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# GROUP PRACTICE

# GPJ

## JOURNAL

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Advancing High Performance Health

# Ready for the Challenges Ahead

By Jerry Penso, MD, MBA, President and Chief Executive Officer



**H**uge challenges await healthcare leaders in 2023. AMGA will be here to support you as you navigate the shifting landscape, and the medical group model is the one best equipped to successfully make the journey. Many of you will leverage the numerous strengths of your organizations to create more adaptable, focused care delivery systems that better meet the needs of your patients, providers, and communities. Here are a few of the critical issues we will be facing.

**1 Workforce:** Worker shortages, especially regarding staff in nonprofessional roles, will remain an acute pain point for care delivery systems. Efforts to improve recruitment and retention will continue. Short-term solutions will be to increase wages, improve the workplace environment, and create novel career development opportunities. In the long term, you should look to partner with community colleges or technical schools to build your own pipelines for the next generation of employees.

**2 Finance:** Operating margins will continue to be under pressure due to increased labor and supply costs combined with flattened revenues. Look for ways to streamline processes, cut unnecessary or unprofitable service lines or programs, and automate or outsource when appropriate. Make care redesign a priority with an

increased emphasis on operational efficiency and reduced headcount, all while improving access.

**3 Value-based care:** Risk-based payments will be seen as less risky than relying on fee-for-service volume, especially if the economy takes a downturn. Invest in care management, advanced analytics, and leadership development to create the competencies required for the move to value. Build health equity into your value contracts.

**4 Integration:** After years of mergers and acquisitions, many health systems will pause to better align their practices and create a cultural fit among the disparate and often geographically separated entities. Work to enhance a purpose-driven culture. Also focus on making the difficult decisions, like reducing duplicative services and standardizing care delivery processes.

**5 Cybersecurity:** Health IT systems will continue to require increased investment just to keep up with the increasing threats. Implement early warning systems, conduct tabletop cyber incident simulations, and increase staff education and involvement. Look for the federal government to take an increased role in tackling the cyber threats to healthcare systems.

This unstable environment will provide new opportunities for innovation and growth, but will require clear strategies and an ability to pivot quickly as conditions change. Maneuvering through this maze of complex problems will test the skills of every medical group and health system leader. AMGA is here to support you in 2023 and beyond with a full slate of educational and networking opportunities, aggressive advocacy efforts, increased opportunities for collaborative clinical quality improvement, and a host of best practices and other resources. We look forward to guiding you on your path forward. [GRJ](#)

*Portions of this article were originally published in MedPage Today: [medpagetoday.com/opinion/second-opinions/102286](https://www.medpagetoday.com/opinion/second-opinions/102286).*

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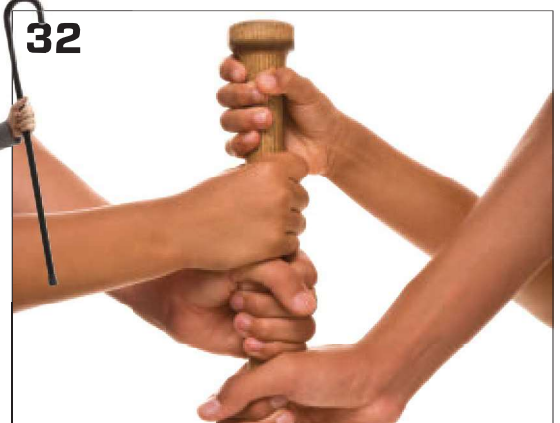
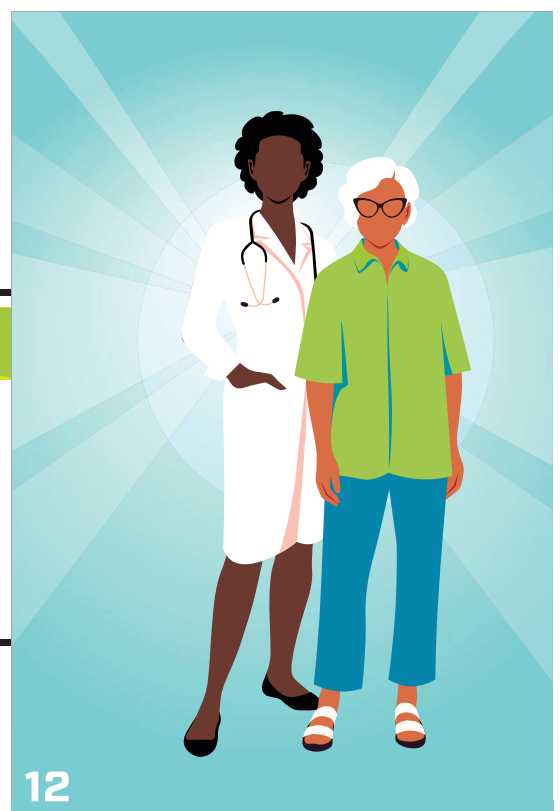
*Best Practices*

### Room to Move

By Steven Castle, MD, Maggie

Deering, RN, and Pete Fronte, MBA

Achieving performance while improving care





In Ernest Hemingway's *The Sun Also Rises*, when asked "How did you go bankrupt?" the character Mike replies, "Two ways. Gradually and then suddenly." Loss of mobility and independence in older adults happen in much the same way. Over time, joints become stiff or painful, muscle mass and strength dwindle, activity rate declines, and balance becomes unreliable. Then, suddenly, a misstep on the stairs or a slip in the tub changes everything.

Older adults who maintain mobility are likely to remain living at home; have low rates of disease, disability, hospitalization, and death; and have a satisfying quality of life.<sup>1</sup> Falls and loss of mobility are associated with multiple risk factors, many of which are modifiable. Perhaps not coincidentally, Medicare Star Ratings for bladder control, reducing risk of falling, monitoring physical activity, and osteoporosis management are consistently among the lowest—and all these areas link to mobility.

Patient activation is a key factor in maintaining mobility and independence. Studies show that people with high patient activation measures (PAMs), who believe they are responsible for their own health, have both improved outcomes<sup>2</sup> and positive healthcare experiences.<sup>3</sup>

However, engaging and activating patients outside the care setting is challenging for providers, especially as health systems grapple with limited resources and chronic staffing shortages. But applying resources toward patient engagement and addressing mobility issues pay off—not only in improved quality of life for patients, but also in patient experience, increased quality measures, and low overall healthcare costs. Notably, Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys now drive more than 30% of the total Star Ratings weighting.

# Room to **Move**

*Achieving performance while improving care*

By **Steven Castle, MD, Maggie Deering, RN, and Pete Fronte, MBA**

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## Quality Trends

With value-based care becoming a prominent healthcare model, associated measures and reimbursement methods become commonplace. One such measure is the Star Rating. While the system's 28 core measures have seen steady improvement during the last four years, those related to the care of older adults are considerably lower than average and continue to decline (Figure 1).

These lowered ratings related to mobility and fall risk translate into significant cost and quality of life impacts for older adults. Most providers are well versed in the statistics: Falls are the leading cause of injury among older adults in the United States. In 2019, falls were the most common cause of injury deaths and led to 3 million emergency department visits for older adults. Financially, the medical costs of these falls total \$50 billion a year. Moreover, "the number of falls and fall injuries will increase as the population of older adults grows. Death rates from falls have increased about 30% in the last decade."<sup>4</sup>

## Addressable Risk Factors

The good news is that mobility can improve and falls can be reduced. Screening patients, assessing modifiable risk factors—for example, poor mobility and balance or the use of certain medications—and recommending interventions such as medication management, exercise, and physical therapy go a long way in preventing older adult falls.<sup>5</sup>

By regularly measuring changes in key fitness measures (e.g., chair stands, gait velocity, and balance), providers can begin a dialogue to help aging patients address common mobility issues and risk factors that develop over time. This allows the focus to be on improving physical activity that also supports patient engagement. Often, this leads to simple lifestyle changes and other adjustments that can resolve mobility problems and prevent big problems, as engaged patients are more open to behavior change, which otherwise can be challenging.

Inactivity is a major risk factor. A study in the CDC's *Morbidity and Mortality Weekly Report* found:

Regardless of age group, higher percentages of older adults who reported no physical activity in the past month or reported difficulty with one or more functional characteristics (difficulty walking up or down stairs, dressing and bathing, and performing errands alone) reported falls and fall-related injuries.<sup>6</sup>

In a systematic review of the consequences of physical inactivity in older adults, the risk of suffering two or more

falls over the following 12 to 36 months increased by 39% in the lowest activity group. Further, low physical activity level was strongly associated with a 26% to 38% increased risk of cognitive decline or dementia. In contrast, those with the highest physical activity reduced their risk of fracture by 29% and risk of depression by 17%.<sup>7</sup> Another study found that if walking velocity decreases by 0.1 m/s, risk of hospitalization or emergency room visits increases, while if velocity improves by that small margin, risk decreases. A recent study measuring physical activity with an accelerometer predicted that if adults aged 40 to 85 increase their activity by just 10 minutes a day, it would prevent over 110,000 deaths.<sup>8</sup>

Another common issue is hypertension that is difficult to control, which brings an immediate risk of postural hypotension—a drop in blood pressure while standing up

that can increase the chance of falling. Over time, hypertension also can result in midbrain vascular damage (shown as white matter hyperintensities in imaging), which contributes to loss of multisensory integration for postural control and may erode mobility in older adults.<sup>9</sup> Improving blood pressure control, along with exercise to maintain balance and strength, helps reverse these changes.

Urinary issues are also associated with increased falls. Urgency, polyuria, and nocturia often result from underlying factors such as using diuretics to manage heart failure or peripheral edema. Often, providers do not realize that a simple modification, such as prescribing the first or last BID diuretic dose at 3:00 or 4:00 p.m. instead of the usual time of

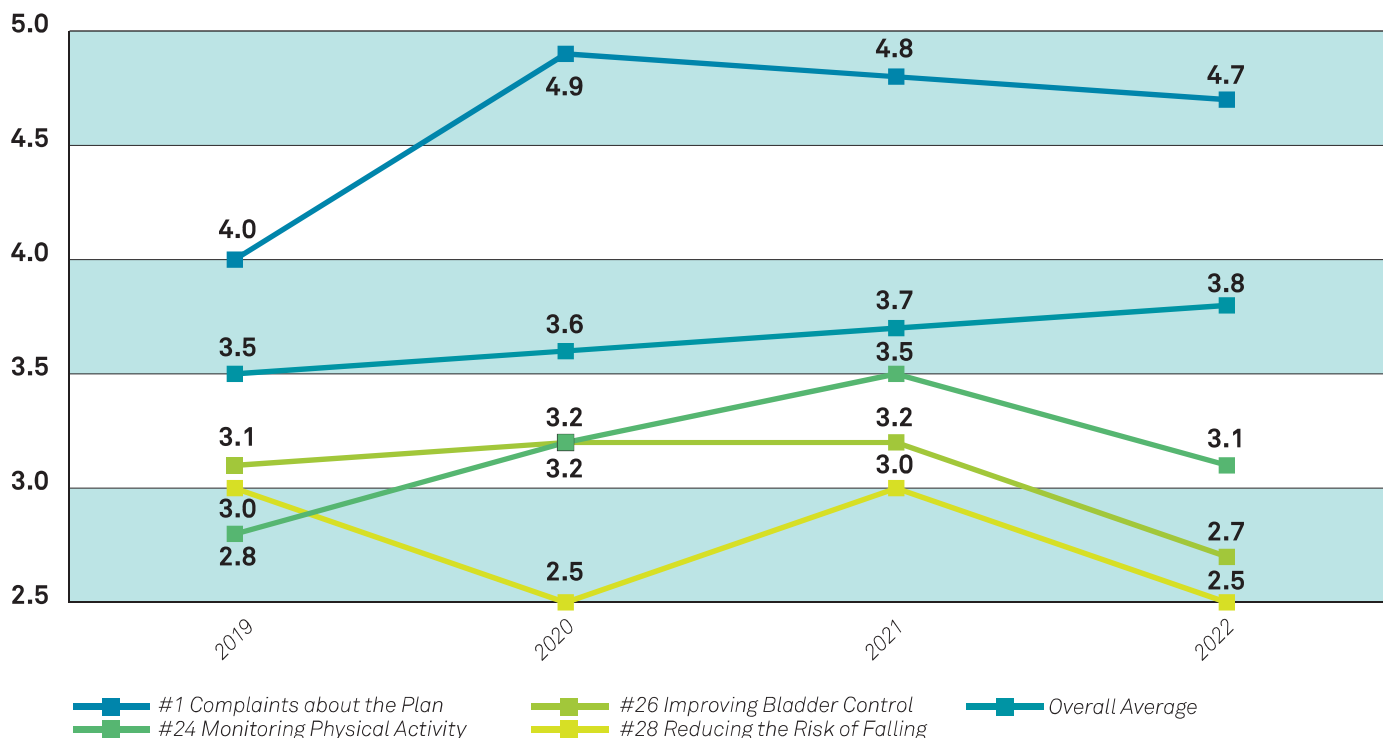
first thing in the morning, can reduce nocturia—and reduce the chances of a groggy patient falling during a nighttime bathroom visit.

Osteoporosis is yet another key fall-related condition that providers should make visible to patients. Unfortunately, even though subclinical detection of low bone density is possible, it often does not happen until *after* a fracture—and more than 2 million patients suffer osteoporotic fractures annually in the United States. Further, most high-risk people who sustain fractures do not receive an osteoporosis diagnosis or effective therapies. Again, exercise is central in reducing risk. Even among those prescribed treatment, from 25% to 30% never start; of those who do, 50% or more do not continue past one year. It is crucial that providers stress to patients the importance of staying active to maintain strong bones, as well as support and monitor their medication adherence early in the course.<sup>10</sup>

## Benefits of Improving Mobility in Older Adults

- ▶ Reduce costs (e.g., hospitalizations, ER visits)
- ▶ Improve STAR Ratings (halo effect)
- ▶ Minimize related health consequences
- ▶ Increase patient engagement and satisfaction
- ▶ Elevate physician support and satisfaction

Figure 1  
**2019–2022 Average Star Ratings for 28 Part C Measures**



Source: Fact Sheet—2022 Part C and D Star Ratings.

### Neurological Concerns

According to neurologist Hasan Askari, MD, of Ohio-based Summa Health Medical Group, many neurological conditions can put patients at high risk for falling. Disorders involving the brain and central nervous system—such as Parkinson’s disease, brain tumors, multiple sclerosis,<sup>11</sup> and vascular damage to the midbrain—can cause symptoms such as muscle weakness, poor coordination, loss of sensation, and pain. These symptoms affect mobility and balance, increasing the risk of falls for neurologic patients.<sup>12</sup>

Summa Health recommends that these patients talk with their neurologists about how to minimize or manage symptoms that could increase fall risk, including from medications that may impact coordination, sensory function, or balance. Also, patients can consult a specialist in balance management. A physical therapist, for example, can offer an exercise routine to improve strength, muscle tone, and posture. Summa Health offers fall prevention services at several locations, including its Center for Senior Health<sup>13</sup> and the Summa Rehabilitation Service’s Fall Prevention and Balance Restoration Program.

Other steps that can reduce fall risk include using appropriate mobility aids such as a cane or walker and bathroom grab bars, and even simple changes such as not walking indoors barefoot or with socks, which increases the risk of falls from 10- to 14-fold.<sup>14</sup> These adjustments may require cognitive behavioral approaches. Healthcare providers and other patient

support team members can motivate change by encouraging patients to focus on what matters most and stressing that these modifications help them stay safe and enjoy a long life.

### Changing Paradigm

Historically, healthcare has often been a one-way information transfer, with providers telling people what to do and seeking compliance. This paradigm needs to shift, especially in improving health outcomes and reducing fall risk in older adults. Engaging patients to take an active role in their well-being is a far more effective care model, with improved outcomes. Reframing the physical activity and fall prevention conversation in a positive light, centered around what is most important to patients (“what matters”), is a good way to open the door to dialogue that overcomes fear and denial. Asking patients about their personal goals and offering concrete actions that move them toward those goals is motivating.

Desert Oasis Health Care (DOHC) is a medical group and independent physician association (IPA) delivering care for over 30,000 Medicare members in Southern California. Like many providers, DOHC faced challenges in preventing older patient falls: inconsistent patient screening, difficulty reaching new members or those with no fall history, and lack of time to survey those who had fallen or were at high risk. The focus was on avoiding repeat falls; however, preventing a first fall is even more crucial, because falling once doubles the

chances of falling again.<sup>15</sup> Figure 2 shows recent findings from DOHC’s quarterly fall risk assessment. DOHC strives to communicate regularly with older members using their preferred means (mostly by phone) and to offer relevant resources such as strength and balance exercises based on individual needs.

To address the issue, in 2021 DOHC teamed with Altura, a company providing patient engagement, and the UpRight™ healthy aging and fall prevention solutions, in order to create DOHC’s Stable Steps™ strength, balance, and mobility program. DOHC refers members to Altura, which manages member engagement including support and triage. Participants receive focused and needs-based exercises and tips via phone and checklists for household hazards along with a medication review to assess any that could cause dizziness or sleepiness. Patients who participate in the program have noticeably improved mobility. In addition, Stable Steps has garnered DOHC a net promoter score (NPS) of 73%—a standout patient satisfaction rating for the healthcare industry, which averages a 38% NPS. Additionally, its fall-related CAHPS score has increased significantly since the start of the Altura Stable Steps collaboration in September 2021 (Figure 3).

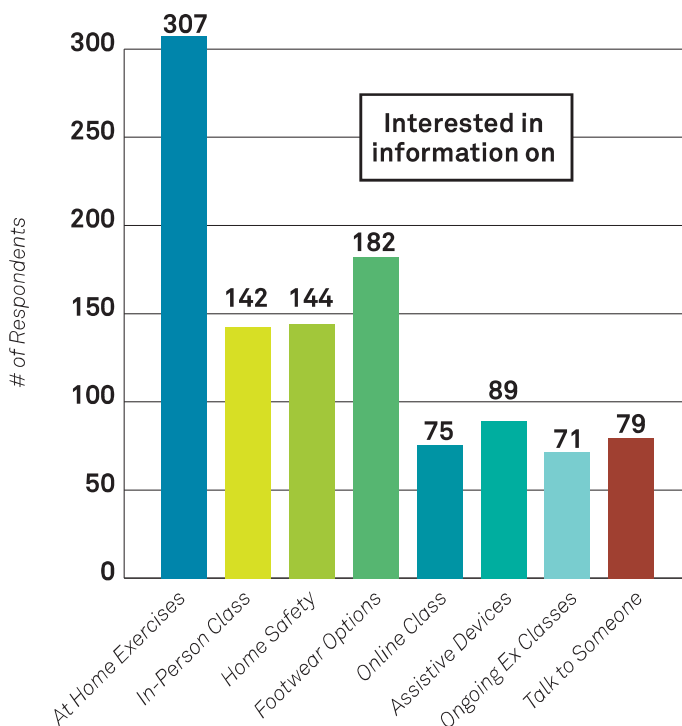
DOHC also follows a post-utilization strategy that not only substantially lowered readmissions, but also resulted in decreased falls among discharged patients. “The post-utilization team contacts patients within 24 hours of discharge and ensures that they go to urgent care for follow-up screening, especially those who have fallen,” says Maggie Deering, RN, vice president of Clinical Services Integration. With this vigilant case management, including treatment plans and referrals to post-utilization programs as needed, DOHC dropped its readmission rate to 10%—half the national average of 20%—and reaped increased patient satisfaction and retention.

Urgent care, emergency department, and inpatient claims data were analyzed for 146 patients participating in the Stable Steps program to quantify improved care and reduced utilization. Each cohort member had been triaged to Stable Steps after receiving medical care due to a fall and had actively participated in the program, with at least five telephone coaching sessions. The average months of data at triage into the program were 9.5 months prior and 11.8 months after. A key finding was a 71% reduction in ED visits post triage (Figure 4). Subsequently, a patient-reported survey with 129 responses from the same population indicated 81% felt the program helped prevent a subsequent fall.

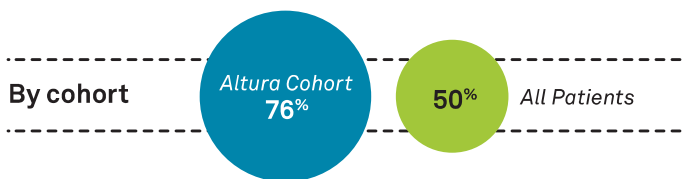
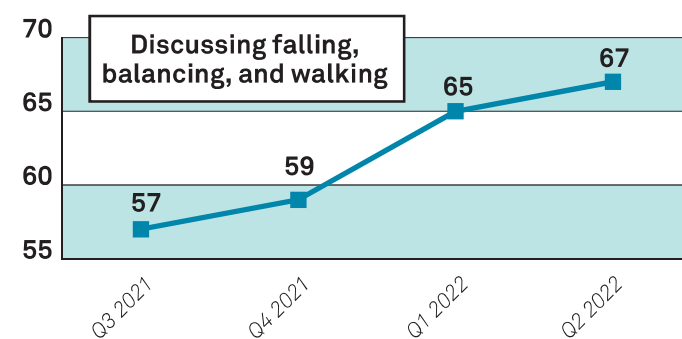
### Improving Older Adult Mobility Benefits Everyone

Providing care to support healthy aging for older adults with progressive medical issues is a challenge, especially coupled with constraints on human and financial resources and the inability to reach these members consistently outside of the practice. At the same time, identification of issues and timely intervention on underlying and modifiable contributory factors,

**Figure 2**  
**DOHC Quarterly Fall Risk Assessment**



**Figure 3**  
**Increase in DOHC’s CAHPS Score Following Stable Steps Introduction**

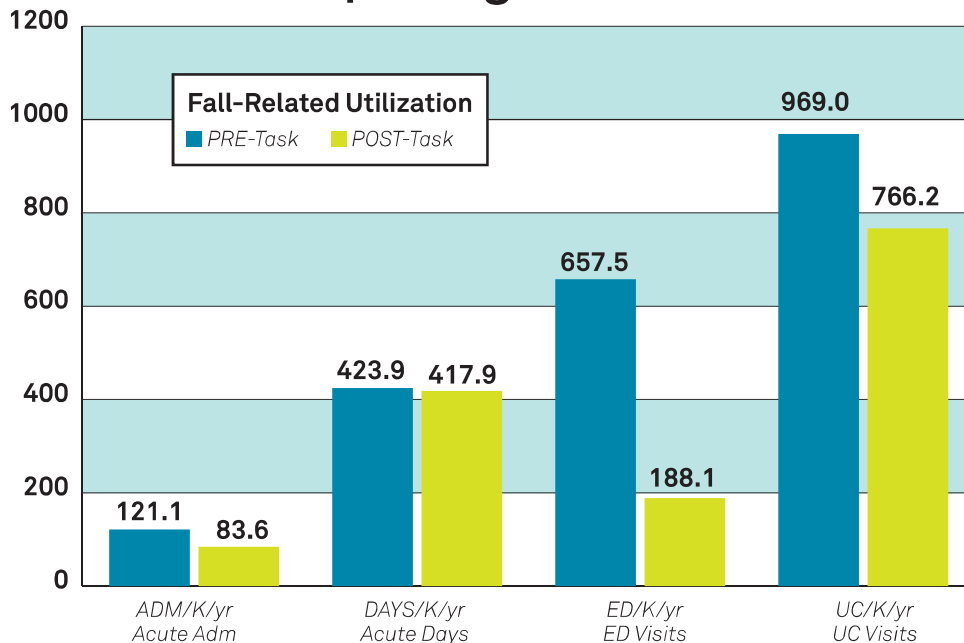


along with increased patient activity, lead to improved health overall with lowered costs. Additionally, increased deliberate patient engagement leads to improved patient experience and satisfaction, which in turn lead to patient retention and improved Star measures.

Achieving improved health for older adults and enhancing the bottom line are not mutually exclusive—in fact, they go hand in hand. To achieve these goals, however, physician groups need to shift their strategies and think creatively to optimize care and related outcomes for older patients (see “Benefits of Improving Mobility in Older Adults”). [GRJ](#)

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**Figure 4**  
**Reduction in Utilization and Readmissions with Stable Steps Program Cohort**



N=146, 34% males, 66% female, average age=80 years, average # of conditions=11  
(Note: From DOHC fall prevention registry, ADM = admissions, ED = emergency department, UC = urgent care, K = per thousand, yr = year)

**References**

- National Institute on Aging. 2020. Maintaining Mobility and Preventing Disability Are Key to Living Independently as We Age. Accessed September 23, 2022 at [nia.nih.gov/news/maintaining-mobility-and-preventing-disability-are-key-living-independently-we-age](https://nia.nih.gov/news/maintaining-mobility-and-preventing-disability-are-key-living-independently-we-age).
- J.H. Hibbard, J. Stockard, et al. 2004. Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers.” *Health Services Research Journal*, 39(4-1): 1005–1026.
- J. Greene and J.H. Hibbard. 2012. Why Does Patient Activation Matter? An Examination of the Relationships between Patient Activation and Health-Related Outcomes. *Journal of General Internal Medicine*, 27(5): 520–526.
- Centers for Disease Control and Prevention. No Date. Older Adult Falls: A Growing Problem That Can Be Prevented. Fact Sheet, Atlanta, GA: Centers for Disease Control and Prevention. Accessed September 23, 2022 at [cdc.gov/steady/pdf/STEADI\\_ClinicianFactSheet-a.pdf](https://cdc.gov/steady/pdf/STEADI_ClinicianFactSheet-a.pdf).
- B. Moreland, R. Kakara, and A. Henry. 2020. Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥ 65 Years—United States, 2012–2018. *Morbidity and Mortality Weekly Report*, 69: 875–881. Accessed September 23, 2022 at [dx.doi.org/10.15585/mmwr.mm6927a5](https://dx.doi.org/10.15585/mmwr.mm6927a5).
- Ibid.
- C. Cunningham, R. O’Sullivan, P. Caserotti, and M.A. Tully. Consequences of Physical Inactivity in Older Adults: A Systematic Review of Reviews and Meta-analyses. *Scandinavian Journal of Medicine and Science in Sports*, 30(5): 821–827. Accessed September 23, 2022 at [pubmed.ncbi.nlm.nih.gov/32020713](https://pubmed.ncbi.nlm.nih.gov/32020713).
- P.F. Saint-Maurice, B.I. Graubard, et al. 2022. Estimated Number of Deaths Prevented Through Increased Physical Activity Among US Adults. *JAMA Internal Medicine*, 182(3): 349–352.
- V. Novak, M. Haertle, P. Zhao, et al. 2009. White Matter Hyperintensities and Dynamics of Postural Control. *Magnetic Resonance Imaging*, 27(6): 752–759. Accessed September 23, 2022 at [sciencedirect.com/science/article/abs/pii/S0730725X09000046?via%3Dihub](https://sciencedirect.com/science/article/abs/pii/S0730725X09000046?via%3Dihub).
- M. LeBoff, S. Greenspan, K. Insogna, et al. 2022. The Clinician’s Guide to Prevention and Treatment of Osteoporosis. *Osteoporosis International*. Accessed September 23, 2022 at [doi.org/10.1007/s00198-021-05900-y](https://doi.org/10.1007/s00198-021-05900-y).
- D. Kolychev. 2022. Multiple Sclerosis: Symptoms, Treatment, and More. Summa Health. Podcast, May 30, 2022. Accessed September 23, 2022 at [summahealth.org/flourish/entries/2022/05/multiple-sclerosis-symptoms-treatment-and-more-podcast](https://summahealth.org/flourish/entries/2022/05/multiple-sclerosis-symptoms-treatment-and-more-podcast).
- H. Askari. 2022. Neurological Disorders: Take Strides to Reduce Your Fall Risk. Summa Health. Accessed September 23, 2022 at [summahealth.org/flourish/entries/2022/07/neurological-disorders-take-strides-to-reduce-your-fall-risk](https://summahealth.org/flourish/entries/2022/07/neurological-disorders-take-strides-to-reduce-your-fall-risk).
- Summa Health. No Date. Falls Are Not a Normal Part of Aging. Summa Health. Accessed September 23, 2022 at [summahealth.org/about-us/publications-and-reports/thrive/healthyaging](https://summahealth.org/about-us/publications-and-reports/thrive/healthyaging).
- H.B. Menz, M.E. Morris, and S.R. Lord. 2006. Foot and Ankle Risk Factors for Falls in Older People. A Prospective Study. *The Journals of Gerontology, Series A*: 61(8):866–870. Accessed September 23, 2022 at [dx.doi.org/10.1093/gerona/61.8.866](https://dx.doi.org/10.1093/gerona/61.8.866).
- Centers for Disease Control and Prevention. 2021. Facts About Falls. Accessed September 23, 2022 at [cdc.gov/falls/facts.html](https://cdc.gov/falls/facts.html).