American Academy of Pediatrics
Patient-Centered Pediatrics:
Coordinating Care for Kids

Horizon Blue Cross Blue Shield of New Jersey’s Patient-Centered Pediatric Program

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Our goal: “Triple Aim”

- Through **collaboration**, we are helping to create an **effective, efficient and affordable** health care system.

- Achieving better health and better care at lower costs.

**Patient-Centered Programs:**
- Patient-Centered Medical Home (PCMH) Program
- Comprehensive Primary Care (CPC) initiative
- Patient-Centered Pediatric Program
- Accountable Care Organizations (ACO)
- Episodes of Care (EOC)
Growth of Horizon’s Patient-Centered Programs

January 2012

January 2013

January 2014

- PCMH Practices
- Pediatric Practices
- EOC Practices
- ACO Practices

Member Count
- 1 : 7,500
- 7,501 - 18,000
- 16,001 - 22,000
- 22,001 - 27,500
- 27,501 - 32,000
Core components of Horizon’s Patient Centered Program

- Better Health, Better Care, Lower Costs
- Care Planning and Coordination
- Data & Technology
- Payment Reform
- Engage, Educate & Empower Patients
- Playbook/Program Support
Improving Care Coordination – Delivering the right care, at the right place, at the right time; customizes & personalizes care plans, wellness and preventive care

Focus is on chronic and at-risk patients, but available to all Horizon BCBSNJ members

Patient Engagement – Empowering and engaging patients to take control of their health

Data & Information Exchange – Care management reports, performance reports on quality & ER utilization

Payment Transformation – Fee-for-service to pay-for-value
Payment streams & support provided for improvement in patient care

1. Care Planning Development Fee
   - Additional support for PCMH activity – flat fee paid quarterly for care plan development for chronic/complex diagnosis* to improve patient care
   - *See appendix for diagnosis listing

2. Horizon Support
   - Horizon employed and trained RNs dedicated to Pediatric practices to provide Care Planning development training and support.
   - Ongoing transformation support and education for practice success.

3. Quality, ER utilization payments
   - Payment for improved patient care – high quality, and ER utilization. Improvement is critical to success of primary care in NJ

Initial Plan: $125
Updated Plans: $50

*See appendix for diagnosis listing

One Initial Care Plan per measurement year
A maximum of two (2) updates to initial care plan annually at $50 flat fee rate.

Range dependent on meeting ER and quality goals:
$1.00-$5.00 PMPM
Outcomes-based payments focus on Quality & ER Utilization

Quality metrics

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Childhood Immunization Status Combination 2
- Appropriate Testing for Children With Pharyngitis
- Appropriate Treatment for Children With Upper Respiratory Infection
- Developmental Screening Tool used in Practice
- Children and Adolescents’ Access to Primary Care Practitioners (CAP) (age 7-11)
- Children and Adolescents’ Access to Primary Care Practitioners (CAP) (age 12-19)
- Adolescent Immunizations

Utilization metrics

- ER visits per 1,000 members

Metric excluded if <30 patients in denominator
Utilization Metric - (Definition)

ER Visits/ 1000

- A standard measure of utilization which refers to an annualized use of hospital or other institutional care and corresponds to the number of Emergency Room Visits per 1,000 attributed participants.

Qualifications/Methodology
Qualifying events for an attributed member includes a combination of a unique/distinct date of service (DOS) and provider TIN where: the place of service (POS) is an Emergency room and revenue code is in range 450 - 459.

Formula
\[
\text{ER Visits / 000} = \frac{\text{Count of ER Visits}}{\text{Member Month Exposure (MME)}} \times 12 \times 1000
\]

*Performance Threshold based on 60th Percentile of Horizon Peer Performance
** Improvement Threshold based on Group’s Preliminary Baseline (10%)
***Peer comparison is based on pediatric primary care practices