

Agenda – Thursday, November 3 (3-5p)

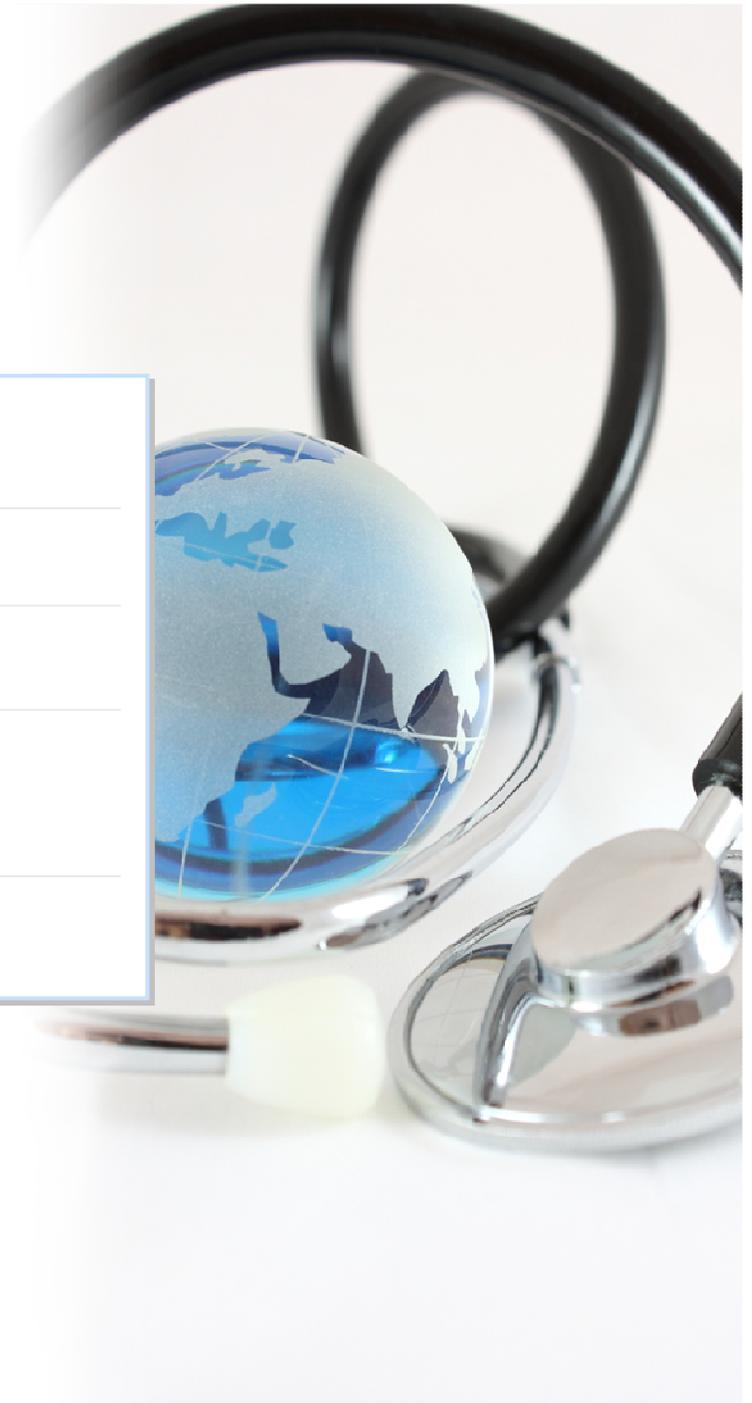
Introductions

Describe role of this workgroup

Review patient journey

Discuss opportunities to ensure effective care, quality, and patient experience

Next steps



Arkansas Healthcare Payment Improvement Initiative: A statewide, multi-payor effort

“Our goal is to align payment incentives to eliminate inefficiencies and improve coordination and effectiveness of care delivery.”

– Gov. Mike Beebe

Episodes have the potential to ...

Deliver coordinated, **evidence-based** care

Focus on **high-quality** outcomes

Improve **patient focus** and **experience**

Avoid **complications**, reduce **errors** and **redundancy**

Incentivize **cost-efficient** care

Role of workgroup: we want real input and collaboration from workgroups

Workgroups: we are looking for...

- Clinical input on the patient journey and experience
- Clinical input on inefficiencies in the system and improvement potential
- Feedback and discussion on payment model design
- Feedback on practical implementation challenges to overcome

Format for today

- We want your active participation and feedback
- Flow: we will present some materials (for example, a draft “patient journey”) and will then turn to group discussion and comments
- Videoconference participants should feel free to speak up (we will also pause at points to ask for input from other sites)
- Please always speak directly into the microphone so that those at other sites can hear your comments

While primary care includes a broad set of conditions, we will begin with ambulatory URIs for several reasons

-
- Affects broad population of Arkansans
 - Relatively simple clinical journey for URI patients
 - Significant opportunity to improve efficiency associated with choice of care settings, use of diagnostic tests and imaging, and use of antibiotics
-

Workgroup discussion on ambulatory URIs will contribute to an effort with significant impact potential

Patients

- Average adult has 2-4 URIs per year and seeks care 16% of time
- Average child has 3-8 URIs per year and seeks care 32% of time

Payers

- ~\$45M in Medicaid costs¹
- ~\$55M in Commercial costs

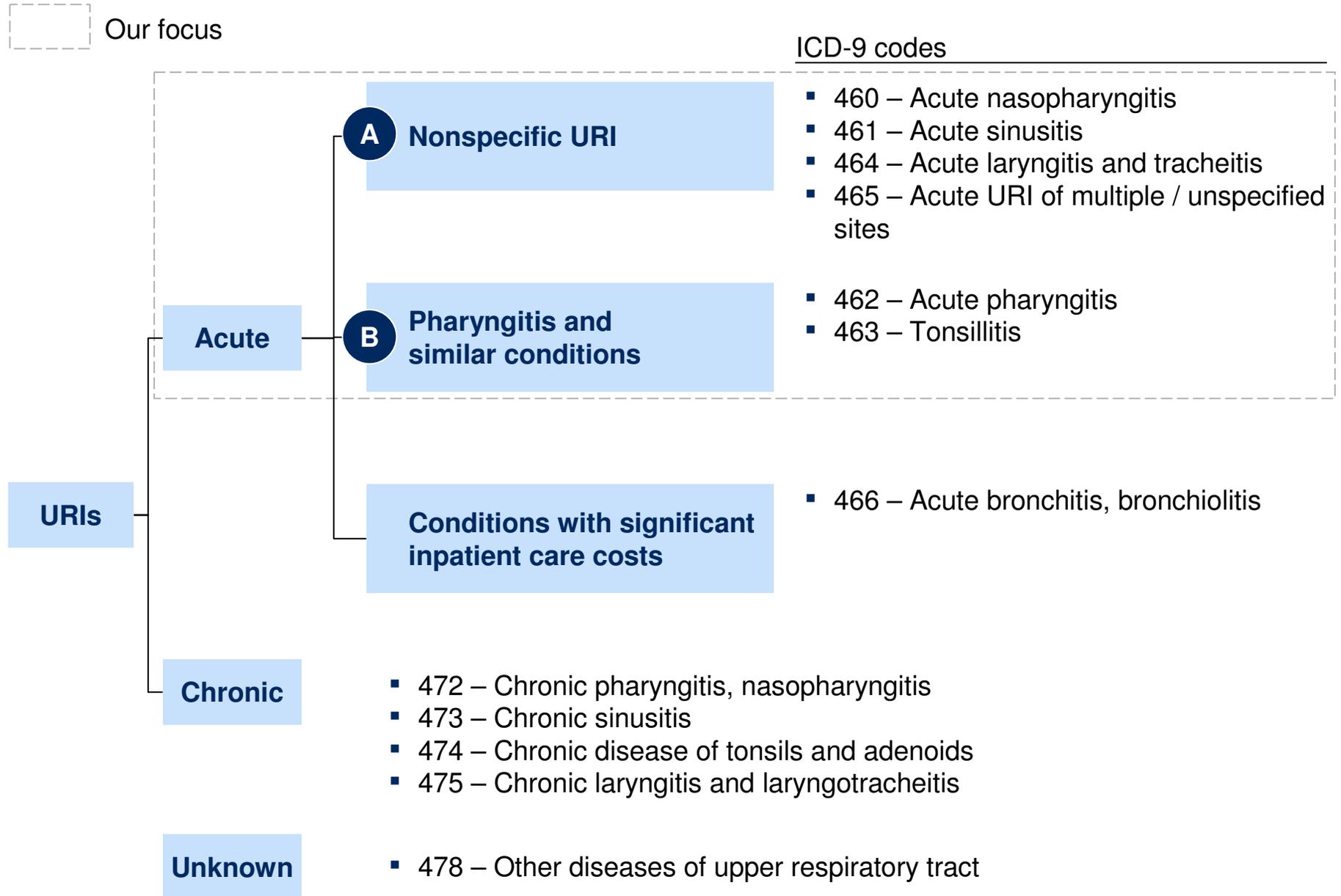
Providers²

- ~2000 primary care physicians
- ~250 emergency room physicians
- ~2600 nurse practitioners (not all focused on primary care)

¹ May underestimate drug costs, which were approximated as total costs of top 3 antibiotics (amoxicillin, azithromycin, amoxicillin tr-potassium clavulanate). SFY10 Medicaid claim costs based on primary ICD9 code; does not include cost settlements, Medicaid payments to Medicare, other non-attributable costs (e.g. HIFA waivers, Medicaid admin), waiver costs, nursing homes, and ICFMR settlement costs.

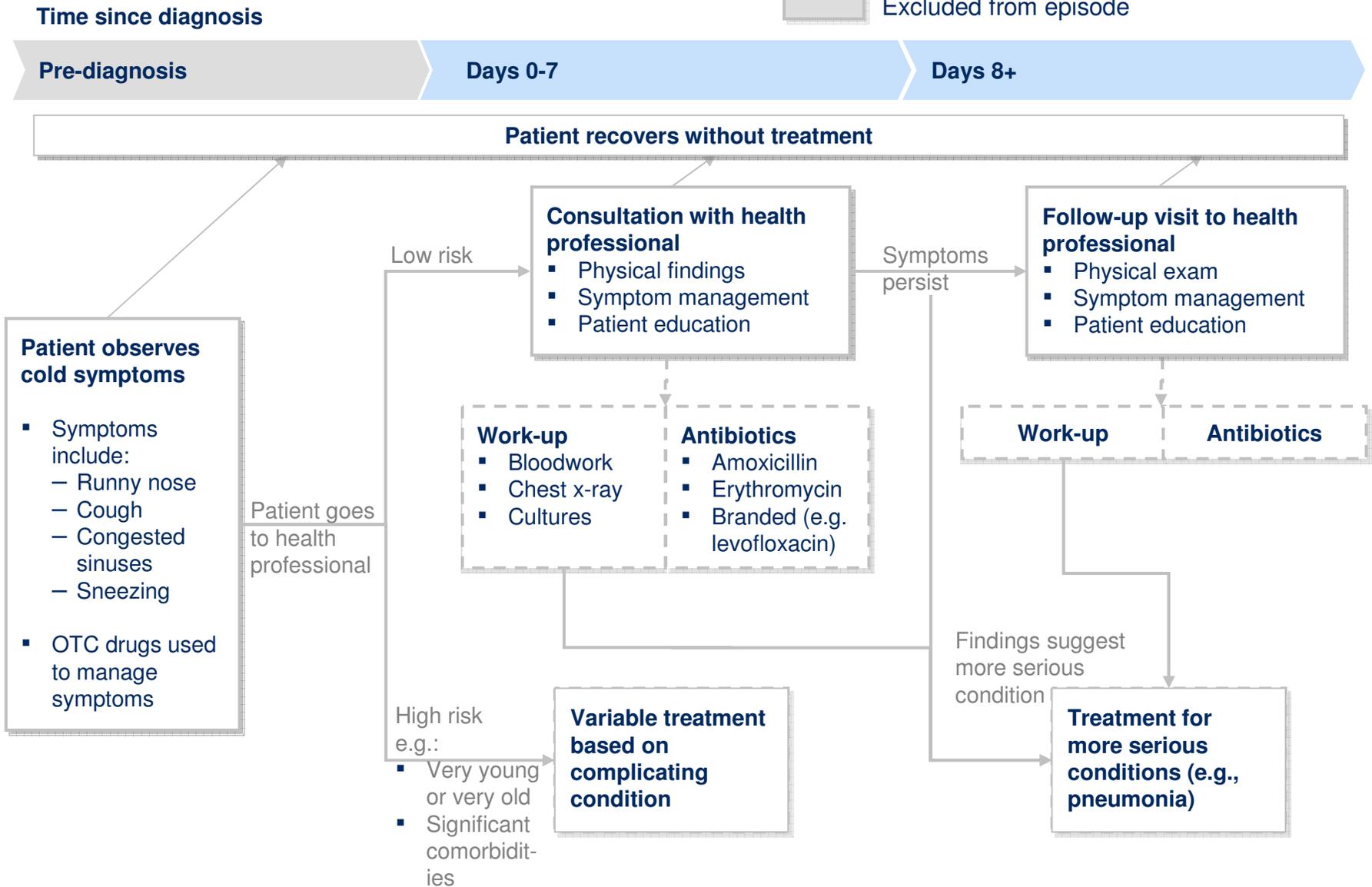
SOURCE: Literature review, Medicaid claims, ABCBS claims, Kaiser Family Foundation, AR State Medical Board.

We are focusing on two types of acute ambulatory URIs



Patient care journey – nonspecific URI

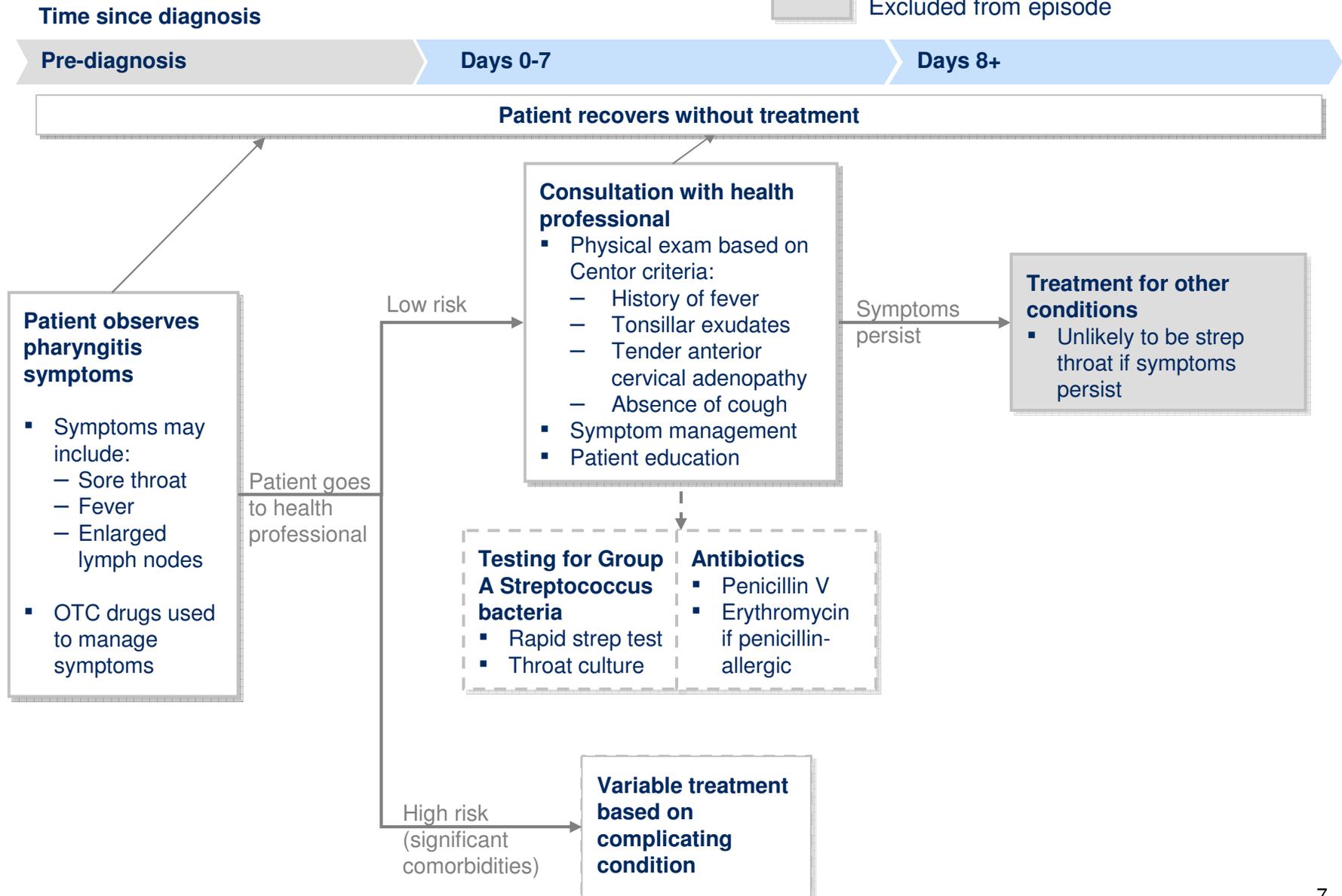
FOR DISCUSSION



Patient care journey – pharyngitis and similar conditions

FOR DISCUSSION

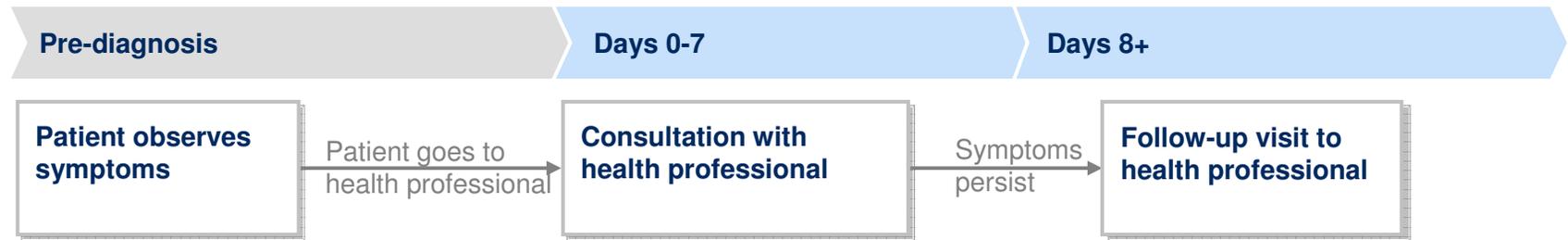
----- Practice often departs from clinical guidelines
 [Grey Box] Excluded from episode



Key providers and services

FOR DISCUSSION

Time since diagnosis



Providers potentially involved

- Pharmacy

- Primary care clinician
- Urgent care clinic
- Emergency dept
- Pharmacy

- Primary care clinician
- Urgent care clinic
- Emergency dept
- Pharmacy

Services (both nonspecific URI and pharyngitis)

- Drugs (OTC)
 - Analgesics
 - Antipyretics
 - Antihistamines

- Consultation
- Drugs (OTC / Rx)
 - Analgesics
 - Antipyretics
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 - Antibiotics

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Services (nonspecific URI)

- Testing and imaging
 - Bloodwork
 - Chest x-ray
 - Cultures

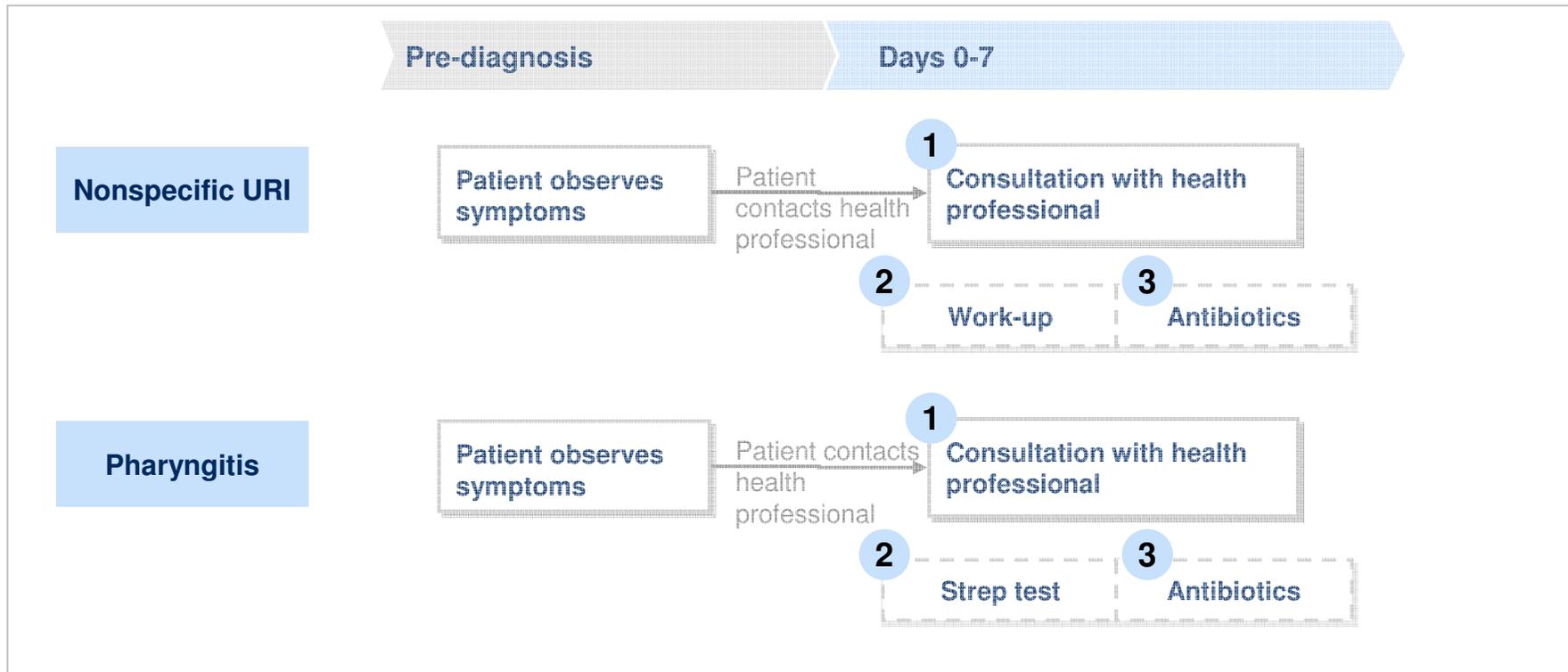
- Testing and imaging
 - Bloodwork
 - Chest x-ray
 - Cultures

Services (pharyngitis and similar conditions)

- Testing
 - Rapid strep test
 - Throat culture

Patient care map – sources of value

FOR DISCUSSION



Source of value

- 1 Cost-effective utilization of care settings and providers
- 2 Appropriate diagnostic strategy
- 3 Appropriate prescription strategy

Cost differences for URI are driven by setting, testing, and prescriptions

ILLUSTRATIVE EXAMPLE

	Consultation	Diagnostic tests / imaging	Treatment	Sample Medicaid cost
Low-cost visit	E-mail or phone consultation	None	Acetaminophen	\$36 ¹
Moderate visit	Office visit to primary care physician	None	Amoxicillin	\$46
High-cost visit	Office visit to primary care physician	Chest x-ray, CBC	Augmentin (amoxicillin tri-potassium clavulanate)	\$140

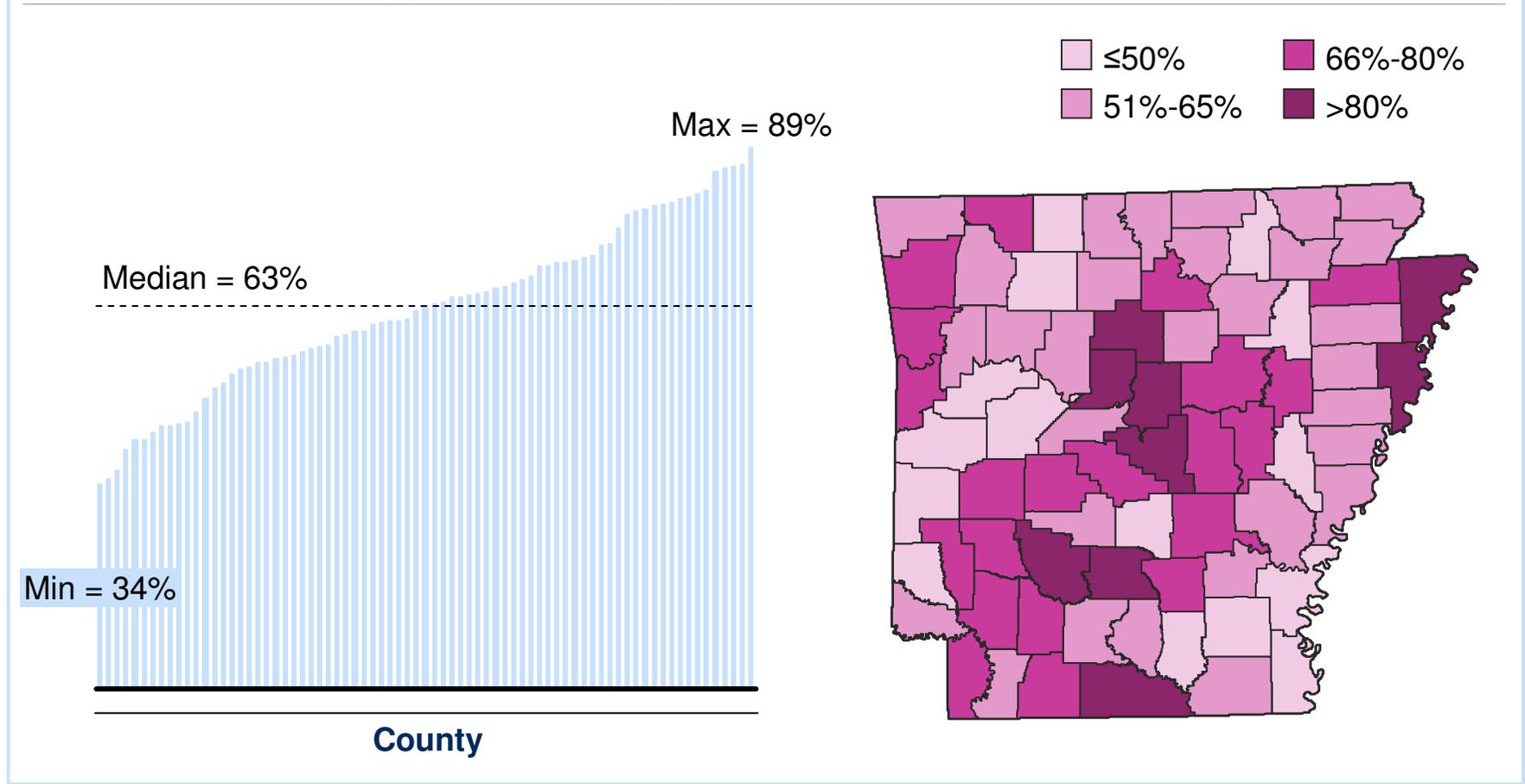
¹ Current payment model does not reimburse for e-mail / phone consultations. Sample cost here assumes cost equivalent to office visit.

Variation in Arkansas practice today

Antibiotic prescription for ambulatory URIs

Rate of appropriate prescription for ARKids children with URIs by county

Percent of children visiting physician for nonspecific URI who do not receive antibiotics

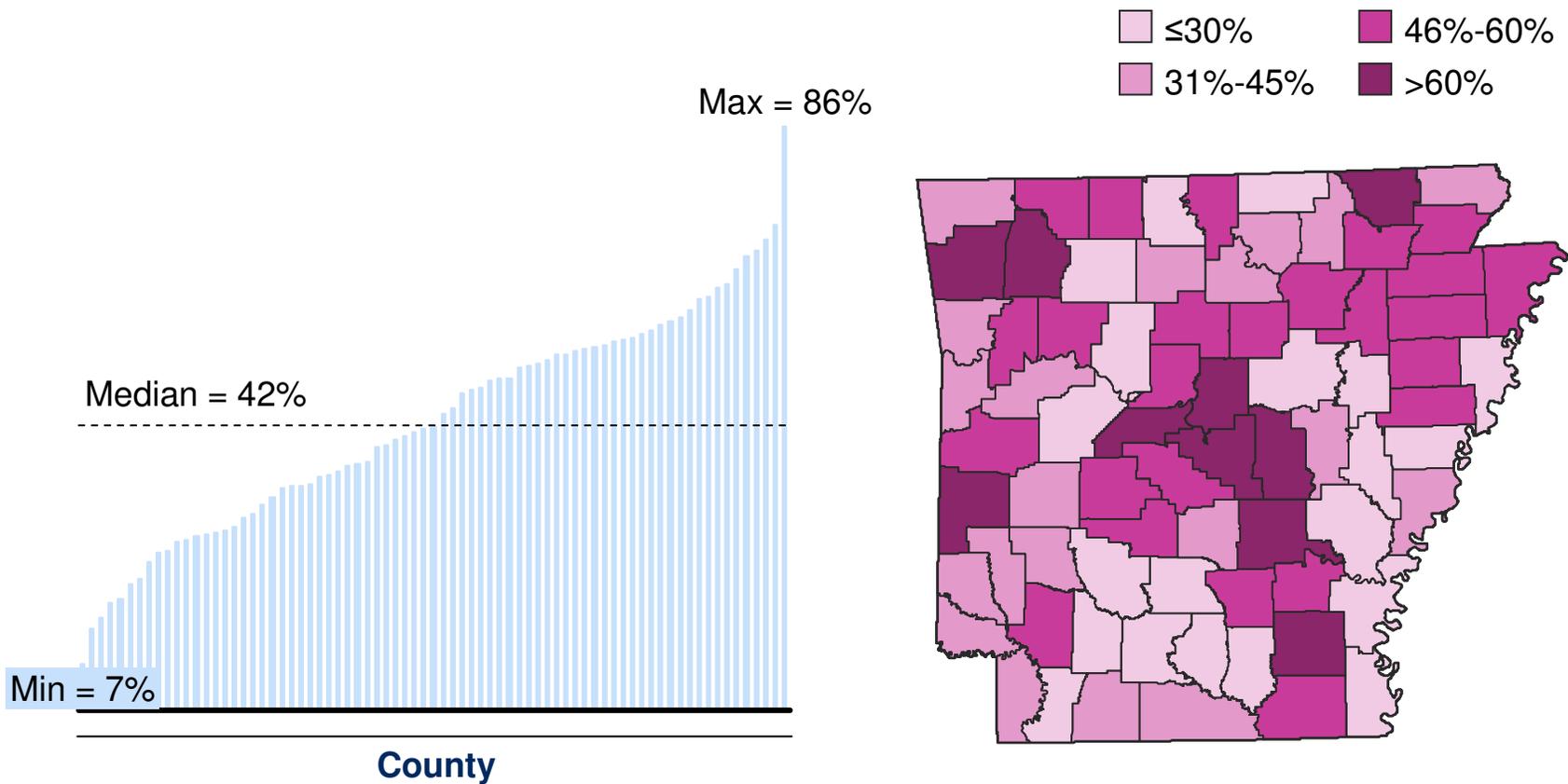


Variation in Arkansas practice today

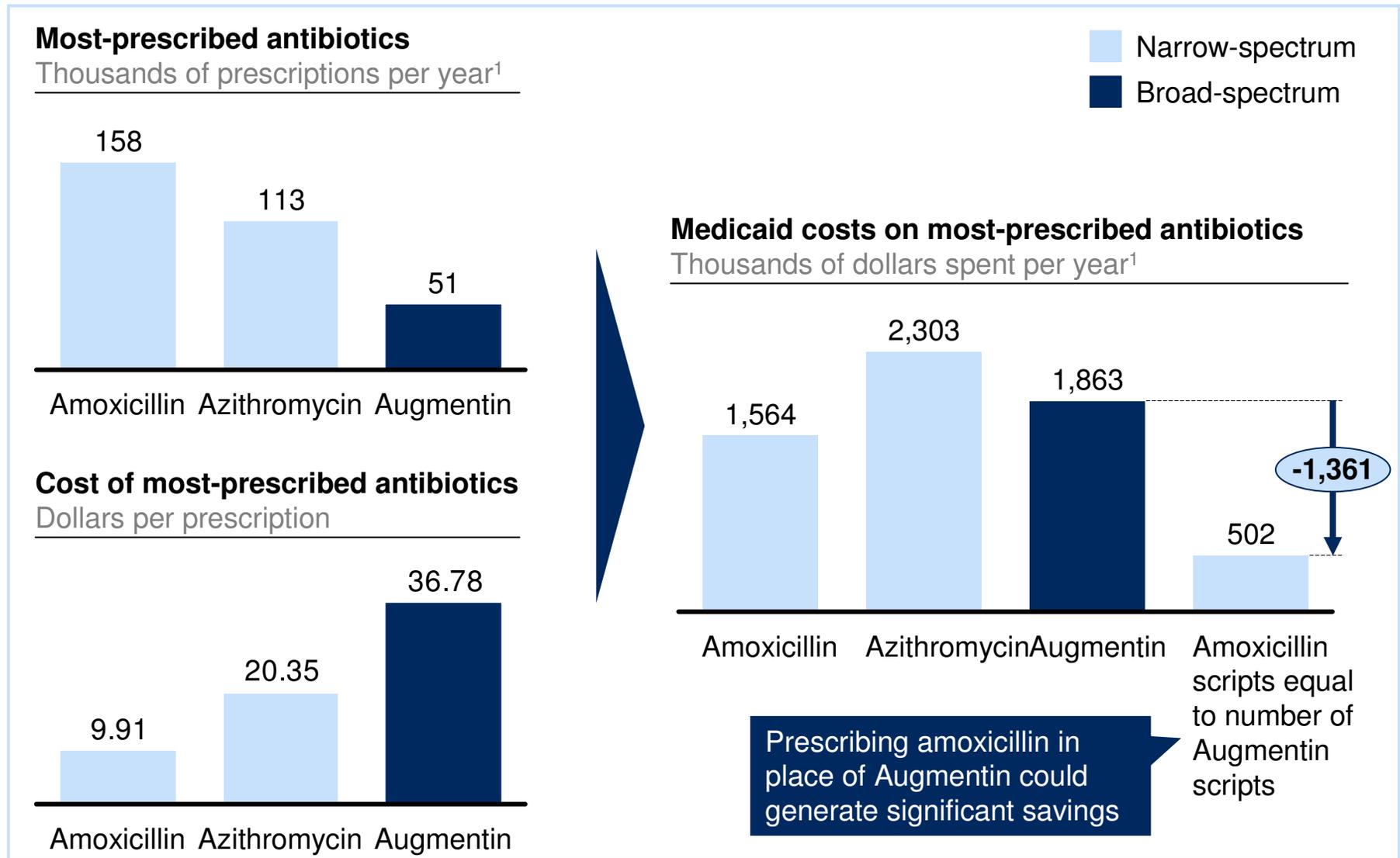
Antibiotic prescription for ambulatory URIs

Rate of appropriate testing for ARKids children with pharyngitis by county

Percent of children receiving antibiotics for pharyngitis who received appropriate test



Broad-spectrum antibiotics are a significant contributor to drug costs

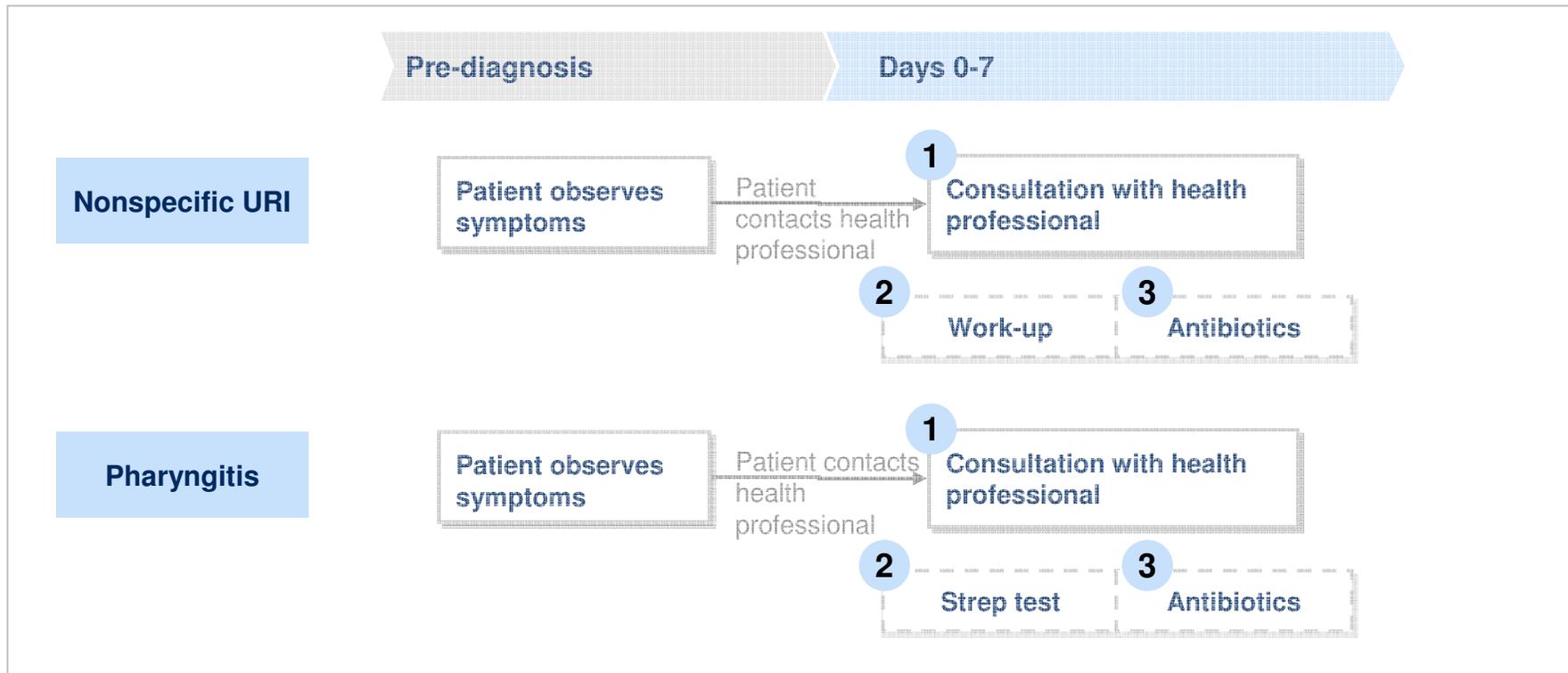


¹ Full-year figures projected based on Q2 2011 actual figures

SOURCE: Arkansas Medicaid Drug Utilization Review

Patient care map – sources of value

FOR DISCUSSION



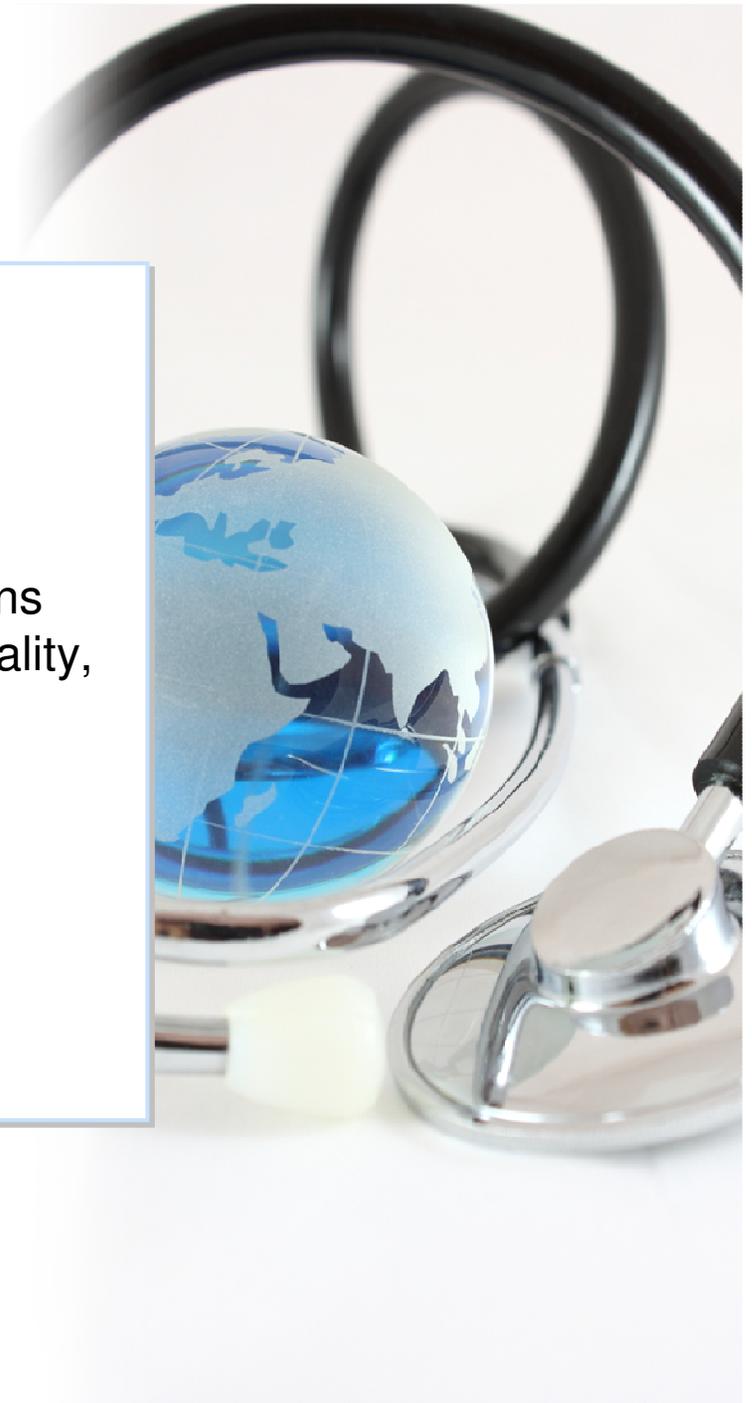
Source of value

- 1 Cost-effective utilization of care settings and providers
- 2 Appropriate diagnostic strategy
- 3 Appropriate prescription strategy

Discussion

Areas of opportunity

- Which of these opportunities to improve quality, patient experience and cost effectiveness are greatest potential?
- What other opportunities exist to ensure Arkansans with ambulatory URIs receive consistent, high-quality, cost-effective care?
- What has been tried in the past to capture these opportunities? What has worked?
- What are the challenges to addressing these opportunities?



1 Discussion

Care settings and providers

Phone consultation vs. clinician visit

ER or urgent care clinic vs. PCP office or clinic

— Patient education

Utilization of Nurse practitioners and physician assistants

2 Discussion

Appropriate use of diagnostics and imaging

Physical exam vs. work-up

- Indication for full work-up based on physical exam
- Chest x-ray only if findings suggest pneumonia
- Stratify by age

Rapid strep test and throat cultures

- Appropriate use based on Centor criteria
- Purpose of antibiotic therapy

3 Discussion

Appropriate use of antibiotics

Clinical indication vs. patient 'satisfaction'

Selection of appropriate antibiotic

- Narrow- vs. broad-spectrum
- Branded vs. generic drugs

Next steps

- **Synthesize** and post online the feedback and input from today's discussion
- Circulate **follow-up questions**
- **Schedule** next workgroup meetings