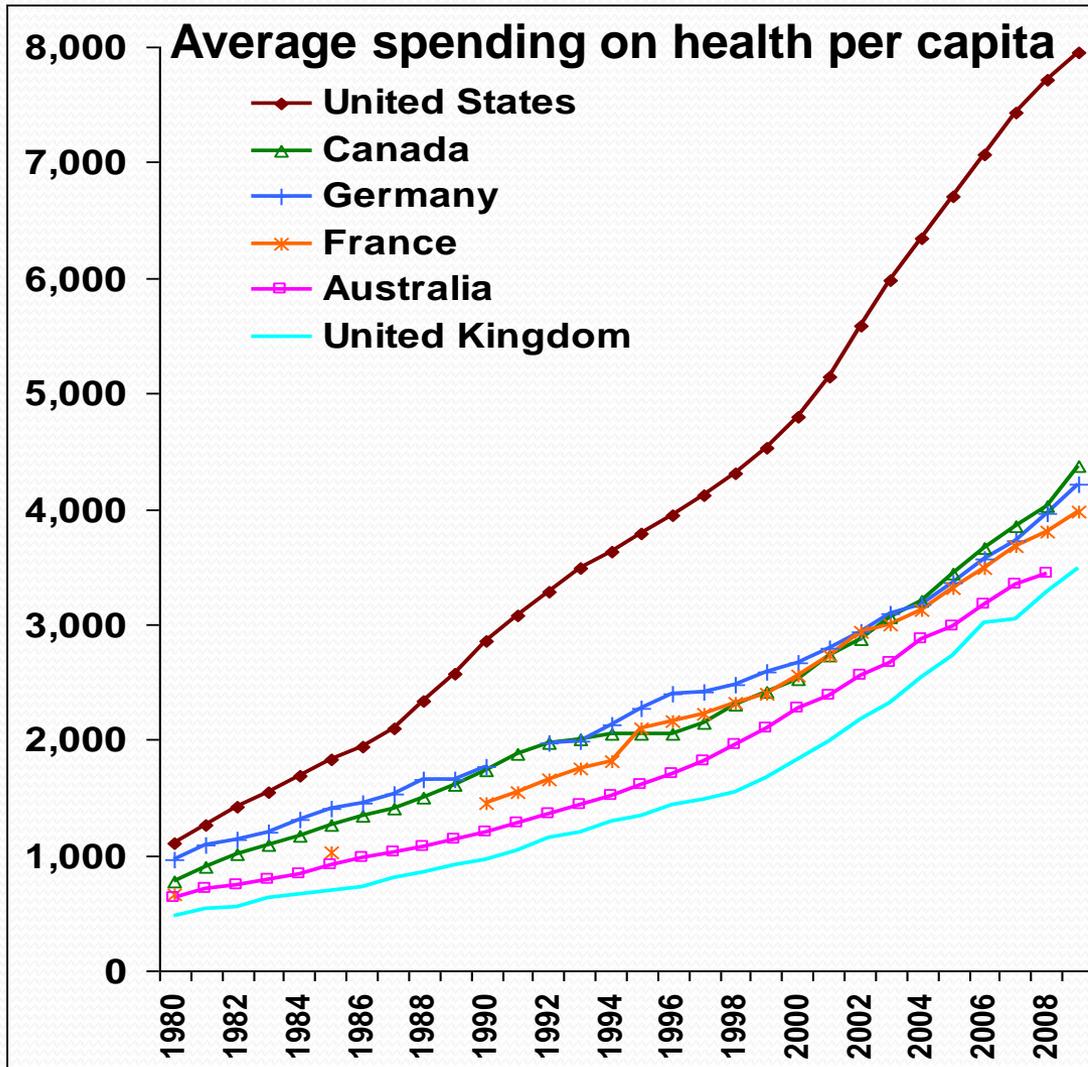


Partnering with State Employees to Improve Health & Reduce Cost

Presentation to the State Employees Health Plan
Task Force by the Delaware Hospitals
November 17, 2015

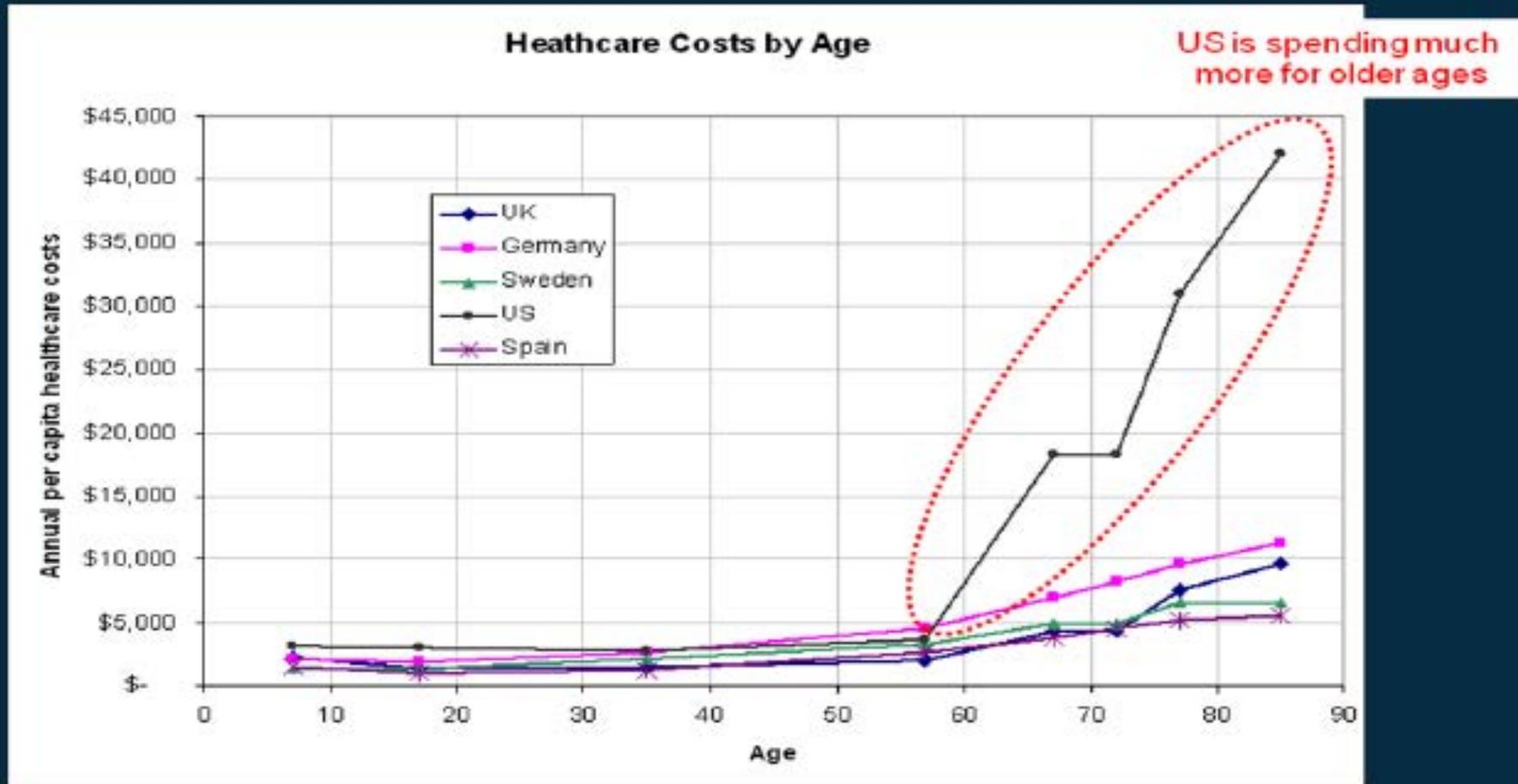
Well Known U.S. Healthcare Crisis



- In 2010 we spent \$2.6 trillion on health care, or \$8,402 per person.
- The share of economic activity (GDP) devoted to health care has increased from 7.2% in 1970 to 17.9% in 2009 and 2010.
- Health care costs per capita have grown an average 2.4 % faster than the GDP since 1970.
- Half of health care spending is used to treat just 5% of the population.



What Happens at Age 57



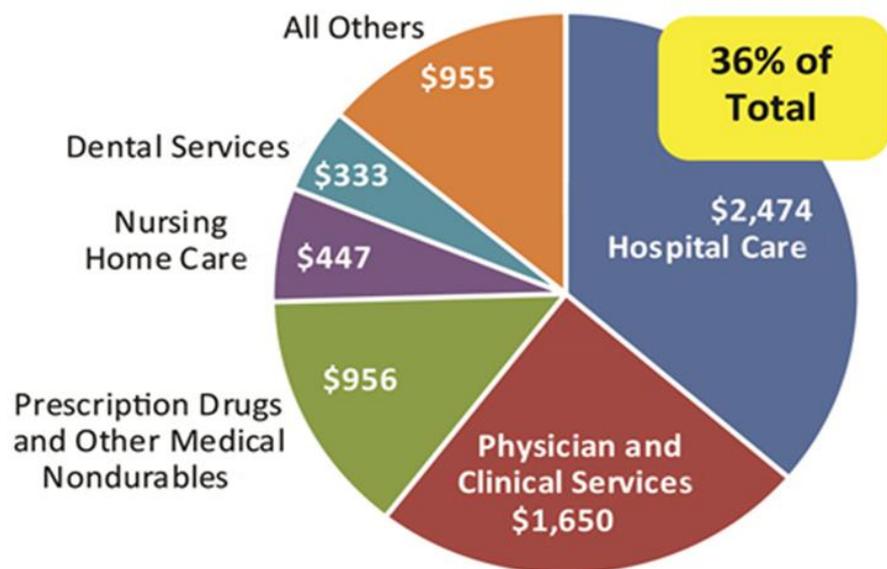
Source: Fischbeck, Paul. "US-Europe Comparisons of Health Risk for Specific Gender-Age Groups."

Carnegie Mellon University; September, 2009.

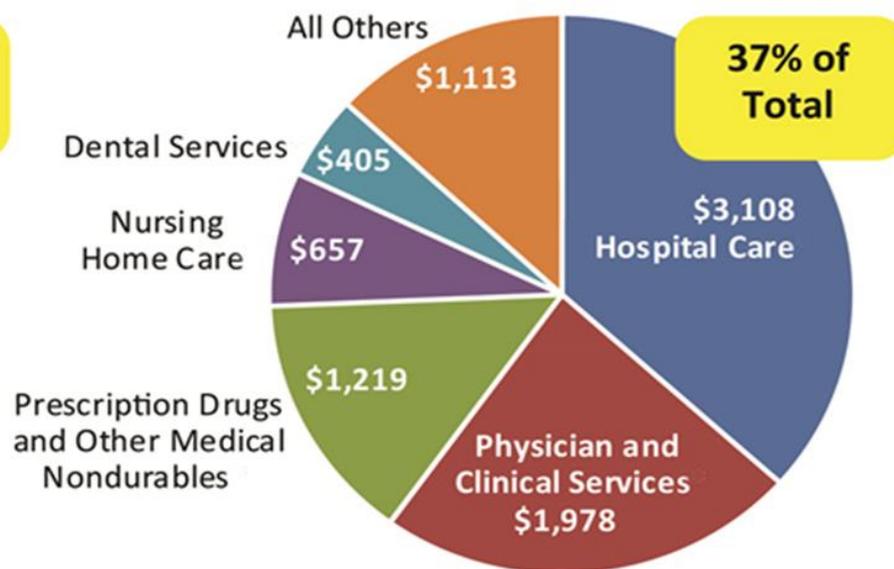
Although High, Hospital Costs are Proportional

Health Care Expenditures Per Capita by Service by State of Residence

United States



Delaware

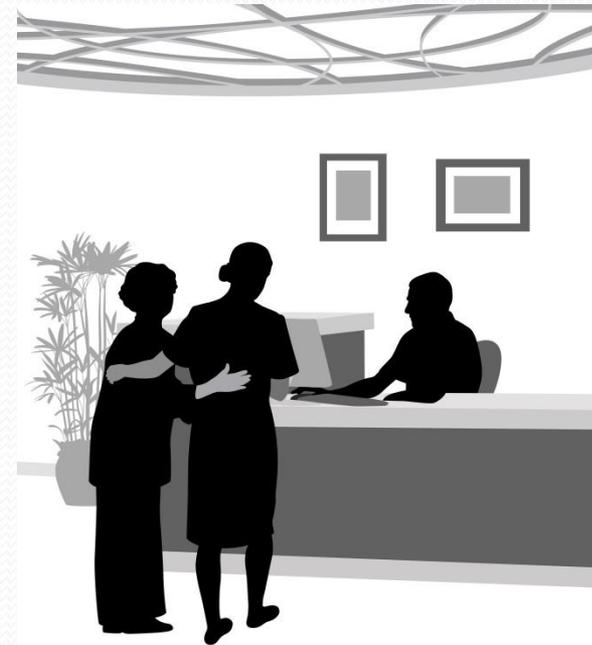


CMS National Statistics Group, 2011 analysis of 2009 data, all U.S. residents (all payers)

Delaware's Hospitals Serve as a Safety Net



No Critical Access or Public Indigent Hospitals



No Government Charity Care Fund

In Comparison

Critical Access Hospitals

West Virginia – 20

Pennsylvania – 13

Delaware – 0

**Critical Access
Hospitals Lower
Average Costs in
States That Have
Them**

When critical access hospital costs are removed from other states, Delaware is ranked 24th in hospital costs per day.

Higher Labor Costs in Delaware

Average Weekly Wage

- West Virginia – \$778
 - Pennsylvania – \$937
 - Delaware – \$961
- 

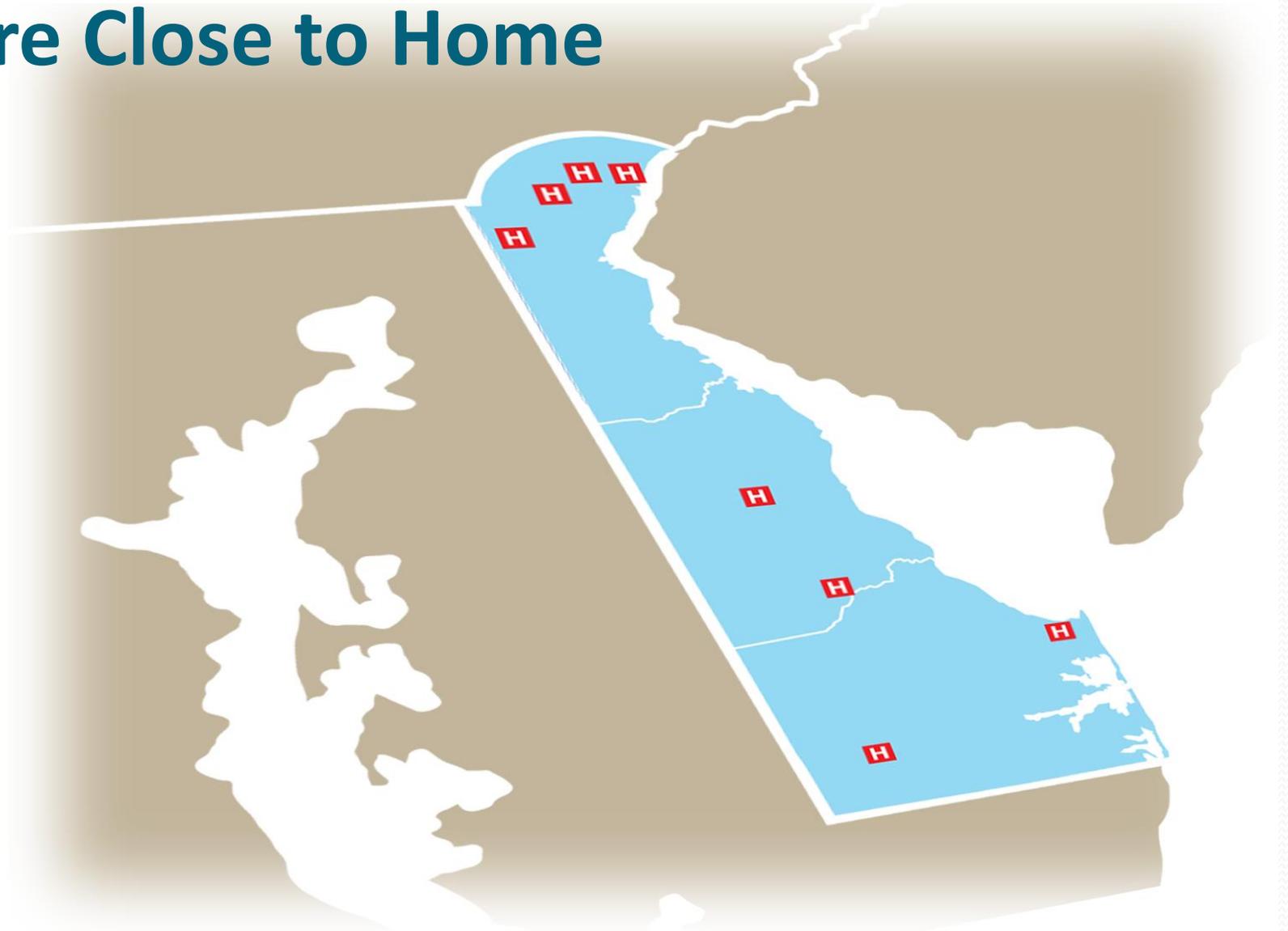
Average weekly wages in Delaware are 23.5% higher than West Virginia

Delaware has lowest hospital cost per patient day compared to small East Coast Corridor states*

* DC, Maryland, New Jersey, Connecticut, Rhode Island, and Massachusetts

Source: Health Forum, 2010 AHA Annual Survey of Hospitals

Delaware Hospitals Provide Needed Care Close to Home



Age and Health Status Directly Affect Cost of Care for Delaware State Employees

Higher Rates of Diseases

Osteoarthritis

Coronary artery diseases

Diabetes

Depression

Asthma

Rheumatoid arthritis

Hypertension

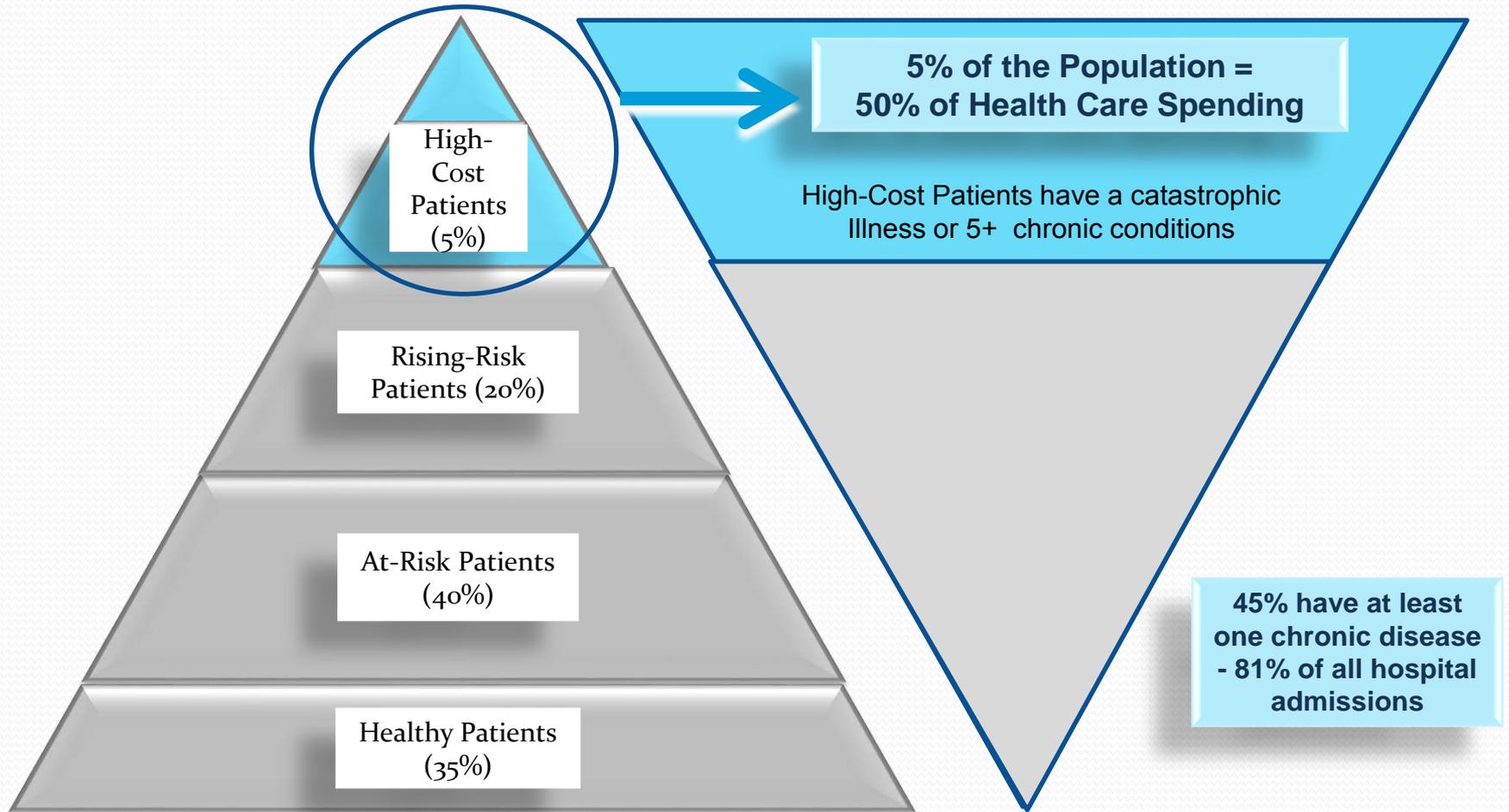
Congestive heart failure

- Average age of employee is 47
- Health risk measurements are in decline
- Chronic conditions and weight issues drive plan costs



Source: Truven Health Analytics

Understanding the Cost of Care



Diane's Story: Current State

- Diane's reactively treated Type 2 Diabetes leads to immense healthcare costs in the long run.



Diane's Story: What's Possible

Wellness Care

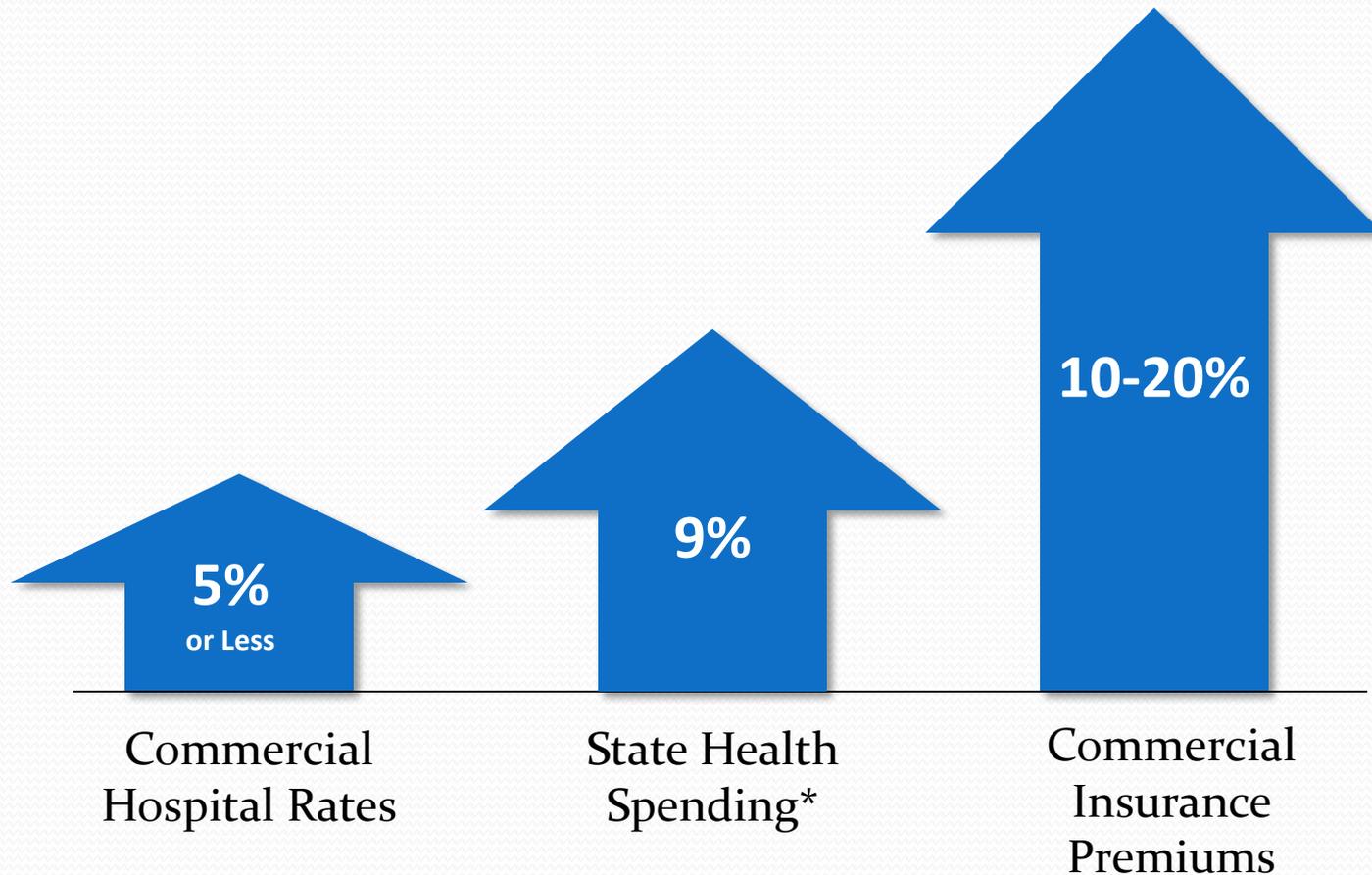
- Through preventive care and intensive care management, Diane has been able to control her Type 2 Diabetes and avoid hospitalization



Stewards of Health Care in the State

Hospitals Working to Control the Rate of Health Care Inflation

2015 Delaware Increases



*per employee

Committed to Our Communities

- Creating jobs
- Developing our people
- Modernizing outdated facilities
- Building IT infrastructure
- Caring for our communities



Changing the Way We Are Paid for Care

Fee-for-Service

Number/Volume

Value Payment

Health Outcome and Cost

Delaware Hospitals Are Leading the Paradigm Shift

Taking Cost Out of Health Care
By Reducing...

- Hospital admissions
- Emergency Department visits
- High utilization of services

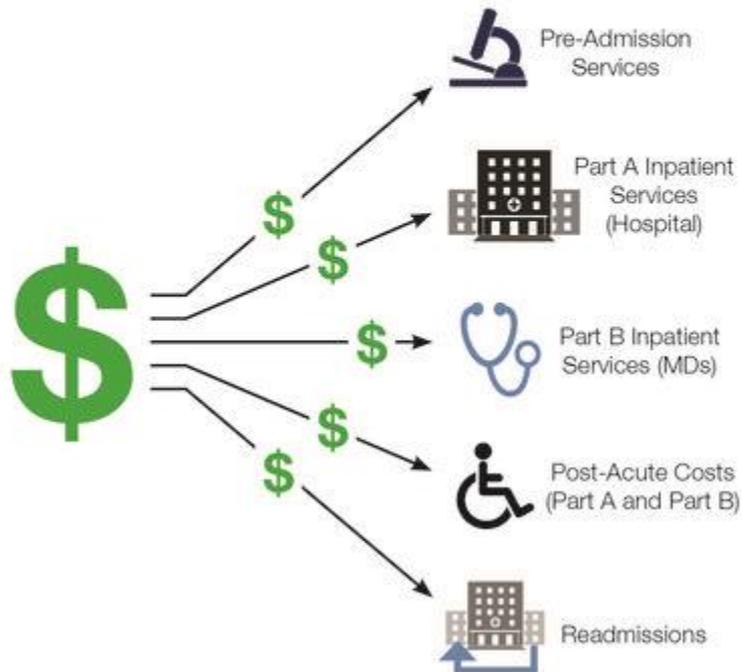
**Disrupting
our Core
Business**

Recommendations

Bundling Payments Improves Care and Lowers Cost

Traditional Fee-for-Service

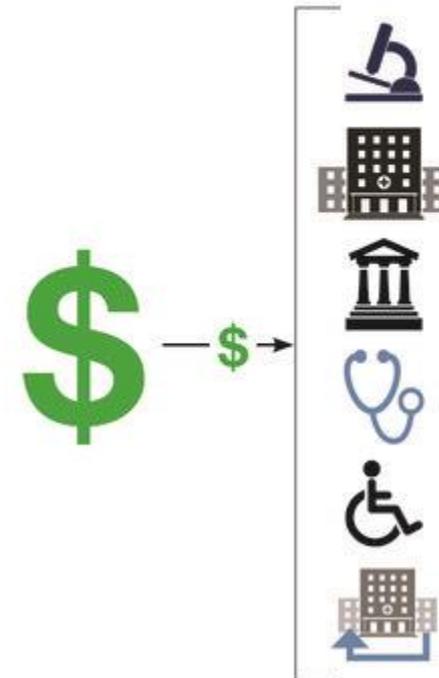
Payment for each service regardless of quantity or quality



vs.

Bundled Payments

Payment for comprehensive, coordinated intervention



Care After the Hospital is a High Proportion of Cost

CMS Health Care Spending for Three Episodes of Care Over a 90-Day Bundle

Location of Service	Major Joint	Cervical Spine	Congestive Heart Failure
In hospital	56%	68%	33%
Post-discharge	44%	32%	67%
Total	100%	100%	100%

Source: CMS Data Provided by CCHS Finance Dept. 2015

Medicare Advantage is Currently Underutilized in Delaware

Medicare Advantage has been tied to significant cost reductions in the overall cost of care for retirees

Medicare Advantage Enrollees - 2014

	Total	% of Medicare	# Medicare Advantage Plans
Delaware	12,113	7%	7
Pennsylvania	904,456	39%	163

Targeting Frequently Readmitted Patients Lowers Costs

Delaware hospitals have embraced this concept of providing intensive, coordinated care to people with complex medical problems to increase quality while reducing costs.



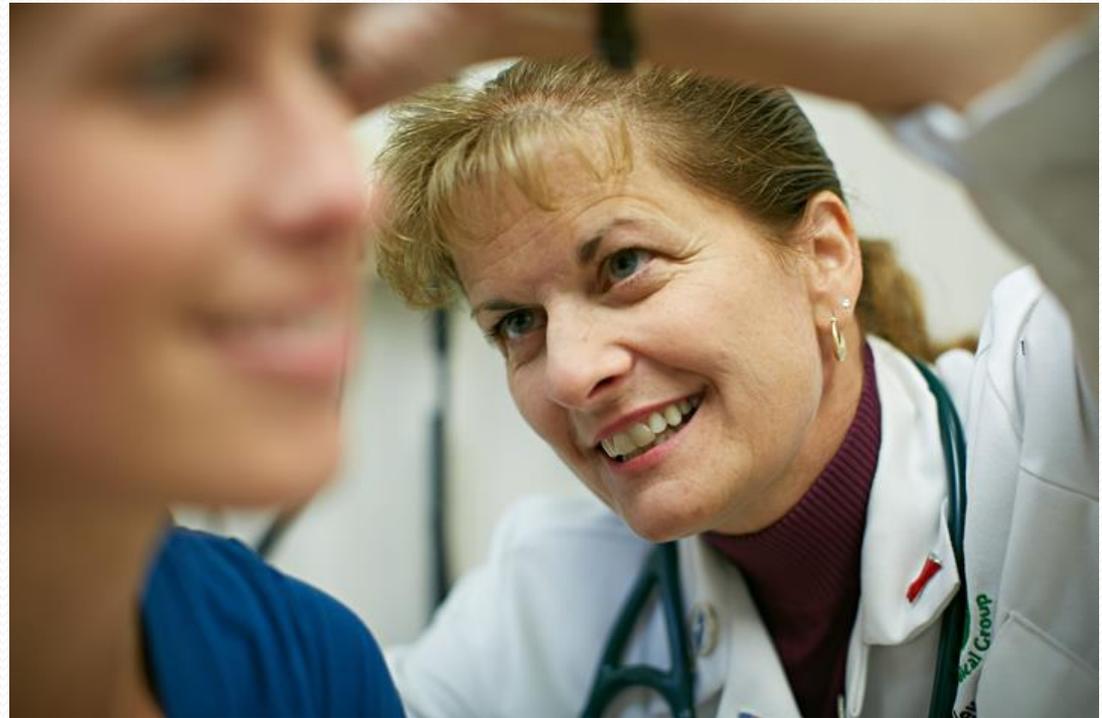
Care Coordination Lowers Costs

Examples of robust care management program in place in the state of Delaware include Christiana Care's "Care Link" initiative.



Patient-Centered Medical Homes Lower Costs

Local Patient-Centered Medical Homes focus on reducing the total cost of care for “super users” of the acute care system.



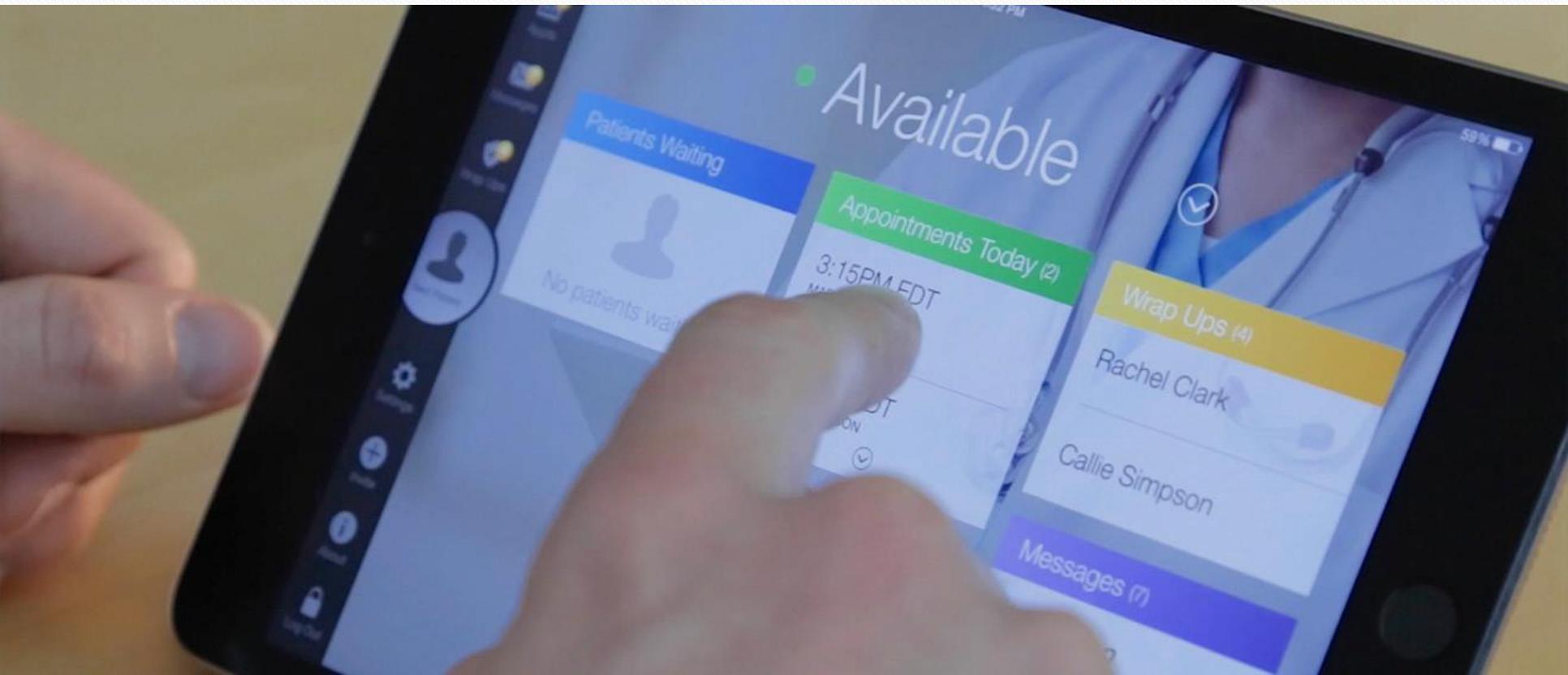
Proactively Treating Substance Abuse Disorders Lowers Costs

The Project Engage program is another example of proactive intervention targeting the needs of heavy users of health care.



New Access Points Lower Costs

Telehealth visits are covered by insurance in the state of Delaware. That's not true everywhere.



Integrated Behavioral Health In the Primary Care Setting Lowers Costs

By integrating behavioral health into primary care, it is easier to access and that makes people more likely to use it before a serious crisis emerges.



Onsite Wellness Clinics Are Cost Effective

- ✓ Reduced lost work time and absenteeism
- ✓ Avoidance of higher cost settings (e.g., Emergency Departments)
- ✓ Reduced referrals to costly specialists
- ✓ Lower workers' compensation as well as non-occupational disability costs
- ✓ Improved medication compliance and formulary adherence when combined with on-site pharmacy
- ✓ Lower medical spend through greater utilization of screening and preventive services, and more timely care access
- ✓ Improved employee morale, retention, loyalty and productivity
- ✓ High employee satisfaction

Wellness Incentive Programs Lower Costs

- The Pennsylvania Employee Benefit Trust Fund (PEBTF) launched a “Know Your Numbers” campaign.
- Quest Diagnostics offers “Blueprint for Wellness.”

**PEBTF's
Get Healthy Program
Requirements**

4 Measurements That Could Save Your Life

Know Your Numbers Wellness Screenings
September 1, 2015 – December 31, 2015

For Employees AND Covered Spouses/Domestic Partners

✦ Registration Begins on August 3, 2015 ✦

**YOUR HEALTH –
IT'S THE MOST
IMPORTANT THING**

What is your reason for being healthy?

Who do you want to be healthy for?

The answers to these questions are as individual as each one of us. For many, it may be to live a long life with few health issues. For others it may be to take care of your children and demonstrate good health habits. Or, it may be to reach retirement age to enjoy leisurely days in the sun.

Whatever your reason, the Get Healthy Program is here to help you achieve your wellness goals.

Once again, the *Know Your Numbers* wellness screenings are offered to employees *and* covered spouses/domestic partners. Your wellness screening is your first step toward taking an active role in your health.

And there is an added bonus: If both you *and* your covered spouse/domestic partner successfully complete a wellness screening between September 1 and December 31, 2015, you will save money on your health care contribution beginning July 2016.

Get Healthy
LIVING WELL

Working Together

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. **This is happening across the state.**

33 ACO Quality Measures from CMS		Description	Pay-for-Performance Phase in				
Domain	Measure		R=Reporting	P=Performance	PY1	PY2	PY3
		Getting Timely Care, Appointments, and Information	R	P	P		
Patient/Caregiver Experience	ACO #1	How Well Your Doctors Communicate	R	P	P		
Patient/Caregiver Experience	ACO #2	Patients' Rating of Doctor	R	P	P		
Patient/Caregiver Experience	ACO #3	Access to Specialists	R	P	P		
Patient/Caregiver Experience	ACO #4	Health Promotion and Education	R	R	R		
Patient/Caregiver Experience	ACO #5	Shared Decision Making	R	R	P		
Patient/Caregiver Experience	ACO #6	Health Status/Functional Status	R	P	P		
Patient/Caregiver Experience	ACO #7	Risk Standardized, All Condition Readmissions	R	P	P		
Care Coordination/Patient Safety	ACO #8	ASC Admissions: COPD or Asthma in Older Adults	R	P	P		
Care Coordination/Patient Safety	ACO #9	ASC Admission: Heart Failure	R	P	P		
Care Coordination/Patient Safety	ACO #10	Percent of PCPs who Qualified for EHR Incentive Payment	R	P	P		
Care Coordination/Patient Safety	ACO #11	Medication Reconciliation	R	P	P		
Care Coordination/Patient Safety	ACO #12	Falls: Screening for Fall Risk	R	P	P		
Care Coordination/Patient Safety	ACO #13	Influenza Immunization	R	P	P		
Care Coordination/Patient Safety	ACO #14	Pneumococcal Vaccination	R	P	P		
Preventive Health	ACO #15	Adult Weight Screening and Follow-up	R	P	P		
Preventive Health	ACO #16	Tobacco Use Assessment and Cessation Intervention	R	R	P		
Preventive Health	ACO #17	Depression Screening	R	R	P		
Preventive Health	ACO #18	Colorectal Cancer Screening	R	R	P		
Preventive Health	ACO #19	Mammography Screening					
Preventive Health	ACO #20	Proportion of Adults who had blood pressure screened in past 2 years					
Preventive Health	ACO #21	ACO #22. Hemoglobin A1c Control (HbA1c) (<8 percent)				R	P
Preventive Health	ACO #21	ACO #23. Low Density Lipoprotein (LDL) (<100 mg/dL)					
Preventive Health	ACO #21	ACO #24. Blood Pressure (BP) < 140/90					
At-Risk Population Diabetes	Diabetes Composite ACO #22-26	ACO #25. Tobacco Non Use					
At-Risk Population Diabetes	ACO #26	ACO #26. Aspirin Use					
At-Risk Population Diabetes	ACO #27	Percent of beneficiaries with diabetes whose HbA1c in poor control (> 9 percent)				R	P

Partnering is Key

