

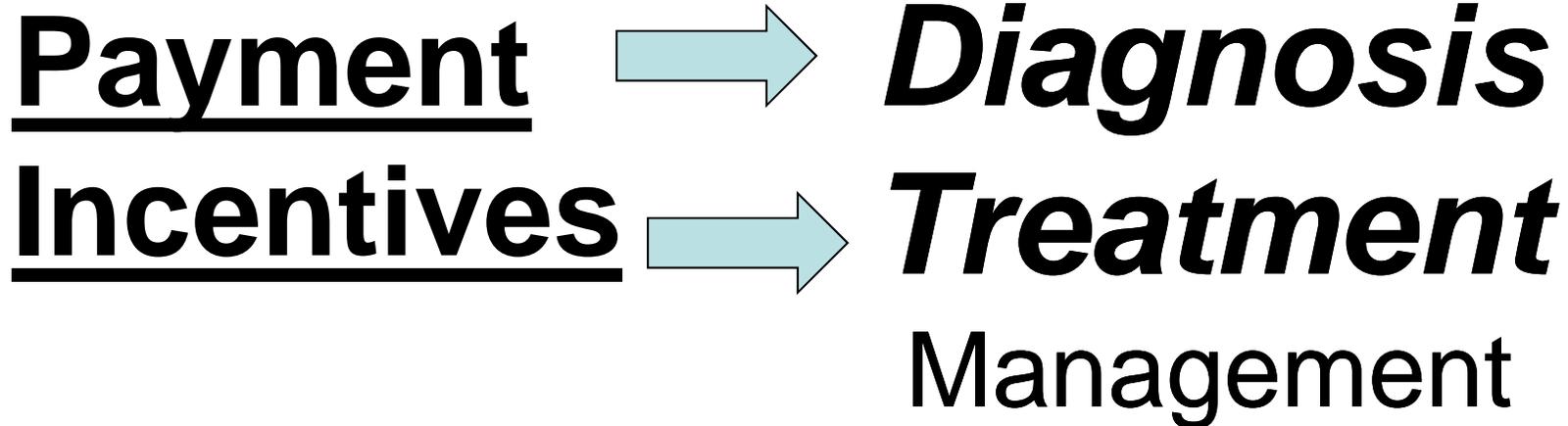
Accountable Health: The Hidalgo Proposal and IHI Support of Learning

Integrated Community Based Services
to Improve Health Outcomes
And Reduce Costs

The 4 Components of a Health System

Prevention
Diagnosis
Treatment
Management

Current Payment Incentives Drive the System



The Current Payment Paradigm

Payments are Based
On Relative Value Units,
RVU's. Each interaction with
a Patient has a Relative Value.

\$50

Evaluation and Management Codes
Well Child Checks
Clinical Preventive Services
Chronic Disease Management
99212 – 99215 Codes for Office Visit

\$\$\$
Coding System

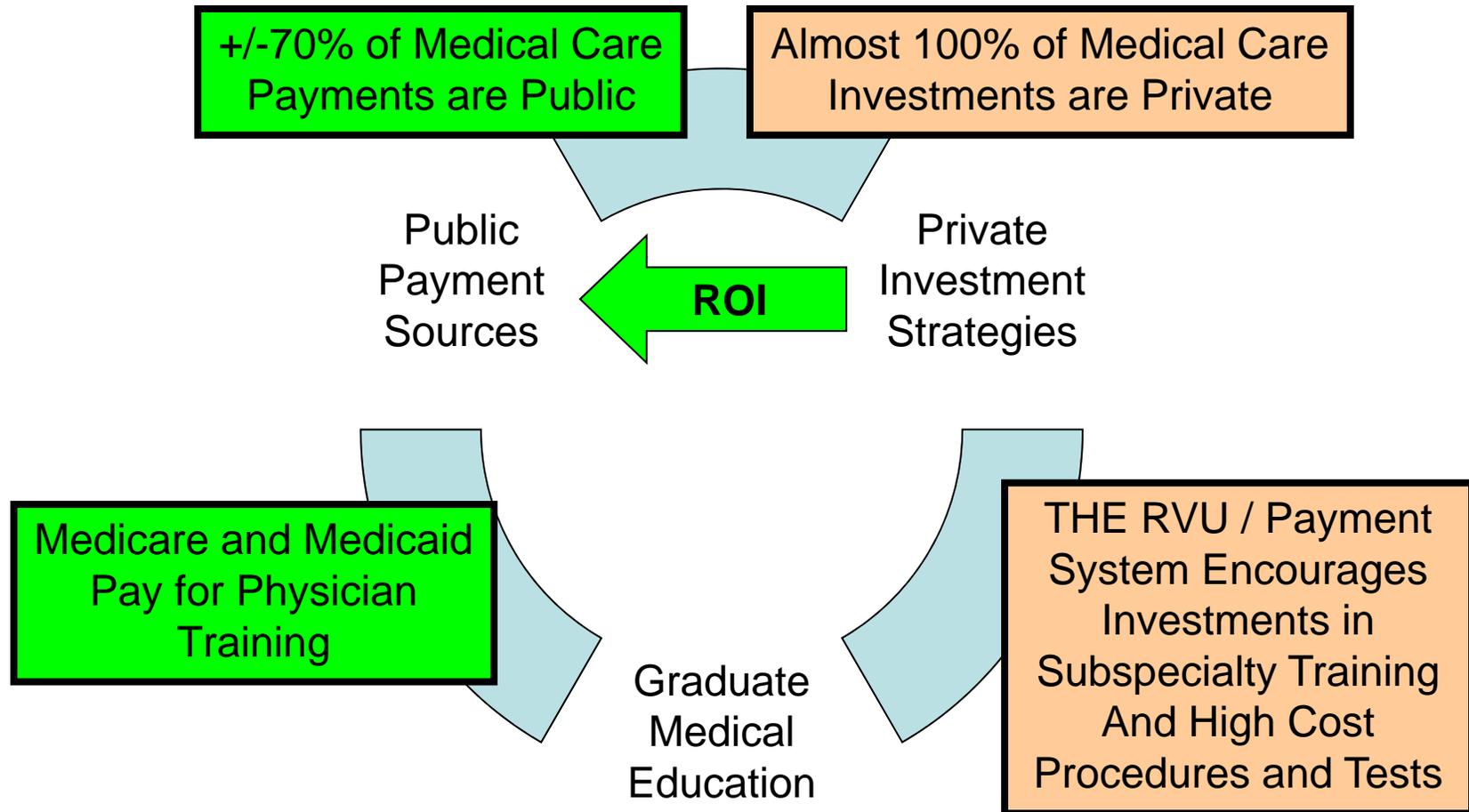
\$5,000

Procedures
High End Testing

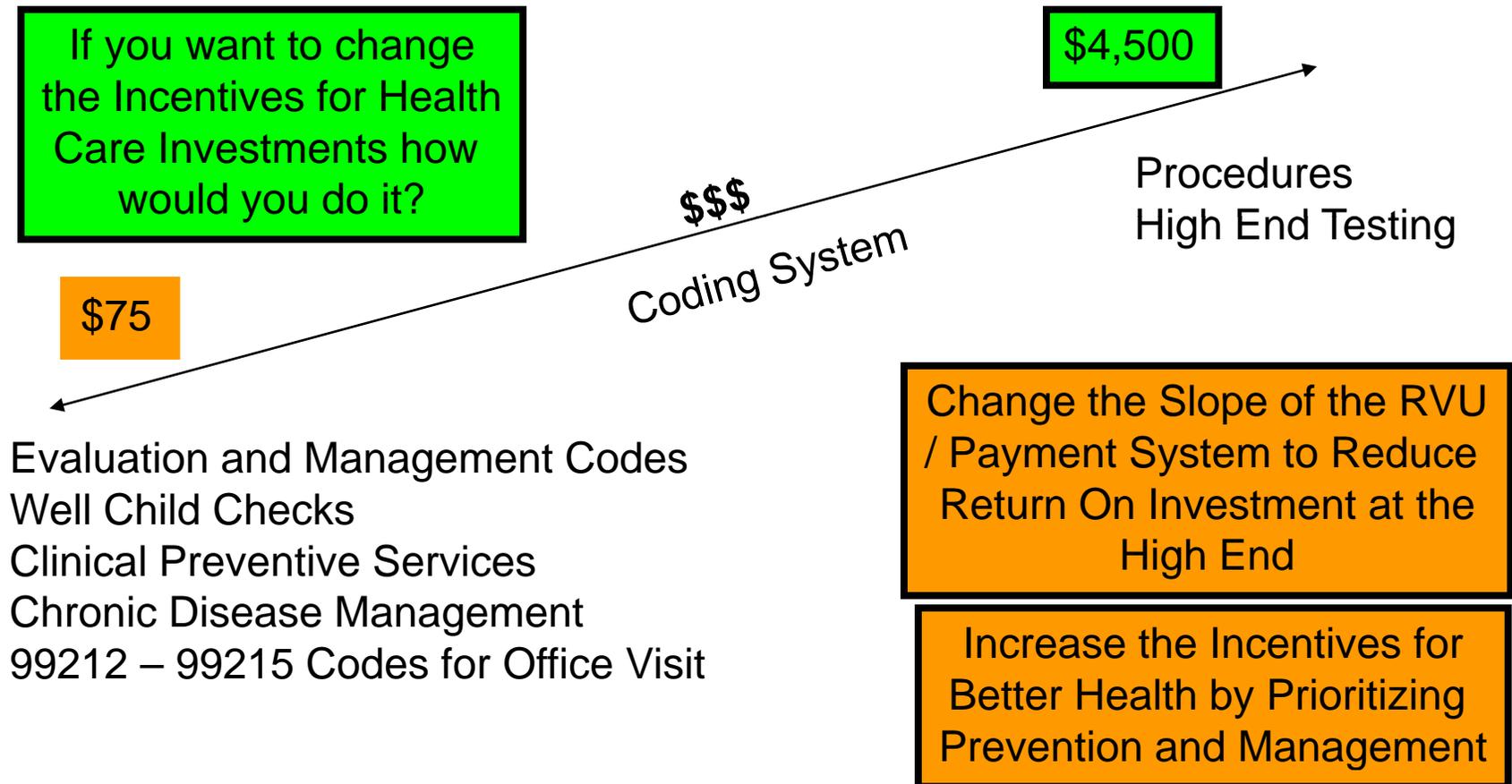
If you were Investing
In Health Care, Where
Would you invest?

The Payment System
Supports High Cost Health
Care Investments, Not
Prevention and Management

The Spiraling Cost Cycle



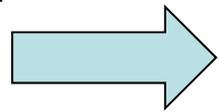
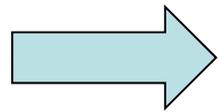
One Approach to Changing Incentives and Reducing Cost



The Hidalgo Initiative: Accountable Health Services

Payment

Incentives



Prevention

Diagnosis

Treatment

Management

Outcomes Focused Incentives Parameters

Patient Health

Health Care Costs

Community Priorities

Population Health

A Complementary Program

Institute for Healthcare Improvement

Triple Aim Collaborative

*The Simultaneous Pursuit of
Population Health,
Enhanced Individual Care, and
Controlled Costs for a Population*

North American Triple Aim Prototyping Sites

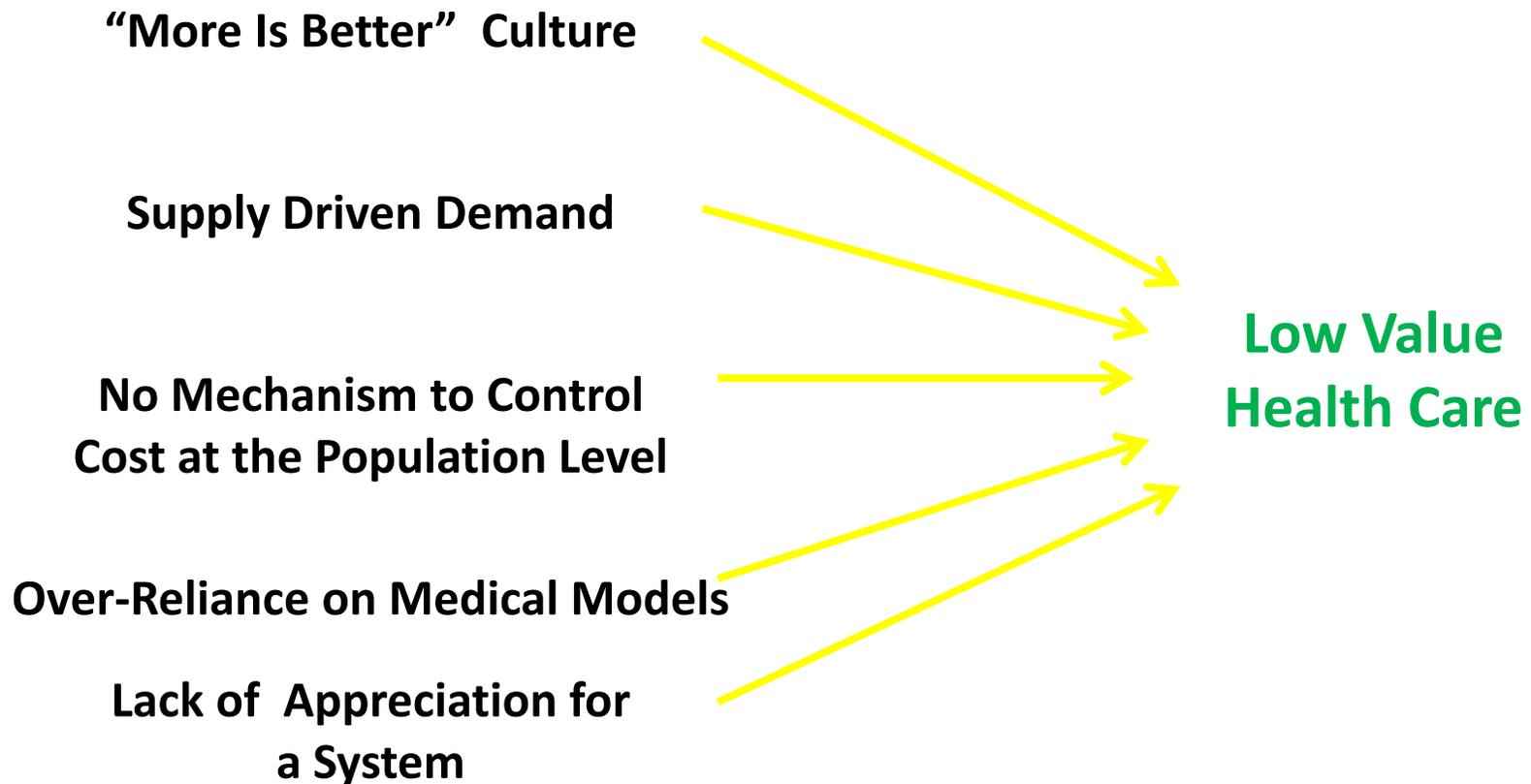
- **Health Plans**
 - Blue Cross Blue Shield of Michigan (MI)
 - [CareOregon](#) (OR)
 - Essence Healthcare (MO)
 - UPMC Health Plan (PA)
 - Independent Health (NY)
- **Integrated Delivery Systems (w/ Health Plans)**
 - [Department of Defense \(DoD\)](#)
 - HealthPartners (MN)
 - Kaiser Permanente, Mid-Atlantic Region (MD)
 - Martin's Point Health Care (ME)
 - Presbyterian Healthcare (NM)
 - Southcentral Foundation and Alaska Native Medical Center (AK)
 - Vanguard Health System
 - [Veterans Health System:](#)
 - VISN 10—Cincinnati VAMC (OH)
 - VISN 20—Portland VAMC (OR)
 - VISN 23—Nebraska, Western Iowa VAMC (NE)
 - Wellstar Health System
- **Public Health Department**
 - [Washington DC Department of Health](#) (DC)
- **Social Services**
 - Common Ground (NY)
- **State Initiative**
 - [Vermont Blueprint for Health \(VT\)](#)
- **Integrated Delivery Systems (w/o Health Plans)**
 - Allegiance Health (MI)
 - Bellin Health (WI)
 - Bon Secours - St. Francis Health System (SC)
 - Cape Fear Valley (NC)
 - Cascade Healthcare Community, Inc. (OR)
 - Cincinnati Children's Hospital Medical Center (OH)
 - Erlanger Health System (TN)
 - Fort Healthcare (WI)
 - Genesys Health (MI) (Ascension)
- **Safety Net**
 - Colorado Access (CO)
 - Contra Costa Health Services (CA)
 - Health Improvement Partnership of Santa Cruz County (CA)
 - ← [Hidalgo Medical Services \(HMS\)](#)
 - Nassau Health Care Corporation (NY)
 - North Colorado Health Alliance (CO)
 - Primary Care Coalition Montgomery County (MD)
 - Queens Health Network (NY)
- **Employers/Businesses**
 - QuadGraphics/QuadMed (WI)
- **Canadian**
 - Central East Local Health Integration Network
 - Saskatchewan Ministry of Health
 - British Columbia Team

International Triple Aim Prototyping Sites

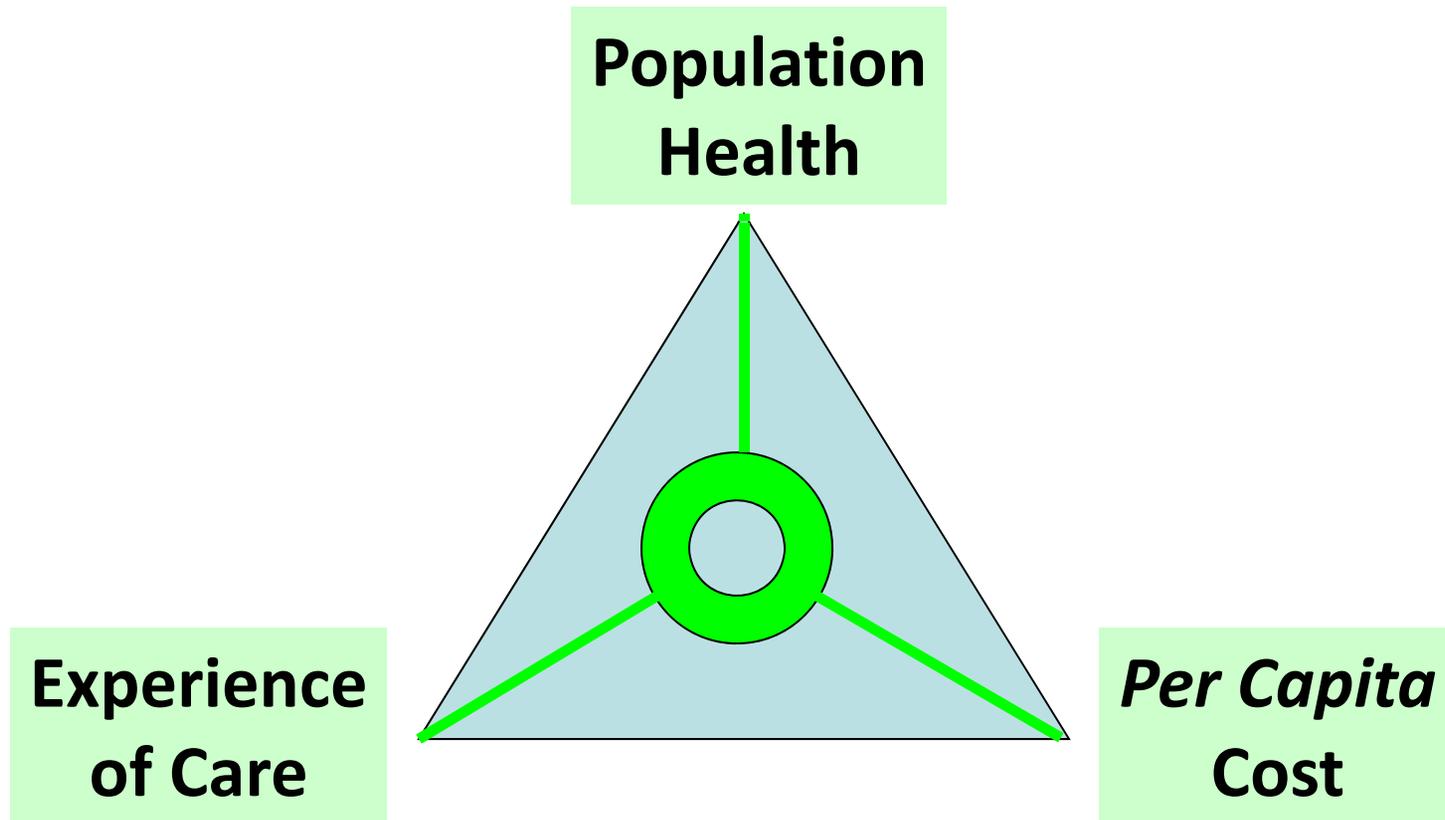
- Jonkoping (**Sweden**)
- National Healthcare Group (**Singapore**)
- NHS Blackburn With Darwen PCT (NW England)
- NHS Bolton PCT (NW England)
- NHS Bournemouth and Poole (SW England)
- NHS East Lancashire Teaching PCT (NW England)
- NHS Eastern and Coastal Kent PCT (South East Coast England)
- NHS Forth Valley (**Scotland**)
- NHS Hastings and Rother (South East Coast England)
- NHS Heywood, Middleton and Rochdale PCT (NW England)
- NHS North Lancashire Teaching PCT (NW England)
- NHS Medway (South East Coast England)
- NHS Oldham PCT (NW England)
- NHS Salford PCT (NW England)
- NHS Somerset PCT (SW England)
- NHS Swindon PCT (SW England)
- NHS Tayside (Scotland)
- NHS Torbay Care Trust (SW England)
- NHS Blackpool PCT (NW England)
- NHS Central Lancashire PCT (NW England)
- NHS Sefton PCT (NW England)
- NHS Warrington PCT (NW England)
- NHS Western Cheshire PCT (NW England)
- NHS Wirral PCT (NW England)
- State of South Australia, Ministry of Health (**Australia**)
- Western Health and Social Care Trust (Northern Ireland)

Drivers of Low Value Health Care

Primary Drivers

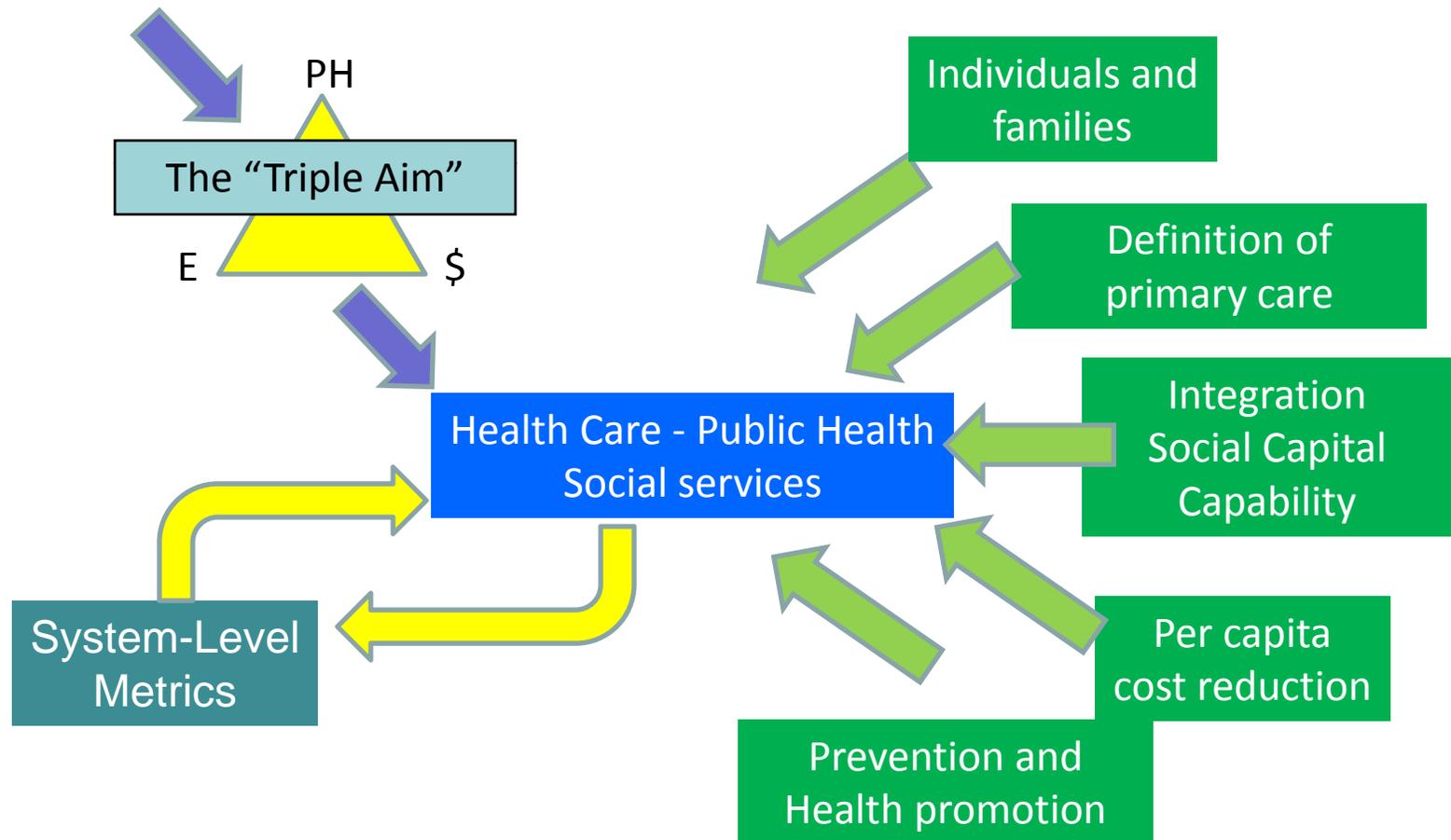


IHI -Three Dimensions of Value



Design of a Triple Aim Enterprise

Define "Quality" from the perspective of an individual member of a defined population



Improvements: Example – Bolton – England - Goals

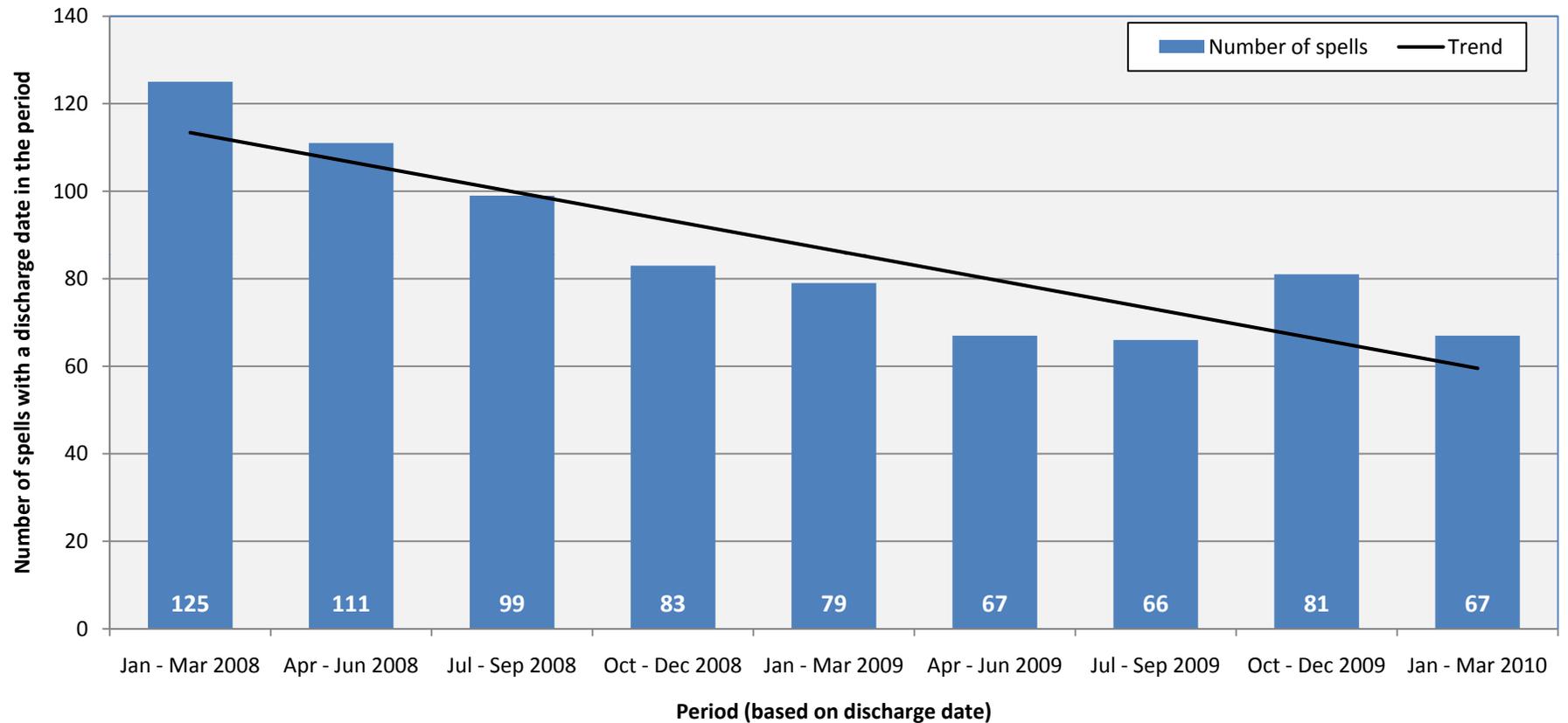
- Primary Prevention Registry
 - Diabetes Registry
 - Chronic Kidney Disease Registry
 - Hypertension Registry
- Performance
 - Reduction in Acute admissions with MI

Disease Registers

NHS Bolton: Disease Registers				
Clinical Area	2006/07	2007/08	2008/09	2009/10
Diabetes Mellitus	11,862	12,898	13,927	14,770
Hypertension	33,721	35,396	37,445	39,272
Chronic Kidney Disease	4,478	6,361	8,461	10,873
Primary Prevention Register		8,891	19,178	18,772 #
# Age reduced to 40 years				

MI Admissions

Emergency admissions to Royal Bolton Hospital with acute myocardial infarction as the primary diagnosis



Organizational Focus for IHI

- Patient-Self Management (Shared Decision-Making)
- Primary Care Redesign – Broad Definition of Primary Care
- Prevention – Promotion
- Integration and Linking (Social Capital)
 - Horizontal Systems
- Cost Control at the Population Level
 - Vertical System (ie Imaging, Readmission Rates, ER Use)

Primary Ideas

- Change Has to Happen at the Organizational Level in Order for Improvements to Happen at the Population Level
 - Set Specific Goals
 - Health Outcomes
 - Health Cost
 - Improving the Patient Experience
 - Measure the Issue
 - Design the Intervention

Successful Triple Aim Sites

- Culture of improvement and learning.
- Application of learning.
- Alignment of system levers and drivers for the population not always to the benefit of an organization.
- Cultural shift for society and providers in the rational use of resources.
- Focus on existing expenditure quality, productivity and efficiency.
- Regional focus collective power.

Comprehensive Financing

Employer

Wages

IHI and Accountable Health Plan Thinking

Insurance Premiums 80-90%



Federal Medicaid Match

Federal Medicare Tax – 95%

State Medicaid Funds

Out-of-pocket

Pooled Resources – Money for Health Care

Hospitals

Doctors

Pharmaceutical Companies

Medical Equipment Suppliers

Other Health Professions

Question

How do we move towards the Triple Aim in New Mexico, given the nature of the challenges that are likely to be encountered?

Common Thinking:
IHI Triple Aim
and the
Hidalgo Accountable
Health Plan

Why We Think This Works

- Improvement in population health requires addressing socioeconomic determinants of health, including income inequality and primary care availability and access – Barabara Starfield
- HMS – CDC Cooperative Agreement – “LA VIDA” reduced HBA1c levels in 500 Hispanic patients with Diabetes from 8.4 to 7.6 now a CEED CDC dissemination program in NM, AZ and Missouri
- HMS – ACF/OPHS Grant – “GUTS” – Teen Parent Support. NM Repeat Teen Pregnancies 23% / Guts 7%, NM Teen HS Grad Rate 7% / GUTS 89%.
- HMS – UNM – Molina “Client Support Assistants” Contract. Reduced cost of most expensive Medicaid patients 72% in first 18 months. Lovelace added to HMS in Fall 2009. HMS serving Grant, Hidalgo, Luna and Dona Ana. Capitation payment method.

Payment Models in Health Care Need to Support Societal Goals Increased Health and Lower Cost

- **Base Support**
 - Public Payments support comprehensive services with a focus on Prevention / Patient Management and Community Health
- **Incentives**
 - Significant Incentives are Developed to Support Improved Health Outcomes
- **Risk**
 - Some risk is shared for unnecessary costs in the System

Core Services

- **NEW Core Service Concepts – Medical Home +**
 - Primary Prevention – Social Marketing
 - Field Case Management
 - Chronic Disease Management – Health Teams / Peers
 - Integrated Nutrition and Physical Activities
 - Group Processes – Peer Support
 - Sub-Specialty Tele-Consultation
 - Community Development
- **Maintain Historic Services**
 - Primary and Emergency / Urgent Care
 - Medical
 - Dental
 - Mental Health
 - In-Patient Relationships

Key Concepts

- Per Person Per Month Payments
 - Allow for Provision of Core Services
 - Provide Incentives for Health Outcomes Goal Attainment
 - Effective Cost Management Measures
 - Risk Sharing for Unnecessary Care
- Strong Primary Medical, Dental, Mental Health Base
- Core Competencies / Best Practices / Comparative Effectiveness Analysis / Evidenced Based Interventions
- Social Marketing – Expanded Points of Entry
- Broad Health Care Teams – Community Health Worker Directed Support
- Alternative Learning Environments
 - Social Learning Theory
 - Community and Family Focus

Development Costs

Payment System Design

- Costs of Covering the Uninsured
- Base Scope of Services – Scope of Services
- Incentive Plan
- Risk Sharing

Outcomes Analysis

- Scope of Measurement – Indicators
- Baseline - Metrics
- Targets: Health Status and Service (Value: Incentives/Risk Structure)
- Data Systems Design - Outcomes

Delivery System Improvements

- Staffing Ratios
- Best Practices – Comparative Effectiveness Research
- Structured Interventions