Value-Based Health Care Delivery: Primary Care

Post-Oak Street Discussion
Boston, MA
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Why Value-Based Primary Care Really Matters Now …

• Current model not working well for anyone: patients, providers, their parent organizations

• New entrants emerging – e.g., CVS-Aetna

• Loyalty of patients to traditional practitioners is much less than they think

• Expectations of younger/next generation of patients are different
Change in per capita primary care and specialty visit rates between 2008 and 2016
Principles of Value-Based Primary Care

• **Segment** the population based on primary care needs
  - Healthy adults (women, men)
  - At-risk adults
  - Multiple chronic conditions
  - Low income elderly
  - Frail or disabled elderly
  - Complex acute conditions
  - Others

• Organize **primary care teams** around patient segments (PCIPUs)

• **Actively integrate** with specialty care, inpatient care, and post acute care
  - Regular relationships, participation and coordination
  - Embed specialists in primary care sites in high need areas

• Incorporate **social, economic and behavioral** determinates of health into the care model

• Leverage **shared infrastructure** across the segments (IPUs) to improve efficiency and enhance value

• Measure outcomes and costs by **segment**

• Move toward **value based payments** by segment
Value-Based Primary Care
Oak Street Health

- Focuses **low-income older adults** living in **under-served** urban communities
  - Four severity tiers
- **Multidisciplinary team** covering the full care cycle: physicians, PAs, NPs, RNs, medical assistants, scribes, care managers, social workers, clinical informatics specialists, and others
- Co-located in **dedicated facilities. 19 sites** across the Midwest
- Explicit processes to **engage** patients and reduce **obstacles to accessing** care such as **free rides/home-visits, in-house pharmacy** and selected **events** for community residents
- Selected in-house specialty services such as **behavioral health** and **podiatry**. Close relationships with **preferred outside specialists** and **imaging partners**
- **Meet daily and weekly** to discuss patient care plans and process improvement
- **Measure and accountable** for outcomes, cost, and patient experience
- **Value-Based Reimbursement** with a single risk adjusted payment covering overall care (Medicare Advantage)
Integrating Primary Care With Specialty Care

**Specialty IPUs**

- **Embedded specialists in areas prevalent in the population**
- **Specialist rotation in PC practices to enable multidisciplinary visits**
- **Disease specific protocols and training to shift appropriate care to lower cost primary care settings**
- **Telemedicine consults to efficiently access specialists**
- **Repeated relationships with affiliated specialists to facilitate efficient care integration**
- **Primary care for complex conditions embedded in specialty IPUs**

**Primary Care Practices (Population Segmented)**