

Extending the reach of providers to enable emerging models of care

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Insure your decision

PORTAMEDIC N HERITAGE LABS N HEALTH & WELLNESS N UNDERWRITING SOLUTIONS



Healthcare transformation requires three things





Enabling new models of care

New models of care are taking shape

- Patient Centered Medical Home (PCMH)
- Accountable Care Organizations (ACOs)
- Providers do not have the resources to execute and implement these new models of care
- In order for these models to succeed we must:
 - Extend the reach of providers
 - Expand access to care
 - Fill gaps that exist in care transitions



Selected NCQA - PCMH 2011 Standards

- "Provide timely clinical advice by phone when office is not open"
- Provide timely clinical advice using a secure, interactive electronic system when the office is not open"
- "Two way electronic communication between patients/families and the practice"
- "The care team gives the patient/family access to evidencebased care and self-management support"
- "Training and assigning care teams to . . .
 - Coordinate care for individual patients
 - Support patients and families in self-management, selfefficacy and behavior change
 - Provide patient population management
 - Use data for population management" (MUST PASS)



The artificial, market-driven "either-or" decision



"Vendor Driven"



PCMH &

ACO

"Provider Driven"

PayersEmployersPatients

- Fragmented focus
- Fragmented leadership
- Confused purchasers
- Completely oblivious patients



Moving from "either-or" to "both"



Leverage the strengths of each model

- Integrate focus and resources
- Alleviate purchasers' confusion
- Provide a coordinated face to patients



The PCMH & ACO models

Strengths

- Established relationships with patients
- Face-to-face interventions to drive engagement
- Ability to directly impact the biggest cost drivers
- The potential for a standardized, system-wide approach to healthcare

Weaknesses

- Lack resources necessary to implement and scale
- Lack of reach beyond traditional care settings
- Lack of consistent evaluation methodologies
- Lack of tools to stratify populations, target interventions & measure outcomes



Population Health

Strengths

- Growing adoption by insurers and employers
- Resources to extend reach & expand access
- Established evaluation methodologies
- Informatics capabilities to stratify populations, target interventions & measure outcomes

Weaknesses

- Generally not integrated with providers
- Struggle to drive ongoing engagement
- Lack control over biggest cost drivers
- Implemented "on top of" or "instead of" traditional healthcare delivery models



Combining the best of both worlds



- Provider driven
- Vendor supported
- Patient centric
- Population focused
- Expanded access and extended reach
- Redundancies eliminated
- Costs reduced



Population Health can drive the change needed to implement emerging models





Getting from here to there

- 1) Determine who is running the show
 - Overcome the "vendor driven" vs. "provider driven" approach
- 2) Integrate systems to share data and coordinate care
 - Become setting and provider agnostic
- 3) Quit confusing your customer
 - Eliminate the "either / or" decision and offer an integrated solution a payer can actually buy

The question isn't "who pays." Lots of payers are already paying for one or both of these models. Integrating them only makes the "buy decision" easier while eliminating redundancies and reducing overall costs.



What can we do when we leave this room?

Population Health Management Organizations	 Get serious about integrating providers into your programs 	
Providers	 Seek out PHMOs to extend your reach, expand access to care and provide informatics to treat a population 	
Employers	 Demand that both your providers and vendors work together to integrate and coordinate care 	
Insurers	 Pilot solutions that leverage both provider organizations and PHMOs to deliver care 	
Thought Leaders	 Eradicate the artificial "either / or" decision and work together to breakdown silos that create false decisions 	



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