University of Michigan Center for Value-Based Insurance Design Symposium Value-Based Insurance

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Governor Granholm's Plan

- Making Health Care affordable and Accessible in Michigan
 - Step 1...The Michigan First Healthcare Plan
 - Step 2...Advancing Health Information Technology
 - Step 3...Promoting Healthy Lifestyles



Overview

- MDCH Value-based Purchasing
 - Medicaid Health Plan Quality Measures, Rewards and Results
 - Michigan First Health Care Plan
 - Goals
 - Population
 - Benefit Design
 - Value-based Concepts
 - Michigan Primary Care Initiative
- The Case for Prevention



Michigan Multi-State Prescription Drug Initiative

- First ever multi-state prescription drug purchasing pool
- States negotiate with drug companies using combined purchasing power of the pooled states' Medicaid drug programs
- Bargaining power helps lower prescription drug costs for more than 400,000 Michigan residents who receive Medicaid
- More than a dozen states participate in the program



Medicaid Health Plans: Quality Measures, Rewards & Results

- 14 Medicaid health plans
- In 1997, contracted with Medicaid Health Plans through competitive bid process
- 93% of Michigan's 1.5 million beneficiaries are in mandatory populations are enrolled in managed care
- Began Pay for Performance for Medicaid Health Plans began in Fiscal Year 2001



Performance Measures: HEDIS

- Women's Care
 - Cancer screening
 - STD screening
 - Pregnancy Care
- Pediatric Care
 - Well child visits
 - Immunizations

- Living With Illness
 - Diabetes care
 - Asthma medication
 - Advising smokers to quit



Other Performance Measures

- Access to Care
 - children and adults
- CAHPS Measures
 - Getting Needed Care
 - Getting Care Quickly
- Accreditation Status
 - NCQA or URAC
- Legislative Incentive Requirement
 - Blood lead screening rate



Pay for Performance Rewards

- For FY 06 measures, \$3 million in performance bonuses awarded
 - Funded through capitation withhold
 - All plans receive a portion of the pool based on performance

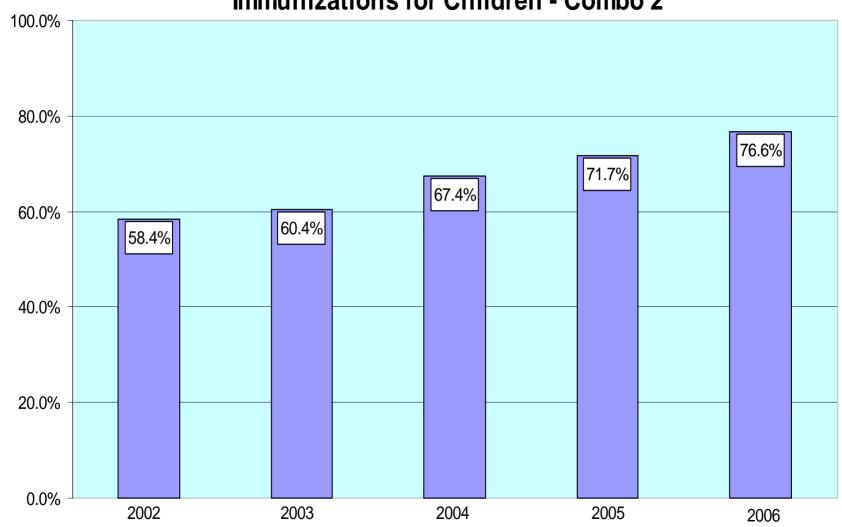


Pay for Performance Results

- Overall upward trend in performance improvement
- Significant performance improvement
 - Immunizations Child & Adolescent
 - Well Child Visits
 - Diabetes Care
 - Asthma Control
- National Recognition

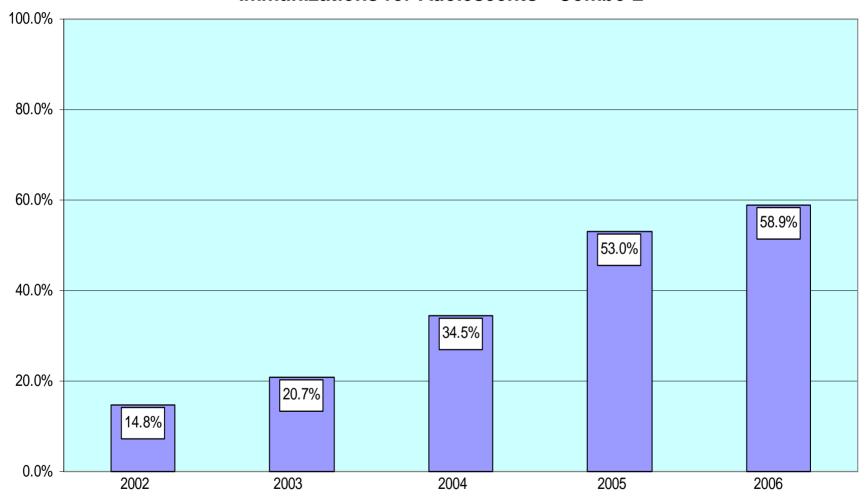


Michigan Medicaid HEDIS Immunizations for Children - Combo 2





Michigan Medicaid HEDIS Immunizations for Adolescents - Combo 2



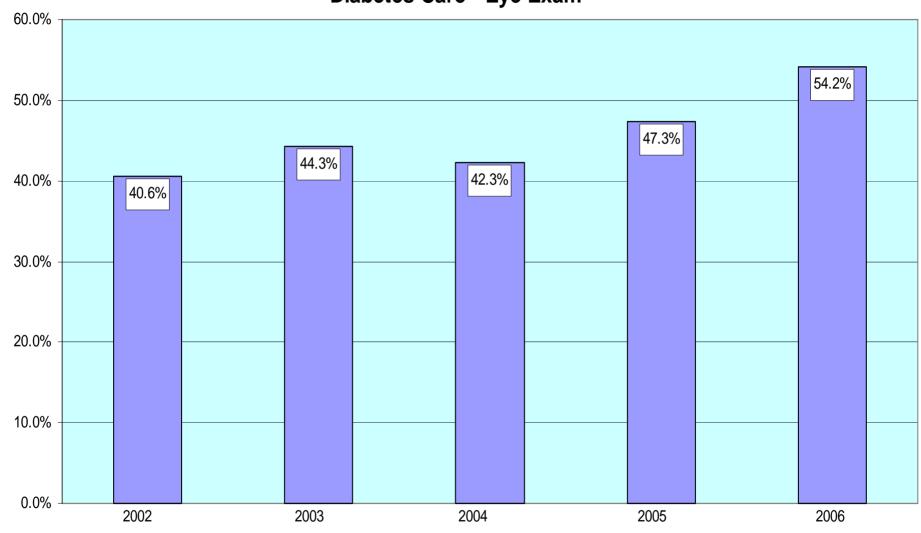


Michigan Medicaid HEDIS Well Child Visits in the First 15 Months - Six or more Visits



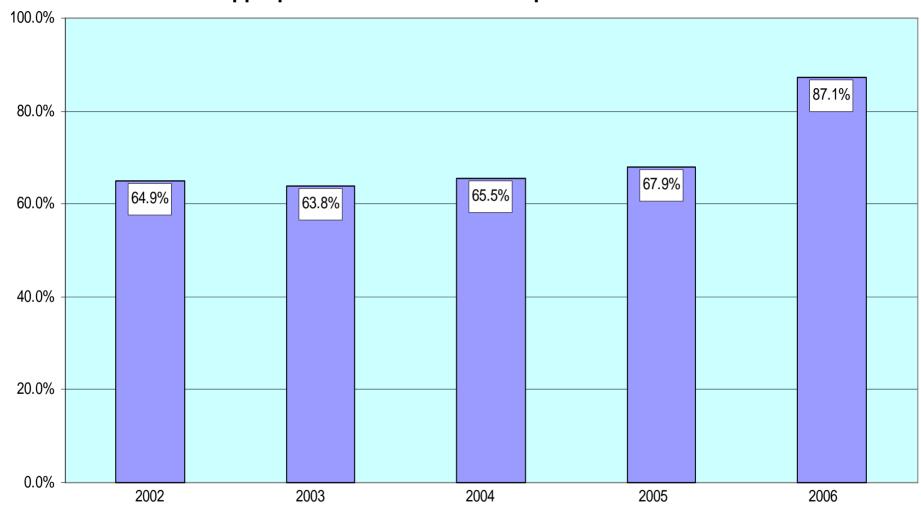


Michigan Medicaid HEDIS Diabetes Care - Eye Exam





Michigan Medicaid HEDIS Appropriate Medications for People With Asthma





U.S.News Best Health

 All of Michigan's Medicaid Health Plans were in top 70 Best Health Plans 2006

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#10 Priority Health #41 Midwest Health Plan
#11 M-CARE #43 Omnicare Health Plan
#16 Physicians Health Plan of Mid-MI #52 Great Lakes Health Plan
#17 Upper Peninsula Health Plan #53 Total Health Care
#20 HealthPlus of Michigan #59 CAPE Health Plan
#26 McLaren Health Plan
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#31 Physicians Health Plan of Southwest MI

#32 Molina health care of Michigan

#28 Health Plan of Michigan

Michigan First Health Care Plan

Goals:

- Protect and expand health care coverage
- Reduce trend in health care cost growth
- Improve business competitiveness
- Meet goals without increasing state spending





Michigan First Health Care Plan Population - Targets All Uninsured

- Under 200% FPL 550,000, 50% of Uninsured
 - ✓ Uninsured parents and childless adults
 - Individuals with adequate access to insurance or government programs will be excluded
- Over 200% FPL 550,000
 - ✓ <u>Insurance Pool</u>. Improved access to affordable insurance for small businesses No subsidy



Michigan First Health Care Plan Benefits

• Benefit package will include:

Preventive and primary care

Hospital care

- Emergency room care
- Mental health services
- Prescription drugs

Includes annual benefit limits





Michigan First Health Care Plan: Healthy Lifestyle Components and Value-based Concepts

• Intend to require health plans to incorporate education and support for lifestyle change including financial incentives.

This may include:

- Expect to ask enrollees to complete a health risk appraisal within 90 days of enrollment.
- Follow up with primary care physician.
- Waive co-pays on important maintenance drugs for chronic diseases.
- Incentives to use behavior change/wellness programs
- Set performance measures for participating health plans

Michigan First Healthcare Plan "The Exchange"

- Select managed care plans to offer new affordable health insurance products for individuals and small businesses
- Assure that the plans selected offer products that comply with state set benefit guidelines, healthy lifestyle in values and other value purchasing requirements
- Responsible for enrollment function
- Administer Michigan First Premium subsidies for eligible enrollees
- Collect any voluntary employer contributions
- Work with small employers to sponsor insurance available through the Exchange for their employees



Michigan First Health Care Plan: Cost Effectiveness

- Require managed care plans to be a delivery mechanism
- Plans will compete for enrollees on benefit design, provider network, quality, access and price
- Value based purchasing principles embedded in benefit design and plan requirements
- Healthy lifestyle Initiatives



• Collaboration with a diverse set of Michigan's private/public primary care stakeholders

• Goals:

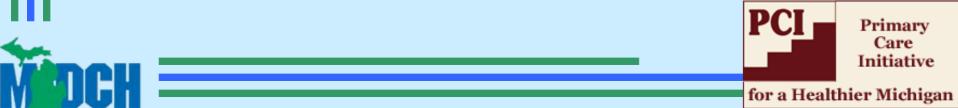
- Resolve the major health system and practice barriers that impact delivery of quality primary care
- Assure that high quality prevention and chronic disease management services are available in every primary care setting





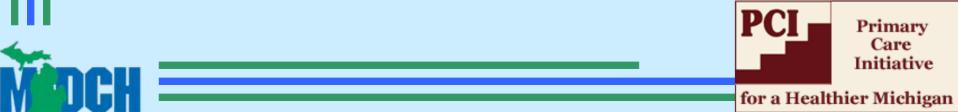
Five Key Barriers:

- 1. Insufficient knowledge about community health resources that can assist patients
- 2. Limited use of health information technology
- 3. Payment/reimbursement systems that inadequately support prevention and chronic disease care
- 4. Multiple and inconsistent clinical practice guidelines
- 5. Delivery systems that focus on episodic and acute care



Initial focus areas

- Prevention
 - Physical Activity
 - Healthy Eating
 - Tobacco Prevention and Cessation
- Chronic Disease Care including Self-Management
 - Asthma
 - Diabetes



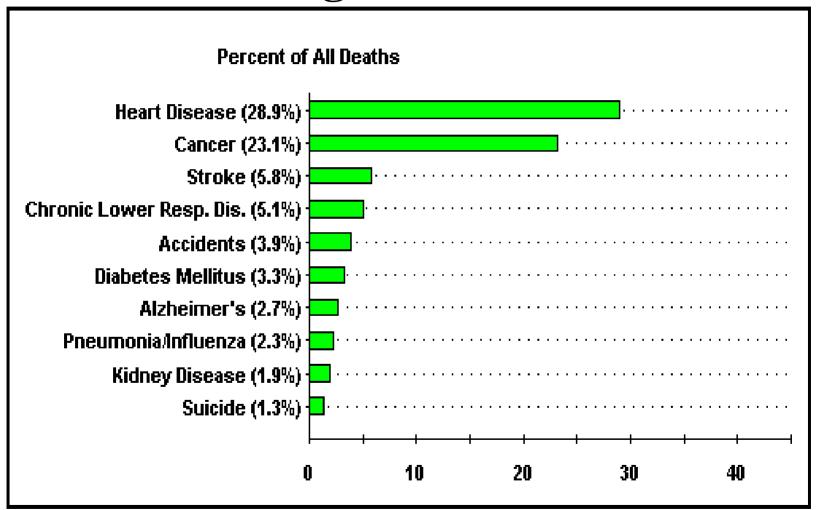
Accomplishments to date:

- PCI Report and Strategic Plan (Release TBA)
- PCI Website (www.mipci.org)
- PCI Toolkit
- Creation of a Primary Care Consortium (public and private partners) to Implement Strategic Plan



for a Healthier Michigan

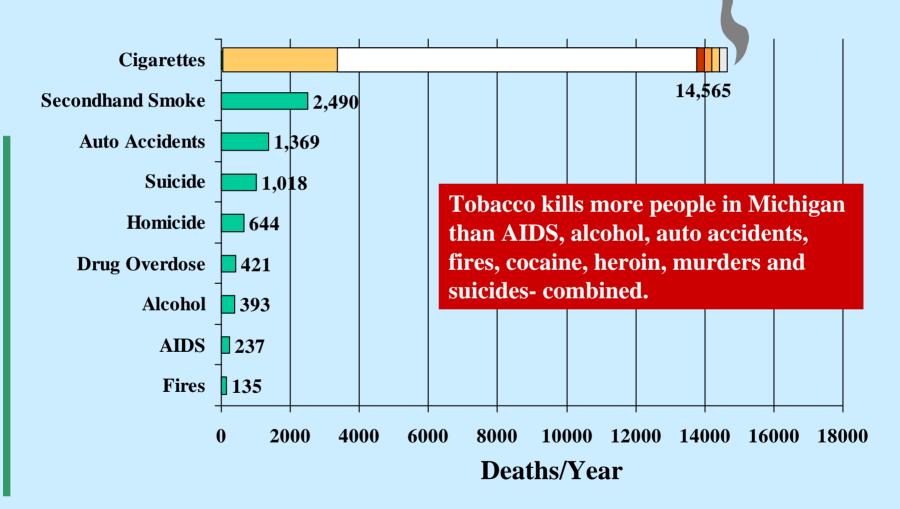
Leading Causes of Death, 2005 Michigan Residents





Causes of death are classified in accordance with the Tenth Revision of the International Classifications of Diseases (ICD-10)

Causes of Preventable Death Michigan Residents, 2003



Community Prevention Programs

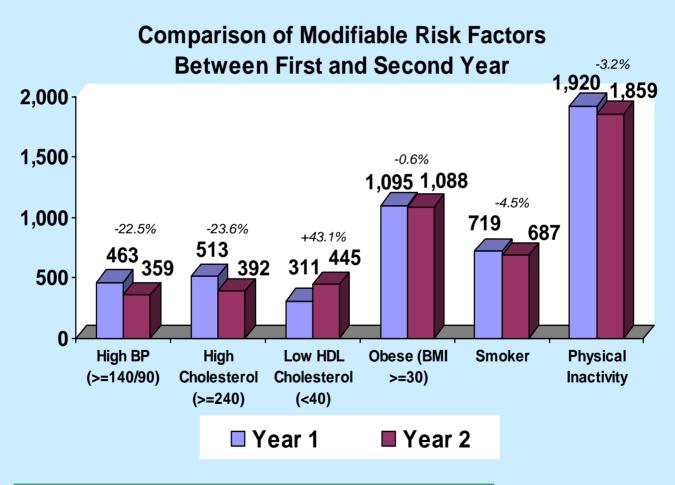
- Healthy Hair Starts with a Healthy Body" Program
 - The National Kidney Foundation of Michigan has trained more than 900 stylists since 1999 to talk to people about diabetes and its complications
 - Stylists have reached an estimated 20,000 African
 American and Hispanic clients in many of Michigan's urban centers.
 - Nearly 50 percent of clients took a positive health behavior step (i.e., eating more nutritiously, increasing physical activity, or stopping smoking), and/or sought physician assistance about their health risks.

(Source: NKFM Annual Report to MDCH, 2006)



Community Prevention Programs

WISEWOMAN Program





MDCH-Certified Diabetes Self-Management Training Programs

- DSMTPs are having a positive impact on people with diabetes.
- Quick facts about diabetes in Michigan
 - Michigan has the 7th highest diabetes prevalence in the United States (1 in 13 people).
 - Diabetes is the 6th leading cause of death in Michigan.
 - Diabetes is the leading cause of kidney failure and blindness in Michigan.
 - Nearly a third of people in Michigan who have diabetes do not know they have the disease (230,000 people).
 - In 2002, the estimated direct and indirect costs of diabetes in Michigan were nearly \$6 billion.



Certified Diabetes Self-Management Training Programs

- Prepared over 26,000 people to self-manage their diabetes in 2005, 18% of whom were from racial or ethnic minority groups
- Have increased in number from three programs in 1986 to 91 programs in 2006.



Things alter for the worse spontaneously, if they be not altered for the better designedly.

- Sir Francis Bacon

