

# Redefining the Role of Primary Care: *The Primary Connection*

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November 14, 2012



# Independent Health

- Regional not-for profit health plan upstate NY

- 370,000 members

172,000 Commercial

72,000 Medicare Advantage

51,000 Medicaid

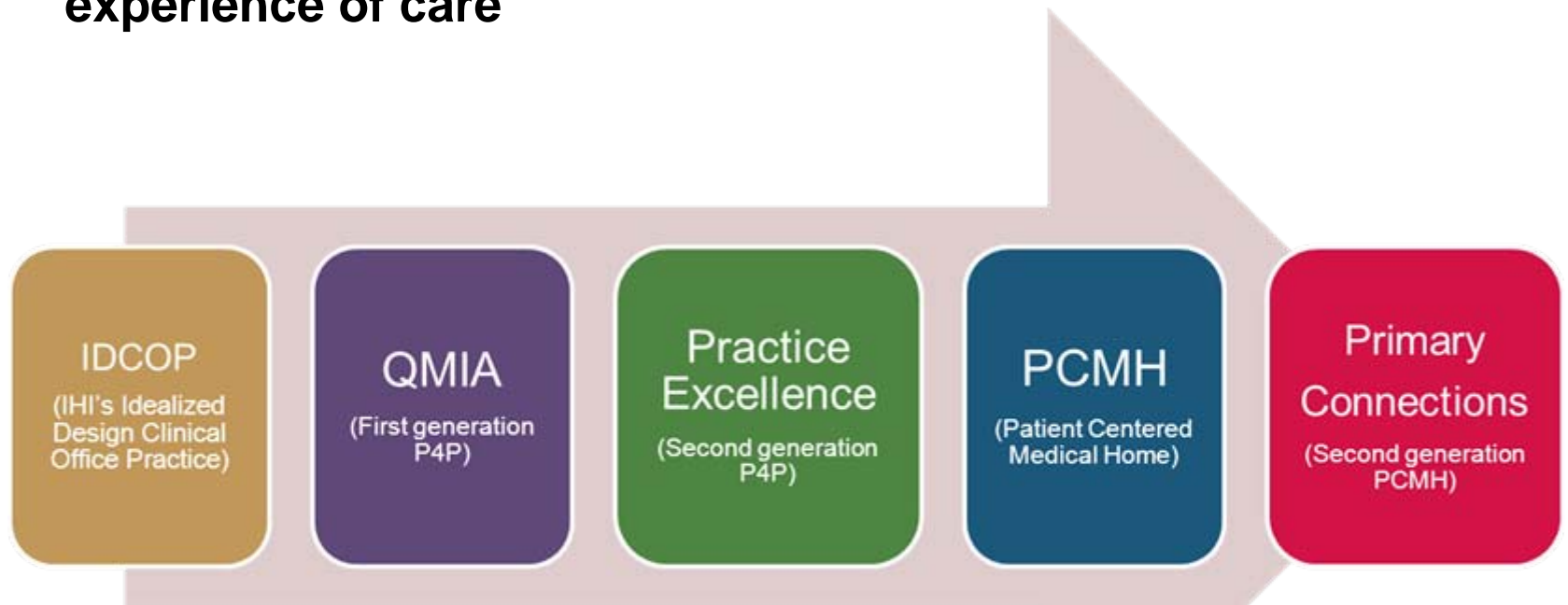
74,000 Self-funded



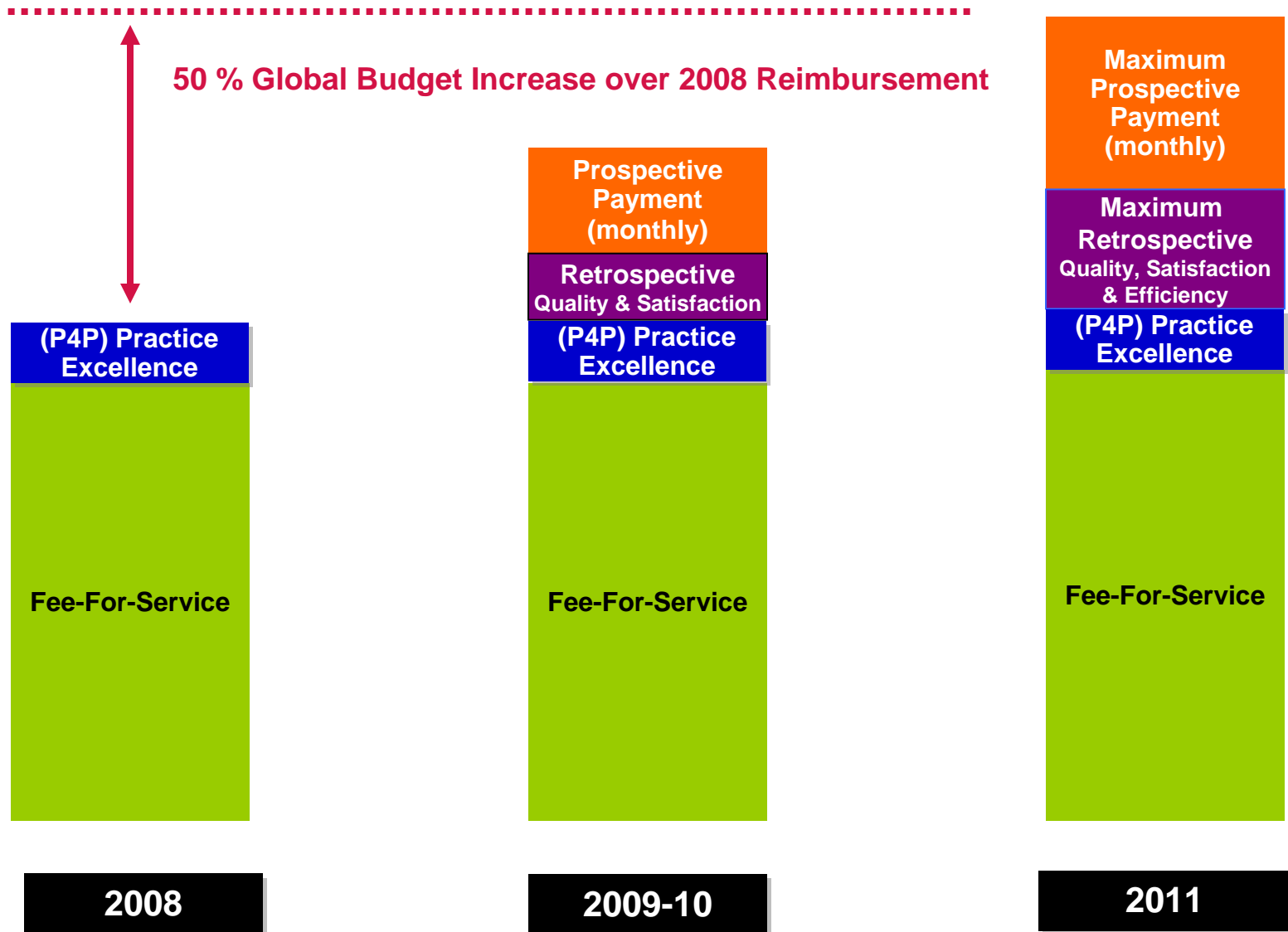
- Open network Primary (1,200) and Specialty Care (2,500)

# Primary Care Physicians & Independent Health

- Long history of collaboration with physician community
- Unwavering in goals to improve quality, affordability and experience of care

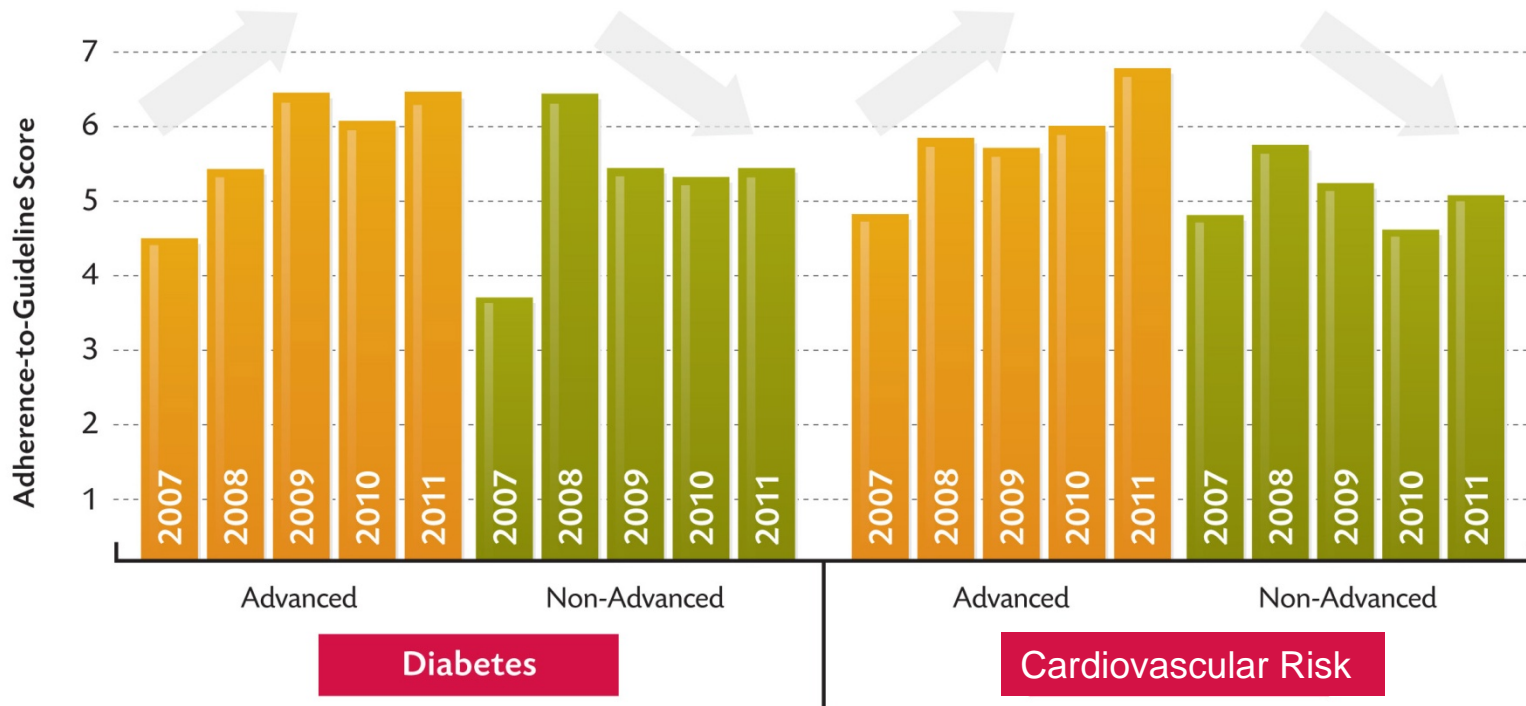


# PCMH Reimbursement Evolution: 2008-2011

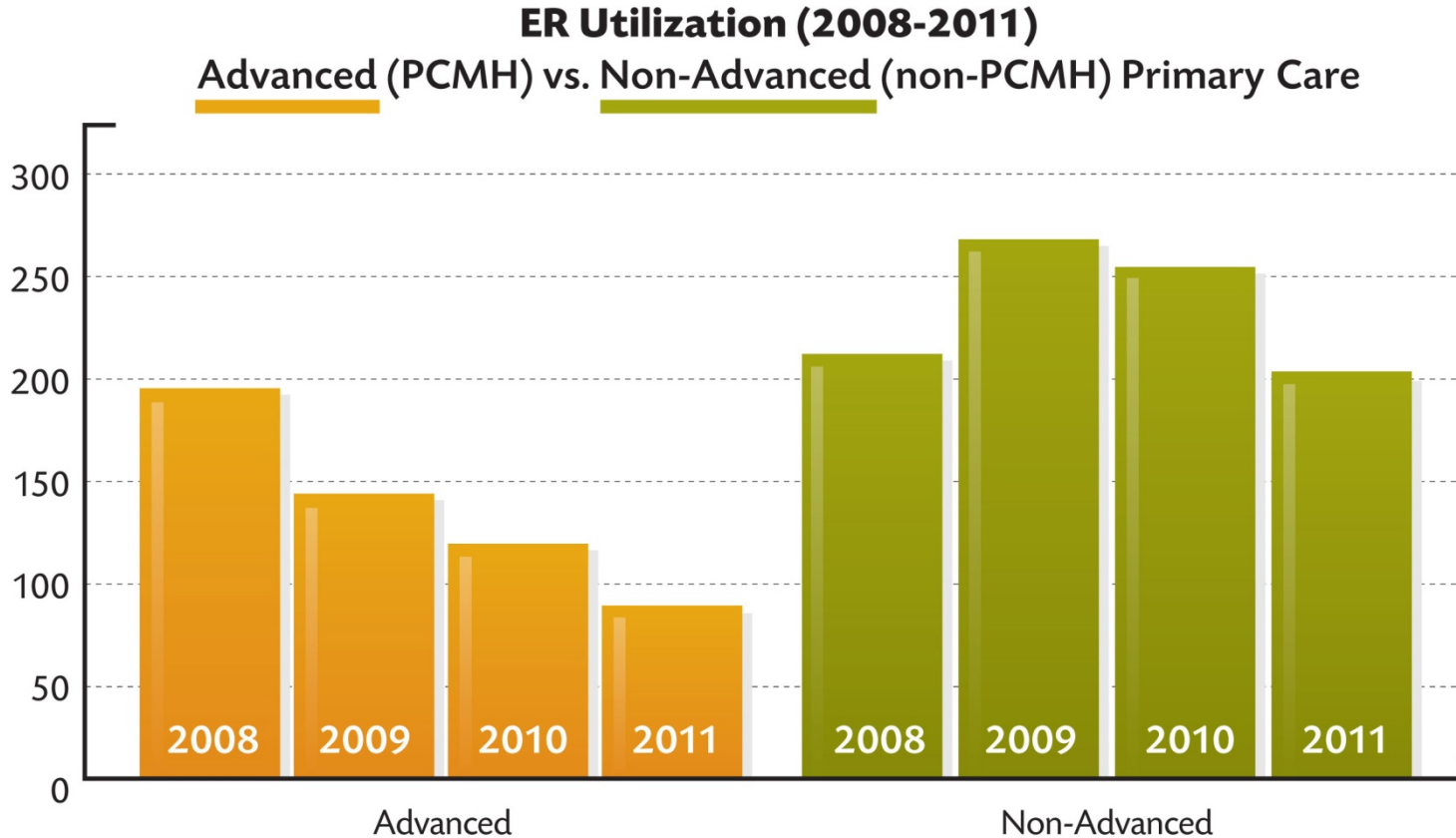


# PCMH Results: 2008-2011

**Management of Patients with Chronic Disease (2007-2011)**  
Advanced (PCMH) vs. Non-Advanced (non-PCMH) Primary Care



# PCMH Results: 2008-2011



# PCMH evolves to *Primary Connections* 2012

## Reimbursement Goals

### **Achieve Triple Aim**

### **Move Beyond Fee for Service for PCP**

Transition from “pay-for-volume” to “pay-for-value”

- ✓ Support team based care
- ✓ Support alternative care pathways  
(Telephonic Visits, E-visits, Nurse Visits)
- ✓ Provide compensation for Care Management

### **Influence and Transform Specialty and Hospital Care**

Provide opportunities for shared savings and incentives for global delivery system re-design and efficiencies

# PCMH evolves to *Primary Connections 2012* Reimbursement Goals

## **Enable and Incentivize Practices to Expand Capacity**

**Expand patient access and availability (2014 Exchange)**

## **Foster Inter-Dependencies Among PCP Practices**

**(Provide a sustainable model for shared resources: MTM pharmacists, care coordinators, dieticians, co-located behavioral health, etc.)**

## **Potential Savings Opportunity:**

**Commercial (11%)**

**Medicare (17%)**



# PCMH evolves to *Primary Connections 2012*

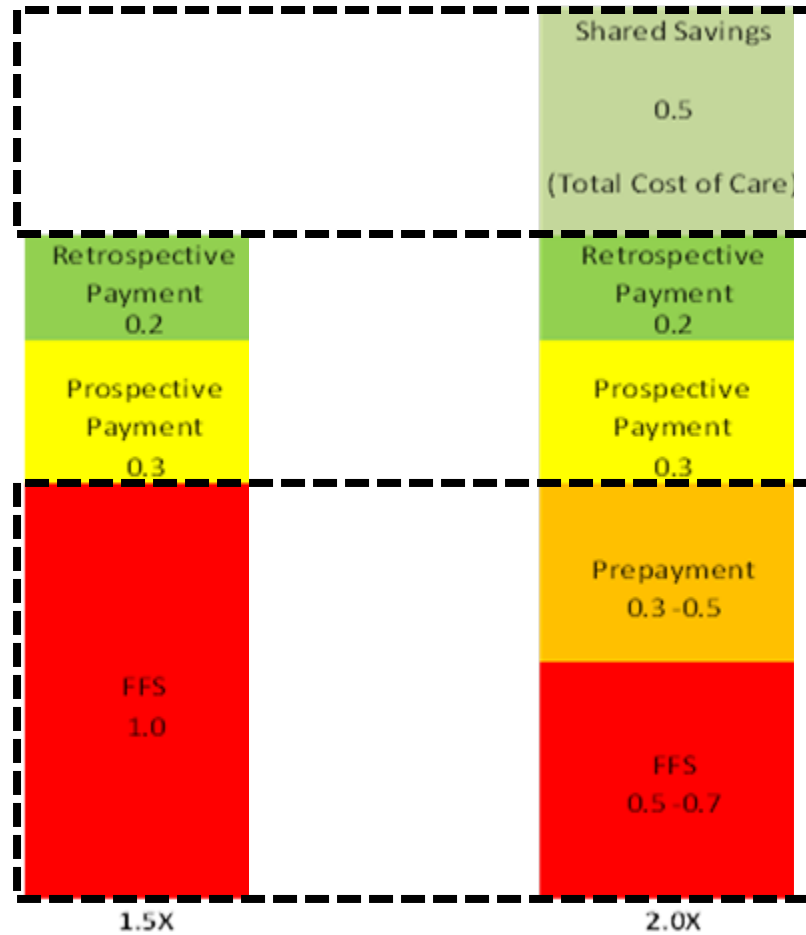
## Operational Goals

- **Administrative simplicity**
- **Transparency**
- **Provide extensive and timely analytics to support performance improvement**
- **Support sufficient cash flow in transition from FFS via monthly patient management payments**

# PCMH evolves to *Primary Connections 2012* Reimbursement Model

- **Provides up to 2x traditional compensation**
- **No downside risk**
- **Pay for value, not volume**
- **Focus on quality *and* efficiency**
- **Rewards the right activities and results**
- **Fully vetted by the PCP Physician Advisory Board**

# Primary Connections Reimbursement: 2011-2014



New incremental opportunity for Shared Savings

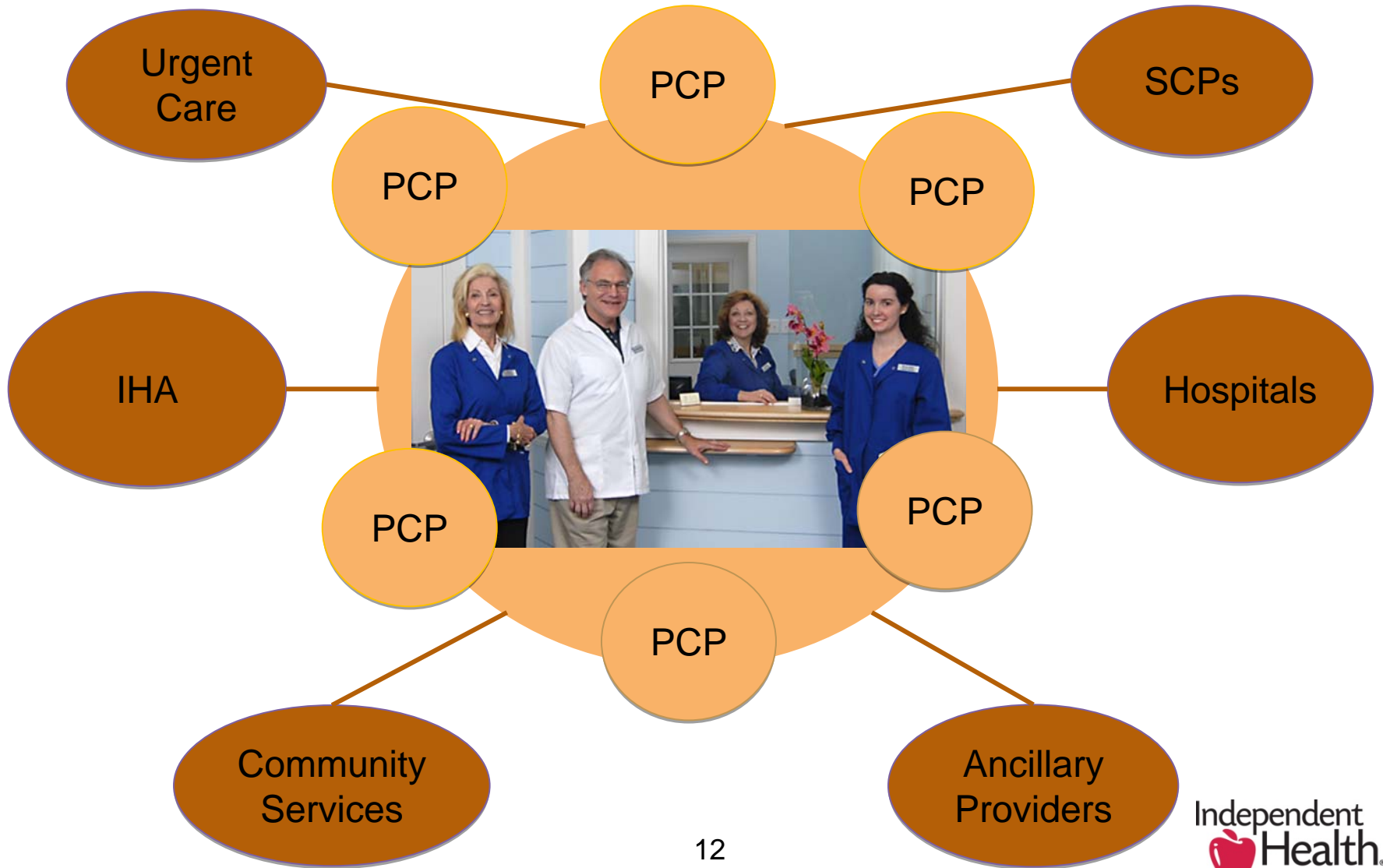
Transitioned FFS into pre-paid care mgt payment

2011-June 2012

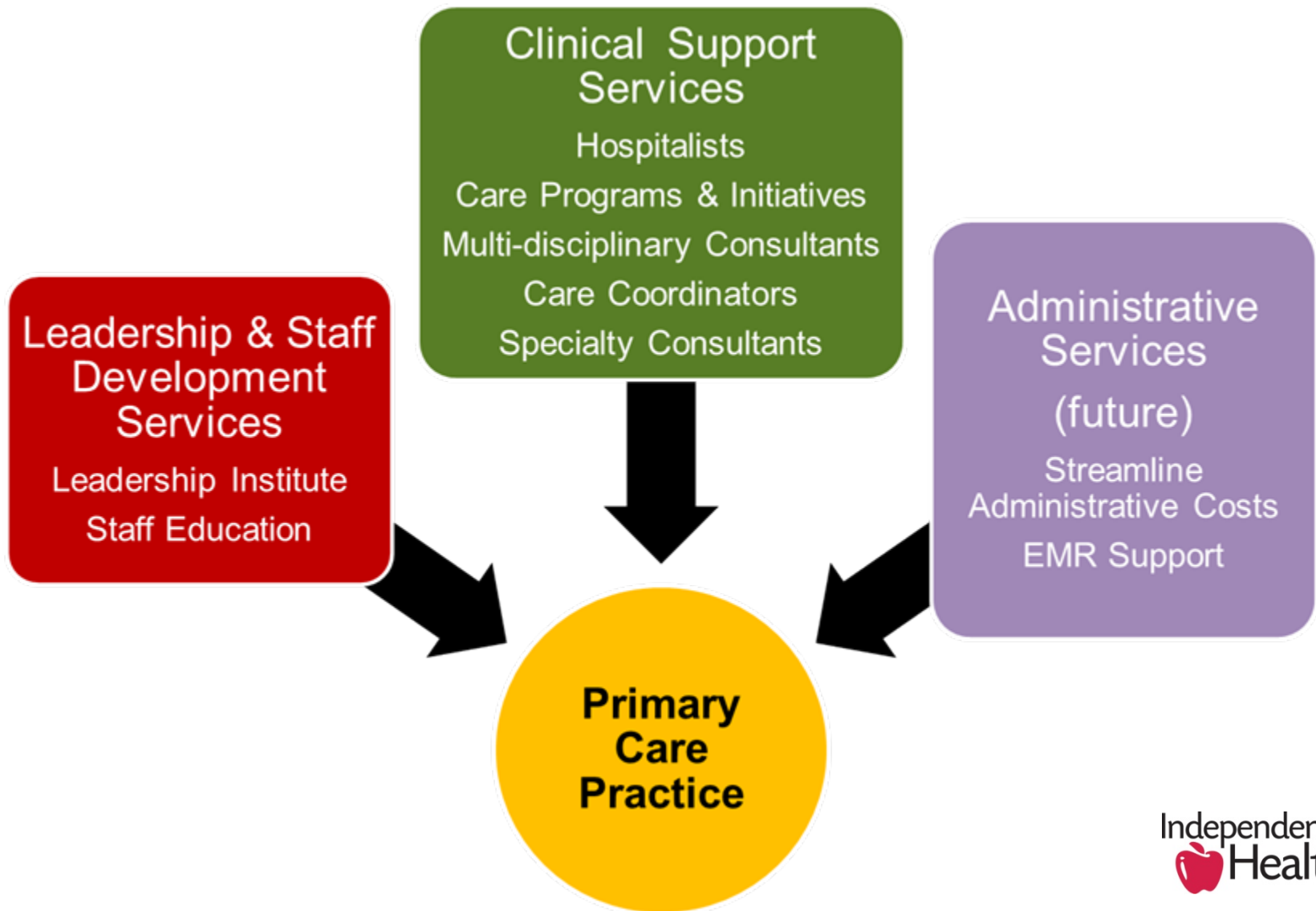
June 2012 - 2014

2013 - 2014

# Primary Connections: alliance among independent PCP practices influences specialty and hospital based care



# *Primary Connections:* supportive resources provided by Independent Health



# ***Primary Connections: Early indicators of success***

- **PCP led collaborative meetings with cardiology, gastroenterology, radiology:**
  - **Enhanced communication patterns**
  - **Moving from “proceduralists” to “consultants”**
  - **Establishing virtual consultations**
  - **Direct access to Specialty by phone**
- **Programs created for dedicated geriatric center and dedicated hospitalists evolving**
- **Enhanced patient engagement**
- **Hospitals reposition themselves for value**
- **Urgent Care partner identified:**
  - **Restructuring to position itself as “extended primary care”**
  - **Creating common clinical treatment algorithms**