

Independent Primary Care

Thriving while living at the
heart of patient care

Elation

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Introduction

Read any medical journal, physician blog, or even the mainstream news media, and you'll find them flooded with articles on physician burnout. There are innumerable stories about doctors giving up on the practice of medicine or overwhelmed with the prospect of unwanted acquisitions.

The overarching trend lines in primary practice are increasing expenses and paperwork but falling revenue.

As a result, many independent physicians feel that their choices boil down to working more hours, seeing more patients and spending less time with each, cutting their own compensation, or giving up their independence altogether. What's more, an increasing share of newly minted physicians see private practice as a dead end and head straight for employment by hospitals, large medical groups, or the government.

However, this is a false narrative. Physicians around the country are building thriving independent primary care practices in which they are able to provide outstanding care, nurture patient relationships, and be financially rewarded for their work. To do so, they have intentionally re-architected traditional practice structures with leanly staffed but highly patient-centric practice models that are supported, not hindered, by technology and emerging payment models.

Embrace Your Patients First

Every patient and physician satisfaction survey shows that the single most important aspect of the practice of primary care is the relationship between the physician[1] and their patients.[2] Yet, quality time and interaction is often the first thing sacrificed in the name of "efficiency."

If you feel that you're unable to spend as much time with your patients as they deserve, stop everything and concentrate on that first. Patient care is why you got into medicine in the first place. It has to be non-negotiable. We'll discuss how you're going to "pay" for this later with other tasks that can be automated, delegated, or just plain avoided. But for now, figure out how much time you have and how much time your patients need. Build your staffing and financial plan around that, rather than the other way around.

Design your schedule so you can focus more on your patients.
This is the one thing you can't and don't want to automate or delegate.



[1] *The Physicians Foundation. 2018 Survey of America's Physicians Practice Patterns and Perspectives.* ***The Physicians Foundation website****.*

[2] *The Physicians Foundation. 2017 Patient Survey Report for the Physicians Foundation.* ***The Physicians Foundation website****.*

The Road to Chaos Was Paved with Well-Intentioned Incentives

A significant percentage of the maligned paradigms faced by independent primary care physicians today were accidentally introduced by wellmeaning public and private reforms such as meaningful use, electronic reporting, payor reforms, quality reporting, etc. While all of these reforms had good intentions, in practice, these reforms have produced massive problems for primary care physicians.

The reality is that the needed tools, underlying infrastructure, and physicians themselves were simply not ready when these changes were forced onto the market. The technology to make all of this run smoothly was theoretically possible but not yet practical. The fine-tuning and behind-the-scenes logistics just weren't there.

This first gold rush of EHRs was driven by VCs, IT people, and government spec sheets — not clinicians. As a result, a mercantilist philosophy took hold at many companies, with market share trumping quality concerns.

Most EHRs were poor substitutes for day-to-day charting, much less the digital heart of the practice that doctors needed them to be. Doctors have been slow to recover from their disappointment at these early attempts at the digitalization of medicine. However, with the right tools and approach, physicians can now leverage digital tools to elevate their patient care, quality of life, and financial performance.



Embrace Technology

Adopting effective tools that automate and streamline practice management can be crucial for independent physicians. Reporting and administrative requirements have increased, and unless you're running a truly cash-only practice, they're only going to increase.

There are three ways that you can handle this administrative burden:

- Staff up.
- Do it yourself.
- Automate and delegate to third parties.

The only sustainable approach is the third. In today's economy, if something can be automated, it will be. And those who don't keep up with technology will find themselves uncompetitive.

- Every staff member on the payroll drives up your fixed costs, as well as the number of patients you have to see every week just to break even. As an independent practice, you have only so much control over your revenue numbers. Take control of your fixed expenses.

- Doing it yourself may seem like a good idea for a while, but this is exactly the kind of repetitive, menial work that results in burnout.

You've probably been burned before by failed expectations around EHRs, practice management software, and billing. It's never too late to find software that is built around your practice and your needs.

Do You Hate Your EHR?

If you adopted an EHR or billing software during the gold rush and still find yourself struggling with it on a weekly or daily basis, it's time to dump it. You and your staff spend your entire day working within your EHR. You should love it, not loathe it or merely tolerate it.

It's easy to get lost in feature comparison charts, but checklists don't capture the day-to-day reality of using a given piece of software.

Luckily, evaluating your current clinical software is surprisingly simple. Does it do everything that you need it to do, and do you and your staff enjoy using it?

If the answer is "no," then get rid of it.

The days of hating EHRs are over. There's good, affordable software that will enhance and support your clinical practice.

You wouldn't tolerate a stethoscope that barely functions, needs constant maintenance, and looks hideous. Don't put up with it from your software.

See What a Thoughtfully Crafted EMR Looks Like:

Get a 30-minute demo of Elation Health.

"After struggling with other EMRs, Elation is like a breath of fresh air. Elation is the first EMR to actually make note writing, referrals, and prescriptions more efficient instead of bogging me down."



Alicia Cunningham, MD
Internal Medicine, Burlington, VT



Embrace Alternative Payment Models

Payment options are rapidly moving beyond traditional fee-for-service models. It's worth exploring to see if it makes sense for your practice to adopt new payment models.

Value-Based Care

The Centers for Medicare & Medicaid Services (CMS) **defines value-based care** as those programs that "reward health care providers with incentive payments for the quality of care they give to people with Medicare." CMS began emphasizing value-based, quality health care over the quantity of provider visits in 2008. Since then, programs like MACRA and CPC+ have set forth reporting requirements and reimbursement payments.

We think a better definition of value-based care is where your practice is responsible and accordingly compensated for the population health of both publicly and privately insured patients. When done right, it can be a great way to improve the financial performance of your practice.

MACRA/QPP

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repeals the Medicare Sustainable Growth Rate and replaces it with a new program known as the Quality Payment Program (QPP). Beginning on January 1, 2017, **qualified providers now participate in one of two tracks, either Advanced Alternative Payment Models (Advanced APMs) or the Merit-Based Incentive** Payment Program System (MIPS). Bonuses for participating in MIPS or APMs can be significant.

MIPS

- Payment track for ~95% of physicians
- Replaces Meaningful Use (MU), PQRS, and Value Based Payment Modifier (VM)
- Adjustments to Medicare payments based on performance, varying by program year:
  - 2019: +/- 4%
  - 2020: +/- 5%
  - 2021: +/- 7%
  - 2022: +/- 9%
- Additional incentive from $500 million pool to provide positive adjustments

Advanced APMs

- Payment track for ~5% of physicians
- Exempt from MIPS incentives and penalties
- 5% annual payment bonus between 2019 and 2024
- Multiple payment structures

Elation enables practices to achieve success with quality programs like MACRA by committing to the Health IT requirements needed to support practices. If a practice invests in technology that is built around making reporting and participation easy, physicians can save time and painlessly receive the financial incentives from these programs. Elation's platform gets at the heart of care coordination and reporting at the point of care. More specifically, the EHR's built-in quality measures dashboard makes it easy to track your progress on quality measures. At the same time, Elation provides clinical decision support and reminders at the point of care. Both features, along with 24/7 support to answer any MACRA-related question, enable and empower independent physicians to take advantage of MACRA while providing phenomenal care.

Primary Care First

Primary Care First (PCF) is an exciting initiative announced by CMS in 2019 that begins in 2020. PCF will offer providers a simple “flat stream of revenue” for each patient. When a patient stays healthy and out of the hospital, the practice will get paid a bonus, but if a patient ends up sicker than expected, the practice will bear responsibility for the extra spending up to a certain share of its revenue.

PCF is geared toward smaller practices that provide primary care services and are centered around comprehensive care management and coordination for Medicare patients and those who are seriously ill and high-risk.



- Physicians need a minimum of 125 Medicare beneficiaries to qualify for participation.
- Providers are incentivized for keeping patients out of hospitals (i.e., measured performance against hospital utilization).
- There’s a 50 percent potential upside and 10 percent potential downside. So doctors who earn $200,000 today could earn up to $300,000, depending on their ability to keep patients healthier.
- Must be using a 2015 CEHRT platform with API data exchange capabilities and a connection to a regional Health Information Exchange (HIE) to facilitate care coordination, such as provided by Elation EMR.

Download our Free Primary Care First Fact Sheet



Maximize Value-Based Reimbursements with the Right Tools

An independent physician association (IPA) in the San Francisco Bay Area had low Hierarchical Category Condition (HCC) scores because physicians were not able to check for these scores at the point of care. These lower scores meant that government reimbursement was significantly less than it could have been.

After working with its EHR vendor to improve provider interaction, the IPA was able to increase HCC recapture by nearly 8 percent, which translated into an 8.4 percent HCC score increase and increased annual per-patient revenue of $762.

That's $800,000 for a 500-patient population!

Direct Care

Direct Care is a medical practice model where providers contract directly with patients. For almost all of America's history, Americans paid their provider directly for care. It was only in the 20th century that health insurance outpaced out-of-pocket pay as the primary revenue source for medical practices. But since the turn of the 21st century, direct care has made a resurgence.[3]

In 2005, there were fewer than 150 physicians practicing in direct primary care, concierge, and other direct care models. This number grew five times in the next five years, to 756 in 2010, and then even more rapidly to an estimated 6,500 direct-care physicians across the country by the end of 2015.[4]

For physicians, adopting a direct-care model can improve work-life balance, reduce practice overhead, bring higher per-patient revenues, and maintain physician autonomy.[5]

For patients, direct care can mean a greater degree of access to, and time with, physicians. Improved communication and more regular, engaged care leads to fewer unnecessary tests, less frequent hospital visits, and lower total cost of care.[6]

Want to know more about Direct Care?
We've created a Direct Care Playbook with all the information you need to build out or transition to a direct-care practice, from setting up technology and pricing models to marketing and launching the practice. **Download now**

[3] IHS Markit. The Complexities of Physician Supply and Demand 2017 Update: Projections from 2015 to 2030. ***Association of American Medical Colleges website.***

[4] The Physicians Foundation. A Survey of America's Physicians: Practice Patterns and Perspectives.

[5] American Academy of Family Physicians. The Direct Primary Care Model: How It Works. ***American Academy of Family Physicians website****. Accessed July 9, 2019.*

[6] Doherty R, for the Medical Practice and Quality Committee of the American College of Physicians. Assessing the Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices: A Policy Position Paper from the American College of Physicians. Ann Intern Med. 2015;163:949-952. doi: 10.7326/M15-0366.



About Elation

Elation Health is the most trusted technology platform for high-value primary care. Since 2010, the company has delivered clinical-first solutions — built on a collaborative electronic health record (EHR) — that helps primary care organizations start, grow, and succeed in delivering the highest-quality personalized care to patients. Elation supports primary care clinicians by relieving administrative burden and restoring the doctor-patient relationship so that they can return to the craft of medicine. The company serves 24,000 clinicians caring for more than 12 million Americans, including thousands of small independent practices and large prominent digital health innovators. Elation Health is looking at another year of advancement ahead, securing $50 million in Series D funding in July of 2022 with plans to keep investing in technology and services as they continue to rapidly scale. Learn more at elationhealth.com, LinkedIn, and Twitter.

Experience the difference of a clinical-first approach:

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