

David and Goliath: Primary Care takes on the Health Care System

Prototypical Homebound Elder Mattie H.

- 77 year-old woman
 - » Fiercely independent
 - » Lives alone
- Longstanding diabetes
- Hypertension
- 3 strokes
 - » Left-side weakness
 - » Requires significant personal assistance to maintain independence
- Depression

- Difficulty making appointments because of mobility limitations
- Medicare/Medicaid only pays for four hours/day of home health aide services
- Difficulty in accessing and managing aging network, or personal care attendant services
- Difficulty in accessing mental health services

- Three recent hospitalizations for poorly controlled diabetes
- Frequent falls
- Inadequate food intake
- Withdrawal
- Serious consideration of nursing home placement

The Model: Enhanced Primary Care with Integrated Care Coordination

- **NP/MD Team approach– horizontal rather than vertical relationship. Social Worker/Care Coordinator support**
 - **Enhanced Primary Care functions:**
 - Comprehensive intake assessments and care planning
 - Same day rapid response capacity
 - Home, nursing home, day care, shelter, work site, visit capability
 - Quality/monitoring/assurance for preventive screening, diagnostic tests and treatment standards
 - Enhanced frequency and “intensity” of chronic illness management
 - **Integrated care coordination** – ability to coordinate and/or allocate BH, long term care and support services
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The Business Case for Primary Care Investment: The Urban Medical/Commonwealth Care Alliance Experience

Dually Eligible Homebound Elders

Primary Care Team Model expense	\$371/per person per month
Hospital expense, as percentage of premium (25+% expected)	9% of total premium
Nursing Home Placement	40% of predicted
Primary care encounters/patient/year	17.9 / patient / year
Total per person per month expenditure as a % of actuarially determined Medicare / Medicaid premiums	<80%
Average surplus as % of premium 2004-2007	4%
Total medical service annual rate of cost increase 2004-2007	2.9%

Ambulatory Sensitive Condition CHF Hospitalization Experience & 30 Day Hospital Readmission Experience - CY 2006 - 2007

Dually Eligible Elders

	Average Medical Risk Score	CHF Hospitalization 1000/year	30 Day Hospital Readmission Rate
General Medicare population benchmark	1.0	21.1*	17.6%
Commonwealth Care Alliance Primary Care practices	1.8	33.7	13.5%
Urban Medical Group	2.1	5.1	10.0%

*Massachusetts, DHCFP data
