National Alliance
Medical Director on Demand

December 7, 2020

Representatives

- Faiyaz Bhojani, MD
- Jeffery Burtaine, MD
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- Ned Kusti, MD
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- Suresh Mukherji, MD
- Stan Schwartz, MD
- Bruce Sherman, MD
- Christa-Marie Singleton, MD

National Alliance
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Driving Innovation, Health and Value

Advanced Primary Care in the New Normal

National Alliance
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Driving Innovation, Health and Value

Agenda

Welcome & Introductions

- Background: Advanced Primary Care – Dr. Conard
- Featured Speaker – **Why Now is the Time and Your Role** - Ann Griener, President and CEO, Primary Care Collaborative
- Introduced by Greg Martin – Deputy, Chief Engagement and Dissemination Officer Acting Director, Engagement Awards PCORI
- Featured PCORI-funded Study – **Comparing Two Ways of Combining Behavioral Health Care and Primary Care for Adults** - Dr. Benjamin Littenberg, M.D., Principal Investigator PCORI-funded Project
- Discussion and Questions
- 2020 Medical Director Council Accomplishments

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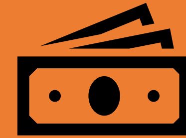
Background: Advanced Primary Care (APC)?

Primary Care delivers value for our health system;

Improved Outcomes

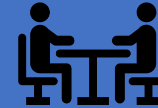
Longer Life



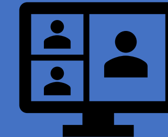
Lower Costs

But utilization has suffered, even more now due to COVID;

Misaligned Reimbursement



Lack of Care Coordination



Limited Infrastructure

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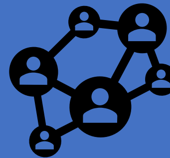
Today's Discussion

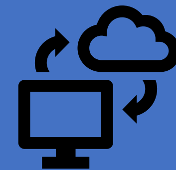
Today our speakers will present why these key attributes of APC are critical and worth the investment;

Enhanced Access

Behavioral Health Integration


Professional Care Coordination

Aligned Payment Structure


Tech-based Infrastructure

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Featured Speaker

Advanced Primary Care: Why Now is the Time and Your Role

Ann Greiner

President and CEO

Primary Care Collaborative

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Advanced Primary Care: Why Now is the Time & Your Role

December 8, 2020| ANN GREINER, PRESIDENT & CEO

Primary Care Collaborative

Mission

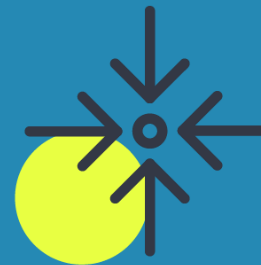
The Primary Care Collaborative advances comprehensive primary care to improve health and health care for patients and their families by convening and uniting stakeholders around research, care delivery and payment models, and policies.

Vision

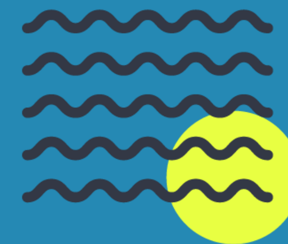
PERSON AND FAMILY-CENTERED

TEAM-BASED & COLLABORATIVE

COMPREHENSIVE & EQUITABLE



COORDINATED & INTEGRATED



CONTINUOUS

ACCESSIBLE

HIGH-VALUE

Results Fueled by PCC Executive Members

Accreditation Association for Ambulatory Health Care (AAAHC)
Alzheimer's Association
American Academy of Child and Adolescent Psychiatry (AACAP)
American Academy of Family Physicians (AAFP)
American Academy of Pediatrics (AAP)
American Academy of PAs (AAPA)
American Association of Nurse Practitioners (AANP)
American Board of Family Medicine Foundation (ABFM Foundation)
American Board of Internal Medicine Foundation (ABIM Foundation)
American College of Clinical Pharmacy (ACCP)
American College of Lifestyle Medicine (ACLM)
American College of Obstetricians and Gynecologists (ACOG)
American College of Osteopathic Family Physicians (ACOFP)
American College of Physicians (ACP)
American Osteopathic Association (AOA)
American Psychiatric Association Foundation
American Psychological Association
America's Agenda

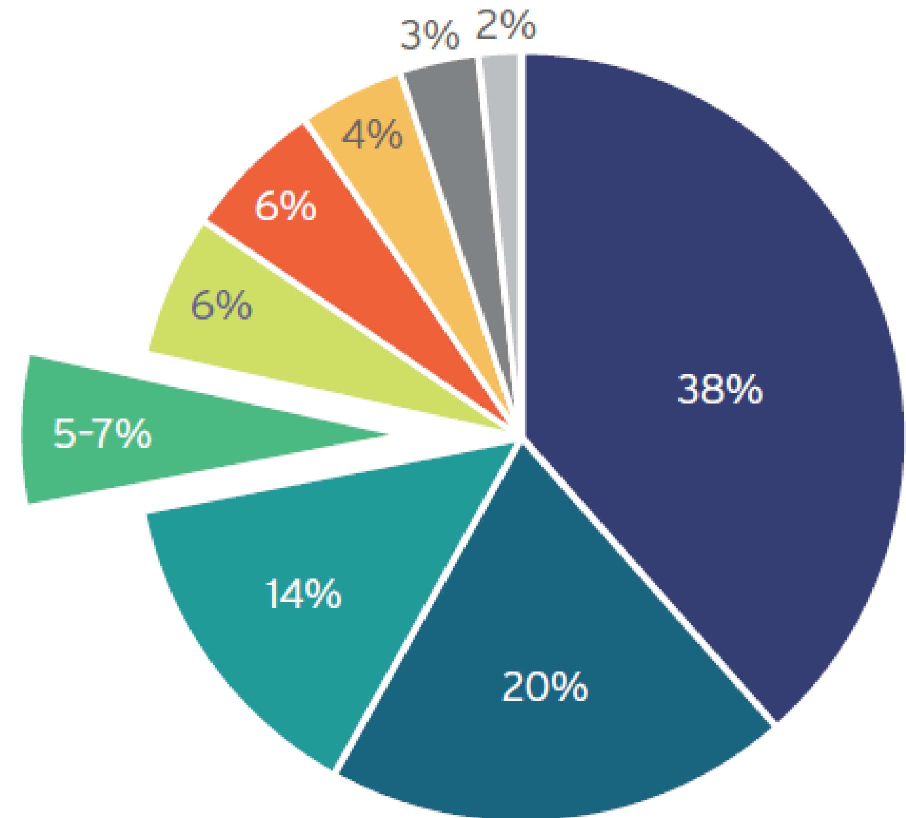
Anthem
Bess Truman Family Medical Center
Boehringer Ingelheim Pharmaceuticals, Inc
Black Women's Health Imperative (BWHI)
Blue Cross Blue Shield Michigan
Blue Cross Blue Shield of North Carolina
CareFirst BlueCross BlueShield
Collaborative Psychiatric Care
Community Care of North Carolina
Community Catalyst
CVS Health
Doctor on Demand
Geisinger Health
Harvard Medical School Center for Primary Care
HealthTeamWorks
Humana, Inc.
IBM
Innovaccer
Institute for Patient and Family-Centered Care (IPFCC)
Johns Hopkins Community Physicians, Inc.
Johnson & Johnson
Mathematica
Mental Health America
Merck & Co.
Morehouse School of Medicine - National

Center for Primary Care
National Alliance of Healthcare Purchaser Coalitions
National Association of ACOs (NAACOS)
National Coalition on Health Care
National Interprofessional Initiative on Oral Health (NIIOH)
National PACE Association
NCQA
Pacific Business Group on Health (PBGH)
Permanente Federation, LLC
PCC EHR Solutions
Primary Care Development Corporation (PCDC)
Society of General Internal Medicine (SGIM)
Society of Teachers of Family Medicine (STFM)
SS&C Health
St. Louis Area Business Health Coalition
Takeda Pharmaceuticals U.S.A.
The Verden Group's Patient Centered Solutions
University of Michigan Department of Family Medicine
UPMC Health Plan
URAC
YMCA of the USA

Under–Investment in Primary Care

Health Care Spending

- Hospital care
- All other physician and professional services
- Prescription drugs and other medical nondurables
- Primary care
- Nursing home care
- Other health, residential, and personal care
- Dental services
- Home health care
- Medical durables



FINDINGS: U.S. PC Investment Low *and* Declining

PCC 2020 Evidence Report – Released12.2.20

- Spending Declined Among Commercially Insured 2017–2019: National & 50 state results
- 4.9% to 4.7% narrow; 7.8% to 7.7% broad

JAMA Internal Medicine 2020 All Payer Decline 2002–2016

- 6.5% to 5.4% PC decline, narrow definition

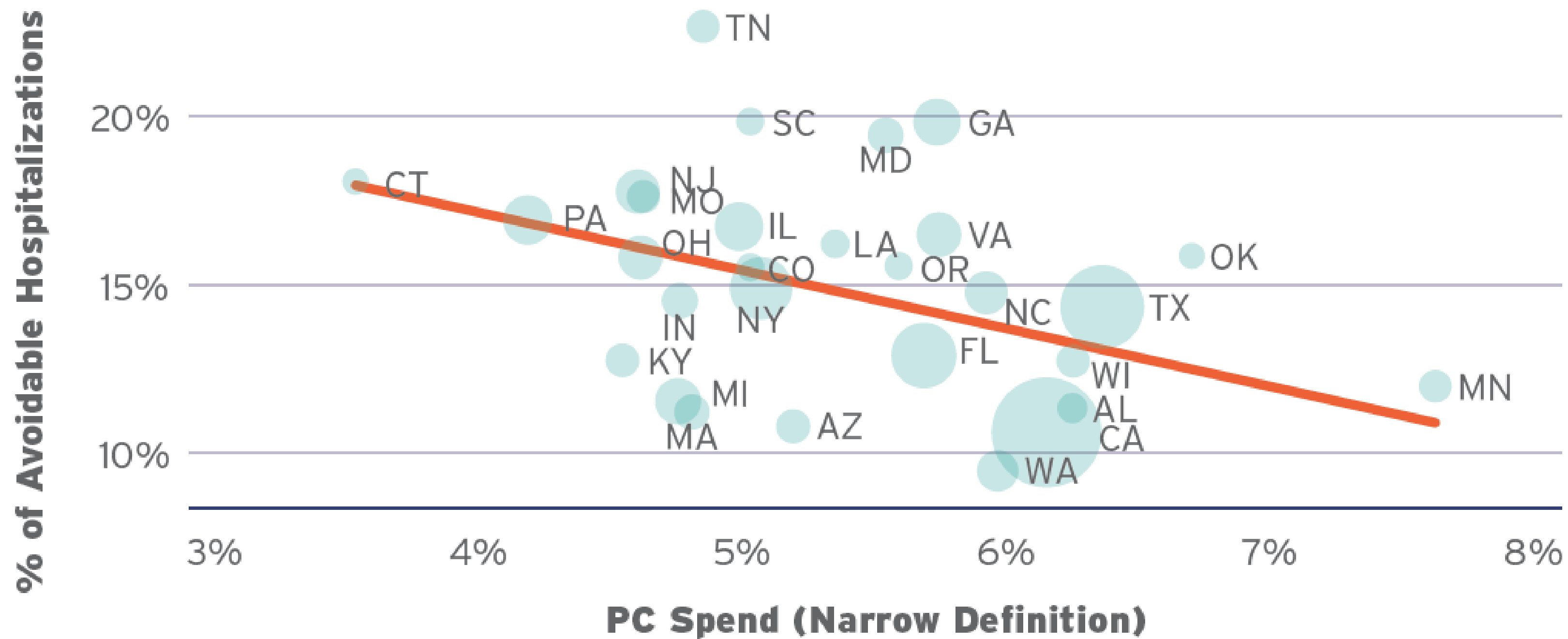
JAMA 2019 Commercially Insured Decline 2013–2017

- 4.6% to 4.35% PC decline, narrow definition
- 8.97% to 8.04% PC decline, broad definition

PC Utilization Trends Flat or Negative

- After ACA implementation, primary care utilization flat or declined: 2010–2013 vs. 2014–2017 (*JAMA Network Open, 2020)*
- Adult PC visits fell 24% 2008–2016 in commercially insured; visits to specialists remained stable (*Annals of Internal Medicine, 2020)*
- The % of adults reporting an "usual source of care" rose only slightly, from 76% to 78%, between 2013–2016; has been flat since 2016
- Lower rates reported by Black, Latinx adults (Commonwealth Fund, 2020)

Why PC Investment Matters



Declines in PC Spending, Utilization Coincide with Sharp Rise in Deductibles

Cumulative Increases in Family Coverage Premiums, General Annual Deductibles, Inflation, and Workers' Earnings, 2010-2020

NOTE: Average general annual deductibles are for single coverage and are among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

SOURCE: KFF Employer Health Benefits Survey, 2018-2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2010-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation, 2010-2020; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2010-2020.

PCMH Enhanced Primary Care But

- The Model is **Underpowered:**
  - Insufficient investment in primary care/PCMH
    - ✓ Team-lets
    - ✓ Care is not truly comprehensive
  - Most primary care practices paid under FFS
  - Lack of alignment across the medical neighborhood

Primary Care Moving to Slowly to Comprehensive Payment

- 24% of physicians reporting some capitation revenue (AMA, 2018), falling slightly since 2014
- Overall 70% of physician revenue remains FFS (60% for PCPs in PCMH and ACO arrangements)
- *Health Affairs* study shows that primary care practices:
  - Need to be at 63% capitation to fund team and non-visit care
  - Nearly all PC practices with < 23% capitation will lose $ with capitation

Attributes of Advanced Primary Care

How Employer-Identified Practice Attributes Align with the Shared Principles of Primary Care

This table crosswalks employer-identified attributes of advanced primary care (APC) with the Shared Principles of Primary Care. It is a first step on the path to achieving APC. Measures, including those reported by and about patients, that assess the extent to which a practice has achieved advanced primary care are forthcoming. We will continue to engage with all the stakeholders in primary care and expect that these attributes will evolve over time.

Employer-Identified Attributes of Advanced Primary Care*	Shared Principles of Primary Care						
	Person & Family-Centered	Continuous	Comprehensive & Equitable	Team-based & Collaborative	Coordinated & Integrated	Accessible	High Value
	The patient statements below offer examples of what patients want from primary care. They were developed by PBGH through a multi-stakeholder process.						
	"I can get care and information from my primary care team when I need it and in the way that best meets my needs"	*"My primary care team knows me and keeps me well."*	*"My primary care team knows and supports the whole me—not just my body."*	*"My primary care team can meet most of my healthcare needs."*	*"When I do need a specialist, [my primary care team] helps me find the right one and communicates with them about me. "*	*"I can get care and information from my primary care team when I need it and in the way that best meets my needs"*	*"When I need planned surgery or emergency care, [my primary care team] knows what happened and support me in becoming well again."*
Enhanced access for patients							
Patients can access care in a way that meets their needs and preferences without financial barriers to access, including via: same-day and walk-in appointments; virtual care; a secure patient portal to view their medical records, receive labs and communicate with their care team; access to a care team member after hours.	✓	✓	○	○	○	✓	○
Optimize time with patients							
Patients are active participants in their care through: shared decision-making; input on their care plan and treatment goals; opportunities to share their preferences, including serious illness conversations, advanced directives, and end-of-life care; and addressing barriers due to their social determinants of health.	✓	○	✓	○	○	○	○
Realigned payment methods							
Practices are paid in a way that that enables and promotes quality, access, efficiency, team-based patient-centric care and population health management. Primary care payments are tied to patient experience and outcomes, and not volume or face-to-face visits.	✓	✓	✓	✓	✓	✓	✓

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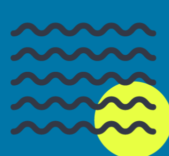
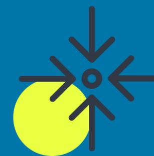
pcc primary care collaborative

PBGH PACIFIC BUSINESS GROUP ON HEALTH

Thank you to the PCC's Primary Care Innovators Network for their contributions to this work.

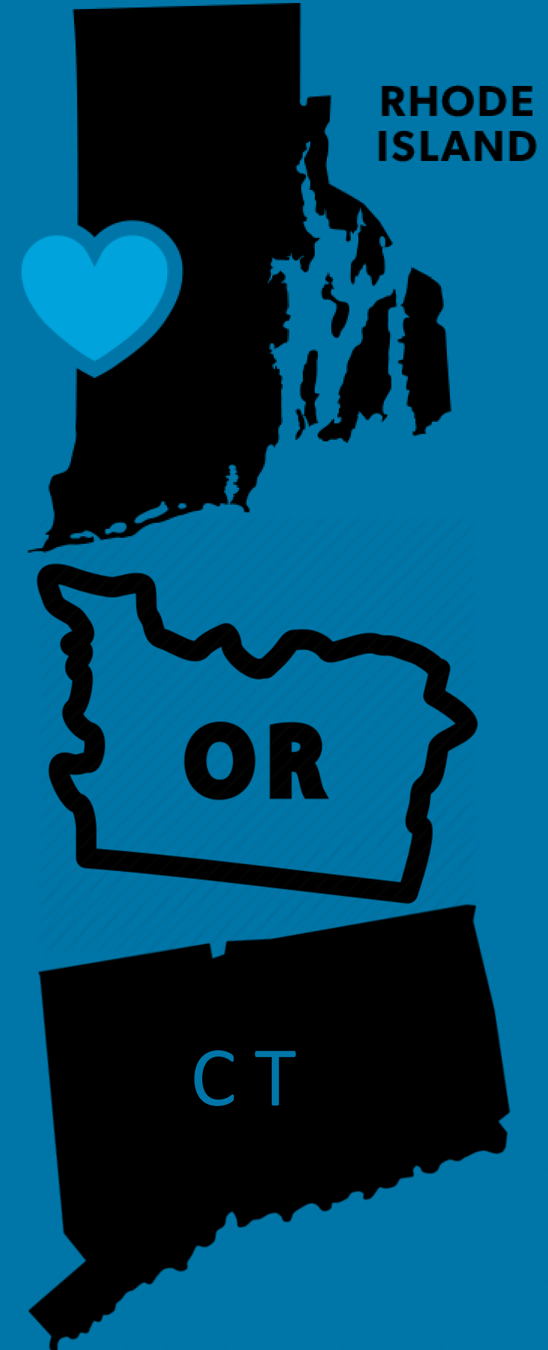
 

Employer-Identified Attributes of Advanced Primary Care*

	Person & Family-Centered	Continuous	Comprehensive & Equitable	Team-based & Collaborative	Coordinated & Integrated	Accessible	High Value
Organizational & infrastructure backbone							
Practices invest in their staff and infrastructure to deliver patient care. Staff are continuously trained, and non-provider team members perform care-related tasks such as prescription refills and patient education. The practice utilizes advanced analytics, reporting, and communication within, and outside, the organization, such as knowing when a patients visits the ED or has been hospitalized. The practice is actively engaged and leads the coordination of patients' care across the continuum of care, especially transitions of care.	○	✓	○	✓	✓	✓	✓
Disciplined focus on whole-person health							
Practices proactively manage population health, including: risk stratifying patients and managing those identified as 'rising risk' and 'high risk'; adopting a systematic approach to gaps in care; contacting patients with reminders for preventive screenings and labs; reviewing patients' medication lists at every appointment; and assessing how ready and able patients are to manage their own health through holistic lifestyle approaches.	✓	○	○	✓	✓	○	✓
Behavioral health integration							
Practices meet their patients' physical and behavioral health needs through screening, treatment and/or referrals. Behavioral health screenings (e.g. for depression, anxiety, SUD) are standard, and practices manage/treat conditions as appropriate, while referring to external providers as needed. With patient consent, information is shared with BH providers as part of a closed loop feedback system to track outcomes over time.	✓	○	✓	✓	✓	○	○
Referral and care management							
Practices make fewer, more appropriate, and higher quality referrals. Patients can receive common procedures (such as skin biopsies, cortisone injections, and IUD insertions) at the primary care office without a separate specialist appointment. Practices coordinate patient care, including having care coordination agreements with high-volume specialty referrals and closed loop feedback systems for referrals, including those for social needs.	○	✓	○	✓	✓	○	✓

Momentum: PC Investment

- 13 states have introduced/passed legislation
- 6 states passed legislation/regulation in 2019 – CO, DE, VT, ME, WA and WV – focused on reporting primary care spending levels to achieve more comprehensive PC
- 3 states have set targets for primary care spending w/out growing total cost of care
  - Rhode Island – 10.7%
  - Oregon – 12%
  - Connecticut – 10%



Your Potential Roles

- Review/Support Advanced Primary Care Initiative – assessing practice attributes is the next step
- Participate in state level multi-stakeholder efforts:
  - ✓ Primary care investment
  - ✓ Primary care payment reform
- Changes to benefit structures to better support primary care

References

Starfield, B, Shi L, Macinko, J. Contribution of Primary Care to Health Systems and Health. Milbank Quarterly, 2005.

Friedberg, M, Hussy, P. Schneider, E. Primary Care: A Critical Review of the Evidence on Quality and Costs of Health Care. Health Affairs, May 2010

Bailit, M. Friedberg, M, Houy, M, Standardizing the Measurement of Commercial Health Plan Primary Care Spending, Milbank Memorial Fund, July 25, 2017.

Jabbarpour, Y, et al. Investing in Primary Care: A State–Level Analysis. Primary Care Collaborative, 2019.

Reiff, J, Brennan, N, Fuglesten Beiniek, J. Primary Care Spending in the Commercially Insured Population. JAMA Network, December 10, 2019.

Martin, S, Phillips, R, Petterson, S, Levin, Z, Bazemore, A. Primary Care Spending in the US, 2002–2016. May 18, 2020. JAMA Intern Med.

Park, S, et al. Association of Changes in Primary Care Spending and Use with Participation in US Affordable Care Act Marketplaces. JAMA Network Open, June 10, 2020.

Basu, S, et al. Association of US Primary Care Physician Supply and Population Mortality. JAMA Internal Medicine, 2019.

PCORI Introduction

Greg Martin
Deputy, Chief Engagement and Dissemination Officer
Acting Director, Engagement Awards
PCORI

National Alliance
of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

Featured PCORI-funded Project

Comparing Two Ways of Combining Behavioral Health Care and Primary Care for Adults

Dr. Benjamin Littenberg, M.D.

Principal Investigator

PCORI-funded Project Professor of Medicine and Nursing

University of Vermont

National Alliance of Healthcare Purchaser Coalitions
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Integrating Behavioral Health and Primary Care Services

National Alliance of Healthcare Purchasing Coalitions

Benjamin Littenberg, MD
Henry and Carleen Tufo Professor of Medicine
UVM College of Medicine

The University *of* Vermont

Agenda

- Behavioral Health (BH)
  - Define Behavioral Health
  - Barriers to providing BH
  - Solutions: Co-location *vs.* Integration
- Research study
- What we know so far
  - Uptake
  - Costs
  - Patient Impacts

Behavioral Health (BH)

- BH deals with the psychological, substance abuse and lifestyle issues that interfere with optimal function and medical outcomes
- BH issues may be
  - psychiatric diagnoses (like anxiety)
  - medical diagnoses (like migraine)
  - or not (like "overwhelmed by life")
- BH issues interfere with self-care such as healthy diet, exercise, and adherence to medications
- BH issues increase absenteeism and presenteeism

- Anxiety
- Chronic Pain
- Depression
- Insomnia
- Problem Drinking
- Substance abuse
- Fibromyalgia
- Migraine
- Irritable Bowel Syndrome
- *etc.*

Management of BH issues

- Effective BH treatment strategies exist
  - Counseling
  - Motivational Interviewing
  - Cognitive Behavioral Training
  - *etc.*
- This is *not* classic psychotherapy
  - Short visits
  - Time limited (weeks, not years)
  - Directed at how to deal with stress and the response to it
  - Not aimed at deep-seated root causes

Multiple clinical trials and meta-analyses since 2008 confirm that BH services are better than usual care for a variety of common problems.

Most BH patients are seen in Primary Care

- Delivery of BH therapies in Primary Care is poor
- Barriers:
  - PCPs are not trained to deliver BH care
  - Time constraints
  - Payment
  - Professional identity –

"Never attempt to teach a pig to sing; it wastes your time and annoys the pig."

- Robert Heinlein

What do primary care docs do?

- Ignore the problem
  - Common
- Do it themselves
  - Rare
  - Quality concerns
- Refer to BH specialists outside the practice
  - Big voltage drop – few patients get therapy

The External Referral Voltage Drop

We lose patients at each step

Colocation

- A counselor is located at the same physical address as the PCP.
- They routinely refer to each another for patient care.
- This helps, but still has many gaps.

The barriers are more than distance.

Integrated Behavioral Health

- Team-based
  - Shared records
  - Frequent communication among providers
- Evidence-based BH services
- Automatic systems for managing BH patients
  - Screening, scheduling, monitoring, and follow-up
- Active patient engagement
- Stable reimbursement for BH services

These conditions are rare in Primary Care.

The University of Vermont

Decision time

- Wide agreement that BH care needs to happen in Primary Care.
- Which method should primary care practices use?
- Which should employers, networks, ACOs, insurers, governments and others encourage, reward and pay for?
- Integration clearly costs more to achieve and is harder to achieve. Is it worth it?

Is integration better than co-location?

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Integrating Behavioral Health and Primary Care for Comorbid Behavioral and Medical Problems

- Patient Centered Outcomes Research Institute (PCORI) grant
- Randomized trial in 3,000 patients from 42 practices around the country
- Final results due 1st quarter 2021

Intervention - Toolkit

- Online skills training for BH providers, PCPs and staff
- A set of suggested tactics for integrating
- Supported process for redesign of Primary Care practices
  - Remote coaching of in-house facilitator
  - Team exercises to plan and implement changes
  - Toyota Production System LEAN method

9-12 months from start-up to turn-on (fast!)

Integrating Behavioral Health and Primary Care Clinical Sites

Seattle, WA
Rural, WA
Rural, OR
Boise Area, ID
Rural, ID
Santa Clara, CA
San Diego, CA
San Antonio, TX
Cleveland Metro Area, OH
Lexington, KY
Atlanta Metro Area, GA
Rural, VT
Rural, VT
Burlington Area, VT
Fitchburg, MA
Worcester, MA
Rural, MA
Long Island, NY
Bronx, NY
Anchorage, AK
Mililani, HI
Hilo, HI

0 500 1000 Km
0 175 350 Km
N
0 500 1000 Km

Legend

Study Arm

- Control
- Intervention
- Vanguard
- Withdrawn

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Adults with BH need

≥ 1 chronic medical problem

and

≥ 1 Behavioral Health problem

or

≥ 3 medical problems

- Anxiety
- Chronic Pain
- Depression
- Insomnia
- Problem Drinking
- Substance abuse
- Fibromyalgia
- Migraine
- Irritable Bowel Syndrome
- *etc.*

Patient Outcomes

- Physical and Mental Function
- Time lost to disability
- Emergency Room and hospital visits
- Self-management
- Satisfaction with care

Results - Uptake

- Each practice chose their own selections from the toolkit
- 22 of 23 practices assigned to the intervention did the intervention
  - 1 dropped out very early (internal leadership struggle)
- The staff mostly accepted it and even liked it
- Not overly disruptive
- 15 of 22 control practices have started since the study ended for them

Good uptake and acceptability.

Results – Cost of Integration

- The median cost per practice to convert from co-location to integration
  - Includes staff time to plan and implement
  - Includes coaching and practice facilitation
  - Does not include the cost of hiring a Behavioral Counselor
  - Does not consider long-term operational impacts on revenue, *etc.*
- Median $18,204
- Range $10,246 to $59,187

Low cost to install

Cost factors

- The highest costs were in:
  - A large urban academic residency site
  - A large health system
- The lowest costs were in:
  - Smaller organizations
  - Rural sites
  - Community health centers

Results – Patient Function

- Too soon to tell
- 1st quarter 2021

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Results - Employment

- Among those employed at baseline, a trend towards higher employment at follow-up in the active group (preliminary).

Bottom Line – Either:

The toolkit is the way to organize BH in Advanced Primary Care

OR

We need to find a different way

COVID Enhancement Study

- COVID changes everything
- Does the toolkit mitigate the impact of the pandemic?
- Does the pandemic overwhelm the toolkit?
- Summer 2020

Thanks

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Questions and Discussion

Thank you to our Medical Directors Accomplishments for 2020

- March – “COVID-19 and Shared Decision-Making”
- April - "Choosing Wisely in the Face of COVID-19"
- May - "Integrative Primary Care: The Missing Element for Value"
- July – “Buyer beware: common issues in data analysis and interpretation”
- August – “Building Trust: Past, Present and Future”
- September – COVID Update: “Telemedicine, Mental Healthcare Integration, Care Management and Prevention and the latest updates on COVID Vaccines”
- October – “Don't Fall Back on "Flu-VID"
- December – “Primary Care in the 'New Normal”

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- Christa-Marie Singleton, MD

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PCORI Specific Employer Resources

Videos:

- “How to Communicate CER Results to Employers” by Wayne Burton - https://www.pcori.org/video/communicating-cer-results-employers
- “How to Communicate CER to Employers” by Tom Parry - https://www.pcori.org/video/communicating-cer-employers
- “PCOR and CER Inform Employers” by Mike Thompson - https://www.pcori.org/video/pcor-and-cer-inform-employers
- “Bringing Evidence-based Decision-Making to Healthcare Strategies by Mike Thompson - https://www.pcori.org/video/bringing-evidence-based-decision-making-healthcare-strategies
- “Involving Employers in Patient-centered outcomes” by David Lansky - https://www.pcori.org/files/involving-employers-patient-centered-outcomes-research
- “ Patient and Stakeholder Engagement Research Challenges” https://www.pcori.org/video/patient-and-stakeholder-engagement-research-engagement-challenges-strategies-and-resources
- Fostering Physician Behavior Change to Improve Health Outcomes - https://vimeo.com/299501750

Other links:

Videos and link focused on employers- https://www.pcori.org/search/site?keyword=employer&page=1 –

Summary of Areas of Funding for PCORI Research - https://www.pcori.org/sites/default/files/PCORI-Research-Funding.pdf -

Guidelines for research guidance: https://www.pcori.org/research-results/about-our-research/guidance-design-and-conduct-trials-real-world-settings-factors

Section on “Putting Evidence to Work”: https://www.pcori.org/research-results/putting-evidence-work