PCMH & and the Employer Perspective

Jeremy Nobel, MD, MPH
Medical Director, NEBGH
Executive Director, NEBGH Solutions Center

PCPCC Annual Meeting in Wash, DC
October 15, 2013
NEBGH
Working collaboratively to improve care and enhance value for over 30 years

- Network of employers, providers, insurers, and other stakeholders
- Influences the health insurance available to 10 million+ working Americans through various activities
- Serving New York, New Jersey, Connecticut and Massachusetts
- Speaking with one voice for quality, accountability, and value in the region’s health care system
- Member, National Business Coalition on Health
- Viewed as one of the most influential business coalitions in country
NEBGH members
Why PCMH/ACO Might be of Interest to Employers?

• Growing evidence that transformed primary care models improve care, improve health and reduce cost

• ACA driven VBP payment models for public purchasers are already influencing the provider marketplace towards care delivery transformation

• Increasing the percent of VBP payment as % of all provider payment will likely drive needed care transformation activities faster and in a more sustainable way

• As compared with public purchasing, productivity and other indirect labor economic considerations can be included in employer-driven performance based payment models
Where are Employers in their thinking on PCMH/ACO opportunity?

- Awareness and interest is growing but detailed understanding by even large self-insured employers appears limited.

- Health plans are offering various commercial PCMH/ACO type arrangements as an ASO up-sell, but uptake has been modest.

- Employers appear unsure of employee response, overall value and ROI. Definitive outcome studies are elusive since there are so many different PCMH/ACO models, and it’s still early.

- Probably PCMH/ACO models work best when offered as a “narrow network” option, but many employers are reluctant to go down that road.
What Could Move Things Forward?

- Increase general awareness of employers on PCMH/ACO models and how they could work

- Updated review of current state of knowledge on various PCMH/ACO models from outcomes perspectives of cost and quality

- Open discussion with providers and plans on barriers and obstacles to significant challenges (e.g. patient engagement) and how to overcome them

- Development of an “action roadmap” or “playbook” for large employers; provide both knowledge and support towards a systematic way to accelerate the pace of change
Current NEBGH Activities in PCMH/ACO

- Ongoing discussions with provider groups, health systems and health plans in NY, NJ, and MA to clarify current PCMH/ACO activities as part of ongoing SC activities.

- Beginning to identify “best practices” and key components and principles that underpin successful PCMH/ACO initiatives.

- Exploring various convening options, including near and longer term goals and objectives.

- Ongoing discussions with NYS Dept of Health on public/private purchaser opportunity to increase % of VBP in marketplace.
Summary: NEBGH and PCMH

- Significant opportunity if done well; Eager to move the dialog forward

- Believe better outcomes data on results from relevant PCMH trials would be timely and helpful

- Opportunity to promote multi-payer approaches including public-private efforts

- Don’t forget the need to communicate with and engage employees
Tracking the Shift in Benefit Design: Employers, Employees and the Medical Home

Mary Takach, MPH, RN
Patient Centered Primary Care Collaborative
October 115, 2013
Rockville, Maryland
NASHP

- 26-year-old non-profit, non-partisan organization
- Offices in Portland, Maine and Washington, D.C.
- Academy members
  - Peer-selected group of state health policy leaders
  - No dues—commitment to identify needs and guide work
- Working together across states, branches and agencies to advance, accelerate and implement workable policy solutions that address major health issues
Making medical home payments (29)
Payments based on provider qualification standards (27)
Payments based on provider qualification standards, making payments in a multi-payer initiative (18)
Participating in MAPCP Demonstration (8: ME, MI, MN, NY, NC, PA, RI, VT)
Participating in CPC Initiative (7: AR, CO, NJ, NY, OH, OK, OR)

As of June 2013

http://www.nashp.org/med-home-map
State ‘Accountable Care’ Activity Map

http://www.nashp.org/state-accountable-care-activity-map
State Innovation Models (SIM) Initiative

Model Testing Grants (6)
Model Pre-Testing Grants (3)
Model Design Grants (16)
For More Information

Please visit:
- www.nashp.org
- www.nashp.org/med-home-map
- www.nashp.org/state-accountable-care-activity-map
- www.statereforum.org
- www.pcpcc.net

Contact:
mtakach@nashp.org
Care Delivery Innovations

Patient-Centered Primary Care Annual Fall Conference
October 15, 2013

Anshu Choudhri
BlueCross Blue Shield Association
Blue value-based programs have unparalleled reach

Today, Blue Plans have more than 500 programs in market or in development

with more than 215,000 participating providers

providing care to over 23 million members
We are working closely with providers across the country to transform care delivery

Note: Information as of September 2013
Blue Plan programs are positively impacting both cost and quality

**BCBSMN ACO**
- 34% lower trend vs. comparable care systems
- $13 million in net savings
- Members reached optimal treatment goals for various chronic conditions

**BCBSM PCMH**
- Estimated $155 million in cost savings first three years
- 19.1% lower hospital admission rate
- 8.8% lower ER visit rate

**BCBSIL Advocate ACO**
- Outperformed adjusted cost trend by ~2.5%
- Maintained targeted high-level performance on clinical quality and service metrics

**Horizon PCMH**
- 12% lower rate of ER visits
- 23% lower rate in hospital inpatient admissions
- 9% lower cost of care for diabetic patients

**CareFirst PCMH**
- Reduced expected costs for PCMH-covered members by 2.7%
- $98 million in savings
- Quality scores for PCMH panels rose by 9.3%

---

1. 2011 Results
2. 2012 Results
3. 2013 Results
4. 2011-2012 Results
5. Adult Population results
6. Blue Cross Blue Shield of Illinois (A division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee)
By 2015, National Account members will access local programs through a national platform linking local innovations.

65% of National Account membership will have access to Blue Distinction Total Care programs at launch.