



# BCBSRI & Delivery System Transformation

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# Overview

- Systems of Care Overview & Highlights
- Primary Care to Risk Arrangements
- Analytics & Provider Support
- Promoting Practice Transformation
- What We've Learned








# BCBSRI Systems of Care



CharterCARE

**46.9% of PCPs in Systems of Care in Feb. 2016**  
**56% of members in Systems of Care**

# Systems of Care by the Numbers

	Number of PCPs	Commercial Patients/Members	Medicare Advantage Patients/Members
	241	60,766	13,807
	109	25,208	5,879
	120	31,521	6,750
 CharterCARE	90	15,783	6,784
	62	12,905	3,195

# We Started with Primary Care

## 2008 - 2009

- FFS dominated market; no physician alignment; no fully integrated delivery system
- BCBSRI began investing in patient centered medical homes (PCMHs)
- BCBSRI helped create statewide PCMH program

## 2010 - 2014

- 'Primary Care Spend Mandate' in RI
- BCBSRI makes significant investment in primary care & PCMHs
- Substantial emphasis on investments in infrastructure
- Evolved into an all-payer strategy in Rhode Island

## 2015

- 50% of PCP practices NCQA Level III PCMH
- PCMH performance out-pacing the rest of network
- ROI of 2.5:1 & decreases in inpatient re-admits
- Continued expansion of care coordination
- 'Systems of Care' are in place and maturing and form the foundation for our 'Advance' products

# Core Constructs of BCBSRI Risk Partnerships

(56% of patients/members under shared-risk arrangements)

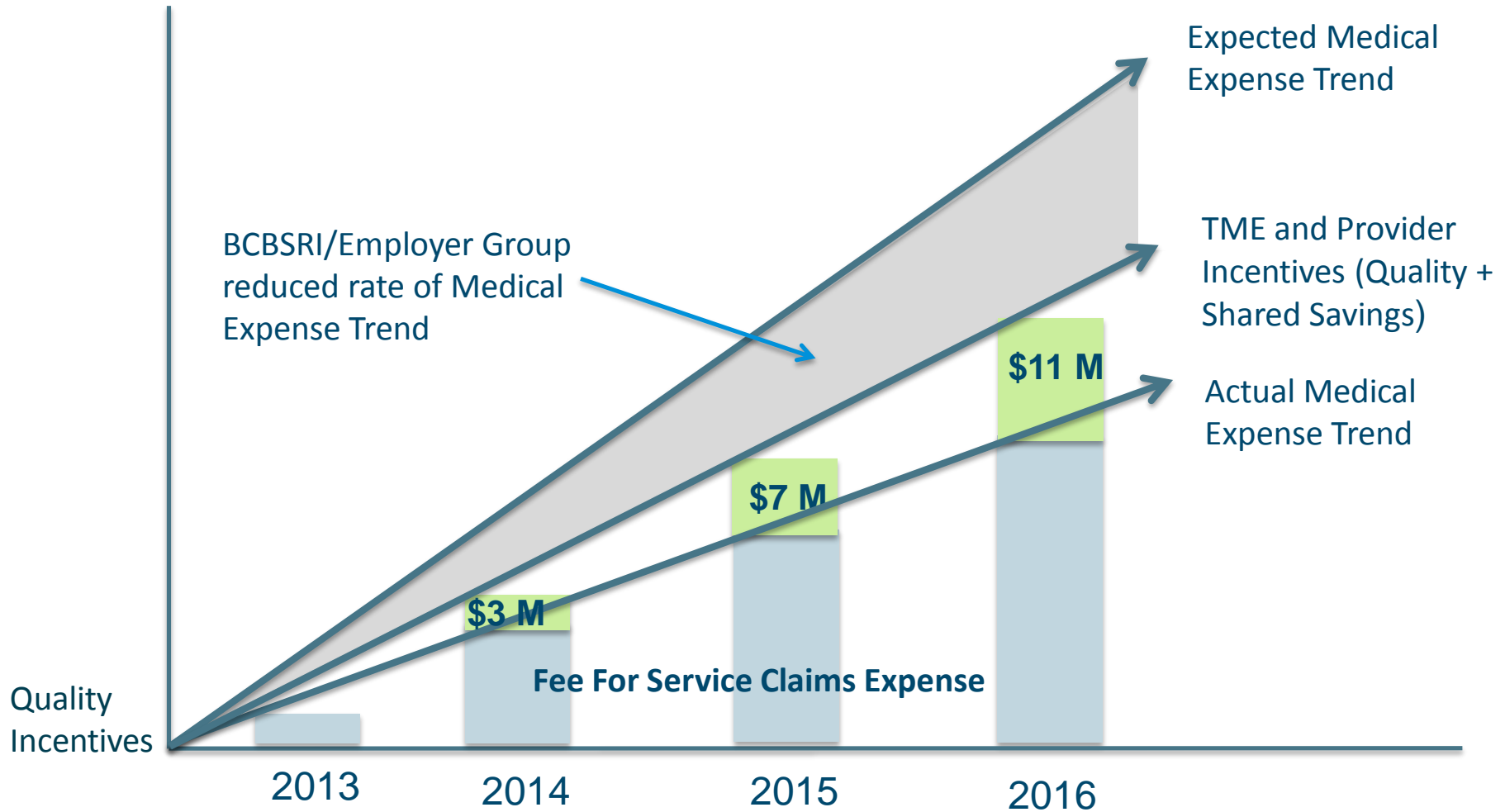


- Manage Total Medical Expense [includes BCBSRI \$ investments]
- Performance targets are set annually
- Budget increase based on network trends
- “Quality” a must , before any sharing of savings
- Provide protections for providers (risk adjustment, re-insurance, etc.)
- Rationalize and re-deploy ongoing ‘direct’ investments as needed
- Focus on high risk care management and access



- Most arrangements are, or will be, long-term contracts
- Plan is to have at least some ‘meaningful’ downside risk in all of our arrangements by 2018

# BCBSRI and Provider Opportunity Model





# Quality-focused: Analytics, Provider Support & Initiatives

## Analytics [examples]

- Blue Insights Population Health Registry
  - 2016 PCP Quality Incentive Program
- Practice Pattern Variation Review

## Provider Support (examples)

- HCC Coding Education
- Medication Therapy Management
- “Housecall by Blue”
- Practice Coaches
- Telemedicine

**SOC clinical leadership participate in regular  
Quality & Clinical Integration Workgroups (QCI)**





# Additional System of Care Elements

- Education and support services integrated into the practice
- Nurse and PA extenders integrated into the practice
- Extended office hours payments
- Home-based monitoring where needed
- Pharmacist support
- Enhanced P4P programs with additional measures and PMPM opportunities
- Enhanced fee schedules for PCMH/SOC participation
- LGBTQ Safe Zone Certification
- “Preferred” Skilled Nursing Facility network
- ER nurse care management

# New Product Development

- In 2016, BCBSRI introduced two new products built around “system of care” provider networks
- Focused on cost-efficient networks and high-quality care
- Products are referral-based
  - Required for care provided outside of primary care scope
- Products include:
  - BlueCHiP for Medicare Advance – Limited network plan
    - \$0 premium option, \$5 copays
  - BlueCHiP Advance Commercial – Tiered network plan
    - Lower out-of-pocket expenses
    - Includes a referral hub run by Integra ACO



# Future Activities to Promote Further Migration & Practice Transformation

- ✓ No fee schedule increases with potential decreases in out years
- ✓ Loss of EMR fee schedule reimbursement
- ✓ Additional referral management and pre-authorization requirements
- ✓ Auditing of available access for well and sick visits, after hours and weekends
- ✓ Documentation of EMR and bi-directional patient registry usage

# Key Themes (What Have We Learned)

- Flexibility in our approach (using industry standards, but meeting the providers ‘where they are’)
- Building in the right protections for both the provider
  - Re-insurance
  - Risk adjusted
- ... and the member/patient
  - Quality, Cost, Access, etc.
- Support with good information and analytics
- Don’t assume – work collaboratively to drive mutual opportunities
- Must have widespread clinician engagement/buy-in
- Patients/members “experience of care” still lagging

# Thank you

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