



# Value-Based Health Care Delivery: Primary Care

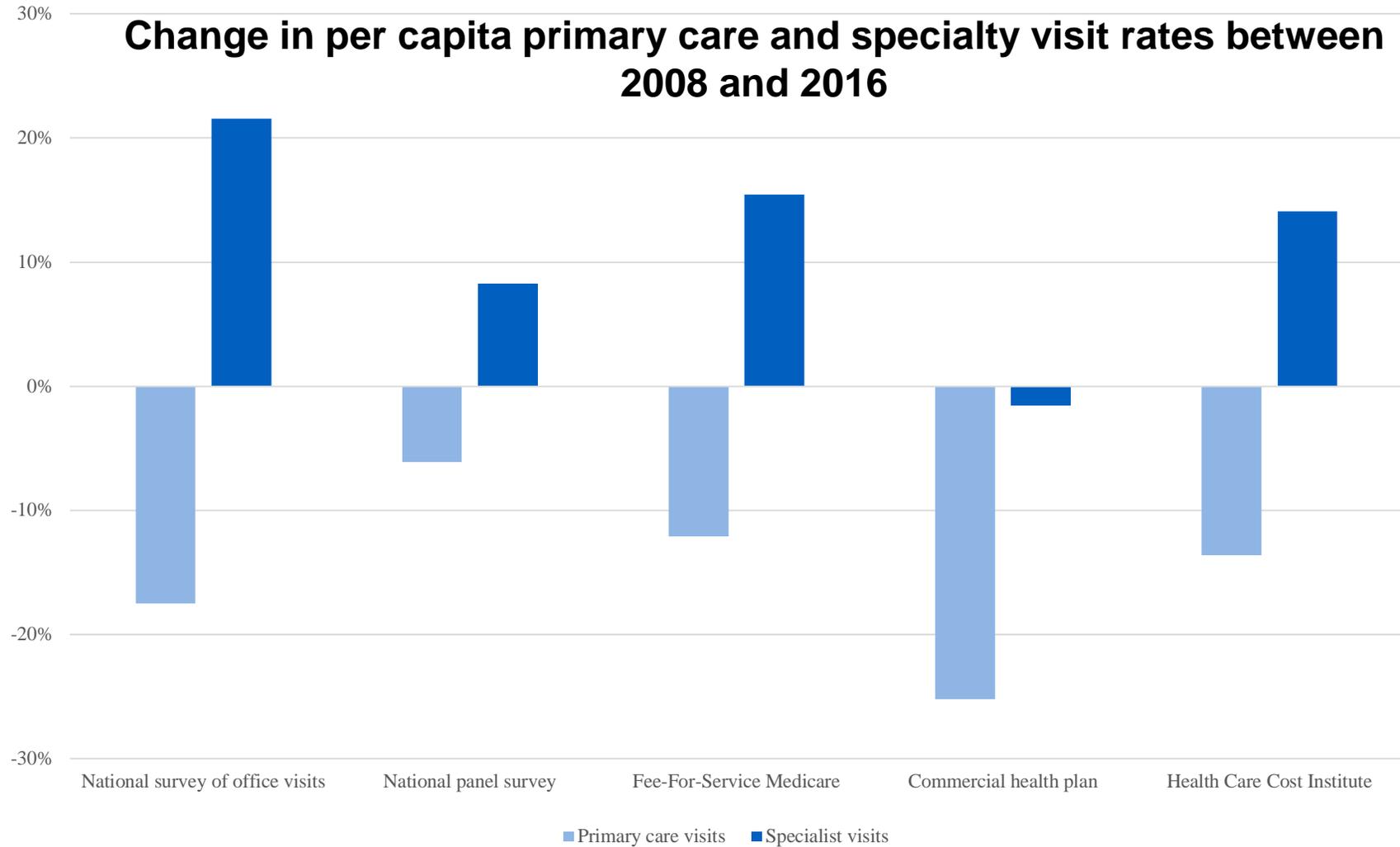
Post-Oak Street Discussion  
Boston, MA  
January 2020

# 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

# Care Redesign is Happening Now

Journal of General Internal Medicine 2019 DOI:[10.1007/s11606-019-05104-5](https://doi.org/10.1007/s11606-019-05104-5)



# 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
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- **Value-Based Reimbursement** with a single risk adjusted payment covering overall care (Medicare Advantage)



# Integrating Primary Care With Specialty Care

