Community Health Center Association of Connecticut

Advancing Care Together CHCact

# From Underserved to Better Served:

## Leveraging Payment Reform to Improve Care

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# Session Objectives

- ✓Learn how using data drives patient care
- ✓Demonstrate how using risk stratification leads to increased engagement for patients at high risk
- ✓Discuss how establishing a strong medical neighborhood meets patient's comprehensive needs

# Community Health Center Association of Connecticut

- ✓Primary Care Association of Connecticut
- ✓Represents 94% of all Federally Qualified Health Centers (FQHCs) in Connecticut
- ✓State-wide geographic coverage

94% of all FQHCs in CT belong to CT-PTN

# Patients at Connecticut FQHCs

75.6% Racial/Ethnic Minorities

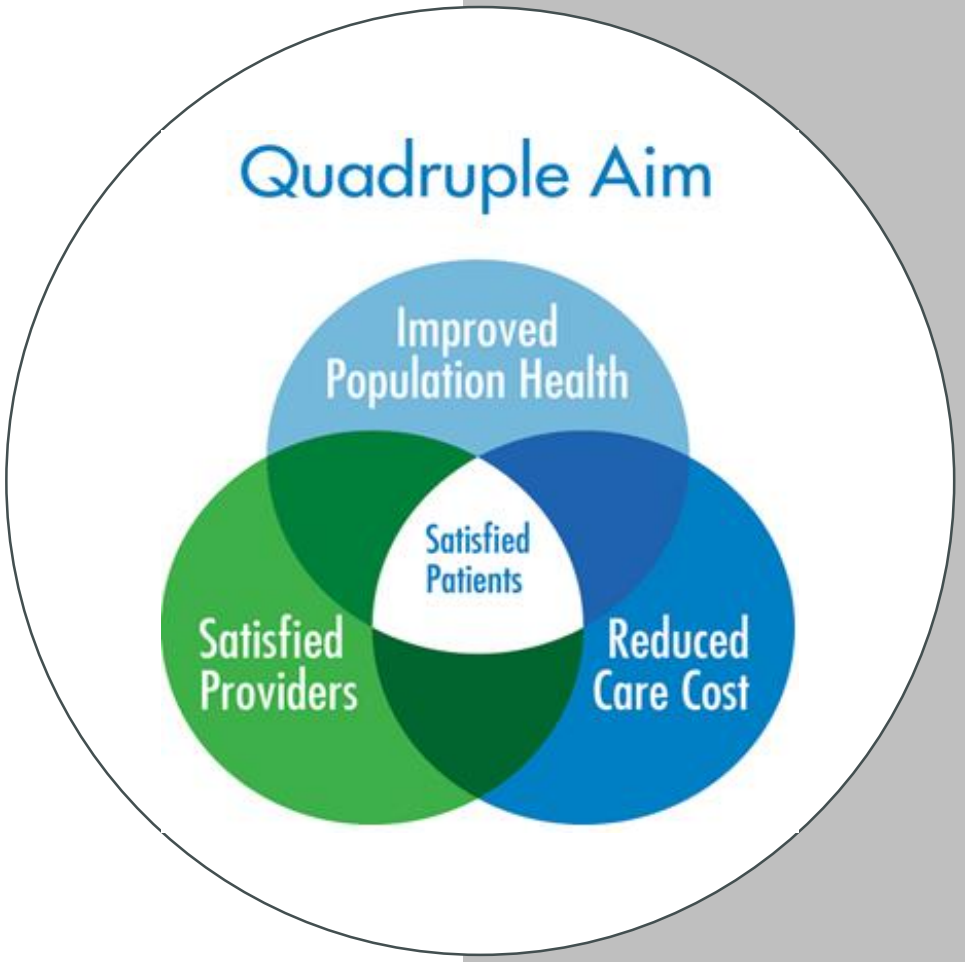

78% Medicaid or Uninsured

90% Below 200% FPL

26.5% are best served in a language other than English

# Transforming Clinical Practice Initiative

- ✓ $700 million grant
- ✓ National Scope
- ✓ Prepare Primary and Specialty Care practices for value-based payments



Q11 Performance comparison normalized by number of enrolled clinicians

| PTN | Hospitalizations reduced/ clinician |
|---|---|
| UMass | 20.9 |
| AZHEC | 14.2 |
| CHCACT | 12.6 |
| PBGH | |
| NYeC | |
| Mayo | |
| NYU | |
| HQI | |
| MQC | |
| Vand | 4.2 |
| CCNC | 3.3 |
| RIQI | |
| WDOH | |
| Colorado | |
| Vizient | |
| CHOC | 1.7 |
| COSEHC | 1.4 |
| IHC | 0.7 |
| IU | 0.5 |
| PeaceHealth | 0.4 |
| HPD | 0.3 |
| CarePoint | 0.3 |
| BHSALA | 0.1 |
| UofWash | 0.1 |
| NJII | 0.1 |
| NatCouncil | 0.1 |
| VCSQI | 0.1 |
| NRACO | 0.0 |
| APA2 | - |
| LA | - |
| VHS | - |
| TOTAL | 2.9 |

CHCACT: 12.9 hospital utilizations per clinician

#3

# Leader in TCPi

#2

CHCACT: $43,962 saved per clinician

| PTN | Savings/ clinician |
|---|---|
| BHSALA | $ 94,379 |
| CHCACT | $ 43,962 |
| MQC | $ 41,954 |
| IHC | $ 38,620 |
| AZHEC | $ 37,223 |
| NatCouncil | $ 34,644 |
| Vand | $ 34,205 |
| WDOH | $ 31,153 |
| NYU | $ 30,579 |
| PBGH | $ 29,969 |
| NYeC | $ 28,817 |
| RIQI | $ 23,294 |
| IU | $ 23,012 |
| PeaceHealth | $ 22,141 |
| Colorado | $ 21,843 |
| UMass | $ 18,657 |
| NJII | $ 14,983 |
| NRACO | $ 12,569 |
| LA | $ 12,523 |
| HQI | $ 11,788 |
| UofWash | $ 11,324 |
| Vizient | $ 11,065 |
| COSEHC | $ 11,009 |
| Mayo | $ 10,373 |
| CHOC | $ 10,290 |
| HPD | $ 4,999 |
| CarePoint | $ 4,952 |
| VHS | $ 3,967 |
| VCSQI | $ 3,713 |
| CCNC | $ 2,016 |
| APA2 | $ - |
| TOTAL | 20,755 |

AIM 3
Reducing Unnecessary Hospital Admissions & Utilization

AIM 4
Generate savings to the federal government & commercial payers

# CT-PTN Results


3,815
Lives Improved

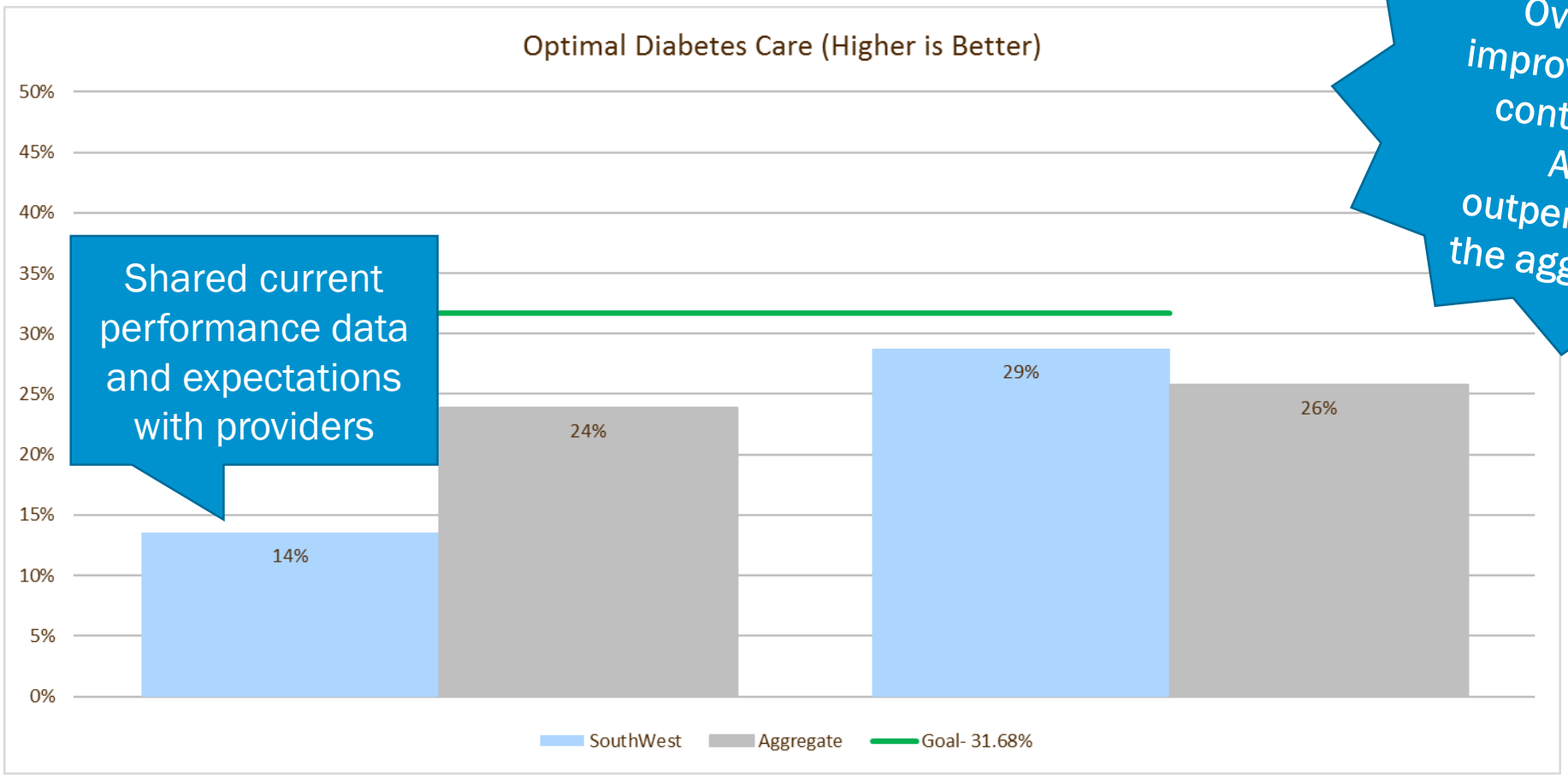
13,631 Avoided Hospital Admissions & ED Visits

$47.6 million in cost savings

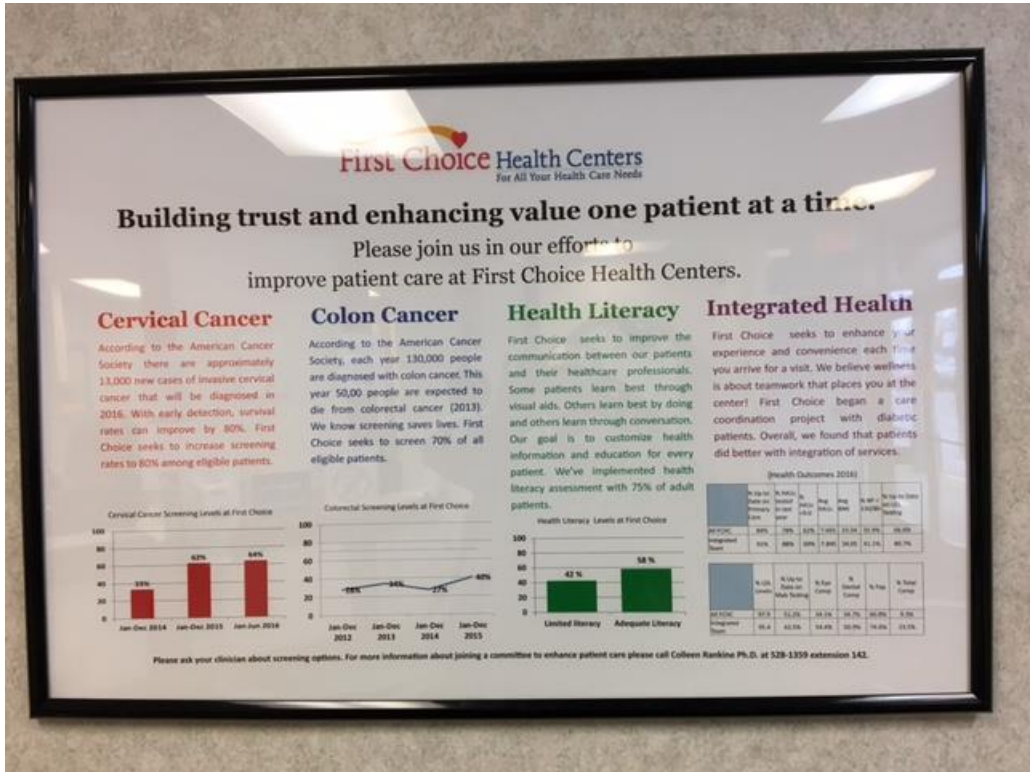
# Using Data to Drive Patient Care

- ✓ Monthly data reports to providers
- ✓ Dashboards
- ✓ Huddles/Pre-visit planning

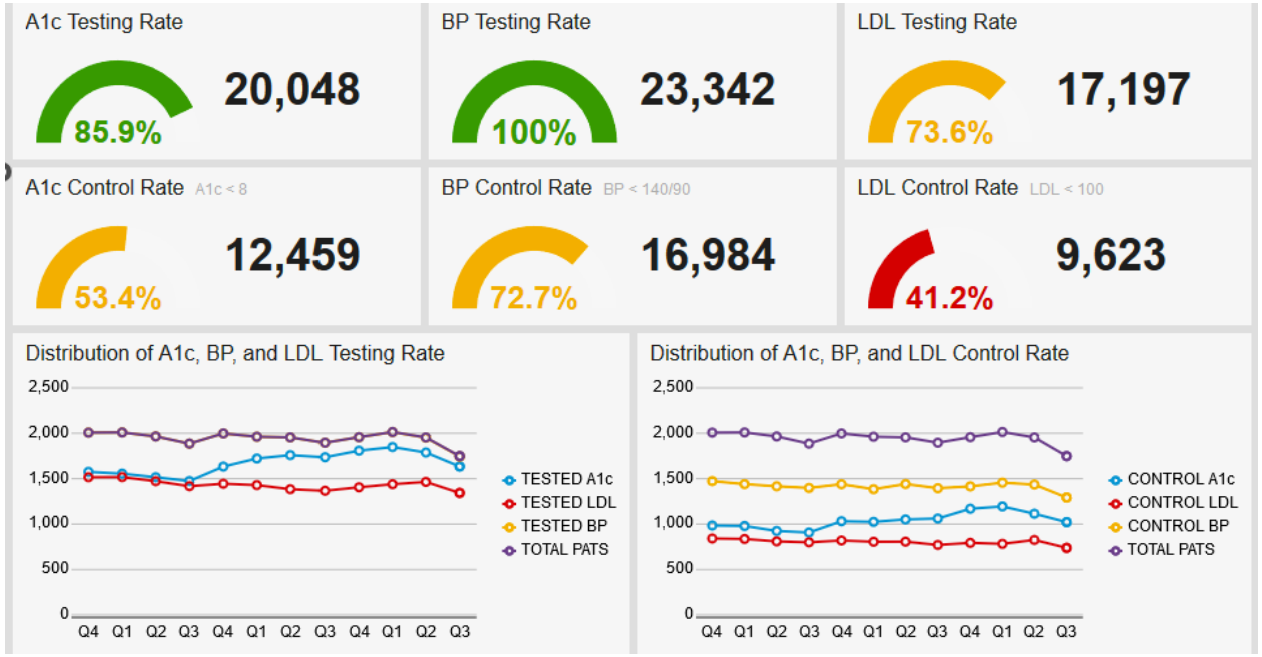
# What Happens When You Share Data?



# Other Examples

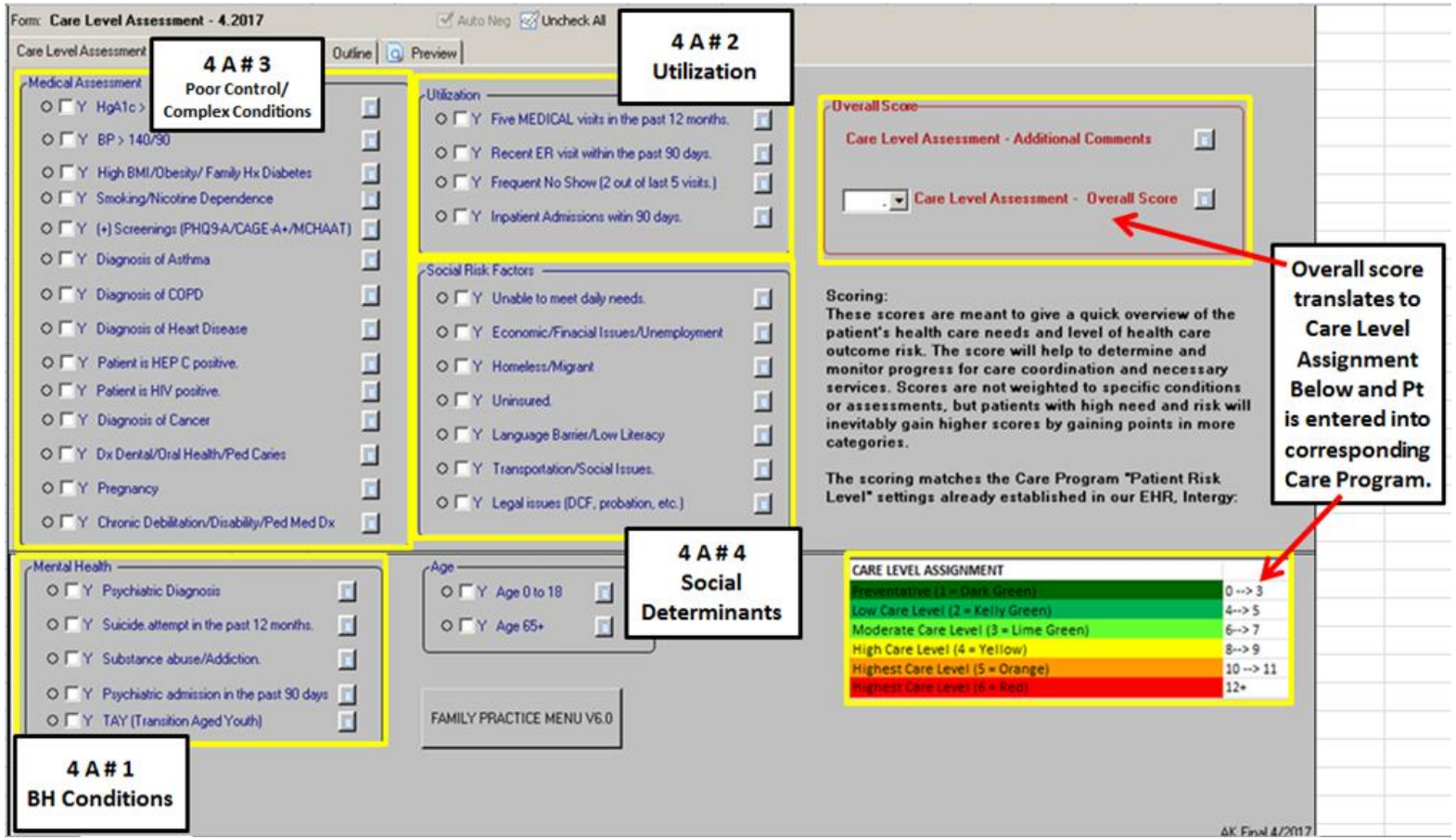



OPTIMUS HEALTH CARE



# Why Risk Stratification?

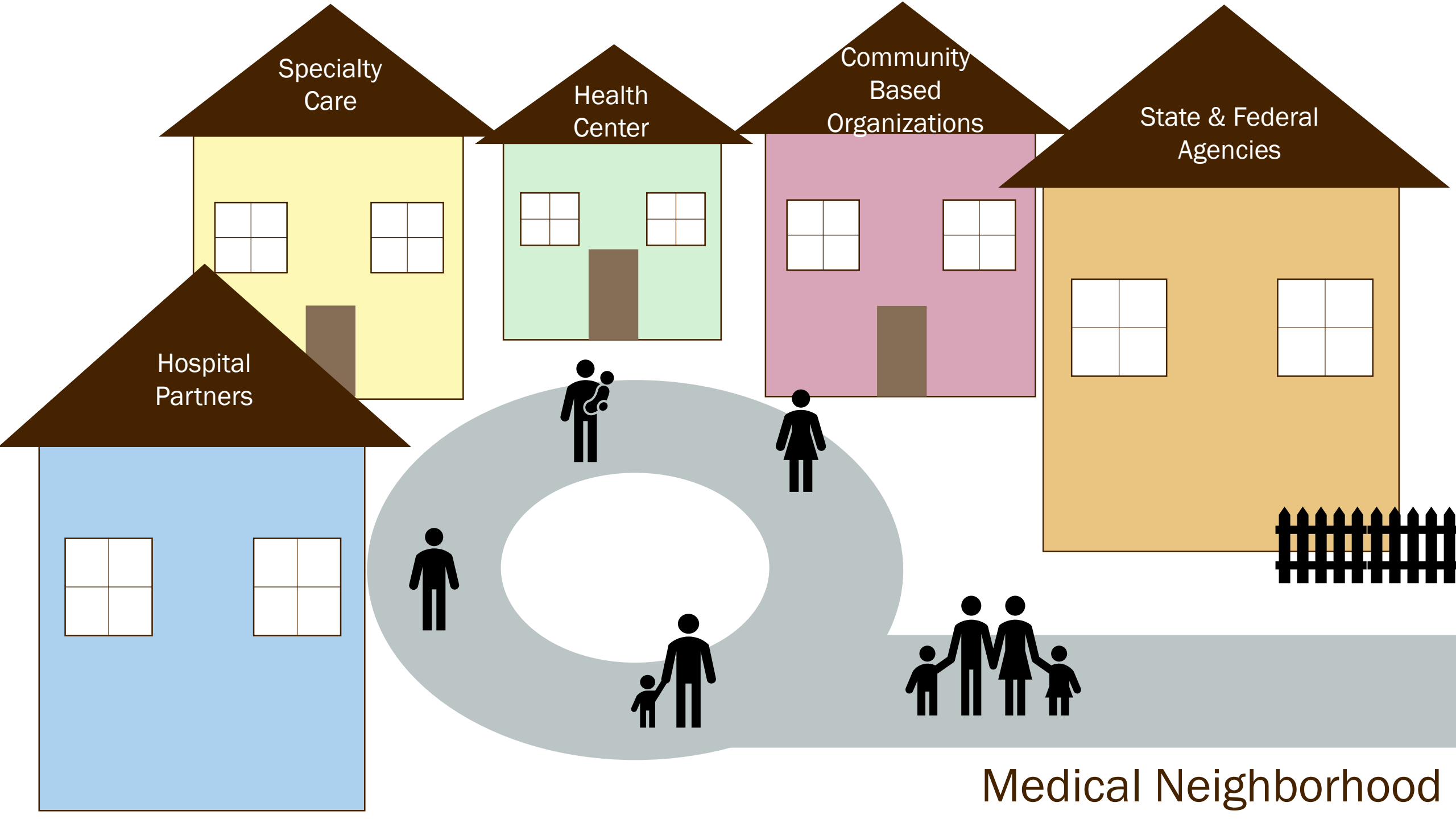
- ✓ Is the foundation of population health
- ✓ Directs appropriate resources to patients most in need
- ✓ Holistic view of the patient to improve outcomes



# How Does Risk Stratification Impact Care?


Bradley, E. H., & Taylor, L. A. (2013). *The American health care paradox: Why spending more is getting us less.*

- ✓Empanelment to a Care Team
- ✓Appointment time length
- ✓Pre-visit planning
- ✓Care Coordination
- ✓Integration of Care


Specialty Care
Health Center
Community Based Organizations
State & Federal Agencies
Hospital Partners
Medical Neighborhood

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# Questions?