Key Considerations for the Future of Hybrid Care Delivery to Improve Pain and SUD Outcomes: Payer Perspective

Telehealth & Virtual Care Meeting Series
Improving Care Delivery and Innovation

4/25/2022

William M. Lopez, MD, CPE
National Medical Director for Virtual Care
Evernorth
Advantages of hybrid care models for payers, and how these may impact members with pain and SUD

- Enhance access and convenience for our customers.
- Increase compliance with treatment: Many customers do not complete on site PT which could be based on cost, time from work/family or other inconvenience.
- Better behavioral coaching integration
  - Motivational Interviewing
  - Applied Behavioral Analysis
  - Cognitive Reframing
- Better outcomes as the customer has more than just a print-out of their exercise program
- Decreased cost of care (TMC).
Barriers and challenges for payers in advancing hybrid care models:

Finding the right virtual provider partner that offers a holistic care model for pain management: PT, CBT, med management.

Engaging customers in treatment: The single biggest factor in failed physical therapy is non-compliance with home exercise program. More than 2/3 of patients don’t comply.

Primary causes of patient non-adherence to home exercise program

- Don’t feel they can be successful
- Discouraged by their pain levels
- Forgot, doesn’t fit into daily routine, conflicts with family/work obligations
- Lack of social support and positive feedback
Examples of innovative, patient-centric models of hybrid care delivery to reduce fragmentation and incentivize collaborative care

- Partnership with RecoveryOne: A digital physical therapy program that provides a complete PT solution conveniently delivered via smartphone, tablet, computer, or smart TV. RecoveryOne has over 180 clinical pathways that cover the full body (neck down) and span all points in the recovery lifecycle: from conservative and pain relief treatment to prehab and surgical recovery.

- Cigna is working on an E2E MSK journey to support those with back pain and hip/knee OA with navigational support to reduce fragmentation and help align the customer to the most appropriate care whether digital, virtual, onsite along with high performing provider alignment. Currently under pilot in Colorado.

- Reimbursement:
  - Cigna collaborated with American Specialty Health (ASH) to include PT CPT codes in the virtual reimbursement coverage policy.
  - CMS rolled out new Remote Therapeutic Monitoring (RTM) codes specifically addressing MSK diagnosis. These codes complement existing RPM solutions.
Strategies and best practices for aligning payers and provider incentives:

Value-based reimbursement with payer providing exchange of information:

- HEDIS-Like Measurements: IET (Initiation and Engagement of Alcohol and other Drug Dependence Treatment) and FUA (Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence)
- Service utilization (Higher level treatment, Re-admission, ER, Urgent)
- Medical claims-PMPM Cost for MH/SUD services as well as “Total Cost of Care”
- Collaborative Care Measures:
  - Finding and integrating medical home / PCP (working with existing provider networks with a focus on PCMH and PCMH Practices)
  - Referrals into Cigna Network for members needing elevated BH care
  - Completion rates for referrals
  - Other Outcomes of referred or collaborative care
What About SUD?

- Advantages of hybrid care models for payers: access, convenience, compliance, privacy.
- Barriers and challenges for payers in advancing hybrid care models:
  - Finding the right partners that would engage in value-based relationships.
- Examples of innovative, patient-centric models of hybrid care delivery to reduce fragmentation and incentivize collaborative care: Evernorth has partnered with multiple providers that offer a combination of virtual and face-to-face services.
  - Monument
  - MAP
  - Bright Heart Health
- Strategies and best practices for aligning payers and provider incentives: Evernorth has value-based relationships with these virtual provider groups.