

CASE STUDY BENEFITS OF A VALUE-BASED HOSPITALIST PARTNER

Summary

The largest network of independent PCPs (primary care physicians) in Texas, with approximately 1,000 physician members serving one million patients, needed more visibility into their patients' acute episodes. **Sound Physicians, the nation's largest hospitalist group, built a communication process for the network so PCP physicians could "follow" their patients through the acute setting, mitigate risk, and reduce leakage from their practice.**



PROBLEM **No Visibility Into Acute Episodes**

Because PCPs largely practice outside the walls of a hospital, network physicians do not have a clear line of sight into their patients' acute episodes. PCPs often have no way of knowing when or why their patients are admitted to the hospital, who is treating them, their progress, or the plan at discharge. This lack of visibility creates a gap in the practice, leaving PCPs unable to follow up appropriately or keep their patients within their network of clinically integrated providers.

Hospital Stays Create Challenges for PCP Networks

- Hospital-designed workflows and the transition of care at discharge drive significant out-of-network primary care¹, disadvantaging PCP groups who are not part of the hospital network
- Patients who see PCPs outside of their network experience less coordinated, more costly primary care²
- Out-of-network hospital utilization, post-discharge out-of-network physician services, and ancillary care result in leakage from PCP networks of >50%

SOLUTION **Partner With Sound Physicians**

The Texas PCP group needed vital information about their patients' acute episodes communicated to an extensive network of primary care physicians. As a pioneer in value-based care (VBC) with numerous hospital medicine programs in Texas and the proven ability to deploy standardized workflows at scale, Sound was the ideal partner to bridge the acute-episode information gap.

Sound's VBC team created a HIPAA compliant, streamlined communication program which placed no extra burden on either organization. The solution leveraged an I-PASS communication tool embedded into Sound's proprietary technology platform, *SoundConnect*, in a standardized process across multiple facilities.

SOLUTION AT SCALE

Sound Physicians manages 137,000+ acute episodes in Texas annually.

Sound's Guiding Principles for the Program

The program needed to be **asynchronous, repeatable, scalable, and escalatory**. With these four guiding principles, plus systems to scale value-based initiatives and Sound's proven processes to standardize workflows, the program could deliver excellent results.

1. **Asynchronous:** Physicians inside and outside of the hospital would need to communicate on their own schedules; traditional two-way communication would not work.
2. **Repeatable:** Creating repeatable workflows is at the core of Sound's value-based model, ensuring adoption across multiple teams of providers.
3. **Scalable:** With 1,000 clinicians in the PCP group, the solution needed to scale affordably to be effective.
4. **Escalatory:** While most of the time one-way communication from the hospitalist to the PCP would suffice, PCPs would need a clear pathway to engage directly with the hospitalist whenever needed.



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Sound Physicians has demonstrated a unique and innovative way to collaborate and share information with PCP groups. The approach provides timely, sufficient, and relevant information to improve quality and care coordination of hospitalized patients. We can build flexible and autonomous communication pathways for care teams to help patients through their continuum of care.

Mihir Patel, Chief Medical Officer, Gulf Region, Sound Physicians

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OUTCOMES for PCP Network

- PCPs can provide better follow-up care to their patients following an acute episode
- Risk reduction for the practice due to improved access to medical records
- Care management team received information needed to reduce patient leakage from the network



If you would like to learn more about how Sound can support your PCP group or clinically integrated network, email us: partnerships@soundphysicians.com

1. "Out of Network Primary Care is Associated with Higher Beneficiary Spending in Medicare ACOs," Health Affairs, Vol. 39, Feb 2020.

2. For every percentage point increase in the number of patients receiving primary care outside of the network's ACO, the cost increases by \$43. "Out of Network Primary Care is Associated with Higher Beneficiary Spending in Medicare ACOs," Health Affairs, Vol. 39, Feb 2020.