Pennsylvania's Efforts to Transform Primary Care

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Prescription for Pennsylvania

Prescription for Pennsylvania is a set of integrated practical strategies for improving the health care of all Pennsylvanians, making the health care system more efficient and containing its cost. Our Medical Home initiative came out of Rx for PA.

Right State | Right Plan | Right Now

Rx for Affordability

Cover All Pennsylvanians

Coverage for College Students and Young Adults

Community Benefit Requirements

Uniform Admission Criteria

Fair Billing and Collection Practices

Capital Expenditures

Small Group Insurance Reform

Transparency of Cost and Quality Data

Rx for Access

Health Care Workforce

Removing Practice Barriers

- •CRNP's
- •Physician Assistants
- •Nurse Midwives
- •CRNAs
- •Pharmacists

Cost-Effective Sites

Co-Occurring Disorders

Rx for Quality

Health Associated Infections

Quality Outcomes

Technology

Pay for Performance

Chronic Care

Health Disparities

Child and Adult Wellness

Long Term Living

End of Life and Palliative Care

Scope of Practice Law Changes

- Pennsylvania had some of the worst scope of practice laws in the country, e.g., only state where nurse midwives could not prescribe.
- Need to ensure that all primary care providers can practice to the full extent of their education and training.
- We were able to get improvements in law for CRNPs, nurse midwives, dental hygienists, pharmacists, physical therapists and physician assistants.
- Since the CRNP change 41 clinics have opened, employing 200 nurses with 300,000 visits/year, half of which would have been ER visits.
- Lesson: Maximize workforce

Primary Care on Life Support in Pennsylvania

- 20% of primary care physicians plan to leave practice in next 5 years and 43% within 10 years.
- Very few residents are going into primary care.
- When surveyed about why residents are choosing primary they cite the chaos of primary practice, being on a hamster wheel seeing patients every few minutes and reimbursement that does not begin to cover student loans.
- Existing practices often have the doctor spending all face time with the patient and are not using their staff efficiently.
- The net result is not good for the practitioner, the patient or health care's bottom line.

Transforming Chronic Care in Pennsylvania

- 80% of health care costs is for 20% of patients with chronic conditions.
- Improving chronic care is win-win for both cost reduction and improved quality.
- For 2007, PA hospitals charged $4 billion for avoidable hospitalizations for those with chronic conditions. This does not include avoidable ER.
- We know that patients are receiving only about 56% of the evidence-based primary care they need and it is even less for those with multiple chronic conditions.
- We needed to change both how care is delivered at the primary care level and how it is paid for, and to do so we needed to partner with the private sector to get it done.

The Governor's Chronic Care Initiative

- The Pennsylvania Chronic Care Management, Reimbursement and Cost Reduction Commission was established by Governor Rendell's Executive Order in May 2007
- The Commission presented its Strategic Plan to the Governor on February 13, 2008
- Business case and framework for implementing a combination of the Chronic Care and Patient-Centered Medical Home models across the Commonwealth. See: http://www.rxforpa.com/ChronicCare.html
- Implementation has been incremental and coordinated by region (began May 13, 2008)
- Targeting diabetes (with co-morbidities) and pediatric asthma and then spreading to high risk patients
- Partner organizations such as the PA Academy of Family Physicians, Insurance Companies and Community Stakeholders are vital to the success

Transforming Chronic Care in Pennsylvania

- The strategic plan outlined to (1) change how care was provided to all patients through a combination of the PCMH and Chronic Care Models, and (2) reward practices that transform how care is provided. The goal is to improve care for all patients.
- State supervision of the discussions on payment provided antitrust protection.
- All major payers, except Medicare FFS, participated including our Medicaid HMOs.
- Payors and PCPs committed to a three-year initiative.

General Framework

- Financial Incentives for start up and NCQA certification and, in NE, shared cost savings
- Practices selected and their teams identified (physician, RN/MA/LPN and other key staff)
- Prework
- Learning (educational) Sessions - 7 days first year then 2 meetings a year thereafter
- Monthly Data and Narrative Reporting
- Apply for Patient-Centered Medical Home recognition from NCQA
- Monthly Conference Calls
- Coaching and Expert Faculty Support

SE Payment Triggered by NCQA PPC–PCMH Recognition

Annualized revenue per full-time-equivalent practitioner from all sources for implementing the features of the PCMH recognizes economies of scale and the incremental resources to achieve full transformation of the practice to include all features, *discounted by* the % of practice revenue derived by Medicare FFS and insurers with low market share.

NCQA PCMH Recognition Level	Practice 1 FTE	Practice 2-4 FTEs	Practice 5-9 FTEs	Practice 10-20 FTEs
Level 1	$40,000	$36,000	$32,000	$28,000
Level 2	$60,000	$54,000	$48,000	$42,000
Level 3	$95,000	$85,500	$76,000	$66,500

Started in SE PA in May 2008

- 32 practices, of which 9 are FQHCs/FQHC look a likes
  - representing 236 PCPs
  - serving 209,354 patients
  - internal medicine, family practice, pediatrics and CRNP-led practices
  - all sizes of practices (three one-physician practices to three10-20 physician practices)

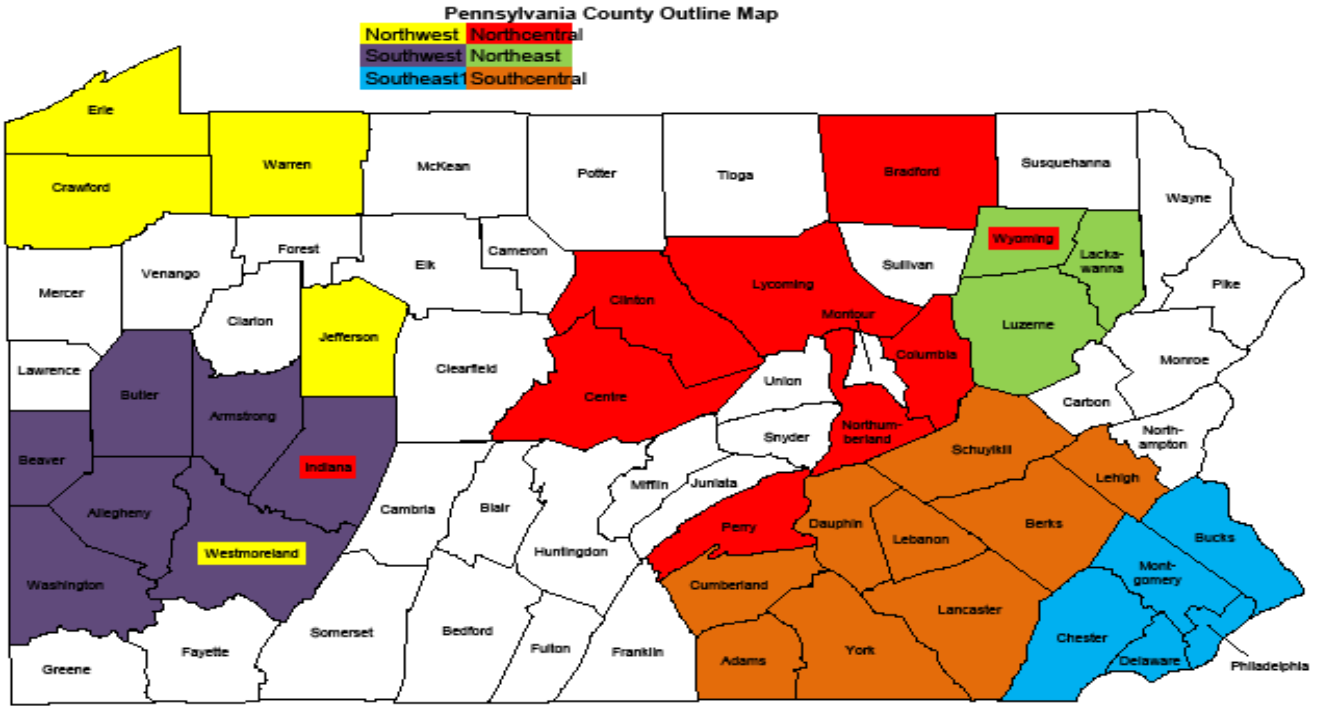
SE First Year Outcomes

- All 32 practices achieved at least Level 1 NCQA certification within 12 months
- 33% improvement in diabetics who gained control of their blood sugar
- Number of diabetics getting eye exams increased 71% and foot exams 142%
- Those who lowered cholesterol below 130 increased by 43% and blood pressure below 140/90 by 25%

Preliminary Results for 1 MA HMO

- Diabetes (1452)
  - 11.3% increase in prescription costs
  - 26% reduction in inpatient admissions
  - 18.4% reduction in ER visits
  - 15.9% reduction in overall costs ($46.37 pmpm)
- Asthma (1227)
  - 17% reduction in inpatient admissions
  - 6.3% reduction in overall costs ($9.60 pmpm)
  - 42% reduction in ER visits
- "utilization definitely went down"

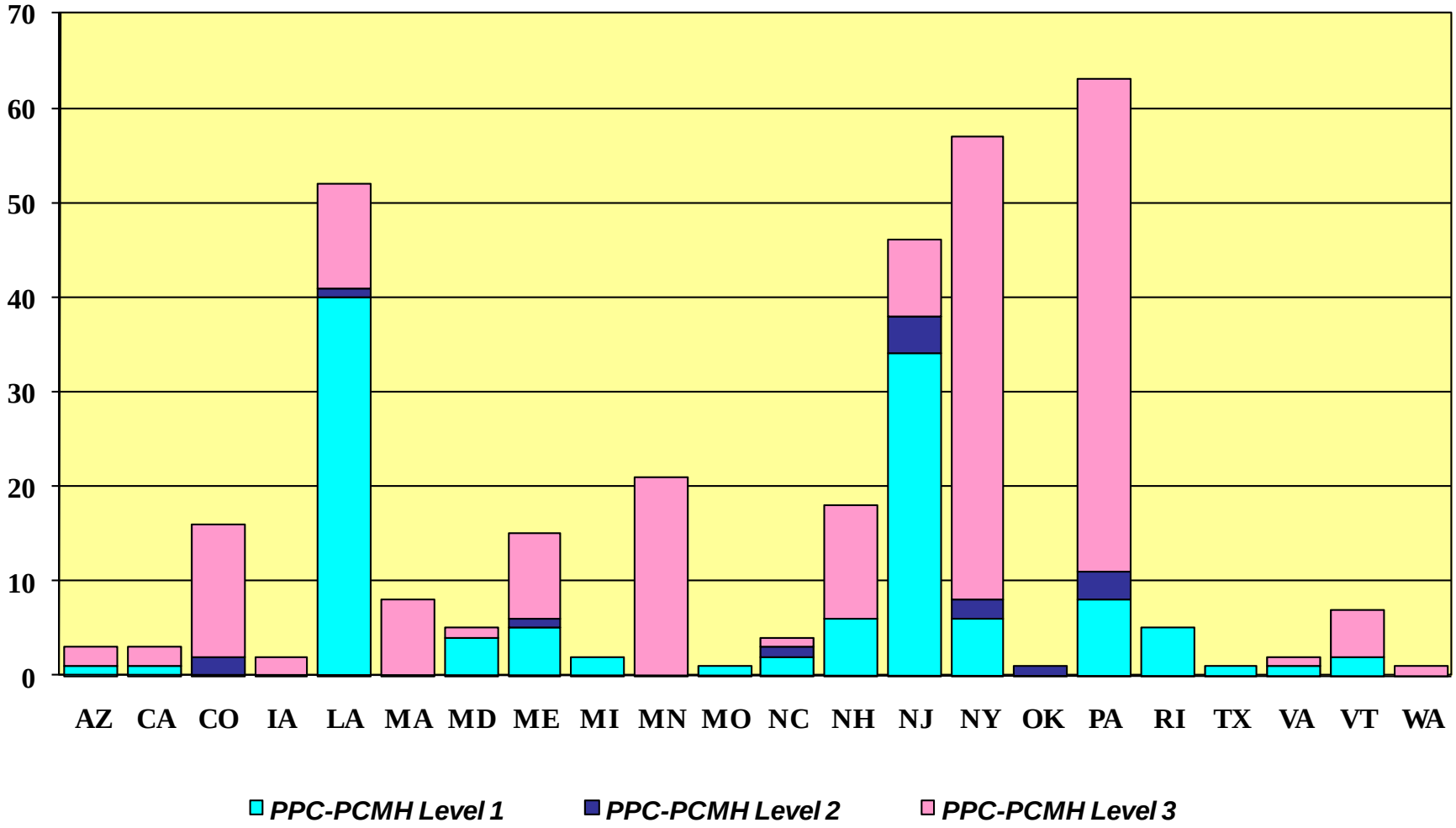
Implementation of the Chronic Care Model in Pennsylvania



A Look at the Numbers

Region	Number of Practices	Total Providers	FTE'S	Total Reported Patients	Average FTE's/Practice	Average Patients/FTE	Year 1 Payments	Total Estimated Payments By Insurers
SEPA	32	206	150.5	209,354	5	1,391	$1,965,982	$13,599,231
SCPA	25	78	65.5	136,317	3	2,081		$4,711,210
SWPA	23	86	64.0	154,435	3	2,413		$6,219,842
NEPA	37	139	89.0	216,049	2	2,428		$5,867,535
NWPA	19	34	37	73,964	2	2,026	$192,000	None
NCPA	14	81	81	75,049	6	927	$168,000	None
SEPA 2	23	159	159	228,078	7	1,434	$276,000	None
Grand Total	**171**	**783**	**646**	**1,184,908**	**4**	**1,694**	**$2,601,982**	

NCQA PPC-PCMH RECOGNIZED PRACTICES BY STATE (As of 11/30/09)



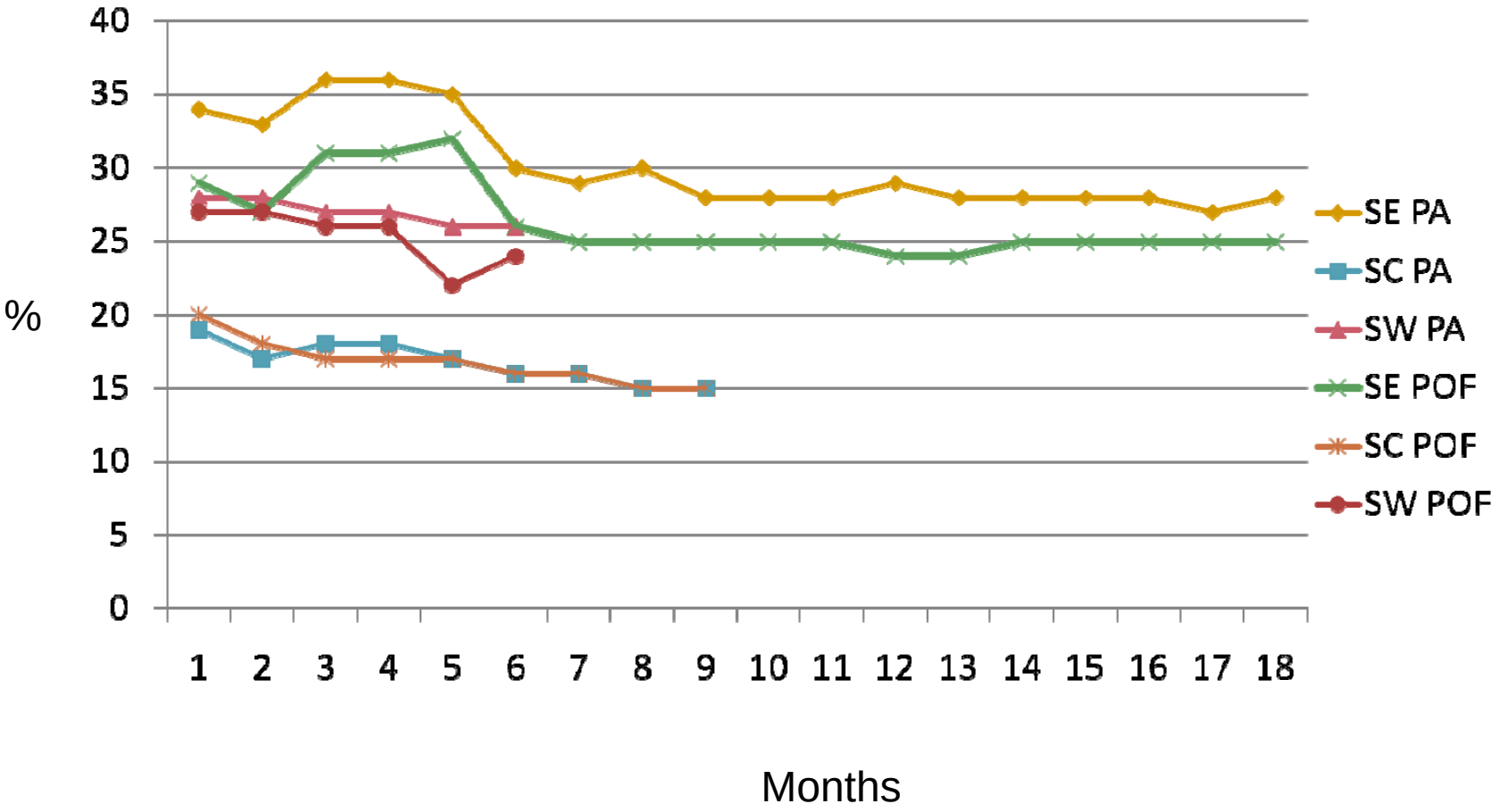
Anticipated Gains

- Improved quality of care within one year
- Reduced admissions and cost in three years
- Improved access to care and member satisfaction
- Support for the vulnerable and essential primary care professional community
- A robust demonstration of the impact of a far-reaching, multi-payer strategy to transform care delivery
- Lessons learned to hopefully apply to a broader system-wide model application

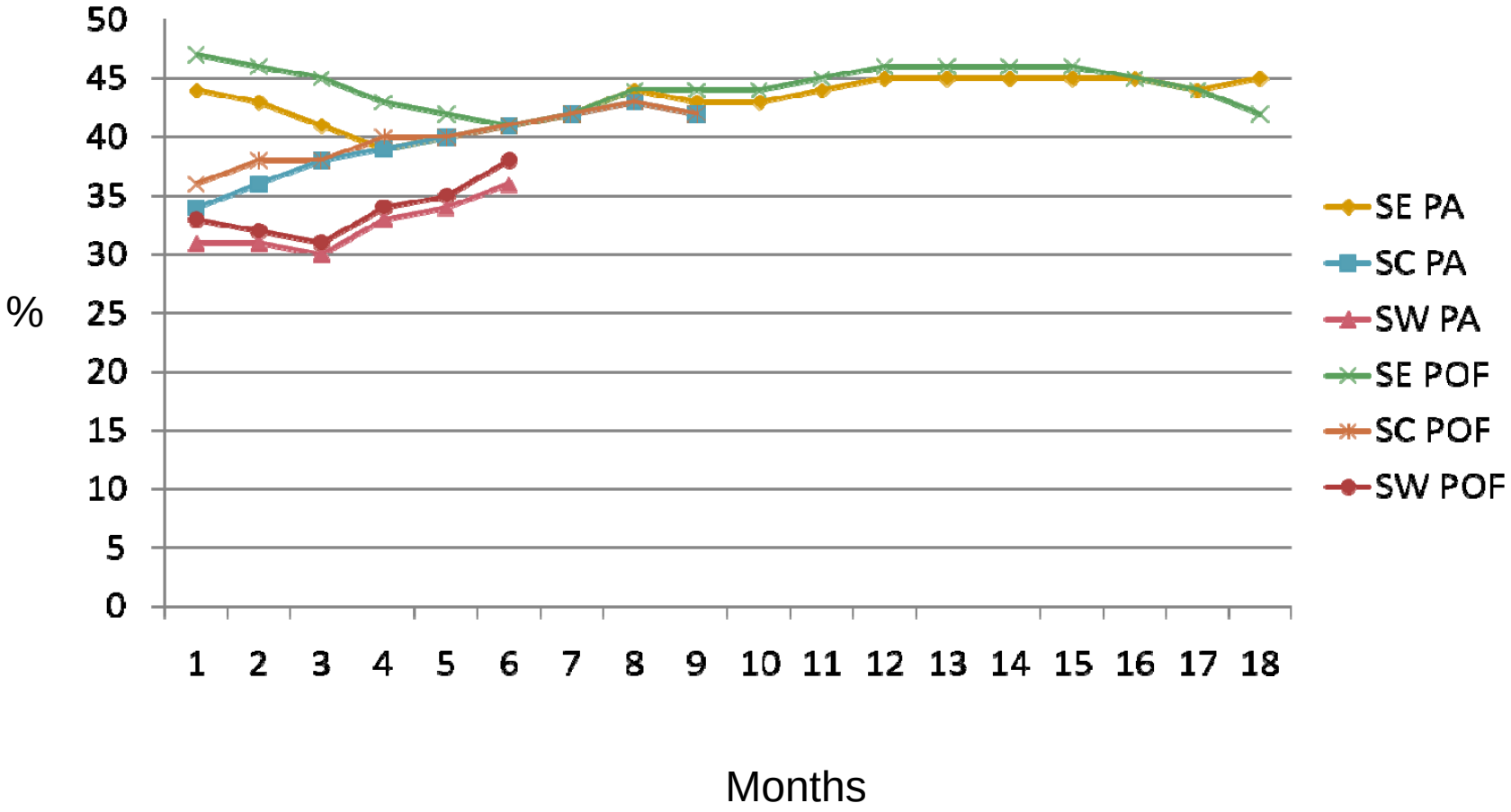
Target Populations by Region

- SE PA Total Population
  - 11,000 diabetes patients in 25 practices
  - 5,000 pediatric asthma patients in 8 practices
- SC PA Total Population
  - 8,250 diabetes patients in 22 practices
  - 600 pediatric asthma patients in 2 practices
- SW PA Total Population
  - 7,000 diabetes patients in 22 practices

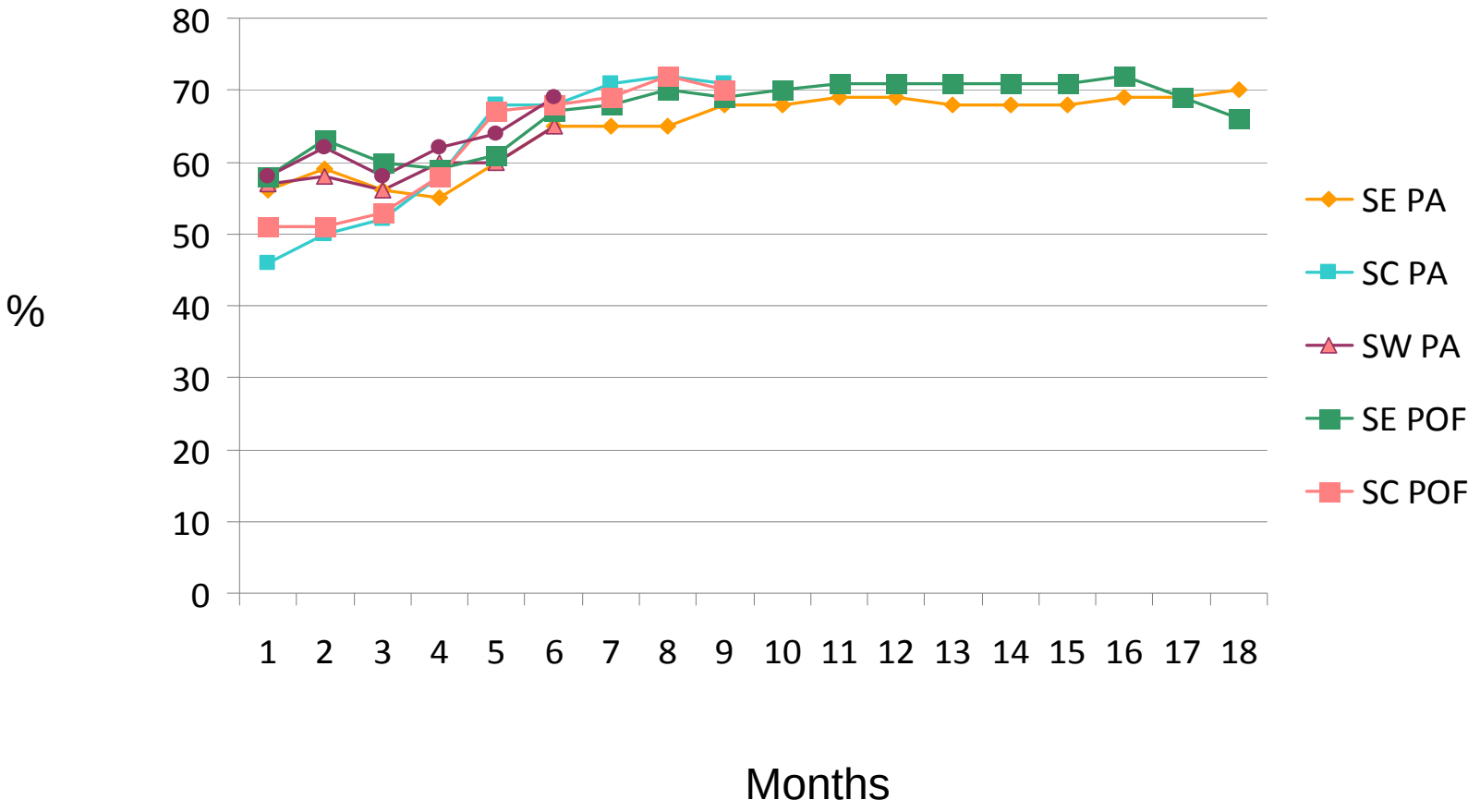
Aggregate Average % DM Patients A1C>9.0 by PA Region



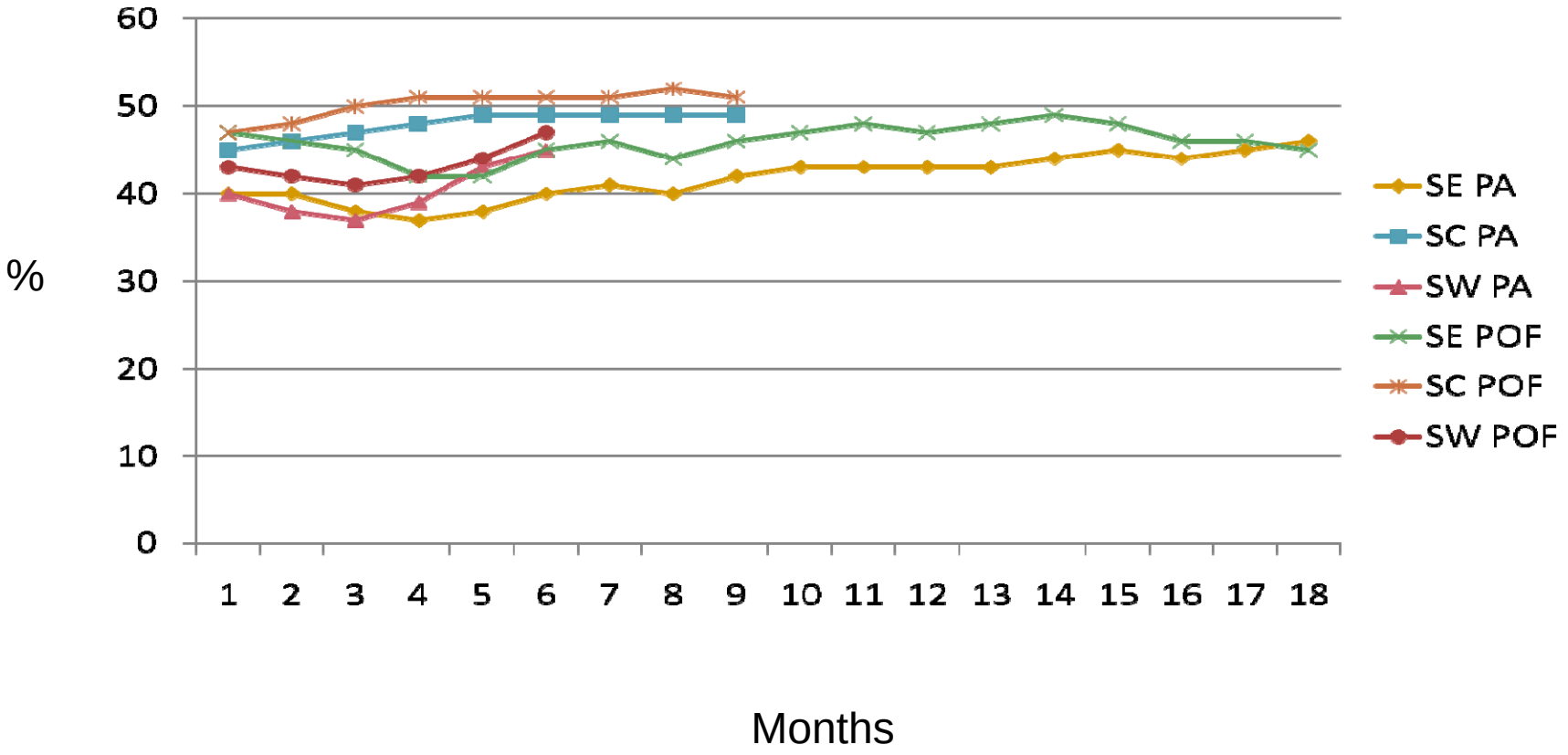
Aggregate Average % DM Patients BP<130/80 by PA Region



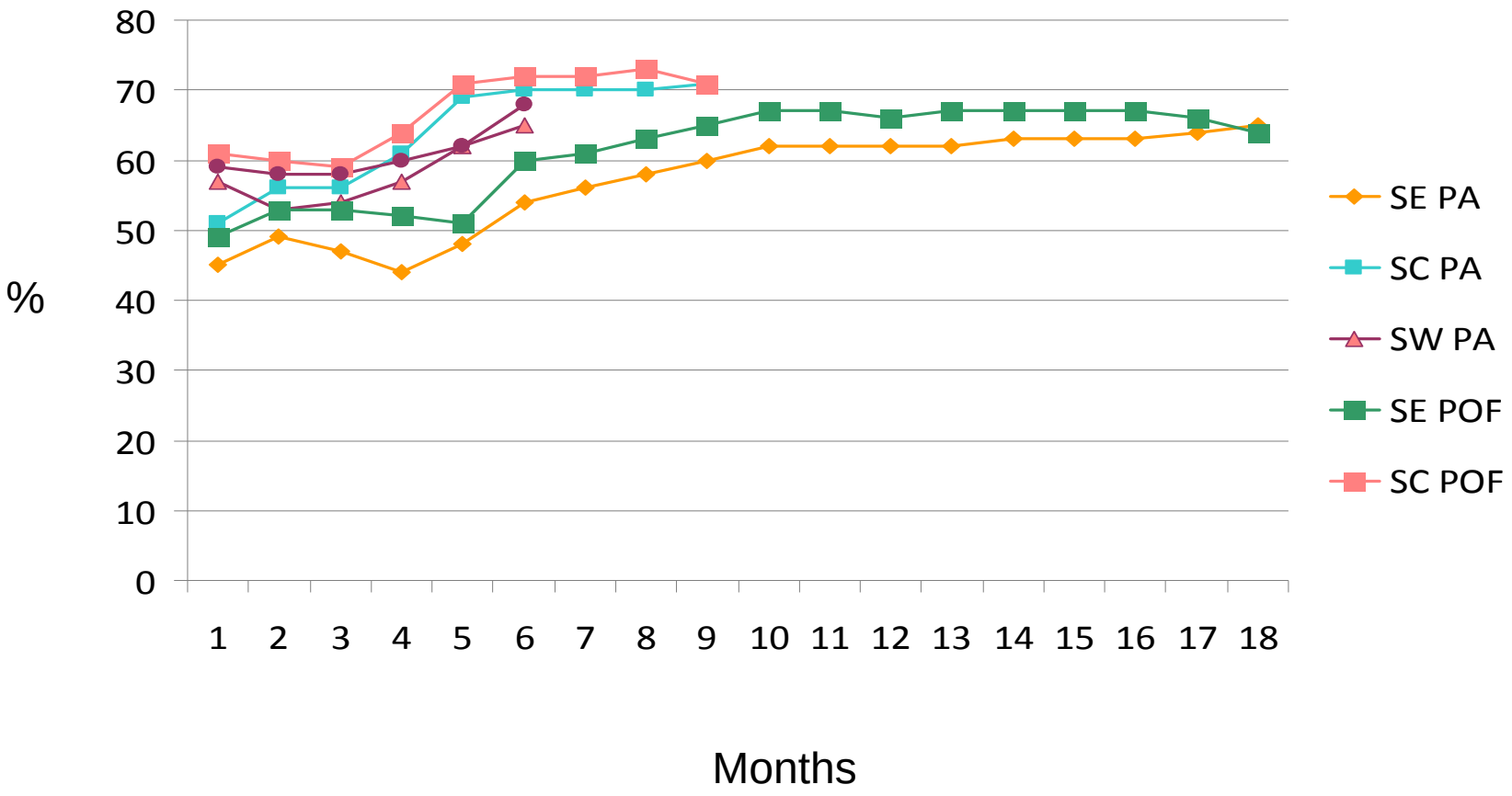
Aggregate Average % DM Patients BP<140/90 by PA Region



Aggregate Average % DM Patients LDL<100 by PA Region



Aggregate Average % DM Patients LDL<130 by PA Region



This Has Been an Incredible Public-Private Partnership

- 1.5 years after starting the first Collaborative that we would have 783 PCPs working to transform their practices for over one million patients and that insurance companies would agree to pay almost $30 million more to support the transformation.
- And we are adding two more Learning Collaboratives in SW and Lehigh
- Lesson: don't need legislation to improve primary care!

Contact for Additional Information

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