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.

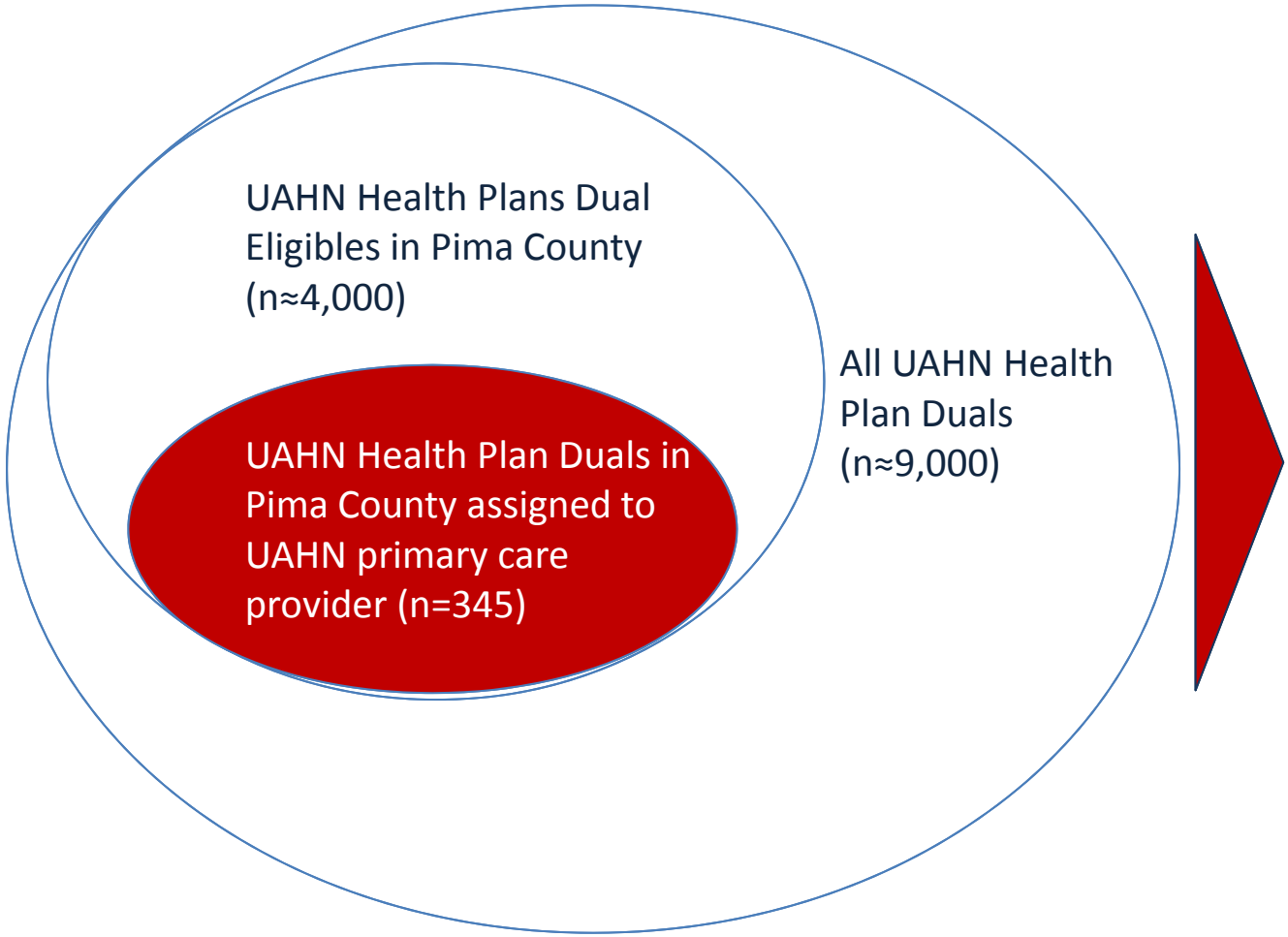
- Discuss Payment Reform Models and our Delivery System/Health Plan Partnership.

The Care Model

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

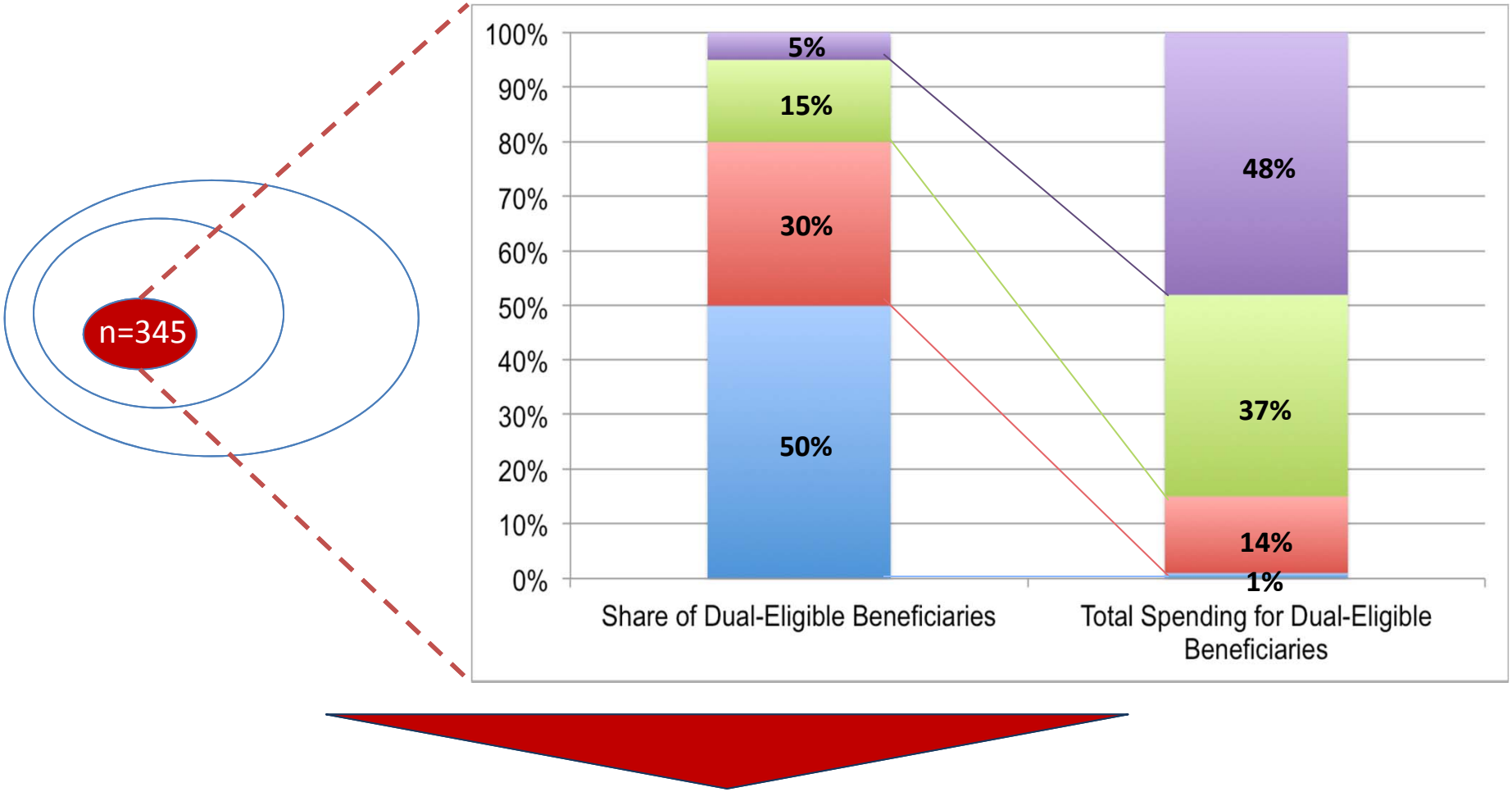
- Designed to improve quality of care for this high risk/high cost population living in the home and community

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

Cost of Care



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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