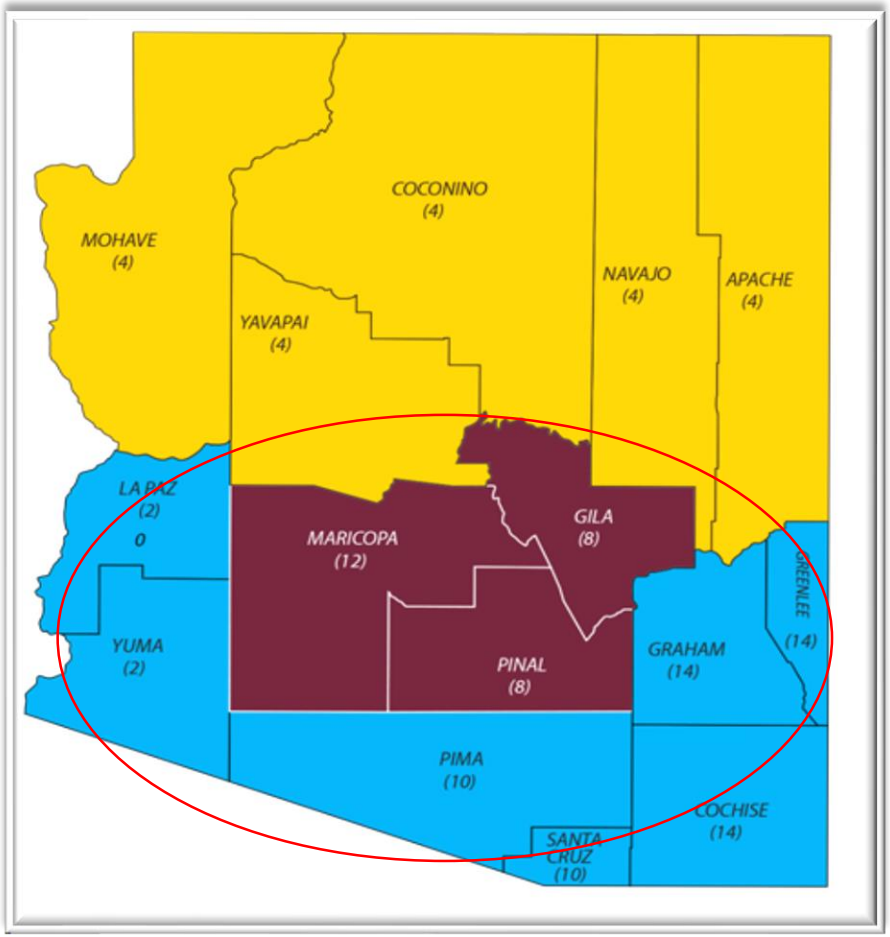
Value-Based Partnering Strategies

ACAP CEO Summit June 2019

Kathy Oestreich, CEO
Banner University Health Plans

Banner
University Health Plans

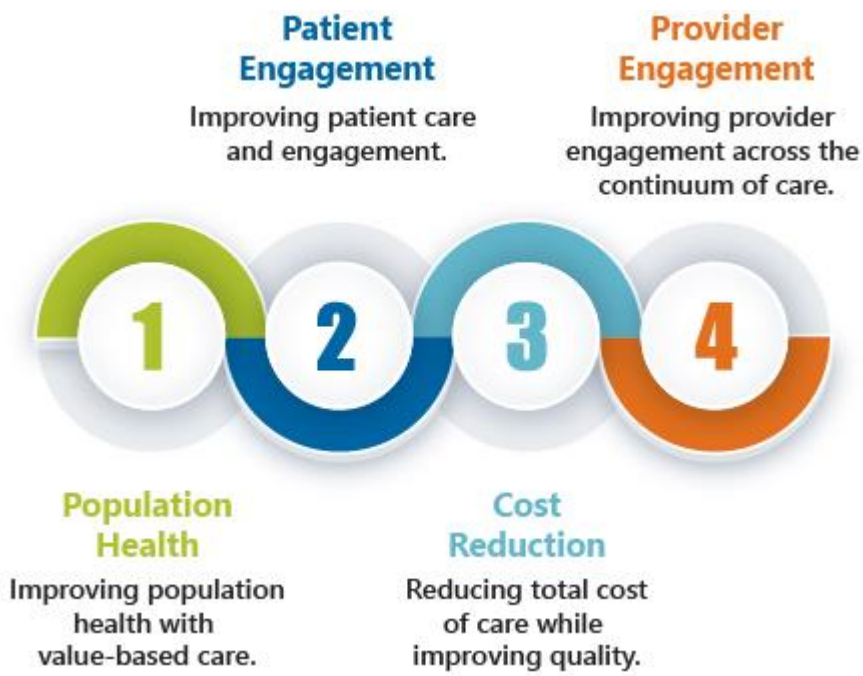
BUHP Geographical Footprint



Product	April 2018 Membership	April 2019 Membership
BUFC – Complete Care	133,290	195,240
BUFC – Long Term Care	6,219	6,605
BUCA – DSNP	9,802	13,718
Total BUHP	151,375	215,562

Value-Based Partnership – FOCUS

Committed to Quadruple Aim Model



- BUHP promotes the Quadruple Aim: improved health outcomes, member experience, value of care and provider experience. BUHP meets providers where they are and builds APM and integration readiness
- Our Value-Based team invests in each provider, to determine readiness and identify a clear path to advance integration and Alternative Payment Models
- We leverage our University of Arizona 30+ year partnership to create a model where providers of all service types share incentives and outcome goals, promoting integration of care

BUHP Valued-Based Purchasing – Strategy

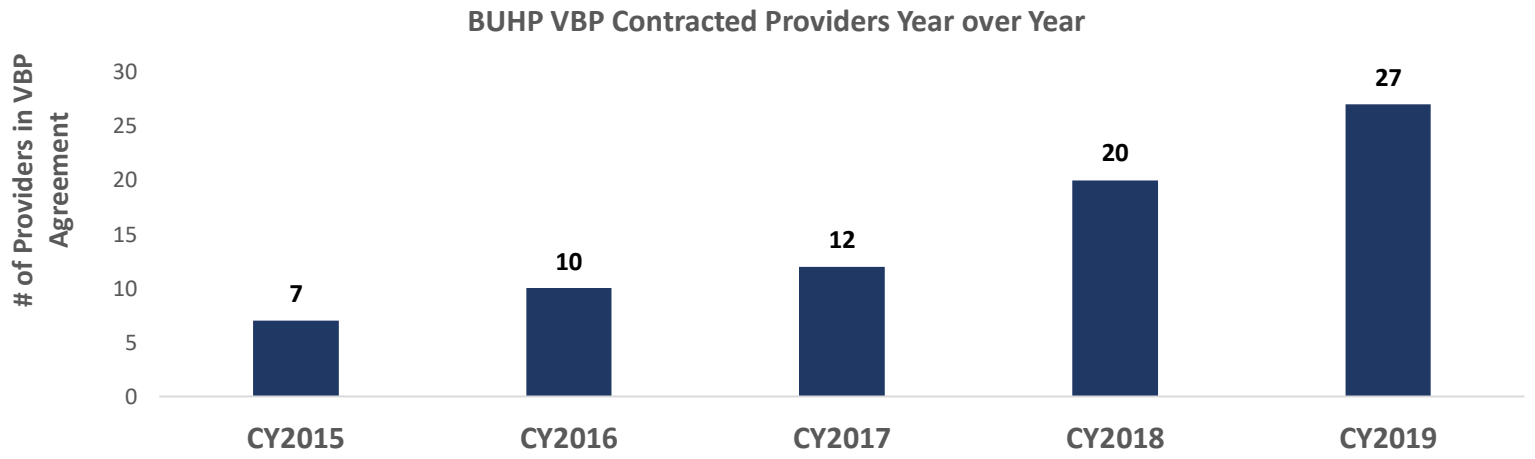
AHCCCS ACOM Policy Complete Care Contract Percent Payment Timeline:

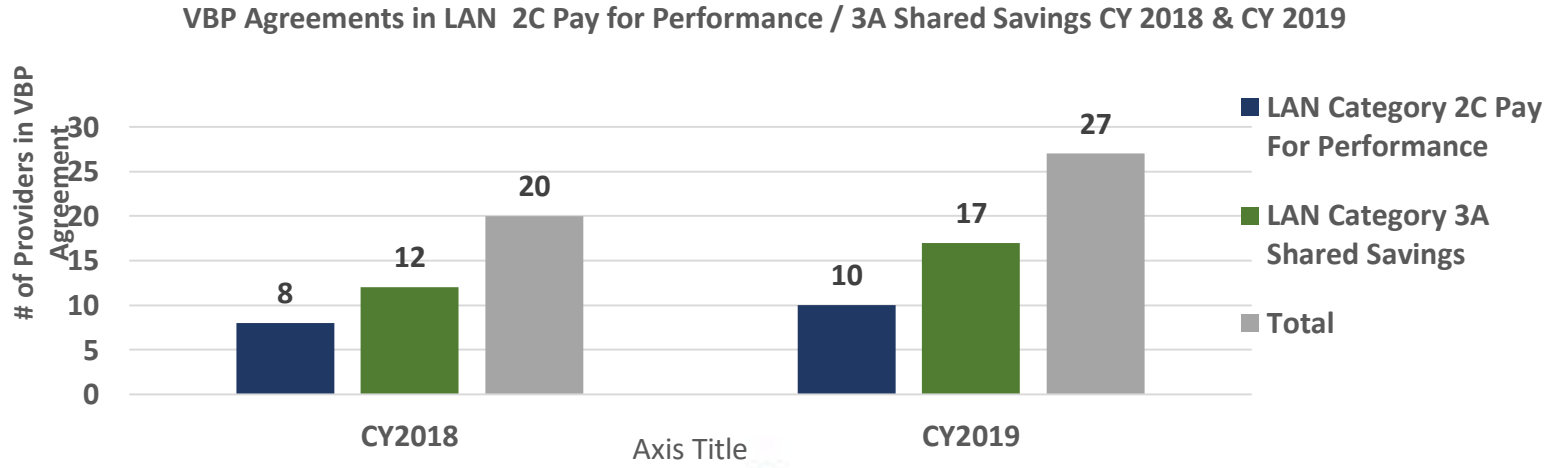
2017	**35%** of payments in VBP Agreement
2018	**50%** of payments in VBP Agreement
2019	**50%** of payments in VBP Agreement
2020	**70%** of payments in VBP Agreement

BUHP Currently at 55% Payment

- BUHP strategy initially driven by state policy to capture percent payment in a VBP
- BUHP works toward integrating care across services for our members, rather than the siloed approach that results from fee-for-service and block purchase models
- For those providers who need extra support, BUHP partnered with Equality Health to advance cultural competency and support the growth in VBP

Valued-Based Purchasing BUHP Overall Growth





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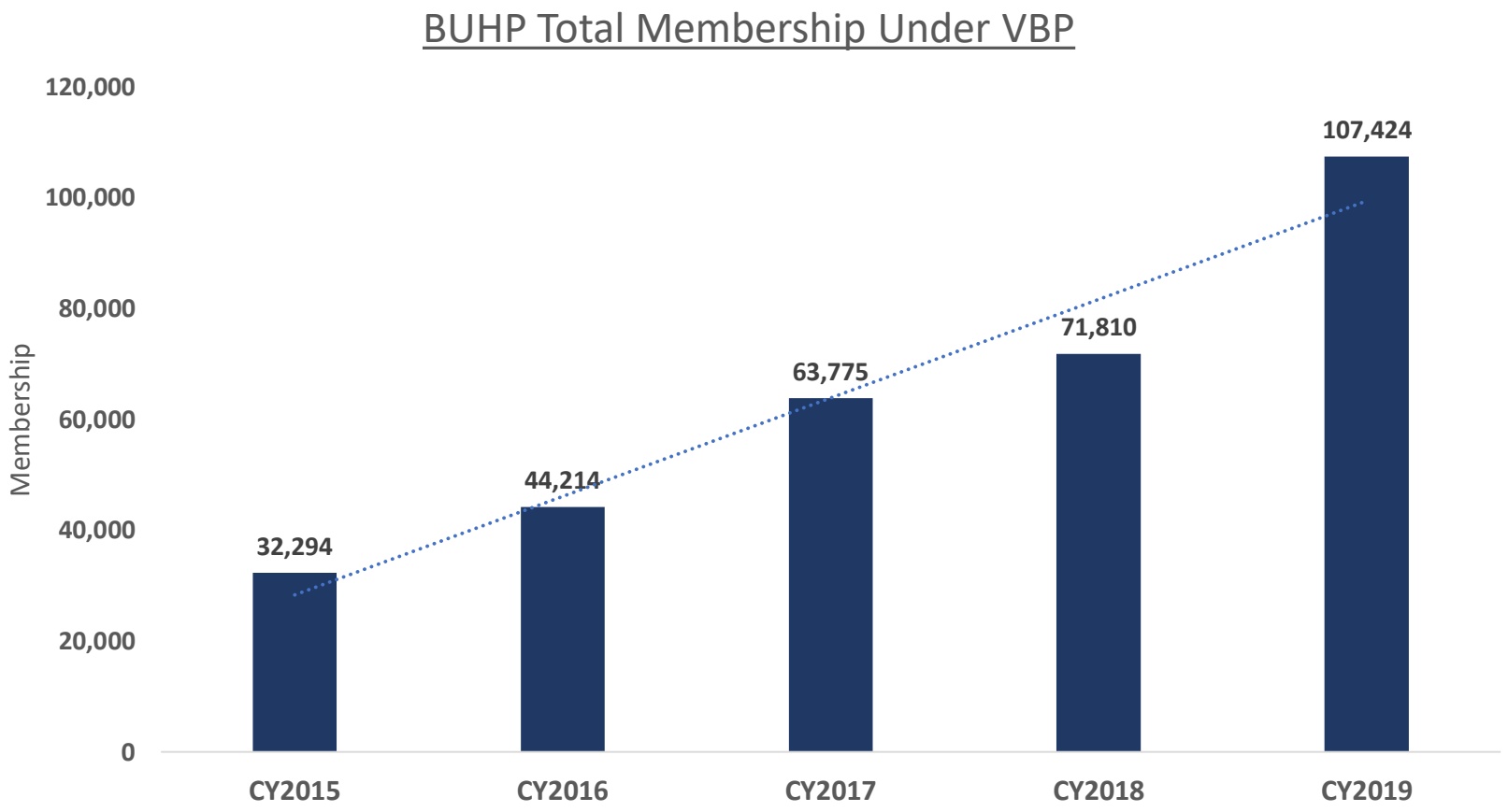
Total Members Under VBP Year Over Year



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Value-Based Purchasing – Primary Care VBP Scorecard Sample

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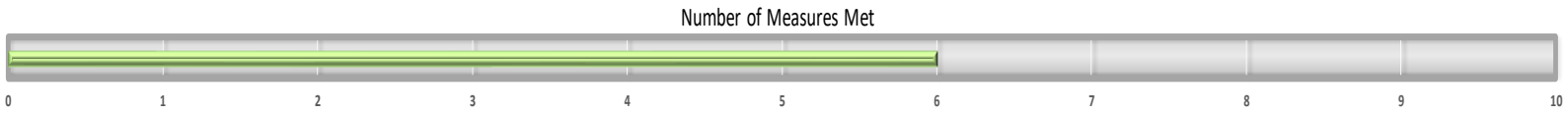
Contract Year 2018[October 1, 2017 – September 30, 2018]

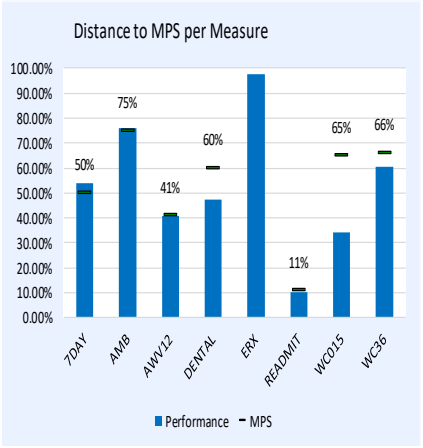
Value-Based Partnering Quality Metric Performance Scorecard

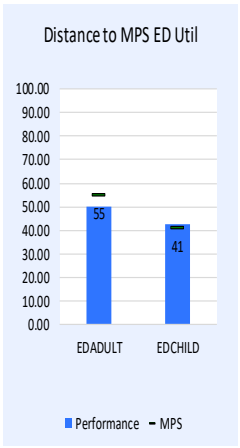


Measure Short	Measure	Numerator	Denominator	Performance	MPS	Status
7DAY	7 Day Follow up	247	459	53.81%	50%	ACHIEVED
AMB	Adult Access to Ambulatory Care	3113	4082	76.26%	75%	ACHIEVED
AWV12	Adolescent Well Visit 12-21	749	1826	41.02%	41%	ACHIEVED
DENTAL	Children's Dental	2108	4431	47.57%	60%	UNMET
EDADULT	ED Adult	1720	34348	50.08	55	ACHIEVED
EDCHILD	ED Child	1728	40408	42.76	41	UNMET
ERX	E-Prescribing	10328	10579	97.63%	90	ACHIEVED
READMIT	All-Cause Readmission	164	164	10.37%	11%	ACHIEVED
WC015	Well Child 0-15	78	227	34.36%	65%	UNMET
WC36	Well Child 3-6	441	728	60.58%	66%	UNMET

As of*

*As of 4/30/19	*As of 9/30/2018	*As of 9/30/2018	*Per Contract	*As of 4/30/19	*As of 4/30/19	*As of 4/30/19
# of Measures Met	Population of Active Patients	Member Months	Incentive Level Earned	INCENTIVE PYMT (Per member per month)	MLR FY18	% of Shared Savings Earned
6	7417	89004	$ 1.50	$ 133,506.00	96.86%	0%





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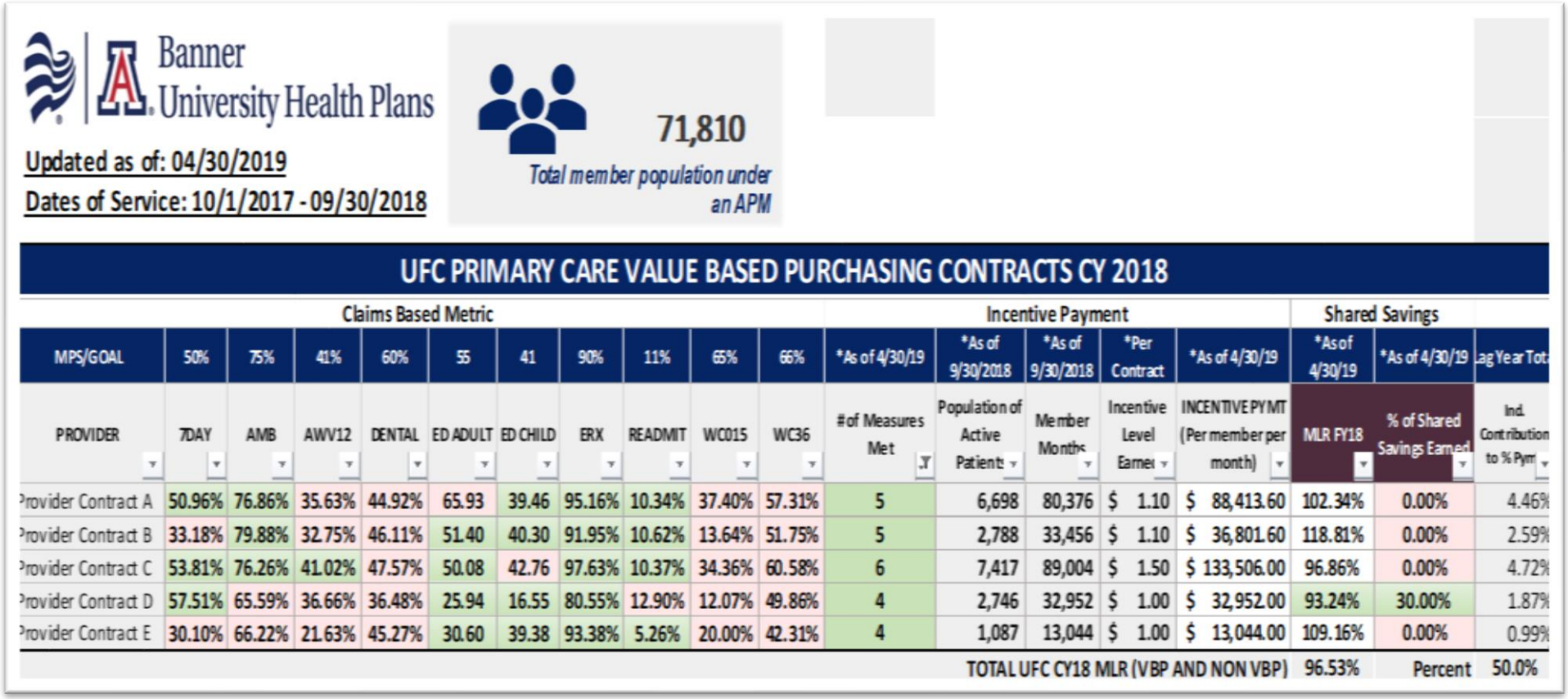
Value-Based Purchasing – Primary Care VBP Dashboard – Final 2018 Dashboard – Sample



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Updated as of: 04/30/2019

Dates of Service: 10/1/2017 - 09/30/2018

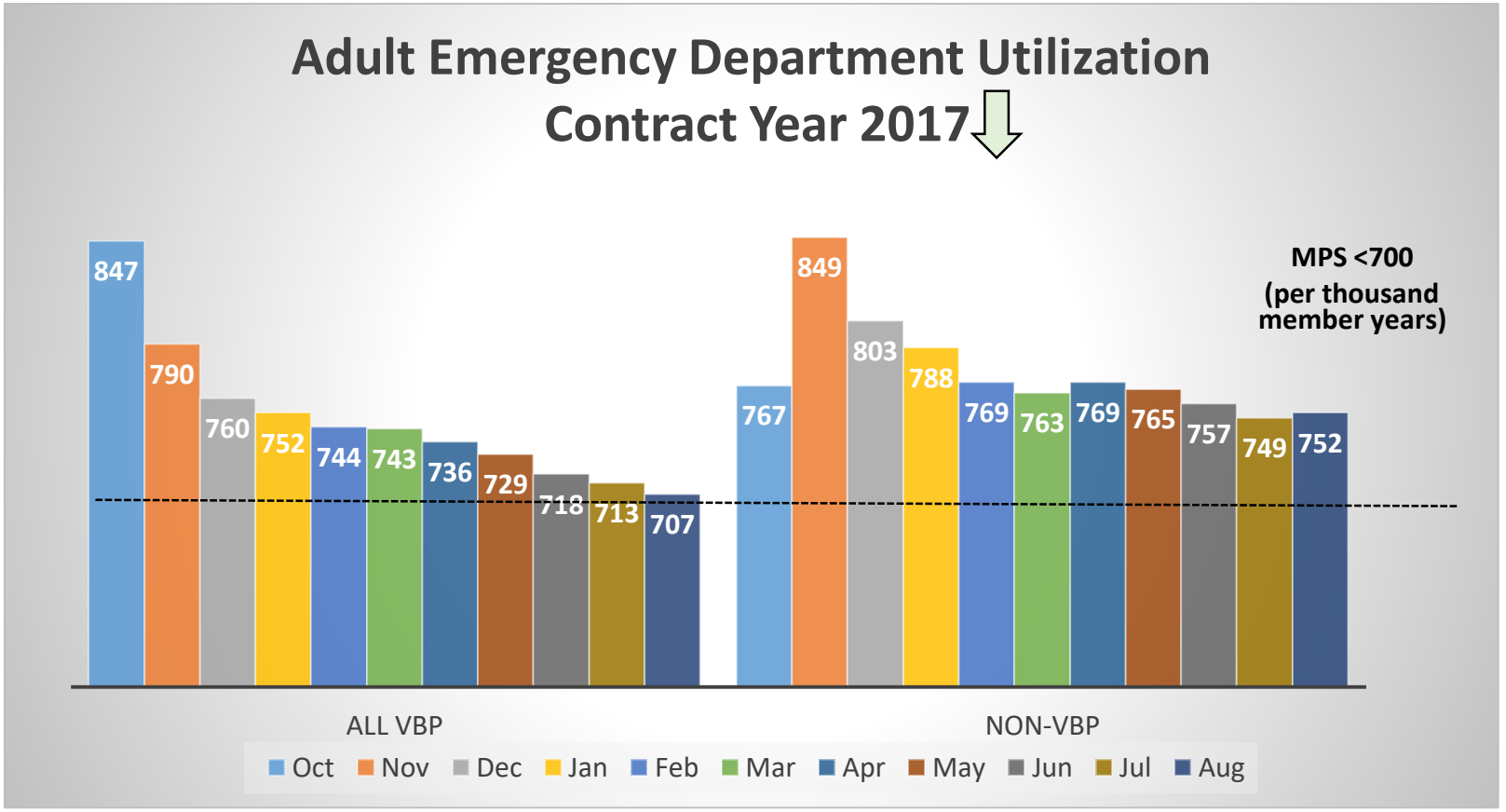
71,810

Total member population under an APM

UFC PRIMARY CARE VALUE BASED PURCHASING CONTRACTS CY 2018

	Claims Based Metric										Incentive Payment					Shared Savings		
MPS/GOAL	50%	75%	41%	60%	55	41	90%	11%	65%	66%	*As of 4/30/19	*As of 9/30/2018	*As of 9/30/2018	*Per Contract	*As of 4/30/19	*As of 4/30/19	*As of 4/30/19	Lag Year Tot
PROVIDER	7DAY	AMB	AWV12	DENTAL	ED ADULT	ED CHILD	ERX	READMIT	WC015	WC36	# of Measures Met	Population of Active Patients	Member Months	Incentive Level Earned	INCENTIVE PYMT (Per member per month)	MLR FY18	% of Shared Savings Earned	Ind. Contribution to % Pym
Provider Contract A	50.96%	76.86%	35.63%	44.92%	65.93	39.46	95.16%	10.34%	37.40%	57.31%	5	6,698	80,376	$ 1.10	$ 88,413.60	102.34%	0.00%	4.46%
Provider Contract B	33.18%	79.88%	32.75%	46.11%	51.40	40.30	91.95%	10.62%	13.64%	51.75%	5	2,788	33,456	$ 1.10	$ 36,801.60	118.81%	0.00%	2.59%
Provider Contract C	53.81%	76.26%	41.02%	47.57%	50.08	42.76	97.63%	10.37%	34.36%	60.58%	6	7,417	89,004	$ 1.50	$ 133,506.00	96.86%	0.00%	4.72%
Provider Contract D	57.51%	65.59%	36.66%	36.48%	25.94	16.55	80.55%	12.90%	12.07%	49.86%	4	2,746	32,952	$ 1.00	$ 32,952.00	93.24%	30.00%	1.87%
Provider Contract E	30.10%	66.22%	21.63%	45.27%	30.60	39.38	93.38%	5.26%	20.00%	42.31%	4	1,087	13,044	$ 1.00	$ 13,044.00	109.16%	0.00%	0.99%
															TOTAL UFC CY18 MLR (VBP AND NON VBP)	96.53%	Percent	50.0%

BUHP Value-Based Purchasing – ED Reduction Comparison



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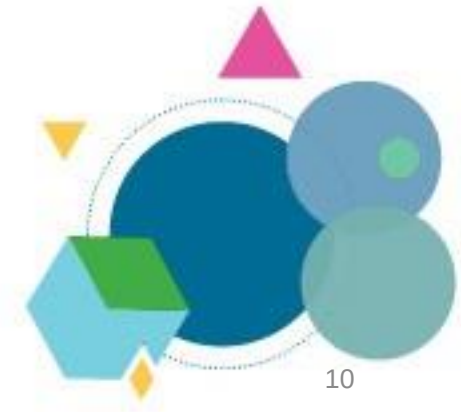
Alternative Payment Partnership – Unique Models

- Healthy Together Care Partnership
- Family Medicine Collaborative Care Model
- PYX Heath Technology Support VBP Partnerships



Healthy Together Care Partnership

- Home-based program at Banner University Medical Group for Health Plan SNP assigned members
- Interdisciplinary team
  - Nurse Practitioner, Clinical Pharmacist, Behavioral Health Consultant, RN Case Manager, Community Health Partner
- Funded by Banner University Health Plans
- Initiated in 2013

Healthy Together Care Partnership: Program Features and Goals

- Population health of an entire assigned primary care cohort
- Intensive care management for the most complex
- Co-management with primary care by Nurse Practitioner
- Align care across disciplines
- Addresses psychosocial aspects/SDOH

- Aims to
  - ✓Improve appropriate utilization
  - ✓Bend cost curve
  - ✓Improve quality of life
  - ✓Improve provider and patient satisfaction

Healthy Together Care Partnership: Payment Model

- Fee for Service for clinical care rendered
- $PMPM care management fee for total target population (approx. 800 SNP Members)
- Quality incentive bonus for achieving performance targets in key areas:
  - ✓ Readmission Rate
  - ✓ Hypertension Control
  - ✓ Diabetes Control
  - ✓ Medication Adherence
  - ✓ Annual Wellness Visits

Healthy Together Care Partnership: Program Outcomes and ROI

- CY 2013: $61 PMPM decrease in total cost
- Year over year, reduced ED and hospitalizations rates
- CY 2018: 30% decrease in ED and 17% lower IP admits
- Even more impactful for subpopulations:
  - 29% reduction in IP admits for those with diabetes
  - 32% reduction in IP admits for chronic kidney disease
- Comprehensive Health Assessment/Risk Adjustment Factor (RAF) value due to documentation accuracy is almost twice that of home-based assessment vendors

Vendor A	**2,731.92**
Vendor B	**2,207.20**
Healthy Together	**4,320.37**

Family Medicine Collaborative Care: Peer-Enhanced Model

- Integrated Behavioral Health Collaborate Care population model with psychiatric consultation
- Adds peer mentors to the care team
- Based on Aims Center Principles:

Person Centered Care	Population-Based Care	Measurement-Based Treatment to Target	Evidence-Based Care	Accountable Care
Primary Care and Behavioral Health Shared care planning	Planned care of identified groups aimed at improving conditions and use of shared registry	Treatment and care plans reflect personal goals and clinical outcomes tracked and measured	Program participants are offered treatments with credible research evidence	Providers are accountable and reimbursed for quality of care and clinical outcomes

Family Medicine Collaborative Care: Payment Model

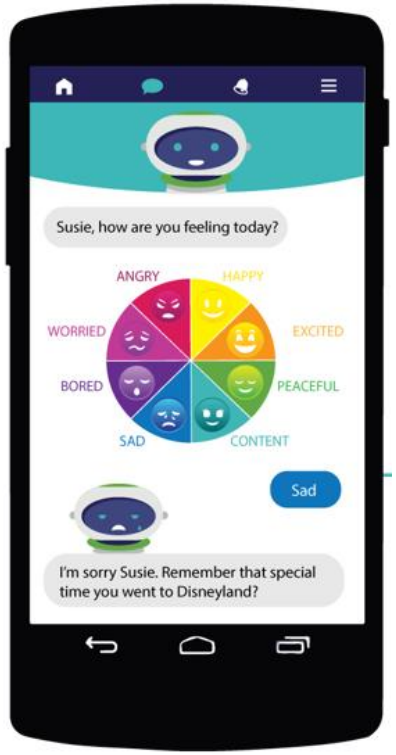
- Fee for Service for medical and integrated care services
- Population Health Management PMPM fee on attributed population (approx. 2,500 members age 18+)
- Quality Incentives for:
  - Depression screening and documented follow-up plan
  - Tobacco screening and documented intervention plan
- Practice transformation quarterly milestone payment
  - Payment for documented achievement of operational goals
    - Staffing
    - Registry development
    - Clinical care planning
    - Implementation of technology tools such as *Pyx Health* mobile support

Pyx Health

A Mobile Member Care Solution

THE MEMBER

- Emotional engagement centered around the member's needs
- Provides resources and care to the member is the moment
- Offers effective self-management specific to the member
- Connects members with their chosen natural support



THE HEALTH PLAN

- A member engagement tool that works with an average time on the app of 65 days
- Real-time social determinants data, allowing for enhanced stratification
- Alleviates burden of care management

NATURAL SUPPORTS

- A trusted source of insights into the member's overall well-being
- Suggested action and one-touch ways to support the member on the platform

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Banner University Health Plans & Pyx Health High Touch Delivery Strategy

- **Identified Banner University Health Plans Population:**
  - **27,000 adult Medicaid/ALTCS and Dual members. Members were identified because they had a mental health diagnosis on a claim in the last 12 months.**

- Population Stratification:
  - Top 20% (based on total cost): 4,179 members
  - Top 50 Highest ED Utilizers: 50 Members
  - Members with Depression + Anxiety: 4,187 members
  - Members with SUD Dx: 7,047 members
  - **Total Targeted Members: 15,463 members**

VBP Future Direction

- Continue to grow the percent payment/providers under a VBP
- Pursue community partnerships addressing SDOH
- Move to enable practices to support team-based care through shared risk models
- Partner with organizations supporting small practices and connecting communities through tech tools and face to face outreach
- Develop Neighborhood Network models