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***Addressing the Socioeconomic Stressors affecting
Women through Innovative Payment Models -
Patient Centered Medical Homes***

Andrea Galgay

Blue Cross & Blue Shield of Rhode Island

Stressors impacting women today...

- Work
- Children
- Parents
- Financial
- Cultural
- Transportation
- Finding the Time





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How the current health care system adds to these stressors

- Access to care not always available when it's convenient for the patient/caregiver
- Influx of high deductible plans pass result in higher cost-sharing to the patient
- Navigating across multiple health care providers/specialties results in numerous visits and time spent coordinating care
- Lack of transparency on measures of cost and quality



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How do we *improve the quality*
of care and still *lower the cost*
of care?

Traditional Health Plan Medical Cost Containment Efforts



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- Radiology management
- Utilization review: inpatient/outpatient/rehab/SNF
- Physician “profiling”
- Pharmacy (e.g., specialty drugs, formulary)
- Nurse case/disease management (telephonic)
- Pay-for-performance programs (e.g., “Quality Counts”)
- Fraud and abuse audits
- “Medical Expense Team”

Cost Management in Collaboration With Providers



- Health information technology support
- Patient-centered medical homes
- Primary care/behavioral health collaboration
- Safer “Transitions of Care”
- Hospital quality incentives
- Alternative payment models that support the need for “value”
- Behavioral health community pilot projects
- Participation in and support of statewide community activities
- **And we’ve started with primary**

One Possible Solution: PCMH



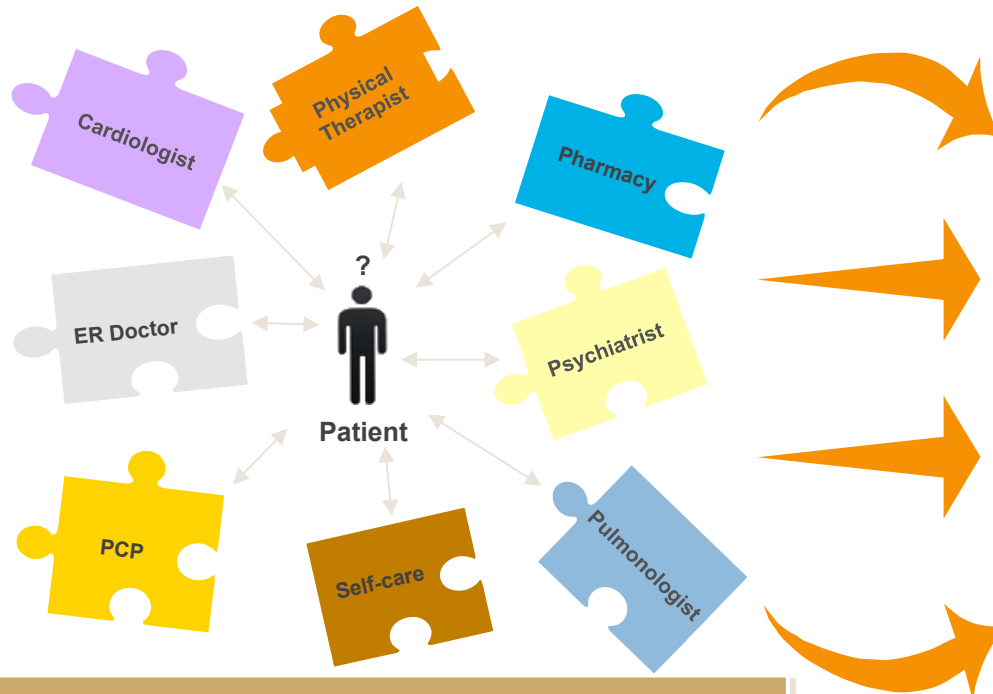
- How does it work?
 - Better use of non-physician team members and access to real/virtual care teams
 - Planned encounters – “Proactive Care”
 - Self-management support
 - Links to effective community resources
 - Evidence-based medicine guidelines integrated into care
 - **Technology as an enabler**
 - Incentives and support for all constituents to work towards improving patient health over the long term
 - Access to data to members and providers across all care settings
 - After-hours access to PCP

Benefit to the Patient/Caregiver



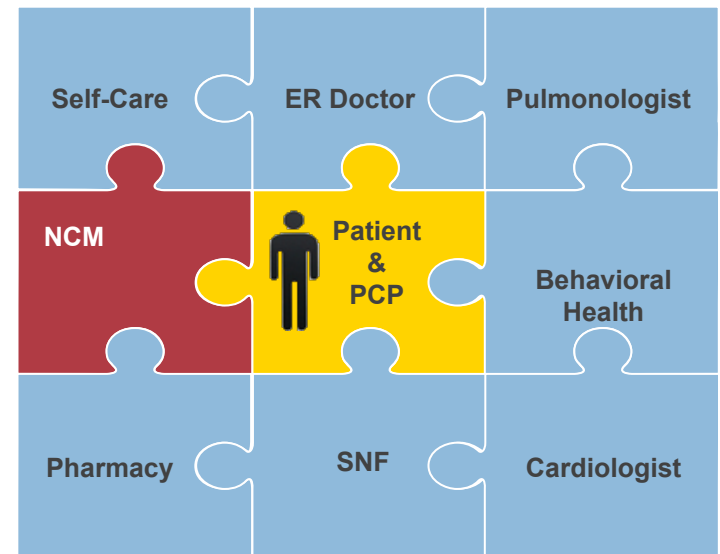
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Current Complex Care Management



- Fragmented care reduces quality and creates waste and higher costs for member.
- Patient is unable to coordinate care effectively.
- Difficulties associated with navigating the healthcare system reduce patient satisfaction, treatment compliance, and efficient care.

Patient-Centered Medical Home



- PCMH care team serves as the “quarterback,” coordinating and navigating care.
- Realigned incentives reward PCMH for care coordination and providing higher quality more cost effective care.



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Examples of key changes with PCMH practices

- NCQA PPC PCMH Recognition focused on key factors such as: access, care coordination, and care transitions
- Introduction of **patient portals** – offering access to clinical information and an alternative communication vehicle
- **After hours and weekend access** – Morning, evening, and weekend hours available
- Greater empowerment of the **care team** to offer more comprehensive care to the patient
- Nurse care manager valued as a **trusted resource and confidant** by patients and caregivers



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Options for non-PCMH practices

- BCBSRI employed Nurse Care Managers embedded within smaller PCP practices
- Navigation team (inclusive of BCBSRI and Community Resources) available to complement the care management activities occurring in practices
- Roadmap to PCMH



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Questions?