

Patient-Centered Primary Care

COLLABORATIVE



**BlueCross
BlueShield**
Association

An association of independent Blue Cross and Blue Shield companies



Panelists

Welcoming Remarks

- Doug Henley, MD, FAAFP: Executive Vice President and Chief Executive Officer, American Academy of Family Physicians

Presenter/Moderator

- Marci Nielsen, PhD, MPH: CEO, Patient-Centered Primary Care Collaborative

Panelists:

- Justine Handelman: Vice President, Legislative and Regulatory Policy, Blue Cross Blue Shield Association
- Chris Koller: President, Milbank Memorial Fund
- Rahul Rajkumar, MD, JD: Acting Deputy Director, Center for Medicare and Medicaid Innovation
- Julie Schilz BSN, MBA: Program Director, Patient Centered Primary Care Transformation, Anthem
- Katherine Clark, DO: Practicing Physician, Ohio Comprehensive Primary Care Initiative





The Patient-Centered Medical Home's Impact on Cost & Quality

Review of Evidence, 2013-2014

Friday, Jan. 30, 2015

Patient Centered Primary Care Collaborative
Lunch sponsor: Blue Cross Blue Shield Association
Report sponsor: The Milbank Memorial Fund
Host: Senator Charles Grassley



#PCMHEvidence



Overview



- Background on methodology for the report
- **Key Point #1:** New evidence demonstrates improvements in cost and utilization associated with the PCMH
- **Key Point #2:** The health care marketplace must invest in primary care in new ways to achieve the Triple Aim
- **Key Point #3:** Future direction for the PCMH & primary care -- includes clinical integration (inside and outside of the PCMH), increased financial support, team-based training, consumer engagement & technology.





BlueCross BlueShield Association

An association of independent Blue Cross and Blue Shield companies



About PCPCC

Founded in 2006, the PCPCC is dedicated to advancing an effective and efficient health care system built on a strong foundation of primary care and the patient-centered medical home.

About Milbank Memorial Fund

The Milbank Memorial Fund is an endowed operating foundation that works to improve health by helping decision makers in the public and private sectors acquire and use the best available evidence to inform policy for health care and population health.

About Blue Cross Blue Shield Association

The Blue Cross and Blue Shield Association is a national federation of 37 independent, community-based and locally operated Blue Cross[®] and Blue Shield[®] companies. The Association owns and manages the Blue Cross and Blue Shield trademarks and names in more than 170 countries and territories around the world. The Association grants licenses to independent companies to use the trademarks and names in exclusive geographic areas.



Authors:
Marci Nielsen, PhD, MPH
Amy Gibson, RN, MS
Lisabeth Buelte
Paul Grundy, MD, MPH
Kevin Grumbach, MD

Published January 2015



Study Authors:

- Marci Nielsen, PhD, MPH
- Amy Gibson, RN, MS
- Lisabeth Buelte
- Paul Grundy, MD, MPH
- Kevin Grumbach, MD

Guest Authors



Marie Abraham, MA

Senior Policy and Program Specialist,
Institute for Patient- and Family-Centered
Care

Barbara Brandt, PhD, MS, MA

Director, National Center for
Interprofessional Practice and Education

Beverly H. Johnson

President and Chief Executive Officer,
Institute for Patient- and Family-Centered
Care

Jonathan Niloff, MD

Vice President and Chief Medical Officer,
McKesson Connected Care & Analytics



Kavita Patel, MD

Managing Director for Clinical
Transformation and Delivery, Engelberg
Center for Health Care Reform
Fellow, Economic Studies, The Brookings
Institution

Len Nichols, PhD

Director, Center for Health Policy Research
and Ethics, George Mason University

Mary Minniti, BS, CPHQ

Program and Resource Specialist, Institute
for Patient- and Family-Centered Care

Matt Longjohn, MD

National Health Officer, YMCA of the USA



Academic Reviewers



Asaf Bitton, MD, MPH

Assistant Professor of Medicine,
Division of General Medicine, *Brigham
and Women's Hospital*;
Assistant Professor of Health Care
Policy, Department of Health Care
Policy, *Harvard Medical School*
Core Faculty Lead for Practice
Transformation, Center for Primary
Care, *Harvard Medical School*

Bob Phillips, MD, MPH

Vice President of Research and Policy,
American Board of Family Medicine

Farzad Mostashari, MD, ScM

Founder/CEO, *Aledade, Inc*

Jean Malouin, MD

Clinical Assistant Professor, *Family
Medicine, University of Michigan*

Lisa Dulsky Watkins, MD

Director, *Milbank Memorial Fund Multi-
State Collaborative*

Michael Bailit, MBW

President, *Bailit Health Purchasing*



Description of Methods

- Examined medical home/PCMH studies published between September 2013 and October 2014
 - Peer-reviewed scholarly articles
 - State government program evaluations
 - Industry reports
- Explored relationship between “medical home/PCMH” model of care and Triple Aim outcomes
 - Predictor variable: “Medical home”, “PCMH”, “advanced primary care”, or “health home”
 - Outcome variable: “Cost” or “Utilization”
- Resulted in **14** peer reviewed studies, **7** state PCMH program evaluations, and **7** industry reports

How data is reported: example Oregon

Oregon

Oregon Coordinated Care Organizations (CCO)⁵³

Published: Oregon Health Authority, June 2014

Data Review: 2011 (comparison group); 2013 (PCMH group)

- 19% reduction in ED spending
- 17% reduction in ED visits
- 5% reduction in all-cause readmission rates

Decreased hospitalization for chronic conditions:

- 27% reduction for patients with CHF*
- 32% reduction for patients with COPD*
- 18% reduction for patients with adult asthma

- 58% increase in percentage of children screened for risk of developmental, behavioral, and social delays
- Increase in screening, intervention and referral for treatment for alcohol or other substance abuse (from 0% to 2%)
- 5% improvement in LDL screening in patients with diabetes
- Increase in follow up care after hospitalization for mental illness (from 65.2% to 67.6%)
- Improvement in all 3 components of medical assistance with smoking and tobacco use cessation

- 52% increase in enrollment in patient-centered primary care homes since 2012
- >20% increase in spending for primary care and preventive services
- 11% increase in outpatient primary care visits
- Increase in adolescent well-care visits (from 27.1% to 29.2%)

- Increase in patient satisfaction with care (from 78% to 83.1%)



Key Point #1:

Recent evidence demonstrates improvements in cost and utilization associated with the PCMH.

 17
found
improvements
in cost

 24
found
improvements
in utilization

 11
found
improvements
in quality

 10
found
improvements
in access

 8
found
improvements
in satisfaction




PCMH Peer-Reviewed Outcomes



14 PEER-REVIEWED STUDIES

 10 reported on cost, 6 found improvements

 13 reported on utilization, 12 found improvements

 3 reported on quality, 2 found improvements

 4 reported on access, 4 found improvements

 4 reported on satisfaction, 4 found improvements

- Medicare FFS (NCQA PCMH)
- Veterans Affairs (PACT)
 - (4 studies)
- Florida Medicaid
- Illinois Medicaid
- Kentucky – Ft. Campbell
- New York Presbyterian Regional Health Collaborative
- Community Care North Carolina
- Pennsylvania Chronic Care Initiative
 - Rand
 - Independence BCBS (2 studies)



PCMH State Government Outcomes

7 STATE GOVERNMENT EVALUATIONS



7 reported cost savings



6 reported reduction in utilization



6 reported improvements in population health/preventive services



5 reported improvements in access



3 reported improvements in patient or clinician satisfaction

- Colorado Medicaid
- Minnesota Health Care Homes
- Missouri Health Homes
- Oklahoma SoonerCare Choice
- Oregon Coordinated Care
- Rhode Island Chronic Care Sustainability Initiative
- Vermont Blue Print for Health

PCMH Industry Reports Outcomes

7 INDUSTRY REPORTS



4 reported cost savings



6 reported reductions in utilization



3 reported improvements in population health/preventive services



1 reported improvement in access



1 reported improvement in patient or clinician satisfaction

- UnitedHealth Care PCMH
- California AFP & Community Medical Providers
- CareFirst BCBS
- BCBS Michigan
- Horizon BCBS New Jersey
- Aetna PCMH: Westmed
- Pennsylvania Highmark

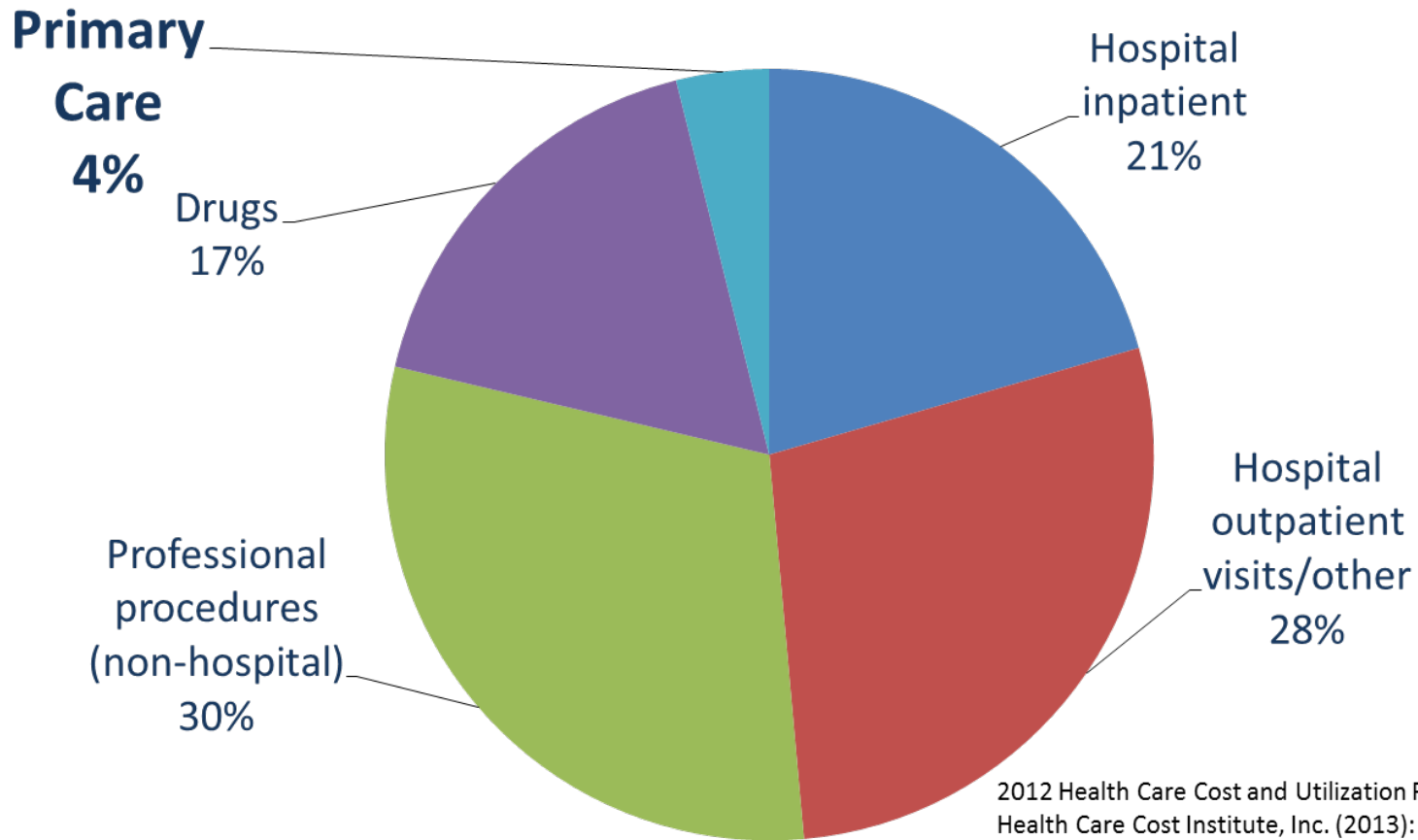


Key Point #2:

The health care marketplace must invest in primary care in new ways to achieve the Triple Aim.



Primary Care Remains Undervalued



2012 Health Care Cost and Utilization Report. "Health Care Cost Institute, Inc. (2013): Table A1 [Interim]. Washington, DC: HCII; 2013 Sept. <http://www.healthcostinstitute.org/>

U.S. per-capita health spending, 2012 (under 65 with employer-sponsored health insurance)



Investing in Primary Care

- **Payment Reform**
 - Increase % spend on primary care (relative to total cost of care)
 - Move away from fee-for-service & embrace value-based comprehensive primary care payment
- **Investment in primary care**
 - The United States spent over 2.9 trillion dollars on health care in 2013
 - Only four to seven percent is dedicated to primary care, when primary care visits in the U.S .account for more than half (55 percent) of physician office visits each year



Emerging Payment Reform Trends

Fee-For-Service

Volume-based reimbursement



Bundled payments
Global budget contracts
ACOs

Value-based reimbursement





Key Point #3:

Future directions for the PCMH & primary care include clinical integration (inside and outside of the PCMH), increased financial support, team-based training, consumer engagement & technology.



Future Directions

- Integrating services inside and outside primary care
 - Examples: inside -- integrating behavioral and oral health into PCMHs; outside -- integrating PCMHs into ACOs and community-based organizations and services
- Providing financial support for enhanced primary care controlling total cost of care while improving quality
- Developing health professions workforce to embrace all members of the team -- including the patient and their family/caregiver
- Engaging consumers/employees and the public
- Promoting interoperable technology to support this model of care



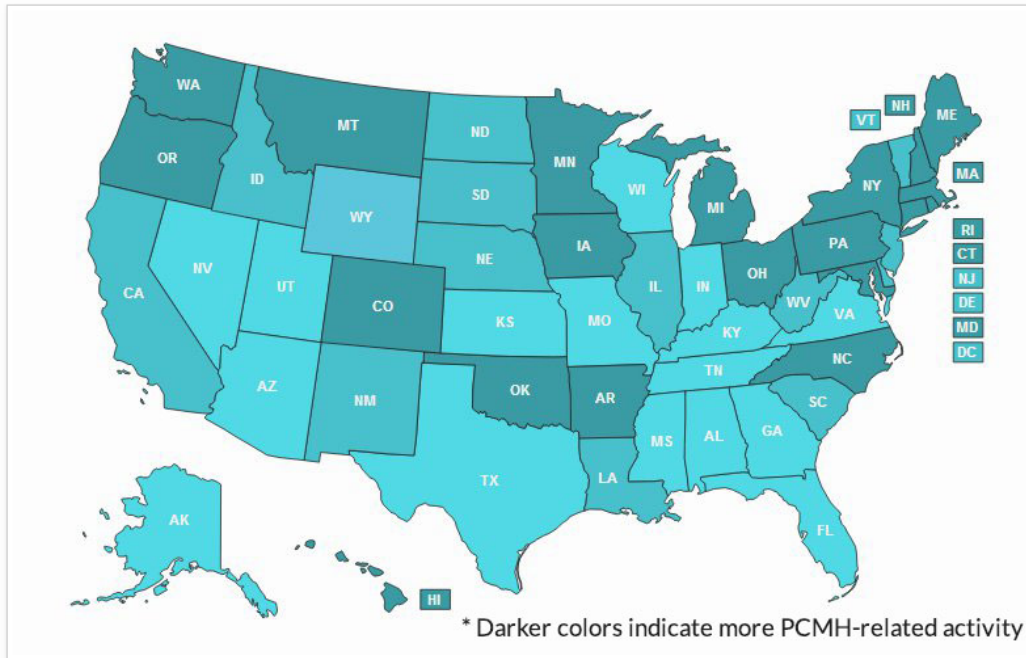
Primary Care Innovations and PCMH Map



Mapping the Medical Home Movement:

This map includes a diverse range of programs using patient-centered medical homes (PCMH) and enhanced primary care teams as the model for improving health care delivery. Click the map for a summary of all public and commercial PCMH programs in the State (State View). For more information on what programs are included visit our [Frequently Asked Questions \(FAQ\)](#) page.

State View



- List View
- State View
- National View
- Outcomes View
- FAQ Page

What is a Medical Home?



Join our mailing list for the latest map updates and medical home news.








State View: Iowa (Thank you Senator Grassley!)

Iowa

In June of 2013, Governor Terry Branstad signed [Senate File 446](#) into law, which authorized health care delivery and payment system reforms including expanded use of medical homes and ACOs.

Iowa is implementing a comprehensive PCMH-based health care payment and delivery system that will reduce health care costs, improve population health and improve patient care. Iowa is **transforming** health care across the state through the integration of several legislative initiatives including Health Homes, Integrated Health Homes (IHH), the Balancing Incentives Payment Program (BIPP), the Iowa Health and Wellness Plan, and the Mental Health and Disability Services (MHDS) Redesign. Wellmark, the predominant private payer across the state of Iowa, is partnering with the state in its effort to implement multi-payer ACO methodology statewide. Iowa plans to implement regional ACOs for Medicaid enrollees statewide in January of 2016.

-  List View
-  State View
-  National View
-  Outcomes View
-  FAQ Page

State PCMH Activity

CHIPRA	MAPCP	Dual Eligible	2703 SPA	CPC	SIM Award	PCMH QHP	PCMH Legislation	Private Payer
✗	✗	✗	✓	✗	✓	✗	✓	✓

Public Payer Programs

Program Name	Payer Type	Coverage Area	Parent Program	Outcomes
AAMC eConsults/eReferrals program - Iowa	Grant	California, Iowa, New Hampshire, Virginia, Wisconsin	CMS Health Care Innovation Award (Round 2)	
Catholic Health Initiatives Value-Based Care program - Iowa	Grant		CMS Health Care Innovation Award (Round 2)	
CMS State Innovation Model (SIM) Testing Award - Iowa	Grant	Statewide	CMS State Innovation Model (SIM)	
Iowa Health Homes	Medicaid	Statewide	ACA Section 2703 Health Homes	

Federal/Military Programs

State Facts:

Population:
3,070,800

Uninsured Population:
9%

Total Medicaid Spending FY 2012:
\$3.5 Billion

Overweight/Obese Adults:
64%

Poor Mental Health among Adults:
31.5%

2014 Medicaid Expansion:
Yes

Source: Kaiser

Legend

-  Cost Savings
-  Fewer ED / Hospital Visits



Take Home Points

- ✓ Recent evidence demonstrates improvements in **cost and utilization** associated with the PCMH.
- ✓ The health care marketplace must **invest** in primary care in new ways to achieve the **Triple Aim**.
- ✓ Collaboration across stakeholders is critical to the **long-term success** of the PCMH.



Thank You To Our Sponsors



An association of independent Blue Cross and Blue Shield companies



Download the report at
pcpcc.org