




State of CT Employee Health Plan

Episode of Care Program
Chronic Condition

→ State of Connecticut and Signify Program Details

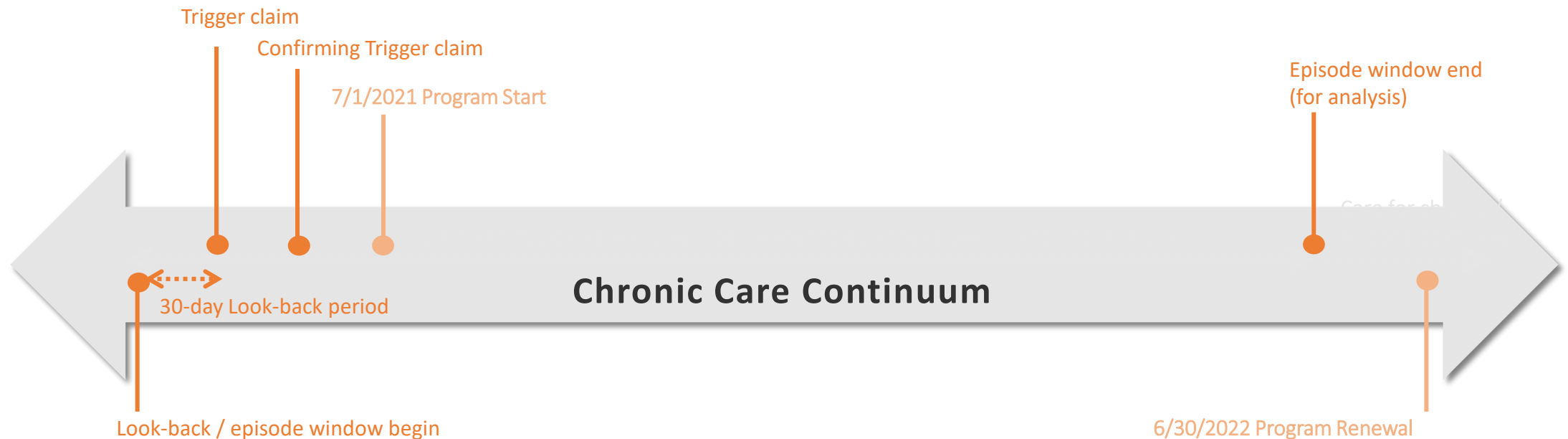
Current program scope for provider participation - chronic condition episodes

<p>Cardiac</p> <ul style="list-style-type: none">• Arrhythmia / heart block / conduction disorders• Coronary artery disease• Heart failure• Hypertension	 <p>Behavioral health</p> <ul style="list-style-type: none">• Depression and anxiety• Trauma & stressors disorders• Bipolar disorder• Schizophrenia
<p>Orthopedic</p> <ul style="list-style-type: none">• Low back pain• Osteoarthritis	 <p>Endocrinology</p> <ul style="list-style-type: none">• Diabetes
<p>Gastroenterology</p> <ul style="list-style-type: none">• Gastro-esophageal reflux disease (GERD)• Crohn's disease*• Ulcerative colitis*	 <p>Pulmonology</p> <ul style="list-style-type: none">• Asthma• Chronic obstructive pulmonary disease

* Episodes eligible for NoD (effective 10/1)

→ Chronic Episodes of Care

An episode looks at all clinically related services (management, ancillary, lab, pharmacy) provided to a patient for a discrete condition/procedure within a specific period of time across the entire continuum of care.

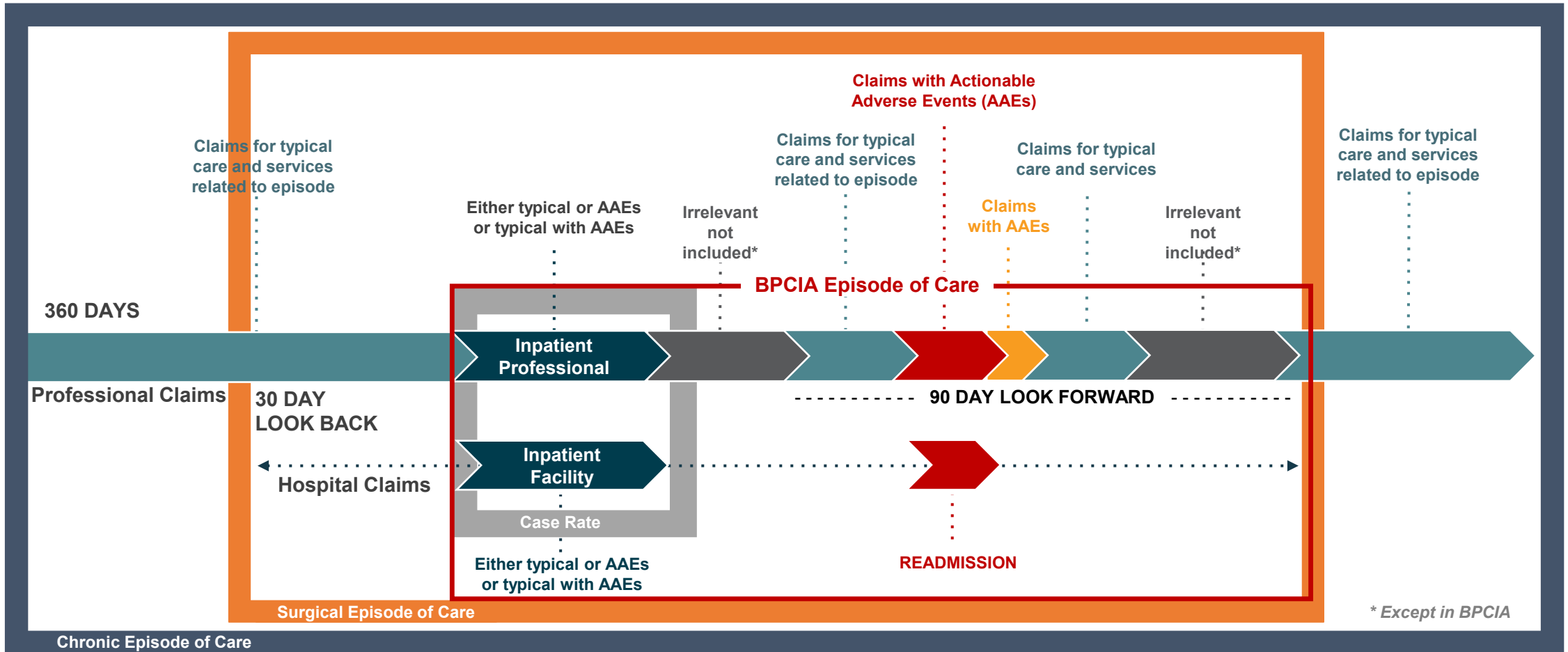


For analysis and implementation, **chronic episodes are broken down into 1 year episodes.**
This allows for meaningful comparison on episode costs, quality, target pricing, etc.

→ Episode Engine: Components of an Episode of Care

- 1 Trigger Codes**
 - Diagnosis codes that clearly identify the presence of a chronic condition (e.g., Osteoarthritis diagnosis code)
- 2 Trigger Rules**
 - Helps define the existence of an episode (e.g., need for a confirming diagnosis code at least 30 days later to trigger the episode)
- 3 Time Window**
 - Chronic condition episodes never end – they have a 30-day look back period and are annualized into 12 month windows for analysis and implementation
- 4 Sub Types**
 - Most episodes have sub-types to distinguish a category of a condition (e.g., Low Back Pain with radiculopathy, type 1 vs type 2 Diabetes)
- 5 Relevant Diagnosis**
 - **Typical Dx:** steer relevant services into an episode e.g., signs and symptoms such as shortness of breath, numbness
 - **Complication Dx:** Actionable Adverse Events (AAEs) – they may be directly due to the condition itself, such as hospitalizations due to poor control of diabetes, and/or patient safety failures such as drug-drug interactions
- 6 Relevant Procedure Codes**
 - CPT, HCPCS, ICD procedure codes to identify relevant services
 - Core services to measure underuse/gaps in care, Potentially Avoidable services (Choosing Wisely) to identify overuse
- 7 Pharmacy**
 - Pharmacy costs contribute to a significant portion of spend in chronic conditions

→ Chronic Episode Construct



→ Chronic Episode Attribution Process

Process based on specialty and Evaluation and Management (E&M) visits

1. Identify provider specialty, if possible

Use provider specialty information within data if it is included and reliable

OR

If there's no provided specialty, provider taxonomy from the NPI roster is utilized



From the relevant subset of providers, we assign the chronic episode to the provider with the most E&M visits

2. If unable to identify provider specialty

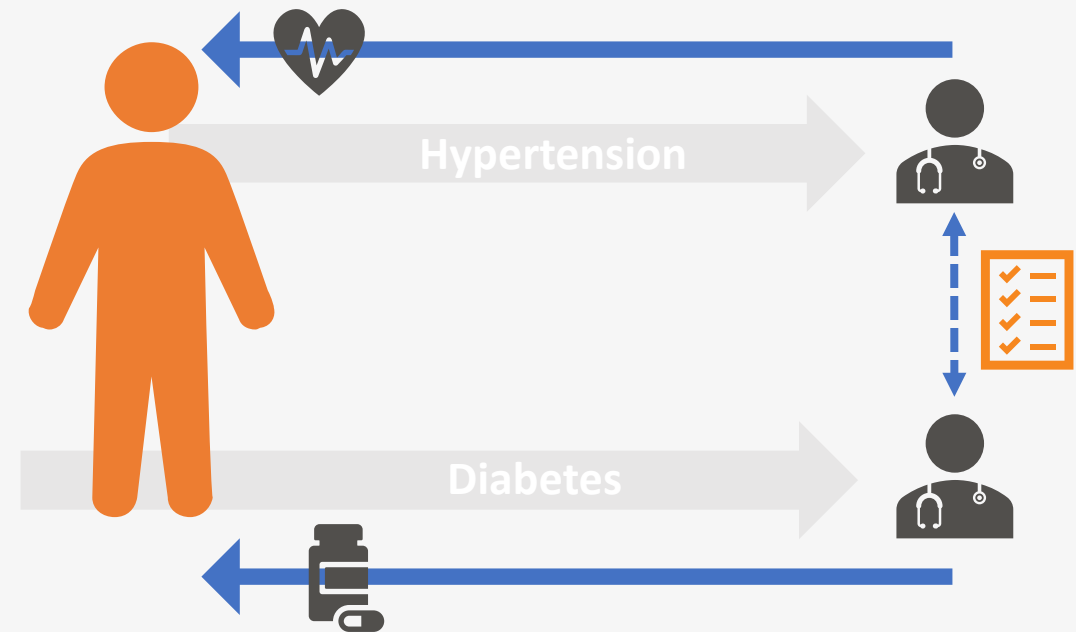
If there's no provider specialty and no NPI, physicians across all specialties are included



If physician specialty is not identified, then the episode is attributed to whichever provider has the most E&M visits regardless of specialty

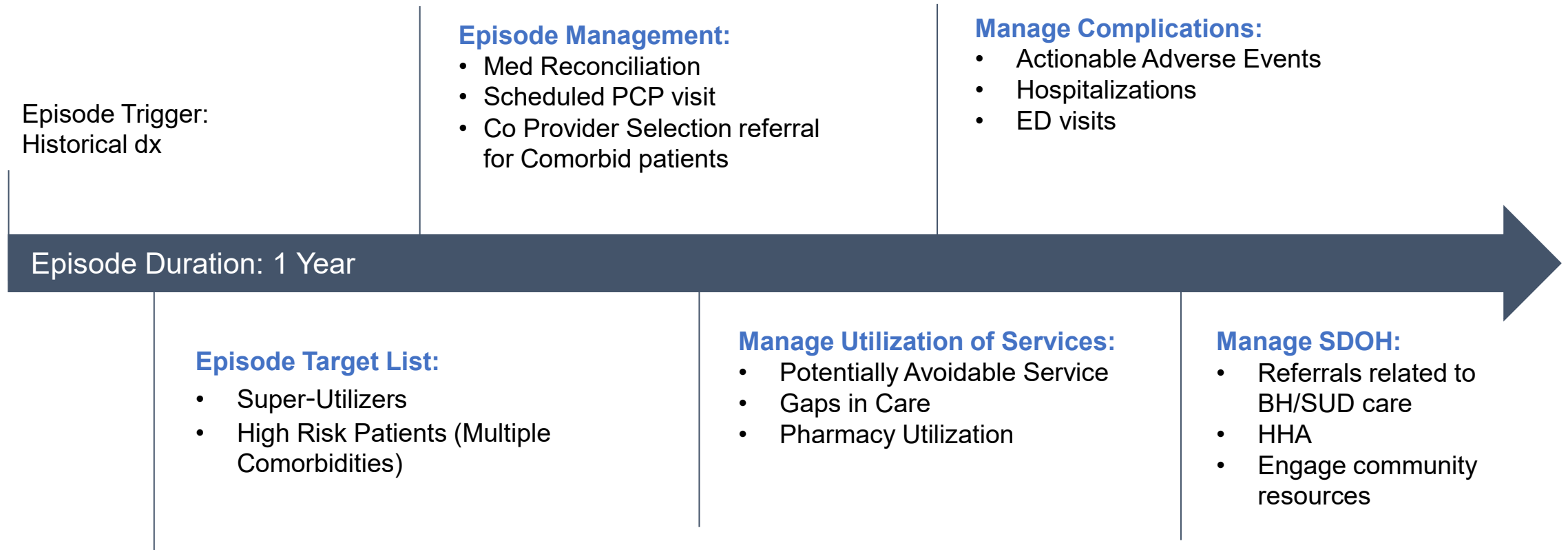
→ Patient-Centered System for Care Management

- Each plan member can have **multiple concurrent episodes**
- Concurrent episodes have multi-assignment of claims
 - **Dollars are split** when claims are assigned to multiple episodes (costs are not double counted)
- Different participating providers could be attributed to the same plan member for different episodes, providing **opportunity for coordination** of care across conditions



→ Levers of Clinical Success

Clinical levers of success help providers win in an episodes of care program and are meant to identify variation in cost and/or outcomes.



→ Chronic Quality Scorecard Criteria Inputs

Individual scores are based on provider performance against baseline (compare to themselves), recognition rating is based on point values.

Current Metrics

- AAE Cost Rate
- Hospitalization Rates
- Bed Days
- ED Rates
- Gaps in Care (Core Services)
- PAS (potentially avoidable services – Choosing Wisely)
- Pharmacy (% patients above a threshold for pharmacy costs)

Future Metrics

- PRO (episode-specific patient reported outcomes)
- HEDIS
- BTE (Bridges to Excellence measures)

→ Levers for Success in Chronic Episodes

Initial indicators are highly consistent with other nationally used indicators

Current Levers	Actionable Adverse Events (AAE): Prevent avoidable complications and improve quality (admissions for AAEs are consistent with 3M Potentially Preventable Admissions)
	Emergency Department Utilization: Reduce visits to the emergency department consistent with 3M Potentially Preventable ED visits
	Potentially Avoidable Services (PAS): Reduce utilization of low-value services and improve quality based on the Choosing Wisely campaign

Signify's current levers are focused on optimizing care linked to exacerbations and low value services

→ Care Redesign Introduction

Focuses on physician-clinician engagement

- Uses its expertise to help drive strategic direction through education, tools, and events that drive clinician engagement and behavior change
- Centers its initiatives around the clinical 'levers' that determine success in commercial episodes:
 - High Risk Patient Identification
 - Super-Utilizers
 - Utilization variation (Pharmacy, Testing, Use of Services)
 - Co Provider Referrals
 - Actionable Adverse Events - Complication Rates
 - Hospitalizations and ED Visits
 - Engage Community Providers

