



# 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



Interested in  
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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



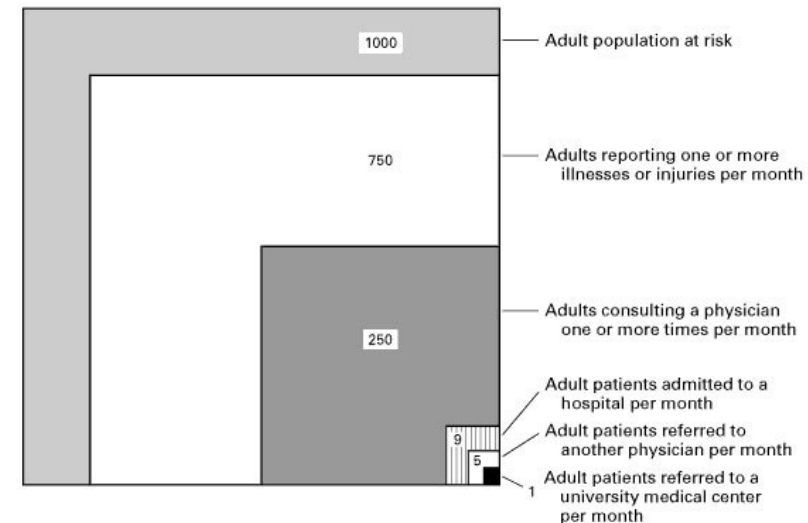
Engaging  
policymakers



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

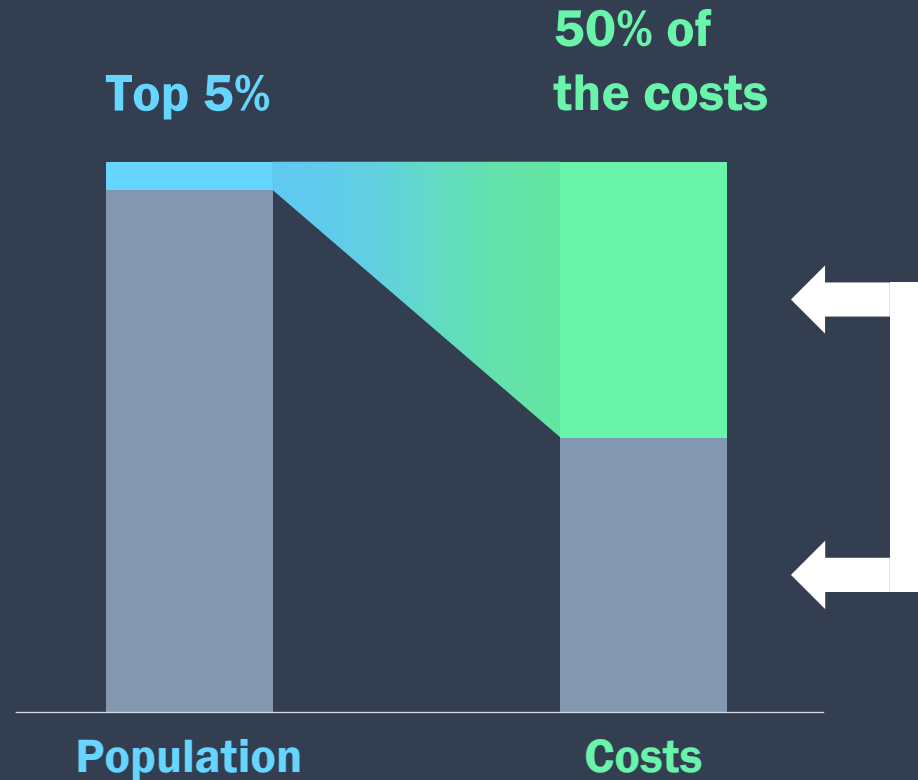
**An introduction to CareMore Health**

**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

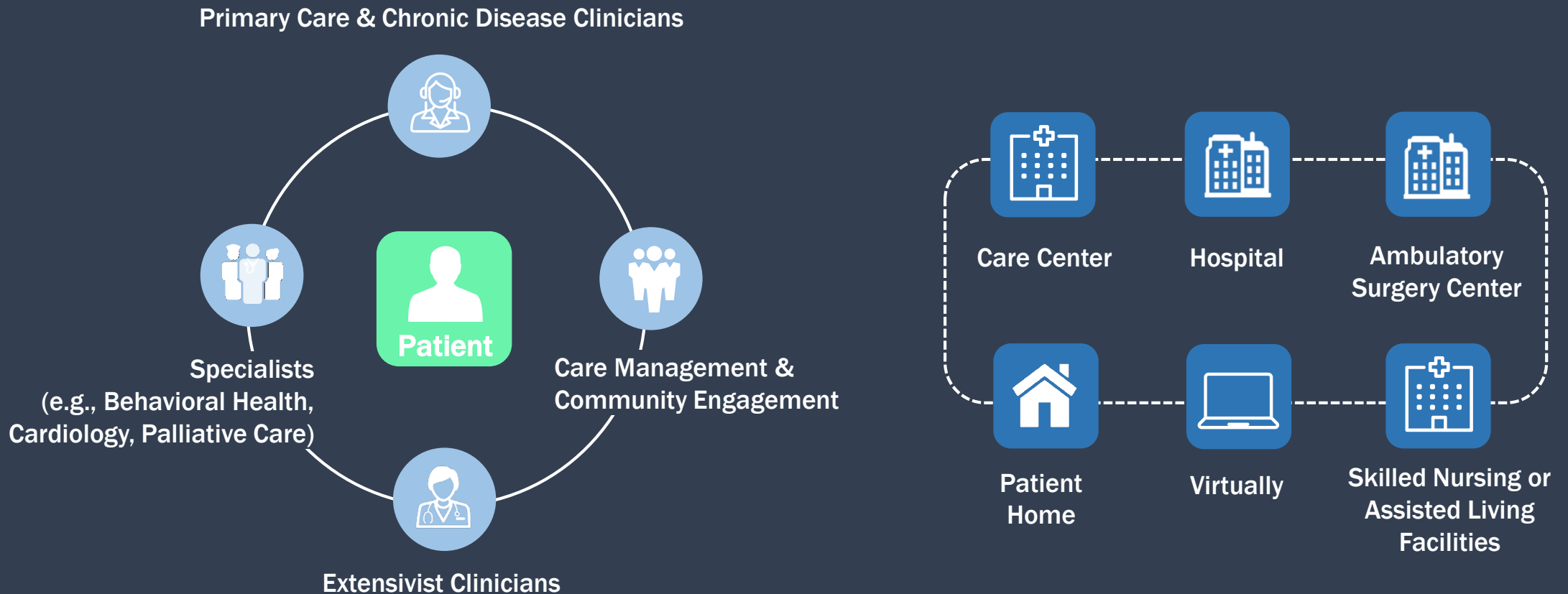
**43%** of our patients live with two or more co-morbidities

**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

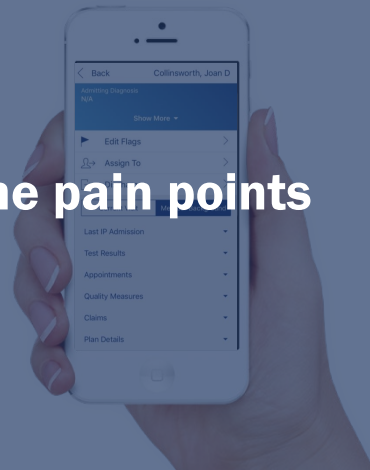
## VIRTUAL CARE CENTER

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**

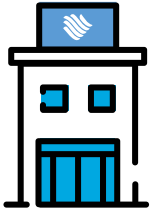
## **When we achieve our Vision**

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

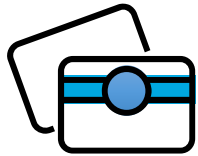
# OUR MISSION

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

# What we do



Operate 60+ primary care clinics



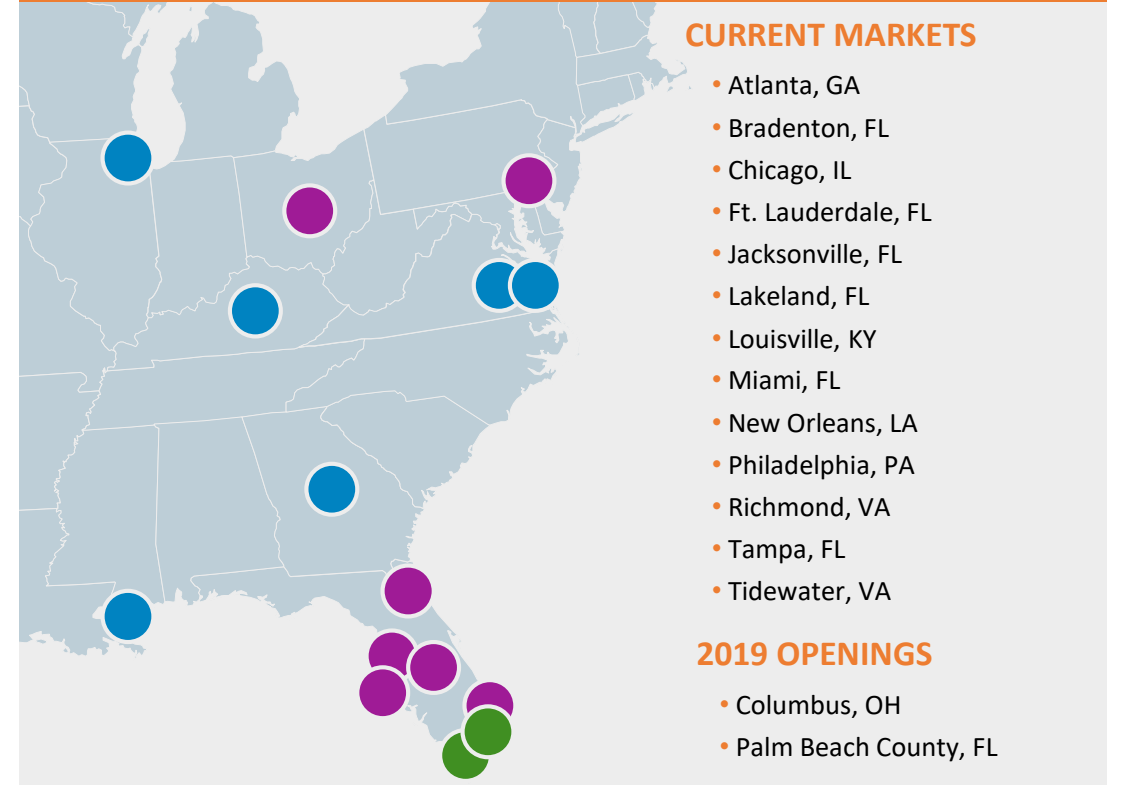
Take global full risk for Medicare Advantage and Dual Eligible members in multiple plans



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

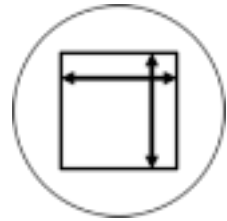


Our medical centers are located in primary care shortage areas.





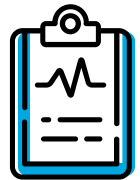
# The ChenMed Model- High Touch Care



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



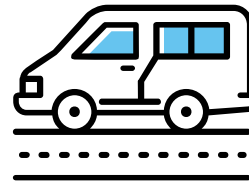
Comprehensive PCP-led care team  
coordination: Care ambassadors, care  
promoters, care coordinators, case  
managers, transitional care  
coordinators, and more



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

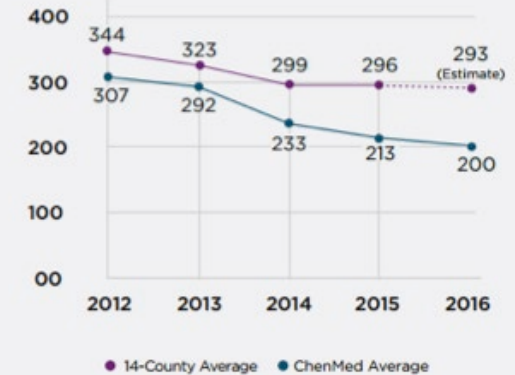


TOP DECILE  
patient  
satisfaction  
score

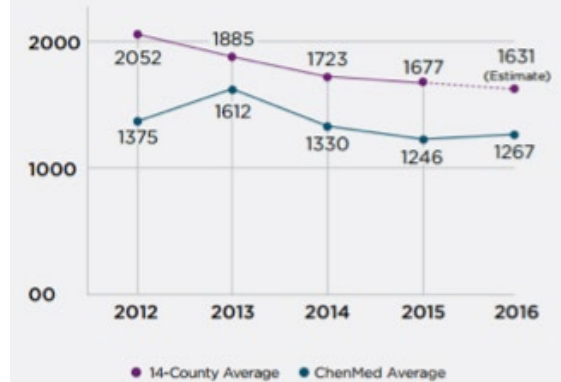


TOP DECILE  
clinical  
quality  
metrics

IN-PATIENT HOSPITAL ADMISSIONS



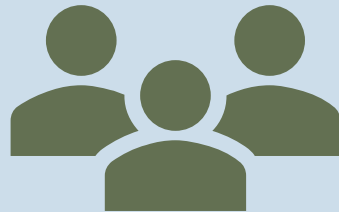
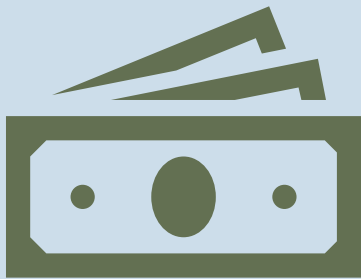
IN-PATIENT HOSPITAL DAYS





**Questions**

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

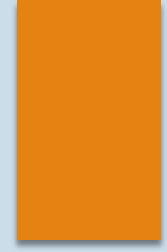


What are comprehensive primary care opportunities that exist under Medicare Advantage that might be more difficult to address in other healthcare settings?

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?

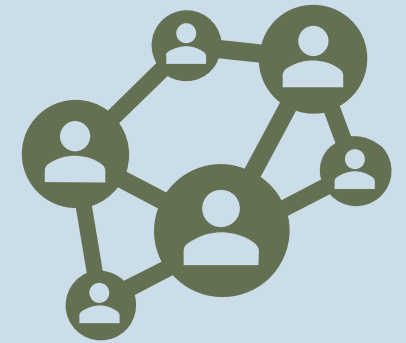


Why are innovative primary care delivery models spreading in Medicare Advantage? What are the barriers to them spreading more quickly and in other parts of the healthcare system?

What are the risks of expanding flexible payment models?

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

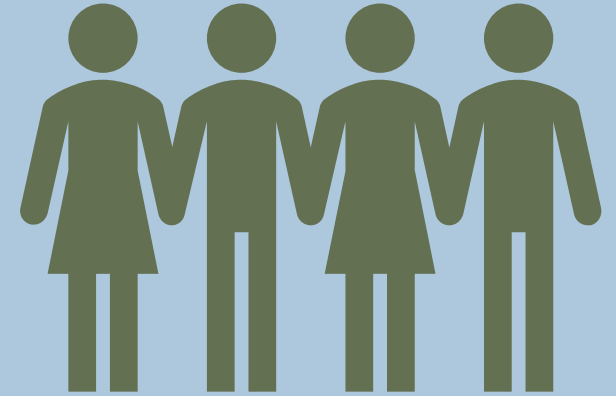
What are your limiting factors in scaling these models?



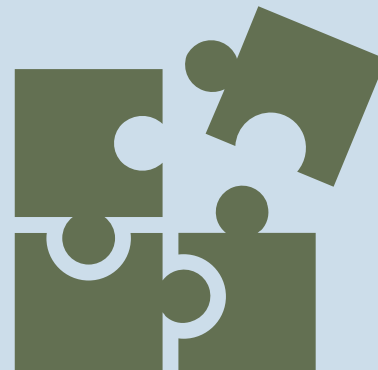
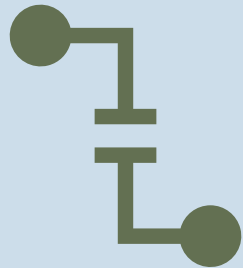
# Social Needs and Health Disparities

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



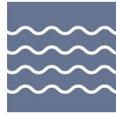
The Commonwealth Fund

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!