

EPA Region 5 Asthma Forum

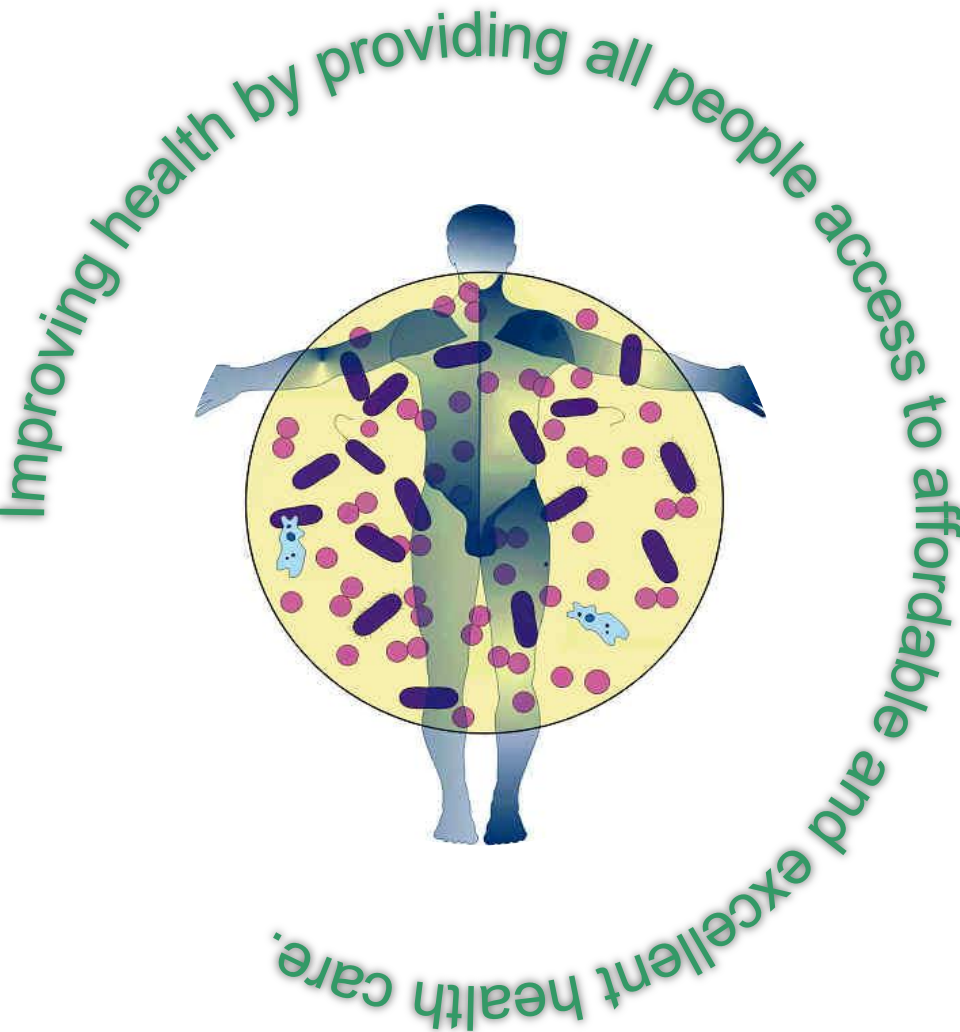
Chicago, Illinois

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Director, Medicare Medical Management
Priority Health



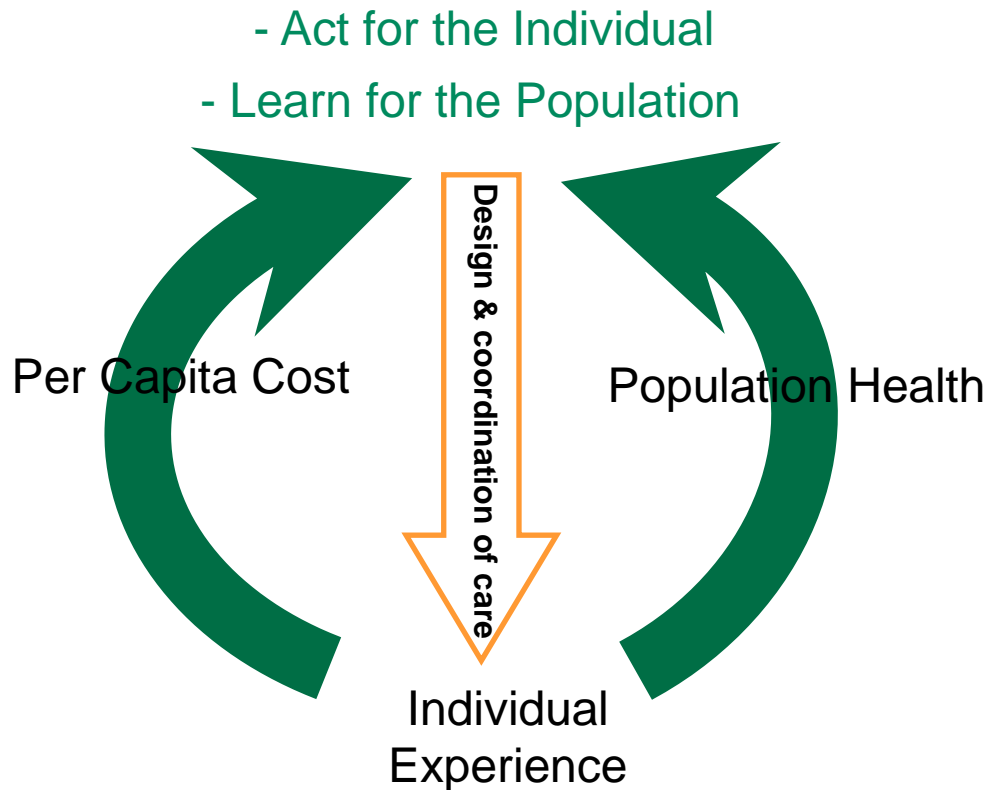
**Be the nation's leader
in innovative health
solutions – making
healthcare obtainable
for all**

Guiding Principles



- Patient Centered
- Integrated, holistic model with a regional presence
- Multidisciplinary approach to patient care
- Partnership with providers
- Adherence to evidence based standards of practice
- Engaged patient with input into clinical decision support
- Exceptional Customer Experience
- Compassionate Care Model

Best healthcare results for populations: “The Triple Aim”



Achieving the optimal balance of good health, positive patient experience of care and low per capita cost for a population

“We’ll lead the country in innovative approaches to achieve improved clinical outcomes, create seamless experiences and lower healthcare costs”
- Kim Horn



HealthyEncountersSM Asthma Management

Burden in Michigan

- Asthma is a prevalent chronic disease in Michigan, affecting over 700,000 adults.
- There are disparities in asthma prevalence by sex, education, and income.
- For adults with asthma who are taking prescribed asthma medication, over 40% experience symptoms that are consistent with moderate to severe disease. This is indicative of poorly managed asthma and that perhaps the medication is not appropriate to control their disease.
- As reported by adults with asthma, care in Michigan fails to meet the recommended standards set forth by national asthma guidelines. It is recommended that efforts be taken to ensure that people with asthma in Michigan receive quality care, in accordance with prescribed standards.

Priority Health's Asthma Program Goals

- Improve the health status, quality of life and the clinical outcomes for all Priority Health members with asthma by engaging them into the disease management program.
- Increase physician awareness of current asthma treatment modalities and available covered services.
- Improve the rate of inhaled anti-inflammatory prescriptions.
- Decrease emergency room visits and inpatient admissions for exacerbations of asthma.



Asthma Management

Integrated Health Care Services

- Referral to home based model of care (ANWM)
- Utilize predictive intelligence to identify members most in need of intervention
- Asthma Clinical Practice Guideline
- Asthma Patient Registry
- Physician Incentive Program
- Physician Clinical System Support
- E-Health Self Care Management Tools
- Individualized Member Mailings
- Health Publications
- Telephonic RN Counseling & Education
- Health Fairs, Camps and Wellness classes

Asthma Management

Committed Program Champions

Priority Health's Asthma Management programs:

- Member centered
- Physicians as partners
- Evidence based interventions with standardized goals
- Data driven with measurable outcomes
- Positive incentives
- Community integration

Asthma Management

Committed Program Champions

- Identify members with asthma through Registries and Patient Profile
- Stratify the population based on risk and care opportunities
- Develop clinical programs & provider partnerships to provide the highest quality asthma care
- Individualize member interventions, referrals, and education to meet specific health needs

Asthma Management

Committed Program Champions

- Engage all medium high – high risk members
- Education regarding disease process
- Evidenced-based standards of care (assessments and goals)
- Community resources
- Treatment options
- Plan benefits
- Self-management techniques
- Written Asthma Management Plan
- Physician collaboration



Asthma Management

High Performing Collaboration and Partnerships

Collaborate to build a
sustainable model of care:

Key Partners:

Physicians

- Align incentives with goals

ANWM

- Resourcing the system

Asthma Management

Strong Community Ties

Physicians receive an incentive for managing members to the optimal medication ratio 2:1 (long term control: short acting relief)





Patient profile

Search Criteria new search

Search Criteria: ASTHMA

You can view all patients by clicking on the VIEW PATIENTS button below, or conduct an advanced search based on the selections in the box below.

YOUR PROVIDER SEARCH

You Selected the Following Provider:
MARCUS, KEITH D

REFINE YOUR ASTHMA SEARCH

- Display ALL patients with this health condition
- Display patients with this health condition and ALL of the selected filters
- Display patients with this health condition and ANY of the selected filters

Care Opportunities

- No Asthma PCP visits in the past 12 months
- LTC/Quick-Relief Rx Optimal Ratio (2 to 1) not met

Utilization in Past 12 Months

- No Asthma Specialist visits
- 1+ Asthma ER visits
- 1+ Asthma IP admissions

Physician Incentive Program

- Eligible patients with Optimal Ratio not met

VIEW PATIENTS **CANCEL**



Health Condition Search Results

SEARCH REQUESTED

Health Condition*

ASTHMA

Eligible patients with
Optimal Ratio not met

Select Provider by Name

MARCUS, KEITH D

OR

Select Provider by
Primary Clinic

SELECT ONE

MODIFY SEARCH

* Required field

VIEW RESULTS BY

Order By

LAST NAME

Display

ALL

GO

Results 1 - 1 of 1

1

previous | next

Care Opportunity | PIP Opportunity | Care and PIP Opportunity

<u>Doe, John C.</u>		HOME (616) 748-0134	WORK (616) 233-3428
PCP MARCUS, KEITH D		BIRTH DATE 07/24/56	AGE 48
Most Recent Visits:			
PCP 05/10/04	SPEC 07/08/03	ER 04/28/04	IP ADMITS 01/07/00
Rx Counts Over 12 Months:			
LTC 1	QUICK-REL 4	LTC : QR RATIO <input checked="" type="checkbox"/>	1:4 SUBOPTIMAL
Rx Counts Year-To-Date:			
LTC 1	QUICK-REL 4	LTC : QR RATIO <input type="checkbox"/>	1:4 SUBOPTIMAL
Most Recent Rx:			
LTC 04/25/04	QUICK-REL 05/20/04	ORAL STER 04/29/04	RX COVERAGE Yes

Results 1 - 1 of 1

1

previous | next

Note

Click on the underlined patient name to view details.

To change the filter(s) for this search, click MODIFY SEARCH on the left-hand side of the screen. To conduct a different search, select the new criteria from the appropriate boxes, and click REFRESH.

Asthma Management

High Performing Collaboration and Partnerships

ANWM Infrastructure

- Ability to contract with plan and bill for services
- Adequate staff; all certified as asthma educators
- Internal processes and program components
- Share best practices and programmatic structure with other stakeholders

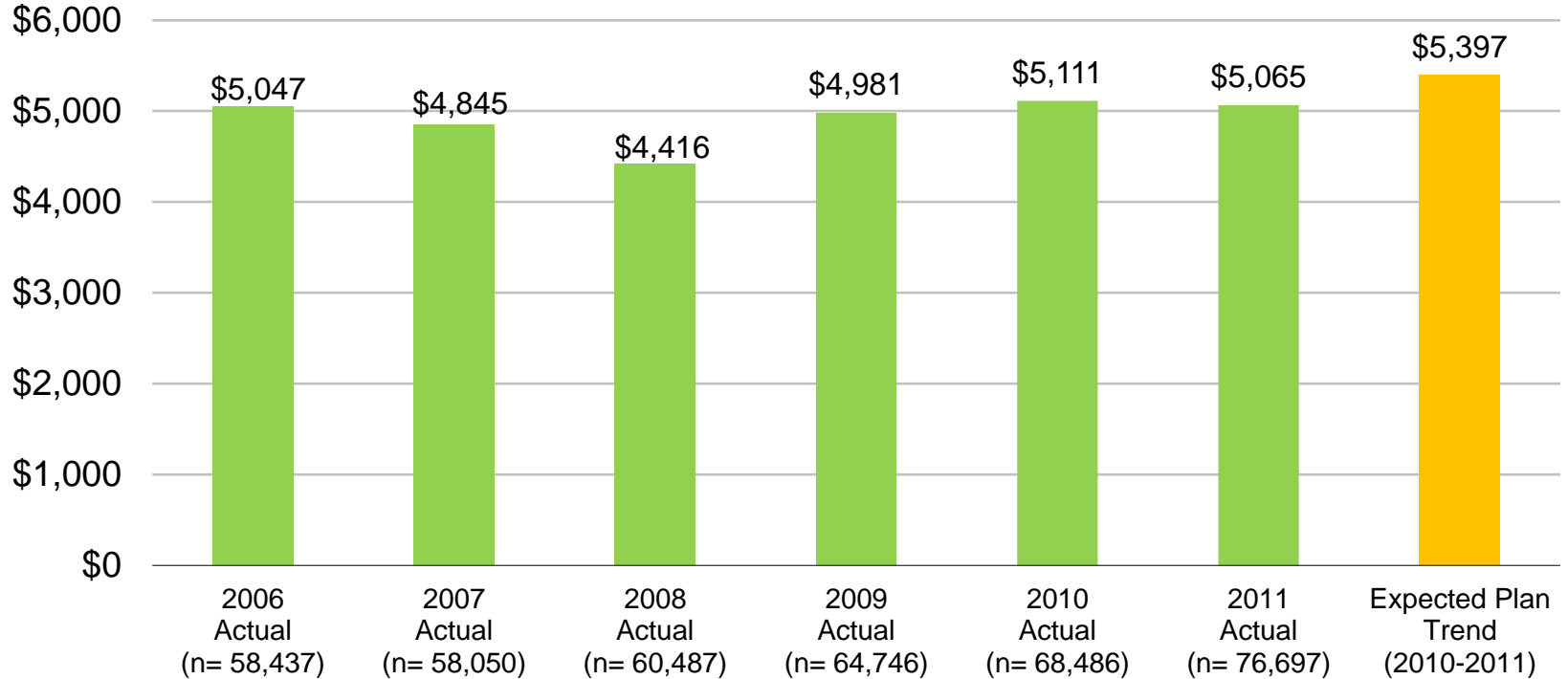
Health Plan

- Ability to identify the asthma population and stratify those that will benefit from program
- Commitment to provide coverage for asthma education in benefit design
- Commitment to partner with asthma coalition to provide those services

Disease management cost avoided: Plan

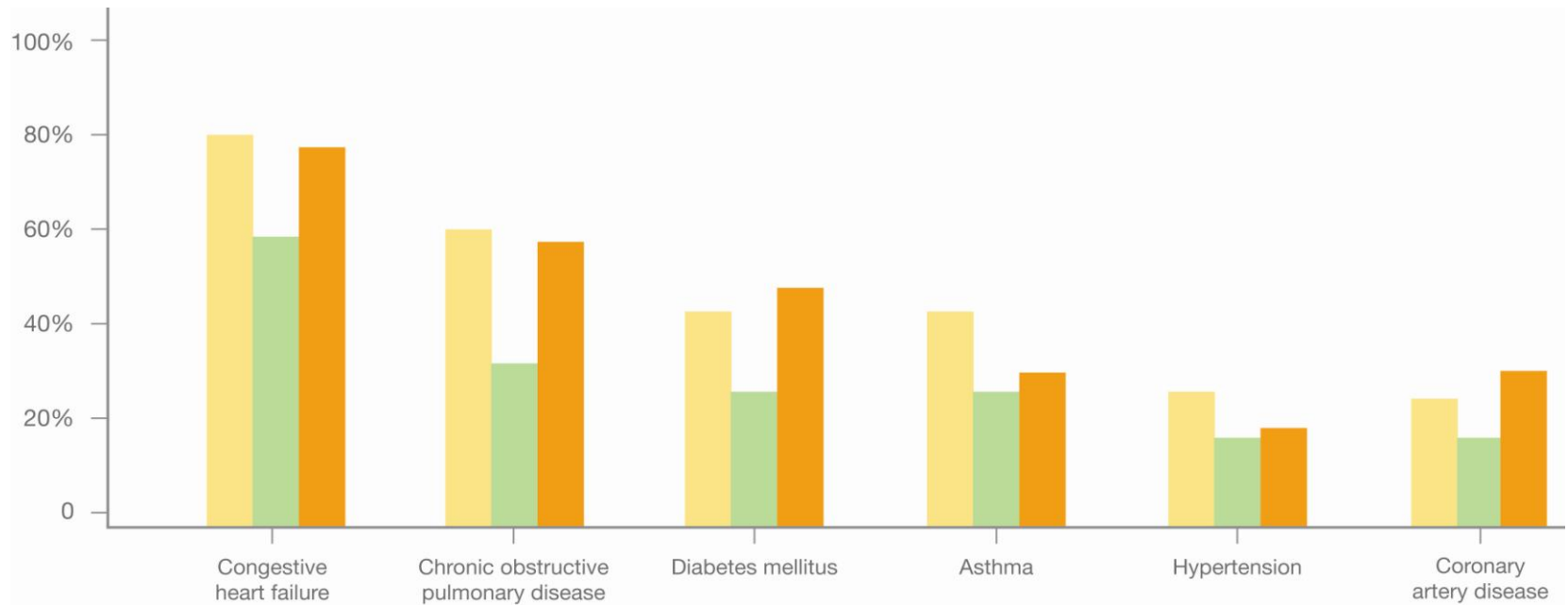
(cardiovascular, CHF, asthma, and diabetes)

Average annual cost
(PMPY)



Asthma Management

Achieve Positive Health Outcomes



■ National average
■ Priority Health
■ Michigan

Source: Health Care Incentives Improvement Institute, Inc.

Asthma Management

Achieve Positive Health Outcomes

Disease management cost avoided
(cardiovascular, diabetes & asthma)

Average annual cost

(PMPY)

\$5,700

\$5,600

\$5,500

\$5,400

\$5,300

\$5,200

\$5,100

\$5,000

\$4,900

2007 Actual
(n=66,757)

2008 Actual
(n=70,119)

2008 expected
(5% plan trend)

\$5,366

\$5,211

\$5,634

\$423
PMPY





Creating Exceptional Experiences

We will not achieve our vision without an intentional, strategic focus on the experience of care through the eyes of our patients and their families.