

Improving the Care of the Chronically III: The Chronic Care Model

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Part 8

1

Contemporaneous Developments in Healthcare

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- The increasingly effective but complex and expensive treatment of major chronic illnesses
 - Widespread recognition of quality deficits
 - Inability to slow cost inflation
 - Legislators want cost reduction
 - Everyone (with possible exception of health insurers and drug companies) is unhappy
 - The boomers are coming

2

Community Resources and Policies

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Health care organization has linkages with community organizations that can enhance practice capabilities, provide key patient services or improve care coordination

Community may provide key services for the chronically ill—e.g., case management

3

Health Care Organization

Organization encourages and supports better care through leadership, ongoing quality improvement and incentives

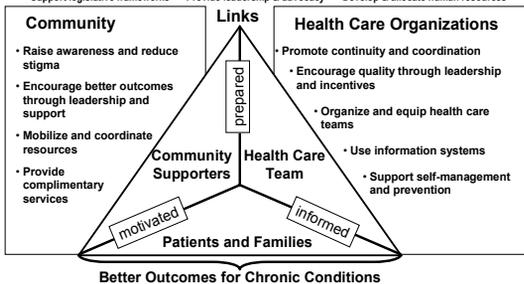
Some health insurers (especially self-insured employers) investing in incentives and infrastructure to support better care

4

Innovative Care for Chronic Conditions Framework

Positive Policy Environment

Strengthen partnerships Integrate policies Promote consistent financing
Support legislative frameworks Provide leadership & advocacy Develop & allocate human resources



5

Successes

- Growing agreement that comprehensive system changes such as those described by the CCM must take place
- Thousands of organizations have made these changes – BPHC, NCQA, JCAHO and CMS programs derived from CCM
- Many large medical groups are making such changes and one-quarter of them received added financial rewards for chronic disease quality

6

The Chronically Ill are the Major Victims of the Sins of American Health Care

- Major negative impacts of uninsurance on chronic disease control and complications
- Pressures to use more expensive but no more effective drugs AND poor drug coverage contributing to cost barriers
- Low reimbursement and lack of coverage of effective services in primary care threatening chronic illness care
- The decline in capitation undermining population-based care
- Limited performance indicators hinder quality improvement

7

Questions about Practice Improvement

1. Support for Practice Change
 - A. Where will small practices get the resources and support to implement the CCM?
 - B. Is there a less intensive but effective alternative to the Breakthrough Series?
 - C. Will all parties agree on common guidelines?
2. Payment
 - A. Will coverage of CCM recommended services ALONE change practice?
 - B. Will financial rewards encourage real system change or gaming/fraud?

8

Questions about Practice Improvement

3. Information Technology (IT)
 - A. Will only a "paperless" office raise quality?
 - B. If less costly IT improves quality, how might it be disseminated?
4. Performance Indicators
 - A. Can all parties agree on a common set?
 - B. Can they be obtained and meaningful from small practices?
5. Will insurers and legislators give up on practice and turn chronic care over to Wall St. ???

9

Evolution of Regional Collaborative Strategy

- National BTSs expensive, and opportunities for additional support for participants limited
- WA experience demonstrated advantages of regional approach
 - Builds capacity for broader, sustained activity
 - Opportunity to engage plans, payors, govt.
 - Social relationships add power
- ICIC shifts to funding collaborative sponsors like QIOs or State HDs (7 grantees)
- Several have conducted multiple collaboratives
- Collaboratives Plus—adding system change capacity to regional QI

10

Five-year Perspective: Lessons Learned and Next Steps



- Practice redesign is very difficult in the absence of a larger, supportive “system”
- “Systemness” (and measurable improvement) in the US generally comes from a larger organization (e.g., BPHC, Kaiser, VA)
- Smaller practices need additional help because of multiple health plans, reduced reimbursement and staff
- Is it possible to develop a regional strategy that can bring support and “systemness” to all practices?

11

King's Fund Study of Organizations with Best HEDIS Chronic Illness Scores

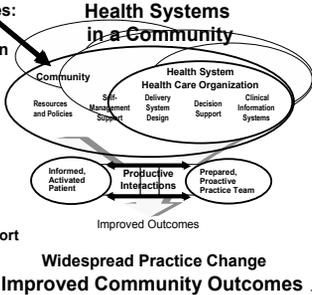
- Organizational factors supportive of high quality chronic care:
- Strategic values and leadership that support long-term investment in managing chronic diseases
 - Well-aligned goals between physicians and corporate managers
 - Integration of primary and specialty care
 - Investment in information technology systems and attention to accuracy of clinical data
 - Use of performance measures and financial incentives to shape clinical behavior
 - Use of explicit improvement model—usually the Chronic Care Model

12

“Systemness” as a Community Property

Community entity provides:

- Leadership and integration via coalition
- Performance measurement
- Financial incentives
- Models of change
- Programs for learning and dissemination
- Shared infrastructure
 1. Guidelines
 2. IT software and support
 3. Care management
 4. Consumer education



Indiana

- Health Commissioner and Medicaid Director want to improve care for 80,000 chronically ill Medicaid pts.
- State leadership and money creating a Medicaid care system
- Statewide Collaborative Program PLUS
 - Call center
 - Nurse care managers linked to practices
 - Statewide Web-based patient registry
 - Registry updated with claims data
 - Considering performance incentives
 - Embedded RCT
- Experimentation with variations on collaborative theme

Compass to Better Chronic Illness Care



Leadership

- Success of regional efforts likely to depend on the ability to assemble a functioning coalition of major public and private stakeholders
- Political leadership, if sustained, may be critical to convening and supporting coalitions

16

QI Methods

- Use explicit model(s) to guide system change
- Develop collaborative learning opportunities for delivery organizations
- Need to focus on spreading and sustaining changes

17

Information Technology

- To assure that practices have IT elements that improve quality of care
- To assure that practices have the technical support to use them
- To assure that a patient's different sources of care all have ready access to key electronic clinical information

18

Performance Indicators

- More comprehensive structure and outcome-oriented indicators, especially if linked to payment, could spur improvement
- Indicators reflective of patient experience could promote patient-centeredness

19

Incentives

- Tie incentives to improvements in performance measures, especially outcomes
- Test whether a given financial incentive encourages real improvement or promotes gaming and fraud

20

Uninsurance

- Being uninsured reduces the likelihood of receiving effective treatment, and increases morbidity from major chronic diseases
- Safety net providers, including urban hospitals, must continue to be a high priority

21

Thank You

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thanks
