

Scarelon.

Meeting patients where they are: How Carelon Health's value-based models create positive patient outcomes in Advanced Primary Care

Why the need for advanced primary care services is growing

Individuals are living longer, so aging populations increasingly need advanced primary and palliative care to maintain a higher quality of life. U.S. adults who have a primary care physician incur 33 percent lower health care costs, and 19 percent lower odds of dying than those who see only a specialist.¹

Carelon Health specializes in providing chronic, complex, and advanced primary care to aging populations. Founded in 1993, Carelon Health operates 33 community centers, contracts 27 health plans, and services over 100,000 Medicare and Medicaid patients combined.

Carelon Health's advanced primary care solution

Meeting patients where they are

Carelon Health's Advanced Primary Care (APC) solution offers several advantages. "Our Advanced Primary Care is proactive," says Gregory Whisman, MD, VP & Chief Medical Officer, Carelon APC and Palliative Care, Carelon Health. "We meet patients where they are and where they want to be seen, whether it's via virtual care, mobile providers, or our clinics. This allows us to be available when patients need us most, providing them the access they require."

Dr. Whisman highlights Carelon Health's preventive care model. "We see patients regularly for preventive care, so we can stay ahead of their issues. That allows us to better identify risks and know when to intervene, especially with high-risk patients, rather than being reactive. The model also allows us to bring in specialists when we need to go beyond primary care. We treat our patients' whole health with our partners, integrating care with case management."

Eliminating barriers to care

Eliminating barriers to care access is a significant part of the Carelon Health's Advanced Primary Care model. "Because we meet patients where they are, we are better able to provide coordination of care," says Vandhana Wadhwa, MD, West Region Chief Medical Officer, Carelon Health.

Visiting a patient in their home makes you a better clinician. Access to care should not be a barrier. If you can't come to us, we'll go to you."

- Vandhana Wadhwa, MD, West Region Chief Medical Officer, Carelon Health

Providing individualized care

"We see and hear people. We listen to their individual stories, understand their barriers, and personalize their care," says Saria Saccocio, MD, MHA, East Region Chief Medical Officer, Carelon Health. "We deliver whole-person care in a way that's important to patients. That helps us understand where they are on the spectrum of change. For example, if a person can't stop smoking, we ask them what they know about tobacco. We ask them if they want to quit smoking, and how ready they are to do so. Do they want to set a quit date? What are the tools to get the patient there?"

Carelon program results

Carelon APC 2023 data indicated the following outcomes:



Hospitals

APC resulted in 18% fewer hospital admits, and APC RAF Adjusted resulted in 34% fewer admits and 8% fewer bed days than Medicare Advantage.²



Vulnerable patients

RAF Adjusted vs APC resulted in 19% fewer readmits.⁴

RAF Adjusted vs Medicare Advantage resulted in 13% fewer readmits.⁴



ESRD program

28% fewer admissions and 37% fewer bed days for all ESRD participants vs Medicare ESRD.⁵



Skilled nursing facilities

APC resulted in 9% lower length of stays; APC RAF Adjusted resulted in 1% fewer admits and 11% lower bed days than Medicare Advantage.³



COPD program

47% fewer admissions and 59% fewer bed days for program participants vs. those not in the program



Diabetes program

Individuals referred to the diabetes management program experienced an average A1c of 10.92 before the program, and an average A1c of 8.52 afterward.⁶



How Carelon Health's value-based models lead to positive patient outcomes

Research suggests that when a value-based model is applied to health care, the care increasingly focuses on the patient's integrated health, in turn creating positive results. The patient's providers work together cohesively to address the individual's physical, mental, and social needs. The treatment plan focuses on the whole person, rather than one specific health issue.²

Dr. Whisman emphasizes this point. "When our Advanced Primary Care patients receive value-based, preventive care, their costs decrease over the long run because we manage care across a continuum. Our palliative value-based model delivers care that improves managing patients' conditions while maximizing their quality of life, providing the most patient value. When costs don't deliver on outcomes, it's time to make a change."

Dr. Saccocio highlights how engaging with the patient provides value-based care. "We ask patients questions, instead of lecturing them. 'Where's your pharmacy? How do you get there? How far do you have to travel? What do you eat and drink? Are you interested in making changes?' Clinical care is preventative medicine, which leads to a value-based model when we engage patients."

Dr. Wadhwa adds, "When we work with seniors, we have an opportunity to educate them. There's nothing wrong with fee-for-service, but we need to see the right people at right time and give them the right resources. When we provide whole-person care, we ask questions. We ask a patient if they have secure housing, or if they have challenges accessing their care. A value-based model allows us to sit and discuss with patients the problems they may have when it comes to managing their whole health. Value based care allows us to connect patients to resources they might need, answer their questions, and coordinate their support."

How Carelon's programs drive a solution forward

Studies confirm that a value-based, primary-care-led, integrated approach of delivering care can effectively meet aging populations' healthcare needs. The model helps individuals avoid unnecessary costs, particularly at the end of life. Providers can improve patient care while reducing costs to the healthcare system.⁷

"Our model enables us to integrate resources," says Dr. Wadhwa. "When patients come to us, we take an integrated approach. Our team mentality empowers all staff members. That makes the difference and allows us to stand out."

"We care about people who don't feel seen or heard," says Dr. Saccocio. "Some of our patients are distrustful of the system and have had bad experiences. So, we use the power of compassionate primary care. We start with the relationship between patient and provider and build trust. That leads to a healthy individual and family."

Sources

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