Extending the reach of providers to enable emerging models of care

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Insure your decision
Healthcare transformation requires three things

**New Payment Models**

- Seeds are sown in the Affordable Care Act
- Commercial insurers and employers are taking the lead

**Health IT**

- Already funded in the stimulus package
- Tremendous commercial resources already applied

**New Models of Care**

- 32 million more people will be insured
- 80% of physicians are in practices of 8 or less
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 evidence-based care and self-management support”

“Training and assigning care teams to . . .
  – Coordinate care for individual patients
  – Support patients and families in self-management, self-efficacy and behavior change
  – Provide patient population management
  – Use data for population management” (MUST PASS)
The artificial, market-driven “either-or” decision

- 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

Traditional care model
- Reactive to patients’ ailments
- Focused on the patient in the office
- Treat & cure patients
- Deliver care in-person

Emerging care models
- Proactive approach to patients’ health
- Focused on entire population of patients
- Educate and coach patients on health
- Deliver care in a variety of settings
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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