Healthy Together Care Partnership

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What we’ll cover

• Describe the “Healthy Together Care Partnership” focused on dual-eligible patients in the community.

• Discuss Payment Reform Models and our Delivery System/Health Plan Partnership.
The Care Model

• Focuses on approximately **475 dual eligible Special Needs Plan** members within our University of Arizona Health Network

• Designed to improve quality of care for this high risk/high cost population living in the home and community
Healthy Together Population

- Early data indicate that sub-population health risk and cost profile is representative of all UAHN Health Plans dual-eligible SNP population and the national dual-eligible population.
Within our sub-population, the costliest 5% of enrollees account for 48% of total cost of care, while the costliest 20% account for 85% of total cost*

*Based on retrospective chart review and analysis of 307 dual eligibles with UAHN Health Plan coverage and assigned to primary care with a UA Health Network provider (Goel, et al, 2011)
The Care Model

• Interprofessional team-based
• “Home-based Primary Care” for ~ 45 most complex and homebound (with telehealth)
• Case management and telehealth for rest of cohort, in collaboration with primary care providers
• Goal to improve quality of care, reduce unnecessary utilization, increase reimbursement (STARS and HCC assessment) and reduce overall costs
Affordable Care Act Sustainability

• Institute of Medicine (IOM) Report on Healthcare Waste

• Payment Reform Models
  – Payments for decision making tools (EHR, clinical decision support tools)
  – Care coordination/disease management incentives
  – Penalties for health acquired conditions or preventable readmissions
  – Pay for Performance/Value
  – Base Purchasing
  – Global/Bundled Payments
  – Gain Share/Performance Based Risk (Health Together Care Partnership Model)
  – Medical/Health Home Payments
  – Accountable Care Organizations/Arrangements or Full Risk
Affordable Care Act Sustainability

Healthy Together Care Partnership

- Gain Share Model
- Delivery System/Health Plan Partnership designed to reduce utilization in a high risk/high utilizing population
- Targeted utilization reduction in population
  - 3.9% ED Utilization
  - 2.4% Cost of Admissions
  - 2.25% Readmission Rate

- Net savings if targets achieved: **$1.5 Million**
- Start up cost of program approximately $500,000 funded by Health Plan
- Net profit target: **$1 Million**
- Profit to be shared between Delivery System and Health Plan for program sustainability and reinvestment in future models
Summary

• Primary goals of the program include cost savings, improved quality and satisfaction with care, blended physical and behavioral health, development of individualized strategies to manage at-risk patients, and development of best practices for dual eligible patients in SNP community care settings.

• Long-term aspirations are to
  (1) create an innovative product targeted to care of the SNP population, and
  (2) demonstrate payer/provider collaboration that could serve as a model for improving quality and reducing cost of care across other UAHN clinical practices.
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