

SIMPLIFYING CONNECTIONS



THE POWER OF

BLUE

Blue Care Connection[®]

Value Based Care for the Montana Physician

- What does this mean?
- Why is this good for patients?
- Why is this good for physicians?
- Is anyone in Montana already doing this?
- How do we get started?

Value Based Care

$$\text{Value} = \frac{\text{Quality}^*}{\text{Payment}^\dagger}$$

* A composite of patient outcomes, safety, and experiences

† The cost to all purchasers of purchasing care

VBC Benefits for Patients

- Evidence based care
- Increased time and attention with medical providers for those patients who really need it
- Decreased performance of unnecessary clinical services

VBC-Benefits for Physicians

- Get off the fee for service treadmill
- Focus time and attention on patients who need the most intense care
- Improve the quality of care provided to your patients
- Decrease the amount of time and energy spent dealing with insurance company utilization management departments (prior authorizations)

VBC-Benefits for BCBSMT

- Happier healthier members
- Shared goals with physician partners
- Lower total cost of care resulting in lower premiums
- Decreased arm wrestling over utilization management determinations

VBC-In Montana??

- Federal-Medicare mandate
- State-Patient Centered Medical Home legislation

MMA-Why should we get involved in VBC?



How do we get started??

- Develop interactive productive relationships amongst providers
- Develop interactive productive relationships between providers and payers.
- Begin to share information
 - Cost transparency
 - Best practices-both business and clinical
 - Clinical risk profiles of patient populations
 - Gaps in care for individual patients
- Providers must take the lead-who better to define quality?
- Payers (BCBSMT) must facilitate the process with new payment models and provision of data.

BCBSMT-What have we done so far?

- Patient Centered Medical Home
- Since inception BCBSMT has paid out >\$6million specific to PCMH services
- PCMH has already demonstrated savings with shift in reimbursement to primary care physicians due to decreased ER utilization, high dollar imaging, and hospital admissions

PCMH Participants

- Twelve clinics
- Acorn Pediatrics,
- Billings Clinic Physicians,
- Bozeman Deaconess,
- Community Medical Center ,
- Glacier Medical Associates,
- Kalispell Regional Healthcare,
- Northern Montana Healthcare,
- South Hills Internal Medicine,
- Saint Patrick's Hospital,
- Saint Peter's Hospital,
- Saint Vincent Healthcare,
- Western Montana Clinic.

369 unique PCPs

24,000 patients

PCMH payment 2013

ROI

BCBSMT PCMH Model

- Incentive to PCP's to facilitate comprehensive, integrated primary care, transform practice models, improve patient outcomes and increase patient satisfaction.
- Key to the PCMH model
 - Promote Patient + Provider engagement
 - Shared data: PCP's EMR and BCBSMT claims
 - Population screening
 - Preventive services
 - Coordination of complex care
 - Identification of gaps in care/opportunities

What's next?

Value-based payment continuum



Source: United Health Group, 2012.

Partnership Driven Continuum between BCBSMT and MT Providers

Move from FFS to...

Performance based (PCMH)-BCBSMT continues with UM/CM/ DM to...

Shared savings-BCBSMT transfers CM/DM to providers with data to manage to...

Shared risk??-BCBSMT transfers UM to providers (no prior auth, etc)

What Can you do?

Montana physicians need to take a seat at the table

What more can BCBSMT do to assist Montana physicians in this endeavor?