

Agenda – Mon, Oct 17 (3-5p)

Introductions

Review patient journey

Review material

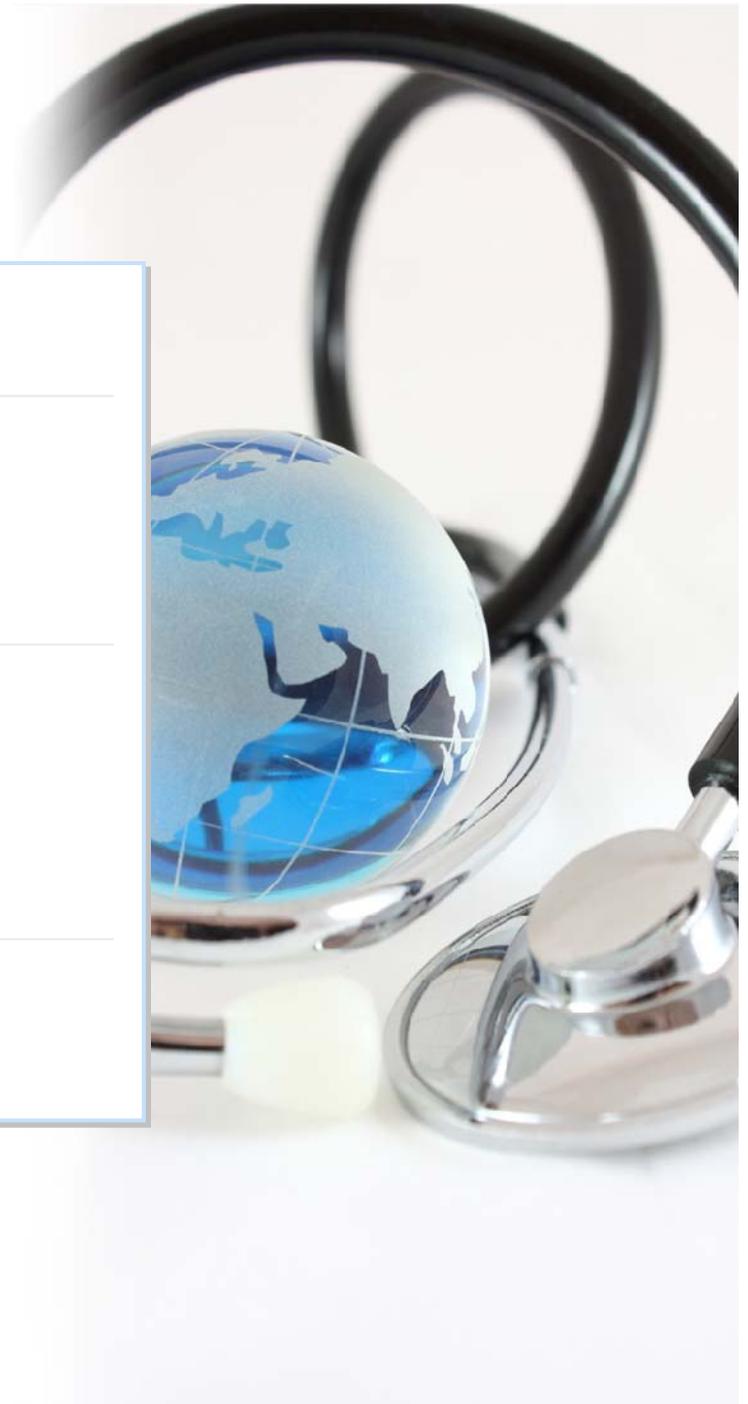
Discuss

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

Review material

Discuss

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

2011 Health System Challenge

Redesigning Payment to Maximize Value

- Better Outcomes
- Effective, Efficient Care
- Moving away from fee-for-service

Where/How to Start Discussion

- Today: Alpha Testing Version 1.0

Building Blocks

- Consistent Use of Evidence-Based Services
- Appropriate Use of Technology
- Patient and Provider Engagement

Objectives for today

- **Discuss Concepts of Healthcare Value**
 - Rewarding Outcomes vs Service Events
 - Overuse and Underuse
- **Challenges of Episode Development**
 - Patient Variability, Coordination, System Support
- **Overview of Components of Perinatal Care**
- **Review Assumptions in Care Model**
 - Explore Concepts of Accountability
 - Explore Aspects of Care Variation
- **Outline Mechanisms to Enhance Value**
- **Barriers to Effective Care Today**
 - Potential Systems Changes

The pregnancy workgroup will contribute to an effort with significant impact potential

Patients

- ~40,000 liveborns in Arkansas per year

Payers

- ~10% of Medicaid clinical spend¹
- ~5% of Commercial clinical spend

Providers²

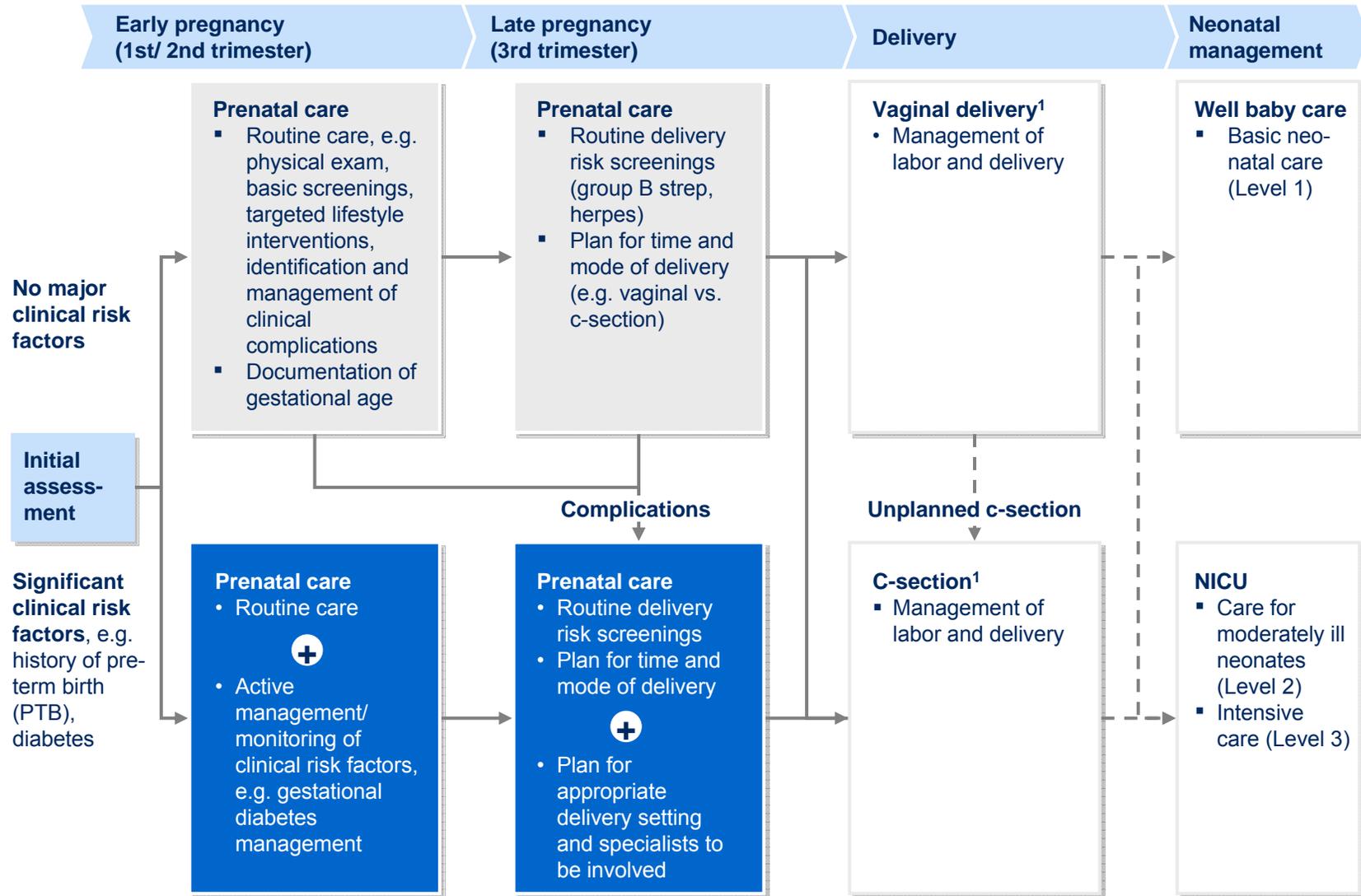
- ~200 OB/GYNs, and obstetrical family practice physicians and nurse practitioners
- ~20 Neonatologists
- ~70 hospital sites with delivery

¹ SFY10 Medicaid claim spend based on primary ICD9 code; does not include cost settlements, Medicaid payments to Medicare, other non-attributable spend (e.g. HIFA waivers, Medicaid admin), waiver spend, nursing homes, and ICFMR settlement spend

² Number of providers per specialty based on board certification

Patient care map

- Pregnancy with no major clinical complications
- Pregnancy with significant clinical complications

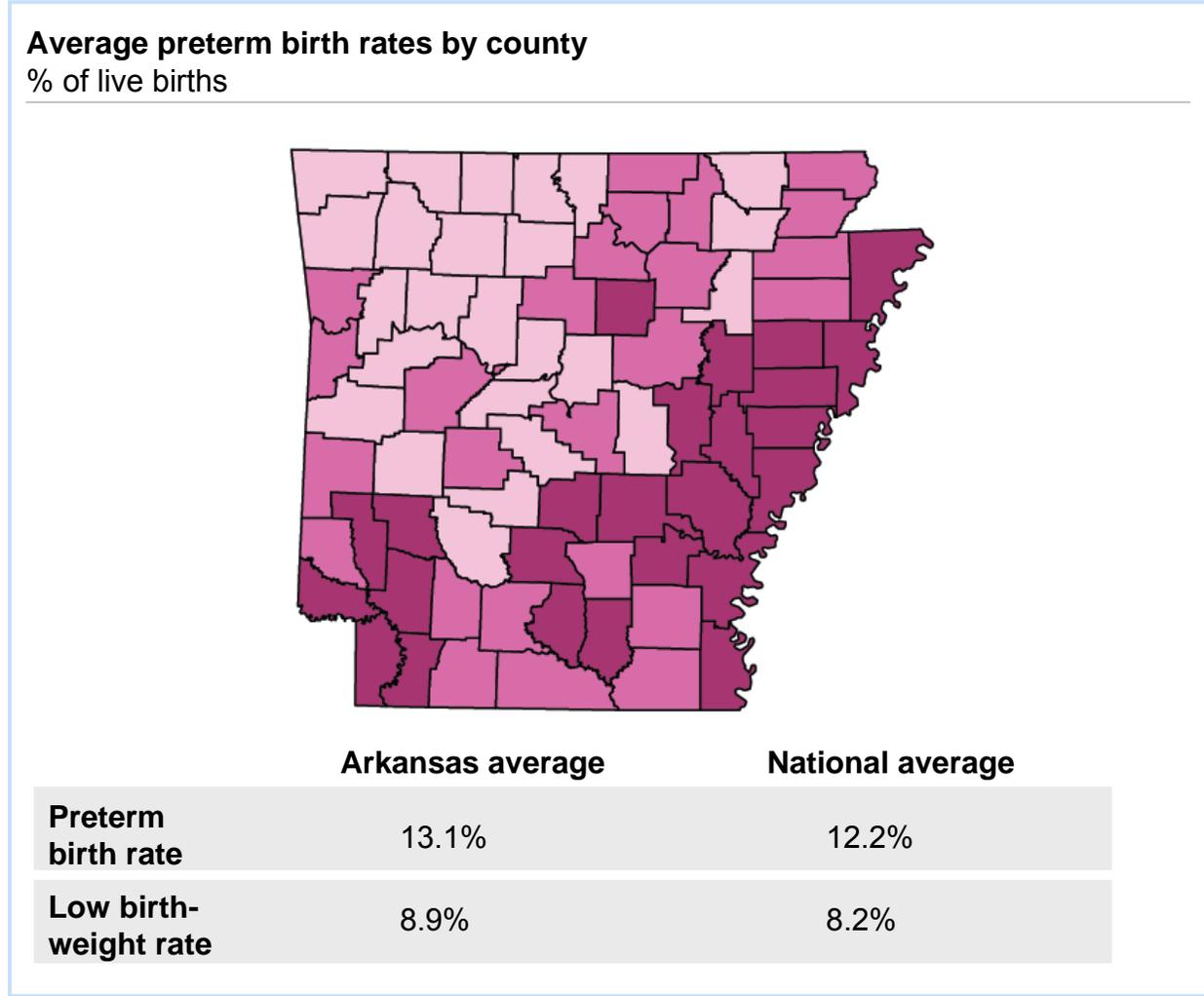


¹ Medical and physical conditions such as preeclampsia, gestational diabetes, placenta previa, hemorrhage, and infections may dictate delivery timing and method

Variation in Arkansas practice and outcomes today

Preterm birth and low birthweight rates

- Over 15% (25 counties)
- 12.8-15% (25 counties)
- Under 12.8% (25 counties)

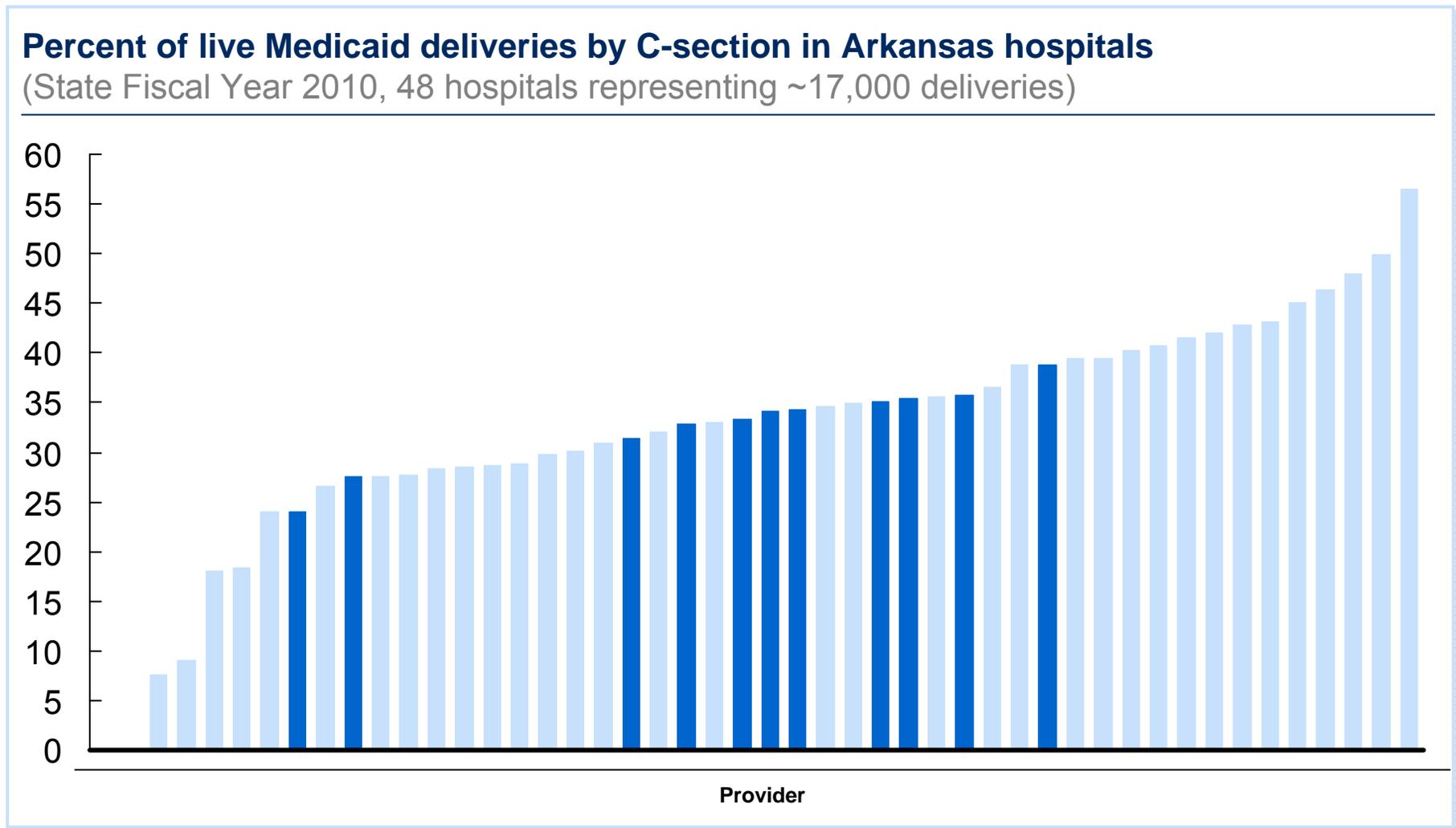


- PTB and LBW rates in Arkansas are higher than the national average
- There is regional variability within Arkansas

Variation in Arkansas practice and outcomes today

Cesarean procedures

- 500+ Medicaid deliveries in SFY 2010
- <500 Medicaid deliveries in SFY 2010

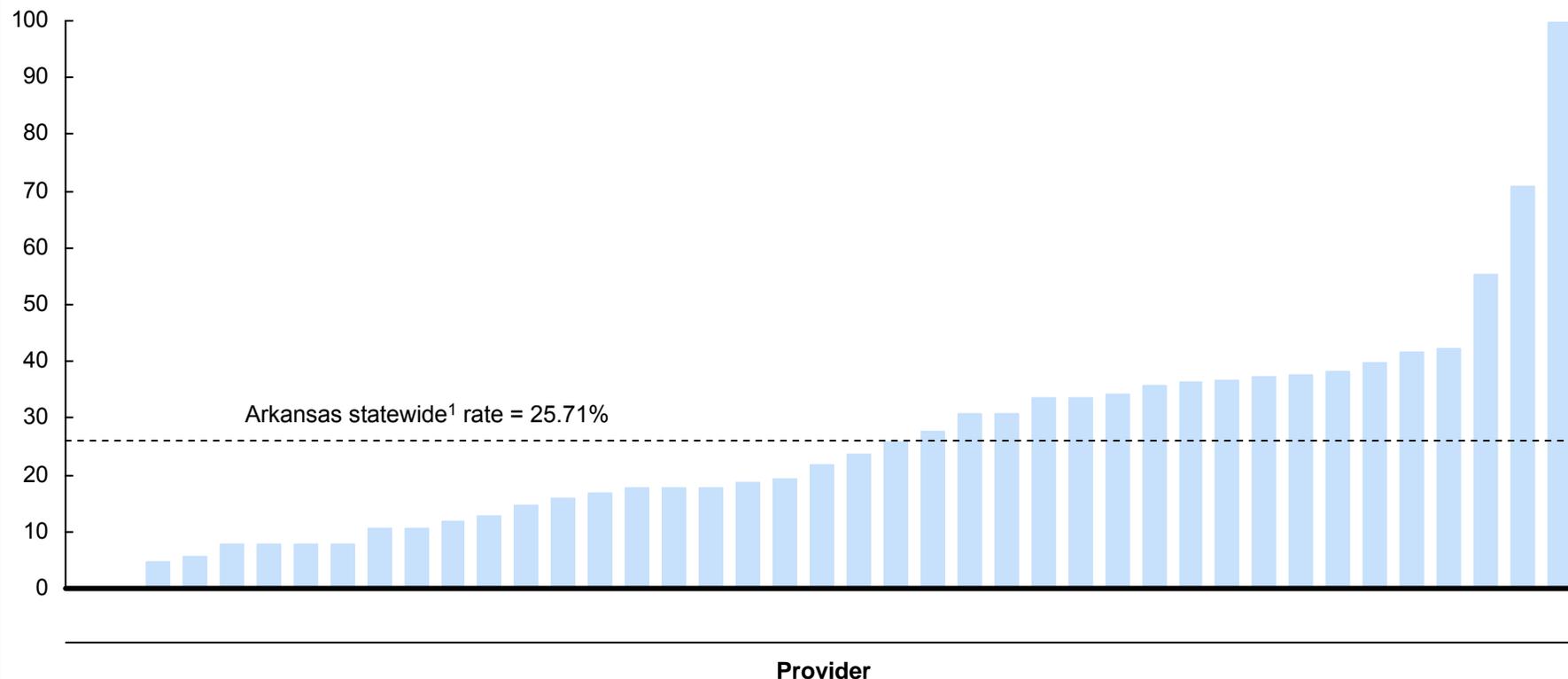


Variation in Arkansas practice and outcomes today

Early elective delivery rates

Arkansas Medicaid early elective delivery rates

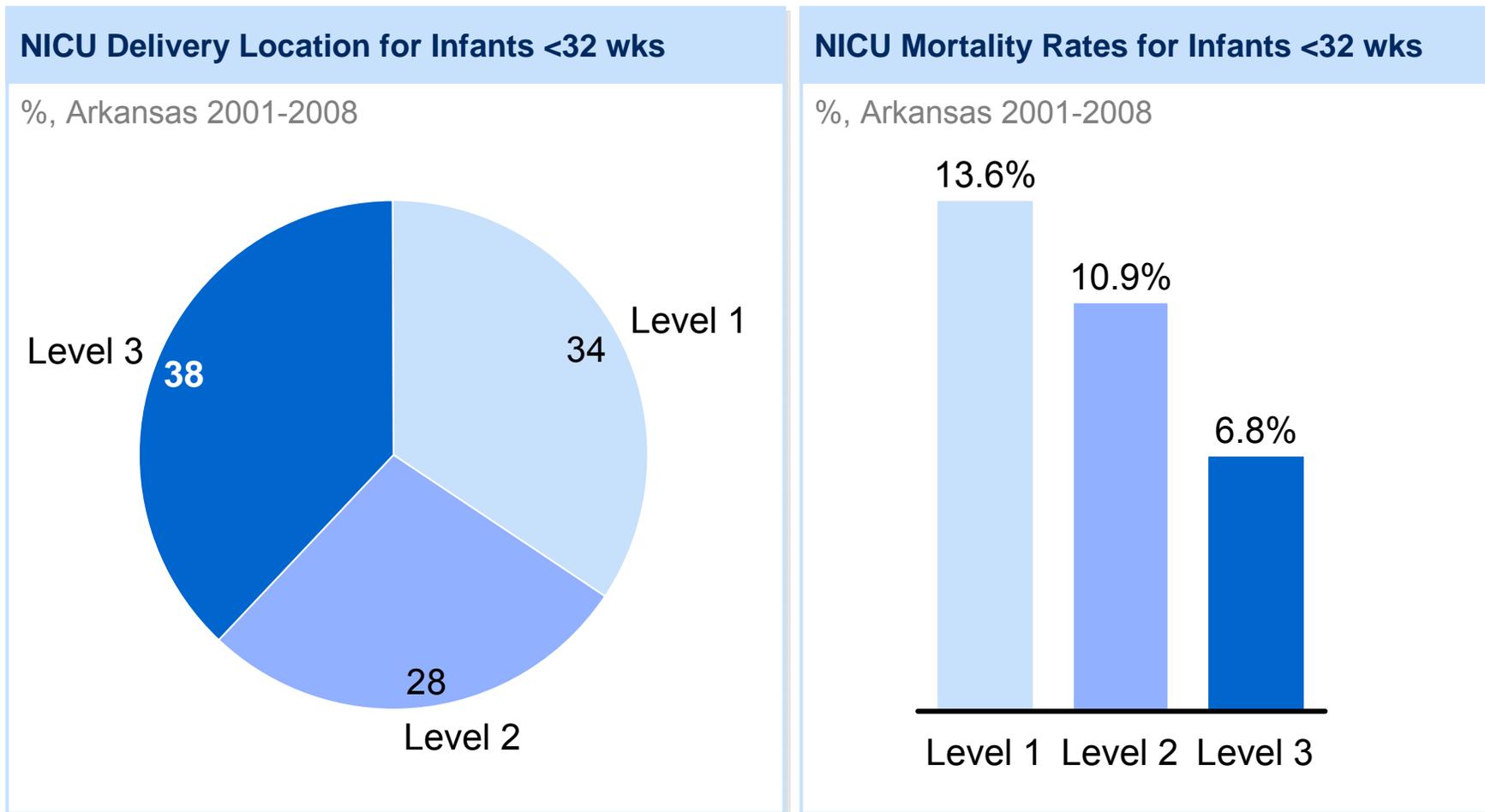
State fiscal year 2011, percent



1 Arkansas statewide - providers who are participating in IQI program SFY2011
SOURCE: Data collected via AFMC AMART system. Discharged between 07/01/2010 and 12/31/2010.

Variation in Arkansas practice and outcomes today

Neonatal outcomes across NICU levels of care

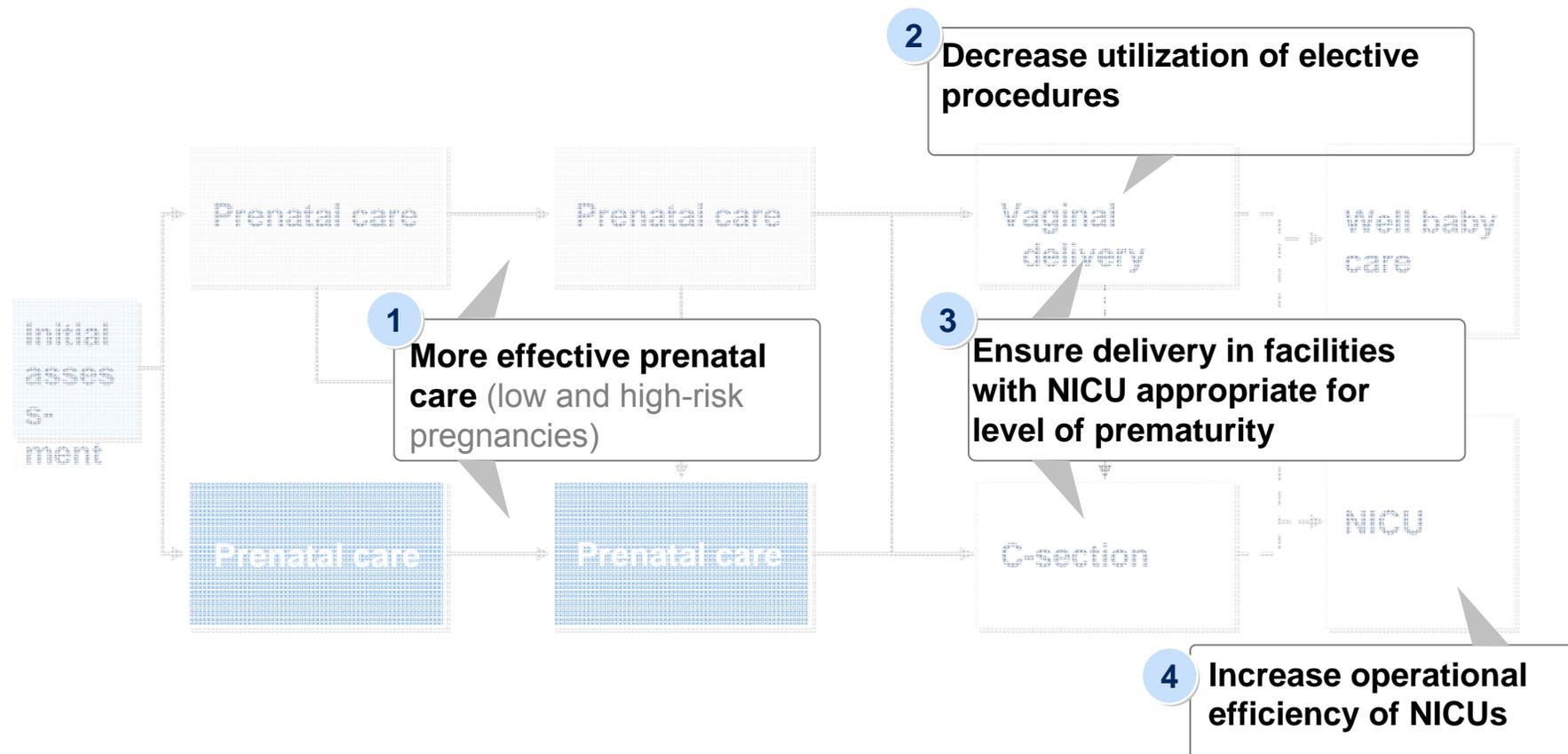


* Arkansas does not currently have a standardized NICU designation system. For the purposes of the ANGELS study, Level 1 NICUs were defined as having neither a neonatologist nor a maternal fetal medicine (MFM) specialist, Level 2 NICUs typically had neonatologists and pediatricians but not a certified MFM specialist or other on-site pediatric care, and Level 3 NICUs had board certified neonatologists, MFM specialists, and a broad range of on-site pediatric specialists.

SOURCE: Nugent R, Golden W, Hall W, Bronstein J, Grimes D, Lowery C. Locations and outcomes of premature births in Arkansas. The Journal of the Arkansas Medical Society; 2011; 107(12):258-9.

Opportunities to ensure effective care delivery, quality, and patient experience

- Pregnancy with no major clinical complications
- Pregnancy with significant clinical complications



1 Discussion

Prenatal Care

Low risk

Define Accountable Care

- PCPI Metrics

System Support

- Early Appointments
- 24/7 Access
- Community Outreach

Technology Questions

High risk

Episode Subsets

- Diabetes
- Eclampsia
- Previous Prematurity

System Support

- 24/7 Access
- Community Outreach

Technology Questions

2 3 Discussion Delivery

C Section vs Vaginal Delivery

- Nulliparous Patient
- Blended Rates
- Maternal, Neonatal Complications

Pain Management

Early Elective Delivery (Before 39 Weeks)

Location of Delivery

- Maternal vs Neonatal Transport

Accountable Care

- Anticipatory Guidance, Breastfeeding

4 Discussion **NICU efficiency**

Resource Use

- Per Day x # Days
- Stratify By Gestational Age

Complications

32 Week Neonate

Discharge Planning

- Accountable Care Components

Next steps

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

APPENDIX

Timing of initial prenatal care visit

Timing of Initial Prenatal Care Visit
%, Arkansas 2008

