The WellMed Care Model Experience

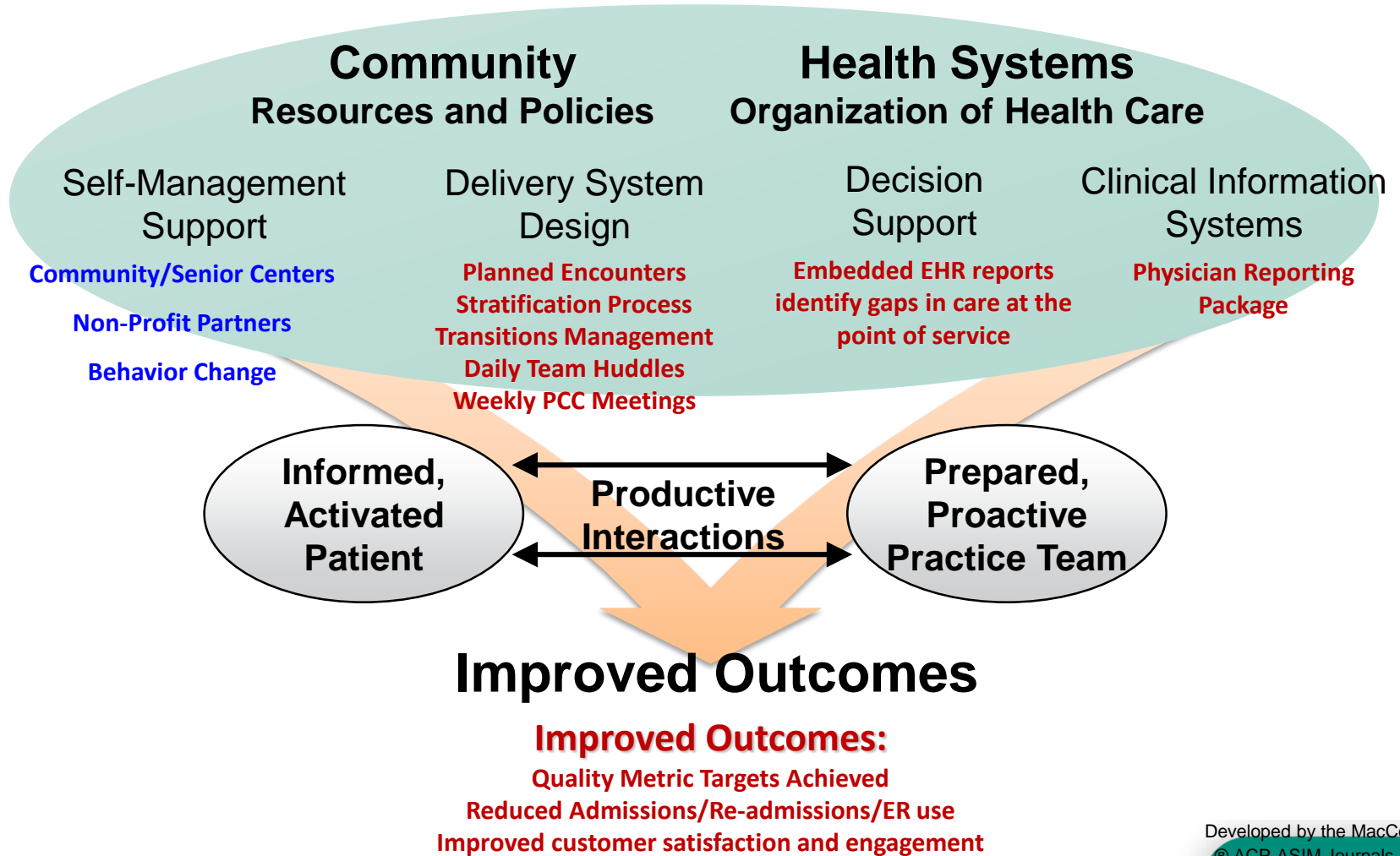
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One Team, One Goal



WellMed Care Model

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Developed by the MacColl Institute
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Self Management Support: Clinics/Community

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- Team members emphasize the patient's central role in managing their own health
- Standardized patient goal-setting tools and educational materials
- Group education classes and community peer-mentoring programs for additional support
- **Behavior change doesn't happen in a clinic, it happens at home and in the community**

Care Coordination

Quality and
Risk Adjustment

Clinical
Information
Systems and Tools



Making the Difference in the Life Space

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Increased Satisfaction

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Patients

- Better relationship with personal physician
- Improved outcomes
- Reduced unnecessary care and hospitalization
- Increased understanding of medication adherence
- **Able to learn self-management in community**
- Decreased risk of complications
- Better continuity of care
- Cost savings
- Better MA Health plan benefits



Increased Satisfaction

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Physicians

- More time with patients
- More control over patient care
- Provision of more personalized care
- Improved quality of life
- Reduced administrative burden
- Improved outcome/performance metrics



Increased Satisfaction

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Payers

- Improved Quality metrics → Improved STAR rating → Potential for year-round recruitment on new patients
- Cost savings and increased premium payments can be used to improve services, reduced co-pays and deductibles for patients.
- ***Partnerships with trusted community organizations***



Where You Can Help Make a Difference:

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Outcome Measures: How well did WE control these?

- Medication Reconciliation Post-Discharge
- Controlling Blood Pressure in Hypertension
- Medication Adherence for:
 - Diabetes Medications
 - Hypertension
 - Cholesterol (Statins)
- Diabetes Control (A1C)

Process Measures: Did WE get these preventive screenings?

- Breast Cancer Screening
- Colorectal Cancer Screening
- Adult BMI Assessment
- Diabetes Care –Eye Exam
- Rheumatoid Arthritis Management
- Osteoporosis Management in Women who had a fracture

Evidence Gap

..... Doctors helping patients live longer for more than 25 years

Unfortunately, examples of primary care-public health integration are relatively rare in the scientific literature and in practice



NIH Grant: The Importance of Primary Care Senior Center Linkages - A 9-month Study Outcomes

Polly Hitchcock Noël, PhD
Associate Professor
Department of Family & Community Medicine



UT Health
San Antonio

Primary Care-Senior Center Partnership



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City of San Antonio

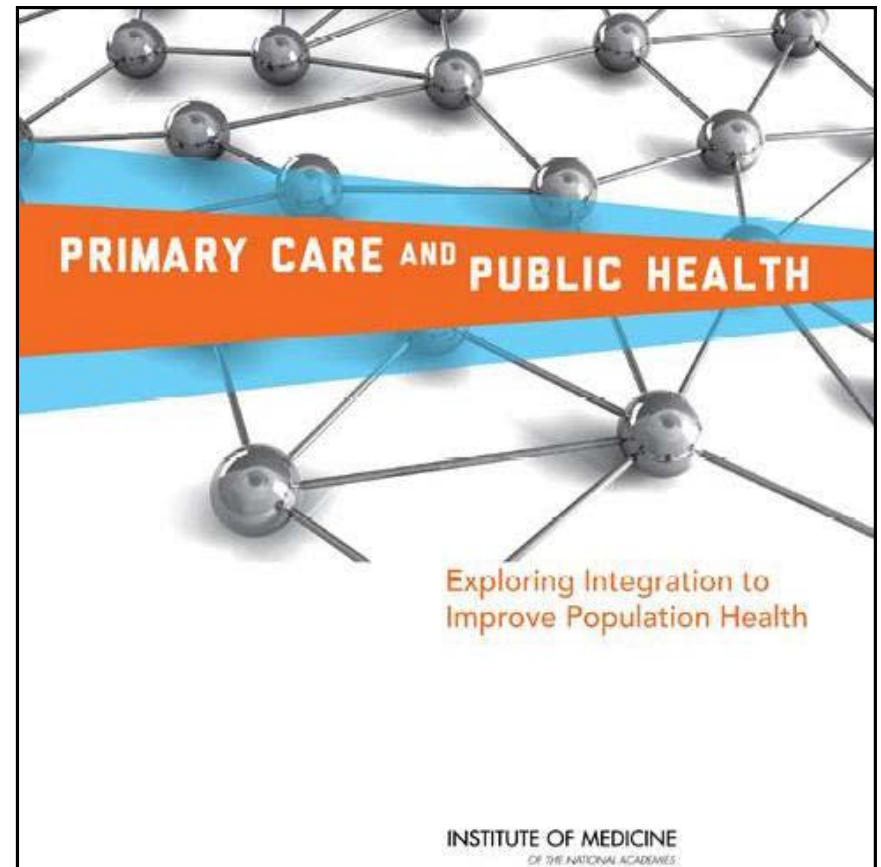


WELLMED
CHARITABLE FOUNDATION

Primary Care-Public Health Integration

“there is great potential to leverage the infrastructure of community resources such as senior centers to deliver effective interventions to improve health outcomes in lower income and minority individuals”

IOM, 2012



Grant Objective

To identify provider-related indicators of primary care linkage associated with frequency of visits to community-based multipurpose senior centers and improvements in diabetes-related outcomes among Medicare-eligible adults

- Source of primary care (with or without formal partnership with senior centers)
- Referral to senior center
- Subsequent discussions with PCP about senior center participation

Study Methods

Design

- 9 month prospective, mixed-methods observational study

Setting

- 3 WellMed senior centers in San Antonio, TX serving low-income predominantly Hispanic neighborhoods

Participants

- New senior center members
- 65 years of age or older
- With self-reported pre-diabetes or type 2 diabetes (T2D)
- Included members who were & were not WellMed patients

Grant Conclusions (What we learned..)

- PCP discussion of senior center activities - which is associated with increased visits, as well as diabetes-related improvements - is a key aspect of primary care-public health integration.
- Most members agreed that direct feedback from senior centers to PCP would be helpful
- Members currently provided copies of screening tests & fitness assessments, ***onus is on members to share with PCPs***
- Formalized feedback loops between senior centers & PCPs may be useful in prompting discussions, especially for low income & low literacy patients



WellMed Charitable Foundation

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Closing the cycle of care:

- Independent non profit, 501(c)3
- Philanthropic partner of WellMed Medical Management



USMD/WellMed/Foundation Partnership with Dallas Park and Recreation

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No Cost for seniors at 43 community centers



We've added 983 NEW SENIORS in 3 MONTHS!!!!

WellMed Charitable Foundation

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Grants

- Awarded to support programs for seniors and caregivers in WellMed communities
- Given away over 3 million dollars in the past 10 years
- We want to partner with other cities, counties, foundations!



Working Together for our Patients

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Giving seniors tools to support a healthy lifestyle.

- Senior/Community Centers host wellness activities
- Wellness education in community
- Self-management support
- Transition/Follow-up support



Thank you!!

Questions?



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