NCOIL 2013 Annual Meeting New Models of Care Delivery Susan E. Pantely, MAAA, FSA Chairperson, Models of Care Delivery Subgroup November 24, 2013



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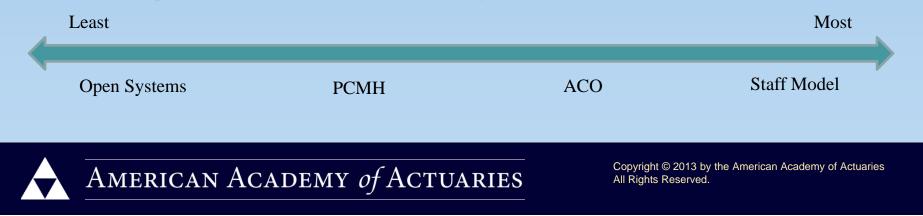
Agenda

Models Of Care Delivery

- Open Systems
- Patient Centered Medical Homes (PCMH)
- Accountable Care Organizations (ACO)
- Staff Model

Care Delivery Continuum

On the spectrum from least to most intensive redesign, these models are characterized as follows:



Introduction

- Delivery system reform is focused on:
 - Increasing quality/efficiency of health care delivery
 - Addressing cost of health care
- Models of care delivery discussed provide reasonable context with respect to actuarial issues regarding the full spectrum of redesigns
- The future may bring more changes to health care delivery models not yet developed



Open Systems Model

- Patients access professional care through individual providers
 - Specialists and facility care may require referral
- Open system model has evolved to a network model (preferred provider organization-PPO)
- Network model more prevalent form of open system model
- Historically, open system model formed core of health care delivery
- Typically, reimburses providers on fee-for-service (FFS) basis
- It is fragmented; often lacks coordination among providers and fosters duplication of services



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Patient Centered Medical Homes

- Focuses on creating strong relations between practice staff, patient and provider, and relies substantively on clinical systems
 - Includes focus on quality, patient centeredness, organized IT and data reporting/analysis, practice organization, and payment/reimbursement methodology (payment based on per member per month (PMPM) instead of FFS basis)
- Well suited to higher-risk patients (such as those with chronic conditions or economically vulnerable)



Accountable Care Organizations

- Comprised of providers that work together to provide costefficient, quality care for members
- Providers often have financial incentives based on efficiency and quality of care targets
- Many ACOs are open network
- The Affordable Care Act (ACA) included provisions to encourage the development of ACOs:
 - CMS created the Medicare Shared Savings Program (more than 200 ACOs participate)
 - CMS also created the Pioneer ACO program with 32 unique ACOs



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Accountable Care Organizations (cont.)

ACO providers have varying degrees of success

- Shared savings, with bonus-only methods, typically reimburse the provider on a FFS basis and later pay a bonus
- Shared savings can include sharing of losses based on the agreed upon targets
- Global capitation payments provide significant financial incentives, and risk, to providers



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Staff Model

- Closed-panel system whereby physicians are generally employees of the HMO
- Employs providers that perform services for the members enrolled in the HMO
- Goal of this type of health care system is to increase quality of care and reduce cost of care through efficient delivery and management of patient-focused care



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Actuarial Components for Care Delivery Models

- Setting budgets and appropriate care coordination fees
- Measuring results
- Evaluating risks and reinsurance
- Evaluating credibility
- Reporting and monitoring of results
- Effect on utilization
- Effect on costs
- Networks of provider
- Evaluating quality incentives



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Care Delivery Enhancers

- New strategies have emerged to further enhance care delivery; they can be part of any successful delivery model:
 - Telemedicine is the use of telecommunication and IT options to provide care from a distance; improves access to medical services not available in rural areas
 - Remote telemonitoring/telemedicine provides specialist advice/treatment guidance to the patient's local providers of care without the need to travel
 - Use of mid-level providers (e.g., nurse practitioners, physician assistants or certified nurse specialists) can be more cost efficient
 - Retail health clinics can provide basic preventive care and primary care services



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Care Delivery Enhancers (cont.)

- Each of the strategies previously described can result in faster and appropriately-timed access to needed and high quality care, at a potentially lower cost resulting in:
 - Improved quality due to a reduction in duplication of services
 - Improved access to appropriate care in remote locations
 - Improved access through expanded available hours for care
 - Improved access through a reduction in waiting times
 - Reduced health care cost through avoided ER visits
 - Reduced health care cost due to a better match of patient acuity and provider level or site of service



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Staff Contact Information

Tim Mahony Health Policy Analyst (State) American Academy of Actuaries 1850 M St., NW (Suite 300) Washington, DC 20036 202-223-8196

mahony@actuary.org

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