Introduction

• About ACHP
• Workgroup Purpose
• Areas of Interest
• Proposed Goals & Objectives
• Meeting Agenda
ACHP and its members
improve the health of the communities we serve
and
actively lead the transformation of health care
to
promote high quality, affordable care
and superior consumer experience.
<table>
<thead>
<tr>
<th>ACHP Members</th>
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<tbody>
<tr>
<td>Capital District Physicians’ Health Plan</td>
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<td>CareOregon</td>
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<td>Presbyterian Health Plan</td>
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<td>Priority Health</td>
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<td>Rocky Mountain Health Plans CO</td>
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<td>Scott &amp; White Health Plan</td>
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<td>Security Health Plan</td>
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<td>SelectHealth</td>
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<td>Tufts Health Plan</td>
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<td>UCare Minnesota</td>
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<td>UPMC Health Plan</td>
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Where are ACHP Members?
ACHP’s Mixed Delivery Models

Member Alignment with PCPs at ACHP Plans

- Percent of Members Aligned with Network PCPs
- Percent of Members Aligned with Plan-Owned/Associated PCPs

* Source: Based on self-reported estimates from ACHP plans reflecting 2008 - 2011 data.

* Information does not reflect the percent of members seen by owned/affiliated hospitals or specialists, which may vary considerably from the PCP figures.
ACHP Distribution of Enrollment

* Source: Based on self-reported estimates from ACHP plans reflecting 2011 data.
ACHP Member Enrollment Distribution

Total Enrollment: 16,022,716

- Commercial Fully-Insured HMO: 490,113 (3%)
- Commercial Fully-Insured PPO: 1,851,928 (12%)
- Self-Insured HMO: 986,006 (6%)
- Self-Insured PPO: 1,585,132 (10%)
- Medicare: 568,711 (3%)
- Medicaid: 569,647 (4%)
- FEHBP: 1,333,691 (8%)
- Medicare: 1,333,691 (8%)
- Other: 8,637,488 (54%)

* Source: Based on self-reported estimates from ACHP plans reflecting 2011 data.
On the 2011-2012 Health Plan rankings, ACHP plans were:

- **14** of the top 25 private plans
- **16** of the top 25 Medicare plans
- **8** of the top 25 Medicaid plans

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<tr>
<th>ACHP Member Plan</th>
<th>Private</th>
<th>Medicare</th>
<th>Medicaid</th>
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<tr>
<td>CDPHP</td>
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<td>Geisinger Health Plan</td>
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<td>Geisinger Health Plan PPO</td>
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<td>Group Health</td>
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<td>GHCSCW</td>
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<td>HealthPartners</td>
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<td>Independent Health</td>
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<td>Kaiser Permanente Southern CA</td>
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<td>Kaiser Permanente Northern CA</td>
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<td>Kaiser Permanente Northwest</td>
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<tr>
<td>Kaiser Permanente Hawaii</td>
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<tr>
<td>Kaiser Permanente Mid-Atlantic</td>
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<td>Kaiser Permanente Ohio</td>
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<td>Priority Health</td>
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<tr>
<td>Security Health Plan</td>
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<tr>
<td>Tufts Health Plan</td>
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<tr>
<td>Tufts Health Plan PPO</td>
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<tr>
<td>Network Health (Tufts Health Plan)</td>
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<td>7</td>
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<tr>
<td>UPMC Health Plan</td>
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<td>18</td>
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Structure of ACHP

Learning and Innovation

Market Strategy and Analysis

Policy, Advocacy and Communication
ACHP 2013 Goals

• Lead improvements and innovation in accountable health communities and the systems that support
• Demonstrate distinctive value and performance; provide leadership toward greater affordability of coverage and care
• ACHP plans successfully compete in their markets
• Influence public policy outcomes on issues that are central to business and mission success
• Effectively communicate ACHP’s leadership role as an organization of the nation’s highest performing health plans
Committees & Workgroups
Medical Directors: Multi-year, multi-lever work

Best practice sharing
- Marketplace evolution roundtables
- ED utilization issues

Focused working groups
- Pharmacy Directors
- Behavioral Health Directors
- Medicaid/Duals

Telling our story
- Primary Care Transformation
- Curbing Opioid Overuse in Communities
- Policy brief on VBPD
- Pharmacy best practices in specialty drug management
- Payment roundtable

Quantitative proof of differentiation
- Measurement (TCOC)
- ACSC Quant. Study
- HEDIS Utilization Data
Pharmacy Directors Collaborative

- Launched the **Specialty Drug Management workgroup** - Fall 2011
  - Created a utilization and drug spend benchmarking tool
  - Data collection and analysis (15 ACHP member plans submitted data)
  - Convened at bi-annual meeting to discuss key topics and share best practices

- Launched second workgroup on **Opioid Management** - Spring 2012
  - Developed utilization tool for frequently prescribed narcotics
  - Highlighted existing and planned initiatives around narcotic use

- Continuous information exchange
  - Member inquiries
  - Bi-weekly workgroup planning calls
  - Pharmacy Directors Collaborative workgroup calls
  - Online learning sessions on focused topic areas (340B, medication adherence)
Value of the Collaborative

- Addresses key pharmacy issues in an effort to increase optimal patient care at a more affordable cost
- Allows for detailed data analysis of pharmacy operations
- Facilitates best practice sharing
- Provides networking opportunity across like-minded member organizations
Medicaid/Dual Eligibles Workgroup

• Created by ACHP Medical Directors in 2012 as a learning group, due to Medicaid expansion under the ACA, growth of Medicaid Managed Care products among our plans, and challenges in caring for Medicaid and dually-eligible patients.

• Will meet every other month for discussion-based learning sessions.
  - These will be led by a member plan but focused on sharing experiences, ideas and challenges among all participants on the call.
# Upcoming Medicaid/Dual Eligibles Sessions

<table>
<thead>
<tr>
<th>Topic</th>
<th>Leader</th>
<th>Date</th>
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<tr>
<td>Use of community health workers and connections between health plans and public health. Have plans made this connection more explicit? What different models are out there?</td>
<td>Angela Smith-Hietikko and Denise Zoeterman, Priority Health</td>
<td>June 5&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>What will Medicaid look like under the Exchange? How will the population change? What are the impacts of this change?</td>
<td>Dr. Steve Perkins, UPMC Health Plan</td>
<td>August (TBD)</td>
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<td>Addressing chemical dependency issues effectively, including partnering with others in the community</td>
<td>Dr. James Schuster, Community Care Behavioral Health</td>
<td>December 3&lt;sup&gt;rd&lt;/sup&gt;</td>
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Publications & Projects
Ensuring Safe and Appropriate Prescription Painkiller Use: The Important Role of Community Health Plans

- Outlines the issue
- Highlights the initiatives in place at ACHP member plans that appear to reduce doses of opioids used to safer levels, improve coordination of care and patient-physician communication, and lower costs
- Stresses the key role health plans play in ensuring safe and appropriate use of opioids
A report by ACHP, found that health plans can strengthen organized systems of care through primary care transformation, and can ensure that such transformation is successful, sustainable and scalable by focusing on three core elements:

1. collaboration;
2. sharing of tools and resources with practices;
3. building on the existing cultures and characteristics of the health plan, providers, patients and community.

Outcome: All 17 member organizations profiled increased quality care, improved patient and/or provider experience and/or lowered costs and/or improved patient or provider experience. Many did all three, demonstrating that health plans and provider groups do not have to sacrifice quality and patient experience for cost.

Release date: March 7, 2013
## 2013 Goals and Strategies

**Demonstrate, measure, and document progress toward and accountability for Triple Aim goals**

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<th>Component</th>
<th>Strategies</th>
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| Demonstrate | Support plans in achieving goals through learning-focused workgroups and webinars, including:  
• Medical Directors  
• Medicaid and Dual Eligibles workgroup  
• Behavioral Health Medical Directors workgroup  
• Pharmacy Directors Collaborative |
| Measure | • Collect and share quantitative and qualitative data on admissions for ACSCs  
• Quarterly data analysis on opiate and specialty drugs for pharmacy collaborative  
• Project to measure behavioral health work and outcomes |
| Document | • Paper on primary care transformation  
• Publish ACSC results (potentially)  
• Case studies on costs of care and community engagement strategies  
• White paper on specialty drug management  
• Payment paper and website pages  
• Briefs on patient engagement |
Behavioral Health Medical Directors Workgroup
Purpose of the Behavioral Health Workgroup

- Build a collaborative of behavioral health professionals and share best practices
- Address national issues in the delivery of behavioral health services
- Learn how plans are integrating behavioral health care and share solutions for challenges being faced
- Identify innovative delivery models
- Establish standard metrics to measure outcomes
Areas of Interest (based on survey responses)

1. Health plan challenges
   - Coordination of care between insurer and providers
   - How to effectively integrate care in clients with behavioral, medical and social needs using evidence-based results
   - Sustainable payment and financing models
   - Future impact of ACA implementation and how to address challenges
   - **GOAL:** Discuss and share best practices
2. Pressing behavioral health issues
   - Best strategies for addressing social determinants of health (e.g. economic status)
   - Management of antipsychotics
   - Best practices in treatment of specific conditions (i.e. autism disorders and addiction)
   - GOALS:
     - Explore key quality indicators and strategies for improvement
     - Partner with the Pharmacy Directors Collaborative to address drug related challenges
3. Behavioral health indicators and outcome measures
   - Measures currently used at member plans, and those proposed by external organizations
   - **GOALS:**
     - Discuss how ACHP member plans are measuring their efforts in behavioral health
     - Scan national outcomes measures and capture the current landscape
     - Develop (or adapt) standardized behavioral health measures for possible application at ACHP member plans
# Meeting Agenda – Day 1

## Behavioral Health & Primary Care Integration
- Current State of Integration
- ACHP Member Plan Work in Progress
- Roundtable Discussion on Integration
- Deliverable(s) Specific to Integration

## Lunch session with Karen DeSalvo, the health commissioner for the City of New Orleans

## Measurement
- Behavioral Health Measurement Use
- Why Measure? – Table Activity
- Deliverable(s) Specific to Measurement

## Working Session: Medical Directors’ Presentation

## Networking Reception and Dinner 6 PM
### Factors Impacting Improving Population Health

- Social determinants of health / community benefit
- Connection between physical and mental health

**Behavioral Health Medical Directors Workgroup Update**
ACSC Project Overview

• ACHP is conducting a research project on hospital admissions for ambulatory care sensitive conditions (ACSCs) and will compare the rate of hospitalizations for ACHP Medicare Advantage (MA) plans and Medicare fee-for-service (FFS)

• The objective of this analysis is to help ACHP and its member plans understand whether their wellness, care management and transitions programs’ efforts are translating into reduced admissions for ACSCs for their members versus an unmanaged local Medicare patient population
  - To compute ACHP member plan enrollees’ outcomes, Avalere plans to use inpatient and outpatient hospital claim-level data provided by each plan for 2010 and 2011

• Project timeline - ACHP and Avalere aim to complete this analysis in late Summer/early Fall
ACHP Analytic Resources

• 2012 *HealthPlan Performance Gauge*®
  - Access database with commercial, Medicare and Medicaid quality data (HEDIS, CAHPS & operational)

• Customized presentations, tools and benchmarking packets with performance and improvement analysis
  - NCQA Rankings & CMS Star Ratings
  - HEDIS utilization data
  - Specific measures and/or areas

• Connect to other ACHP member organizations
  - High scores and improvers
Value-Driven Health Plans
ACHP Plans Deliver Value to Patients

- **8** of the 11 plans awarded 5 stars in the Medicare Star Rating Program are ACHP plans.
- **16** ACHP Medicare plans are ranked among the top 25 in the country by NCQA*.
- **17** ACHP commercial plans are ranked among the top 25 in the country by NCQA.

By Focusing on a Shared Mission

Address the health of their populations & Deliver optimal patient experience and outcomes & Assure the affordability of care

And a Shared Approach

- Partnering with providers based on trust & accountability
- Innovative & nimble to drive care improvements
- Trusted by patients to deliver quality experience and outcomes
- Committed to their markets for the long term
- Invested in communities for better health and health care

* National Committee for Quality Assurance
83%
As part of its patient-centered medical home project, the Enhanced Primary Care (EPC) program, Capital District Physicians’ Health Plan has improved the quality of care for 15-out-of-18 specific HEDIS® measures. In addition, it has reduced hospital readmissions by 15 percent.

Partner with Providers
ACHP plans carefully select high-quality, efficient providers with whom they share accountability and partner to improve the delivery of care. Regardless of the structure of their care delivery models, our plans drive value by moving away from fee-for-service payment and toward strategies that share savings and risk. As part of their commitment to providers, ACHP plans share best practices to improve the health of their entire communities, not just their members.
Innovative and Nimble

ACHP plans are innovative and nimble, making decisions to quickly respond to the needs of their providers, patients and communities. Our plans and their providers harness data through electronic medical records and other sources to measure quality, and capture total cost of care and resource use.

$10 Million

Group Health developed the Emergency Department and Hospital Inpatient Improvement Program (EDHI) to promote more appropriate use of these settings. EDHI showed immediate impact, decreasing hospital days by 65 days per 1,000 patients while simultaneously improving 30-day Medicare hospital readmission rates by 25 percent. In addition to improving patient outcomes, EDHI helped save more than $10 million from reduced hospital days.

99%

In a 2010 survey of almost 400 Geisinger Health Plan members, 99 percent of members involved in case management rated their case manager as “good” or “very good.”

Trusted by Patients

ACHP plans foster trust through long relationships with their members. Our plans approach decisions — from premium pricing to models of care — by thinking about their members first and ensuring primary care providers are at the center of the care system. ACHP plans use care managers and other strategies to engage patients in wellness, prevention and management of their chronic illness.
29%

Priority Health has partnered with a coalition of community stakeholders to develop a Children’s Healthcare Access Program (CHAP). To date, this partnership has helped reduce hospital inpatient visits by 17 percent and emergency department visits by 6.2 percent. In addition, this partnership has improved outcomes for children with asthma by 29 percent through innovative asthma education and resources.

Invested in Communities

ACHP plans see the community as the chief stakeholder in their success. They think beyond just their members, and make decisions that benefit entire communities with a focus on the long term.

Established in Their Markets

ACHP plans have served their markets for decades. Our plans’ local commitment means members and communities can continue to rely on them for high-quality, affordable care.

37 Years

ACHP plans have been in their markets for an average of 37 years.
About Us

ACHP is a national leadership organization that brings together innovative health plans and provider groups that are among America’s best at delivering affordable, high-quality coverage and care in their communities. ACHP and its members improve the health of the communities we serve and actively lead the transformation of health care to promote high-quality, affordable care and superior consumer experience. Drawing on years of experience, our members collaborate, share strategies and work toward solutions to some of health care’s biggest challenges. Their work is the foundation for ACHP’s advocacy on behalf of better health care nationally.

ACHP Members

Capital District Physicians’ Health Plan (Albany, NY)
Capital Health Plan (Tallahassee, FL)
CareOregon (Portland, OR)
Fallon Community Health Plan (Worcester, MA)
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