

WellMed: Evaluation of a Primary Care-based Accountable Care Organization

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For-profit primary care clinic network of 23 practices in San Antonio, TX partnered with a Medicare Managed Care Plan. First identified as having unusually high quality measures as part of a practice-based research network

Case Study Of A Primary Care Accountable Care Organization

Four Part study:

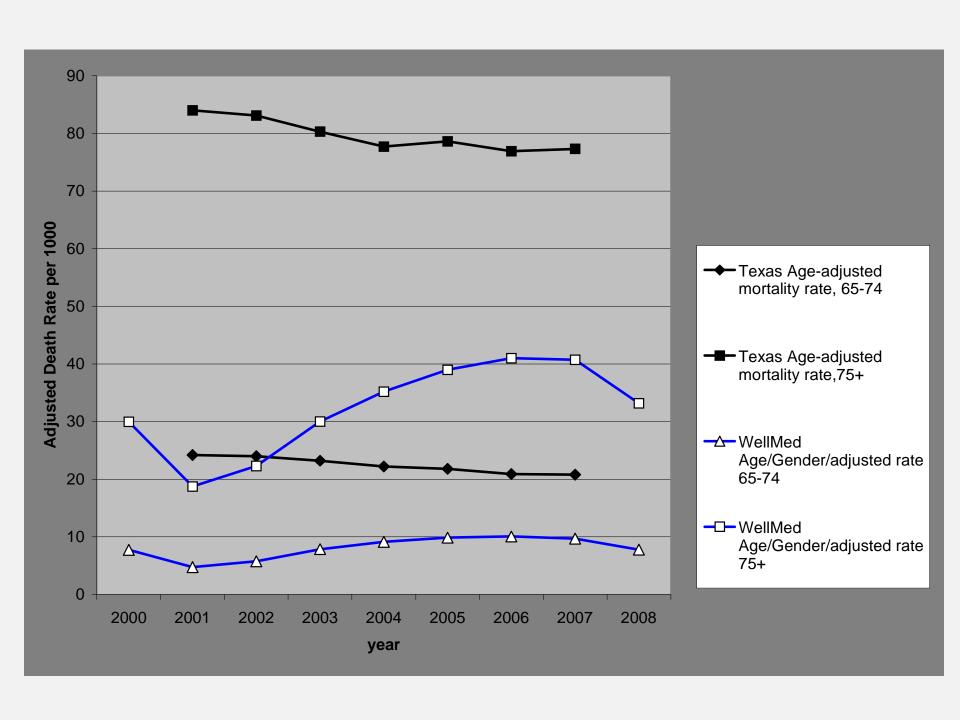
- 1)Pre/post analysis
- 2)Cohort comparison analysis
- 3) Economic study (Qualitative and Quant)
- 4) Qualitative study (Site visits, Key informant)

AHRQ Task Order: SNOCAP-USA (University of Colorado, Robert Graham Center) HHSA290200710008

Dr.s David Lanier/David Meyers: Task Order Officers

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JAmbulatory Care Manage Vol. 34, No. 1, pp. 67-77 Copyright © 2011 Wolters Kluwer Health | Lippincott Williams & Wilkins Case Study of a Primary Care_Based Accountable Care January 2011 System Approach to Medical Home Transformation Robert L. Phillips, Jr., MD, MSPH; Svetland Bronnikov, MS; Rovert L. roumps, Jr, MD, Maribel Cifuentes, RN;
Stephen Petterson, PhD; Maribel Cifuentes, RN; **Abstract:** We report a case study of a mature primary care-based accountable care organization of a mature primary care-based accountable care organization. San An-that is both a health plan and a network of medical homes. Over 20 years, WellMed Inc (San An-that is both a health plan and a network of medical homes. Bridget Teevan, MS; Martey Dodoo, PhD; **Abstract:** We report a case study of a mature primary care-based accountable care organization that is both a health plan and a network of medical homes. Over 20 years, that is both a health plan and a network of medical services, experimenting to find which belong tonio, Texas) implemented many patient-centered services. Wilson D. Pace, MD; David R. West, PhD that is both a health plan and a network of medical homes. Over 20 years, WellMed Inc (San Antonio, Texas) implemented many patient-centered services, experimenting to find which that tonio, Texas) implemented many patient-centered services. The adjusted mortality rate is half that within clinics and which operate best as system functions. tonio, Texas) implemented many patient-centered services, experimenting to find which belong rate is half that within clinics and which operate best as system functions. The adjusted mortality rate and emergency within clinics and which operate best as system functions and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates are state for people older than 65 years. within clinics and which operate best as system functions. The adjusted mortality rate is half that of the state for people older than 65 years. Hospitalization and readmission improved. Phased im the state for people older than 65 years. But preventive services have improved. Phased in the state for people older than 65 years. of the state for people older than 65 years. Hospitalization and readmission rates and emergency improved that 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates and emergency of the state for people older than 65 years. Hospitalization and readmission rates are supported by the state of the department visits have not changed over time, but preventive services have improved. Phased improved to specific processes but preventive services have improved by the preventive services have improved outcomes it difficult to link improvements to specific processes the plementation across the network makes it difficult to link improved bone. Datient-centered by the prevention of the pre plementation across the network makes it difficult to link improvements to specific processes but they seem to have improved outcomes collectively. **Key words:** medical bome, patient-centered they seem to have improved outcomes collectively. **Key words:** medical bome, patient-centered they seem to have improved outcomes collectively. as building blocks of effective ACOs (Medicare Payment Advisory Committee, 2009). An thony Rodgers, deputy administrator and director, Center for Strategic Planning Center for Medicare & Medicaid Services, in a presentation to the Patient Centered Primary RILLS THAT helped shape the Patient Pro-Care Collaborative, described several poten Bus reas nearest sumpe are Act initially tection and Affordable Care Act initially tial ACO models, including some that may not conceived of the patient-centered medical include a hospital (Rodgers, 2010). This case home (PCMH) and accountable care organizastudy describes a primary care-based ACO tion (ACO) as uniquely different entities. The that does not include a hospital or most spelaw allows mutual demonstrations of these that were not menor a more of their patient cialists and evaluates some of their patient 2 models as legislators came to realize that population health outcomes in the second they might overlap. The Medicare Payment Advisory Committee regards medical homes we noted that a clinic net nrimary care research decade of operation. anisually high qualith the net-



Cohort Comparison: Utilization

	Texas Region Medicare	WellMed	
	2006	2008	
ER visit rates (%)	28.1	17.8	
Hospitalization rates (%)	22.1	14.4	
Re-hospitalization rates (30 days) (%)	19.9	13.9	
Hospital Bed-Days/1000	2559	1002	

1:1 cohort match on age, gender, number of chronic conditions

Illinois Health Connect & Your Healthcare Plus

- Evaluation of Medicaid Managed Care program with a PCMH focus
 - IHC, primary care case management PCMH
 - YHC, PCMH + intensive disease management
 - Together cover nearly 2 million patients
- funded by the Commonwealth Fund
 - Led by Dr. Meiying Han, economist
 - Dr. Laura Makaroff, Georgetown Health Policy Fellow
 - Dr. Winston Liaw, former Gtown Health Policy Fellow

Year-to-Year Savings for IHC

Year	Member months	Actual cost	Predicted cost	Cost saving
2006	12,252,968	\$1,483,689,411	\$1,483,689,411	\$0.00
2007	13,429,491	\$1,636,114,646	\$1,674,937,063	(\$38,822,417)
2008	14,443,271	\$1,749,141,332	\$1,855,417,763	(\$106,276,431)
2009	15,535,833	\$1,970,652,186	\$2,055,644,137	(\$84,991,951)
2010	16,657,611	\$2,075,573,500	\$2,270,195,876	(\$194,622,376)
Total				(\$424,713,175)

Year-to-Year Savings for YHP

Year	Member months	Actual cost	Predicted cost	Cost saving
2006	3,121,958	\$1,493,061,156	\$1,493,061,156	\$0.00
2007	3,377,478	\$1,549,005,731	\$1,663,720,669	(\$114,714,938)
2008	3,831,811	\$1,682,942,976	\$1,944,147,052	(\$261,204,076)
2009	4,099,337	\$1,862,723,259	\$2,142,278,520	(\$279,555,261)
2010	4,360,932	\$1,973,013,794	\$2,347,355,065	(\$374,341,271)
Total				(\$1,029,815,546)

Proportion of cost savings

	Net Char	nge PMPM	% Change	
2010 Costs	IHC	YHP	IHC	YHP
CLINIC	\$2.95	\$2.74	32%	19%
Inpatient	(\$9.88)	(\$65.54)	-31%	-32%
LAB/XRAY	\$0.15	(\$0.17)	4%	6%
Hospital Outpt	(\$0.48)	(-\$0.54)	-7%	-1%
Physician	(\$0.94)	(\$2.62)	-8%	-4%
RX	(\$1.42)	(\$9.27)	-5%	-7%
Total	(\$11.69)	(\$85.84)	-9%	-16%