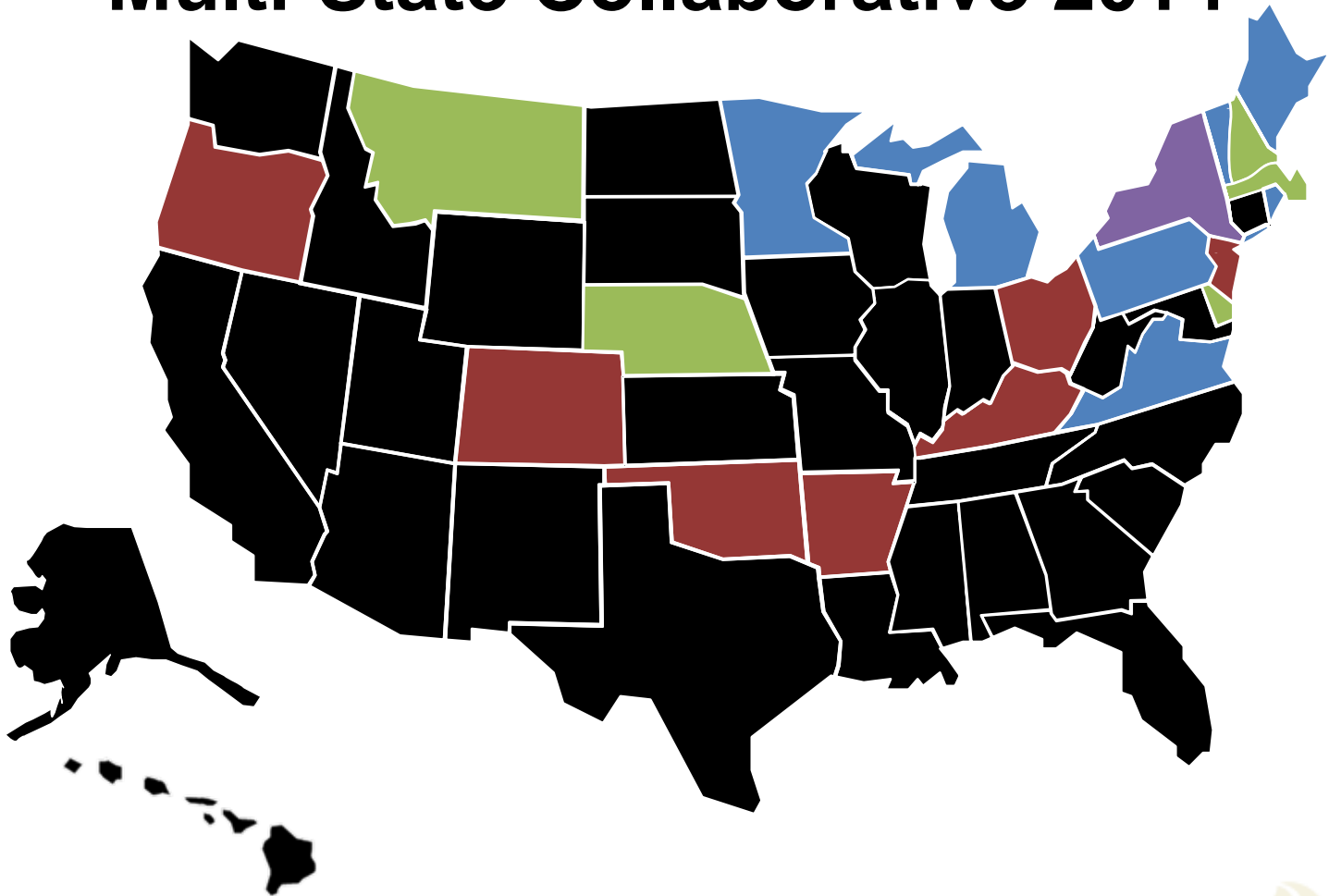


# What Does the Research Tell Us?

National Medical Homes Summit  
Lisa Dulsky Watkins, MD  
Philadelphia, PA  
March 24, 2015

# Milbank Memorial Fund Multi-State Collaborative 2014



MAPCP

MAPCP and CPCI

CPCI

No CMMI Demonstration



# Aligning Payers and Practices to Transform Primary Care:

## A Report from the Multi-State Collaborative

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by Lisa Dulsky Watkins, MD

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# The Milbank Memorial Fund Multistate Collaborative (MC)

The evidence on the value of high quality primary care is strong and the projects underway in the states are starting to generate positive results.

This report documents the efforts of these collaboratives as they work towards payment and health system reform.

Authors:  
Marci Nielsen, PhD, MPH  
Amy Gibson, RN, MS  
Lisabeth Buel  
Paul Grundy, MD, MPH  
Kevin Grumbach, MD

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Made possible with support from the Milbank Memorial Fund

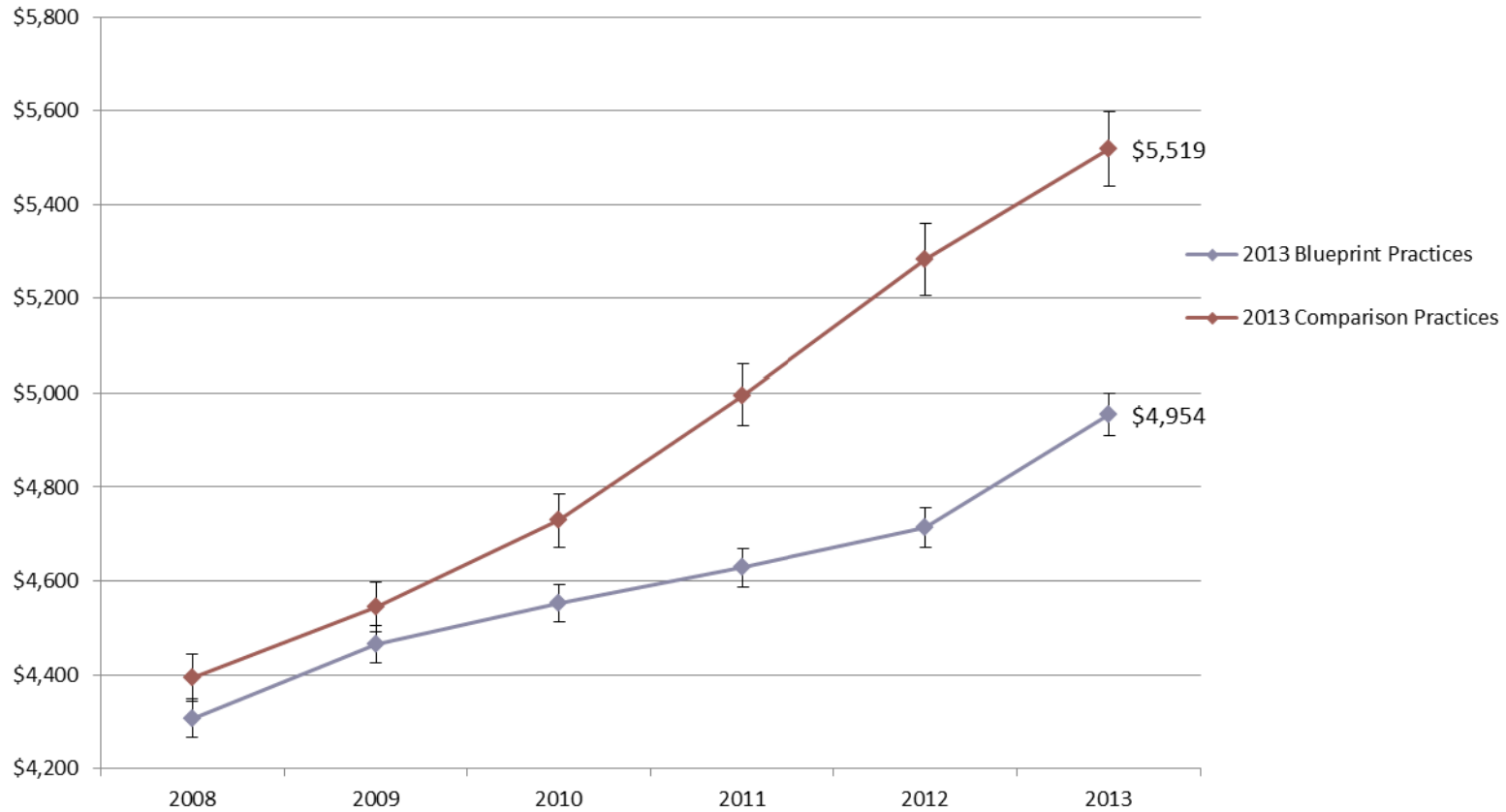
# PCPCC 2013-14 “Take Home Points”

New evidence demonstrates improvements in **cost and utilization** associated with the PCMH

The healthcare marketplace must **invest** in primary care in new ways to achieve the **Triple Aim**.

Collaboration across stakeholders is critical to the **long-term success** of the PCMH.

**Total Expenditures per Capita 2008 - 2013 Commercial Ages 18-64 Years**



# Practice Profiles Evaluate Care Delivery Commercial, Medicaid, & Medicare



Welcome to the 2014 Blueprint practice profile from the Blueprint for Health, a state-led initiative transforming the way that health care and overall health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint practice profiles are based on data from Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, full Medicaid, and Medicare members, attributed to Blueprint practices starting by December 31, 2013.

Practice Profiles for the adult population cover members ages 18 years and older, excluding practice cover members between the ages of 1 and 17 years.

Utilization and expenditure rates presented in these profiles have been risk-adjusted for demographic and health status differences among the reported population.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

Demographics & Health Status | Cost of Care | Utilization | Chronic & Preventive Care | Data Used

## Demographics & Health Status

	Practice	HSA	Statewide
Average Member	4,200	\$4,070	
Average Age	39.0	39.3	
% Female	55.0	55.3	
% Medicaid	14.3	15.0	
% Medicare	15.7	15.2	
% Minority	3.3	3.4	
% with Selected Chronic Conditions	30.1	30.2	
Health Status (HR)			
% Healthy	39.0	43.0	
% Acute or Minor Chronic	33.0	29.3	
% Moderate Chronic	27.0	26.5	
% Significant Chronic	35.0	31.3	
% Cancer or Catastrophic	3.0	3.3	

Note 1: This table provides comparative information on the demographic center of your practice, an Blueprint practice in your Health Plan area, and the state as a whole. It does not measure what the types of symptoms or health conditions your patients have, but rather, what the types of symptoms or health conditions your patients have.

Average members' status on the latest assessment and adjust for point assessment during the year. In addition, special attention has been given to Medicaid and Medicare. This includes adjustment for each member's current Medicaid or Medicare, the member's location (percentage of membership in Medicaid, Medicare eligibility or end-stage renal disease status), and the member's receipt status (Medicaid or Medicare). Other factors include: age, sex, race, ethnicity, education (e.g., any Medicaid, Medicaid treatment, social management), services, and transportation.

The Health Status Condition Measure includes the proportion of health through the status date or having one or more of seven selected chronic or acute, chronic, asymptomatic, infectious, or cognitive health status (e.g., diabetes, hypertension, asthma, stroke, depression, dementia, and depression).

The Health Status Measure Aggregate (HSA) (Overall Risk Adjuster (ORA) for the year for the purpose of generating adjusted rates. Aggregate risk rates include healthy, acute (e.g., any new breast infection) or minor (chronic) chronic (one point), moderate (chronic) (e.g., diabetes), significant (chronic) (two) and cancer (e.g., breast cancer, prostate cancer) or catastrophic (e.g., epilepsy, stroke) (three).



## Practice Profile: ABC Primary Care

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

### Total Expenditures per Capita

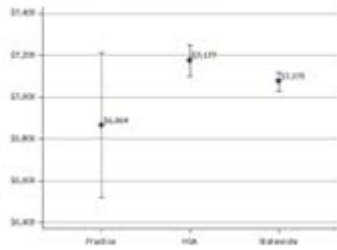


Figure 1: Practice annual risk-adjusted rates and 95% confidence intervals with expenditures (total) for out-of-pocket patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductibles).

### Total Expenditures by Major Category

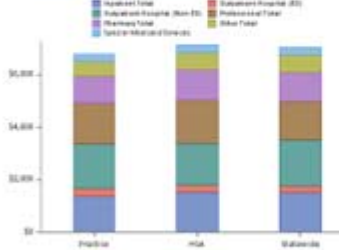


Figure 2: Practice annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures (total) for out-of-pocket patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services.

### Total Expenditures Excluding SMS

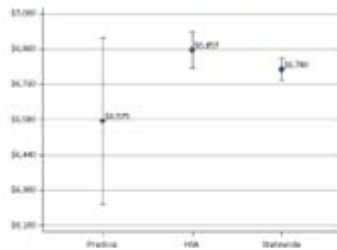


Figure 3: Practice annual risk-adjusted rates and 95% confidence intervals with expenditures excluding Special Medicaid Services (total) for out-of-pocket patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductibles).

### Total Resource Use Index (RUI) Excluding SMS

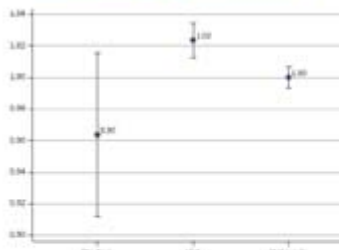


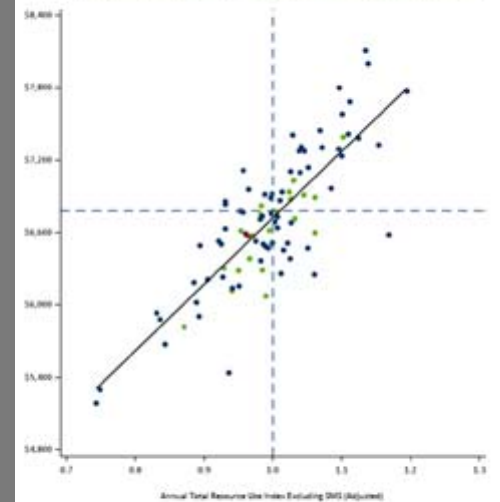
Figure 4: Practice annual risk-adjusted rates and 95% confidence intervals. (Costs per visit per member or cost per visit) or measure of expenditure based on resource use = Total Resource Use Index (RUI) = included. RUI reflects on aggregated cost based on utilization and intensity of services across major components of care (e.g., inpatient and ambulatory). Special Medicaid Services. The practice and HSA are indexed to the statewide average (1.00).



## Practice Profile: ABC Primary Care

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

### Annual Total Expenditures per Capita Excluding SMS vs. Resource Use Index (RUI)



Note: This scatter plot illustrates the relationship between risk-adjusted expenditures (excluding SMS) and RUI for Blueprint practice. The graph includes your practice's risk-adjusted rate (i.e., the red dot) and all practice in your Health Plan area (i.e., the green dots) and all other Blueprint (i.e., the blue dots). The solid line shows the average expenditures per capita and average RUI (i.e., the blue line). Practice with higher expenditures and utilization are in the upper right quadrant, and RUI rates higher than average utilization, compared to cost over that (0.00) relative lower than that the has been included in the group, which demonstrates that, in general, practice with utilization rate higher risk-adjusted expenditures.

Cost of Care | Utilization | Chronic & Preventive Care | Data Used



# Resources

*Aligning Payers and Practices to Transform Primary Care: A Report From the Multi-State Collaborative*

[www.milbank.org/publications/milbank-reports](http://www.milbank.org/publications/milbank-reports)

*The Patient-Centered Medical Home's Impact on Cost and Quality, Annual Review of Evidence, 2013-2014*

<https://www.pcpcc.org/resource/patient-centered-medical-homes-impact-cost-and-quality>

Vermont Blueprint for Health, 2014 Annual Report

[http://blueprintforhealth.vermont.gov/reports\\_and\\_analytics/annual\\_reports](http://blueprintforhealth.vermont.gov/reports_and_analytics/annual_reports)