Five Key Behaviors to Increase Activation

- Emphasizing patient ownership
- Partnering with patients
- Identifying small steps
- Scheduling frequent follow-up visits to cheer successes, problem solve, or both
- Showing caring and concern for patients

Pretty obvious list. What gets in the way?

How was this achieved?
Distribution of Baseline and Follow-up PAM Levels - All IOCP through 6/15/14

Based on 847 patients with repeated assessments

- 32% increased overall activation
- 14% decreased overall activation
- 54% same overall activation

Intensive Outpatient Care Program: 17,000 patients, 23 medical groups, 3 years
PBGH IOCP Results

- 21% reduction in total cost of care
- 55% decrease in ED visits (3mo before enrollment compared with 6-9 mo post-enrollment)
- 33% improvement in depression scores

CMS requires announcement that the analysis presented was conducted by the awardee. Findings might or might not be consistent with or confirmed by the findings of the independent evaluation contractor.
Comparative Values by PAM Levels

- Level 1: Initial 20, Repeat 10
- Level 2: Initial 30, Repeat 20
- Level 3: Initial 80, Repeat 60
- Level 4: Initial 120, Repeat 100

Legend:
- Initial
- Repeat
Stanford Coordinated Care

Services:

• No co-pays for SCC services
• 24/7 access to Primary Care Physician
• Coordination with specialists so everyone is on the same page
• Care transition planning at hospitalization with home visit if needed
• Contact with SCC staff once a week on average
• No charge to health plan for in-office lab, professional services
• Management of coagulation medication with home lab testing
## SCC Clinical Outcomes

<table>
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<tr>
<th>Measures</th>
<th>Results</th>
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| SF-12 (N=198)     | **Physical composite score**: 64% with improvement [95%CI: 57-70%]  
|                   | **Mental composite score**: 50% with improvement [95%CI: 43-57%]                                                                       |
| Systolic blood    | **59% [95%CI: 42%-75%] with average follow-up SBP≤140**  
| Pressure (N=34 : | **52% [95%CI: 48-56%] Control (N=317)**  
| ≥150)             | **Difference between SCC and Control group**: 7% [95%CI: -10%-24%] (p value 0.030)                                               |
| HbA1c (N=25 :     | **68% [95%CI: 45%-83%] with reduction of 0.5% or more in the follow-up period**  
| ≥8%)              | **69% [95%CI: 50-88%] Control (N=43)**  
|                   | **Difference between SCC and control 11% (p value 0.030)**                                                                                   |
Comparison of 253 SCC Patients 6 months pre and post-enrollment (Crimson data)

- **ED visits:** 59% reduction
- **Hospital Admissions:** 29% reduction

- Excludes one heart transplant patient with $2.5 million unavoidable cost after SCC enrollment
Pre-Post Cost Savings for SCC Patients

The chart shows a significant decrease in costs, with a 13% reduction from 6 months before SCC start to 6 months after SCC start.