

# Tackling risk with a trusted partner



Cedar Point Health, a seven-facility family, internal medicine, and urgent care practice in Colorado, saw a threat on the horizon. Small practices were suffering under the weight of regulatory pressures and the need to measure quality of care. Providers were leaving the region and it was challenging to recruit new ones. In a 2016 bid to maintain their independence, several practices merged to form Cedar Point. The newly formed group also prepared to join other practices in a Track 1+ ACO. Together, they began preparations to move from the fee-for-service models, should quality incentives and risk contracting become necessary.

“We went to Greenway Health as our EHR/practice management partner and told them what we were trying to do,” said Dr. Bryce Lokey, Cedar Point’s chief medical officer. “We explained the move toward risk contracting and that we were looking for a tool that would do both quality assessment and population risk stratification.”

“[Greenway Community] was attractive due to our partnership with Greenway and the knowledge that they’re committed to our success.”

- Bryce Lokey, chief medical officer, Cedar Point Health

Greenway recommended Greenway Community, its population health solution. The tool is designed for risk stratification, disease registries, and the identification of high utilizers, as well as care management and metric analysis. Since the practice was simultaneously rolling out care management and transition-of-care programs, Greenway Community’s ability to assist in those areas would be a major benefit.

## Gaining confidence in a new world of risk

Risk-based contracts involve providers agreeing to certain performance goals or benchmarks. If providers succeed, reimbursement is maximized – if they fail, reimbursement falls.

“We didn’t have a lot of tools to say how well we were delivering care,” Lokey said, “but we thought we were doing a good job. It was nice to start thinking that we could really show we provided superior care. If we could demonstrate that through the numbers, if we could reduce the number of hospital admissions, for instance, that would have value to payers.”

“The concept of risk-based contracting means performance isn’t just how many patients I see as in fee-for-service, but how well we deliver, how well we meet benchmarks and reduce costs,” he said.

Cedar Point was optimistic about Greenway’s ability to track improvements and assess risks within the practice’s patient population, providing the quality data payers require.



## Letting your tools do some of the heavy lifting

The documentation required for measuring the quality of care tends to increase provider burdens. That was the last thing Lokey wanted. He said he sees enough burnout among his peers, and he acknowledges that part of the work of healthcare can be burdensome and draining.

“But my passion is to reduce those burdens,” he said.

He credits the Greenway Community tool with helping the practice identify workflows that reduce provider workloads.

“The program brought in more automated processes that are what I like to call ‘provider independent,’” Lokey said. “That means such processes can be managed by non-clinical provider staff. You’re no longer asking the overwhelmed provider to remember absolutely everything. It has shaped our practice in a new way wherein we automate and distribute tasks to a broad array of persons to get more services delivered on the same footprint of time, meaning I’m not asking them to stay later or longer or see more patients, but more work is getting done.”

The practice has added care managers who take some of the burden from physicians and help patients manage their conditions, make their appointments, schedule their screenings, manage their medications, and meet after-care recommendations.

“Everyone involved in treating these patients is engaged to ask, ‘What are the risks to this group? What provider education programs do we need?”

### Key Outcomes

- Gained accurate actionable data on patient risks and outcomes
- Increased care capacity without increasing provider workload
- Reduced factors leading to provider burnout

What activities do we need to implement to better manage the risks that might put one of them in the hospital?”

All of these improvements rely on patient and practice information that’s now at their fingertips.

“I think we’ve reached a point where we have very good data and very actionable data,” Lokey said. “We can look at our numbers and confidently respond to them.”

## A future with greater rewards

Cedar Point looks forward to moving beyond the metrics and benchmarks imposed on it by payers. It wants to push toward custom benchmarks, particularly in the area of opioid dependence, which is prevalent within its patient population.

“We’re going to do that because it’s important to us,” Lokey said, “and we’re going to do it despite all of the reporting requirements from CMS. I think we’re in a healthy place where we can start asking the questions we want to ask, and we’re really excited about that.”

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