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 = \frac{\text{Quality}}{\text{Payment}}

* 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?

"This wasn't the pay-for-performance model I had in mind."
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 $6 million 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

- Modular set of payment models align with a care providers’ risk readiness.
- Fee-for-service
- Primary care incentives
- Performance-based contracts
- Bundled/episode payments
- Shared savings
- Shared risk
- Accountable care programs
- Centers of excellence
- Capitation + PBC

Degree of provider integration and accountability

Level of financial risk

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?