Medical Home Innovations
Pennsylvania

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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
Strategy From A Payer’s Perspective
Meeting the Purchaser’s Requirements

1. Strengthen primary care
2. Enhance care management
3. Align incentives
4. Empower with technology and information

Transformation of care

- PCMH
- Health Coach
- IBC Accountable Care Payment Model
- Provider Engagement

Independence
### PCMH Dashboard

#### ACO Dashboard

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current count</th>
</tr>
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<tbody>
<tr>
<td>Commercial HMO Members in PCMH</td>
<td>199,363</td>
</tr>
<tr>
<td></td>
<td>(40%)</td>
</tr>
<tr>
<td>Medicare HMO Members in PCMH</td>
<td>30,408</td>
</tr>
<tr>
<td></td>
<td>(40%)</td>
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<tr>
<td>Number of Practices recognized as PCMH</td>
<td>297</td>
</tr>
<tr>
<td></td>
<td>(31%)</td>
</tr>
<tr>
<td>Number of Unique Physicians in PCMH</td>
<td>1,492</td>
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<tr>
<td></td>
<td>(41%)</td>
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</table>
PCMH Impact on Quality - Diabetes

% with A1C > 9 (45% improvement)

% with LDL < 100 (60% improvement)

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

Source: State Registry
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
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.

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

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 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.*
Patient-Centered Medical Home Impact on Health Plan Members With Diabetes

Qinyi Cindy Wang, PhD; Ravi Chawla, MBA; Christine M. Colombo, MBA; Richard L. Snyder, MD; Somesh Nigam, PhD

Medical Homes and Cost and Utilization Among High-risk Patients

Susannah Higgins, MS; Ravi Chawla, MBA; Christine Colombo, MBA; Richard Snyder, MD; and Somesh Nigam, PhD

The patient-centered medical home (PCMH) has been advanced as a promising framework for transforming primary care. In 2007, the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association, used the “Joint Principles of the Patient-Centered Medical Home,” which outlined the PCMH model. The medical home model emphasizes a team-based approach to primary care, in which a physician-caregiver relationship provides care across multiple sites and specialties. It encourages increased access, both in terms of expanding practice hours and opening new channels of communication with patients. Organizations like the Patient-Centered Primary Care Collaborative have initiated numerous pilot programs aimed at studying the impact of the PCMH adoption, and the PCMH model was written into the Patient Protection and Affordable Care Act of 2010 as an area for study.

A number of previous studies have shown early promise for the PCMH model as a vehicle for controlling costs and improving the quality of health care delivered by primary care practices including targeting subpopulations such as children with special health needs. However, reviews often point to the incomplete nature of the evidence due to methodological concerns, insufficient time for practices to implement reforms, and inadequate policy support to the level of individual practices. This study aims to contribute to this literature by comparing the effects of adopting the PCMH model on the healthcare cost and utilization in the pediatrics population, using propensity score matching in order to reduce variability in the PCMH and non-PCMH groups studied. Additionally, the analysis employs difference-in-differences regression analysis in order to further control for remaining differences in patients’ characteristics as well as cost and utilization at baseline.

This study aims to assess the impact of PCMH adoption on the population identified as having the greatest health risks. While the Joint Principles envision the PCMH model as being applicable to all patients, other pilots have targeted only high-risk patients with complex needs. The high cost of care associated with relatively few individuals makes such targeting a potentially powerful mechanism. A recent study noted that virtually all of the patients involved in the program were not included in the final study, which limits the generalizability of the results. It is important to consider whether other high-risk populations could benefit from PCMH implementation.

Objective: To compare costs and utilization for patients with diabetes enrolled in patient-centered medical home (PCMH) practices and non-PCMH practices. Design: Commercial Health Maintenance Organization membership with diabetes who enrolled in PCMH and non-PCMH practices between 2009 and 2011 in 26 Pennsylvania-based practices that were recognized by the National Committee of Quality Assurance in 2009 were compared with similar patients in 97 non-PCMH primary care practices. A difference-in-differences longitudinal research design was used to analyze differences between both groups on per-member, per-month costs and utilization. The statistical models controlled for baseline practice and patient-level characteristics through baseline practice and patient-level characteristics.

Results: Adoption of the PCMH model led to a reduction in diabetes costs for patients by 21%, with a 4% reduction in hospitalizations and a 15% reduction in emergency department visits. Outpatient costs also decreased significantly in the years following adoption. Inpatient costs decreased significantly in the years following adoption, with a 21% reduction in hospitalizations and a 31% reduction in emergency department visits. The authors, however, noted that this reduction was not statistically significant for all patients, particularly those with complex care needs.

Conclusions: The PCMH model is associated with reduced costs and increased access for patients with diabetes. However, the reduction in costs was not statistically significant for all patients, particularly those with complex care needs. Further research is needed to determine the most effective strategies for implementing the PCMH model in such populations.
PCMH Impact on Quality and Cost – ED Use

Percent ED Reduction

- Chronic Population: 6.0%
- Diabetes: 10.0%
- CAD: 8.0%
- Hypertension: 4.0%

ED reduction associated with switching to PCMH.
* Based on all-payer data

280 Practices*
459K Members*
193K Chronic*
266K Non-Chronic*
Get more coordinated care with a lower copayment
With Patient-Centered Medical Homes

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.

- **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