BCBSMT
Models of Value Based Care
MACRA
Medicare Access and CHIP Reauthorization Act of 2015

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Changes the way that Medicare** rewards clinicians for **value** over volume
- **Streamlines** multiple quality programs under the new **Merit-Based Incentive Payments System (MIPS)**
- **Provides bonus payments** for participation in **eligible alternative payment models (APMs)**
MACRA-The Future is Here

- DPHHS announced new goals for value-based payments & alternative payment models (APMs) in Medicare
  - Goal 1: 30% of Medicare payments tied to quality or value through APMs by end of 2016, 50% by end of 2018
  - Goal 2: 85% of Medicare FFS payments are tied to quality or value by end of 2016, and 905 by end of 2018
- Merit-based Incentive Payment System (MIPS) links FFS to Quality and Value
- Private payers invited to align
BCBSMT 10-Year Journey
Stabilize & Advance the VBC Continuum

2016 BCBSMT PROGRAMS

Fee-for-Service → Pay for Performance → Blue Distinction Centers (Quality, Cost) → Patient Centered Medical Home (PCMH) → Episodes of Care aka Bundles → Accountable Care Organization → HMO Global Payment

Provider Accountability (cost & quality)

Defining the landscape with the most advanced and diverse VBC programs
Superior Specialty Care

Blue Distinction®
Specialty Care Program

National designation awarded by Blue Cross® and Blue Shield® to hospitals and medical facilities that have demonstrated expertise in delivering quality health care in six areas:

- Knee and Hip Replacement
- Spine Surgery
- Cardiac Care
- Transplants
- Bariatric Surgery
- Complex and Rare Cancers*

- Based on objective, evidence-based selection criteria established in collaboration with expert physicians and medical organizations
- Uses patient safety and outcomes measures, plus hospital-specific cost data to identify expertise and efficient specialty care

Hospitals recognized for their expertise in delivering quality specialty care

Hospitals recognized for their expertise in delivering quality, cost-efficient specialty care

BDC+ designation development in progress*
Stabilize & Advance the VBC Continuum

2016 BCBSMT PROGRAMS

Fee-for-Service
Pay for Performance
Blue Distinction Centers (Quality, Cost)
Patient Centered Medical Home (PCMH)
Episodes of Care aka Bundles
Accountable Care Organization
HMO Global Payment

Provider Accountability (cost & quality)

Defining the landscape with the most advanced and diverse VBC programs
Patient Centered Medical Home (PCMH)
The Foundation of Value Based Care

“Joint Principles of the Patient-Centered Medical Home:” (ACP, AAFP, AOA)

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access
- Payment
Stabilize & Advance the VBC Continuum

2016 BCBSMT PROGRAMS

Provider Accountability (cost & quality)

Defining the landscape with the most advanced and diverse VBC programs

- Fee-for-Service
- Pay for Performance
- Blue Distinction Centers (Quality, Cost)
- Patient Centered Medical Home (PCMH)
- Episodes of Care aka Bundles
- Accountable Care Organization
- HMO Global Payment
ORTHOPEDIC INITIATIVE
RIGHT CARE, RIGHT PLACE, RIGHT PRICE

Simple,
High Quality,
Direct Cost Savings.

HAND PROCEDURES
Incentivize delivery of services in low cost office settings

TOTAL JOINT REPLACEMENT
Global case rates for facility based charges
aka bundled episodes of care
Stabilize & Advance the VBC Continuum

2016 BCBSMT PROGRAMS

Provider Accountability (cost & quality)

Defining the landscape with the most advanced and diverse VBC programs
A collaboration to develop and deploy a standardized VBC model that aligns incentives and accountabilities to drive measurably improved cost, quality, and outcomes for BCBSMT fully insured members and the Billings Clinic employee group.
BCBSMT’s Building Blocks of Value Based Care

- Lower Cost
  - Payment Model Transformation
  - Incentive Realignment

- Better Health
  - Delivery System Transformation
  - Care Management

- Value
  - Transparency
  - Informed Decisions
  - Individual Engagement
  - Self-Management

Enabling Information Technology Platform
Collaborative Wellness

• Introducing **Total Health Management (THM)**
  – Innovative
  – Relationship centered
  – Knowledge as power
  – Emphasizes preventive screens for major disease risk factors
    – *Based on US Preventive Services Taskforce Recommendations*

• Goals of THM
  – Strengthen relationship between patient and provider
  – Serve as an opportunity for the patient to learn about his/her health and serve as baseline for improvement
  – Reward the adoption of healthy behaviors and healthier outcomes
BCBSMT’s Building Blocks of Value Based Care
BILLINGS HIE PILOT DESIGN

- Billings Clinic Cerner Data
- RiverStone Health eCW Data
- BCBSMT Claims Data
- St. Vincent Healthcare EPIC Data

**Proof of concept for future HIE**

**Pilot Project**
- State PCMH Metric Reports
- Super Utilizer Project

**Additional Use Cases**
- ACO, PQRS, MU Reporting
- Advanced Analytics
- Communication Coordination
BCBSMT’s Value Based Care Areas of Focus

Health Information Technology

Provider Payment Model Changes

Care Delivery Model Changes