Health Employer Exchange: Health Reform as a National Economic Imperative

Overview and Progress-to-Date

Culture of Health

- CEO/Senior Executive-Led
- Culture of Health deeply rooted in the organization as an economic imperative
- Population health system
- Restructured delivery system

Health Employer Exchange

- Systems Define Populations to Replicate and Scale Sets of Innovative Practices to Accelerate Change and Make Sustainable the Move from Integrated Delivery to Population Health
- Value Based Care Accomplishes The Triple Aim plus Physician/Clinician/Staff Satisfaction
- Innovation/Transformation Process to Accomplish Replication and Scaling
- 5-6 Systems Phased In with Twice Yearly Meetings
- 3-year Duration to Ensure the Adequate Time for Meaningful Results that can be Replicated to Self-Insured Employers, Medicare, and Medicaid
- Will accomplish an Opportunity Analysis and Impact Extrapolation to Project Health Plan Cost Impact and Workers' Comp Cost Impact

Innovation/Transformation

We designed a specific Innovation/Transformation model with formal Planning and Design Phases and an action to move to Implementation and Operationalization for successful initiatives.

A key aspect of Innovation Is Engaging Stakeholders in the *Process* of Transformation

Define | Charter | Design | Pilot | Deploy | Evaluate | Exchange

Innovation Life Cycle

TRANSFORMATION

Planning Phase → Design Phase → Implementation Phase → Operations Phase

The Transformation Process

There is a build out of very specific responsibilities for a Leadership Team, Design Team, and issue-specific Implementation Teams. To meet the rigor of the Innovation/Transformation Process, the importance of the CEO's endorsement, Leadership by a Senior Physician Executive, administrative partner and infrastructure, and "Corporate Catalyst" roles, cannot be underestimated.

The Transformation Process to Accelerate Replication and Scaling

Leadership Team	Design Team	Implementation Team(s)	Evaluation Team	Sustainable Operations
• Establish High Level Project Objectives • Establish Initial Priorities • Define Design Team Charge • Define metrics for success	• Apply the specific approach and methodology to accelerate the implementation of and sustainability of the objectives • Apply the process of rapid cycle scalability and replicability	• Define the application of the implementation and operationalization process • Implements/operationalizes across the systems		

The Leadership Team and Design Teams – start with twice monthly meetings and transition to monthly meetings as the rigor for deliverables is established and expectations are met.

Replication and Scaling

Sets of innovative best practices were designed, shared, replicated and scaled between UCLA and UC, between and with UCLA and Bon Secours Virginia Health System, and with other Academic Health Systems and Community Health Systems through the Health Employer Exchange

UCLA Innovation/Transformation Model
Replication and Scalability

Design Processes,

Refine Metrics

Document Processes and Metrics,

Identify Scalable and Replicable Components

Share, Advise Others, Replicate and Scale,

Accelerated Spread

Health Employer Exchange Metrics to Measure Value

- **Engagement**: Participant Engagement for each step of the Person Journey
- **Utilization/ Risk Identification/Mitigation**
  - Quantification of reduction in avoidable ED, inpatient admission, and readmission
  - Quantification of visits to PCPs (MD and System) and electronic alignment with PCP system
  - Utilization of the Markov Chain to reduce risk and cost to health plan and workers' comp
- **Impact on Health Plan Cost:** Impact on PMPM/PMPY Spend Trend and Total Population Spend Trend
- **Impact on Workers' Comp/Absenteeism/Presenteeism:** Impact on Worker's Comp Spend Trend/Absenteeism / Presenteeism

Health Employer Exchange Participation

Each participating healthcare system will select from a menu of optional sets of innovative best practices to share, learn, adapt, and replicate.

Health Employer Exchange

Plan

Design

Implement

Operationalize

Bon Secours Virginia Health System

UCLA Health

Baylor Scott & White Health

Yale New Haven Health System

Northwestern Memorial Hospital

MUSC

Principles for Demonstrating Value-Based Care for Employers

I. Each organization will share its objectives, approach, methodology, and results to accomplish the "Triple Aim plus Increased Physician/Clinician/Staff Satisfaction" as the system moves from integrated delivery to population health with identified at-risk populations

II. Specific targets will be identified as follows:
   A. Reduction in the trend of Cost Per Person Per Year for a specific employee group
   B. Specifics of the Value-Based Care "Person Journey" that increase employee/enrollee engagement and adherence

Principles (continued)

C. Specifics of the incentive systems for enrollees/employees, physicians/clinicians/staffs, health systems, employers, private insurers, and governmental payers as a sequential population targets
D. Programs that articulate Primary Care System Re-Design (i.e. UCLA Primary Care Innovation Model)
E. Programs that address high-risk "hot spotters," chronically ill patients, and other high utilizers to reduce high end spend
F. Programs for low/medium-risk employees so they remain in low/medium risk categories and reduce risk with quantified results

Principles (continued)

G. Programs that address appropriate preparation in care for "end of life," (i.e. UCLA Advance Care Planning and Services Model)

H. Replicable/scalable programs will be identified with specific targeted organizations for increased profound results and replication.

I. Plan/Design, and Implementation of the Clinical Enterprise Expansion

J. Programs that articulate the Tertiary/Quaternary System Re-Design (i.e. UCLA Tertiary/Quaternary Innovation Model)

Large Employers

For large employers, which represent 170 million covered lives in the U.S. alone, healthcare reform is a national (and international) economic imperative.

Large Employer Exchange

Plan | Design | Implement | Operationalize

Large Multi-national Corporation

Other TBD

Proposed Approach for a Series of Large Employer/Purchaser and Leading Health System Symposia

CEO/COO Engagement: Frame a National Economic Imperative for a Culture of Health through Innovation/ Transformation Model

→

CHRO Engagement: Engage with Chief HR Officers to reduce health plan costs and workers' comp costs and claims

→

Health System Engagement: Employee chooses health delivery system and primary care team to accomplish ED and inpatient reductions

UCLA HEALTH'S SYSTEM JOURNEY

Academic Health Centers and the Evolution of the Health Care System

"To flourish – indeed to survive – AHCs must reconfigure and transform rapidly and broadly in size, speed, value, and innovation."

- Patient Focus
- Population Health
- Big Data
- Value Conscious

UCLA Health

Washington A, Coye MJ, Feinberg DT. Academic Health Centers and the Evolution of the Health Care System. *JAMA.* 2013;310(18):1929-1930. doi:10.1001/jama.2013.282012.

System Evolution

UCLA Health understood and had a vision of a broader more integrated System through the Shaping of the Future Strategic Plan: 2011-2015 , our history of population health management, and our thirty-year managed care experience, which led to a detailed Growth Strategy presented in December 2012.

Value-Based Care: The Health System Journey

- Better Health
- Better Healthcare
- Reduce Costs

2010 +

POPULATION HEALTH MANAGEMENT

ENROLL → HRA/HEALTH SCREEN/COACH-CONCIERGE /MEDICAL HOME/PCP/PHR → DISEASE MGMT. → PHARMA MGMT → PHYSICIAN ENTERPRISE/OUTPATIENT CARE → INPATIENT CARE → POST-ACUTE CARE

Full Care Coordination

1990 - 2010

INTEGRATED SYSTEM

PHYSICIAN ENTERPRISE ⟷ HOSPITALS/HEALTH SYSTEMS

- PRIMARY CARE SYSTEM
- MULTI-SPECIALTY GROUP(S)
- SINGLE SPECIALTY GROUP(S)
- CLINICAL INTEGRATED NETWORK
- FACULTY PRACTICE PLAN

1970 - 1990

Hospital/Health Systems | Patient | Physicians

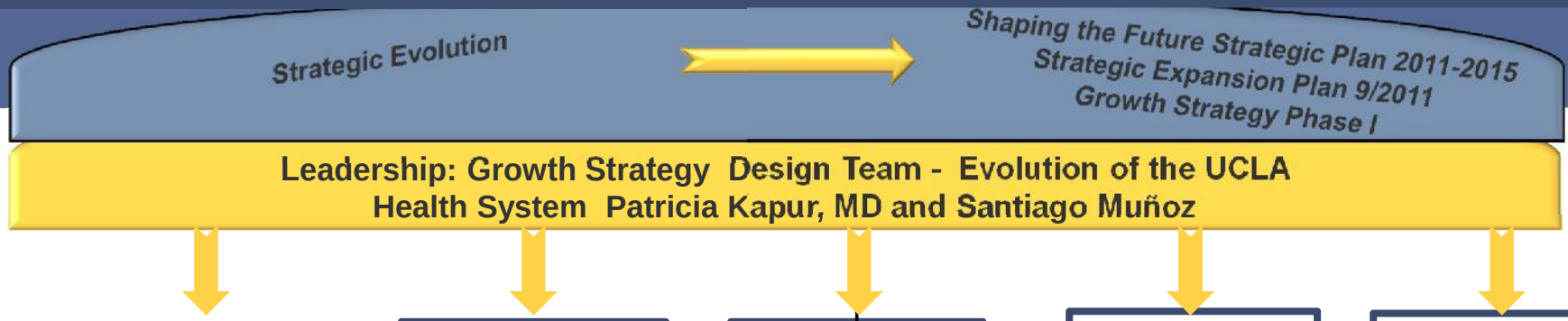
UCLA Health

Growth Strategy

There was a specific intent to build up to the Growth Strategy from Primary Care, to Affiliations and Partnerships particularly for Primary/Secondary Care, and finally building up to Tertiary and Quaternary Care, which are core services at RRUMC, and ultimately accountable care with contemporary payer relationships.

UCLA Growth Strategy

DRAFT



Primary Care Innovation Model

Samuel Skootsky, MD

October 2011-present

- Practice Re-Design
- Increase Covered Lives
- Expansion
- Collaborations
- Replication
- Evaluation]
- Post Acute Care Coordination
- Advance Care Planning and Services*

Secondary Strategy

Eric Esrailian, MD
Steve Cohen

Q1-2 FY 2013

- Define health system relationships and aligned inpatient/ancillary capacity
- System of Physician Services at UCLA Off-Site Practices
- Seamless links/ expedited access across system
- Bilateral quality, service, & price/IT commitments/ guarantees

Tertiary Quaternary Innovation Model

Patricia Kapur, MD,
Shannon O'Kelly,
Laura Yost

Q1-2 FY 2013

- Target 60% TQ at RRUMC
- Value Proposition to Health System/ Medical Groups
- Referral and Transfer Support/ Single Call Access
- Constant Communications
- Telemedicine Linkages
- Bundling/Pricing Alignment
- Seamless links/ expedited access across system
- Bilateral quality, service, & price/IT commitments/ guarantees
- Virtual Private Narrow Network

Affiliations and Partnerships

Santiago Munoz
Michael Steinberg, MD

Sept. 2012 – present

- Physicians/ Medical Groups
- Hospitals/Health Systems
- Insurance
- Clinical Integration Network
- Others
- Clinical Network Development (Telehealth, ASC, and Imaging)
- Downstream Revenue Capture

Accountable Care Design Team

Samuel Skootsky, MD

Nov. 2013 – Present

Medical Group Contracts

- Commercial HMO
- Medicare Adv. FFS and Risk Share
- UCLA/UC Care Anthem
- HealthNet
- Vivity
- Blue Shield
- United SCAN
- MSSP

Clinical Redesign

UCLA Health

** ACPS: Longitudinal, continuum impact, especially TQ*

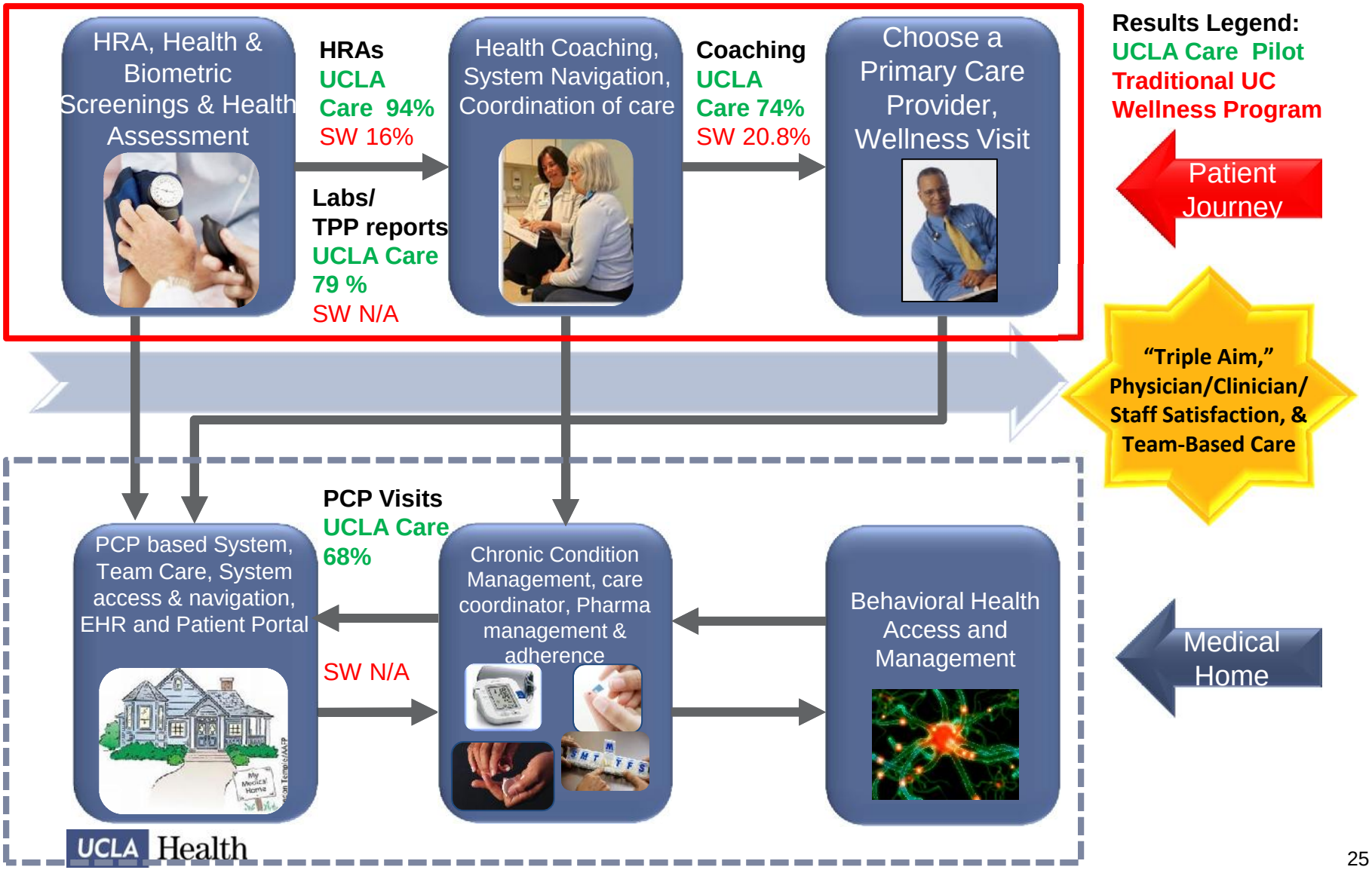
9/25/2014

Value-Based Care: The Person Journey

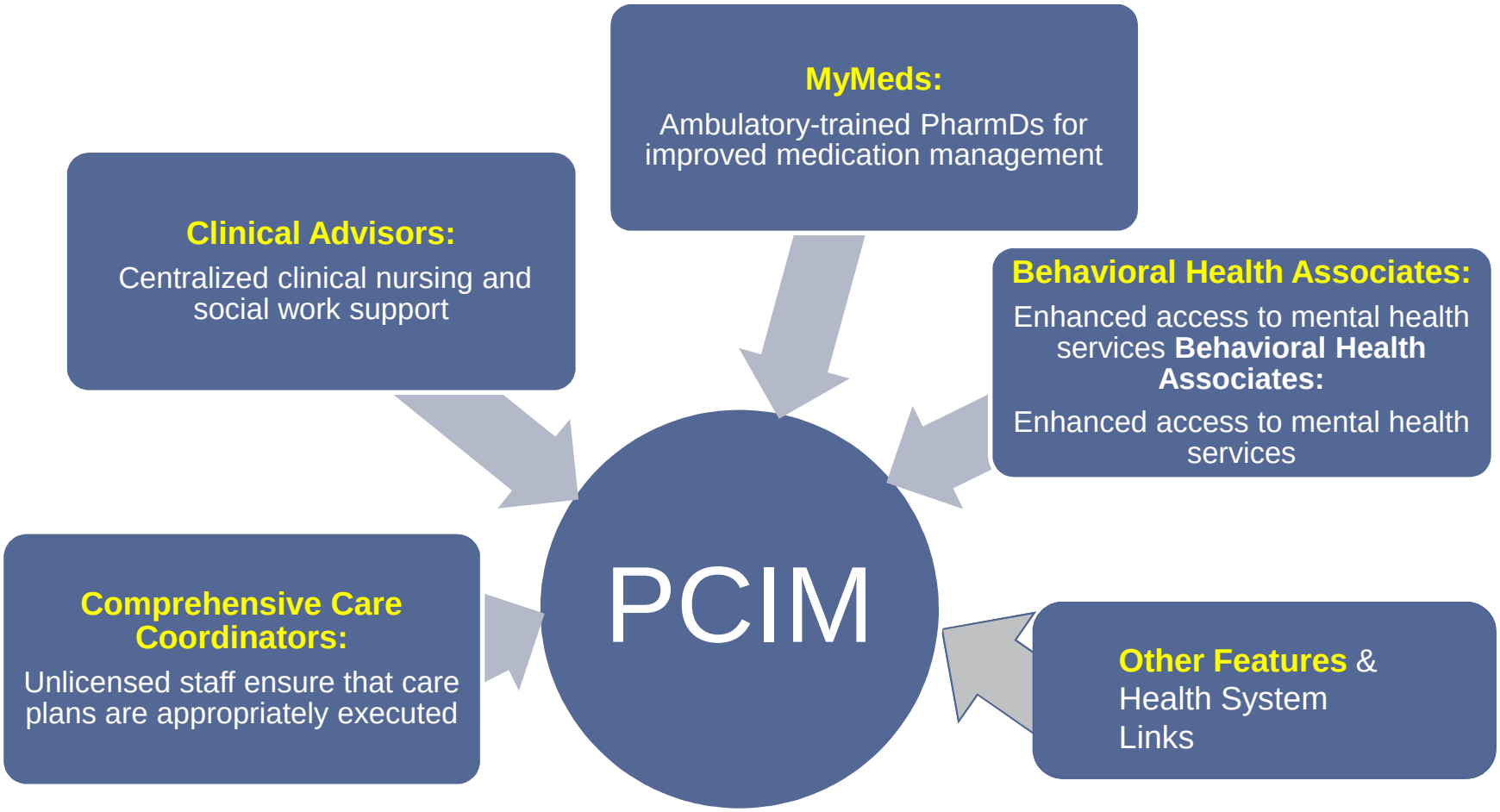
We addressed how we engage with a Person/Patient at the point of plan enrollment, with a health assessment and screenings for diabetes, hypertension, and elevated cholesterol. Each person interacted with a coach who shared information about the UCLA Primary Care System and scheduled an annual physical. with a UCLA physician. The experience for a small pilot population was materially better than traditional health and wellness programs. The Person Journey Model was adapted from the highly successful Bon Secours Virginia Model.

UCLA Health

Value-Based Care: The Person Journey Model



Primary Care Innovation Model



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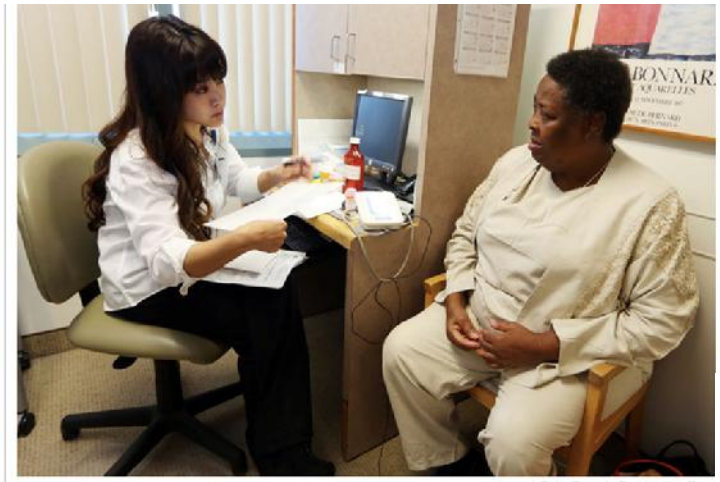
Resulted in $2.06 Million shared savings to UCLA from one PPO contract (Oct. 2013 – March 2104)

Role of the Care Coordinator within the Team



J. Emilio Flores for The New York Times

Tiffany Phan, left, a care manager at U.C.L.A. hospital, spoke to Marjorie Crear about medications and doctors' appointments.

By REED ABELSON
Published: March 29, 2013 | 230 Comments

Care Coordinator Role *in the office setting*:

- Focuses on coordination of services and making sure care plans are executed
- These interventions typically do not require licensure
- Integrated into office team via co-management
- Clinical Care plans are directed by licensed professional;

"When Marjorie Crear, 66, left Ronald Reagan U.C.L.A. Medical Center after a stroke**, she struggled to keep track of her medications and to remember her doctor appointments**. [A newly] hired care manager [in her doctor's office], helped with those tasks and has also been trying to find public housing with a shower instead of a hard-to-navigate bathtub."

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UCLA PCIM* Effect: UCLA Facility Use

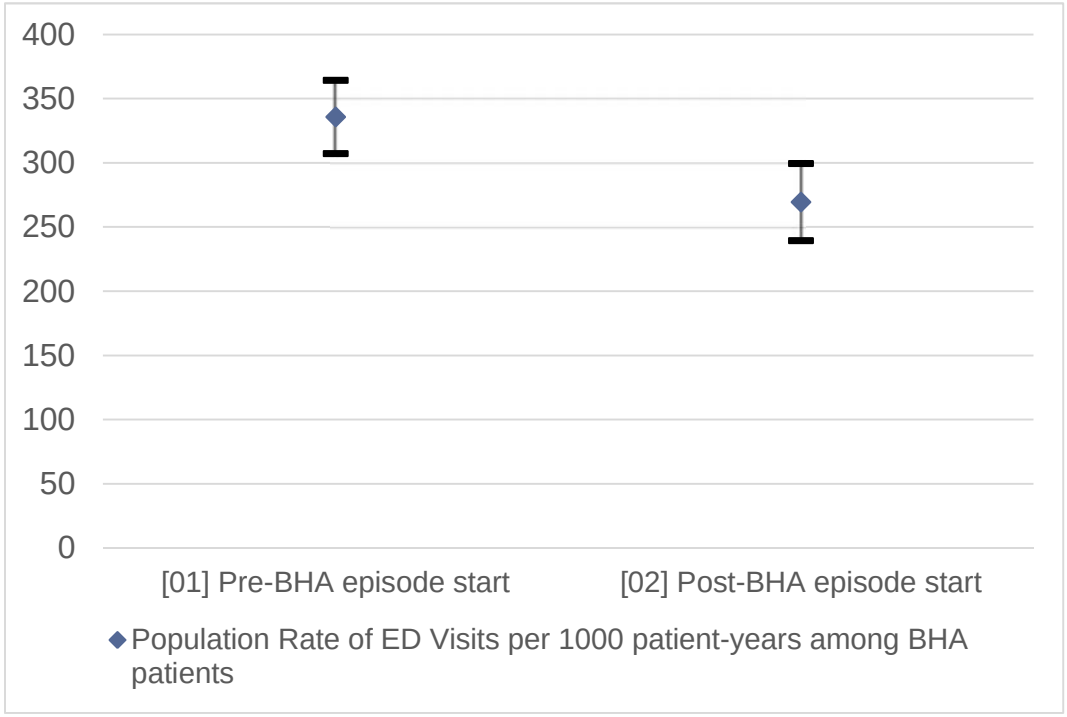
Engaged Cohort*	Number of patients in cohort	Trend (mean 7 months observation after intervention)
UCLA Emergency Department Use	**1093**	**-29%**
UCLA Acute Care Hospital Use	**1093**	**-19%**

Population Analysis**	Number of patients	Decline from baseline
All Emergency Department Use	**14,000**	**-15%**
All hospital Re-admission Rate	**14,000**	**-30%**

*Preliminary observation results as of February 2013, based upon 14 PCMH offices, 1093 patients with 12 months baseline data and at least 6 months (mean 7 months) of observation after care coordinator/PCIM interventions.
** Preliminary results, recent analysis by one contracted health plan

UCLA Health

Behavioral Health Associates-Specific ED Visit Impact Analysis



- 19% relative reduction in ED visits for patients before to after starting treatment with BHA
- Over 1 year time period, ~100 ED visits averted
- Control group analysis pending

UCLA Health

Lower Risk-Adjusted, Pre-post ED Utilization*

20% reduction (p<.0001) in ED visits
compared to non-PCIM control clinics

Estimated 1185 ED visits avoided
with reduction in Total Cost of Care of $2.4 million

Projected to entire primary care population,
reduction in Total Cost of Care would be $13 million

* Communication in preparation; Differences-in-differences analysis conducted that adjust for gender, age, and medical complexity. Limited to commercial HMO and Medicare Advantage populations.

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Value-Based Care: The WorkStrong Journey

Value-Based Care was integrated into the WorkStrong Journey Model (Occupational Health) which emphasized participant engagement and a trusted relationship with the workers' comp care coordinator and provider team. We experienced material results in WorkStrong where we were 36% below expected claims and 56% below expected costs.

Value-Based Care: WorkStrong Journey Model

Identify Candidates (2 WC Claims in last 2 years)

WorkStrong Coordinator Receives potential candidates from TPA

WorkStrong Coordinator reviews candidates with HR and medical staff for possible participation

WorkStrong Home

"Triple Aim," Physician/Clinician/ Staff Satisfaction, & Team-Based Care

WorkStrong Coordinator Invites Candidate to Office to enroll in the program

Candidate Visits WorkStrong Coordinator and Physician. Program designed.

Participant info sent to Recreation Center for services. WorkStrong Coordinator follows up weekly until program graduation.

Colleague Journey

UCLA Health

work STRONG

UC WorkStrong Program

- Total Cost to Date $859,181
- Average Cost per Participant is $1,884
- 456 Graduates from the Program
- At 25 Months, Actual # WC Claims (134) v. Expected (209) = 36% fewer claims than expected
- Incurred loss for participants subsequent to WorkStrong were approximately $1.15 million, which is 56% below expected costs of $2.65 million
- ROI = 1.75x
- Current participation rate is 18% of eligible employees; goal is to double participation

Tertiary Quaternary Innovation Model

The Tertiary Quaternary Innovation Model Leadership Team has adapted the Innovation/ Transformation Model and Objectives, Approach, and Methodology to move RRUMC to 60 percent TQ discharges over the next three years.