



GREENVILLE
HEALTH SYSTEM

Risk-Sharing Arrangement and Results/Successes with an Alternative Payment Model for the Medicaid Population

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Program Overview

- Partnership with BCBSSC
- First narrow network product in South Carolina
- 14,000 covered lives in Greenville County
- Joint Operating Committee
- Care Management/Coordination by GHS/UMG
- Shared-savings program



BlueChoice[®]
HealthPlan of South Carolina

Medicaid



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Contracting

- SC Department of Health and Human Services mandates
- Network adequacy
- Relationship with providers outside of GHS is owned by BlueChoice
- Established LLC

Limitations

- Payor changes impacting eligibility
- Utilization information limited to GHS EDs and hospitals
- Patient engagement barriers such as frequent changes of telephone numbers and/or residence addresses
- Non-alignment between clinic operations and pilot objectives regarding access to primary care
- EMR functionality and time required to evolve electronic collection of clinical and quality outcomes
- Transportation barriers including availability and scheduling
- Data and contract negotiation challenges lead to need for a CIN



Care Model Approach

Care management targeted patients for one or more of the following chronic conditions:

- Hypertension
- Hyperlipidemia
- Diabetes
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure



Interventions & Methods

Outreach to high utilizers	During primary care office visits and between visit telephonic outreach conducted by Care Managers, either a Registered Nurse or Social Worker
Engagement with patient and family	Focus on individualized patient goals through an organized team approach to patient education and self-management with techniques including weekly team meetings and patient education classes
Monitoring	Nurse Practitioner monitoring for gaps in evidence based care
Consistently collect outcomes	Enhancement of ambulatory Electronic Medical Record (EMR)
Select measures	Selected measures were primarily Physician Quality Reporting Initiative (PQRI) measures from CMS

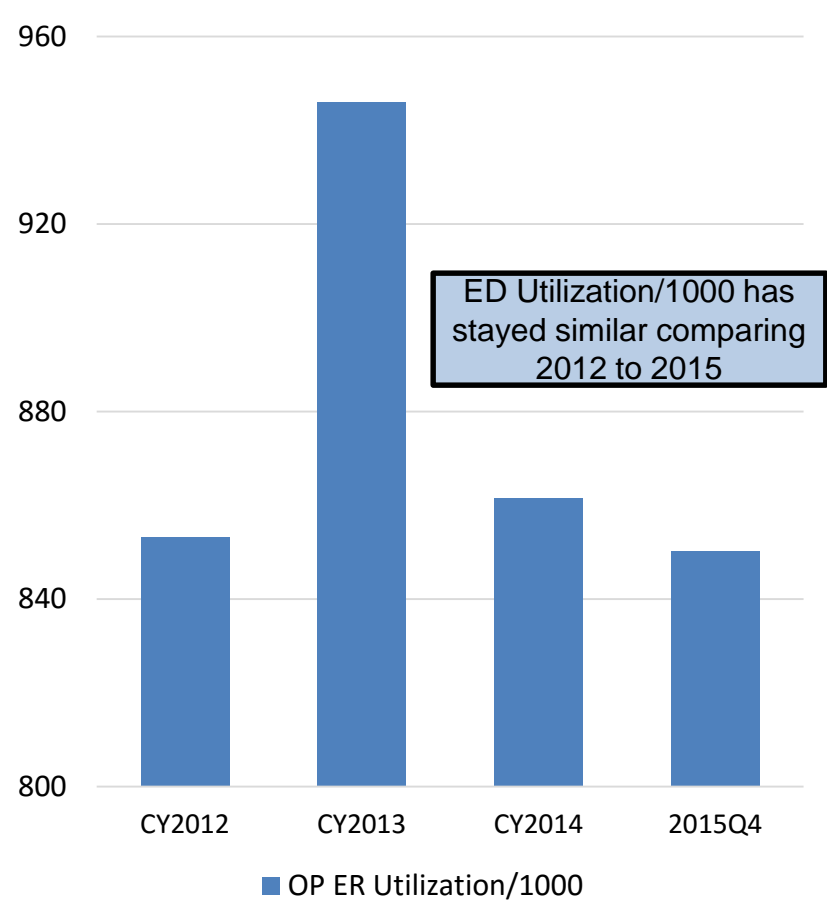
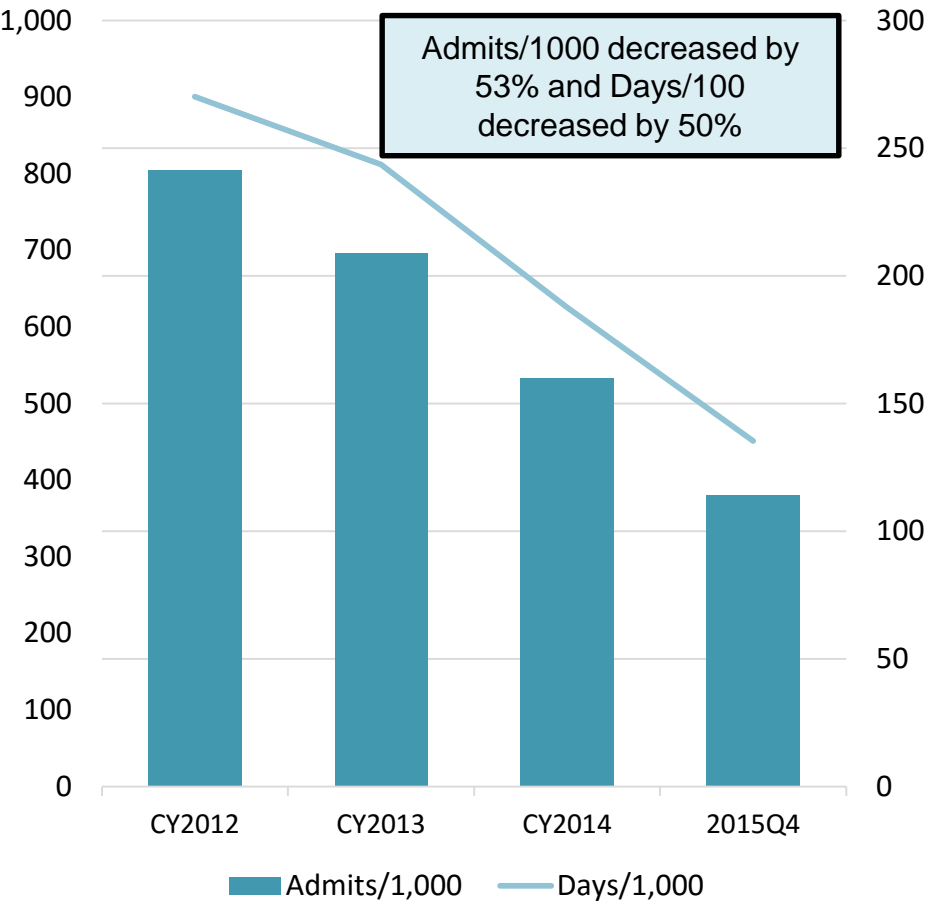
Results

Utilization of Acute Hospital and Emergency Department (ED) Trend 2012 – 2015

IP Utilization

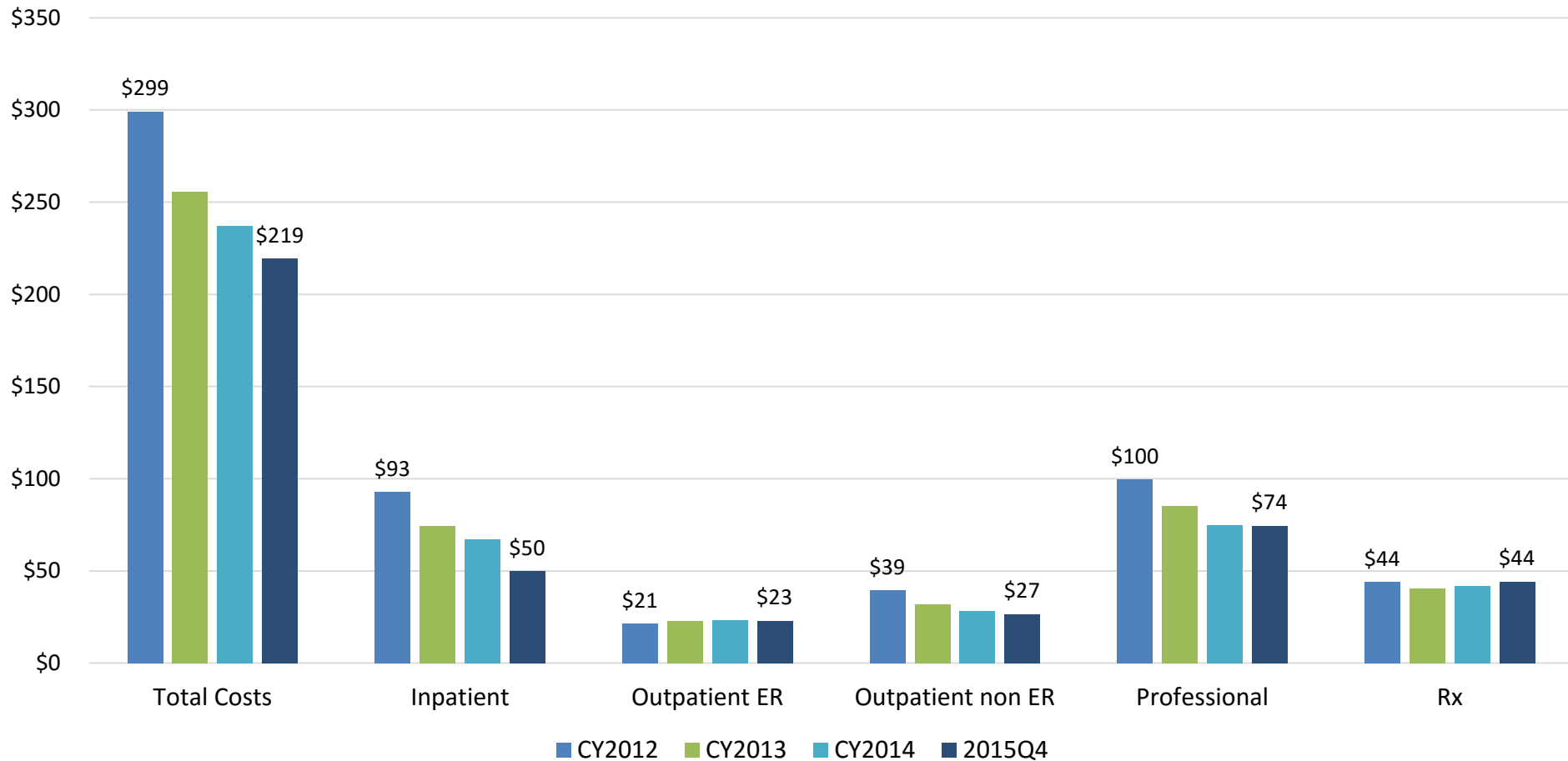
Trend 2012 – 2015

ED Utilization/1000



Results

Utilization Costs PMPM of Across Healthcare Settings Trend 2012 – 2015





Results

(Comparison 2012 to 2015)

- Shared savings mainly realized from decrease in total inpatient spend (\$6,144,097, -39.6%) driven by decreased utilization
- Professional utilization/1000 decreased from 12,326 to 9,332 (-24.3%)
- Rx scripts per member decreased from 10.6 to 8.8 (-16.2%)



Results

(HOG-SC Comparison 2012 to 2015)

- HOG inpatient spend PMPM has decreased at a 46.2% rate compared to SC decreased rate of 15.4%
- HOG professional spend PMPM decreased at a rate of 25.2% rate compared to SC decreased rate of 1.1%
- HOG Rx scripts per member decreased at a 16.2% rate compared to SC increased rate of 3.5%



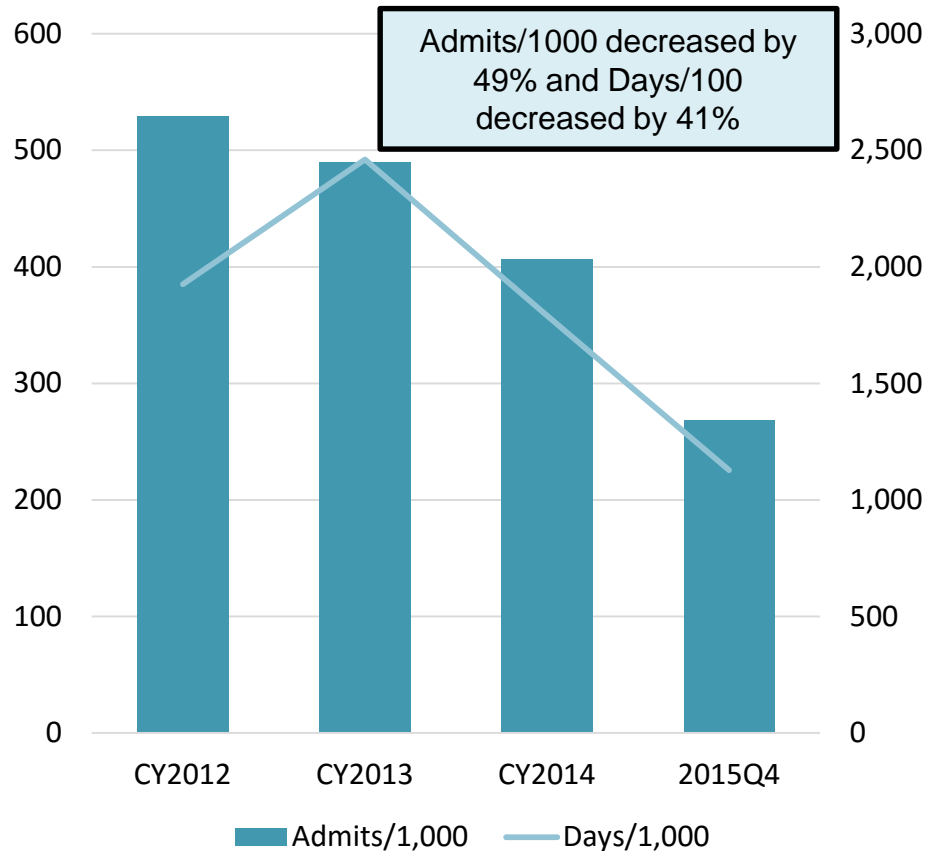
Risk Stratification

Year	CY2012	CY2013	CY2014	2015Q4
HOG Average Risk Scores	0.67	0.84	0.79	0.81
Range	39.65 - 0.01	45.02 - 0.01	52.43 - 0.01	47.46 - 0.01
Top 5%	4.30	5.02	4.70	4.90
Next 25%	1.10	1.36	1.32	1.28
Last 70%	0.26	0.36	0.35	0.35
Care Managed Average Risk Scores	1.22	1.67	1.44	1.21
Range	11.18 - 0.03	17.30 - 0.08	17.50 - 0.07	23.82 - 0.09
Top 5%	5.75	7.57	7.71	7.64
Next 25%	1.76	2.02	1.94	1.37
Last 70%	0.41	0.50	0.51	0.45

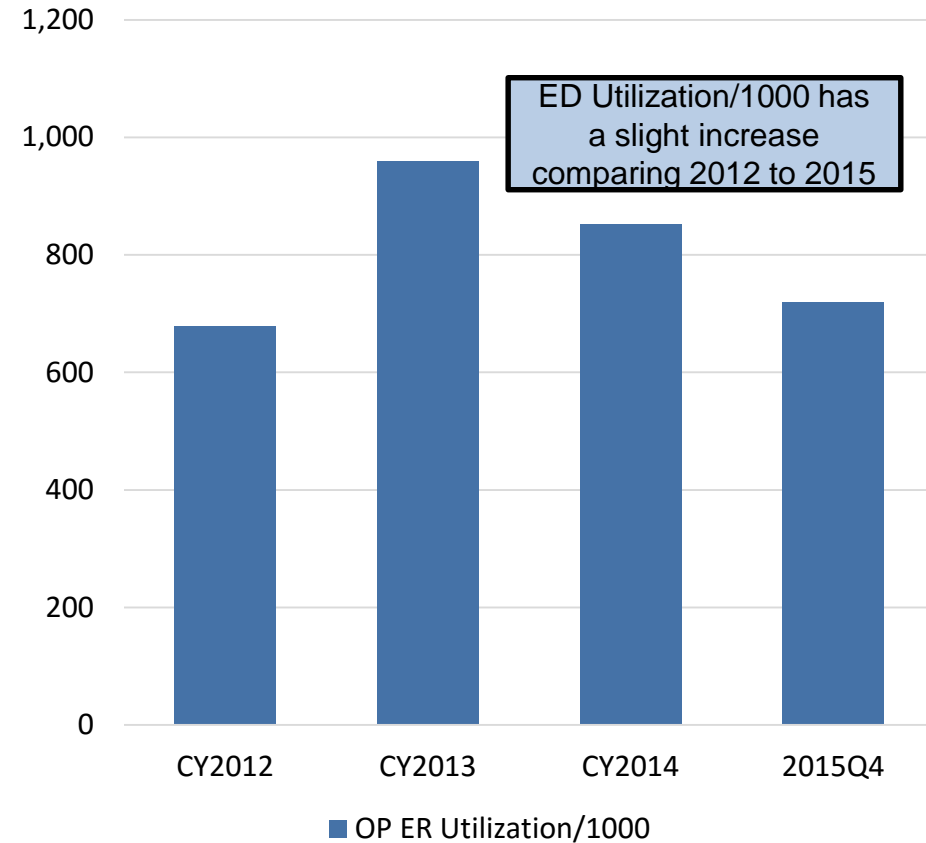
Care Managed

Utilization of Acute Hospital and Emergency Department (ED) Trend 2012 – 2015

IP Utilization



ED Utilization/1000





Care Managed

(Comparison 2012 to 2015)

- Cost per ER visit has decreased from \$231 to \$212 (-8.2%)
- Outpatient non ER spend PMPM decreased from \$21.1 to \$13.8 (-34.5%)
- Preventive visits/member has held steady at 8.2
- Rx scripts per member decreased from 10.0 to 6.6 (-34%)



Impact

**Significant shared savings realized at
2013 -2015 years' end**

~\$12 Million

A large, 3D-rendered green dollar sign graphic is positioned behind the text '~\$12 Million', serving as a visual anchor for the financial figure.



Lessons Learned

- Regulations
- Partnership
- Need for a Clinically Integrated Network
- Data Integrity
- Data and Analytic Tools
- Risk-stratification





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