Hartford HealthCare is launching a primary care pilot practice this month in partnership with Iora Health, a nationally recognized provider of primary care services. The best-practice lessons learned from the partnership will be shared with ICP and throughout our organization to further our work in transforming the way healthcare is delivered.

The new practice will be located at the former Hartford HealthCare Employee Health Center at Hartford Hospital and will open its doors Feb. 17 as the Hartford HealthCare Health Center. This practice is available to all employees and family members with any HHC insurance plans, except those with a Health Savings Account (HSA). Dr. Vasanth Kainkaryam, former physician with the original Employee Health Center, is assuming the role as primary care physician at the Iora practice. He is an internist and pediatrician with special interests in patient education, shared medical appointments and innovative medical practices.

Iora Health, based in Cambridge, Mass., was founded by primary care physicians who spent 11 years redesigning how primary care is delivered. Each of its clinics is tailored to meet the needs of a specific population – in this case, Hartford HealthCare employees and their families – to improve the overall health of that community of patients.

The company so far has 11 practices: two in the Boston area; one at Dartmouth, N.H.; three in the New York City area; two in the Phoenix area that focus on seniors; one in Las Vegas; and two in the Seattle region.

The Iora model differs from traditionally practiced medicine in that, for one example, providers have more time with each patient. In many primary care practices today, providers struggle to help patients manage chronic illnesses in a system that isn't designed to support their efforts to do that.

Iora practices, which have high patient satisfaction rates, feature a highly personalized, team-based approach to care. In addition to the primary care physician, Hartford HealthCare Health Center patients will have access to a behavioral health specialist and a health coach, who will help patients set and meet healthcare goals.

In the Iora practice model:

- There are no copays (because Iora is paid per patient), so there are no financial barriers to care for the patient.
- The practice has more than the typical resources. Team members have time to get to know each patient.
- Patients have 24/7 access to care providers. They can stop by the office during practice hours, ask questions via email, or reach a provider by phone.
- The practice team collaborates closely with specialists and patients to help patients receive the care they really need.

The care team is focused on creating relationships with patients, which can be especially important for patients who could benefit from extra support but find cost or availability a challenge. The practice will help patients with losing weight; quitting smoking; or...
managing complex conditions such as diabetes, asthma and heart disease.

The team is tasked with routinely reaching out to patients to make sure they have the necessary tests, vaccinations and medications they need. Team members have the time to teach patients how to take better care of themselves.

ICP already has begun to move in this same direction with our 19 care managers, including a health coach, who are embedded in some of our practices and who are certified in chronic-disease management. We also have begun integrating behavioral health into primary care – another pilot program.

We expect the lessons we learn from the Iora partnership to help us move further toward successful, value-based, population-health management, which is our mission. We will use the new practice model to build a model of our own. Transforming primary care practices is essential to meeting all the needs of our patients. The Iora partnership will facilitate and accelerate our move to primary-care delivery transformation.

ICP continues to lead our state in changing how healthcare is delivered. We are working to improve patient access, engage patients in their own care and control costs.

We are moving away from the 19th-century, fee-for-service model of care, which has been more reactive than proactive, which focused more on treatment and not prevention – and which has steadily driven up the cost of healthcare in the United States – costs that no longer will be indulged by commercial or government payers or by employers who foot the bill.

We already are helping more than 140,000 patients manage their health through shared-savings plans we have with several commercial payers, as well as with Medicare. ICP plans to conduct more pilot programs to help us innovate, develop and share best practices. All our members and our patients will benefit.

Sincerely,
Dr. James Cardon
CEO, Integrated Care Partners & Hartford HealthCare
Chief Clinical Integration Officer
ICP is Taking the Lead in Addressing Issues with Care Delivery

It’s interesting to take a look at this Commonwealth Fund study done in 2009 and the key findings to see how far ICP has come in addressing these issues and developing a new way to deliver care.

The Commonwealth study of more than 10,000 primary care physicians in 11 countries found the United States lagging far behind in terms of access to care, the use of financial incentives to improve the quality of care, and the use of health information technology. ICP was formed to work to change that for our members and patients.

The study’s key findings:

- More than half (58%) of U.S. physicians said their patients often had difficulty paying for medications and care. Half of U.S. doctors said they spent substantial time dealing with the restrictions insurance companies place on care.

- Only 29% of U.S. physicians said their practice had arrangements for getting patients after-hours care — so they could avoid visiting a hospital emergency room. Nearly all Dutch, New Zealand and U.K. doctors said their practices had arrangements for after-hours care.

- Only 46% of U.S. doctors used electronic medical records, compared with more than 90% of doctors in Australia, Italy, the Netherlands, New Zealand, Norway, Sweden, and the United Kingdom.

- Twenty-eight percent of U.S. physicians reported their patients often face long waits to see a specialist, one of the lowest rates in the survey.

- While all the countries surveyed used financial incentives to improve the quality of care, primary care physicians in the U.S. were among the least likely to be offered such rewards; only one-third reported receiving financial incentives. Rates also were low in Sweden (10%) and Norway (35%), compared with large majorities of doctors in the U.K. (89%), the Netherlands (81%), New Zealand (80%), Italy (70%), and Australia (65%).

- Patients with chronic illness require substantial time with physicians; education about their illness; and coaching about treatment, diet and medication regimens. Care teams composed of clinicians and nurses have been shown to be effective in providing care to people with chronic conditions and in improving outcomes. The use of such teams was widespread in Sweden (98%), the U.K. (98%), the Netherlands (91%), Australia (88%), New Zealand (88%), Germany (73%), and Norway (73%). It was less prevalent in the U.S. (59%), Canada (52%) and France (11%).

ICP is working to increase patient access to care, improve care coordination through care managers, improve patient safety and reduce costs by sharing information through electronic health records, and putting contracts into place to reward providers for the quality and patient outcomes. With every step we take, we advance toward our mission.