Identifying The Design Elements of Successful Models

January 19, 2016

Models of Care for High Need Patients

National Academy of Medicine Symposium

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Advanced Medical Home Models

- The most successful programs in managing high-need patients have targeted either:
  - Age groups combined with a broad combination of diagnoses, or
  - High utilizers

- These cluster in four broad types of programs:
  - Pediatric Medical Homes
  - Complex Chronic Care for adults
  - Home- and Community-Based Palliative Care
  - Super-Utilizer/Hot-Spotter Programs

Common Design Elements

Mission Point Health Partners

- Clear global financing model
  - Allows personalized responses to patient needs
  - Allows iterative learning and shifts of resources
- Clear leadership commitment by organization (P&L, strategy)
- Substantial workforce role changes
- 24x7 availability of knowledgeable staff – trust and confidence
- Integration of behavioral health services
- Integration of broadly-defined social services

ChenMed

- A one-stop-shop approach for delivering multispecialty services in the community
- Smaller physician panel sizes of 350–450 patients that allow for intensive health coaching and preventive care
- On-site physician pharmacy dispensing
- Collaborative physician culture with peer review
- Customized information technology

…in comprehensive programs

Rapid and dramatic improvements…

- Reductions in ED, hospitalization, and SNF
- High patient and caregiver satisfaction
- Improvements in specific measures of clinical care management such as medication adherence

Leading to the conclusion that…

- <u>We know how to do this</u>
- <u>And it is being done, quietly, in many places</u>
  - Better known commercial models like CareMore, ChenMed
  - A few successful ACOs
  - Many "commercial ACOs"
  - Some Medicare Advantage plans
  - Many duals programs

A New Design Element

Technology Enablement

- Remote management = complex, on-going, compelling interactions with patients in the home: *Vivify**

- Decision support for care managers = assistance in placement, coordination of providers, social services: *RightCare/NaviHealth**

  - *Presenter has no affiliation or financial relationship with companies or products included for illustration.*

Barriers are Formidable

- Very high initial investment for most delivery systems

- Complex program development, disruptive
  - Problem of "build it yourself"
  - New roles, scope of practice
  - Loss of revenue for parent health system

- Punitive reimbursement environment
  - Myth of 'gain-sharing' benefit to delivery systems

- Technology capabilities, bandwidth of delivery systems

- No payment for or incentive for scaling – many are stuck in "pilot-itis" of 20~50,000 MSSP beneficiaries

... so we can't expect these models to scale quickly without substantial policy and payment changes.

Need Nike in Health Care