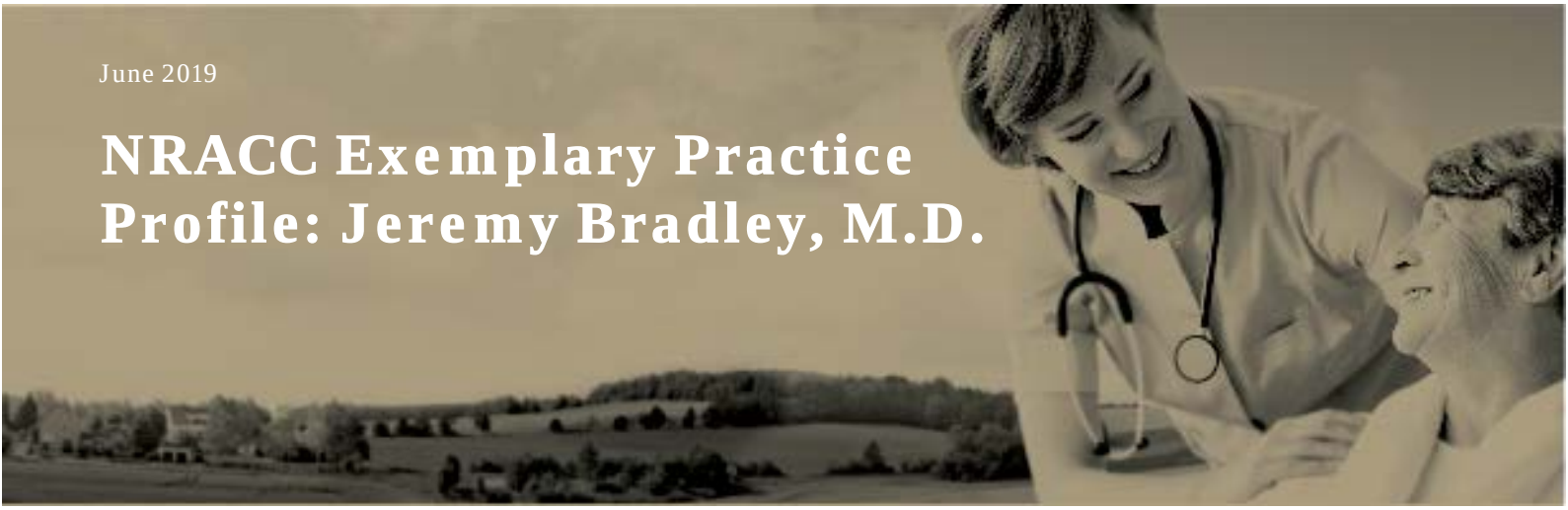
NATIONAL RURAL ACCOUNTABLE CARE CONSORTIUM
A 501(c)(3) ORGANIZATION

Jeremy L Bradley MD, FAAFP



June 2019

NRACC Exemplary Practice Profile: Jeremy Bradley, M.D.

Since joining National Rural Accountable Care Consortium, Jeremy Bradley, M.D., has attained exemplary practice status through growth and improvement in patient care, including a steady increase in Annual Wellness Visits and the subsequent achievement of a 43.5 percentage point increase in the rate of depression screening and a 17.3 percentage point increase in the rate of fall screening. The practice has realized about $1,263,100 in savings thanks to improved health outcomes and decreased emergency department visits and hospital stays. The practice has also developed the confidence to join an Alternative Payment Model.

About the Practice

Located in Owensboro, Kentucky, our practice has one physician-owner, Dr. Jeremy Bradley, and one nurse practitioner. Together, they serve more than 4,998 patients from Owensboro and the surrounding area, 3,080 of whom are traditional Medicare patients. According to 2017 estimates from the U.S. Census Bureau, median household income in Owensboro is $40,146 and the poverty rate is about 20%.

We provide annual wellness exams for children and adults, along with chronic disease management, acute care services, radiology and in-house laboratory services, EKGs, stress tests, PFTs, joint injections, DOT physicals and multiple minor surgical procedures. The practice is nestled in tobacco and coal country and serves one of the unhealthiest regions in the United States.

The Transformation Process

More than three years ago, our practice became aware that value-based payments were on the horizon, but we were unsure how to adapt the practice to take part and wondered whether adopting an Alternative Payment Model was the right step. However, we wanted to sustain business operations and improve overall quality, and this motivated us to enroll in NRACC in September 2016.

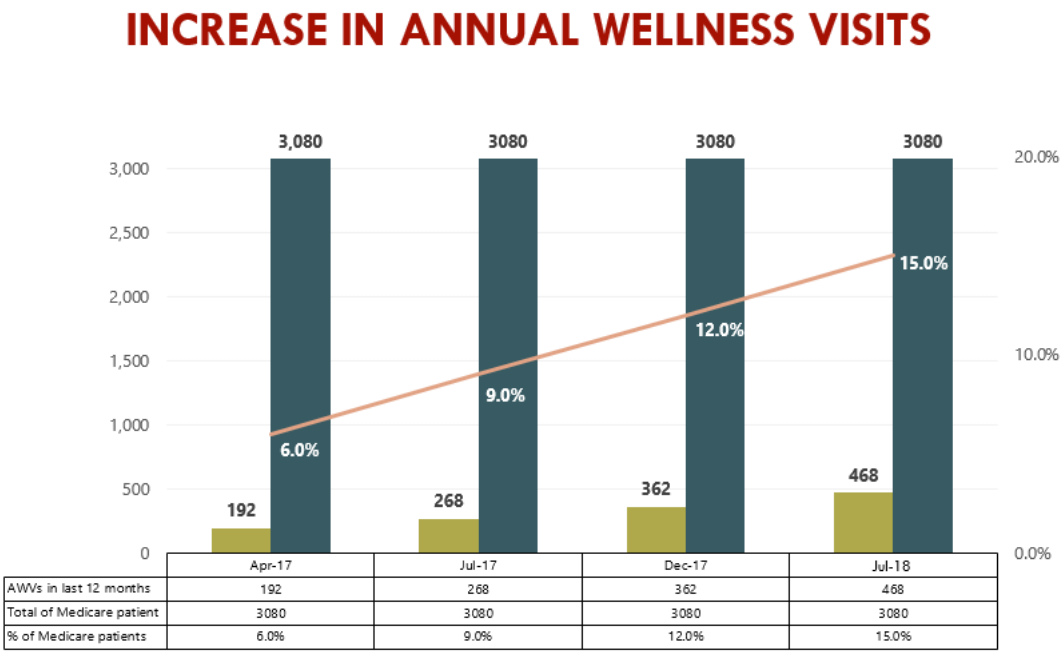
We were subsequently able to enhance our overall quality and make significant leaps in population health management with support from NRACC coaching. In our first month with NRACC, our quality improvement adviser asked us to generate specific goals to work toward. Our primary goal was to prepare for value-based payment, but we quickly learned this would require workflow changes including growing our Chronic Care Management program and implementing nurse-led AWVs in order to reduce costs and improve quality.

We started by building up our CCM program. Before joining NRACC, we only had 42 enrolled patients. After completing a Plan-Do-Study-Act with NRACC support, we increased the number of enrolled patients to 116 within the span of a year. Our goal is now to obtain program enrollment of at least 10% of our total practice within the next year, a high priority goal due to the significant health challenges faced by our patient population.

Being a solo practice, we were historically unable to complete many AWVs, but our quality improvement adviser coached us on how we could implement AWVs more effectively via a nurse-led model that gave our physician time to see more patients. We operate in a medically underserved region and have a waiting list for new patients, so this model had real appeal to us. After implementing the nurse-led model, we completed AWVs for 38% of our entire Medicare population within one year.

Providing Patient-Centered Care

Before enrolling with NRACC, we were performing well, but were unaware of our growth potential. Due to strong engagement and coaching, we were able to improve on NRACC's health outcomes, increasing the rate of clinical depression screenings by 43.5 percentage points since 2016 and the rate of fall screening by 17.3 percentage points.

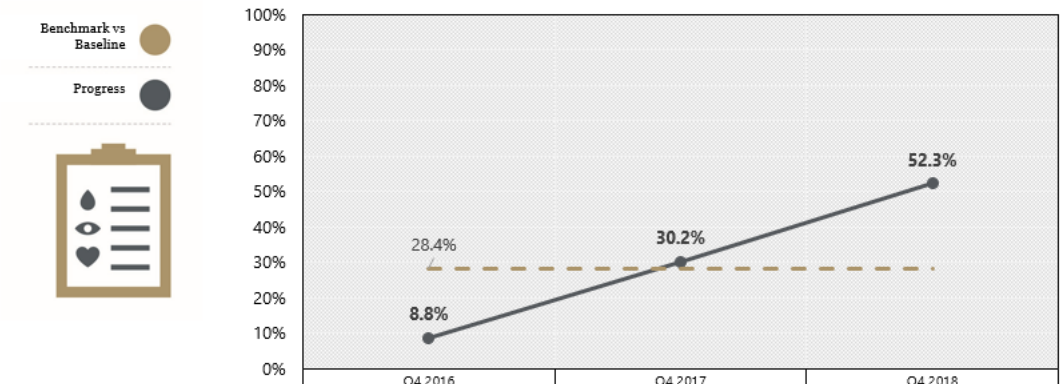


	Apr-17	Jul-17	Dec-17	Jul-18
AWVs in last 12 months	192	268	362	468
Total of Medicare patient	3080	3080	3080	3080
% of Medicare patients	6.0%	9.0%	12.0%	15.0%

After completing the PDSAs for AWVs and CCM, we added nurse-led AWVs. That resulted in a steady increase in the number of AWVs, directly improving our patients' quality of care.

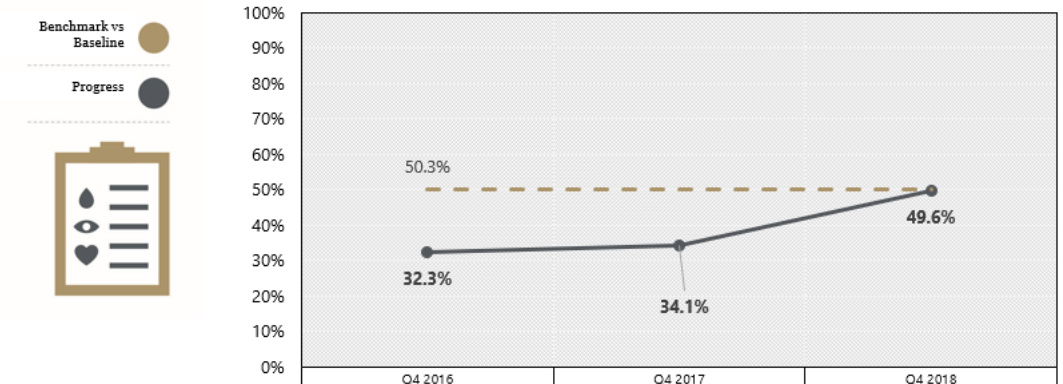
JEREMY BRADLEY, M.D.

Improvement in depression screening



	Q4 2016	Q4 2017	Q4 2018
Numerator	59	559	852
Denominator	669	1,849	1,629
Rate	8.8%	30.2%	52.3%
National average benchmark	28.4%	28.4%	28.4%

Improvement in fall risk screening



	Q4 2016	Q4 2017	Q4 2018
Numerator	216	241	570
Denominator	669	706	1,149
Rate	32.3%	34.1%	49.6%
National average benchmark	50.3%	50.3%	50.3%

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Our quality improvement adviser helped us focus on ways to improve our data through quarterly reviews that focused efforts on increasing influenza immunization, fall risk screening, Hemoglobin A1c Poor Control and depression screening.

Taking the initiative to improve in specific measures helped led to $1.2 million in cost savings. About $1.1 million in savings came from better rates of depression screening and follow-up. We joined an APM as of January 2019.

The path to ensuring a healthy population is through the engagement of patients and families. We have served several generations in each family, and under NRACC's guidance, we developed a Patient Family Advisory Council. Through the PFAC we have learned more about what is needed to increase patient satisfaction, keep communication open, and provide the best care around. The PFAC has shown us various ways to improve our practice from a patient's point of view. Suggestions range from providing the highest standard of care to something as simple as handing out more wellness brochures, or even allowing patients access to the waiting room TV's remote. Whatever their need, we make sure our patients are our priority.