

**Congressional Testimony of Greg Long, Chief Medical Officer and Senior Vice President,  
Systems of Care, ThedaCare**

**House Ways & Means Subcommittee on Health**

**Hearing on Exploring the Use of Technology and Innovation to Create Efficiencies, Higher  
Quality, and Better Access for Beneficiaries in Health Care**

**September 14, 2016**

Chairman Tiberi, Ranking Member McDermott and Members of the Subcommittee, my name is Greg Long and I serve as Chief Medical Officer and Senior Vice President, Systems of Care for ThedaCare. Thank you for the invitation to appear today to discuss how technology and innovation can be leveraged to improve access to care, and deliver better care at a lower cost. It is an honor to appear before you today, alongside this distinguished panel. My remarks will focus on the work ThedaCare is doing with technology, data, and team-based care to better serve patients in Wisconsin.

ThedaCare is a non-profit, community-owned health system in northeastern Wisconsin, consisting of seven hospitals and 34 health clinics serving eight counties. We are the third largest healthcare system in the state and the largest employer in northeast Wisconsin. Our system serves over 240,000 patients annually and employs more than 7,000 healthcare professionals throughout the region.

ThedaCare has for many years dedicated itself to advancing information technology to improve the way our professionals treat and engage with patients, expand access and provide better, more coordinated care. In recognition of these efforts, ThedaCare has earned the “Most Wired” award for 15 straight years.

ThedaCare is also committed to delivering high value care – to us this means delivering the highest quality care in a highly efficient manner, thereby lowering costs for patients and the health system at large. We were an early leader in healthcare quality improvement, having adopted an improvement process in 2003 based on lean principles and tools. Since then, we have developed a culture of continuous learning that allows us to redefine better. It empowers us to provide better value and outcomes to our patients, and allows us to better manage costs. We use our improvement process to support our people, leveraging electronic medical records and a secure Internet patient portal to coordinate care.

Additionally, our Pioneer ACO, excelled as the highest quality, lowest cost provider organization in the nation. We are now excited to be participating in the Next Generation ACO model. ThedaCare is a member of the Healthcare Quality Coalition, a national group of leading health systems, hospital associations, and medical societies that are striving to transition healthcare delivery to a value-based system. ThedaCare is also a founding member of the Wisconsin Collaborative for Healthcare Quality, a consortium of quality-driven healthcare organizations, employers, consumers and business groups from around the state.

With that background, I will focus the remainder of my testimony on some of the work we are doing, and which I think illustrates how by re-deploying resources in a different way, healthcare systems can improve the status quo and redefine better.

### **1. Using Data and Team-Based Care to Target Complex Patients**

The first example I will offer is the work ThedaCare has been doing to redesign care for its most complex patients.

In our service area, as in many other parts of the nation, a growing percentage of the population is challenged by obesity, alcohol abuse, diabetes, high blood pressure, asthma, lack of access to primary care, and excessive wait times for behavioral health services. These issues are particularly burdensome for the area's senior citizens, rural farm families, and low income populations.

To meet these challenges, ThedaCare embarked on a pilot project in 2014 to identify our most complex patients or "super-utilizers" who account for a high percentage of medical costs and who are at highest risk for complications associated with chronic disease. To do this, our team spent significant time developing data to identify high-risk patients. This included developing a risk calculator program in Epic, ThedaCare's electronic health record, and using it to stratify 7,026 patients being seen at the ThedaCare Internal Medicine Clinics, based on clinical factors, utilization of services, and psychosocial needs. A total of 600 patients were identified as being in the high-risk or dangerous-risk group at the ThedaCare Internal Medicine Clinic in Appleton. The pilot project involved 282 of these dangerous or high-risk patients who were enrolled into the new model from November 2014 through October 2015.

The model itself is a decentralized, team-based model comprised of three care coordinators, one registered nurse (RN), one clinical pharmacist, one behavioral health clinician, one nurse practitioner, and one medical assistant, plus three part-time staff comprised of one RN, one clinical pharmacist and one behavioral health clinician.

As a first step in the model, each patient met with the care team and completed an initial assessment of medical, psychosocial, and other needs. A care plan was developed and specific goals were identified. Each patient received supportive services and intensive case management, including chronic disease monitoring and management skills; behavioral health screening; psychotherapy and other behavioral health care; medication consultation and counseling from the clinical pharmacist; and life skills classes (managing stress; maintaining self-care; coping with anxiety, depression, and/or ADHD; building self-esteem; and addressing emotional support needs of caregivers). Patients also received assistance with obtaining housing and other basic needs through collaboration with community organizations, including LEAVEN, the United Way, the Aging and Disabilities Resource Center, and the Housing Authority of the Fox Cities. The team provides home visits for patients who have special needs, or who are physically or mentally incapable of meeting at the clinic. Very recently, the team has begun to explore the use of technology in disease management; a small number of patients have been uploading their blood sugar results to a Smartphone or iPad and submitting them to the clinic electronically.

The results from this first pilot were positive. The percentage of patients with uncontrolled diabetes (A1c > 9) decreased from 12% to 3.8% over the one year evaluation period. Improvement was also noted for the percentage of patients with controlled hypertension (<140/90), which increased from 89% to 91.5% and for the percentage of patients who visited the emergency department (ED) more than three times in the previous six months, which fell from 11.8% to 2.6%. The percentage of patients reporting moderate or severe behavioral health symptoms fell from 46.9% to 18.8% for anxiety and from 53.1% to 40.7% for depression. Outcomes for A1c > 9, hypertension and ED visits exceeded outcomes for high-risk/dangerous-risk patients being seen at other ThedaCare physician outpatient clinics at the same measurement point. Additionally, for all patients at the ThedaCare Internal Medicine Clinic in Appleton, hospital readmission rates fell from 12.8% in 2014 to 7% by October 2015.

<b>Metric</b>	<b>November 2014</b>	<b>October 2015</b>
Patients with A1c > 9 (cohort 1)	12%	3.8%
Patients with A1c < 8 (cohort 1)	74%	78.8%
Patients with controlled hypertension (HTN) (< 140/90; cohort 1)	89%	91.5%
Patients visiting ED (cohort 1) (> 3 times in previous 6 months)	11.8%	2.6%
Patients with moderate or severe depressive symptoms	46.9%	18.8%
Patients with moderate or severe symptoms of anxiety	53.1%	40.7%

ThedaCare is expanding this model to include a second patient cohort including the remaining patients in the highest risk category, as well as a group of patients in the next risk category (rising risk) as identified through the risk calculator.

We are also implementing a new community paramedic program, supported in part by grant funding from the Robert Wood Johnson Foundation, with the goal to provide in-home visits to the most medically challenging patients. In this program, paramedics from Gold Cross Ambulance will obtain certification as community paramedics, allowing them to function outside their customary emergency response and transport roles in ways that will facilitate more appropriate use of emergency care resources. It also will enhance access to primary care for the project's most complex patients.

In this project, certified community paramedics from Gold Cross Ambulance, which is jointly owned by ThedaCare and Affinity Health System, will provide in-home health education and, under the direction of the treating physician at the internal medicine clinic, will follow up on targeted patients to check and monitor health outcomes. For example, these community paramedics will help patients monitor their HbA1c, they will check to ensure that patients are complying with medication regimens, and they will answer any questions that patients may have about disease management, including blood glucose monitoring, blood pressure monitoring, and medication reactions. Community paramedics will also make referrals to community organizations, as needed, for other kinds of support services and needs. This role will represent

an expansion of the role performed by a community health worker in that patients will benefit in their homes from the additional medical training and medical care provided by the paramedic.

## **2. Leveraging Technology to Improve Access**

The following are three more examples that show how ThedaCare is leveraging advances in technology to make primary care more convenient and accessible, close gaps in access due to shortage of medical professionals, and better serve rural areas.

- ❖ **E-Visits:** Patients are now able to consult with their ThedaCare primary care physician on certain conditions through a web-based portal, and get a response within 20 to 30 minutes. For a flat fee of \$35, and without having to leave work, a patient can get a diagnosis, a prescription and/or a referral for follow-up care with respect to 9 clinical conditions – e.g., acne, pinkeye, diaper rash, influenza, upper respiratory illness. The program, which has been in place for about a year and a half, is very popular. More than 2,000 patients have accessed this service to date, and it has a 98% satisfaction rate. ThedaCare is expanding the program to include up to 20 clinical conditions.
- ❖ **Telehealth Psychiatry:** There is a severe shortage of psychiatry professionals in Wisconsin, as in other parts of the nation. Several years ago, a ThedaCare psychiatrist with a panel of about 3,000 patients re-located to Utah for personal reasons. Other psychiatrists in the service area had full panels with long waiting lists. To maintain access to this critical service, and notwithstanding the fact that certain payers including Medicare will not pay for tele-psychiatry services due to geographic restrictions, in April 2013 ThedaCare Behavioral Health set up a tele-video facility where the psychiatrist can continue to treat patients in Menasha, Wisconsin from Utah.
- ❖ **Tele-Stroke Program:** ThedaCare recently received a grant award from the U.S. Department of Agriculture to implement robotic technology to remotely monitor stroke patients in rural settings. ThedaCare is in the process of purchasing the technology, and expects to implement it within the next four to six months. Tele-stroke programs are not new, but with this funding ThedaCare is excited to be able to provide this service at our rural sites and we believe that it will improve the quality of care and reduce the need for costly and risky patient transfers.

In closing, from my perspective as a clinician, it is exciting to see the ways that technology and innovation can transform care and improve outcomes for patients. Of course, like other healthcare providers, we continue to be challenged by traditional reimbursement structures like fee-for-service that do not always support technology and innovative care models. For this reason, we have and will continue to explore alternative payment models like the Next Generation ACO program and private payer contracting strategies that better support the types of initiatives described above. We believe these innovations are critical to improving patient experience and health outcomes.

Thank you again for the opportunity to testify today.