HSG |

Patient Share of Care:

Measuring Patient Brand Loyalty

Ohio Hospital Association 2021 Annual Conference

Monday June 7th, 2021
11:30am – 12:30pm ET

Company **Overview**

HSG builds high-performing physician networks so health systems can address complex changes with confidence.

Headquarters: Louisville, KY

Formed: 1999

Focus: Health Systems and Physician Network Strategy and Execution

Physician Strategy
Driving a common strategic focus with engaged physicians.

Physician Leadership
Identifying and engaging strong physician leaders is integral to the network's development and success.

Performance Improvement
Improving the performance of employed physician networks.

Network Integrity
Leveraging Physician Network Integrity Analytics™ to create and monitor strategies for patient acquisition and retention.

Physician Compensation
Aligning physician compensation with health system and employed network goals.

Patient Share of Care:
Measuring Patient Brand Loyalty Overview

- Importance of and How to Measure Patient Brand Loyalty

- Best Practices

- Patient Share of Care Use Cases

- Questions and Answers

Patient Share of Care Educational Session Description and Behavioral Outcomes

Description

Patient "share of care" is a revenue-based measurement that gauges the depth of customer relationship and should be your primary value measurement of loyalty. Share of care is akin to share of wallet. This presentation will provide an overview of Patient Share of Care and how to leverage it within a health system.

Behavioral Outcomes

1. Attendees will be able to articulate what Patient Share of Care is and why it is critical to the long-term growth of their organization in a value-based care environment.

2. Attendees will know how to measure patient loyalty to their healthcare organization and develop realistic growth objectives for increasing Patient Share of Care.

Behavioral Outcomes Supporting Points

1. Identify the risk of putting too much focus on inpatient market share as a metric for growth.

2. Understand the data sources and analyses that contribute to improved metrics for patient preference.

3. Review two case studies to highlight how a state-wide health system and an independent community hospital are using Patient Share of Care to guide and measure strategic objectives.

Patient Share of Care
Why & *What*

Strategic Planning Requires Multiple Data Inputs

Data & Analytic Input Examples	Strategic Outputs

Data & Analytic Input Examples

- Employed Practice KPIs
- Provider productivity
- Provider supply and demand analysis
- Market demographics
- Access point and drive time analysis
- **Patient attraction and retention**
- Quality and outcome measures

Strategic Outputs

- **Employed Network Performance**
- **Manpower Planning**
- **Service Line Planning**
- **Market Growth**
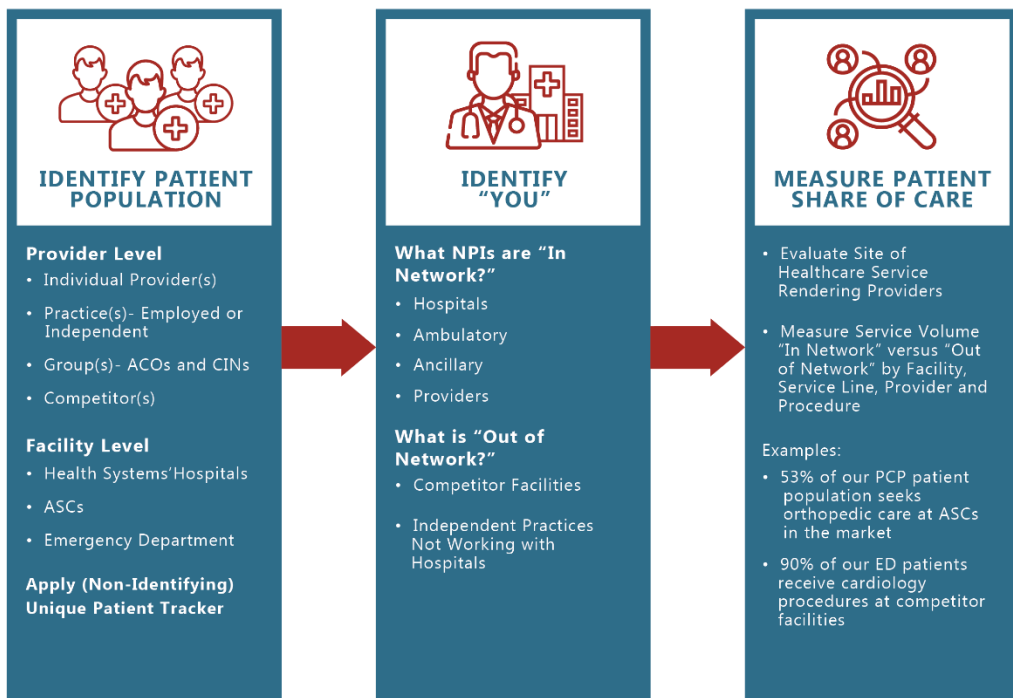
HSG

Finding Better Data for Patient Behavior

Measurement of patient attraction and retention provides foundational information for **strategic**, **service-line**, and **manpower** planning efforts.

However, many organizations rely on inadequate data and analyses to infer patient behavior.

Data/Analysis Type	Commentary
Inpatient Market Share Data	• Often self-reported to state hospital association • Misses the competitiveness of the ambulatory landscape in each market
Electronic Medical Record	• Typically focused on identifying referrals leaving the network as part of a referral management strategy • Outputs are only as good as the inputted data • Misses any care provided at other facilities
Claims Data	• Can provide holistic portrait of patient care • Detailed data facilitates multiple analytic approaches • Some data redactions due to privacy protection

What is Patient Share of Care?

HOW HSG MEASURES
PATIENT SHARE OF CARE

IDENTIFY PATIENT POPULATION

Provider Level
- Individual Provider(s)
- Practice(s)- Employed or Independent
- Group(s)- ACOs and CINs
- Competitor(s)

Facility Level
- Health Systems' Hospitals
- ASCs
- Emergency Department

Apply (Non-Identifying) Unique Patient Tracker

IDENTIFY "YOU"

What NPIs are "In Network?"
- Hospitals
- Ambulatory
- Ancillary
- Providers

What is "Out of Network?"
- Competitor Facilities
- Independent Practices Not Working with Hospitals

MEASURE PATIENT SHARE OF CARE

- Evaluate Site of Healthcare Service Rendering Providers
- Measure Service Volume "In Network" versus "Out of Network" by Facility, Service Line, Provider and Procedure

Examples:
- 53% of our PCP patient population seeks orthopedic care at ASCs in the market
- 90% of our ED patients receive cardiology procedures at competitor facilities

---

Step 1
Identifying patient population

Must align with business question and analytic goals. Many potential definitions. Could include:
- Employed Primary Care Patients
- Urgent Care Patients
- Emergency Department Patients
- Patients with specific procedures or diagnoses

Step 2
Identifying Target Facilities

What facilities are considered part of your organization? What facilities are considered closely aligned?

Step 3
Measuring Patient Share of Care

Claims occurring at target facility (based on service location or billing entity) compared to all patient claims.

Can measure in patients, volume, charges, or estimated revenue.

Best Practices: Applying Patient Share of Care

1. Define the business question before starting analysis

2. Select the right patient population tailored to the business question

3. Thoroughly communicate the approach when sharing information throughout your organization

4. Conduct drill-down analyses to ensure findings are actionable

5. Acknowledge both provider and patient factors in influencing patient retention

Best Practices: Considering the Business Question

A clear articulation of the analytic goal will ensure proper selection of methodologies. Examples:

- What are our biggest opportunities to reduce network leakage?

- Where do patients have difficulty accessing specific services?

- What is our market share for patients that interact with our primary care providers?

- Which primary care providers are feeding our aligned or employed specialists?

- Which practices should be targeted for alignment and how can we track effectiveness of previous alignments?

- How can we quantify and identify proceduralists practicing at multiple hospitals?

Best Practices: Defining Patient Populations

| ACO/CIN Patient Population(s)	Independent Practice Patient Panel(s)	Emergency Department Patients	Employed Primary Care Patient Panel(s)
Where is our **largest gap** in ACO/CIN patient retention? (Service Line, Service, Providers)	What **opportunities exist for patient acquisition** if this practice is more closely aligned with our system?	**Where do our ED patients receive care** after receiving services at our facilities?	**How loyal are our established patients** on our primary care provider panels?

Best Practices: Stakeholder Reporting & Drill Downs
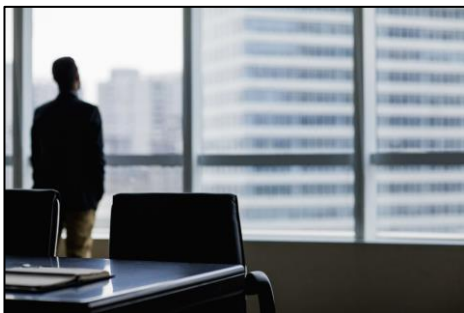
Executive Leadership

Executive leadership teams should have **Patient Share of Care as a key performance indicator on their monthly or quarterly dashboards.** Patients leaking from your system already utilizing your healthcare services are the **lowest hanging fruit for incremental revenue growth.**
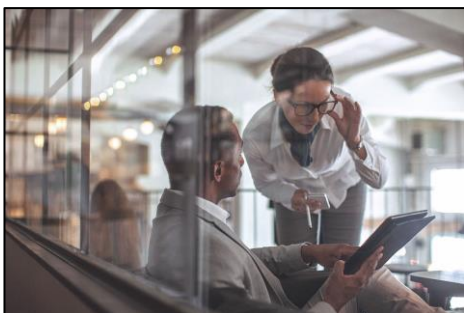
Marketing

Marketing requires detailed information into how patients are utilizing healthcare **based on geography, service lines, and provider types.** Patient Share of Care provides the **tools required to develop detailed advertising and physician outreach efforts.**

Strategic Planning

Strategic planning personnel often have responsibilities over medical staff development planning. Leveraging Patient Share of Care data to **support their specialty and primary care recruitment efforts** based on the **patient leakage occurring by provider specialization and service capabilities** often proves fruitful.

Best Practices: Patient and Provider Factors

Do: Understand both patient and provider factors in driving patient retention

Don't: Focus exclusively on provider factors and assume applying pressure on primary care providers is the best way to improve patient retention.

PATIENT FACTORS	PROVIDER FACTORS
1. Prior experience and/or relationships with the consultant or health system	1. Noted patient factors
2. Provider reputation • Word of mouth • Website	2. Existing relationships
3. Geographic considerations • Travel time, difficulty	3. New relationships • Provider/Consultant care/treatment philosophy • Provider/Consultant communication patterns • Interpersonal treatment of patient/family ○ Consultant ○ Consultant's office staff
4. Timely access	4. Health system relationship • Own • Other
5. Insurance issues • Networks, including commercial, self-insured, CIN, and direct employer contracting • Covered benefits • Co-pays and deductibles ○ High deductible plans make patient essentially a self-pay	5. Timely access
	6. Insurance issues (including pre-authorization processes)

Patient Share of Care
Case Studies

Patient Share of Care Use-Case #1

Client Problem

HSG's partner client, a Midwest healthcare system with multiple community hospitals and an academic flagship, has been measuring Patient Share of Care for patients on their employed primary care panels for 24+ months. They have begun expanding their urgent care sites of service and wanted to **gauge the effectiveness of recent and planned strategies for improving patient retention out of their urgent care locations**. Additionally, and almost more importantly, they wanted to **understand how patients utilizing their urgent care locations differ from those utilizing traditional primary care services.**

Action Steps

- Three distinct patient populations were created to measure urgent care share of care for the Health System.
    1. Any patient utilizing a Health System Urgent / Immediate Care Location
    2. Any patient utilizing a Health System Urgent Care Location that **has not had** an office-based visit with a Health System Employed Primary Care Provider
    3. Any patient utilizing Health System Urgent / Immediate Care Location that **has had** an office-based visit with a Health System Employed Primary Care Provider
- All of the health system service locations were identified (hospitals, ambulatory practices, partnerships–JV Surgery Centers) and classified as "in-network" vs. "out-of-network".

Patient Share of Care Outcomes

- The overall urgent care population utilized access centers as a **substitute service for traditional primary care and not a supplementary service.**
- Only 11% of all patients measured utilized both urgent care and employed primary care settings.
- Spend per patient was $178 more for patients that utilize urgent care and primary care.
- Patients utilizing traditional primary care always resulted in higher share of care percentages (>15%)

Share of Care: **Urgent Care by Patient Cohort**

Patient Cohort	Health System Share of Care Percentage[1]			Health System Expected Reimbursement[2]	Number of Unique Patients
	Health System Owned Locations	Health System Partners	Total		
Urgent Care Overall	**54.4%**	**7.5%**	**61.9%**	**$77.8M**	**169,130**
Urgent Care Utilizer & Non-Health System Primary Care Patient	52.6%	6.5%	59.1%	$66.9M	150,863
Urgent Care Utilizer & Health System Primary Care Patient	65.0%	14.0%	79.0%	$10.7M	18,267

Notes
1: Percentage is inclusive of Share of Care percentages from Health System Partnerships *(100% Ownership)*
2: Health System Expected Reimbursement as a Percent of Charges by Payer Class *(i.e., Commercial = 48.9%)*
- Used Fiscal Year Budget System Average by Payer Class.
- This estimate does not differentiate between types of services, facilities/clinics, specific, contractual arrangements, or any other factors.
- Assumes Non-Health System Providers/Facilities are reimbursed at a similar rate.

Share of Care: **Urgent Care by Patient Cohort**

Health System Share of Care - **Urgent Care by Patient Cohort**
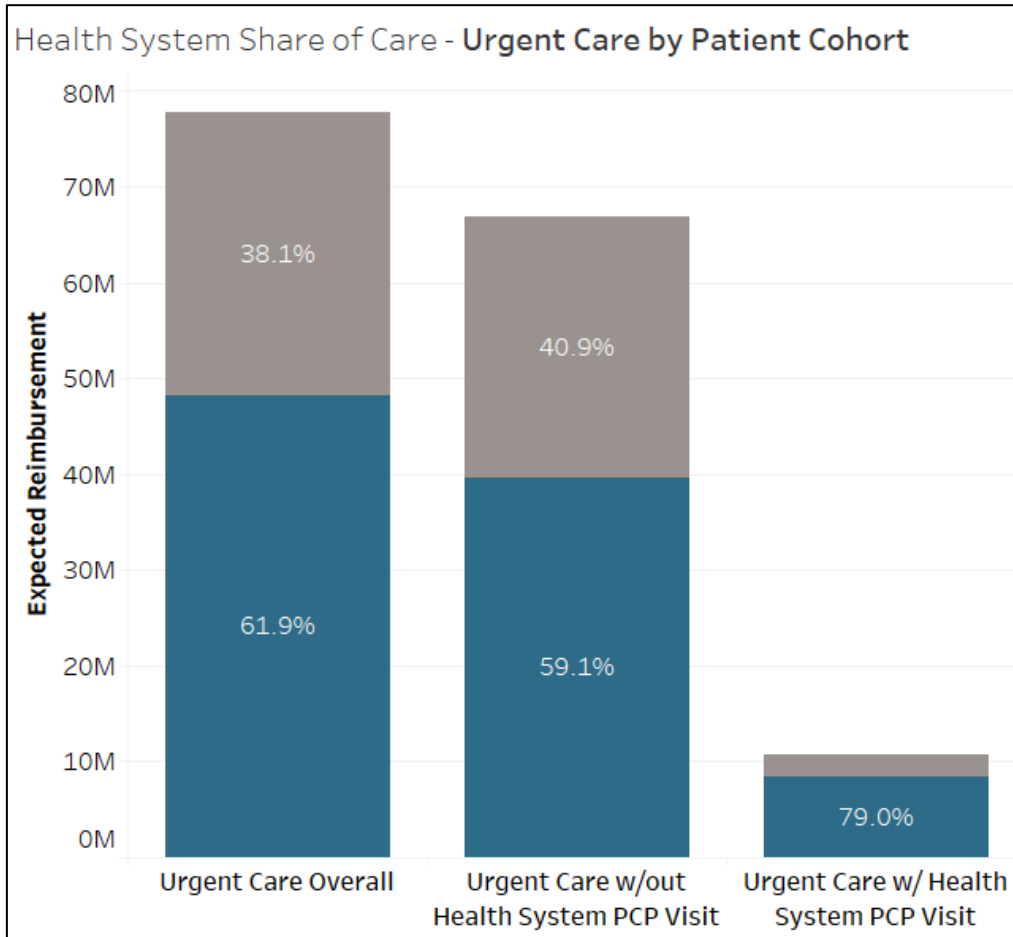
Based on the urgent care patient cohort there is significant variation in Health System Share of Care percentage.

When compared to the most recent overall health system share of care (70.2%),

- **Urgent Care Overall and w/out a Health System PCP visits are 8 to 11 percentage points lower at 62% and 59% respectively.**

- **Urgent Care w/ a Health System PCP visit is 9 percentage points higher at 79%**

Share of Care: Urgent Care – Priority Service Lines

Health System Share of Care - Urgent Care Priority Service Lines

LEGEND
- Health System Locations
- Other
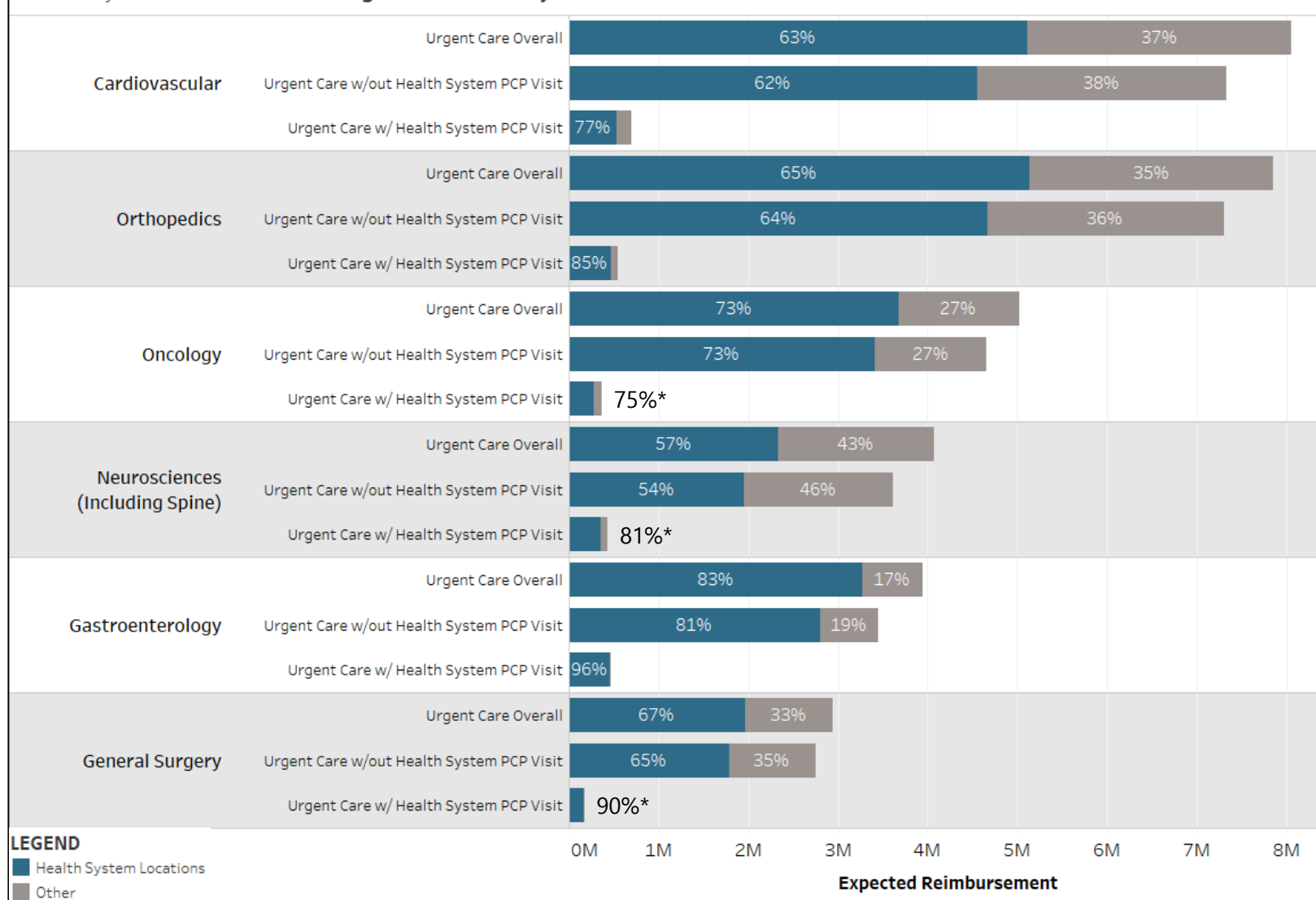
Inclusive of Health System Owned and Partnership Percentages

Share of Care: Urgent Care – All Service Lines

Health System Service Lines	Urgent Care Overall	Urgent Care w/out Health System PCP Visit	Urgent Care w/ Health System PCP Visit
Cardiovascular	63.5%	62.2%	76.5%
Orthopedics	65.5%	64.0%	85.3%
Oncology	73.4%	73.3%	75.4%
Emergency	53.5%	52.1%	65.7%
Neurosciences (Including Spine)	57.4%	54.3%	81.4%
Gastroenterology	83.1%	81.2%	96.1%
E&M Office Visit	58.9%	51.3%	87.6%
Lab	41.3%	32.9%	79.7%
General Surgery	66.9%	65.3%	89.6%
Evaluation and Management	48.4%	45.5%	60.4%
IP Only	68.9%	68.7%	
Other Radiology	42.7%	37.7%	74.3%
Ophthalmology	40.9%	39.0%	60.7%
Physical Therapy/Rehabilitation	26.8%	20.0%	60.6%
Nephrology	65.9%	59.9%	80.7%
Pulmonology	79.6%	78.4%	93.0%
Pain Management	30.9%	26.4%	75.2%
ENT	75.5%	71.9%	92.2%
Urology	55.8%	51.7%	86.8%
Dermatology	49.4%	43.7%	84.1%
Psychiatry	43.0%	44.6%	25.5%
Women's Health	48.2%	36.2%	86.1%
Plastic Surgery	12.7%	0.0%	62.3%
Endocrinology	73.1%	86.3%	46.4%
Grand Total	**61.9%**	**59.1%**	**79.0%**

Q4 2020 Health System Share of Care %	
Cardiovascular	78.3%
Orthopedics	70.3%
Oncology	82.2%
Emergency	74.2%
Neurosciences	66.3%
Gastroenterology	85.0%
E&M Office Visit	75.8%
Lab	66.6%
General Surgery	82.8%
Evaluation & Mgmt.	67.6%
IP Only	81.5%
Other Radiology	68.7%
Ophthalmology	34.5%
PT/Rehab	43.3%
Nephrology	32.6%*
Pulmonology	79.1%
Pain Management	53.7%
ENT	81.0%
Urology	79.8%
Dermatology	60.5%
Psychiatry	37.9%
Women's Health	80.0%
Plastic Surgery	67.2%
Endocrinology	86.9%
Overall	**70.2%**

Denotes Urgent Care Overall differs from Q4 2020 Health System Share of Care by more than 10 percentage points.

Patient Share of Care Use-Case #2

Client Problem

A hospital system sought to assess its readiness for risk/value contracting. The organization was concerned that its care patterns were generating success in fee-for-service but creating risk as payers transition to value. This example studies back pain patients and identifies ways in which the client's processes differ from national guidelines and market competitors.

Action Steps

1. Captured claims data for all patients in client's service area.
2. Identified ED and office visits with primary diagnoses of back pain.
3. Excluded patients with cancer and other "red flag" diagnoses.
4. Grouped patients into cohorts based on site of initial back pain diagnosis.
5. Analyzed services after diagnoses to determine frequency of target procedures.

Patient Share of Care Outcomes

The CLIENT cohort patients are more likely to have imaging studies and surgeries after an office visit for back pain when compared to all other patients. Specifically:

- 70% of the CLIENT cohort patients receive an MRI within six weeks of the initial back pain diagnosis compared to 45% for all other patients.

- Fusion or decompression surgeries are performed for approximately 8% of the CLIENT cohort patients compared to 2% for all other patients.

Original Service Location – ED Back Pain Patients

Service Locations Details for Patients Visiting an ED with Back Pain Primary Diagnosis

Service Location	Percent of Patients
Client Facility #1	14%
Client Facility #2	13%
In-Market Competitor	11%
Regional Competitor Facility #1	10%
In-Market Competitor	7%
Regional Competitor Facility #2	6%
Out-of-Market Competitor	6%
Out-of-Market Competitor	4%
Out-of-Market Competitor	3%
Out-of-Market Competitor	2%
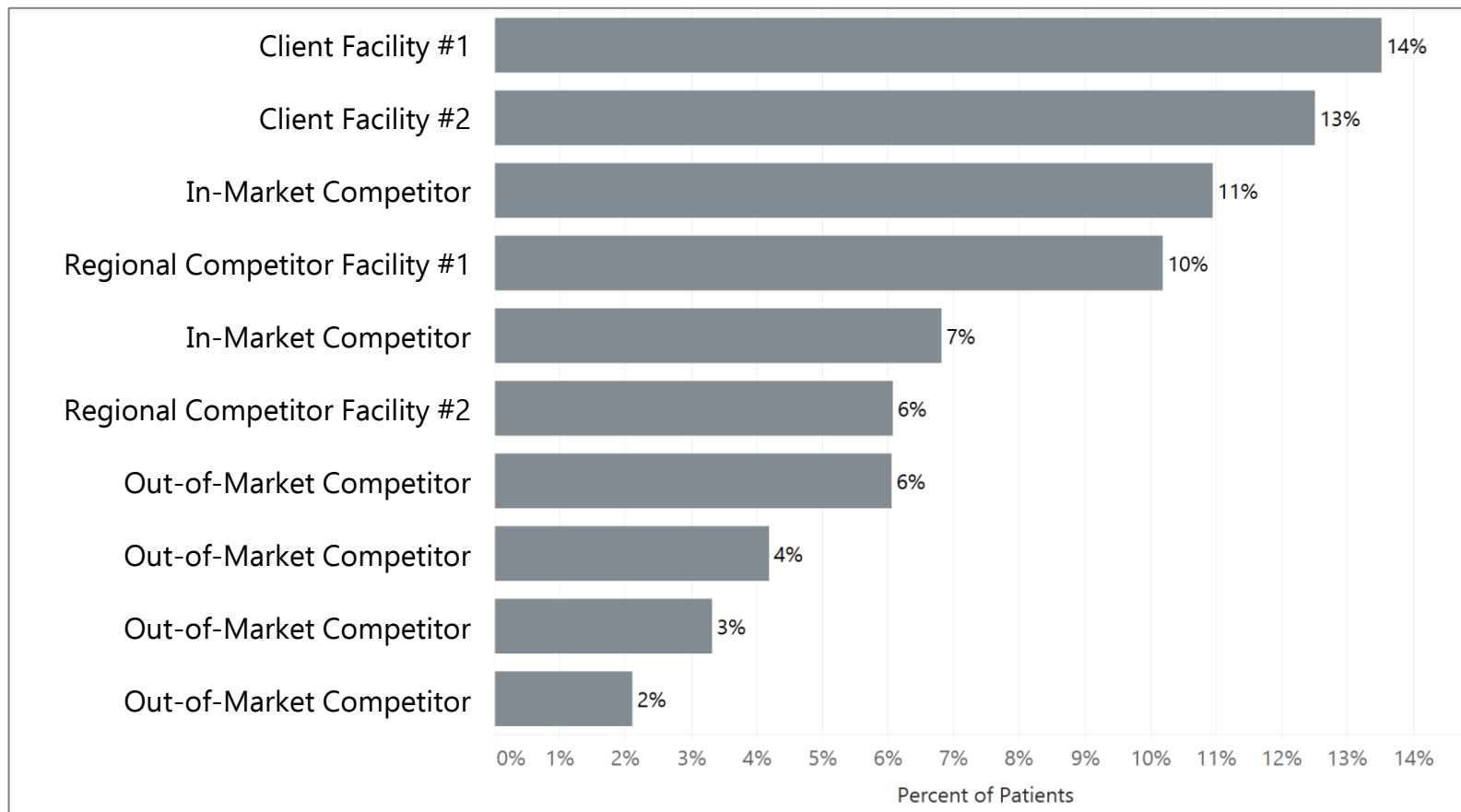
Top 10 Shown

Procedure Footprint – ED Back Pain Patients

CLIENT Patient Cohort

All Other Patients

Procedure	CLIENT	All Other
Back Pain ED Visit	100%	100%
X-Ray	35%	26%
CT	35%	20%
MRI	19%	10%
Therapeutic Procedures	7%	6%
Injections/Blocks	6%	4%
Chiropractic/Osteopathic Manipulation	1%	3%
Other Spine Procedures	1%	1%
Decompression	1%	1%
Fusion	1%	0%

Percent of Patients

19% of CLIENT cohort patients received an MRI after a back pain diagnosis the ED compared to 10% for all other patients.

Key Takeaway: when compared to all other patients, the CLIENT cohort patients are more likely to have imaging studies after an ED visit for back pain.

Note: Percentages represent the proportion of ED back pain patients receiving the specified service/procedure. Percentages will not add to 100%.

Procedure Footprint – Office Back Pain Patients

Key Takeaway: The CLIENT cohort patients are more likely to have imaging studies and surgeries after an office visit for back pain when compared to all other patients.

Note: Percentages represent the proportion of ED back pain patients receiving the specified service/procedure. Percentages will not add to 100%.
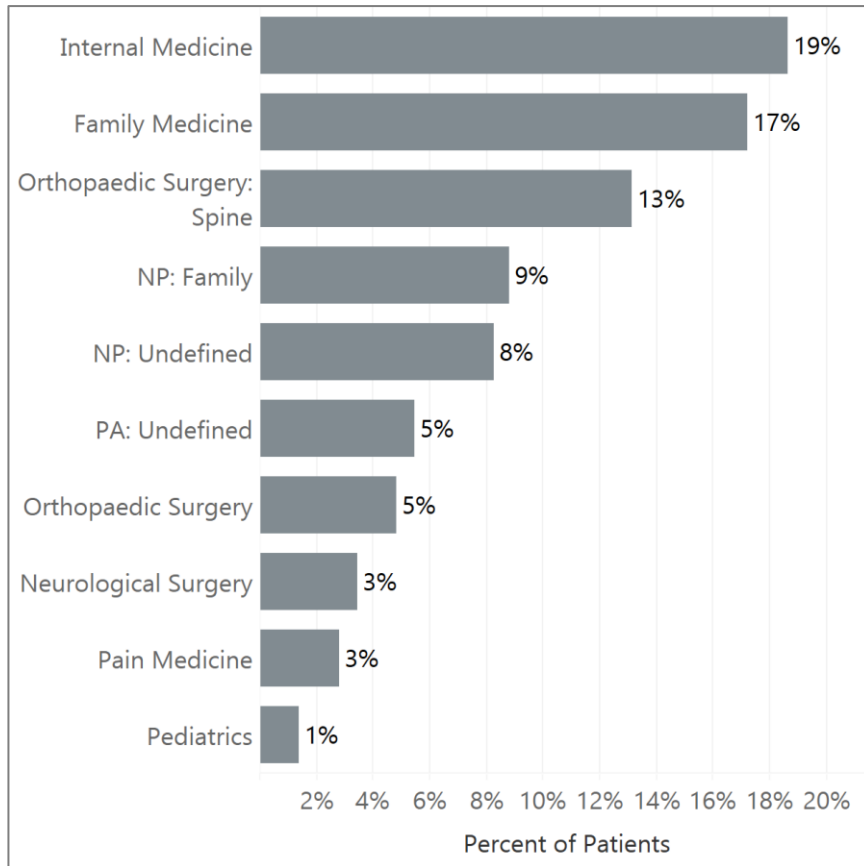
Key Imaging Metrics – Office Back Pain Patients

	CLIENT Patient Cohort	All Other Patients
Percent of patients having X-rays	50%	27%
Percent of patients having MRIs	20%	8%
Percent of MRIs performed within six weeks	70%	45%
Median time to MRI (days)	24	56

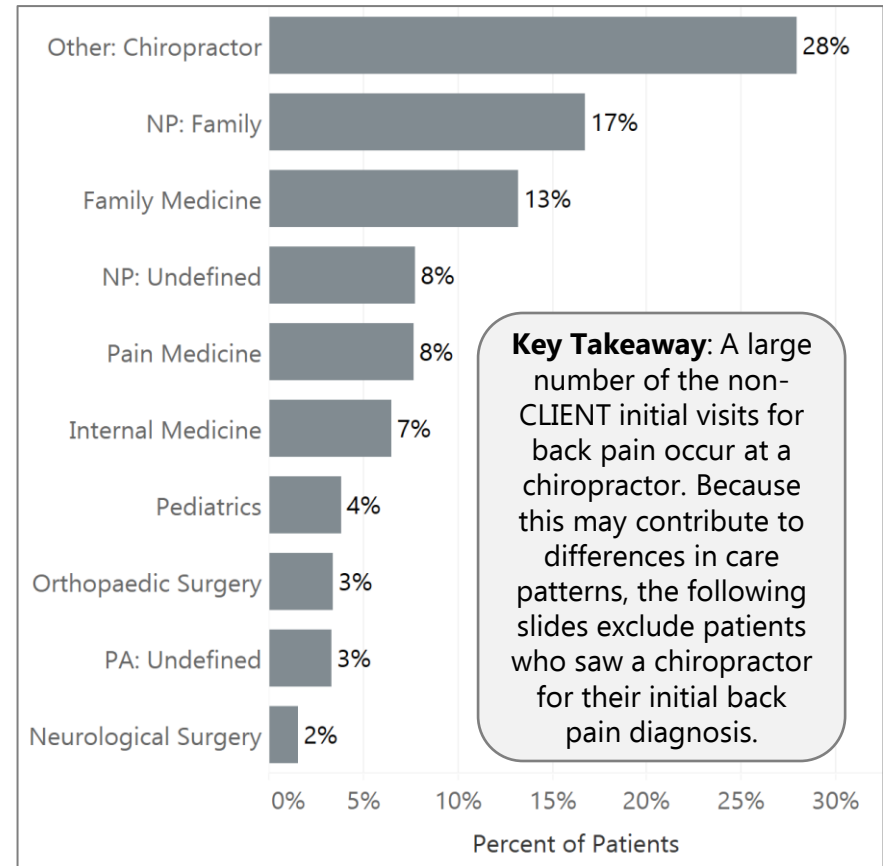# Original Service Specialty – Office Back Pain Patients

Specialty of Rendering Provider for Office Visits with Back Pain Primary Diagnosis

CLIENT Patient Cohort

Specialty	Percent
Internal Medicine	19%
Family Medicine	17%
Orthopaedic Surgery: Spine	13%
NP: Family	9%
NP: Undefined	8%
PA: Undefined	5%
Orthopaedic Surgery	5%
Neurological Surgery	3%
Pain Medicine	3%
Pediatrics	1%

Percent of Patients

Top 10 Shown

All Other Patients

| Specialty	Percent
Other: Chiropractor	28%
NP: Family	17%
Family Medicine	13%
NP: Undefined	8%
Pain Medicine	8%
Internal Medicine	7%
Pediatrics	4%
Orthopaedic Surgery	3%
PA: Undefined	3%
Neurological Surgery	2%

Percent of Patients

Top 10 Shown

Key Takeaway: A large number of the non-CLIENT initial visits for back pain occur at a chiropractor. Because this may contribute to differences in care patterns, the following slides exclude patients who saw a chiropractor for their initial back pain diagnosis.

Procedure Footprint – Office Back Pain Patients

Excluding Patients Originating from Chiropractic Visits

Key Takeaway: Even when excluding patients originating from Chiropractic visits, there are still significant differences in care patterns between the Client patient cohort and all other patients.
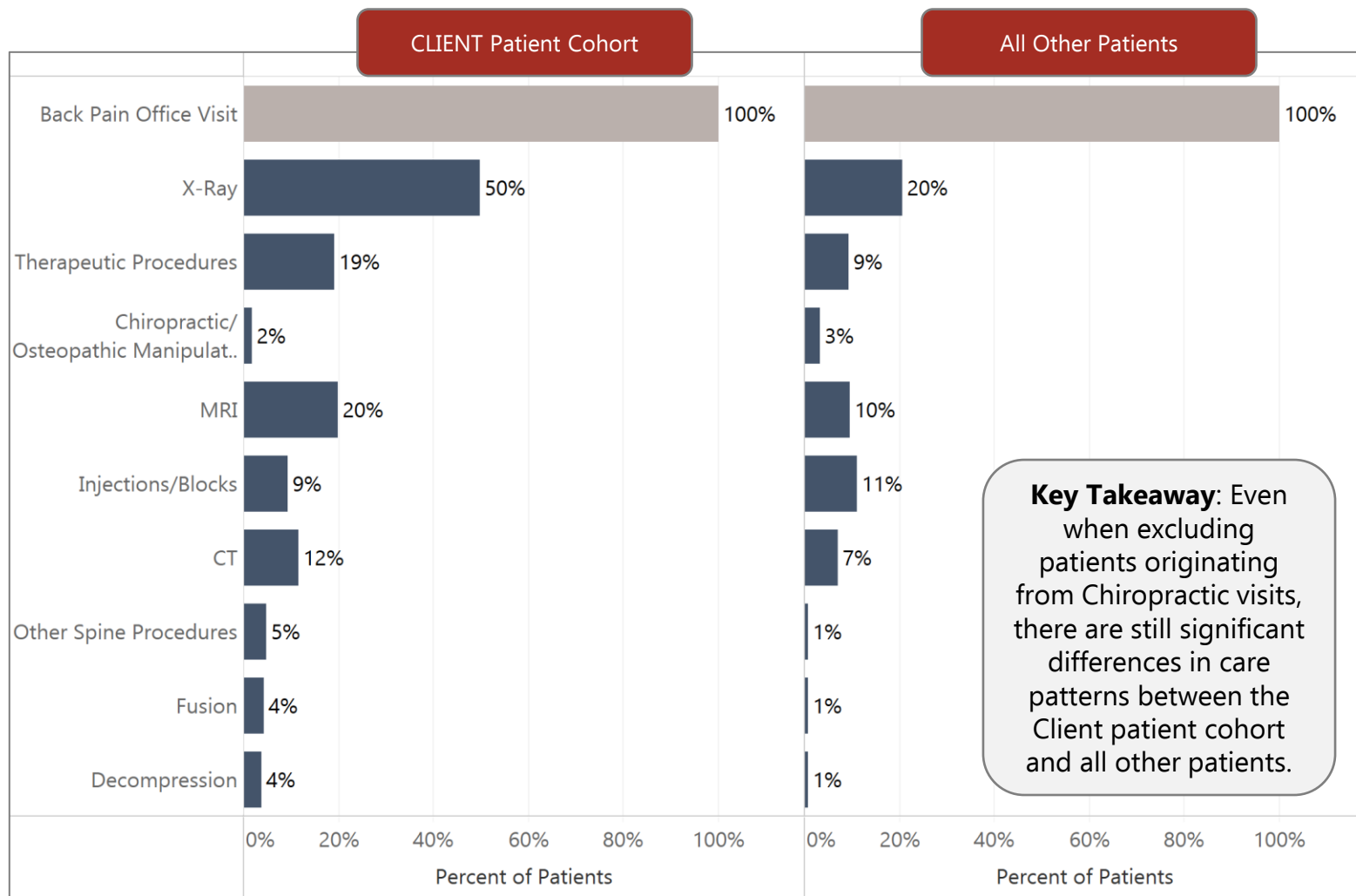
Key Imaging Metrics – Office Back Pain Patients

Excluding Patients Originating from Chiropractic Visits

	CLIENT Patient Cohort	All Other Patients Not Originating from Chiropractic Visits
Percent of patients having X-rays	50%	20%
Percent of patients having MRIs	20%	10%
Percent of MRIs performed within six weeks	70%	47%
Median time to MRI (days)	24	54

Conflict of Interest

I have no real or perceived conflicts of interest that relate to this presentation.