Episodes of Care: Building on the Successes of Centers of Excellence

February 11, 2020
2:00 pm – 3:00 pm
Our Speakers

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State of Connecticut
Early Centers of Excellence (COE) – 1980s, 1990s

Environment – Staff/Group model with developing IPAs

Problem: Address wide variation of cost and quality of high cost, high risk, relatively uncommon procedures (organ transplants)

Requirements for COE

- Quality measures
  - Process: dedicated staff, dedicated units, stable staff, comprehensive pre-procedure evaluation, comprehensive post procedure care (required long questionnaire and site visits)
  - Outcome measures: mortality, organ survival, public sources of data (UNOS)
  - Well defined selection criteria
- Cost (usually corridors of fixed price to allow for variation)
  - Pre-transplant evaluation
  - Transplant
  - Post transplant with specification of treatments, especially immuno-suppressive drugs, and duration
COE Benefit design

- Often “buy up” or additional benefit
- Selective or exclusive networks
- Incentives for members
- Small network (<50) concentrated in major centers often required travel
- Travel and care-giver support
- Active case management starting when potential for transplant was identified
- Communication with the self-insured employer about a potential case
Expansion

- Academic publications in 1970s showed relationships between volume and outcome
- Multiple publications in 1990s highlighted volume and cardiac surgery outcome links
- COE encouraged and supported by measures from Leapfrog, NCQA, NQF
- As more quality measures became available and pathways/clinical guidelines became more accepted, plan expanded COE to include larger numbers of conditions and specialties.
Where else might this approach work?

- **Criteria**
  - Appropriateness criteria
  - Quality measures
  - Care path, guideline, or equivalent
  - Variation in care or cost
  - Steps to improvement are known
  - Payment method to support improvement

- COE approach could be used for more common conditions in an EOC
Healthcare Value Strategy

- Low Value Care
- Inefficiency & Pricing
- Uneven Quality

Transparency ➔ Delivery Reform ➔ Payment Reform

- Advanced Primary Care
- Episodes of Care
- Centers of Excellence

National Alliance of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value
“Advanced Primary Care”

- Better engagement and health of patients
- Improved value and productivity for employers
- Integral to referral management to COE/EOC

### What Makes Primary Care Advanced Primary Care (APC)? National Alliance Identified Seven Key Attributes

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Details</th>
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<tbody>
<tr>
<td>1. Enhanced access for patients</td>
<td>Convenient access, same day appointments, walk-ins, virtual access, no financial barriers to primary care</td>
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<td>2. More time with patients</td>
<td>Enhanced patient engagement &amp; support, shared decision-making, understanding preferences, social determinants of health</td>
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<td>3. Realigned payment methods</td>
<td>Focus on patient-centered experience &amp; outcomes, quality &amp; efficiency metrics, de-emphasize visit volume</td>
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<td>4. Organization &amp; infrastructure</td>
<td>Relevant analytics, reporting and communication, continuous staff training</td>
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<td>5. Disciplined focus on health improvement</td>
<td>Risk stratification and population health management, Systemic approach to gaps in care</td>
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<td>6. BH Integration</td>
<td>Screening for BH concerns (e.g., depression, anxiety, substance use disorder) and coordination of care</td>
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<td>7. Referral Management</td>
<td>More limited, appropriate &amp; high quality referral practices, Coordination and reintegration of patient care</td>
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### THE PROMISE OF APC

- Health, patient engagement, satisfaction, personalized and holistic care
- Unnecessary care and referrals urgent care, ER visits, and hospitalizations
- Overall reduced total cost of care 15+%
Episodes of Care – Getting it right while moving forward

**Procedures**

- **Cardiology**: PCIs, Pacemaker-Defibrillator, Cardiac Valve, CABG
- **GI**: Bariatric, Gall Bladder, Colonoscopy, Upper GI Endoscopy, Colorectal Resection
- **Ortho**: Hip Replacement/Revision, Knee Replacement/Revision, Knee Arthroscopy, Shoulder Replacement, Lumbar Laminectomy, Lumbar Spine Fusion
- **Maternity**: Pregnancy/Delivery, Newborn
- **Other**: Tonsillectomy, Lung Resection, Prostatectomy, Cataract Surgery

**Conditions**

- **Major Chronic Conditions**: Asthma, COPD, Diabetes, CAD, Hypertension, CHF, GERD, Arrhythmias, Heart Block, Crohn’s Disease, Diverticulitis
- **Behavioral/ Mental Health**: Depression, Bipolar, ADHD, Schizophrenia, Substance Use Disorders
- **Ortho**: Low Back Pain, Osteoarthritis, Rheumatoid Arthritis
- **ENT**: Chronic Rhinitis; Sinusitis
- **Oncology**: Breast Cancer, Prostate Cancer, Lung Cancer

**STANDARDIZATION PRINCIPLES**

- Common episode definitions
- Quality & appropriateness of care
- Double-sided risk alignment
- Warrantied performance
- Relevance for patients, purchasers and providers
Episode of Care Redesign: *Substance Abuse Disorder*

**KEY ELEMENTS OF “Addiction Recovery Medical Home”**

- **Phase 1**
  - Pre-Recovery and Stabilization

- **Phase 2**
  - Recovery Initiation and Active Treatment

- **Phase 3**
  - Community-Based Recovery Management

[Diagram showing Key Elements to SUD Model: Payment Model, Quality Metrics, Network, Care Recovery Team, Treatment and Recovery Plan]
HEALTH ENHANCEMENT PROGRAM

- Targets preventive care and chronic disease through:
  - Voluntary enrollment for employees
  - Required age appropriate preventive screenings and care
  - Lower co-pays for medication/care associated with five chronic diseases and conditions
  - Chronic disease management education program
- Lowers costs for participating/compliant employees by:
  - Waiving co-pays for preventive care and chronic disease management
  - Reducing monthly premium share ($100 per month)
  - Waiving annual deductible ($350 individual, $1,400 family)
CHRONIC DISEASE MANAGEMENT

- Targets five chronic diseases: Asthma, COPD, diabetes, hypertension, hyperlipidemia
- Lower co-pays for medications used for target chronic conditions

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<tr>
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<th>HEP Chronic Condition Drugs</th>
<th>Standard Drugs</th>
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<tbody>
<tr>
<td>Generic</td>
<td>$0</td>
<td>$5</td>
</tr>
<tr>
<td>Preferred</td>
<td>$5</td>
<td>$20</td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>$12.50</td>
<td>$35</td>
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*All Diabetes drugs have a $0 co-pay

- No co-pays for office visits related to chronic conditions
- Chronic Disease Education Program:
  - Administered by third party vendor with dedicated staff of RNs
  - Participant engagement monitored
    - Compliance with HEP program contingent upon minimum level of engagement
    - Engaged members eligible for $100 annual bonus payment

Prepared by the Office of the State Comptroller
HEP 2.0

October 2017 Go-Live

- Tiered PCP Networks
- Tiered Specialty Network
- Site of Service: Imaging and Labs
- Smart Shopper
Using incentives in benefits to encourage employees to be more value-conscious in their health behaviors and treatment choices.
New PBM Contract

- Utilized on-line Reverse Auction
  - Three Price and Specification-based Cycles
  - Accomplished Acquisition Cost and Best Price Guarantees
- Drug-specific Point of Sale Pass-through of Rebates/Revenue
- Prescribers to see Net Price to the Plan of Drugs
  - At time of prescribing
  - As a CDS Alert when Alternative Available at Significantly Lower Price
Direct Episodes of Care/COE Contracting

- Will Attempt to Cover Much of our Spend Under Episodes of Care Contracts with Quality Improvement
- Highest Quality Will Be Designated COE
- Concierge Service w/ Incentives
  - Small Incentives for Above Average Provider Groups
  - Large Incentives for COEs
- Direct FFS Contracts with Hospitals for Remaining Services

Primary Care Modernization Effort
Clinical Decision Support (CDS) Alerts
- Choosing Wisely
- Medicare Advantage Star
- E-Prescribing Transparency Tool

HIE Real Time Link
- All Provider Groups Engaged in Bundles/COE
- Two-way Flow of Data/Analytics with Providers
Broad Program Scope Covering > 50% Of Spend

Procedures & Conditions

- Orthopedic – from low back pain to joint replacements
- Cardiology – from diabetes to bypass surgery
- Gastroenterology – from Crohn’s disease to gastric bypass
- Behavioral and mental health – from depression to substance use disorders
- OB/Gynecology – from deliveries to hysterectomies
Providers Will Be Tiered Based On Quality First

For any given condition or procedure there are high-value providers. Episode-of-care contracted high-value providers will be in the Network of Distinction. Plan members will have cash incentives to get care from NOD providers.
Timelines and Milestones  Actively Driving towards Launch

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<tr>
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<th>February 2020</th>
<th>March 2020</th>
<th>Q2 2020</th>
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<tbody>
<tr>
<td><strong>Initial Program Setup</strong></td>
<td>State of CT Kickoff</td>
<td>Final Combined Workflows with State, Health Advocate, and Anthem</td>
<td>New Transparency Tool and Program Release To State Employee Plan Members by May 1, 2020</td>
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<td><strong>Program Opportunity</strong></td>
<td>Final Program Goals and Success Metric Development</td>
<td>Creation of Provider Opportunity Analytics</td>
<td>May 1, 2020: State of CT Open Enrollment (Communication Rollout) *List of participating providers for broader communication</td>
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<td><strong>Network Strategy</strong></td>
<td>Educate on Network Tiers, Recruitment of Network of Distinction Target Recommendations</td>
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<td>Provider Go-Live Anticipated No Later Than July 1, 2020</td>
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<td><strong>Program Design/Target Pricing</strong></td>
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<td><strong>Data Integrations</strong></td>
<td>Mid Jan: Severity Adjusted Episode Data and Quality (AAEs) Outputs</td>
<td>Mid Feb: Target Pricing Finalization</td>
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<td><strong>Incentive/Transparency Tool</strong></td>
<td>Data Integrations With Partners and Carriers (Claims, Eligibility, Provider and Drug Data)</td>
<td>Participating Provider API Integrations</td>
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<td>Internal Potential HIE specific workstream</td>
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<td>Finalizing data requirements, and incentive levels based on tier</td>
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*List of participating providers for broader communication*
## Network Tiering

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<th>Tier</th>
<th>Description</th>
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| **Broad EOC network**       | • All specialties and facilities  
• Covering largest % of SEP members, in CT and outside |
| **Network Of Distinction**  | • Subset of Network, lower price, better quality  
• Geographically diverse and covering all episodes |
| **Centers Of Excellence**   | • Focused on CT and “near State”, i.e. NY, MA, RI, but could be farther geography (e.g. Cleveland)  
• Small subset of episodes, mostly inpatient procedures or highly complex conditions |
“QUESTIONS?”

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