Bang for the Buck: Value-Based Care

Ellen Rothman, MD
Chief Medical Officer, MLK Jr Outpatient Center
July 7, 2017
Learning Objectives

- 1. To define the 7 principles of the Medical Home
- 2. To compare how the Medical Home varies from prior models of health care delivery
- 3. To demonstrate the meaning of value-based health care
- 4. To Illustrate how existing principles are used to develop new models of delivery at MLK OPC.
What is quality healthcare??

PRIME
HEDIS
CMS
MCS
NCQA
AHRQ
CAHPS
NQF
IHI
So what do we mean by quality?
We deliver the healthcare that we would want for ourselves and our loved ones.
“Did you ever feel like you’re part of something greater than yourself?”
Patient-Centered Medical Home Concept

- Whole Person Orientation
- Care Coordination and Integration
- Safety and Quality
- Personal Provider
- Enhanced Access
- Continuity of Care
- Capacity and Accountability
What is a PCMH?

- 7 Principles of the Medical Home
  - Continuity with a personal clinician
  - Physician (Clinician) directed medical practice
  - Whole person orientation
  - Coordinated care for primary, specialty, inpatient
  - Quality and Safety are hallmarks
  - Enhanced access to care
  - Payment reform
"The doctor says you can put your pants on now."
What is team-based care?

• Team-based care is a strategic redistribution of work among members of a practice team.

• In the model, all members of the team play an integral role in providing patient care.

• The physician, nurse practitioner, nurses, medical assistants, CHWs, clerical staff share responsibilities for better patient care.
What is team-based care?

- Common shared responsibilities:
  - Pre-visit planning
  - Expanded intake activities
  - Setting the visit agenda
  - Essential care coordination activities, such as arranging follow-up visits, requested testing and referrals
"Sometimes the most ordinary things could be made extraordinary, simply by doing them with the right people."

Elizabeth Green
Why team-based care?

• Clinicians need the support of the team to meet health goals for individual patients and all assigned patients
• Patients appreciate their relationships with their whole healthcare team, from registration to nursing to the clinician
• Good team members notice details that might have been overlooked
• Attention to assigned tasks allows other team members to focus on other issues for the patient
• We need each other!!
Unless someone like you cares a whole awful lot,
Nothing is going to get better.
It’s not.

—Dr. Seuss, The Lorax
Why team-based care?

- Improved efficiency
- Cost-Savings
- Fewer patient ED/Hospital Visits
- Improved patient access
- Improved patient health outcomes
- Increased preventive care
- Improved patient satisfaction
- Improved STAFF satisfaction
What is team-based care?

- Co-location of clinicians and non-clinician staff in common work areas
- Daily huddles
- Standing orders empowering non-clinician staff to share the care
Access + Productivity = Mission
Value-based payment

- Strategy used by insurers to promote quality and value of health care services.
- The goal of any VBP program is to shift from pure volume-based payment to payments that are more closely related to outcomes.
Prior Models

• Fee-for-Service Model
  • insurers paid healthcare systems for all services rendered
  • Drove rapidly escalating health care costs

• Health Maintenance Organizations
  • Goals were cost containment
  • Strategies were in Utilization Review
  • If we pay more for doing more, then answer is to do less
• Restructures payment so that it is:
  • Based on the number of enrolled individuals
  • Pays a fixed rate no matter how many services rendered
  • Systems are incentivized to do the most to keep enrolled members healthy so that they need less
  • Healthier patients need fewer services and can generate cost savings
  • Health care systems pocket the savings and can reinvest as needed
  • Public health systems are non-profit
Gambar 3: Triple Aim dari IHI
Health Care Disparities

- Low-income populations, the mentally ill, and ethnic minorities face healthcare disparities
  - Reduced access to acute cardiovascular care
  - Reduced cancer screening
  - Worse hypertension control
Primary-Care Focused

- Puts primary care is at the heart of healthcare delivery
- It is the first level of contact for individuals and the healthcare system
- Decentralized, bringing healthcare into the communities where patients live
- Having a usual source of care is associated with a greater likelihood that an individual will receive healthcare in nearly every setting, for adults and children
- Individuals with a usual source of healthcare are more likely to receive preventive care services, independent of insurance status
- Individuals with a usual source of healthcare have better health outcomes and lower healthcare costs
Principle 1: Patient-Centered

- Partnership between patients and caregivers and the medical team
- Explicitly repudiates the paternalism of historical patient-doctor relationships
- Ensures that decisions supports patients’ wants, needs, and preferences
Principle 2: Clinician Directed

- Physician is directing a team of individuals
- Team incorporates different members, depending on the needs of the individual patient.
- Provides an organizational structure for partnerships that have existed historically
- Engages with the patient more explicitly about the make-up and activities of the team
Principle 3: Whole-Person Orientation

- Addresses complexity of a patient’s individual needs
- May include aspects that were not traditionally considered, like housing or mental health
- Engages the patient in setting goals and taking ownership of personal health care
Principle 4: Coordination

- Holds medical teams accountable for additional recommended services outside of the primary care scope
- Supports safety by ensuring that medications and therapies are consistent between multiple providers
- Sets priorities when patients have competing health care needs.
Principle 5: Quality Improvement

- Explicitly requires that clinicians practice evidence-based medicine
- Patients should be actively engaged in feedback
- Supports the integration of technology (like EMR and Registries) to provide real-time data to guide decisions at both the patient and the population level
Principle 6: Enhanced Access

- Enforces timely access for routine and urgent care needs
- Encourages practices to use alternative communication strategies with patients
Principle 7: Payment Reform

- Seeks to generate efficiencies and curb costs
- Strives for alternative incentives to drive higher quality in health care delivery
- Many examples of this in the public health system
Percentage Uninsured in the U.S., by Quarter

Do you have health insurance coverage?
Among adults aged 18 and older

% Uninsured

Quarter 1 2008-Quarter 3 2015
Gallup-Healthways Well-Being Index
Figure 3. Medicaid Enrollment and Inflation-Adjusted Expenditure per Enrollee, 1966–2014.
Adapted from data provided by the Medicaid and CHIP Payment and Access Commission (MACPAC) and the Consumer Price Index.
How effective is the PCMH Model? Questions remain about its value

- Literature is of mixed quality

- Affordable Care Act included support of CMS demonstration projects to study this model

- Comprehensive Primary Care Initiative, large CMS-funded demonstration
  - followed 497 adult practices in 7 regions
  - at the midway point in the study (New England Journal Medicine 2016):
    - No savings in expenditures
    - Minimal improvements in quality and experience metrics
How effective is the PCMH Model?

Some promising findings for our setting

• Moderate support for the hypothesis that medical homes provide improved health-related outcomes for children with SCD

• PCMH is able to partially, but not completely, alleviate disparities in care encountered by African American children with complex health care needs compared to their white counterparts as measured by ED utilization
Specialty Care Medical Homes? Few and far between

- National survey of 372 specialty medical practices with 1-19 physicians
- 85% of the responding practices reported providing primary care services to fewer than 10% of patients
- 10.3% reported providing primary care to 20% of patients
- Only 1.7% reported providing primary care for more than 50% of patients

Adult Sickle Cell Clinic at MLK Jr Outpatient Center

The care you’ve always wanted!
Why Los Angeles?

51% of Californian adults with SCD live in L.A.

SCD mortality higher in L.A. than rest of the country

No comprehensive clinic besides Kaiser

Paulukonis, Raider, Hulihan, December 2015
Powars Medicine 2005
# Sickle Cell Disease – Southern California

<table>
<thead>
<tr>
<th>City</th>
<th>Total</th>
<th>Pediatric</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td>2065</td>
<td>920</td>
<td>1145</td>
</tr>
<tr>
<td>Orange</td>
<td>121</td>
<td>56</td>
<td>65</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>286</td>
<td>111</td>
<td>175</td>
</tr>
<tr>
<td>Riverside</td>
<td>280</td>
<td>102</td>
<td>178</td>
</tr>
<tr>
<td>San Diego</td>
<td>286</td>
<td>111</td>
<td>175</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3038</strong></td>
<td><strong>1300</strong></td>
<td><strong>1738</strong></td>
</tr>
</tbody>
</table>

Source: RuSH-2004-2008
Los Angeles Residents with Sickle Cell Disease age 15-45
Zip code of Residence

Data sources: Sickle Cell Disease Foundation of California, and Center for Inherited Blood Disorders.

Map created by UCLA CTSI as part of PRISM-SCD: Promoting Implementation Science Methodologies for Sickle Cell Disease RFA-HL-16-010
Alternative Delivery Model

- Integrated with primary care
- Hematology specialty care
- Preventive care specific to SCD
- Integrated behavioral health and counseling on site
- Peer navigators
- Alternative therapy for pain management
- Coordinated outpatient, emergency, and inpatient care
- Case Management
Specialty Care Services at MLK OPC

- Neurology
- Orthopedics
- Ophthalmology
- Cardiology
- Pulmonology and Pulmonary Function Testing
- Gastroenterology
- Urology
- Women’s Health
Additional Services – Harbor UCLA

- Transfusions and plasmapheresis
- Inpatient admissions and Intensive care
- ER Services
- Additional subspecialty care
Services unavailable on-site at MLK OPC

- Day hospital infusion center
- On-site transfusions or red cell electropheresis

*These services are provided through linkage with partners.*
Campus Partners

- MLK Jr Community Hospital
- Department of Mental Health
  - MLK Jr Mental Health Urgent Care
  - Augustus F Hawkins Mental Health
- Housing for Health
  - Recuperative Care in the Interns and Residents Building

Closing thoughts
Outcome Measures

- Quality of Life Scale
- ED Utilization Rates
- Hospitalization Rates
- Immunization Rates for flu, pneumoccocal, and meningococcal
- Hydroxyurea compliance
- White paper illustrating efficacies and challenges in a highly integrated model
Closing thoughts

• Re-imagining healthcare delivery offers unique and rich opportunities to improve experience – for patients and for healthcare teams
• Collaboration between organizations drives sustainability and efficiency
• When we work together, we will achieve success