

# Manage Chronic Disease Efficiently: Reduce Rescue Care

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**Capital Health**  
P L A N



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# Capital Health Plan

- Tallahassee, Florida
- Non profit, HMO
- 113,000 members
- Deep South demographics
- Ranked #1 in the South by NCQA
- Top 10 nationally in health plan satisfaction for all years CAHPS has been done

# Capital Health Plan

- Primary Care focus
- Average single digit premium increases per year over last 6 years
- Administrative overhead <5% for 20 years
- Less than 2% voluntary disenrollment

 Relative Resource Use for Diabetes and Cardiovascular care below predicted



# Quality matters

- Capital Health Plan
  - 90<sup>th</sup> percentile for Diabetes HEDIS
  - 90<sup>th</sup> percentile for Cardiovascular HEDIS
- However, high quality scoring on measures doesn't necessarily correlate with efficient care.

# Goal: Triple Aim (\*IHI)

- Improve the health of the population (quality)
- Enhance the patient experience of care (satisfaction)
- Reduce, or at least control, the per capita cost of care (efficiency)

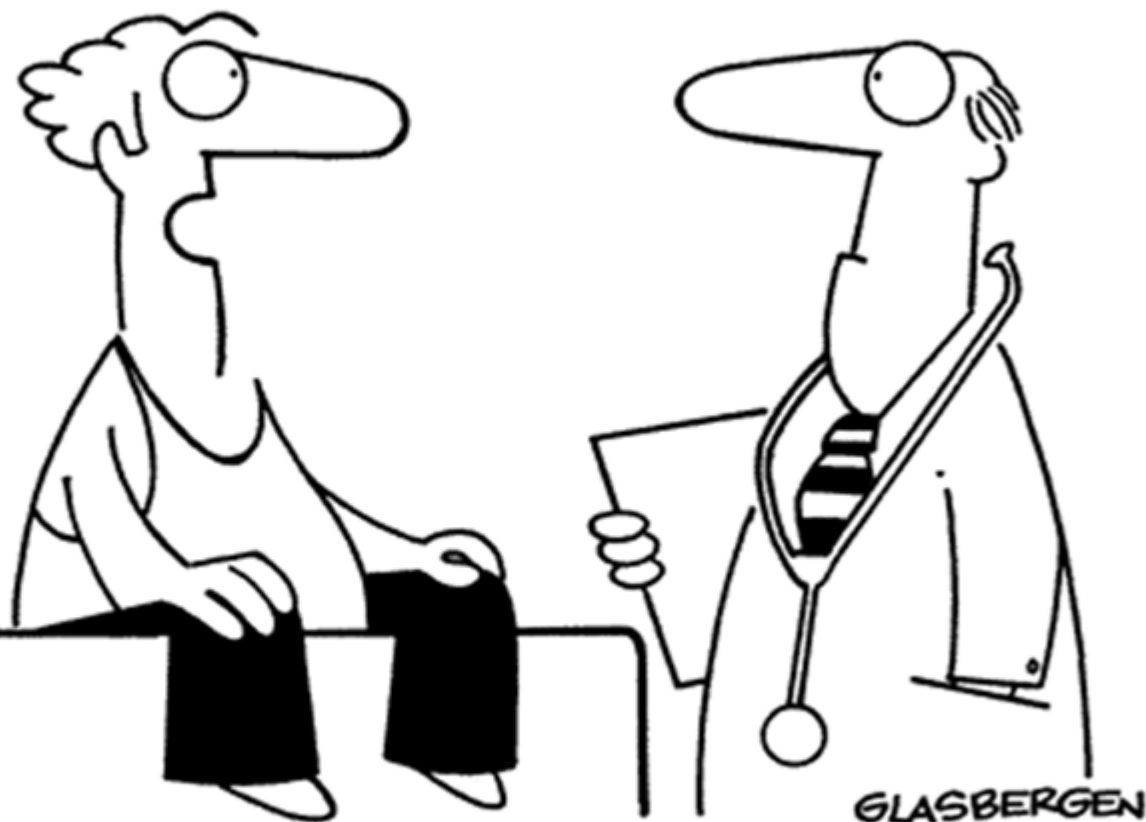
\*Institute for Healthcare Improvement

# What makes the difference for people with chronic disease?

- High quality evidenced-based care
- Primary Care relationship (Medical Home)
- Stable patient population
- Stable benefits
- Consistent messages/ education
  
- In order to avoid complications, chronic disease must be managed **over time** by both the individual and their healthcare providers.

# What works against this?

- Switching healthcare providers
- No Medical Home – fragmentation of care
- Not applying evidence-based care
- Switching benefits – higher cost shares can reduce ability to follow a care plan
- It's tough to change the lifestyle habits that largely contribute to the chronic disease.



**“Eat less and exercise more? That’s the most ridiculous fad diet I’ve heard of yet!”**

# Capital Health Plan brings stability to the equation

- High member satisfaction - stable population, low disenrollment, trust
- HMO – stable benefits
- Stable network of Primary Care Physicians

# CHP Disease Management Focus

- Information to the patients/ families, including those who are not seeing their physician.
- Manage the entire population: address racial disparity
- Help the doctor manage the patients
  - Information
  - Feedback
  - Incentives

# Results: Less Inpatient Care

RRU Condition	Indexed ratio: HEDIS 2009 Inpatient Care
Diabetes	0.88
Cardiovascular	0.82
Asthma	0.75
COPD	0.90
Hypertension	0.79

# Less Emergency Care

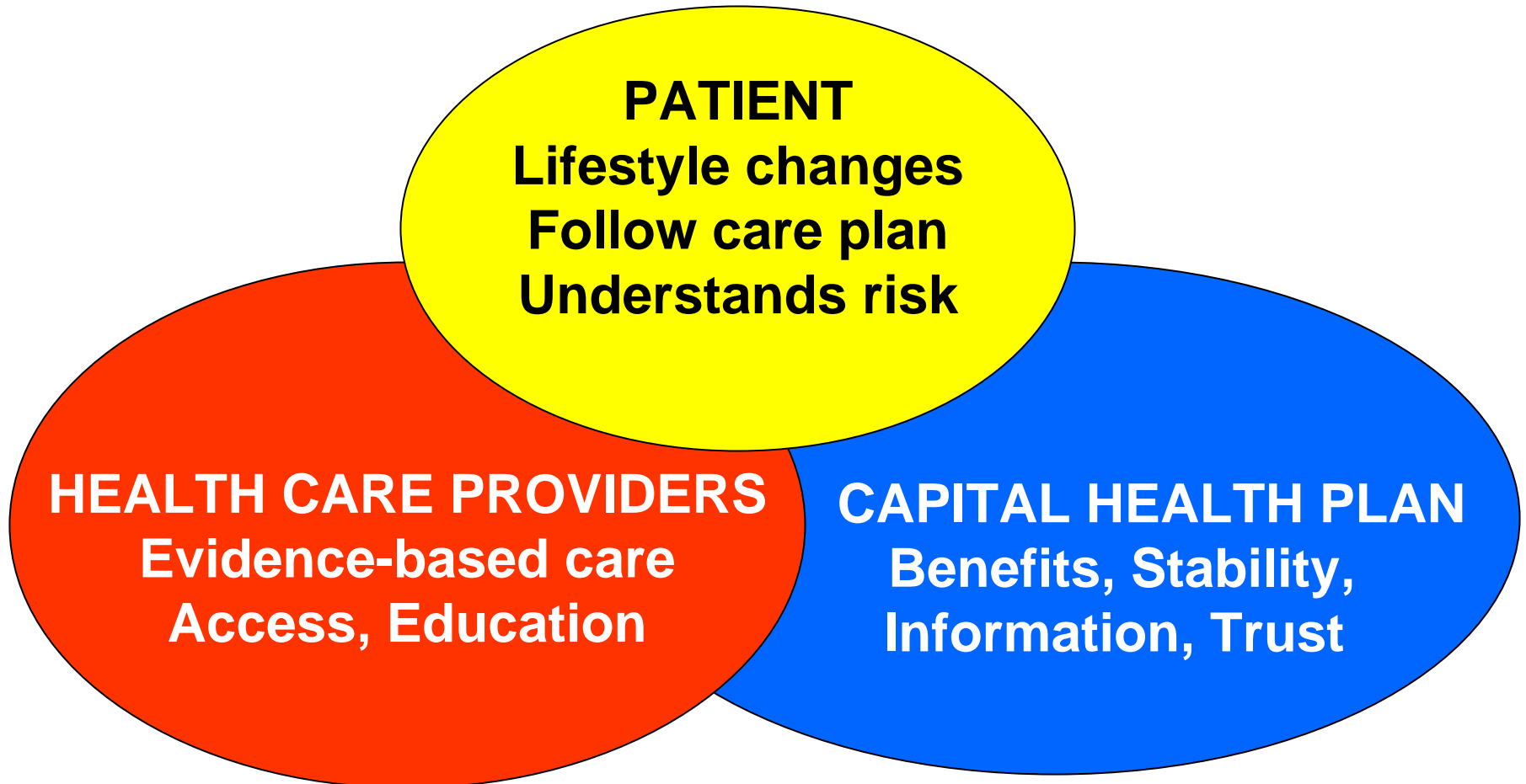
RRU Condition	Indexed ratio-HEDIS 2009 Emergency Department
Diabetes	0.81
Cardiovascular	0.74
Asthma	0.67
COPD	0.77
Hypertension	0.92



# Overall Relative Resource Use

- Diabetes RRU -- .947
  - Cost of care is about 5% less than predicted
- Cardiovascular conditions RRU -- .915
  - Cost of care is about 8.5% less than predicted

Working together reduces complications which, in turn, reduces rescue care.



**TRIPLE AIM ACHIVED: QUALITY, SATISFACTION, EFFICIENCY**



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