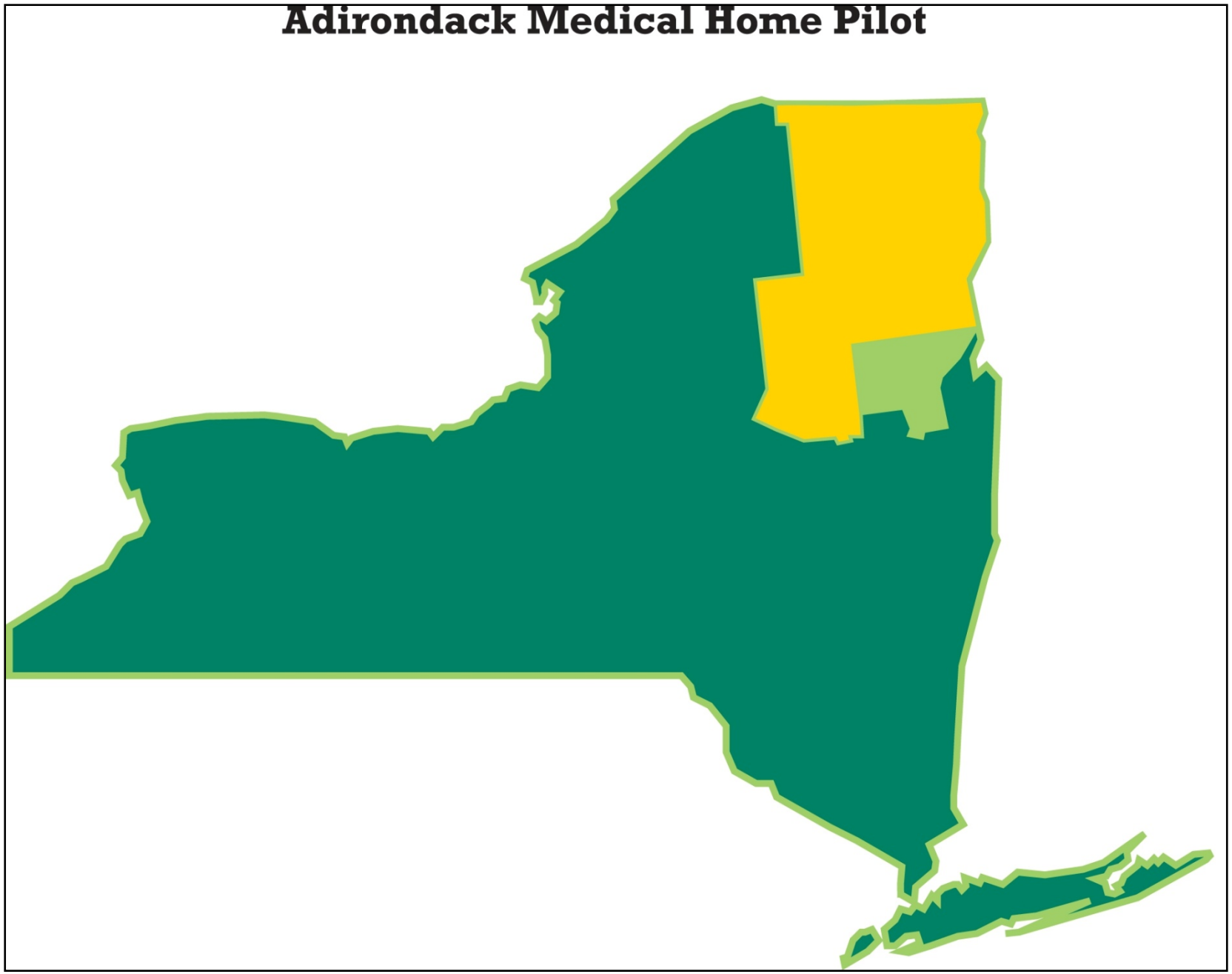
The Adirondack Medical Home Pilot: Positive Outcomes and Lessons Learned

Dennis Weaver MD
EastPoint Health
Frank Dubeck MD
Excellus BCBS
Gilbert Desmangles MD
Lake City Primary Care

Adirondack Medical Home Pilot



Adirondack Medical Home Pilot

Codified in 2009 Legislation – provides antitrust protection

NYS Department of Health and Department of Insurance provide `supervision

Five-year duration starting Jan 2010

Pilot is expected to:

- improve access to primary care providers
- improve the quality and outcomes of care
- lower costs over the long-term
- retain physicians in the Adirondack Region
- create a new clinically integrated model of care

Focus on healthcare “value”

Adirondack Medical Home Pilot Participants

Health Plans

State of New York – Medicaid

Fidelis

State of New York – the Empire Plan(United)

Excellus BCBS

Empire Blue (Wellpoint)

BSNENY - HealthNow

MVP

Medicare will join in July 2011

Patients

125k patients (with Medicare FFS)

Providers

33 Practices (49 sites)

5 Hospitals

197 Providers (102 physicians + 95 midlevels)

4 Counties

Providers committed to…… Accomplishments!

E-prescribing

Become ‘recognized’ medical homes

- Using NCQA standards (level 2 or level 3)

Advanced access

- Open access and 24/7 availability

Care Coordination / Disease Management

- Participate in “Pods”
- Post hospitalization / ER care

Quality measurement and improvement

- Includes patient surveys

Work toward goals of increased efficiency

Health Information Exchange

- Participate in RHIO and in Data Warehouse

Payment Methodology

Previous contracts remain intact – Truly additive

Care coordination management fee

- $7 pmpm based on attribution methodology

2010

- $8.74M of medical home payments
- Average of $85,650 per physician

2011 (Medicare FFS to join)

- Project $10.50M for medical home payments
- Average of $103,000 per physician

Physician Practice Support Organizations: “Pods”

Patient identification and Payment coordination

Data aggregation and analysis reporting

Quality improvement activities

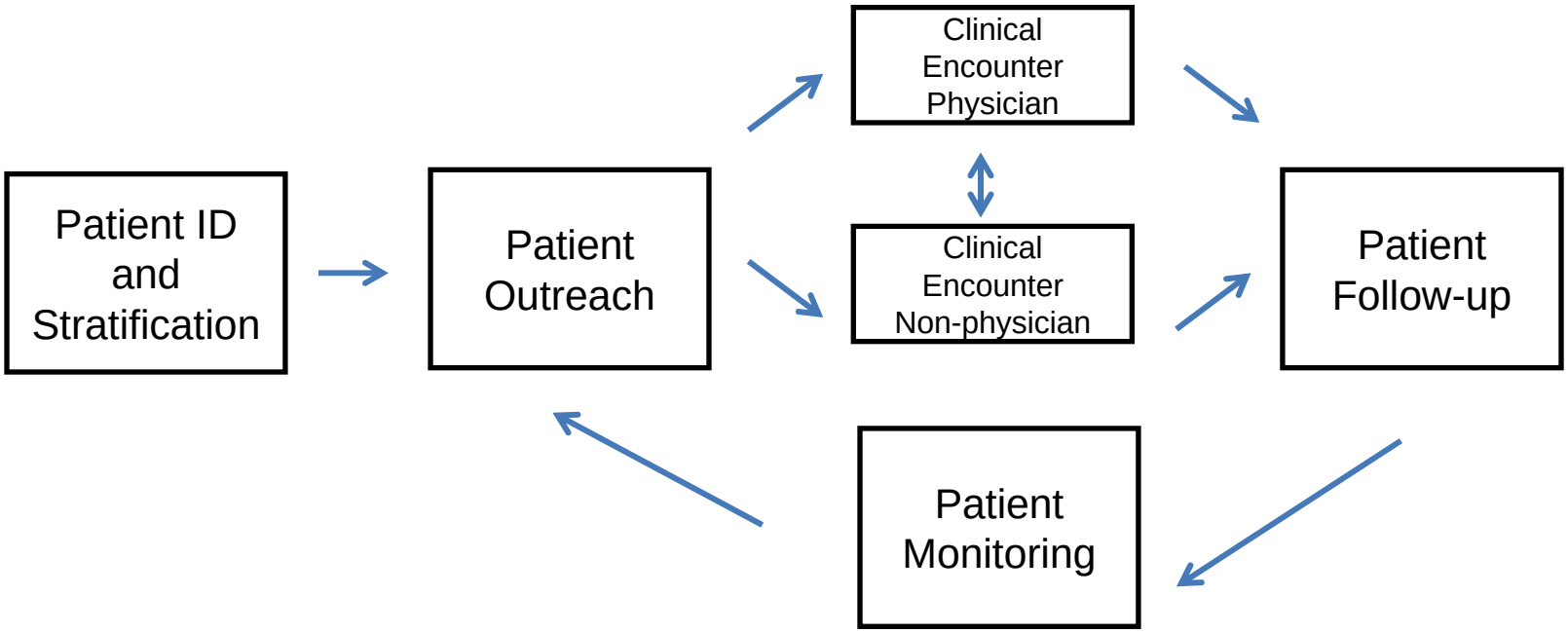
Chronic disease management

- PharmD, Social Worker, Disease Management Nurse
- Care coordination / Case management
- Disease “registry” management

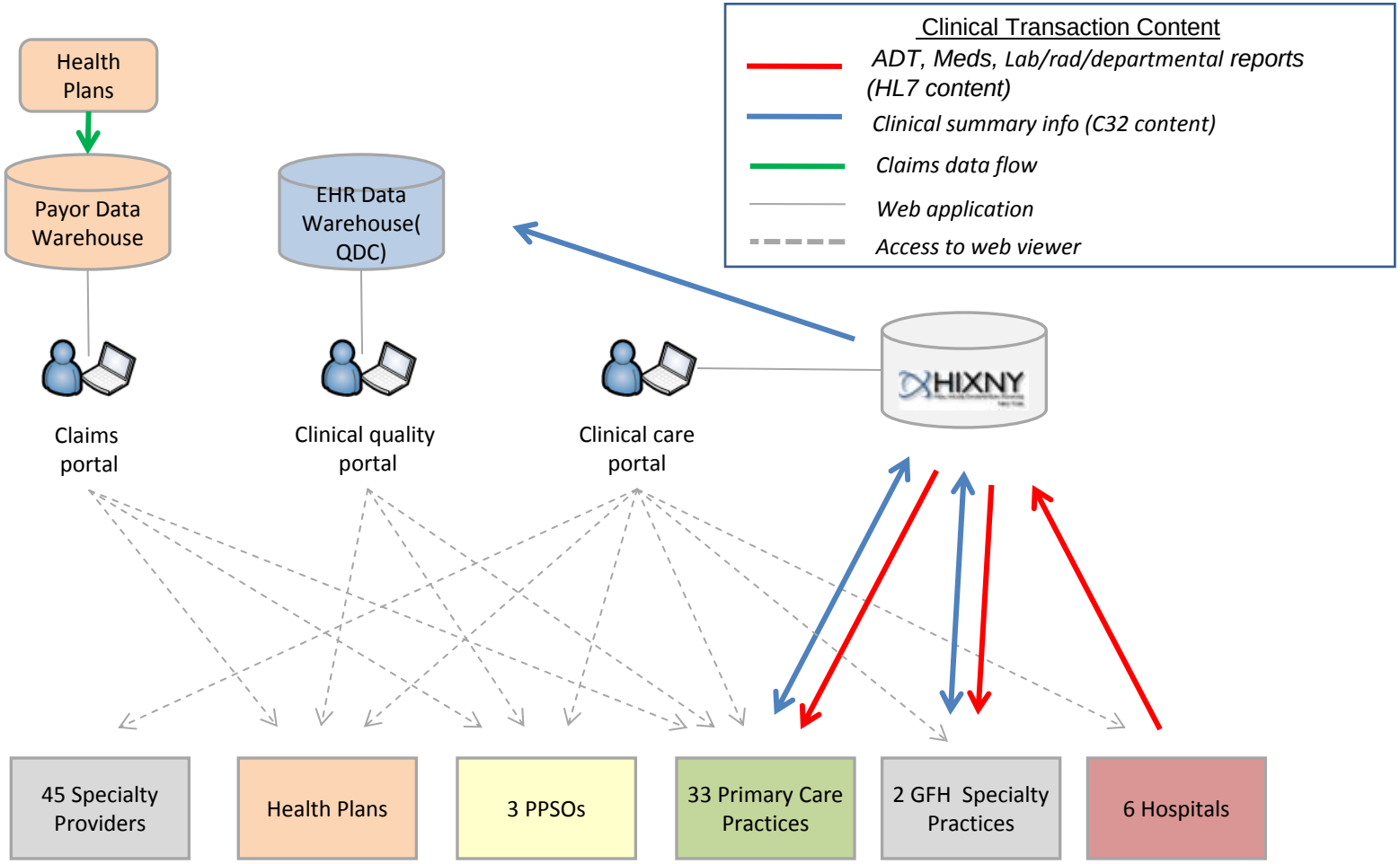
Transitions of Care

- Hospital to home to primary care
- Medication reconciliation

Clinical Process Flow



Technology Overview



The Adirondack Medical Home Pilot: Positive Outcomes and Lessons Learned

The Payers Perspective

Dr. Frank J Dubeck
CMO Medical Policy and Clinical Editing
Excellus BCBS

The Concept

- Skepticism
- Engagement
- Commitment

Lessons learned

- Attribution logic for non HMO Business
- HIPPA compliant communications
- Self funded participation
- Payment Method
- Quality and Efficiency Metrics

Attribution Logic for Non HMO Business

- To each their own
  - Reconcile with practice
- Standardize method
  - Reconcile with practice
- Labor intensive

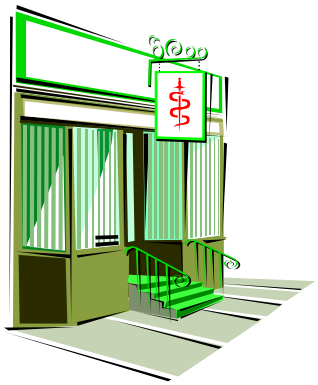
HIPPA Compliant Communications

8 payers

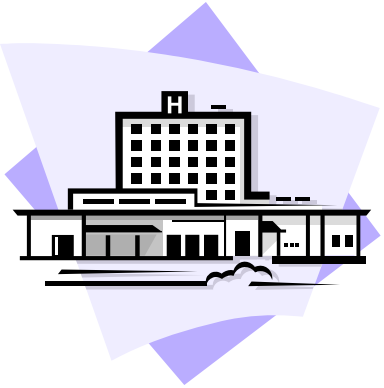
304

lines of communication

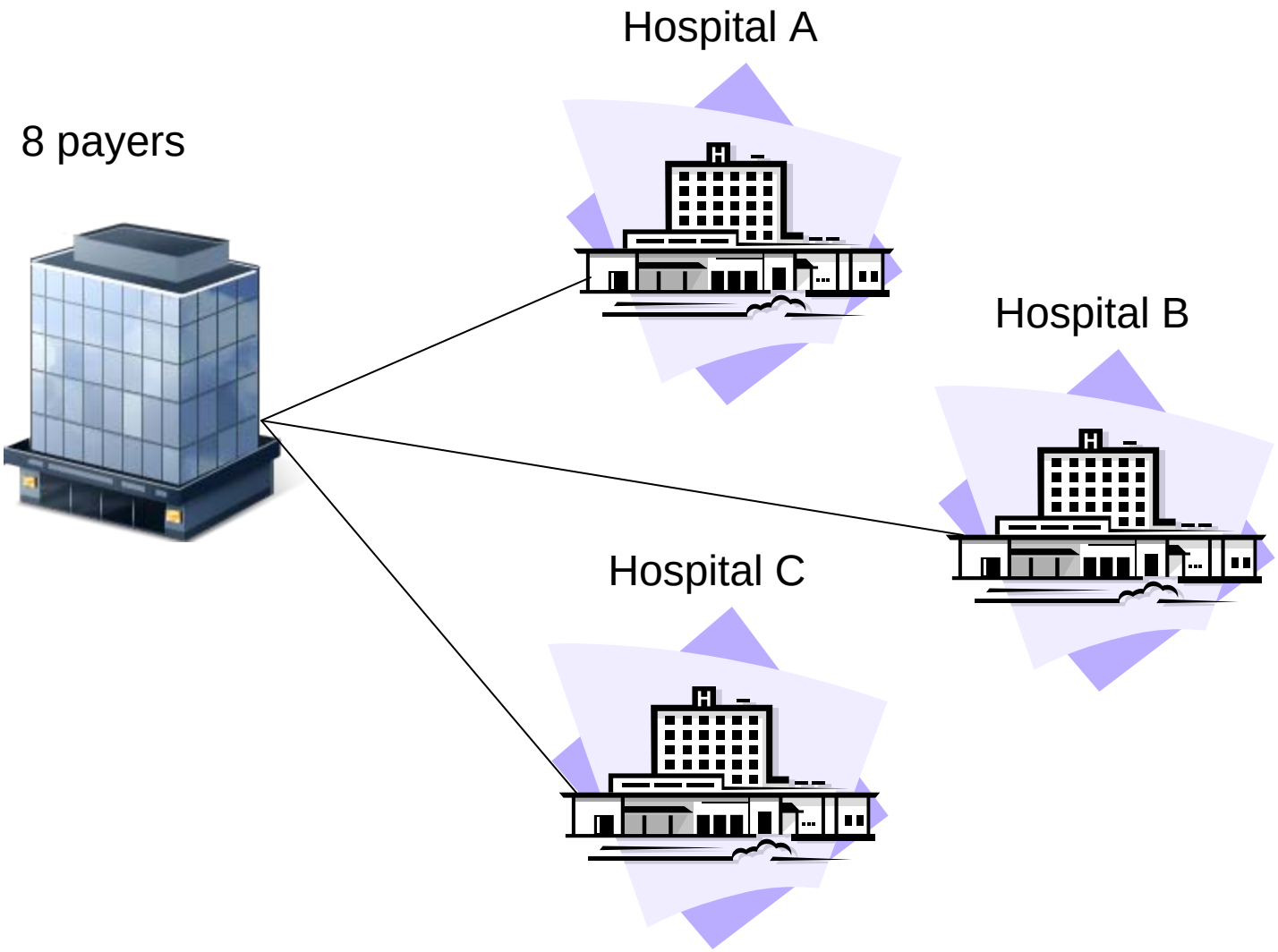
33 practices



5 hospitals



HIPPA Compliant Communications



Self Funded Participation

- 90 % of commercial population in one region was self funded business
- Essential to fiscal viability to include
- Little interest in increasing their costs by $7PMPM

Payment Method

- Case rate PMPM
- Fee schedule adjustment
- Combination

Quality and Efficiency Metrics

- Data aggregators
  - Payers--- What dollar amounts to share?
  - Providers--- Extracting from new EMR programs
- Key Performance Indicators
  - Admits /1000, PMPM, ER Utilization
- Quality Metrics
  - Standardized measures

Sustainability

- Beyond the grant lifetime can improved healthcare delivery save more than the $7 PMPM in claims cost?

- If yes who gets the surplus?

The Adirondack Medical Home Pilot: Positive Outcomes and Lessons Learned

The Providers Perspective

Dr. Gilbert Desmangles
Lake City Primary Care

Lake City Primary Care (LCPC)

- Adult primary care practice / 20,000 visits per year
- 5 MD 2 NP
- TCU, NH, AL, Hospital

Opportunities for LCPC

- EMR subsidy
- Better health outcome for our community
- Potential cost saving

Challenges for LCPC

- Overcoming skepticism
  - Dealing with insurance companies (payments)
  - Dealing with the POD (payments)
- Resistance to EMR use by staff
- Aggregated data (use, access)

The Adirondack Medical Home Pilot

- Positive outcomes for LCPC
  - EMR/eRx
  - $
  - Autonomy
- Lessons learned
  - Cooperation