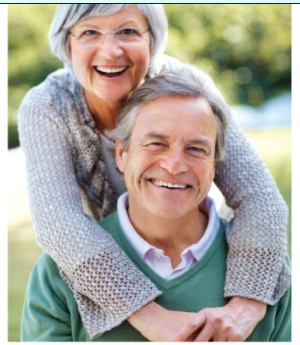



Accountable Care:
People are the Center of Everything

Katherine Schneider, M.D., M.Phil.
VP, Health Engagement
AtlantiCare

Who we are

- Southeastern New Jersey's largest health system and largest non-casino employer
- Dedicated to building healthy communities
- Nearly 5,000 team members in over 70 locations
- Core competencies:
  - Health Delivery (acute/episodic care)
  - Health Engagement (health promotion, prevention, chronic disease management)
  - Health Information

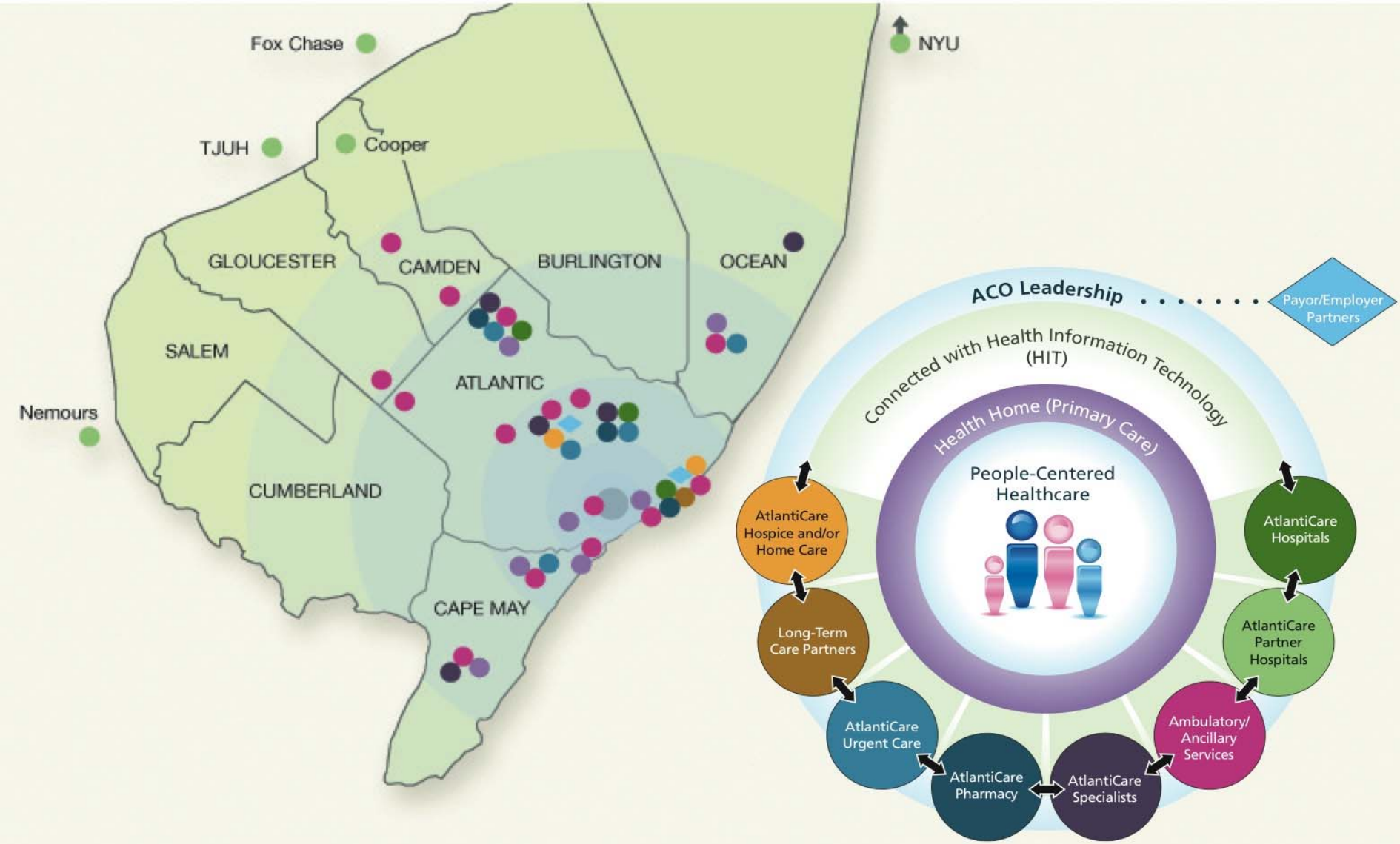
The ACO Model

A group of providers willing and capable of accepting accountability for the total cost and quality of care for a defined population.

Accountable Care Organizations

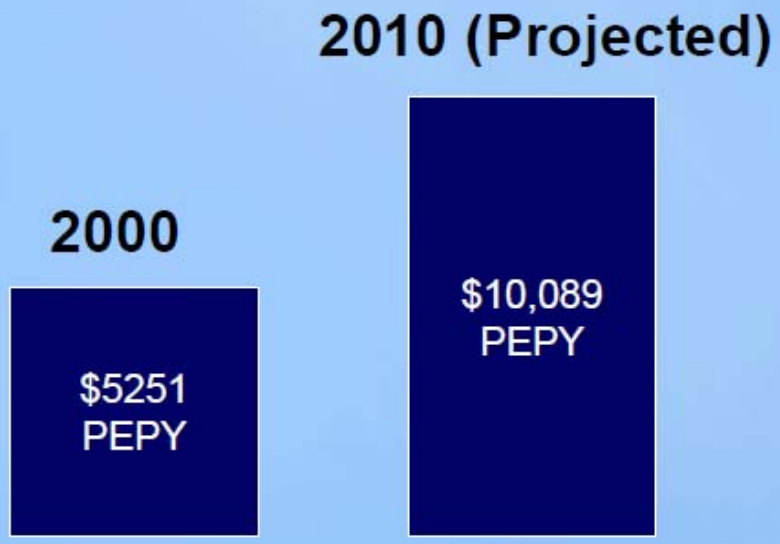
No Outcome = No Income

ATLANTICARE ACO MODEL: INTEGRATED CAPABILITIES & SERVICE AREAS

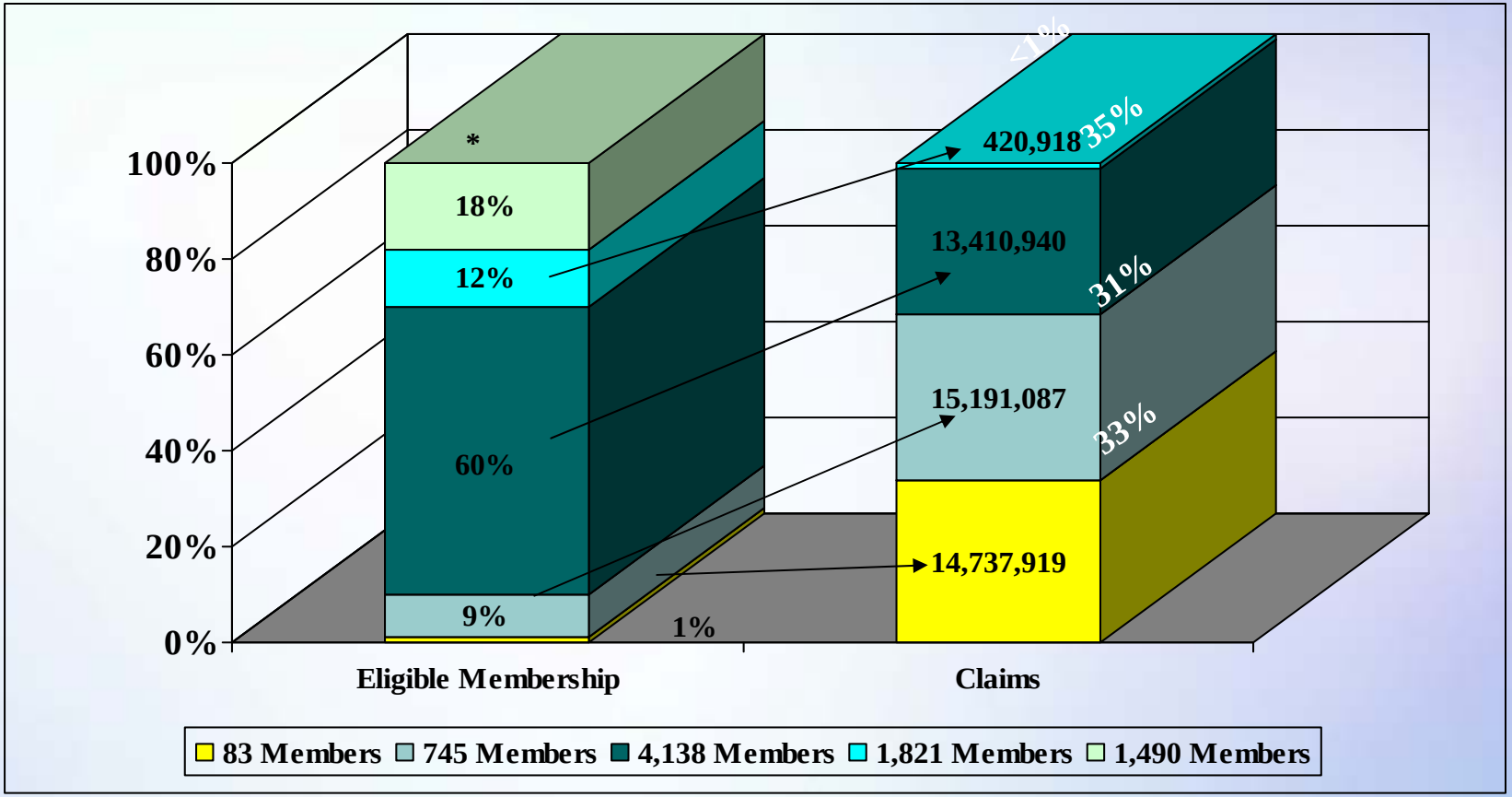


Trump Entertainment Resorts Healthcare Costs

(Per Employee Per Year)



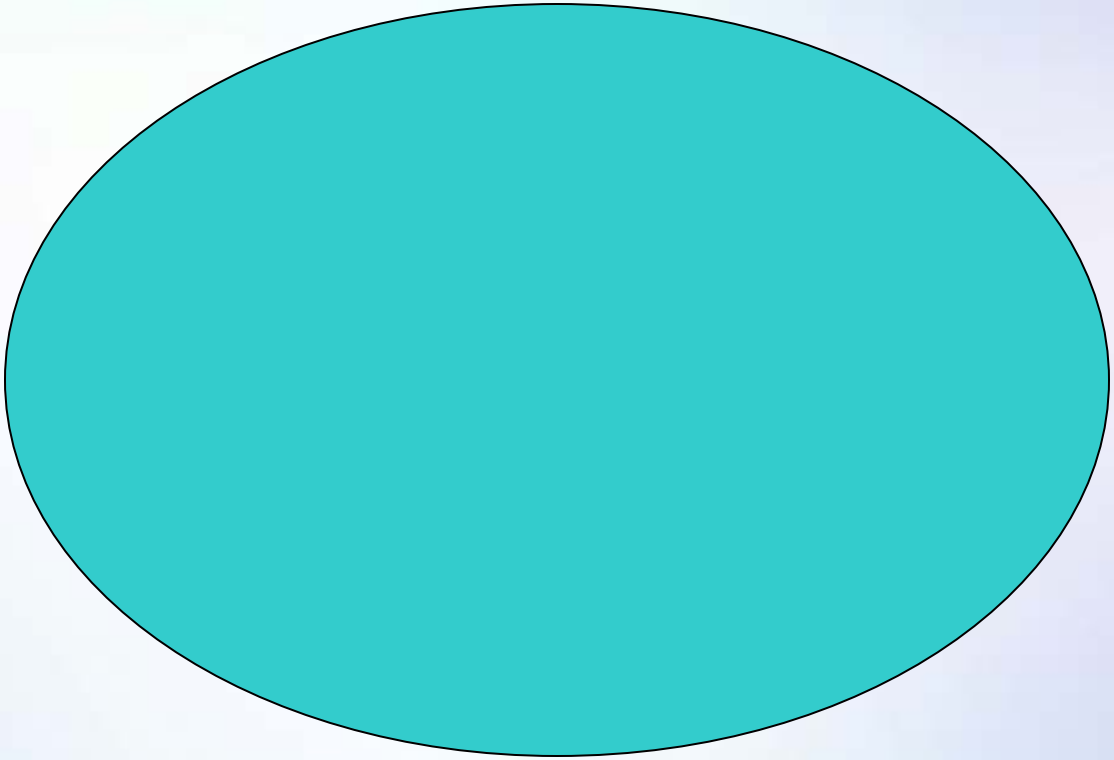
AtlantiCare Utilization by Membership



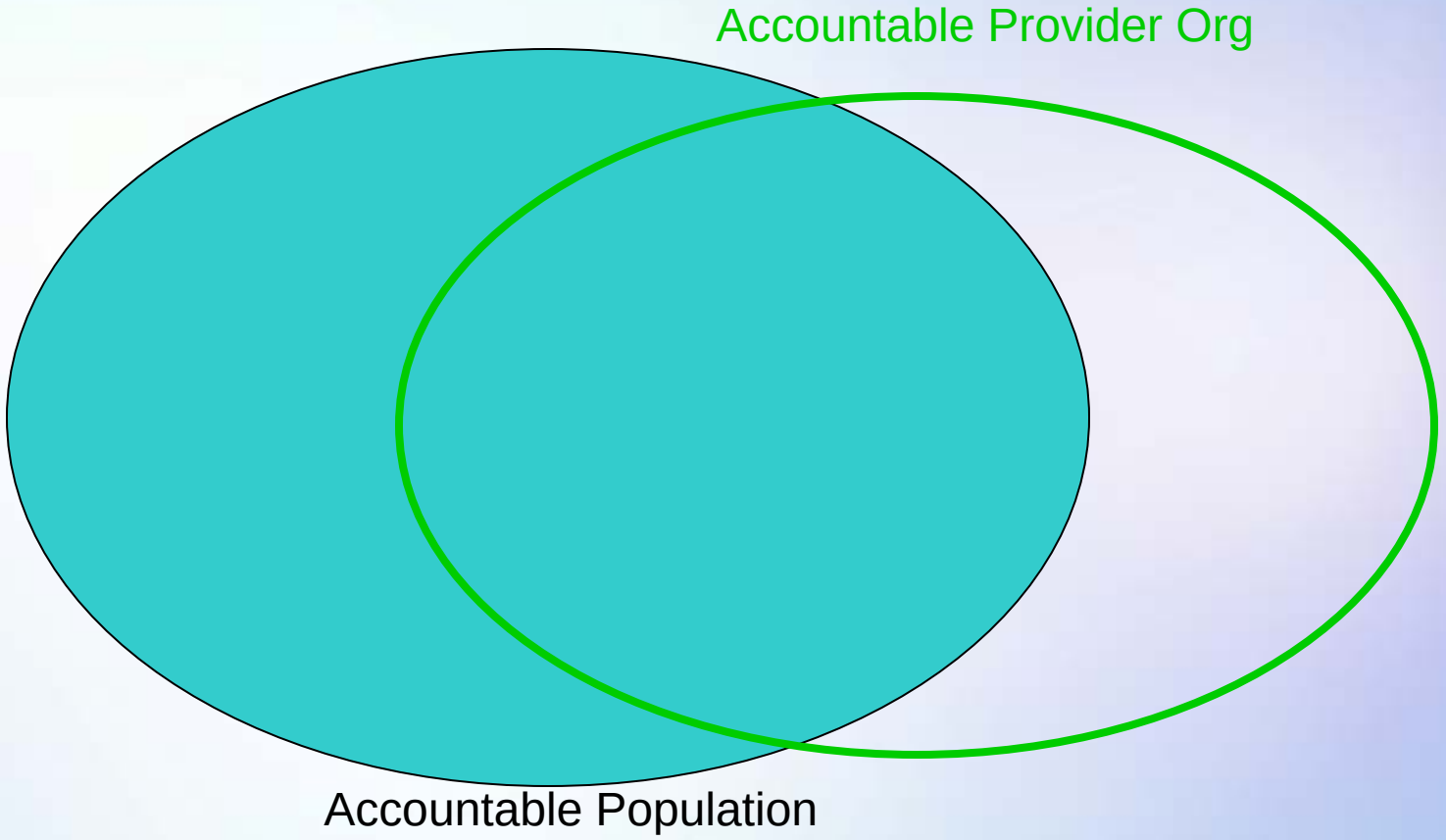
*18% of eligible members or 1,490 members did not have incurred claims between 10/1/2008 and 9/30/2009.

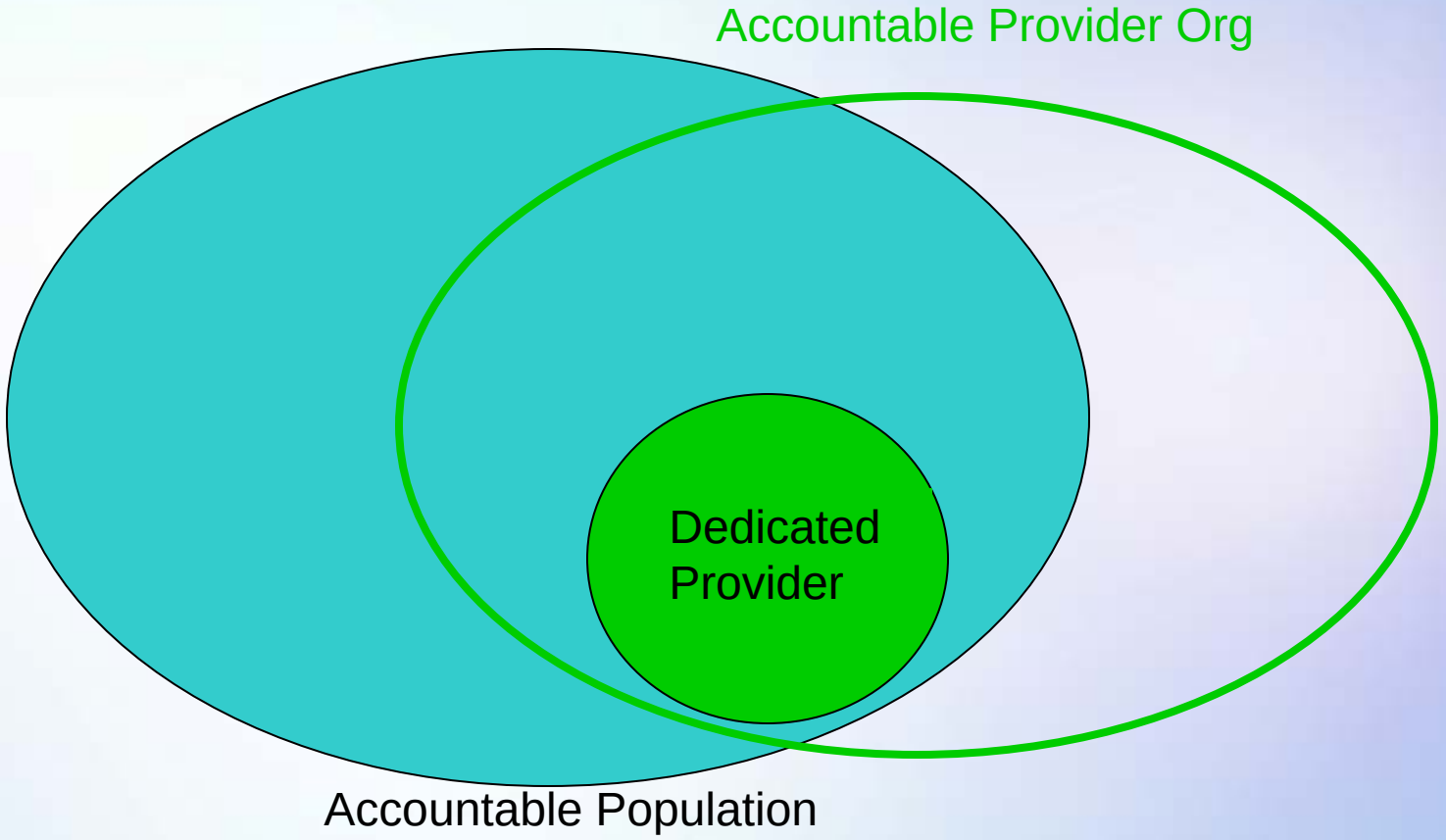
Benefit Design – Engaged Plan

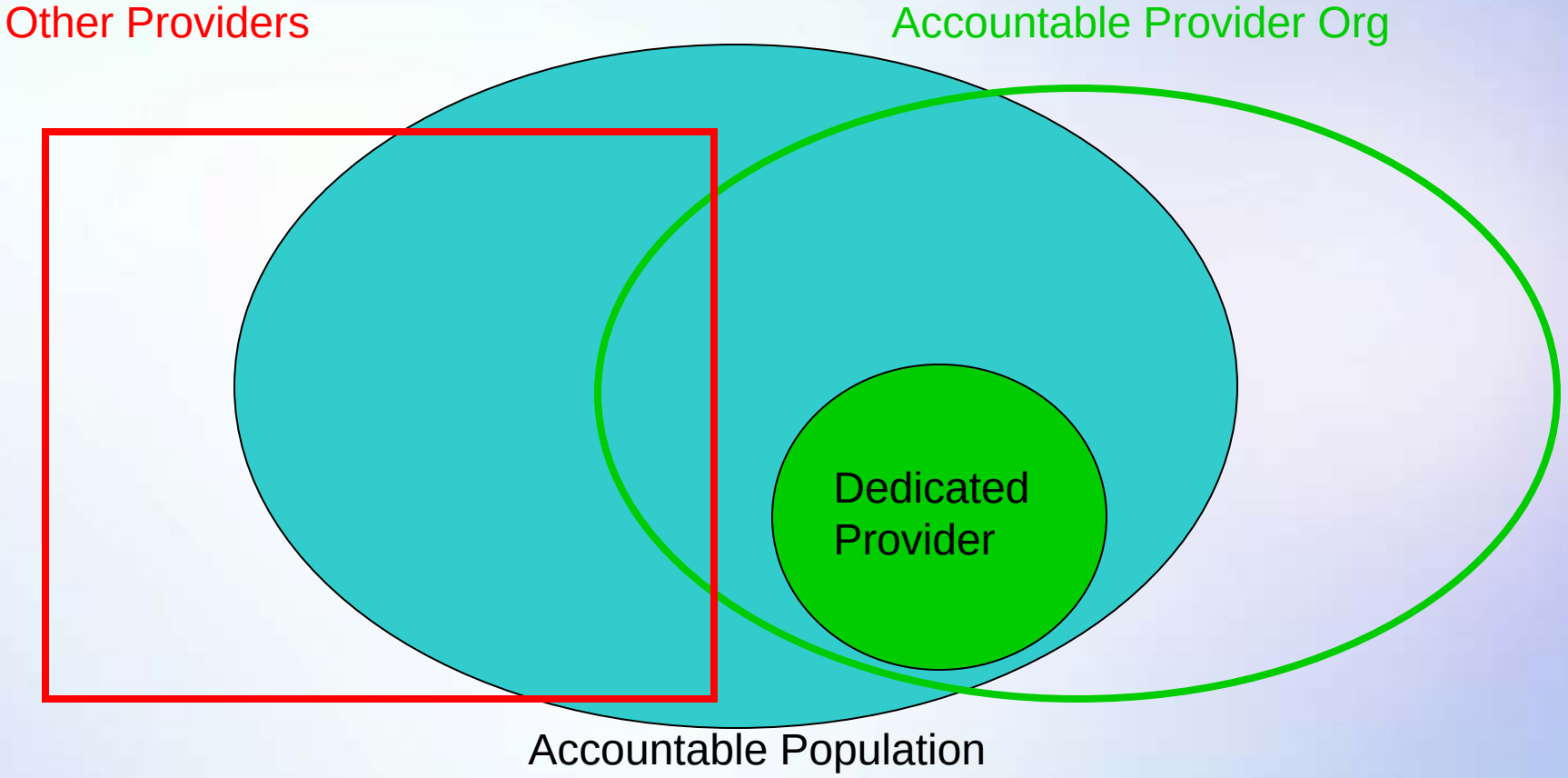
- Requires annual preventive visit
  - Preventive care guidelines should apply
- Cancer screening (colon, breast, cerv)
- Coaching / wellness
- Case management, Special Care Center

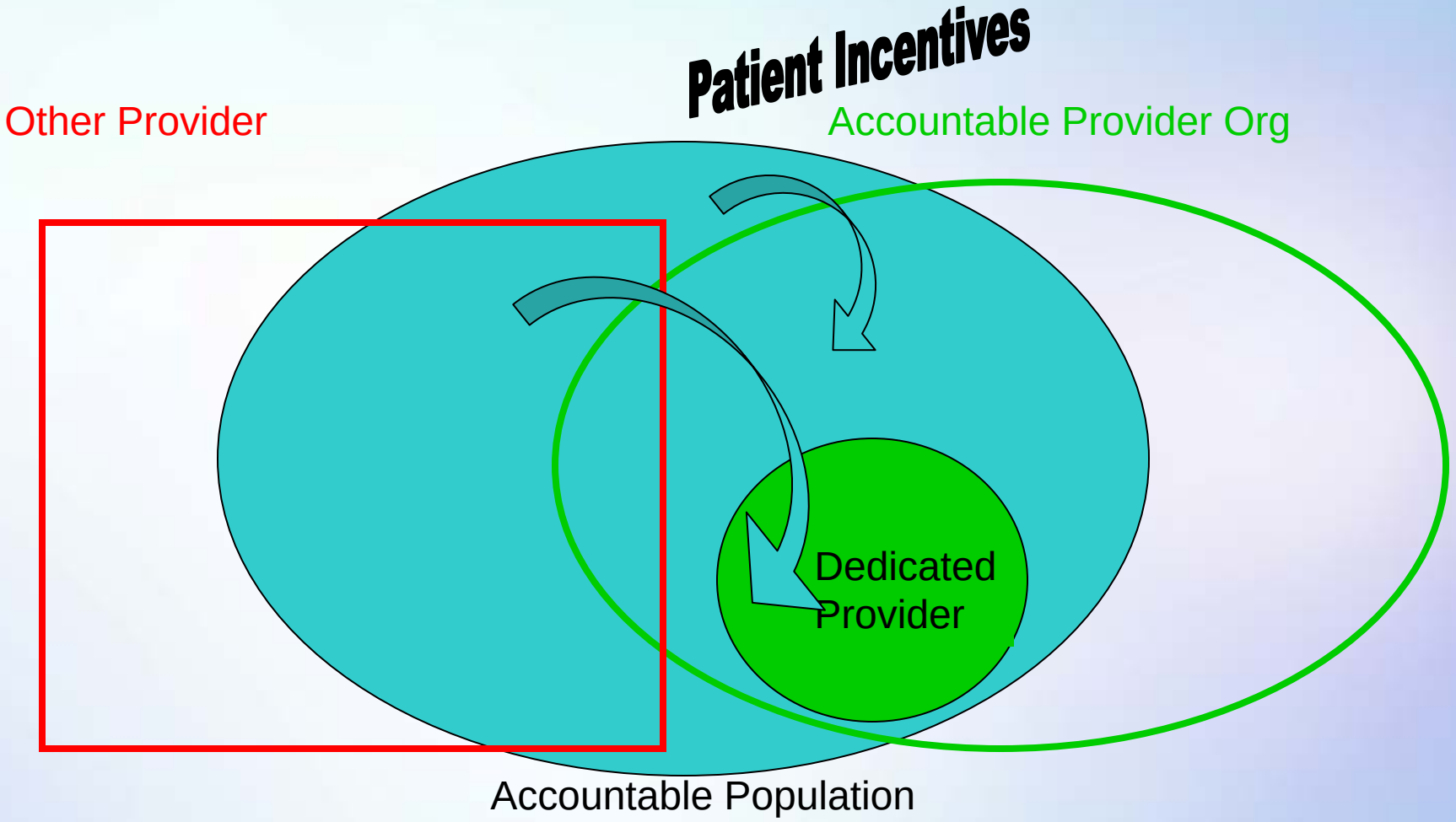


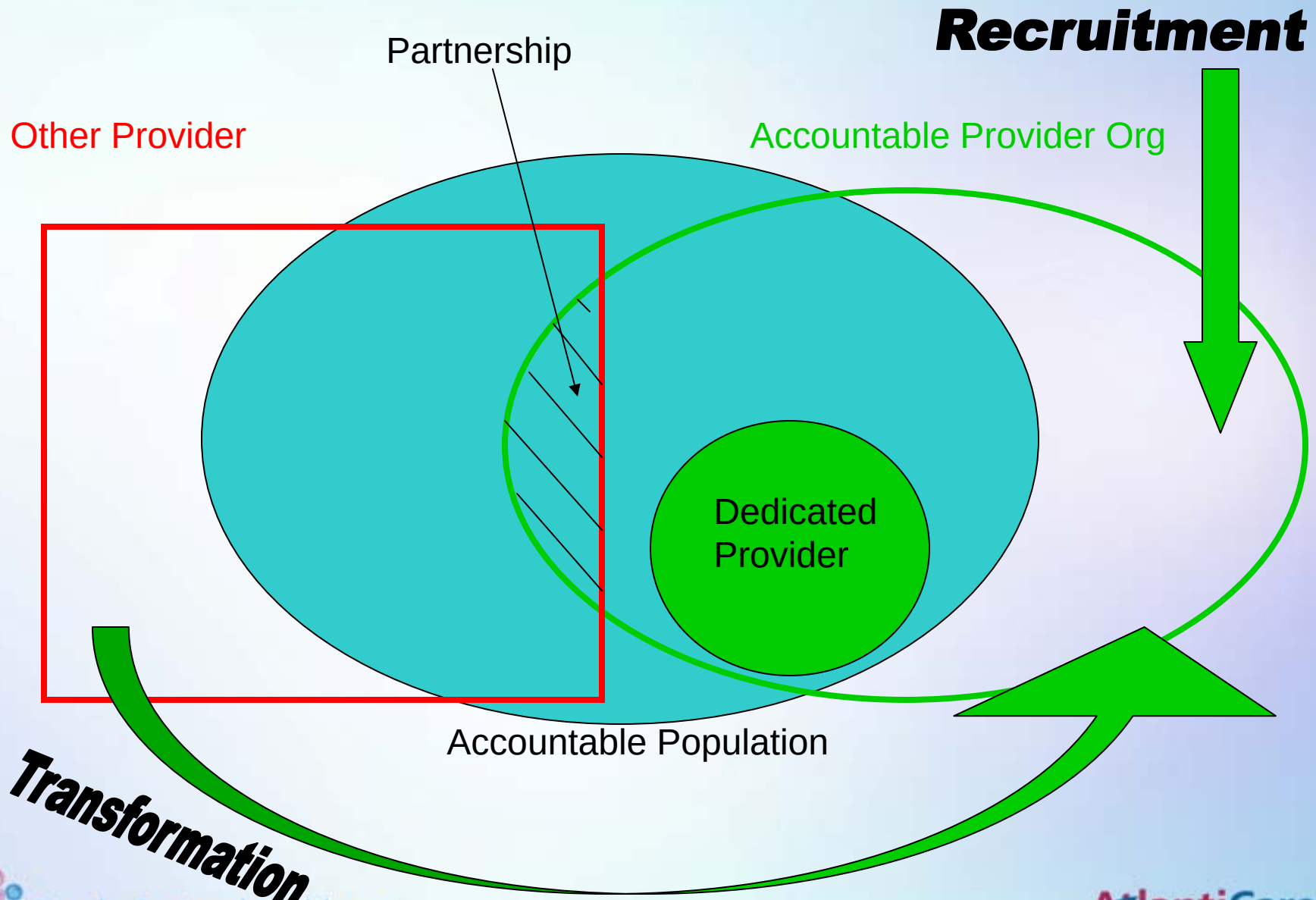
Accountable Population


Accountable Provider Org
Accountable Population


Accountable Provider Org
Dedicated Provider
Accountable Population


Other Providers
Accountable Provider Org
Dedicated Provider
Accountable Population

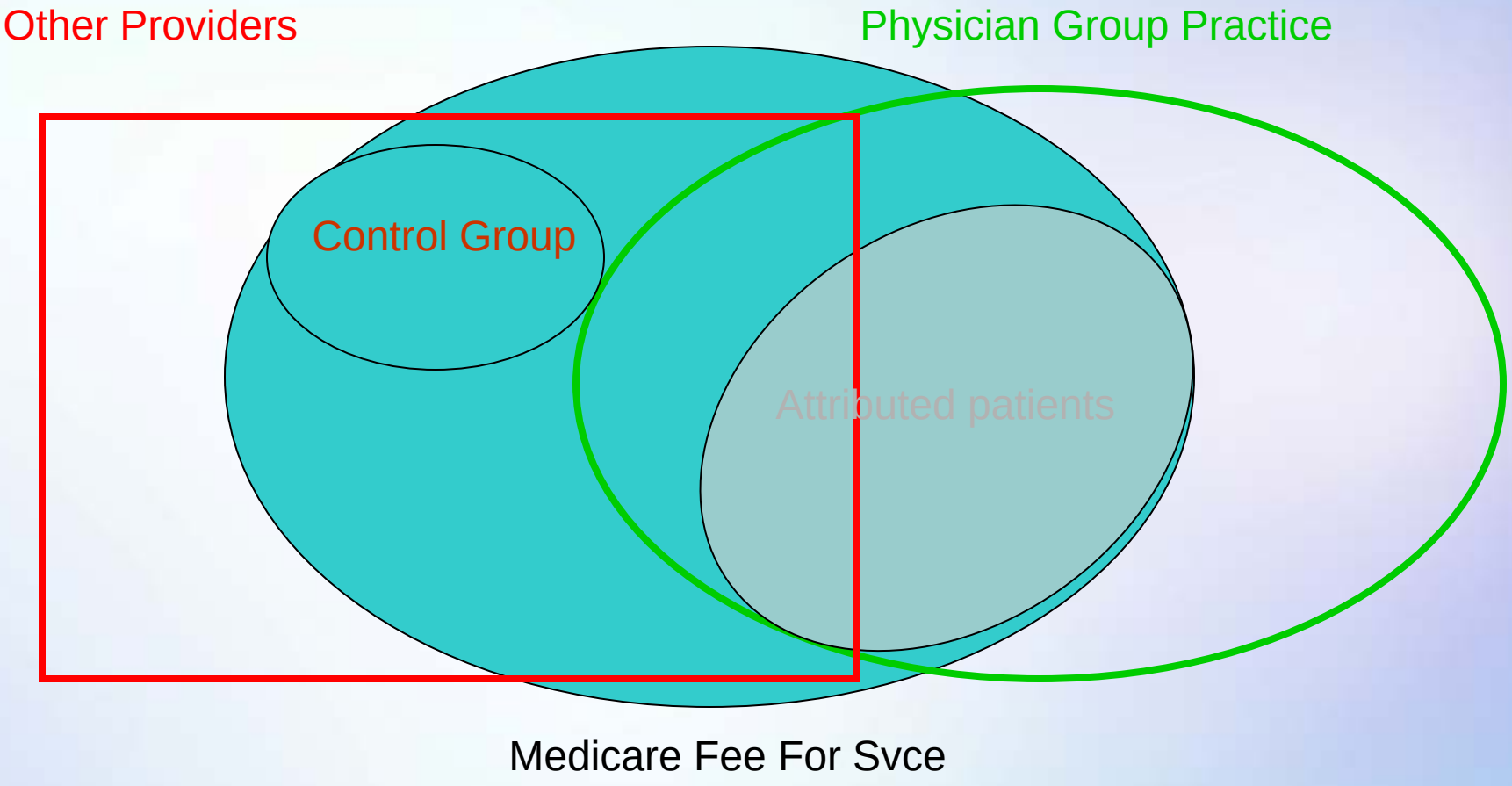

Patient Incentives
Other Provider
Accountable Provider Org
Dedicated Provider
Accountable Population



People-Centered Healthcare

AtlantiCare

The Medicare Physician Group Practice Demonstration



Patient Centered Medical Home - Why

- Leadership
  - Commitment to Mission/Vision/Values
- Strategic Planning
  - Patient-Centered Medical Home as underpinning of "accountable care"
- Voice of the Customer
  - "Help! We're drowning in healthcare spend!"
  - "Help! The system does not meet my needs!"

Evidence

- “How important is it that you have one practice/clinic where doctors and nurses know you, provide and coordinate the care than you need?” (Commonwealth Fund)
- General Practictioners per 10,000K: Inverse relationship to cost, direct relationship to quality
  - -NJ: 2 GP per 10K,
  - -best six states: >4 (WA, SD, NE, VT, MN, ND)

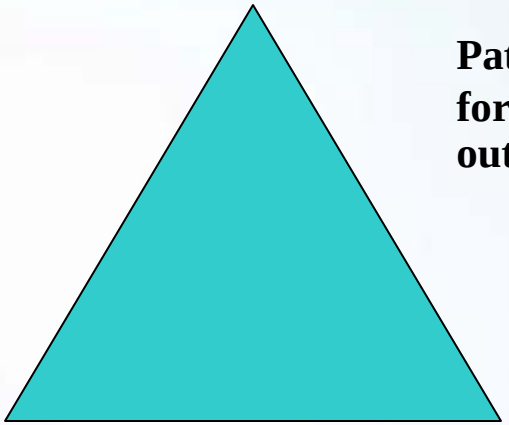
Three Key Changes for Improved Care

Payment

De-link payment from visits

Increase investment in primary care

Patient and physician incentives for efficiency and better outcomes



Data/IT

Robust electronic health records which allow for teamwork, population management

Real time information to intervene as needed- hospitals, drug fills

Performance data to manage system

People

Culturally appropriate health coaches

Better pharmacy, hospital, mental health integration

Selective specialist network

Special Care Center

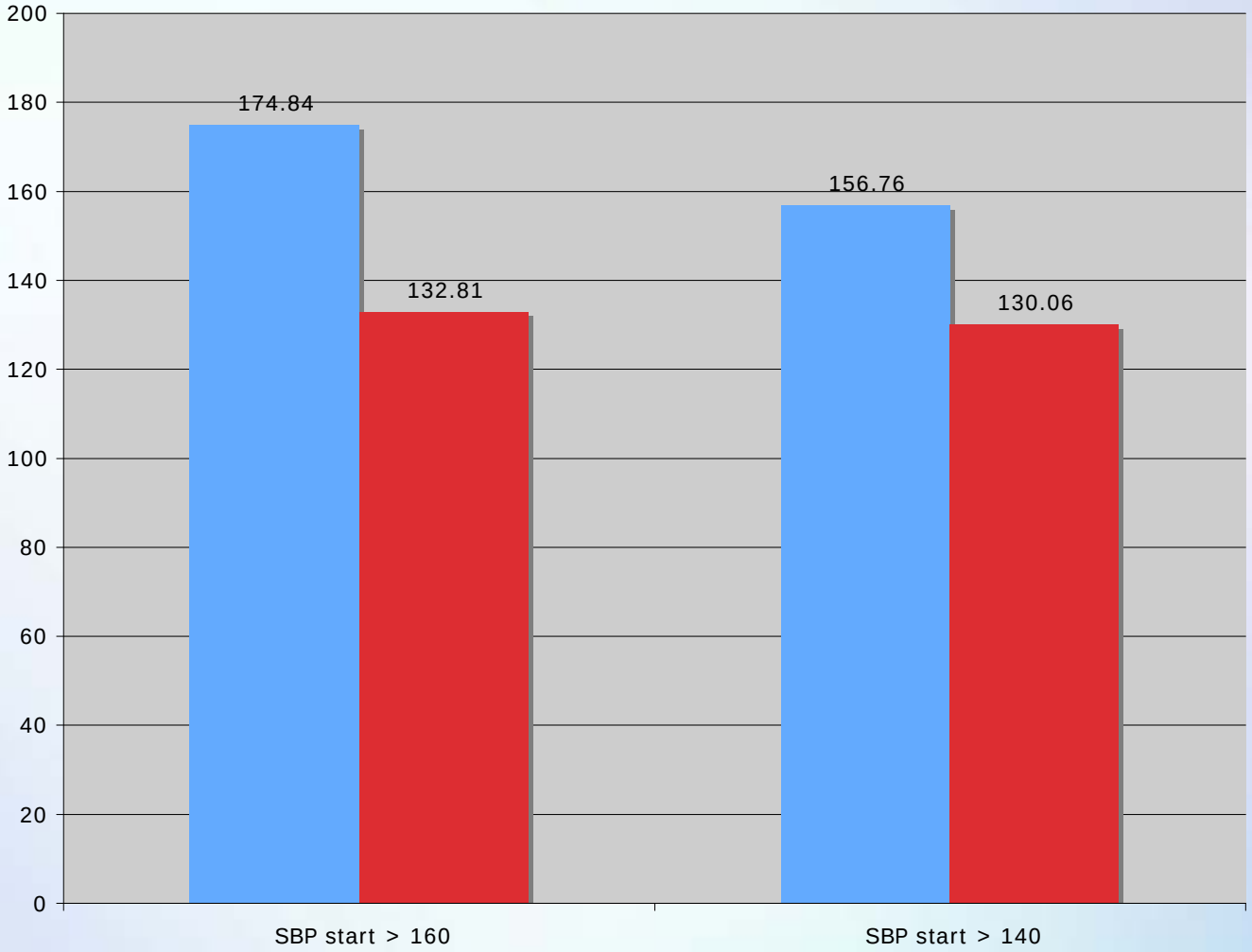
SCC Patient Population

- Over 1000 active patients
- Mean Age: 54 years
- Mean BMI: 31.2 kg/m$^{2;}$
- Chronic conditions:
  - Hypertension (76.6%),
  - Dyslipidemia (63.1%),
  - Diabetes (52.8%),
  - CAD (9.2%),
  - COPD/Asthma (5.7%),
  - CHF (5.2%),
  - Smoking (26%)
- Average spending approx $15K/yr (4x average)

Special Care Center

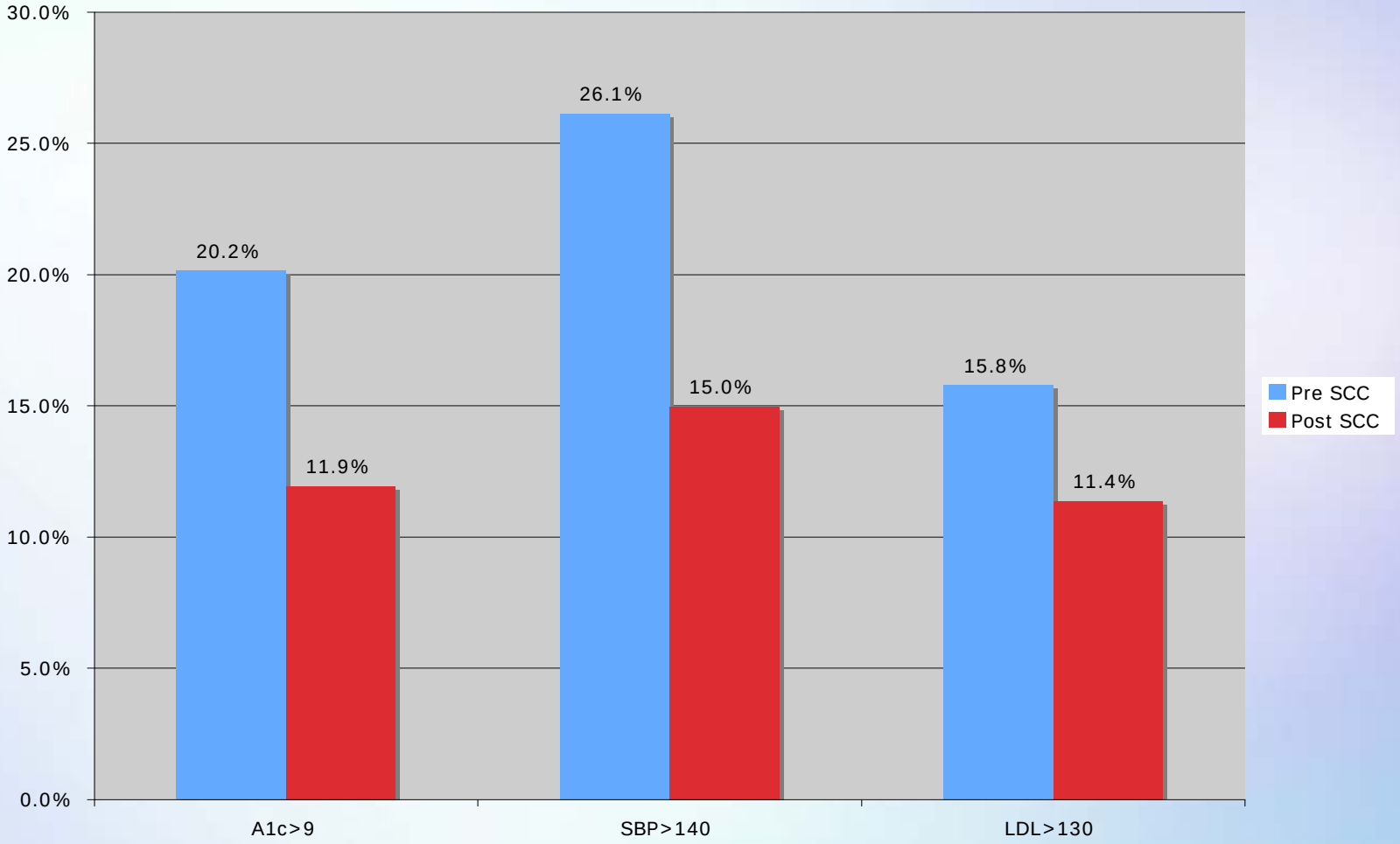
- Results – Improvements Across the Board
  - The Triple Aim (the Value Proposition):
    - Cost, quality, patient experience
  - Marked reduction or elimination of racial/ethnic health disparities

Average Drop in Systolic Blood Pressure

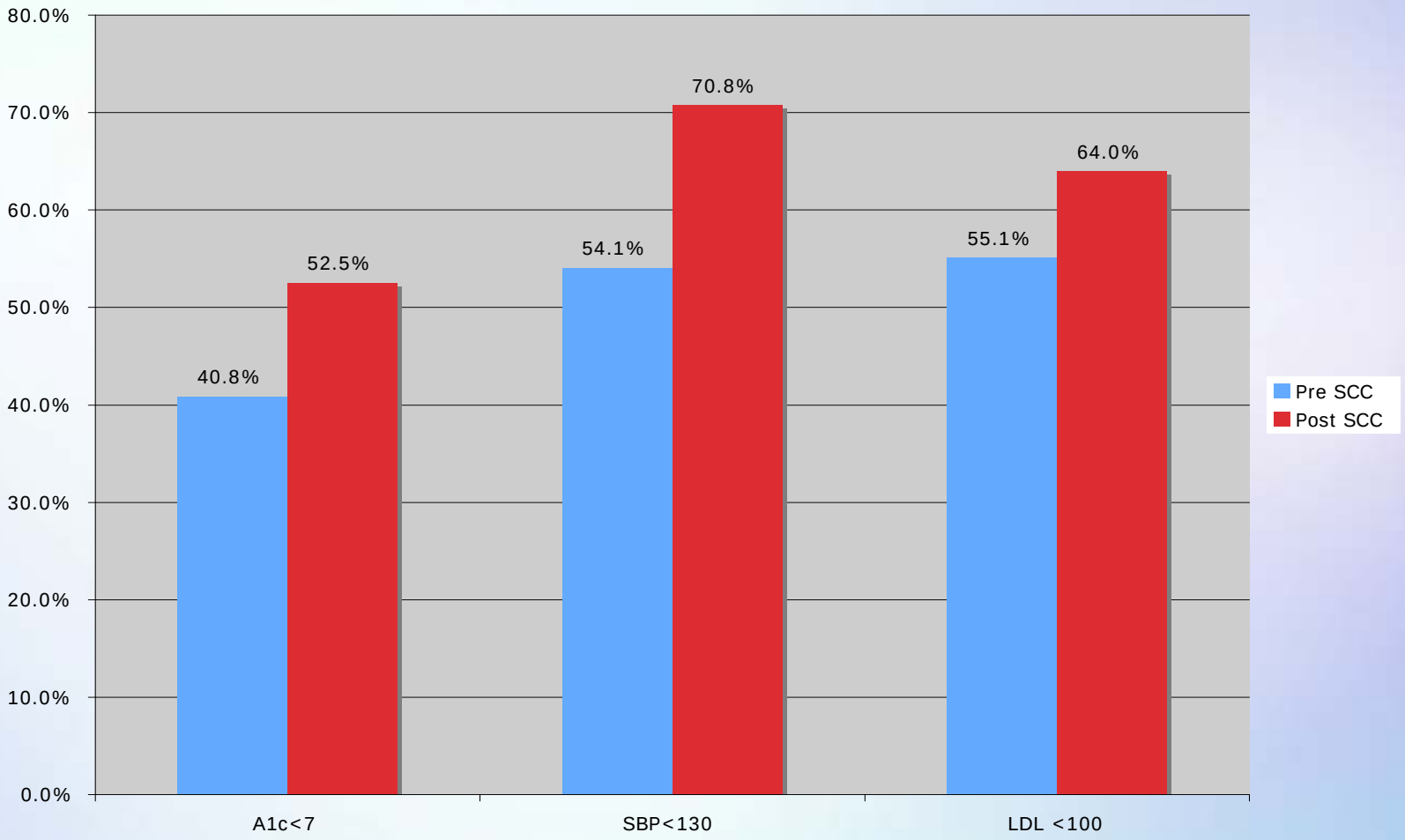


- Average drop of 42 points in SBP for patients who enter with SBP>160
- Average drop of 26 points for those who enter with SBP>140.

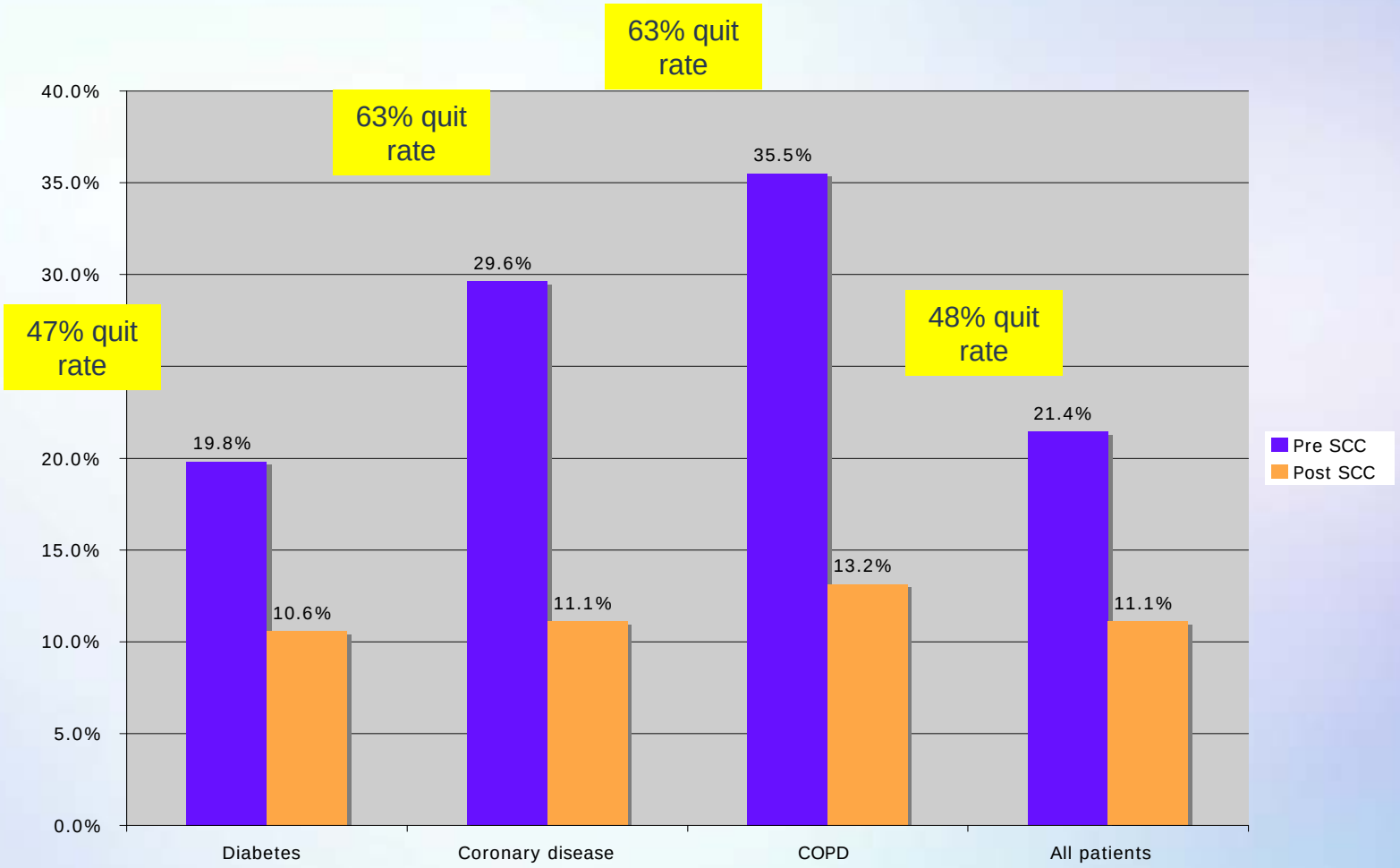
Diabetes- Patients in Poor Control



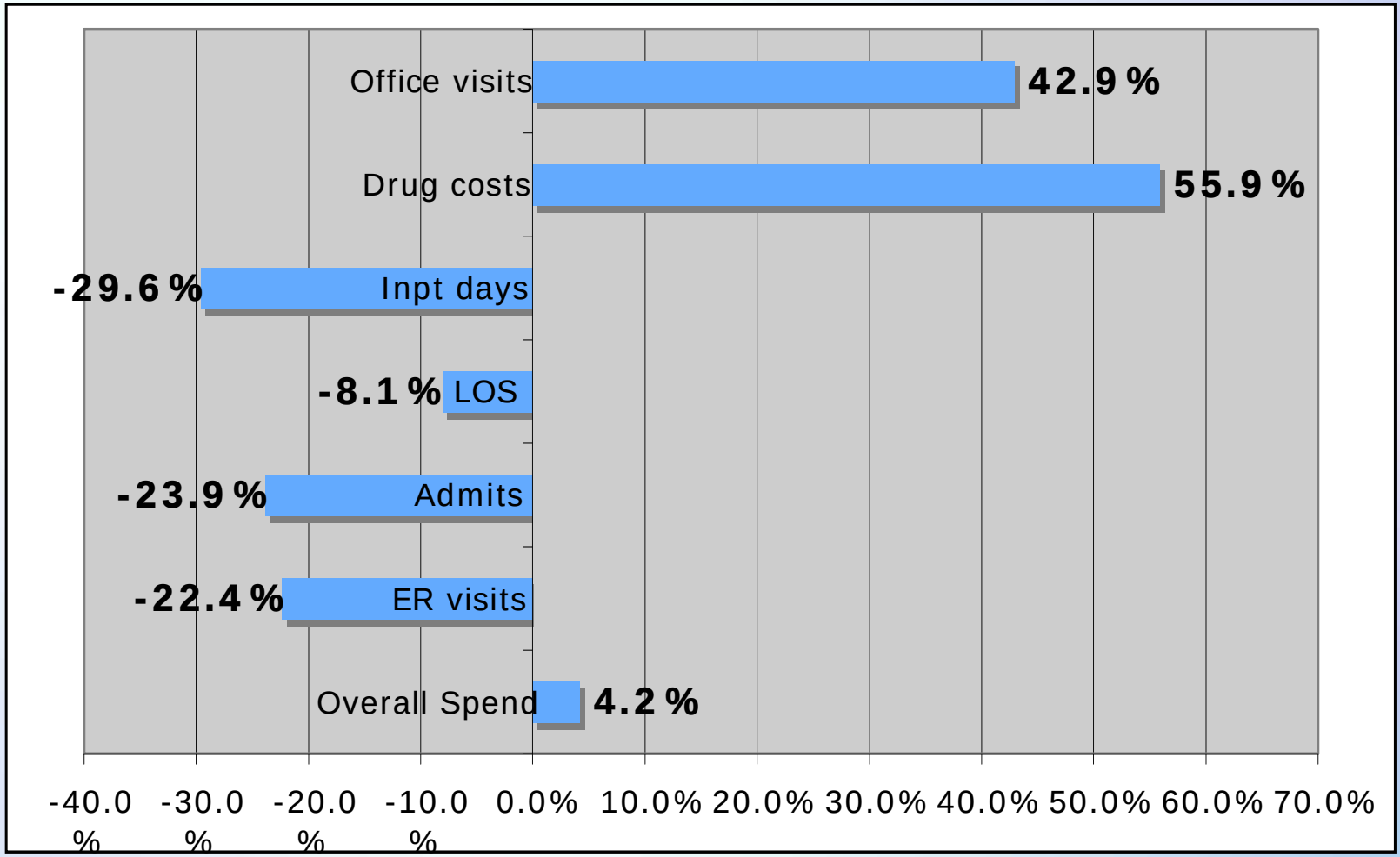
Diabetes- Patients in Excellent Control



Smoking rates



Utilization: Pre-Post



AtlantiCare's ACO Building Blocks …

- Payer and large employer relationships
- Measurement of customer experience in AtlantiCare settings
- Call center (Access Center)
- Care Management in seven silos
- Special Care Center and NCQA level 1 practices

… more ACO Building Blocks…

- Inpatient “Most Wired”
- Outpatient 179 physicians with electronic records, 43 in the queue
- Health Information Exchange Infrastructure
- Robust inpatient quality measurement
- Several accredited condition-specific care models (hospital centric)

…more ACO building blocks

- High value network components
  - Homecare, hospice, pharmacy, lab, specialist partners
- Experience in CMS inpatient gainshare pilot to align performance incentives
- Community Health Assessment supports need for population health focus, particularly for chronic disease

Key opportunities…

- Define and model transition period from FFS to value based payment
- Enhance measurement of patient experience across continuum
- Align care management across continuum
- Expand care models across continuum including “triple aim” measurement
- Expand primary care capacity and medical home options

…more key opportunities

- Enhance IT integration and analytics to support population health data management
- Address gaps in High Value Network
- Establish formal entity to meet legal and governance requirements to manage all this

Expectations of Physicians

- Utilize a compatible EMR and be part of HIE with e-Clinical and e-prescribe
- Use AtlantiCare Access Center (nurse triage, after hours, scheduling)
- Care Managers in practice (“team-based” care)
- Share data (quality, satisfaction, population, health, finance, etc.)
- Adhere to ACO customer service standards
- Utilize evidence based protocols
- Have office records audited for reporting
- Become a certified medical home if applicable
- Submit quality measures (PQRI or other)
- Use new tools such as group visits, chronic disease registries
- Participate in CG-CAHPS (pt. satisfaction)
- Participate in peer review

Summary