

Performance Management in Enhanced Primary Care: Supporting Advancement of the Triple Aim

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VP Pharmacy and Health Quality Programs

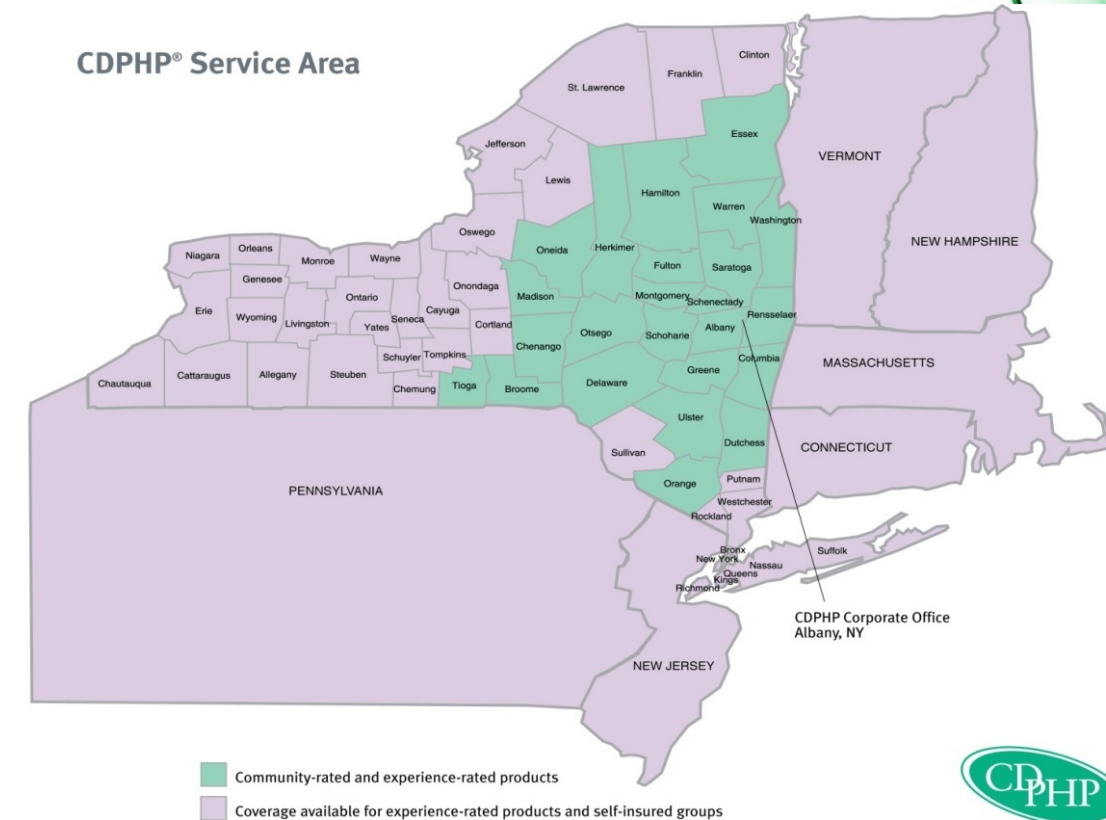
Capital District Physicians Health Plan, Inc



Capital District Physicians' Health Plan



- Not-for-profit health plan
- Products and members in 24 counties upstate New York
- Physician-founded and guided
- Top ranked for quality and service
- 100% Network Model
- 450,000 Members
- 35-40% Market Share
- 25% Growth in 3 last years



10.09.08

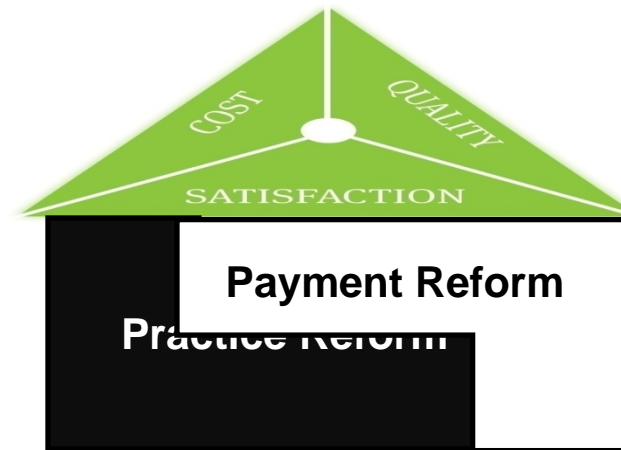
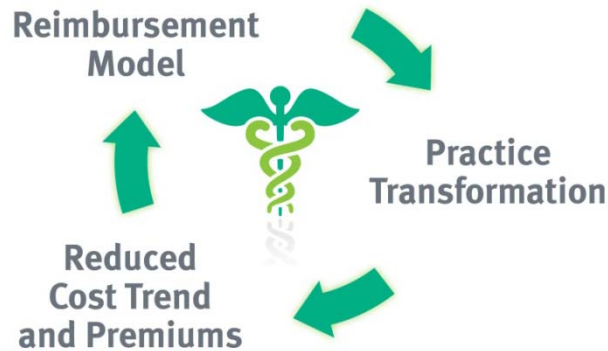


CDPHP Enhanced Primary Care Vision

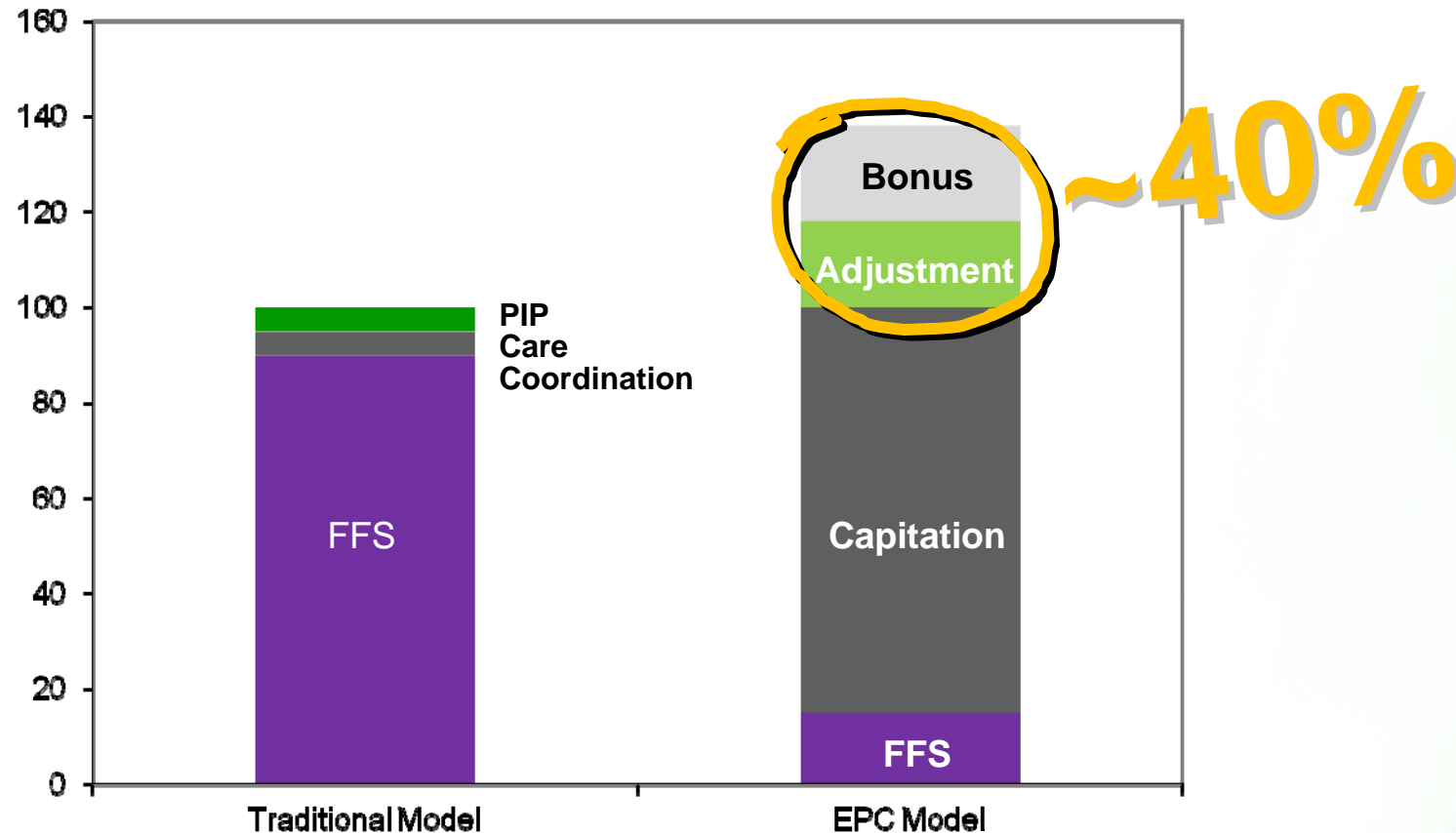


Create an innovative and sustainable model for the reimbursement of primary care physicians leading to a resurgence in the interest in primary care medicine as a career for medical students.

Accomplish this while demonstrating better health outcomes and market-leading satisfaction scores for patients, employers, and physicians.



Enhance PCP Potential Payments by 40%



- **Comprehensive payment for comprehensive care**
- **Align financial incentives**
- **Create an opportunity to significantly increase primary care physician income**

Goroll AH, Berenson RA, Schoenbaum SC, Gardner LB. Fundamental reform of payment for adult primary care: comprehensive payment for comprehensive care. J Gen Intern Med 2007; 22:410-5.

Program Analysis



- An analysis of the two-year pilot (2009-2010) demonstrated
Improvements in 15 of 18 HEDIS metrics
and

\$8

Risk Adjusted
PMPM savings

15%*

Risk Adjusted
**Admission
Reduction**

9%*

Risk Adjusted
**ED Visit
Reduction**

7%*

Risk Adjusted
**Advanced
Imaging Reduction**

**P-value <0.1*

Anticipating Brigham and Women's evaluation of 2012; April 26, 2014

EPC Practice Stats



	# Of Practices	# Of Practices in Payment Model	# Of Physicians	# Of Mid Levels	# Of Members
2009 Pilot cohort:	3	3	19	17	13,044
2010 Phase II cohort:	23	19	112	54	46,369
2011 Phase III cohort:	49	34	207	80	52,043
2012 Phase IV cohort*:	84	32	229	94	83,490
2012 Phase V cohort:	39	3	76	22	33,469
Total:	198	91	643	267	228,415



Enhanced Primary Care

The CDPHP® Medical Home

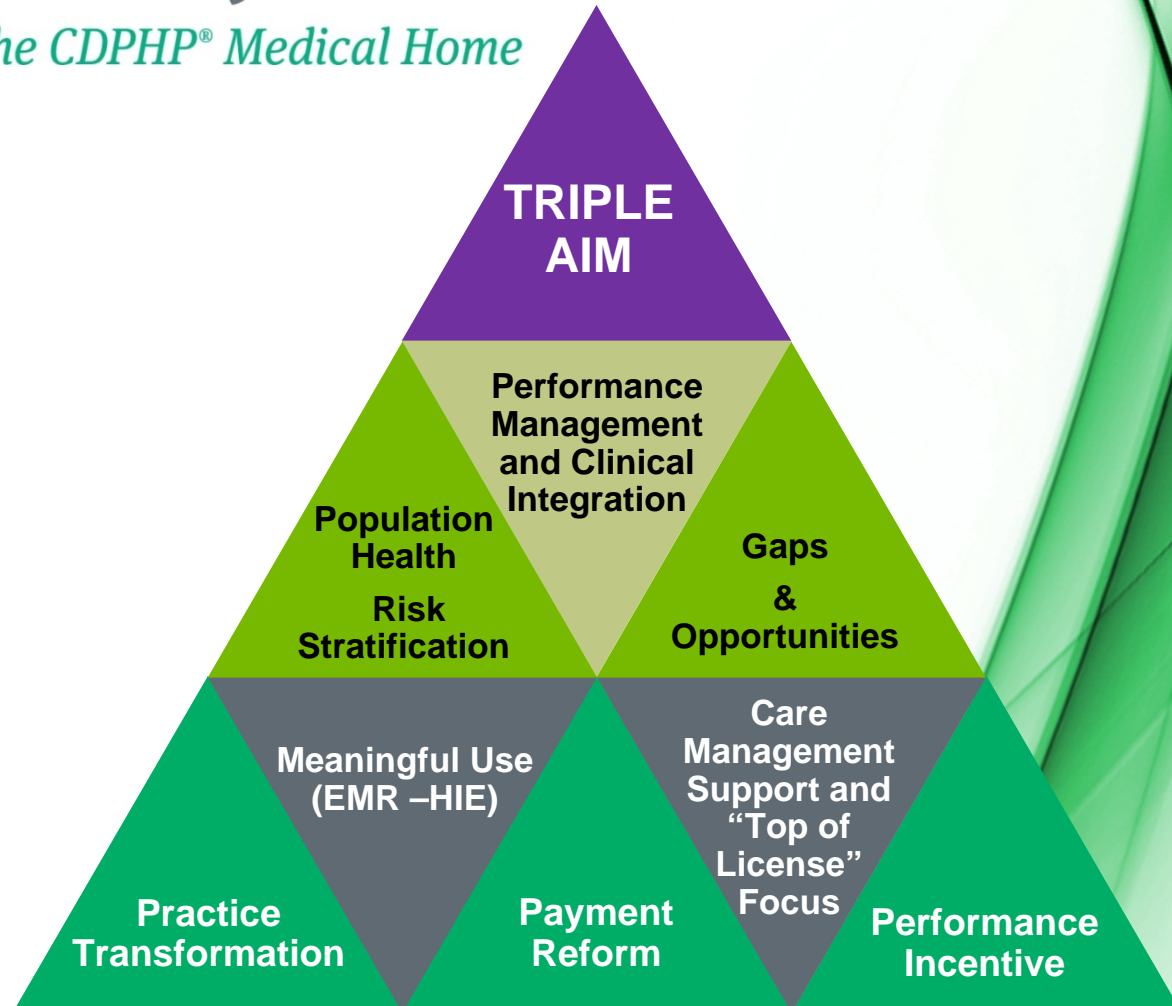
Experience Better Care
Rising Quality of Care
Managing Total Cost
Professional Satisfaction

Engagement
Promotion
Measurement/Evaluation
Learning/Training
Networking/Best Practice

Reports and Analytics

Resources: Workforce
Strategy; HIT

Business Model Aligned
with Triple Aim



Supporting Success in Effectiveness

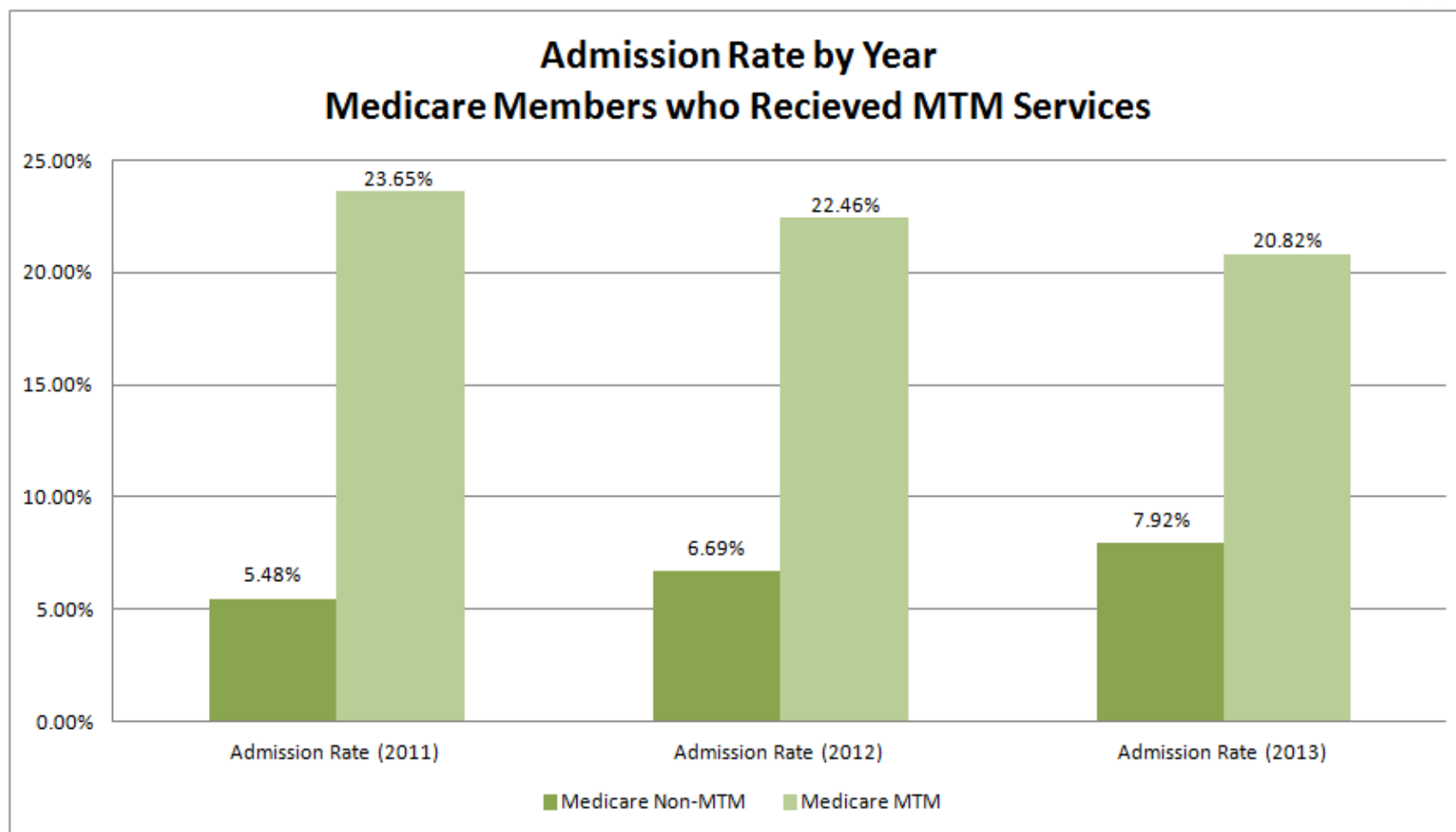


HEDIS Measure	2013 HEDIS Plan Rate (Administrative)	EPC Practice Community Pharmacist Model	Embedded Pharmacist Model Family Practice A	Embedded Pharmacist Model Internal Med Practice B	National 90th Percentile (2012)
Pharmacotherapy management of asthma (ASM)	87.71%	88.18%	97.37%	87.50%	95.24
Monitoring of persistent medication - ACE/ARBs & diuretics (MPM - C)	87.36%	92.40%	96.40%	97.60%	86.96%
Potentially harmful drug-disease interactions in the elderly (DDE) *Inverted Measure	15.36%	13.12%	10.71%	13.64%	14.29%
Comprehensive Diabetes Care - HbA1c Testing	86.03%	91.09%	91.33%	91.30%	94.69%
Comprehensive Diabetes Care - Eye Exams	52.98%	55.03%	50.67%	75.65%	73.72%
Comprehensive Diabetes Care - LDL-C Screening	82.71%	89.88%	92.00%	89.57%	90.88%
Comprehensive Diabetes Care - Attention for Nephropathy	78.91%	82.64%	85.33%	92.17%	90.42%

Yellow = better than CDPHP Plan Rate

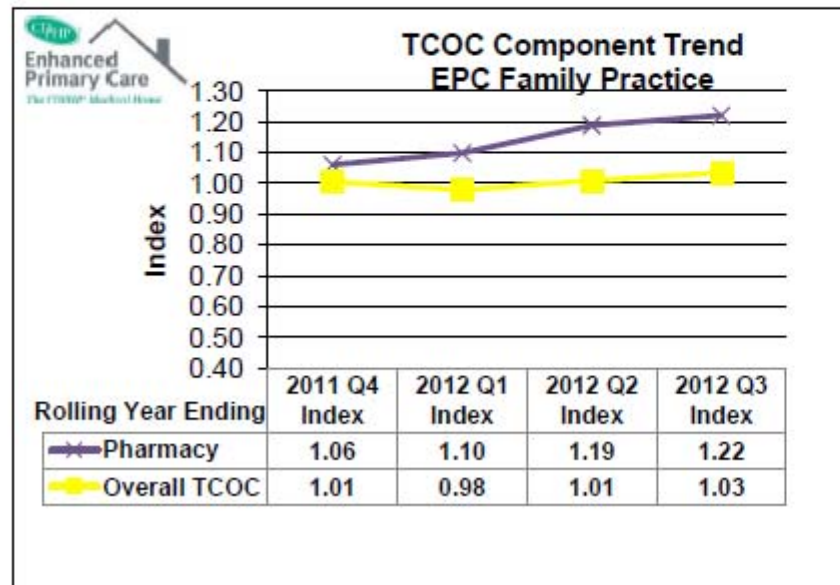
Green = better than National 90th Percentile performance

Medication Therapy Management Support



Practice Name: EPC Family Medicine

Date: May 20, 2013



Opportunities for Pharmacy Improvement

1) Antidepressants-

- There is a significant cost differential between available antidepressants
- Resource for Providers: "Adult Major Depressive Disorder Pharmacotherapy"
- *Focus on Cymbalta*
 - o 14 fills for Cymbalta in Quarter 1 2013 (9 unique members)
 - o 13 of these fills are for the 60mg capsule strength. Of these, #10 fills are for a quantity of 60 capsules (120mg/day) for a 30 day supply → cost per fill ~\$400
 - o No information to suggest Cymbalta doses >60mg/day provides additional benefit; potential for more side effects as well as higher drug cost

2) Statins-

- Appears to be a decrease in Crestor fills since last data review in December 2012—Keep up the great work!

- Continue to look for opportunities with generic statins were possible (ie. At point of refill requests)
- 3 patients remain on brand Lipitor. Total Rx cost = \$1,400

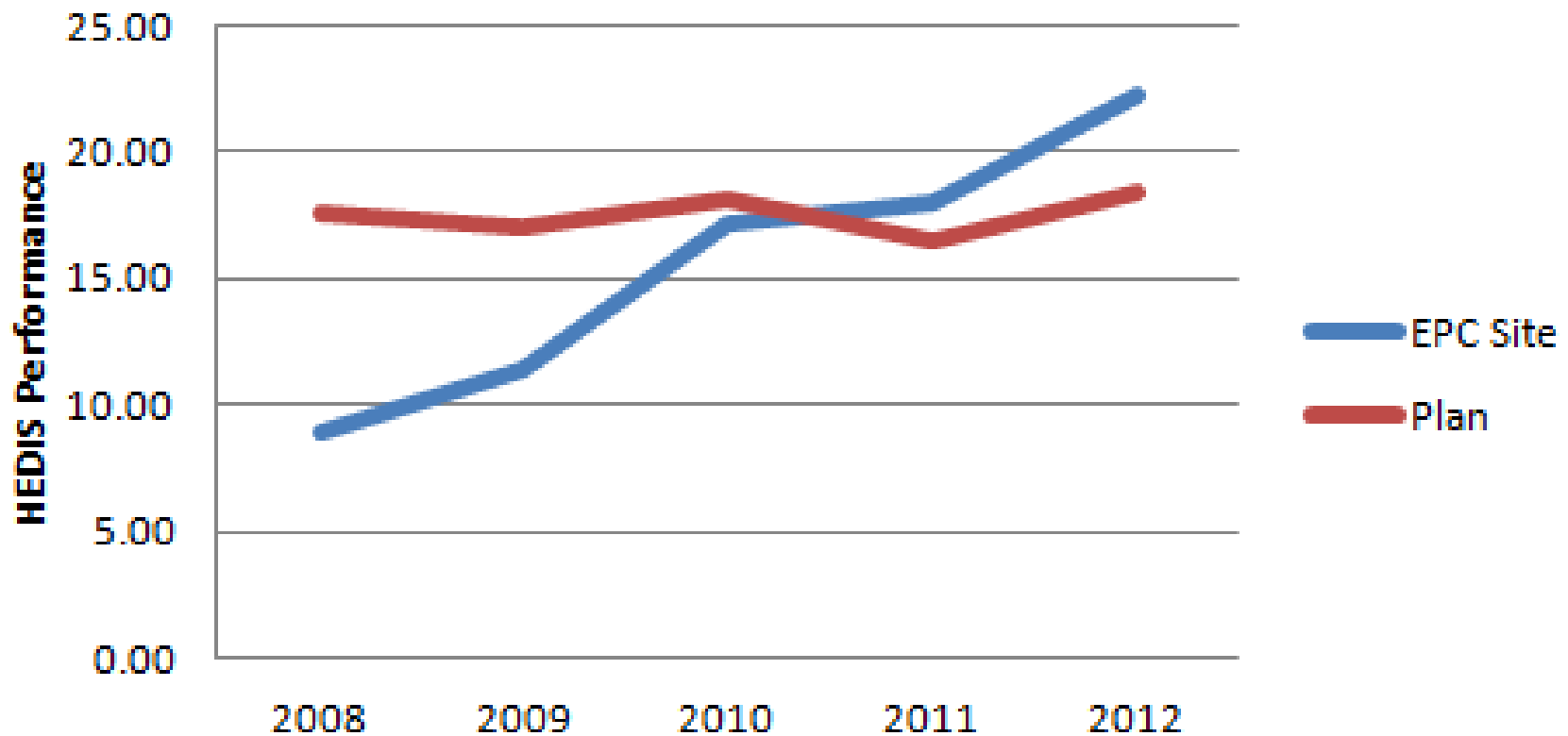
3) Rx for Less

- Fantastic job transitioning members on Simvastatin filling at Rite Aid to Rx for Less partner pharmacies.
- Q3 2012 data shows \$1400 in fills at xxxxx
- Q1 2013 data shows \$640 in fills at xxxxx.
- There is still an opportunity to save patients money but a great job by the office! There are three patients paying \$10 for 30 day supply of Simvastatin at Rite Aid. They can each save \$80/year in co-pays for this drug using a partner pharmacy
- Atorvastatin is now added to Rx for Less program. 5 patients can save over \$300 in co-pays by moving to partner pharmacy. (Details on patient names can be forwarded at our next meeting)

Suggestions

- 1) Utilize Adult Major Depressive Disorder reference. Consider assessment of Cymbalta doses >60mg/day for clinical efficacy, side effects, etc.
- 2) Continue identifying potential opportunities to switch brand statins to available generic agents if no history of previous failure or intolerance.
- 3) Educate staff and patients about the Rx for Less program and partner pharmacies
- 4) Reminder- Every Rx for Less prescription filled at a partner pharmacy is captured in HEDIS data and are important measures in the provider bonus program.

Use of Antibiotics in Bronchitis (HEDIS AAB)



Integrating Behavioral Health



- Coordinated Care Management Resources
- Embedded resources in 8 EPC practices
- Educational Programs for Primary Care (Adults and Children)
- Standing weekly slots for consultation hours with psychiatrist
- BH Crisis Line
- Mobile Crisis Services

CDPHP Resources Supporting EPC



- Nurse Case Managers
- Pharmacists
- Behavioral Health
- Data Analytics
- Strategic Coordinators
- Physician Engagement Specialists

Evolution of CDPHP's EPC Program and its Health Value Strategy



- Commonwealth Fund evaluation
- Comprehensive Primary Care Initiative
- Expanding the “Medical Neighborhood”
- Health Information Technology
- Measurement and Transparency