

Patient Centered Medical Home

“Hard evidence for improved quality and reduced costs”

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March 18, 2014



The Environment - Drivers of Change

Features of Health Care

- 60+ Hospitals; 5 Medical Schools
 - Significant physician employment
 - Considerable financial integration
 - Minimal clinical integration
- SCP:PCP ratio is 4:1
 - Disparity in reimbursement, resources, technology, staffing, morale
- Payer contracts reward volume
 - Mostly FFS (some HMO capitation)
- Minimal integrating technology
 - No HIE/HIO
 - Provider portal: admin > clinical support
- Payer programs to counter inertia
 - UM, CM, DM, DS, P4P, etc.

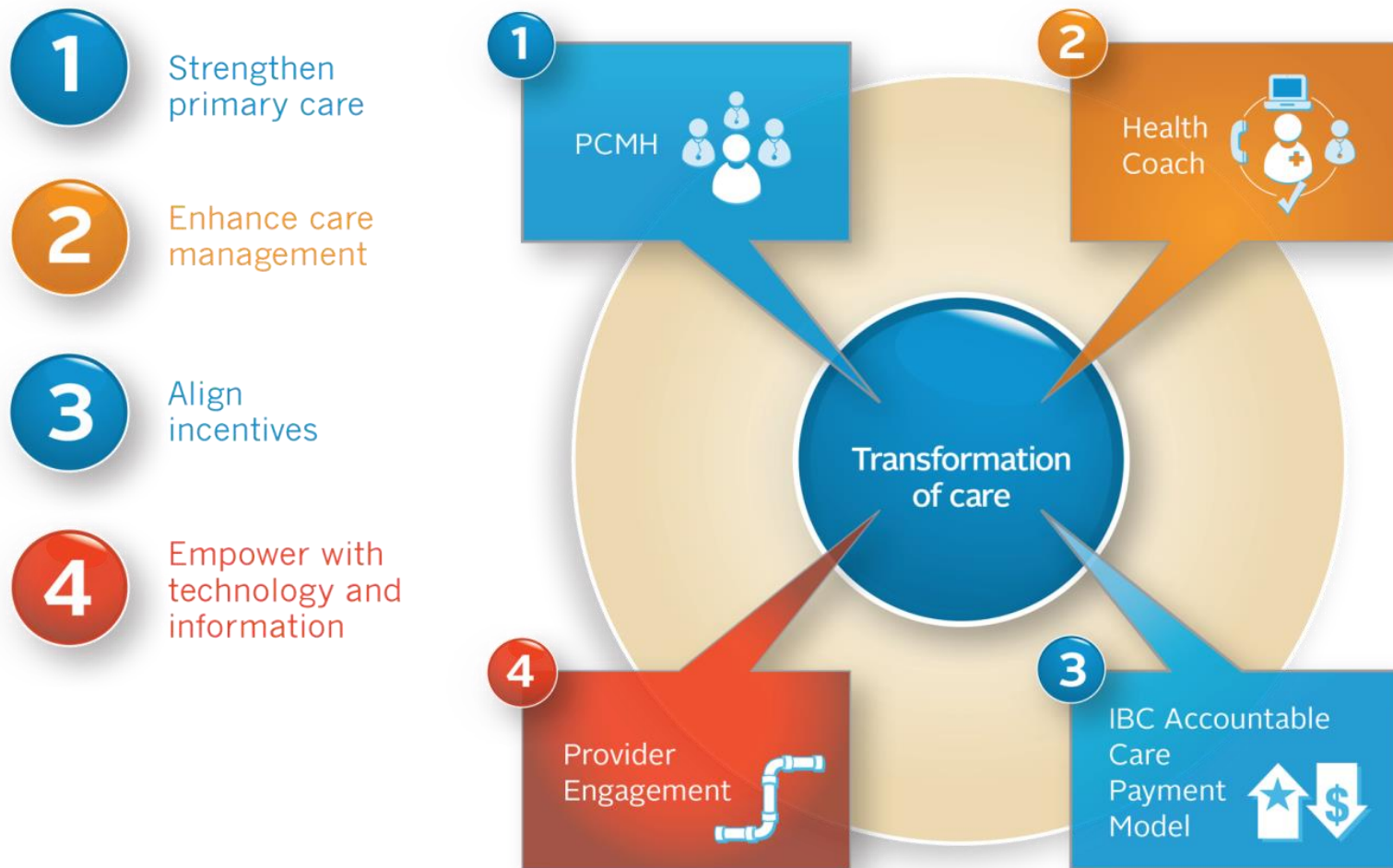
Observed Performance

- Top five MSA for utilization / cost
- Overall average quality despite Centers of Excellence
- Average satisfaction
 - Health Plan CAHPS scores
 - Hospital HCAHPS scores

Market Reaction

- Purchasers demand
 - **High Value Care**
 - Public / Private Exchanges
 - Reference based pricing
- Payers and/or Providers
 - **PCMH, ACO models**
 - **Product designs based on PCMH, ACO**
 - Narrow Networks

Transformation of Care Delivery

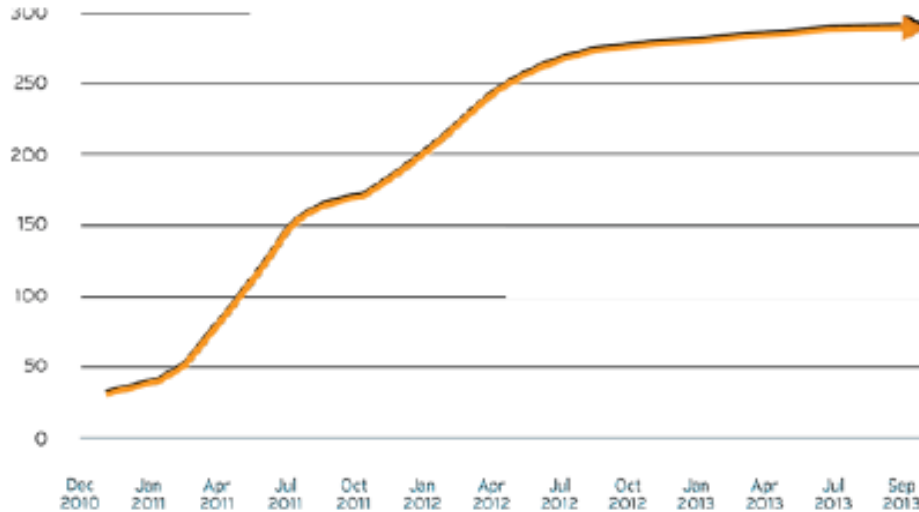


Transforming Primary Care

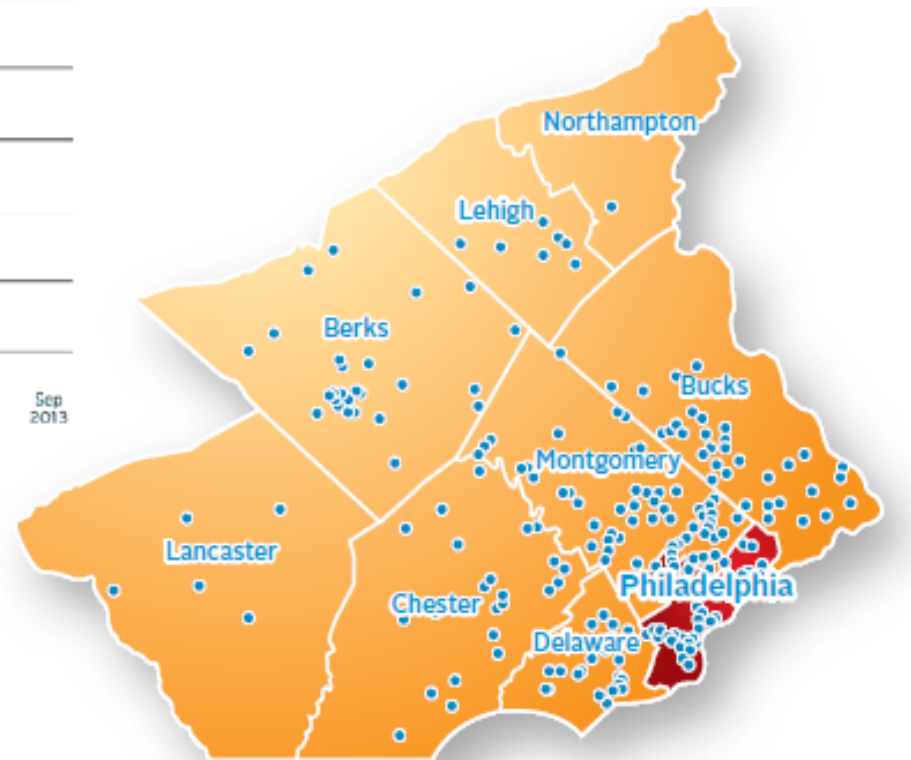


<http://www.pcpcc.net/consumers-and-patients>

PCMH Dashboard



Metric	Current count
Commercial HMO Members in PCMH	191,813 (38%)
Medicare HMO Members in PCMH	29,965 (39%)
Number of Practices recognized as PCMH	289 (30%)
Number of Unique Physicians in PCMH	1,420 (39%)



PCMH Impact on Quality and Cost

- PCMH was supported by the PA Chronic Care Initiative.
- Emphasis on assisting in restructuring of practices to improve care for patients with chronic conditions.
- Our results show that care for members with chronic conditions has improved.

IBC continues to monitor and assess the PCMH initiative and is currently working

with

NCQA

to identify the features and combination of features that make practices most effective.



EDITORIAL

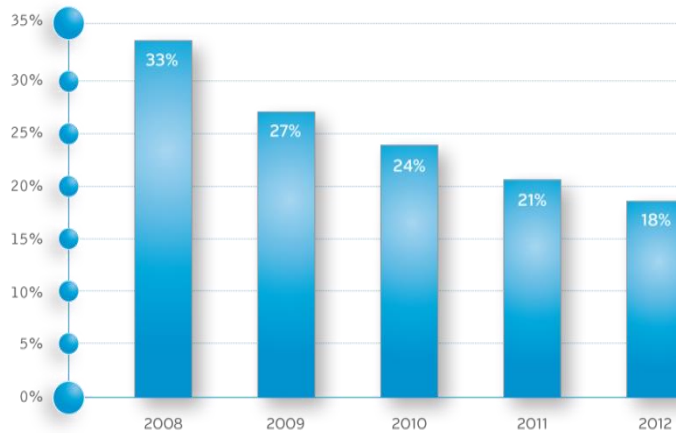
The Patient-Centered Medical Home One Size Does Not Fit All

Thomas L. Schwank, MD

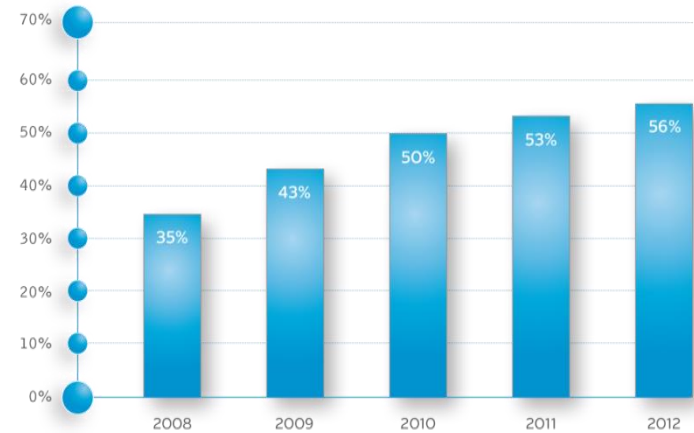
Before confidently promoting the PCMH as a core component of health care reform, it is necessary to better understand which features and combination of features of the PCMH are most effective for which populations and in what settings. The identification of specific PCMH features for various risk strata will likely have significant influence on the work patterns of physicians, who may be responsible for a larger panel of patients than currently but for whom only routine care is needed, often by other members of the health care team. The physician's time and expertise will be best focused on a relatively small number of the most complex and expensive patients.

PCMH Impact on Quality - Diabetes

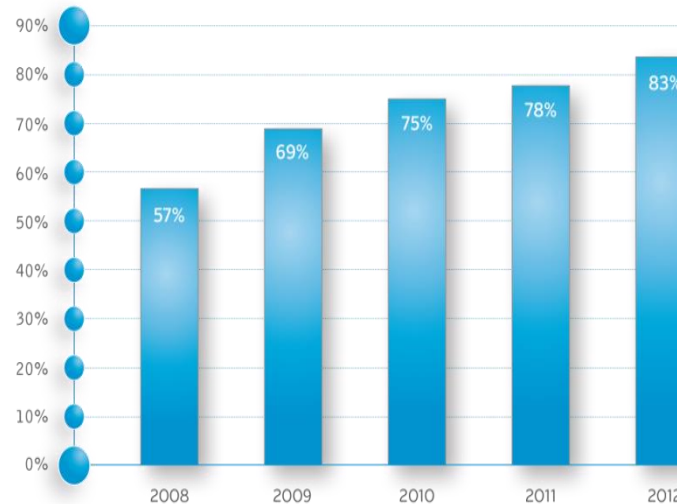
% with A1C > 9 (45% improvement)



% with LDL < 100 (60% improvement)

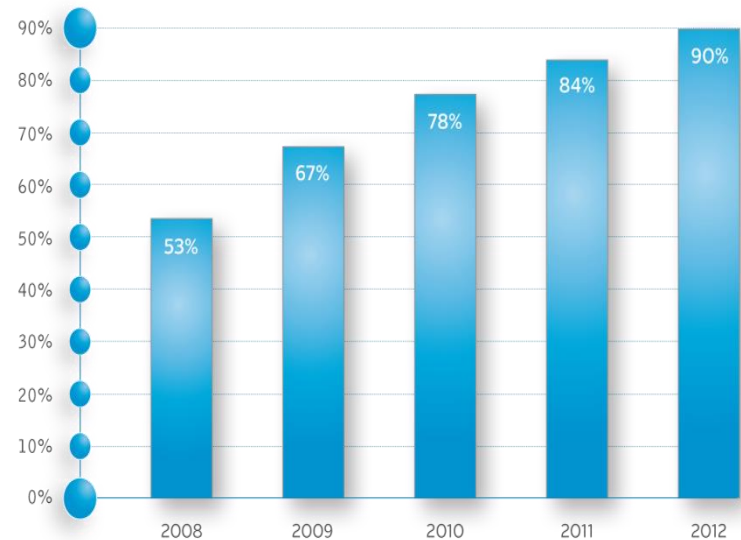
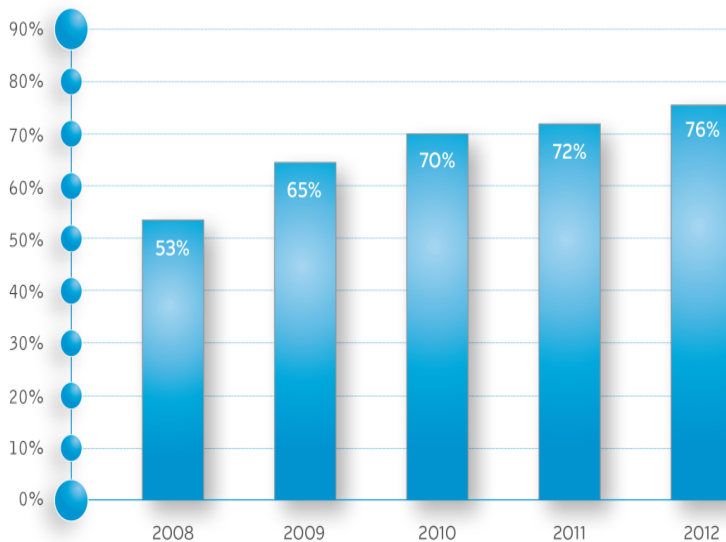


% with BP < 140/90 (45% improvement)



PCMH Impact on Quality - Asthma

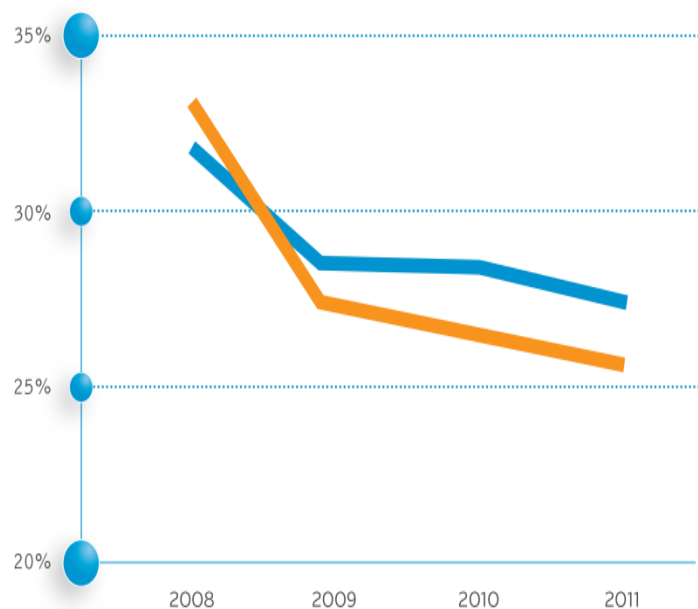
% with an Asthma Action Plan
(69% improvement)



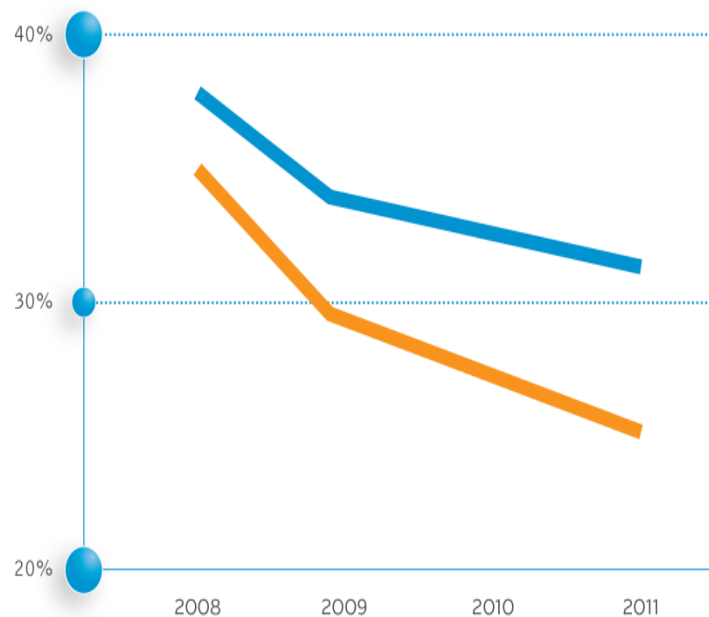
% with Flu Vaccine (43% improvement)

The Impact of PCMH - Cancer Screening

Composite Cancer Screenings Gaps in Care on Chronic and Non-Chronic Cases and Controls



Composite Cancer Screenings Gaps in Care On Chronic PCMH and Non-PCMH in Philly



PCMH

Non-PCMH

Non-PCMH

Non-PCMH

PCMH Impact on Quality and Cost

- Significant reduction over time in inpatient admissions and cost for chronically-ill and high-risk members.

American Journal of Managed Care.

- High risk members affiliated with a PCMH had 11% lower total costs. Primarily attributed to a reduction in Inpatient costs.

American Journal of Managed Care.

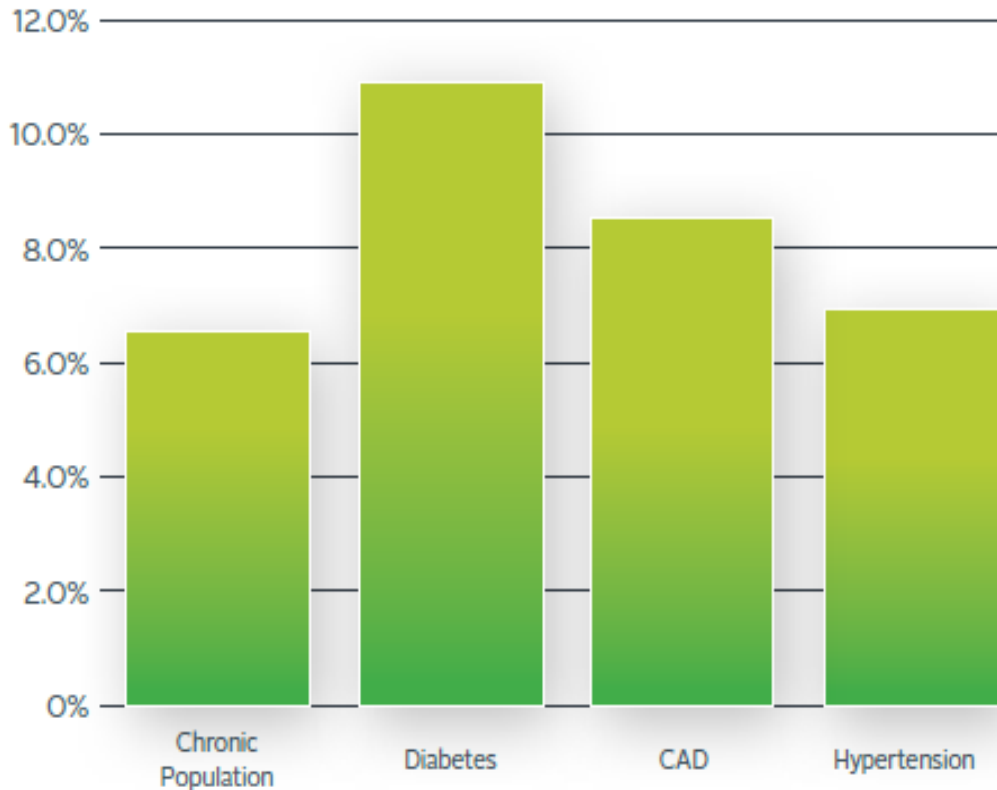
- Diabetic members affiliated with a PCMH had 21% lower total costs. Primarily attributed to a reduction in Inpatient costs.

Journal of Public Health Management and Practice.



PCMH Impact on Quality and Cost – ED Use

Percent ED Reduction



ED reduction associated with switching to PCMH.

* Based on all-payer data

280 Practices*

459K Members*

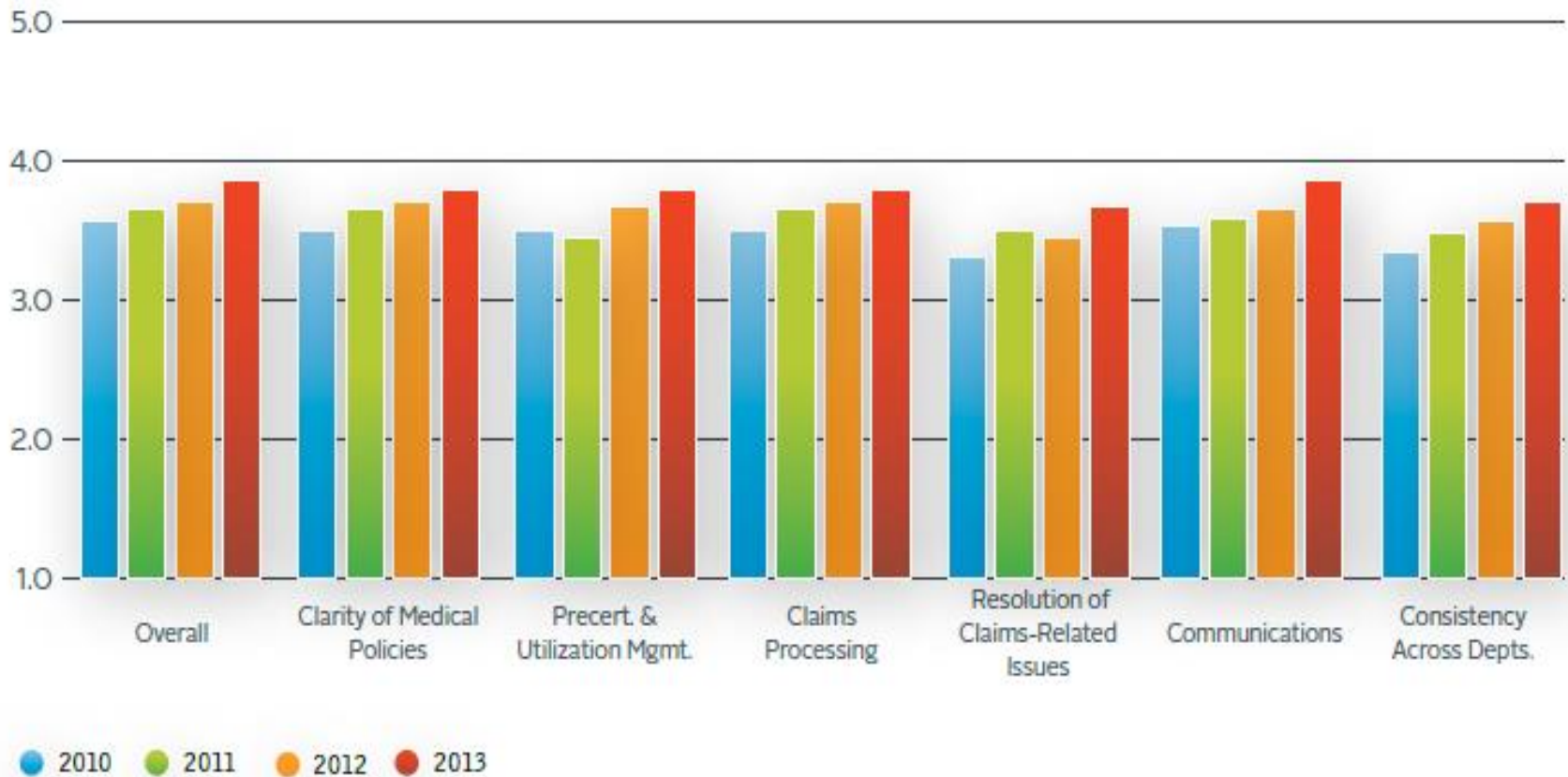
193K Chronic*

266K Non-Chronic*

PCMH Impact on Quality and Cost

Provider Ratings of IBC Compared to Other Payers

Average Rating on a 5 point scale



PCMH Impact on Quality and Cost

21% lower total cost of care
for diabetics (IBC)

17% reduction in
readmissions (Wellpoint)

9-11% lower total cost of
care for chronics
(IBC, Horizon)

14.5-21% lower total cost
of care for
chronic members
(IBC, Wellpoint)

7-19% reduction in ER
visits (IBC, BCBSM,
Wellpoint, BCBSRI,
Horizon)

6-8% reduction in advanced
imaging (Wellpoint)

11-24%

reduction in admissions/ambulatory care
sensitive admissions (IBC, BCBSM, Wellpoint,
BCBSRI, Horizon)

New Product Designs



Get more coordinated care
with a lower copayment

With Patient-Centered Medical Homes

Independence 



Important information about the Patient-Centered Medical Home benefits plan design option

Dear Valued Provider:

You are receiving this letter because our records indicate that your practice is designated as a Patient-Centered Medical Home (PCMH). If you are no longer a PCMH or have questions about this designation, please contact Elizabeth Coughlin at 215-241-2005.

I am writing to remind you of the PCMH benefits plan design option that we introduced in January 2013 for certain employer groups with HMO or Direct POS plans. With this benefits plan design option, members who select a PCMH as their primary care physician (PCP) will incur lower cost-sharing.

About the PCMH benefits plan design option

Please note the following regarding this benefit plan design option:

- Identifying PCMH members and copayments:
 - Member ID cards.** ID cards are issued to members who have this benefits plan design option that include a Patient-Centered Medical Home indicator and list two different copayment amounts depending on the member's PCP selection. See sample ID card below.

Independence  Keystone HEALTH PLAN DESIGN											
SAMPLE MEMBER ABC1234567800	ABC PROVIDER 215-555-5555 LAB L										
PATIENT-CENTERED MEDICAL HOME	<table border="1"><tr><td>PLAN</td><td>ELIGIBLE PCMH</td></tr><tr><td>POS</td><td>100</td></tr><tr><td>CO</td><td>100</td></tr><tr><td>INS</td><td>100</td></tr><tr><td>INFV</td><td>100</td></tr></table>	PLAN	ELIGIBLE PCMH	POS	100	CO	100	INS	100	INFV	100
PLAN	ELIGIBLE PCMH										
POS	100										
CO	100										
INS	100										
INFV	100										

Participant (See your Primary Care Physician for the cost sharing amounts for individual, physical and occupational services, specialty and other professionals. See the appropriate fee schedule for the fee of network care. If you need care outside of Independence Health Plan, please call 1-800-438-BLUE (1-800-438-2535).

Member (See the cost sharing table for individual, physical and occupational services, specialty and other professionals. See the appropriate fee schedule for the fee of network care. If you need care outside of Independence Health Plan, please call 1-800-438-BLUE (1-800-438-2535).

Customer Service
1-800-438-BLUE
To learn the cost of your health plan, please call 1-800-438-BLUE (1-800-438-2535).



NaviNet Benefits Snapshot

- NaviNet® Benefits Snapshot.** To verify member eligibility and copayment amounts, please use the NaviNet web portal. To do so, select *Eligibility and Benefits Inquiry* from the Plan Transactions menu, enter the search criteria for the member, and then select the appropriate member from the search results. Once on the Eligibility and Benefits Details screen, click on the *Benefit Snapshot* link to view the member's PCMH-specific copayment. It is important that you reference the Benefit Snapshot screen as the Eligibility and Benefits Detail screen does not include details on PCMH eligibility and copayment information.

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Questions

Independence Blue Cross offers products directly, through its subsidiary Keystone Health Plan East and QCC Insurance Company, with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

