

A disproportionately large share -- about 40% -- of a typical Member's health care spending goes toward caring for only 15% of patients, the 'medically complex' -- those who suffer from more than one chronic condition such as diabetes, congestive heart failure and hypertension. Given the fragmented nature of the US health care system, these patients are apt to experience duplicate services, complications from the unintentional misuse of prescription medications and avoidable emergency department visits and hospital admissions.

Expenses pile up and are passed on to insurers and, indirectly, to employers.

Fortunately, IOCP is ready to cast its 'safety net' to help the patients who need it most. Through care coordinators, the program ensures seamless transitions between medically complex patients and their multiple providers. Current estimates suggest that when a Member company implements IOCP, claim costs associated with caring for these patients are reduced by up to 20%. Care coordinators also actively address behavioral and psychosocial needs, often the drivers of increased medical utilization.

How it Works: IOCP builds on efforts innovated by Dr. Arnie Milstein, PBGH's Medical Director, who, in partnership with the Boeing Company, a PBGH Member, tested the approach of assigning medically complex patients to care coordinators at Everett Clinic, WA.

The dedicated coordinator serves as the point of contact for the patient in an outpatient setting and, with backup from a care team, provides accessibility 24-hours a day via phone and email. Coordinators build important relationships with patients (and their caregivers), meeting on a one-on-one basis, acting as a liaison to primary, specialty and ancillary services -- even booking transportation to medical appointments.

Because medically complex patients can be anxious and depressed, coordinators are particularly attentive to their patients' social and psychological needs, providing or supplying referrals for behavioral, psychosocial and community services. Coordinators also proactively provide patients with tools for effective self-management, helping them to develop action plans and to recognize signs of exacerbations of illness.

By reducing preventable hospital and emergency room visits -- and harnessing other IOCP efficiencies -- claim costs associated with caring for these patients can be reduced by up to 20%. (The Boeing pilot reported a 28% reduction in hospital admissions alone.) Equally as important is the improved wellbeing of patients, simply because someone cares and actively engages patients in developing a path forward. (The Boeing pilot reported a 16% improvement in participants' mental health scores and a 56% reduction in missed workdays.)

Looking ahead: Following the successful testing of the IOCP model, initially with Boeing and subsequently with Members CalPERS and PG&E, PBGH applied and was one of 100 selected (among thousands) for a three-year Centers for Medicare and Medicaid Services (CMS) grant to test large-scale implementation of this program for 23,000 Medicare



How will IOCP benefit PBGH Members?

- ▶ Members can expect up to a 20% reduction in health care claim costs associated with their medically complex population.
- ▶ Members will realize increases in worker productivity and decreases in absences, as medically complex patients will better manage their health (or the health of their dependents) and get back to normal functioning.

How can PBGH Members get involved?

- ▶ Work with health plans or providers to identify and enroll medically complex patients who could benefit from IOCP at existing medical group sites.
- ▶ Request that health plans work with PBGH to embed IOCP care principles within their existing ACOs, which will improve the ROI of the ACO to self-funded employers.
- ▶ Encourage carrier representatives to attend IOCP leadership and care-coordinator training conferences to learn the latest best practices.

beneficiaries. Now in its second year of delivering success to the Medicare population, IOCP has been rolled out at 25 clinical sites in five states: CA, WA, AZ, NV, and ID.

With this network of IOCP participating Medical Groups now in place through CMS support, PBGH is ready to work with Member companies who want to enroll patients and benefit from the program.

Frequently Asked Questions (FAQs)

1. How can a Member identify patients as potentially benefiting from IOCP support?

One method is to use high prospective risk scores based on claims, including admissions, emergency department visits, outpatient visits, and prescription drug claims. Alternatively, patients can be selected by asking providers to identify patients with ongoing or persistent health conditions or facing repeated serious and preventable events (such as an emergency room visit or hospitalization).

2. How were the 25 clinical sites selected and can more be added?

Specific clinical sites were selected based on their proven track record of improving quality for their patients, volume of medically complex patients currently receiving care from the sites' physicians and ability to innovate and transform patient care. Sites are listed at: www.pbgh.org/iocp; other clinical sites can implement an IOCP, but may need more time for training care coordinators and redesigning their delivery system.

The project described is supported by Grant Number 1C1CMS331047 – 01 – 00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this program description are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.

IOCP Milestones

2009

Boeing & PBGH Medical Director Dr. Arnie Milstein test the IOCP model at Everett Clinic, WA.

2011

PG&E and CalPERS create similar program at the Humboldt Del Norte Medical Foundation in CA.

2012

PBGH is awarded \$19M by the Centers for Medicare and Medicaid Services (CMS) grant to implement IOCP for Medicare beneficiaries.

2013

2,500 Medicare patients enrolled by yearend.

2014

Report preliminary results for physical and mental health function, depression and patient activation.
10,000 Medicare patients enrolled by yearend.

2015

Expand IOCP to include payers beyond Medicare.
Report utilization metrics.
15,000 Medicare patients enrolled by June 30 (end of grant).

2015 IOCP Operations

PBGH FTE: 8.31
Revenue: \$6.1M



Lisa Mangiante, MPP, MPH
Director, Redesigning Care Delivery
Pacific Business Group on Health
lmangiante@pbgh.org

www.pbgh.org/IOCP