



## Fast Five with Dr. Michael Clark

Family Practice Physician at Lifespan Family Healthcare

*Welcome to Fast Five—our monthly feature that spotlights an individual connected with the MaineHealth ACO. This month we had a chance to catch up with Dr. Michael Clark for five quick questions.*

### **From a private practicing primary care physician perspective, what ACO resources are most meaningful to you?**

The ACO provides a great amount of value to practice, there are three main areas that come to mind immediately:

**Care Management.** Having care managers available to us and embedded in our practice—really functioning as an extension of our practice—helps us reach out to our patients in ways that we are really not able to do in the office environment. Going into homes and identifying patients at higher risk and partnering with us to work on lifestyle changes, medication compliance, identifying needs and matching patients' needs with resources in the community (everything from getting hands on medicines they can't afford to getting an air conditioner for an asthmatic in the hot summertime) has proven to be invaluable.

**Contracting.** The ACO has a valuable role in helping us adjust and be successful in the new world of contracting for value as we move away from volume-based reimbursement. We recognize that the multiple payers we interact with bring their own set of agendas and quality measures—each with their own goals within those quality measures. The ACO has worked to streamline that to a coherent list that can be consistent and meaningful across contracts, whenever possible. Helping to negotiate this as we move into the quality space is really important.

**Practice Support.** The ACO has some key people who provide expertise in the areas of process improvement, practice flow and process mapping. Helping our practice and others begin to figure how to report their data and how to move into the quality world by building the capacity and skillsets around quality is extremely valuable.

**Patient Registry.** The ACO helped us with a great tool which is the CIR—the registry that allows us to track patients with chronic illnesses and to really improve our quality. It's been a great product and has also been the platform for reporting, so it's given us a single place to report to multiple entities. Not only is it a great reporting tool, but it's also been very effective in helping us to keep track of our patients and our highest risk populations within our practice, particularly because our electronic medical record did not have the capacity to do that well.

### **What is the ACO Board of Directors major focus right now?**

Work is happening on several fronts. Even just the formation of the ACO – which involved combining the Community Physicians of Maine (CPM) and former MMC-PHO into a single entity—was a tremendous amount of work requiring a lot of communication, planning and strategy among all the people involved. I think that was an important strategic endeavor in helping us become nimble while positioning ourselves to be successful in the world of value-based reimbursement.

Right now our focus has shifted to building capacity for the different entities—the practices and the hospitals—around value-based care. A lot of work has gone into identifying the correct vendor and partner that can work with all of our diverse EMR platforms and begin to pull in data from payers. I feel very good about the integrity of that process and the hard work that went into it. It's an important area to begin to position the whole group of providers and hospitals to be ready to aggregate data and begin to use it to be more successful in reducing cost and improving quality.

Another area of focus is the preparation for MACRA and the changes that are coming and mandated. This means understanding MACRA and the Final Rule that was just published, and translating that into actionable information for the organization and member providers.

And parallel to that, is figuring out ways to address the isolation of the silos of care that have emerged as health care has changed within the past five to ten years so that we can move our patients through our system—from primary care to specialty care to hospital care and back—more seamlessly and with a sense of connection and continuity. Through that we'll not only improve our patients' care but rebuild relationships between providers that have been lost when care moved away from the hospital at a time when we used to all work in the hospital environment. We have to figure out now how to interact together in this new world.

#### **What is your top work priority this month?**

Continuing to provide access to my patients and continuing to provide the high-touch, non-hurried care and communication that they really want and value from our practice, while still being able to get my EMR taken care of and my notes done. At the same time, preparing for reporting under MACRA and also preparing for the new opportunity under Medicare for chronic care management.

#### **What do you do to stay healthy/active?**

I eat as healthy a diet as I can—between the snacks and the cookies that our patients bring in for us. I ride a spinning bike, lift weights and/or run most days per week. I've finally figured out that the only time I have to do that is at 5 am, so I get up early and do that.

#### **What is on your nightstand right now?**

I am reading Seven Men: And the Secret of their Greatness by Eric Metaxas and The French Prize by James Nelson, which is a great book. Nelson is an author from the midcoast who writes sea-faring historic non-fiction.

*Born and raised in Maine, Dr. Clark received his medical degree in 1993 from Loma Linda University in southern California, and residency training in Family Medicine at Middlesex Hospital, Middletown, Connecticut. He was awarded board certification by the American Board of Family Medicine in 1997. After serving 4 years as a family physician and flight surgeon in the US Air Force, he married Rebecca and took a position with a large family medicine practice near Washington DC, where he worked nearly 4 years before moving back to Maine to start Lifespan Family Healthcare.*