

Employer Success in Redesigning Health Care Delivery

Intensive Outpatient Care Program

PCPCC Center for Employer Engagement
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The Boeing Company



- **World's leading aerospace company and the largest manufacturer of commercial jetliners and military aircraft**
- **Total revenue in 2009: \$68 billion**
- **More than 160,000 Boeing employees in 49 states and 70 countries**
- **Major operations in Washington, California and Missouri**
- **Health-related benefits spend \$2 billion**
- **Challenging labor environment**

The Imperative for Purchasers to Act Boldly

- **The current model of health care delivery leads to suboptimal quality, poor experience, and waste of valuable resources**
- **Small incremental change is wholly inadequate to make significant, sustainable improvements**
- **We need to go beyond tweaking benefits design, adding small bonuses, or putting band aids on the system**
- **We need to test completely different models of care**
- **Difficult for providers to lead redesign**
 - **Unable to make the right changes given the current payment system**
 - **Often don't recognize the need for change**
 - **Feel that change may hurt them**
- **As in every other industry, it is the customer (the person who pays) who can best trigger change**

Intensive Outpatient Care Program (IOCP)

- Boeing launched the IOCP in February 2007 to test a innovative health care delivery model designed to treat our sickest people**
- **Worked with three large medical groups in Puget Sound – 740 patients enrolled**
 - **Assumptions:**
 - 20% of a predicted high cost population utilize 80% of health care spend
 - Individuals with multiple, complex conditions are underserved by the current, fragmented, inefficient healthcare delivery system
 - A breakthrough in care delivery for this group could provide important lessons for the debate on health care reform and help shape the design of the future medical home model
 - **Created dedicated, specialized care teams available to patients 24/7 to enhance the work of primary care physicians**
 - **Goal was to deliver highly personalized, coordinated care resulting in increased patient and provider satisfaction, improved health, and lower costs**

Intensive Outpatient Care Program Goals

Health Costs

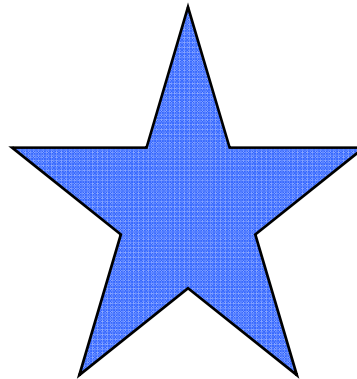
Reduce net total health care spending for target population by 20% over 2 years

Functional status

Improve self reported functional scores (SF-12) and improve productivity in the workplace

Quality

Improve performance on chronic disease measures, both claims based and ones based on clinical data



Staff Satisfaction

Create an excellent work environment for physicians and staff

Patient Experience

Improve patient's experience of care across all dimensions in a standard survey

Linking Payment Change with Clinical Redesign

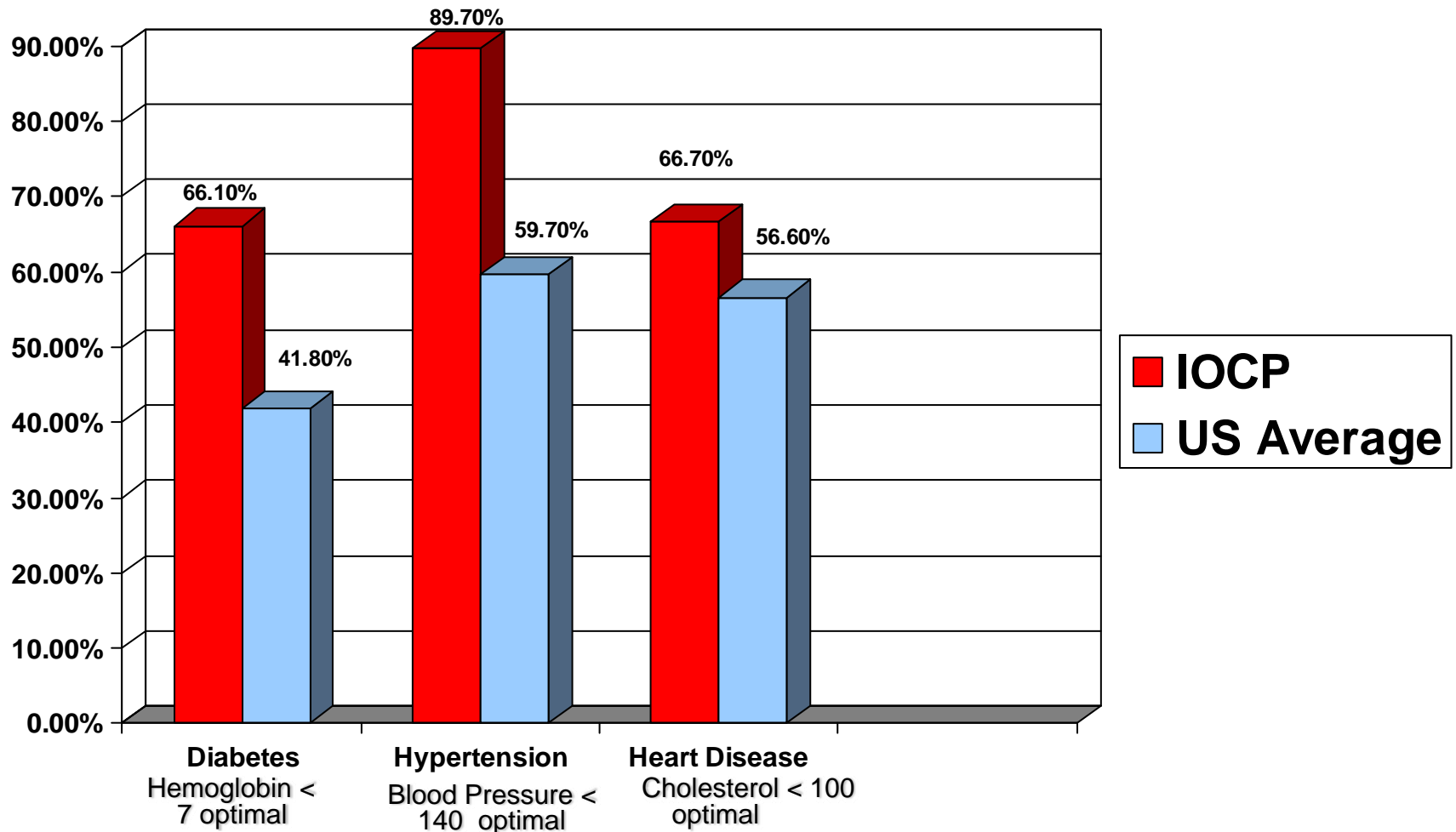
- **Each site created a new ambulatory intensivist practice for the predicted highest cost 5-20% of members**
- **Practices were staffed by specially identified MD, RN “health coach”, and other support**
- **Sites implemented shared care plans, increased access, proactively managed care**
- **No benefit changes, sites continued to bill fee-for-service for MD visits**
- **Copays for 1st intake visit was waived, rest continued as usual**
- **Sites were paid a case rate pmpm to cover non-traditional services**
- **Shared savings model anticipated for expanded model**

Outcomes

- **High Levels of Employee Satisfaction:** Testimonials show exceptional reception on the part of patients, and surveys confirm improvements in virtually all measures of care and patient experience including access, communication, provider relationship, and care coordination
- **Functional Status:** Surveys document self-reported improvements in functional scores and productivity
- **Clinical Quality:** Lab data demonstrated objective improvements for key clinical measures
- **Provider satisfaction:** Physicians and nurses provided testimonials in support of the better care they were able to provide
- **Cost savings**
 - 20% annual savings per enrollee as compared to a propensity-matched control group, net of supplemental fee to medical group – primarily due to reduced ER visits, hospital admissions and inpatient days

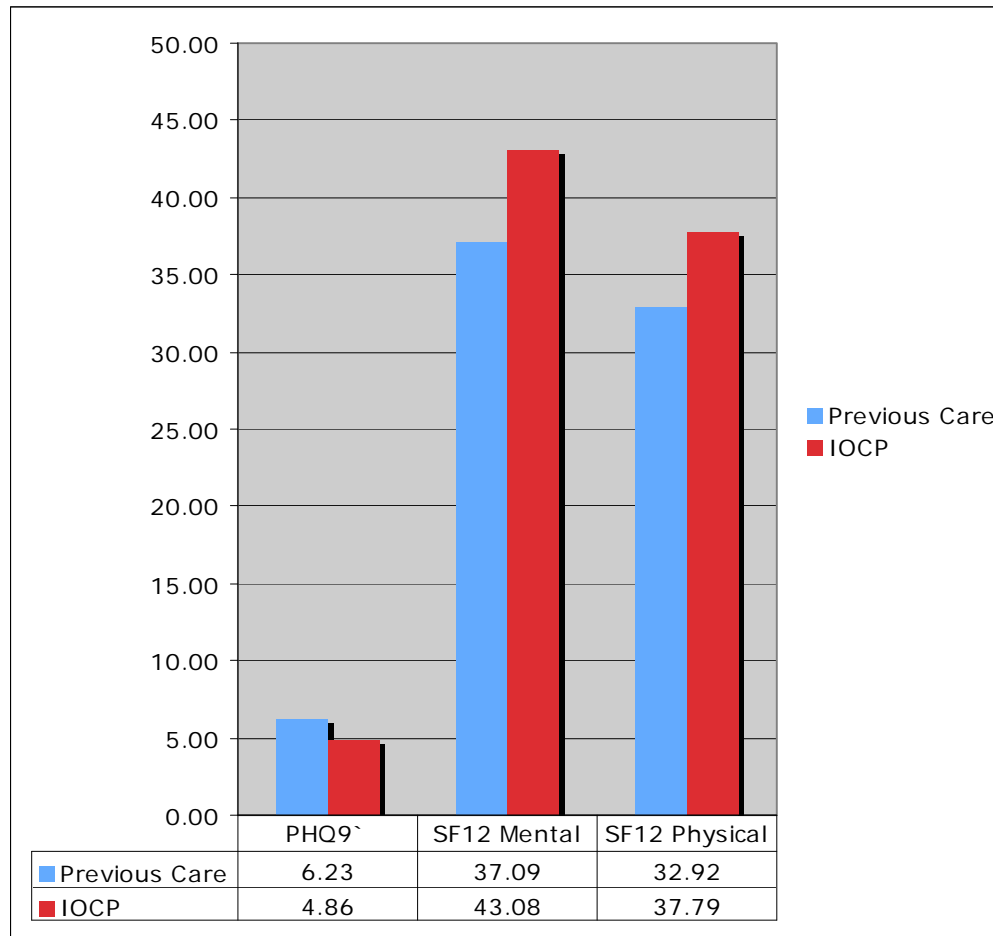
Clinical Outcomes

Health Measures for IOCP Participants Better than Nat'l Averages



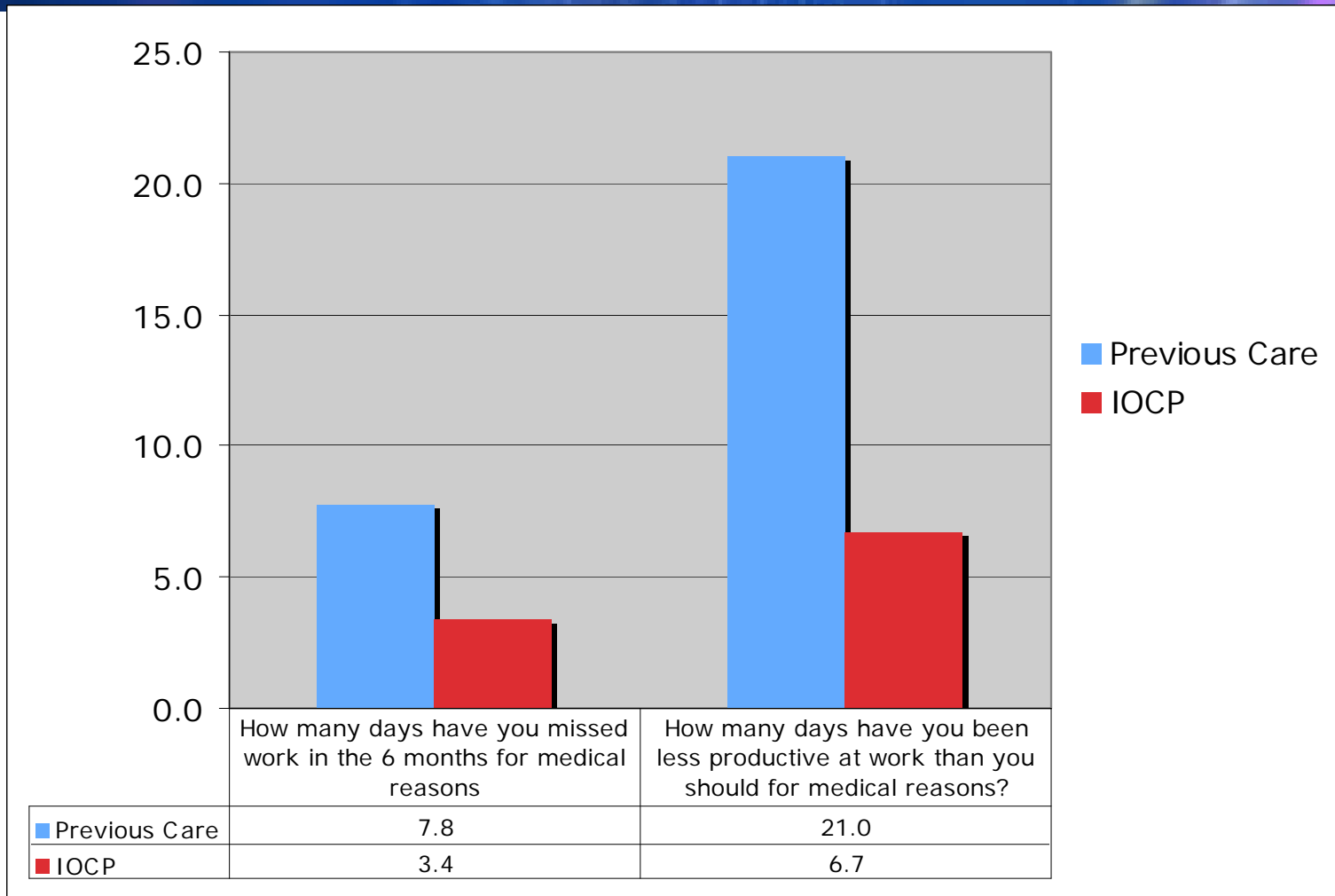
Improved Emotional, Mental and Physical Functioning

Survey Data N= 251 pre, 115 post



PHQ9 - Patient Health Questionnaire - Depression screening scale. Low score is desired outcome
SF12 - Short Form 12 question health survey. High score is desired outcome.

Worksite Gains Increased Productivity at Work



Note: Results are self-reported

Lessons Learned

- **Culture of the medical group can get in the way**
- **Need to be flexible with medical groups, but firm regarding roles and expectations for pilot participation**
- **Medical groups must be “believers” from the top down**
- **It’s all about the nurses, they are the “boots on the ground” as the most visible member of the IOCP team**
- **Integration of Boeing carve-out offerings was resource intensive**
- **Timely notification of ER utilization and hospitalizations proved challenging**
- **Did not anticipate the magnitude of behavioral health issues – pay attention to bh benefits necessary to effectively manage patients**
- **Purchaser oversight of IOCP operations was critical**

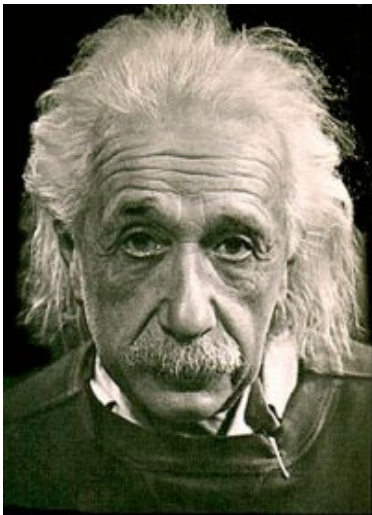
Next Steps

Expansion Planning Underway

- **Incorporate experience of other ‘medical home’ pilots, fine-tune IOCP model**
- **Identify critical elements of an ideal model and options for financial and operational structure**
- **Review potential partners and their roles**
 - **Other employers, health plans, medical providers**

Closing Thoughts

- **Innovate – be willing to test new delivery models**
- **Be ready for a challenging, but extremely rewarding experience**
- **The outcomes and testimonials from patients, nurses and physicians are gratifying and prove that this type of partnership and innovation can really make a difference**



**“Insanity is doing the same thing over and over and expecting different results”
-Albert Einstein**