TCPI Exemplary Practice Performance Summary, October 2018
Colorado Retina Associates, Denver, CO
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Colorado Retina Associates
Consulting Physicians & Surgeons
for Vitreo-Retinal Disorders

Specialty practice demonstrates high value care while relentlessly pursuing continuous improvement in patient centered care

Colorado Retina Associates (CRA) is the dominant retina practice in the Rocky Mountain West and western Great Plains, with 12 physicians working alongside 128 staff. From a population perspective, CRA is the final hope for persons with both very common sight-threatening conditions, as well as persons with very rare inherited or inflammatory diseases. The leading cause of blindness in the population aged 50 or greater is age-related macular degeneration, while the leading cause of poor vision in working age Americans is diabetic retinopathy – both conditions comprising the bulk of CRA's retina care. CRA, unlike most other peer retina practices, also shoulders the responsibility to care for marginalized individuals with complex and rare disorders, further complicated by chronic undervaluation by payers.

The changing demography and epidemiology of CRA's population (and broadly in the USA) results in the delivery of increasingly more chronic care for diseases such as age-related macular degeneration and diabetic retinopathy. By necessity, CRA has had to evolve its entire leadership and operational processes to continue to deliver high-quality patient care. CRA continues to grow organically, with six Denver metropolitan offices, seeing 24,000 unique patients a year, of which 6,500 are new patients, with an annual workload of 64,000 visits.

CRA's physician and administrative leadership understands that the highest-value care is delivered by physician-led organizations that meld excellence in clinical care by evolving towards person-centricity and deriving ever greater administrative competency by evolving towards modern business practices. Business skills include becoming both formal students and teachers of leadership, seeking data-driven discussions, and having close ties to healthcare policymakers (holding leadership positions in medical and specialty societies at the local, state and national level).

CRA has a culture of patient-centered care built on a foundation of continuous quality improvement. We constantly challenge ourselves to be a high-performer clinically, providing excellent care to patients, holding surgical rounds to shorten the post-fellowship learning curve. CRA was an early adopter of the American Academy of Ophthalmology IRIS registry. CRA uses Lean Six Sigma to drive continuous process improvement, using metrics, benchmarks, internal feedback loops, resulting in care ***well above peer practices***, while demonstrating improvement

over baseline. In addition to data to support excellent clinical outcomes (see charts below), CRA contributed $20.3 million in cost savings in 2017 (projected $23.5 million in cost saving for 2018) to the healthcare system by prescribing lower cost, off-label pharmaceuticals for first-line therapy.

Costs avoided by self-imposed "step therapy"

Use of lower cost, to a large extent similarly effective, off-label drugs for intravitreal injection (Avastin) as first step by CRA physicians, only later shifting to branded drug (Eylea) if treatment failure, results in substantial savings to the payers.

BY USING SELF-IMPOSED STEP THERAPY CRA SAVES THE HEALTH SYSTEM OVER $23M IN 2018!

	2017	2018 - Projected
Avastin Injections	10,775	12,600
Avastin Medicare Reimbursement	$ 73.73	$ 76.66
CRA cost to system	$ 794,398	$ 965,916

	2017	2018 - Projected
Convert Avastin to Eylea Injections	10,775	12,600
Eylea Medicare Reimbursement	$ 1,961.00	$ 1,943.89
CRA cost savings contribution	$ 21,129,775	$ 24,493,014

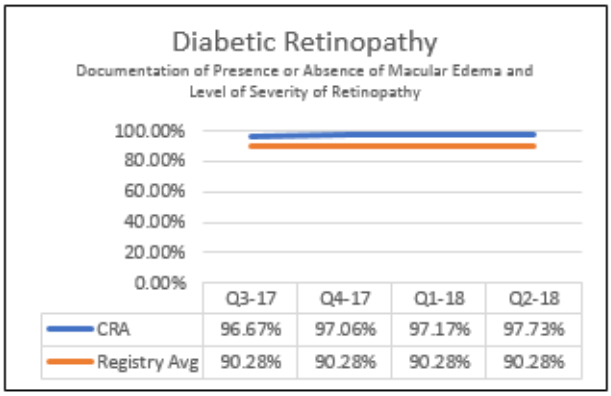
Drug	2017 CRA Cost Savings	Projected 2018 CRA Cost Savings
Eylea	$ 21,129,775	$ 24,493,014
Avastin	$ 794,398	$ 965,916
CRA cost savings contribution	$ 20,335,377	$ 23,527,098

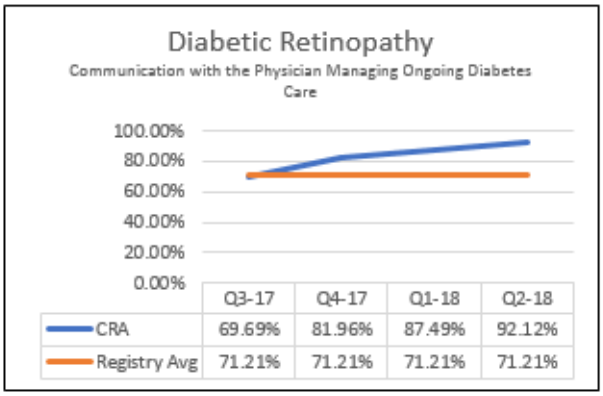
In addition, CRA physicians have performed 1388 surgeries year to date; 66% the major surgeries are performed in ambulatory surgery centers, whenever medically appropriate, rather than a hospital operating room, saving the healthcare system an estimated $2.7 million in 2018. CRA also saves payers an estimated $210,000 annually by providing same day after-hours access to 213 patients by their physicians on call 24/7 including nights, weekends and holidays, thereby avoiding emergency room visits. In Q2 of 2018, CRA transitioned to a cloud-based EHR that allows on-call doctors access to patients' charts and images for higher quality triage.

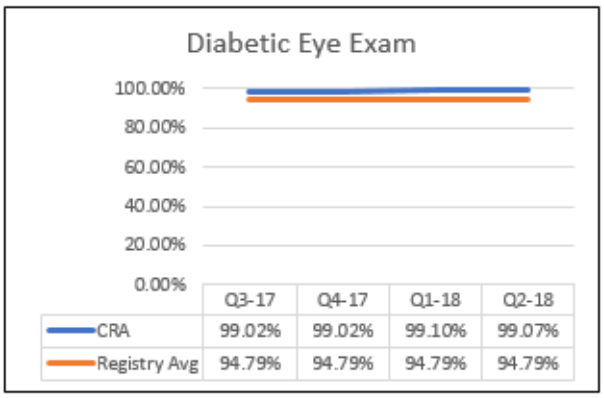
Demonstrated high quality clinical care - well above peer practices

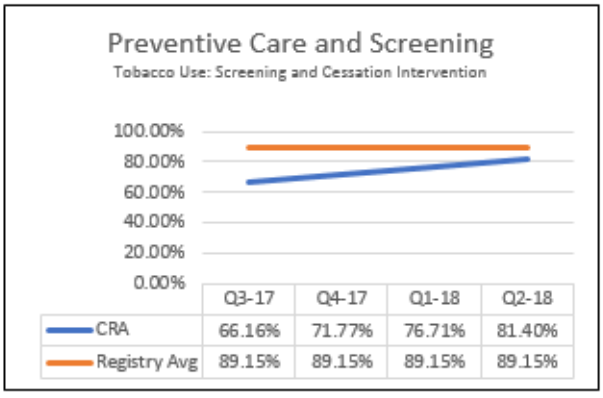
CRA was an early adopter, contributing its data to the American Academy of Ophthalmology IRIS Registry. IRIS Registry is the world's largest Qualified Clinical Data Registry: ~ 50 million patients, 210 million visits (as of July 1, 2018).

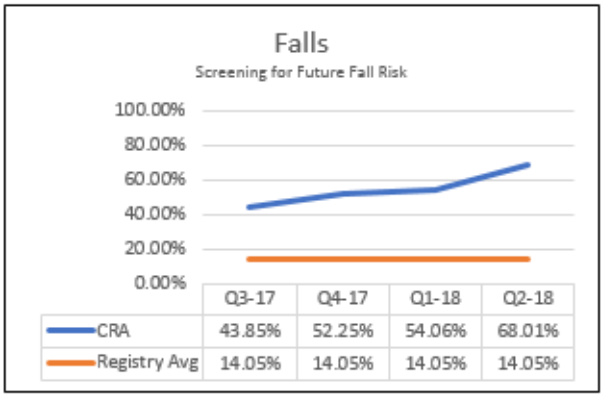
CRA's performance superior to AAO IRIS Registry average in key areas

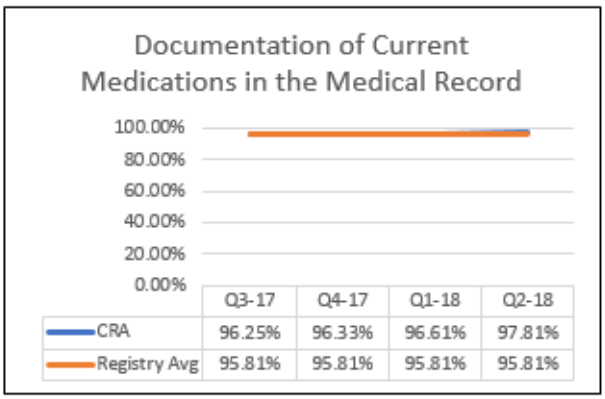




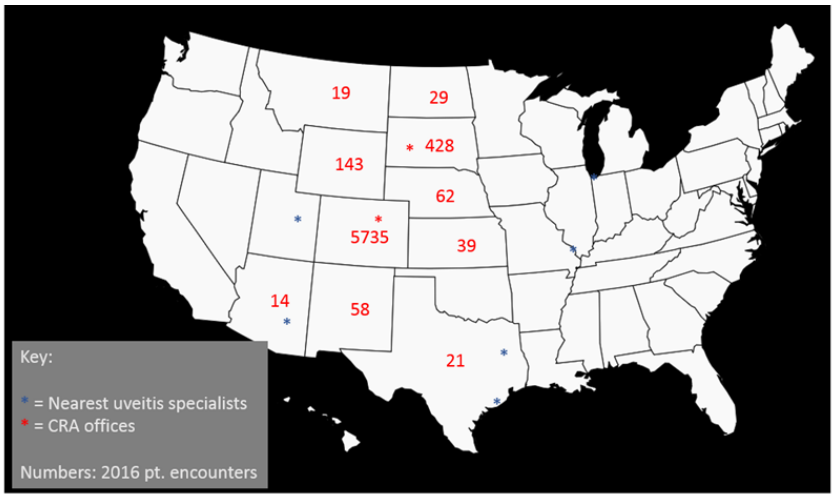






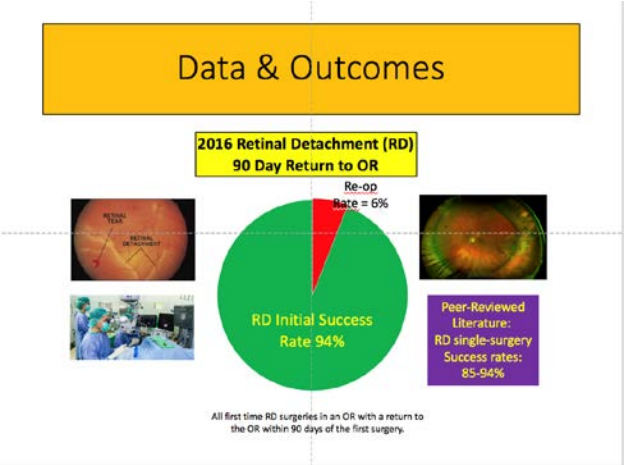


Population Health: CRA's Subspecialty Uveitis Service by Patient's State of Residence



Data & Outcomes

Retinal Detachment 90 Day Return to OR



N=469 Retinal Detachment surgeries

Merit-Based Incentive Payment System (**MIPS**)

Continuous data-driven pursuit of excellence in all aspects of CRA

CRA attributes their outstanding results to a combination of fundamental values: First and foremost, leadership's strong commitment to excellence across all areas of the practice, with a culture of patient-centered care and continuous data-driven improvement. CRA leadership keeps

current on modern business practices by attending MGMA conferences, and ophthalmic specialty executive meetings. CRA reinforces their values by making significant investments in CRA staff training throughout the year, as well as investing in training for their referral network of over 450 optometrists who are their partners in caring for patients. They have invested heavily in Lean Six Sigma for administrative leadership and all of their staff. The practice utilizes many Lean tools such as time-motion studies, spaghetti diagrams, and "just-do-its" as its commitment to quality. Staff are empowered at all levels, engaged and committed to using these tools and concepts to improve the patient experience through shorter wait-times, reduced movements and improved physician/staff satisfaction. Patient surveys are continually deployed to target areas for improvement, enabling the practice to effectively focus its resources and efforts in response to patient feedback.

Practice tracks performance indicators financial, clinical and human resource

The practice has identified key performance indicators in 3 areas critical to achieving sustainable business operations – financial metrics, clinical utilization metrics, and human resource drivers. These key indicators are:

1. Financial
    a. Percentage of Accounts Receivables over 90 Days
    b. Days Receivables Outstanding (DRO)
    c. Expense Overhead Ratio
2. Clinical Utilization
    a. Encounters
    b. New Patients
    c. Drug Therapy Mix
3. Human Resource
    a. Turnover Rate
    b. Termination Ratios (voluntary vs involuntary)
    c. Annual Reviews
    d. Employee Surveys

The practice monitors its performance across multiple dimensions, allowing it to rapidly react to change, as well as proactively ensure resources are available for future infrastructure investments. Monitoring financial and utilization metrics is key to drive long-term sustainability amidst declining reimbursements. Integral to financial performance is the need to attract and retain top talent having both subject matter expertise and emotional intelligence. This is achieved through staff-level training and customized leadership training for the core-administrative team, most recently leveraging new insights to the challenges of the multi-generational workforce; this led to redesign of annual performance reviews, to better communication via constant, continuous feedback.

CRA seeks innovative solutions to improve outcomes

As a direct result of attending the TCPi National Expert Panel Meeting in Columbia, MD during August 2018, CRA has been aggressively pursuing new territory for specialists: Patient and Family Advisory Councils and the Patient Activation Measure developed by Dr. Judith Hibbard, now the product of Insignia. These two concepts were heretofore unknown to specialists. The Colorado PTN has arranged to get the support of the PCPCC SAN to help pilot a Patient and Family Advisory Council in a specialty practice. Simultaneously, they are in discussion with Insignia to be allowed to pilot the PAM in a specialty practice in combination with tools to enhance patient activation.

This exploration is perfectly aligned with CRA's commitment to continuous quality improvement, always seeking innovative solutions to patient-centered care. CRA enjoys the opportunities to share collaboratively with other TCPi practices, including primary care.

There are effective therapies for many retinal diseases that have become the standard of care at the population-level (drugs, laser, surgery). However, CRA realizes that these treatments become much less effective if patients are not engaged in managing their own care. CRA is eager to learn from their primary care brethren how to activate patients more effectively; in fact, CRA is exploring studying the feasibility of utilizing the PAM and the supporting elements of the work around patient activation for its cohort of diabetic patients. CRA knows such work would be a very valuable contribution to the peer-reviewed literature by diffuse this innovation of patient-activation to the problems of sub-optimal care despite having effective therapies. In this regard, CRA continually strives to bring measurable value to all of their "customers": patients, payers, their referral network, and their internal teams.