Aligning Incentives: Innovations in Prevention and Primary Care

Chris Miles, Moderator
August 2, 2019
Speakers & Moderator

Chris Miles
Principal
Leavitt Partners

Gabriel Kaplan, PhD
Board President
National Association of Chronic Disease Directors

Lisa Dombro
SVP and Chief of Provider Network Strategies & Engagement
agilon health

Todd Sachs, MD
Medical Director of Operations
Southern California Permanente Medical Group

Mike Lubin
VP of Growth
Hint Health
Employers continue to believe that wellness will contain costs, many seeing lower utilization.

91% of employers believe emphasizing wellness and prevention will contain costs at least somewhat.

With regard to health care costs, what has been the impact of providing the wellness program(s) to your employees?

- Lowered health care utilization: 55%
- Increased morale but no lower utilization: 34%
- No lower utilization or increased morale: 10%
Employers vs. Physicians in Controlling Costs

Employers are more optimistic than physicians that primary care focus will help control costs.

How well do you think each of the following initiatives will control costs?

Employers and physicians who think the following initiatives will contain costs extremely to very well.

- Increased emphasis on wellness and prevention: 53% (Employers), 56% (Physicians)
- Focus more on primary care: 57% (Employers), 50% (Physicians)
- Better manage heavy utilizers of care: 50% (Employers), 50% (Physicians)
- Aggressive management of specialty pharmaceuticals: 48% (Employers), 50% (Physicians)
- Centers of Excellence models that refer employees to preapproved hospitals for elective procedures: 50% (Employers), 50% (Physicians)
- Cost transparency tools for employees to make choices on the basis of price and quality: 52% (Employers), 50% (Physicians)
- Improved management of behavioral and mental health: 53% (Employers), 50% (Physicians)

Arrows (↑↓) indicate statistically meaningful differences from the mean.
Centers for Medicare & Medicaid Services (CMS) Primary Cares Initiative

- Menu of five new voluntary payment model options under two pathways
- Builds on existing CMMI models and lessons from the private sector
- Projected to reach 25% of all primary care practitioners and over 11 million Medicare fee-for-service (FFS) beneficiaries
- Represents part of the agency’s broader strategy to move providers to higher risk

### CMS Primary Cares Initiative

<table>
<thead>
<tr>
<th>Primary Care First (PCF):</th>
<th>Direct Contracting (DC):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PCF General</td>
<td>1. Professional</td>
</tr>
<tr>
<td>2. High Need Population or Seriously Ill Population (SIP)</td>
<td>2. Global</td>
</tr>
<tr>
<td></td>
<td>3. Geographic</td>
</tr>
</tbody>
</table>

Designed to test various approaches to primary care-focused payment & delivery transformation with common goals:

- Move providers away from FFS toward capitation
- Reduce administrative burdens
- Leverage performance transparency to motivate improvement
- Engage other payers and new participant types to expand model reach and impact

*Older model, shown as point of reference on risk

Source: https://www.cms.gov/
Primary Care Physicians (PCPs) and Mental Health Providers

PCPs are more likely to be working with mental health providers to coordinate care, seeing more positive results.

### How do you integrate behavioral health care (mental health and/or substance abuse disorder care) into your medical practice?

<table>
<thead>
<tr>
<th>Activity</th>
<th>PCP (n=169)</th>
<th>Specialist (n=348)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share records with behavioral health providers</td>
<td>50% ↑ 39%</td>
<td>30% 37%</td>
</tr>
<tr>
<td>Refer patients to behavioral health providers (as needed) but don’t share records</td>
<td>33% ↑ 20%</td>
<td>24% 12%</td>
</tr>
<tr>
<td>Practice shared-decision making with behavioral health providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have behavioral health providers within my physical office</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

> **Arrows (↑↓)** indicate statistically meaningful differences from the mean LP Physician Survey, November 2018

### To what extent has coordinating physical and behavioral health improved your ability to treat patients?

<table>
<thead>
<tr>
<th>Improvement</th>
<th>PCP (n=152)</th>
<th>Specialist (n=252)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It has improved patient access to behavioral health services</td>
<td></td>
<td>53% 42%</td>
</tr>
<tr>
<td>It has improved patient adherence to treatment</td>
<td>35%</td>
<td>41%</td>
</tr>
<tr>
<td>It has freed up time to see other patients or spend time on other important activities</td>
<td></td>
<td>36% ↑ 22%</td>
</tr>
<tr>
<td>It has not significantly improved my ability to treat patients</td>
<td>30%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Wellness, prevention, focus on primary care is getting increased attention from employers; cost transparency tools get attention too.

Which of the following are your top three priorities for containing health care costs?

- Cost transparency tools for employees to make choices on the basis of quality (35%)
- Increased emphasis on wellness and prevention (28%)
- Centers of Excellence models that refer employees to preapproved elective procedures (23%)
- Aggressive management of specialty pharmaceuticals (23%)
- Direct contracting with hospitals around specific procedures or diseases (22%)
- Improved management of behavioral and mental health (21%)
- Negotiated reference pricing for specific conditions at specific hospitals (20%)
- Focus more on primary care (20%)
- Expanded use of PCMH model (20%)
- Consumer Directed Health Plans (CDHP) (18%)
- Narrow network health plans (16%)
- Promoting greater use of bundled payments (15%)
- Better manage heavy utilizers of care (15%)
- Focus on ACOs (16%)
- Private exchanges (6%)