



Safely Bending Trend for Medically Fragile Patients

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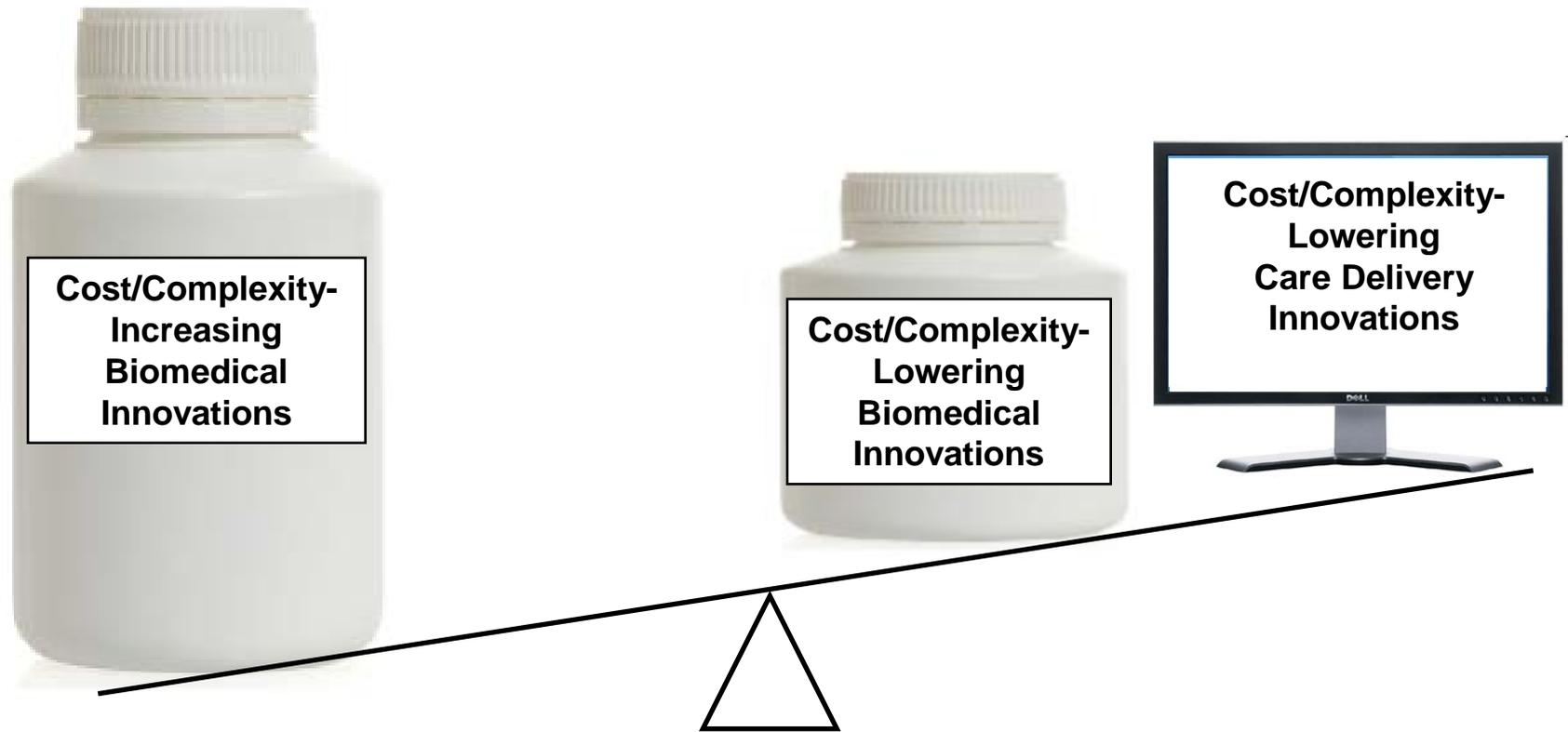
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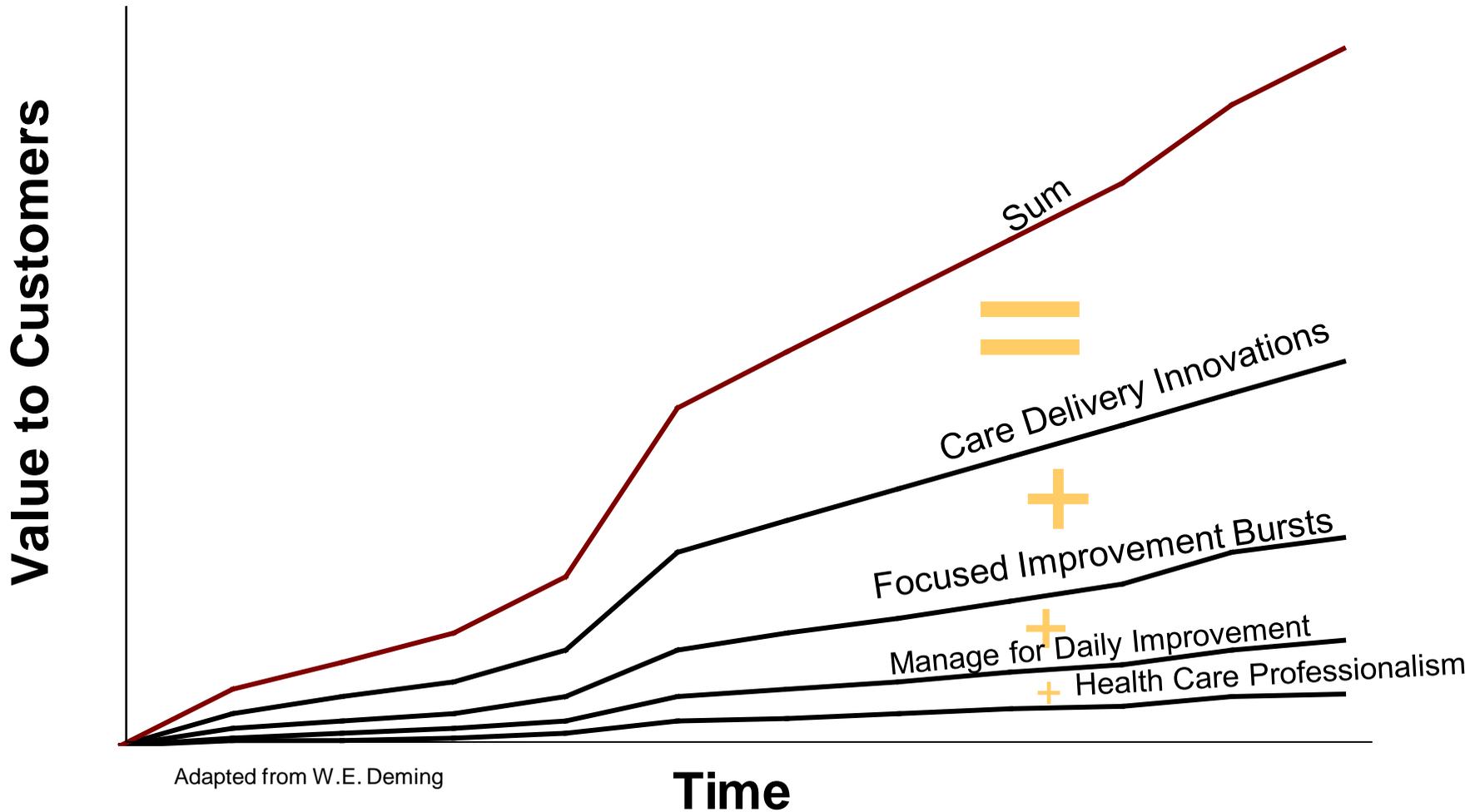


Level It or Suffer





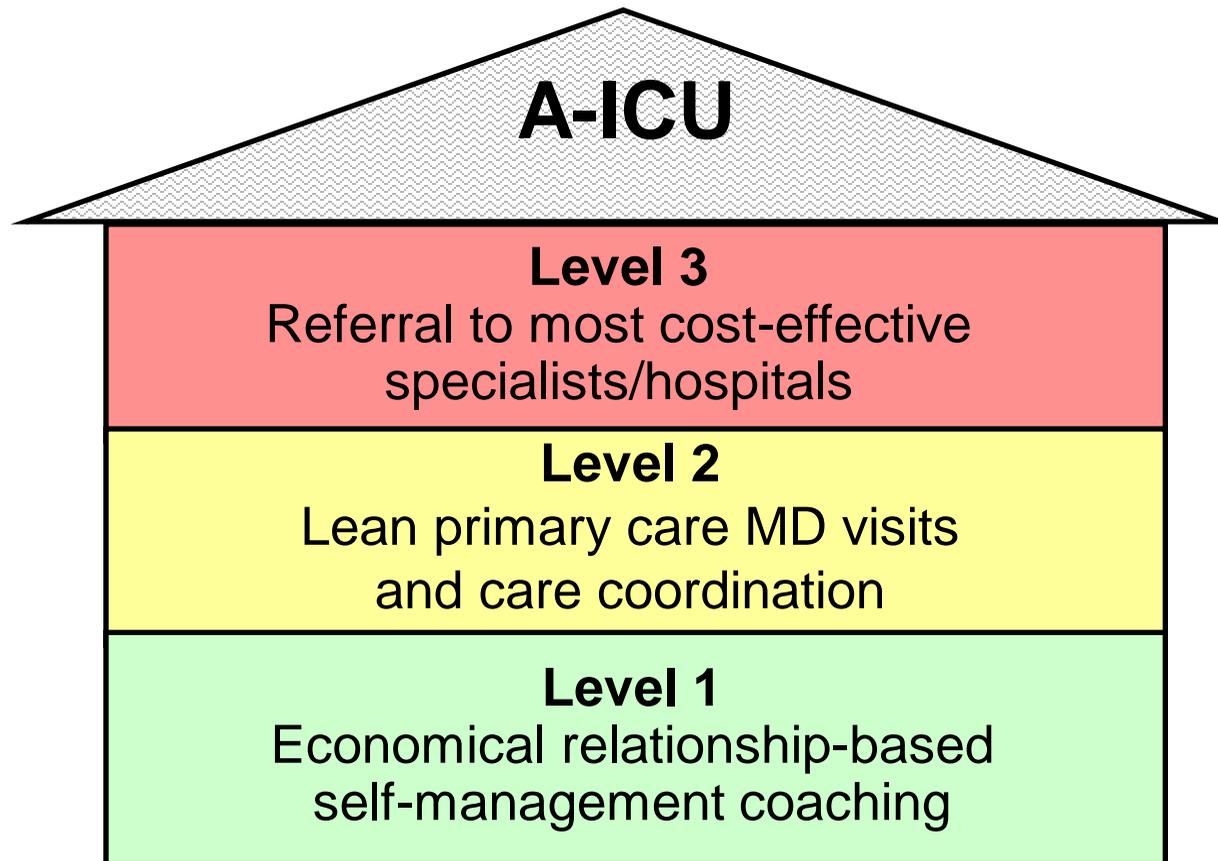
Leveling Tools





2005 Mission Impossible?

12 Months + 12 Brains + CHCF + RWJF



Milstein, Kothari; Health Affairs; Are Higher-Value Care Models Replicable?; Oct 2009 & Gawande; The New Yorker; The Hot Spotters; Jan 2011



Better, Faster and Leaner: Boeing A-ICU Results After Year One

(Similar Results for 1G in AC & 2G in Humboldt)

Change in Combined Total Per Capita Health Care Spending, Functional Health Status, Patient Experience, and Absenteeism

	% Difference
% change from baseline in unit price-standardized total annual per capita spending by patients and Boeing, compared to a propensity-matched control group, net of supplemental fees to medical groups	-20%*
% change in SF12 physical functioning score for IOCP patients compared to baseline	+14.8%
% change in SF12 mental functioning score for IOCP patients compared to baseline	+16.1%
% change in patient-rated care “received as soon as needed” compared to baseline**	+17.6%
% change in average of patient-reported work days missed in last 6 months compared to baseline	-56.5%

* $p = 0.11$ after first 12 months for 276 chronically ill enrollees vs. 276 matched controls.

** From the Ambulatory Care Experience Survey – patients responding “always” or “almost always” to the question: “When you needed care for illness or injury, how often did the IOCP provide care as soon as you needed it?”



Planning for A-ICU Model Spread

- **Finding wider proofs of concept (“American Medical Home Runs”)**
- **Globally capitated health systems**
- **Activist geo-concentrated self-insureds, insurers, and well-resourced employer coalitions**
- **CMMI**

Milstein, Gilbertson; Health Affairs; American Medical Home Runs; Sept 2009



Spreading Intensive Outpatient Care Program PBGH Role to Date...



1. Adapt in California on behalf of member companies

- Beginning October, 2010
- Boeing, CalPERS and PG&E with three physician groups
- Employer Tool Kit



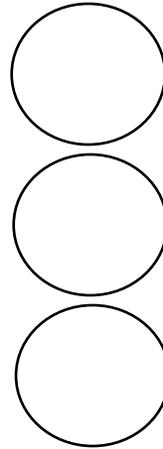
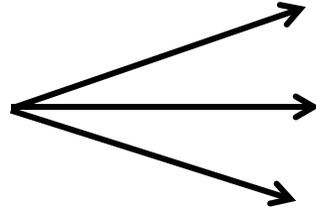
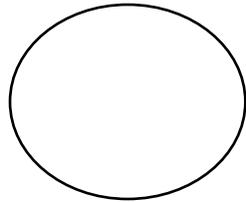
2. Identify effective approaches among CA delivery systems

- Medically Complex Action Community Jan. 2011 – Oct. 2011
- 6 provider groups and 2 Medi-Cal health plans
- Provider Tool kit
www.calquality.org/documents/CQC_ComplexCareManagement_Toolkit_Final.pdf

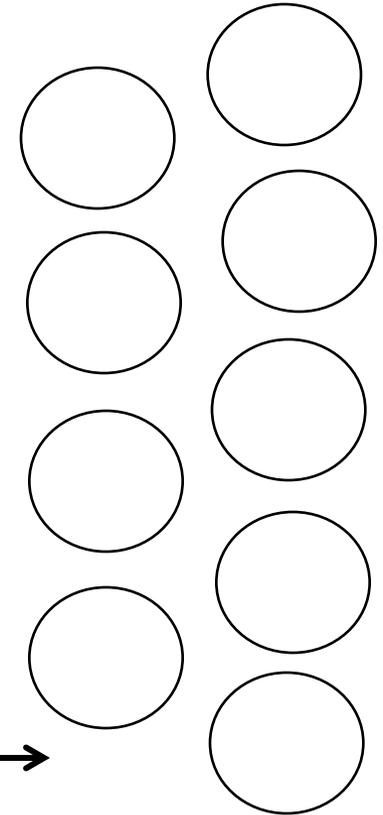
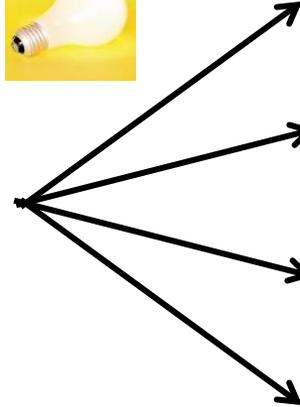


Scaling Approach

Demonstration Sites



Scaling Up



- Results to motivate spread
- Develop experts and champions
- Document process changes that generate results

• Effective systems and tools for supporting change across many sites



IOCP Care Model Key Features

1. Target the right patients

- Multiple medical conditions, at risk for hospitalization
- DxCG score over 2.5

2. Provide the right services

- Holistic patient assessment (inc. psychosocial issues)
- Face-to-face contact with patient
- Close interaction with primary physician
- Tightly manage care transitions: Hospital, Emergency Room and Specialists
- Emphasis on Self Management Support:
 - Coach behavior change and improve self-efficacy
- Enroll patient recruitment through the practice



PBGH CMMI Healthcare Innovation Challenge Award

Aim:

Engage 27,000 predicted high-risk Medicare patients throughout California and Arizona into intensive practice-based care management, in partnership with delivery systems, health plans and private purchasers.

Reduce total cost of care by 7%, while improving patient experience and clinical quality.

Proposal:

- \$19.1million over three years in California and Arizona

Impact:

- Create IOCP within 17 California delivery systems and 3 Arizona delivery systems



CMMI Partnerships

Delivery Systems:

- Over three years, 20 delivery systems thru 3 Implementation “waves”
- First wave: Sutter (3 groups), John Muir, St. Joseph Healthcare, Hill Physicians, Brown and Toland, Partnership Health Plan, Sharp Community, Banner, Cigna - AZ

Quarterly Feedback and Reporting: Milliman

Care Model Expertise:

- Dr. Pranav Kothari, Renaissance Health
- Drs. Alan Glaseroff and Ann Lindsay, Stanford Coordinated Care Center
- Staff from Humboldt IPA