



Primary Care Innovations in Medicare Advantage

*PCPCC WEBINAR
APRIL 15, 2019*

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Welcome & Announcements



Welcome – Robert Dribbon,
Executive Member Board Liaison



[Upcoming PCPCC Webinars](#)



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PCPCC Executive
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[Jennifer Renton](#) or
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PCPCC Annual
Conference

Save the Date:
November 4-5,
2019

Webinar Speakers



Moderator:
[Robert Dribbon](#)
Strategy and
Innovation,
Merck



[Ann Hwang, MD](#)
Director, Center for
Consumer
Engagement in
Health Innovation,
Community Catalyst



[Sachin Jain, MD;
MBA](#)
President and
CEO, CareMore
Health System



[Gaurov Dayal, MD](#)
President, New
Markets and Chief
Growth Officer,
ChenMed

Transforming Primary Care

April 2019

Ann Hwang, MD



About the Center for Consumer Engagement in Health Innovation

Our Mission

- Bring the experience of consumers to the forefront of health innovation

Our Focus

- People with complex health and social needs

Our Work

- State and local advocacy
- Policy and research
- Training and education



Building
consumer
leadership



Improving
health
systems



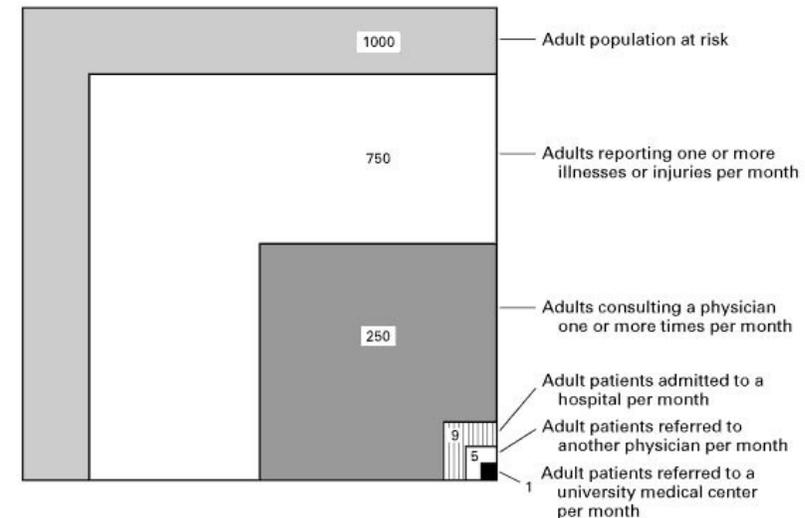
Engaging
policymakers



Conducting
research

Primary Care is an Important Consumer Issue

- More people receive care from a primary care provider each month than any other health professional
- Primary care is the entry point to the health system
- Primary care improves health outcomes and reduces health disparities
- Increasing access to primary care can reduce health system costs



Green LA et al. NEJM 2001

Steps to a Person-Centered Primary Care System



REMOVE FINANCIAL BARRIERS FOR CONSUMERS



CHANGE THE WAY PRIMARY CARE IS PAID FOR



REFORM THE WAY CARE IS DELIVERED



BUILD CONNECTIONS WITH SOCIAL SERVICES



EXPAND PRIMARY CARE INFRASTRUCTURE



EXPERIMENT WITH NEW MODELS

Selected Resources

- Issue Brief: [Policies to Transform Primary Care](#)
- Video Series: [Re-envisioning Care for People With Involved Disabilities](#)
- Report: [What's Next for Medicare-Medicaid Enrollees ? Findings from the Duals Symposium](#)
- Comments: [Comments on 2020 Draft MA Call Letter](#)



RADICAL HEALTH CARE

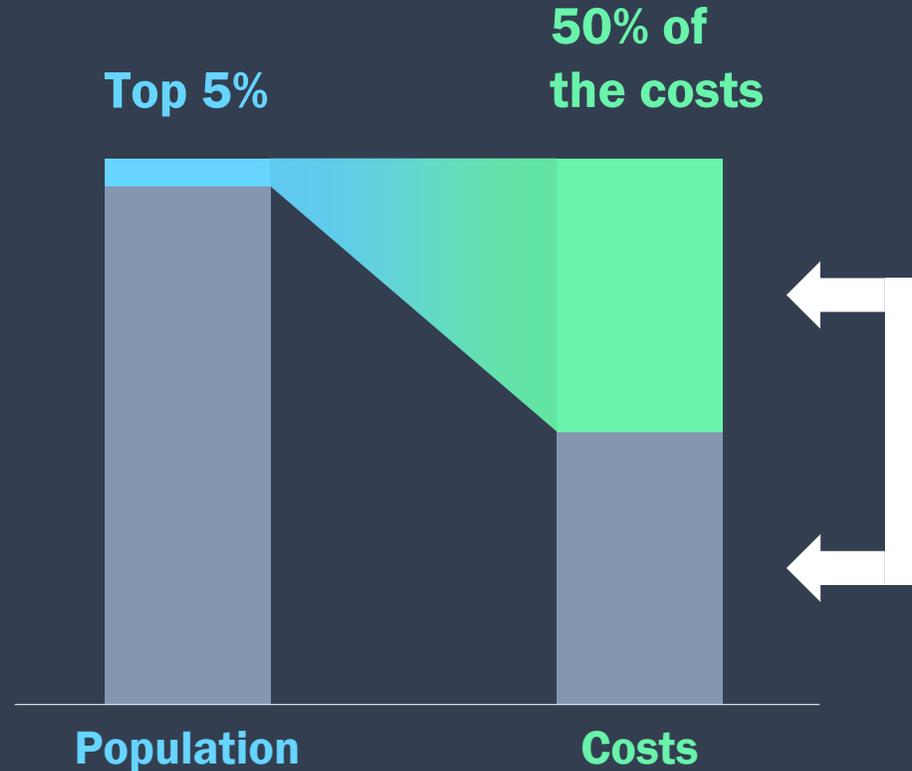
An introduction to CareMore Health

Primary Care Innovation in Medicare Advantage: April 15, 2019

Sachin Jain, MD, MBA



Healthcare today



NEEDS A DIFFERENT APPROACH

Caring for our patients requires a radically different view of consumers

Health care should anticipate and deliver on people's needs.

Sick people should not have to shop for the care they need.

People should not pay out of pocket for things they need.



34% of our patients are diabetics

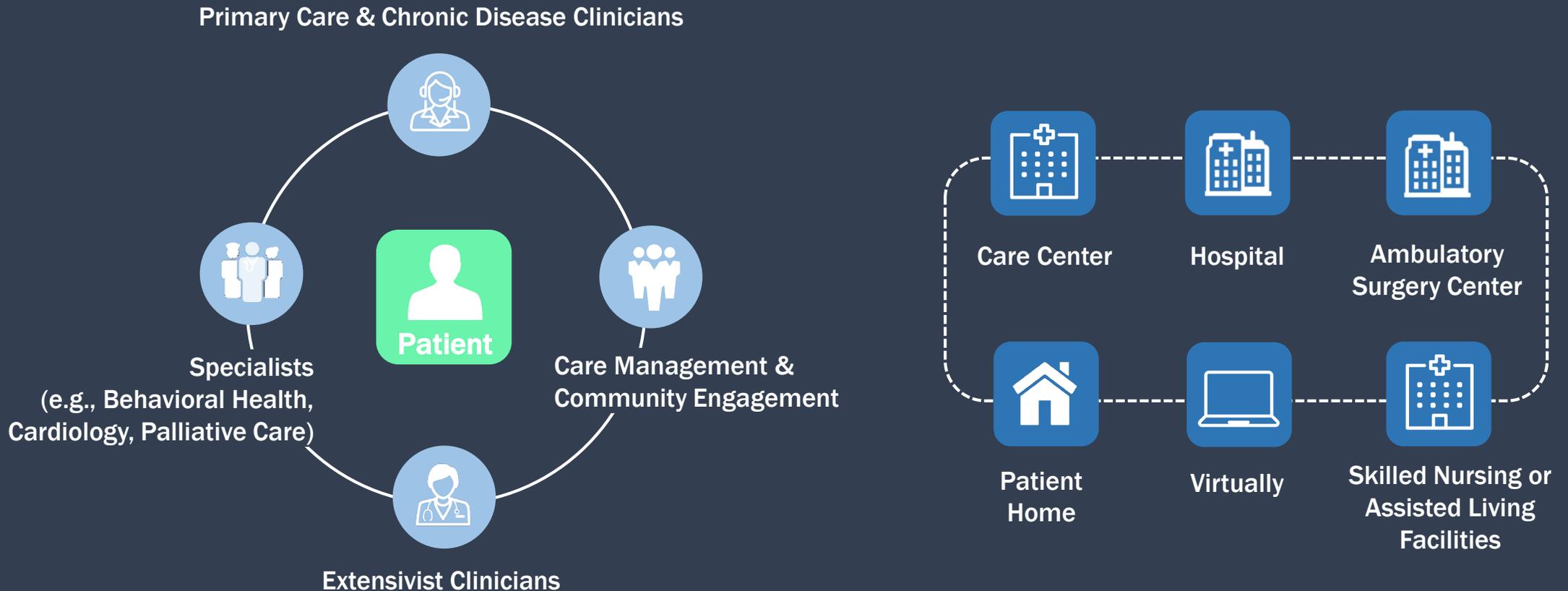
43% of our patients live with two or more co-morbidities

19% of our patients live at or below 120% of the FPL

74 The average age of our patients

CareMore's Primary Care Model

Delivering comprehensive primary care and integrated behavioral health to larger high-risk, high-cost populations



TOGETHERNESS PROGRAM

Approaching loneliness as a treatable condition

VIRTUAL CARE CENTER

State-of-the-art space and technology bringing more CareMore to more people

Constant innovation and a commitment to bettering the healthcare experience



Cutting-edge app to address the pain points of CareMore clinicians



First-of-its kind partnership to make it easier for patients to get care



Better Health for Seniors

Gaurov Dayal, M.D.

President, New Markets and
Chief Growth Officer



EVERYONE WINS

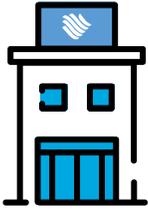
When we achieve our Vision

To be America's leading
primary care provider,
transforming care of the
neediest populations.

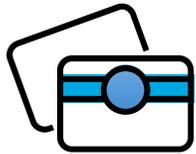
OUR MISSION

We **honor Seniors** with affordable **VIP care** that **delivers better health.**

What we do



Operate 60+ primary care clinics



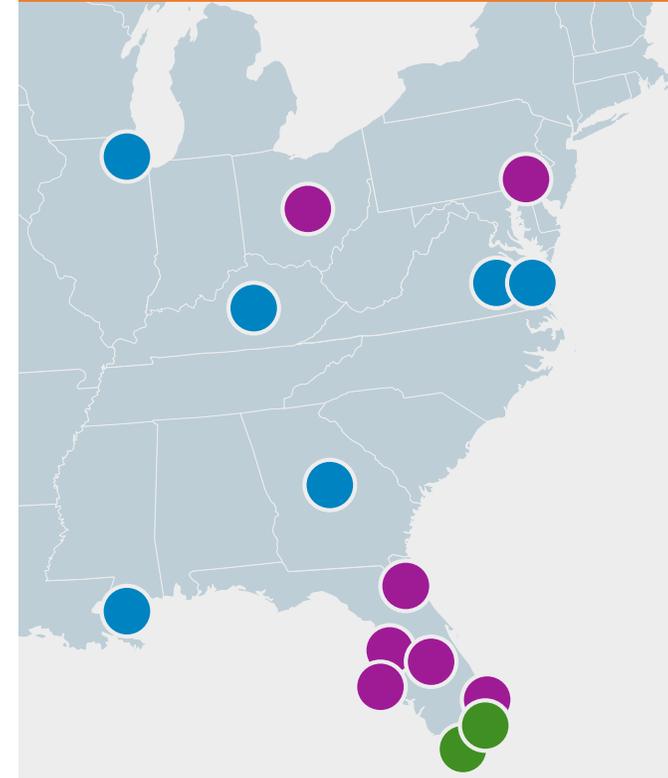
Take global full risk for Medicare Advantage and Dual Eligible members in multiple plans



Provide a “concierge” solution, with superior outcomes, to lower-income, polychronic seniors – for no fee



Our medical centers are located in primary care shortage areas.



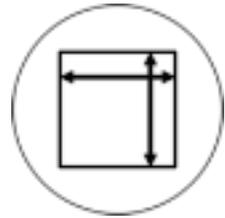
CURRENT MARKETS

- Atlanta, GA
- Bradenton, FL
- Chicago, IL
- Ft. Lauderdale, FL
- Jacksonville, FL
- Lakeland, FL
- Louisville, KY
- Miami, FL
- New Orleans, LA
- Philadelphia, PA
- Richmond, VA
- Tampa, FL
- Tidewater, VA

2019 OPENINGS

- Columbus, OH
- Palm Beach County, FL

The ChenMed Model- High Touch Care



Standard footprint/design:
accommodate ~2,000 patients



Concierge-style medicine: Highly
accessible PCPs with small panels (~450)
seeing patients frequently



Primary care focused; but with
selected “Tier 1” onsite specialists



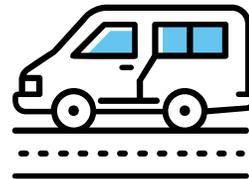
Comprehensive PCP-led care team
coordination: Care ambassadors, care
promoters, care coordinators, case
managers, transitional care
coordinators, and more



Convenient ancillaries: Onsite
medication dispensing, lab draw,
and selected imaging



Lifestyle & behavior support: Café,
cooking programs, senior aerobics,
TaiChi, acupuncture, chronic
disease classes



Courtesy door-to-doctor
transportation

High-Touch Care Leads to Better Outcomes



Patient
affordability



Better
patient
health



Physician
leadership



Health plan
quality,
margins,
and growth



50%
FEWER
hospitalizations



33%
FEWER
ER visits



28%
LOWER cost



41%
INCREASE in
preventative
medication use

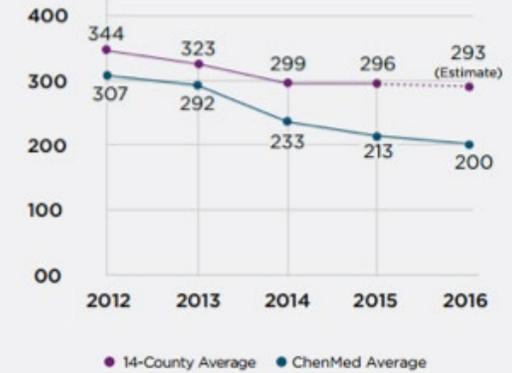


TOP DECILE
patient
satisfaction
score

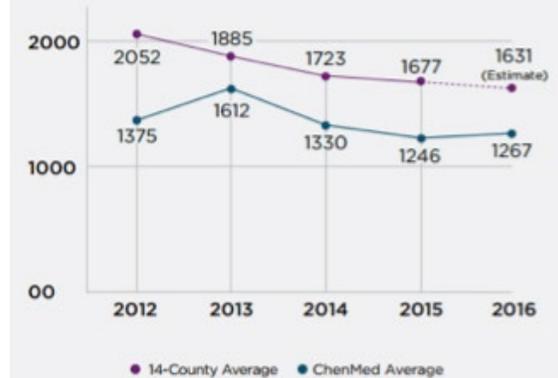


TOP DECILE
clinical
quality
metrics

IN-PATIENT HOSPITAL ADMISSIONS



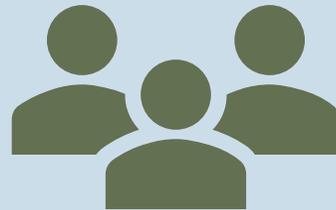
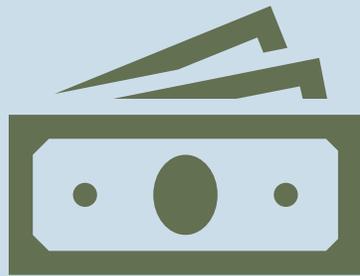
IN-PATIENT HOSPITAL DAYS





Questions

What are the opportunities for more flexible payment models to result in more consumer, patient, and family centered care?

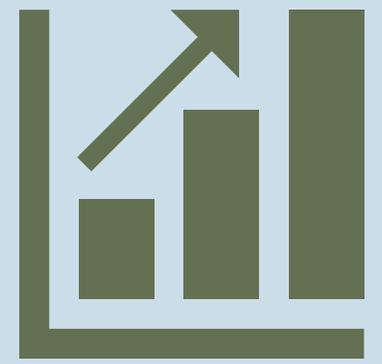


What are comprehensive primary care opportunities that exist under Medicare Advantage that might be more difficult to address in other healthcare settings?

Are there services that could be added or improved?

What does this really mean for the patient and their family?

What are some challenges you face in trying to improve results further?



Why are innovative primary care delivery models spreading in Medicare Advantage? What are the barriers to them spreading more quickly and in other parts of the healthcare system?

What are the risks of expanding flexible payment models?

What special considerations exist when serving those dually eligible for Medicaid and Medicare?

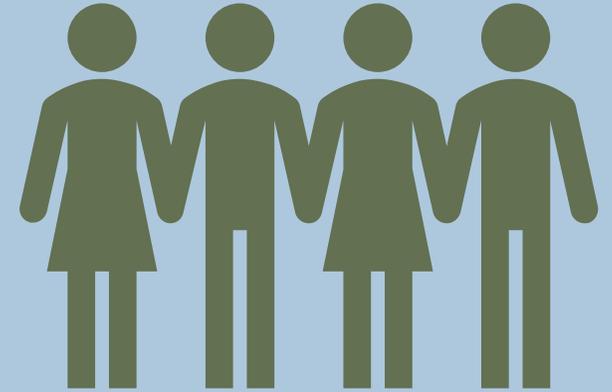
What are your limiting factors in scaling these models?



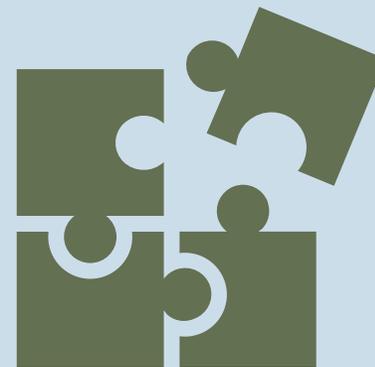
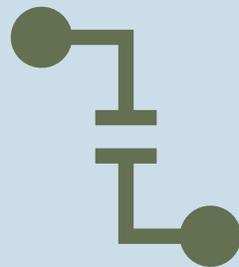
Social Needs and Health Disparities

In meeting patients' social needs, do you provide services directly or partner with community-based organizations?

We know that in our country there are stark racial and ethnic disparities in health outcomes. How can these primary care models address and reduce health disparities?



From your perspective what else needs to happen to help the U.S. healthcare system better align and push forward on value?



Additional Resources



Patient-Centered
Primary Care
COLLABORATIVE

THE RESULTS

[The CareMore Model: Being There](#) (video)

18% lower A1C for diabetics
58% fewer ESRD inpatient days
26% fewer CHF readmissions
19% fewer COPD admissions

CareMore 2017 Program Effectiveness Metrics. Program participants with diabetes whose A1C was > 9 on initial visit to the CareMore Diabetes Program in 2017, compared to repeat A1c testing, reported as Last A1C in CY2017.

CareMore 2017 Executive Summary. Based on individuals in the CareMore ESRD Program. Medicare averages from most recent data available, U.S. Department of Health and Human Services. (2017, March) 2015 data.

CareMore 2017 Q4 Executive Summary. Based on program participants with diagnosis of CHF who received Ideal Life wireless scale (In Program) and individuals who did not (Not in Program). Medicare CHF rate from most recent data available, Data.Medicare.gov (2015)

CareMore 2017 Executive Summary. Based on individuals who receive supplemental oxygen at home who had at least 1 CareMore COPD Program visit (In Program) versus those who did not (Not In Program). Medicare COPD rate from most recent data available, Data.Medicare.gov (2015)

16% fewer admissions
26% lower bed days
12% fewer readmissions
20% lower length of stay

CareMore 2017 Hospital Metrics. Admissions and days are rates per 1,000 beneficiaries. Inpatient LOS is in days. Readmissions are 30 day acute hospital readmissions. Medicare averages from most recent data available, U.S. Department of Health and Human Services. (2017, March) 2015 data.

Together

More than 21,843 calls and visits

Over 1,238 referrals to resources & programs

56% increase in exercise at Nifty after Fifty

20% lower hospital admissions

Changing Lives

Based on CareMore internal analysis, 2018-2019

Harvard Business Review

How to Accelerate the Adoption of Digital Health Technology

Modern Healthcare

CareMore integrates pharmacists into its existing care teams

WSJ

The Goal: Longer Life With Less Loneliness

Forbes

The Type of Consumerism Healthcare Really Needs

KPMG



The Commonwealth Fund

Investing in social services as a core strategy for healthcare organizations

Modern Healthcare

CEO Sachin Jain, MD, MBA, featured in the 50 Most Influential Physician Executives and Leaders 2017 and 2018

Karen Schulte featured in Top 25 COOs in Healthcare 2018



Thank you for Attending!