

Case Study

How Highmark Is Achieving the Triple Aim for ESRD Patients



Patients with ESRD >

- Demonstrate needs that are often unmet by the traditional fee-for-service healthcare system

Cost and Utilization

- Comprise 0.2% of the entire patient population
- Comprise 1% of the Medicare population but 6% of overall costs
- Are hospitalized nearly 2 times per year
- Have a 35% readmission rate

Quality and Patient Experience

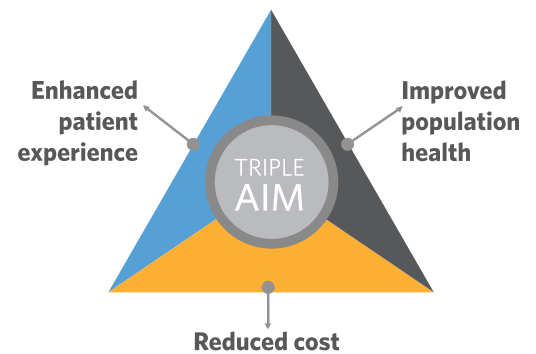
- Take more than 19 pills a day
- Dialyze 12-15 hours a week, if receiving in-center hemodialysis
- Have a 78% diabetes comorbidity rate
- Have a 98% hypertension comorbidity rate
- Spend approximately 11 days per year in the hospital

THE GOAL Achieve the Triple Aim

The shift toward value-based healthcare is providing a substantial opportunity to improve patient care experiences and clinical outcomes while reducing costs.

While many providers and health plans are deploying chronic care management programs for the general patient population, few are pulling ahead of the curve to launch comprehensive models of care that address the unique needs of the highest-risk, most medically complex outlier groups, such as patients with end stage renal disease (ESRD).

Highmark, the fourth largest Blue Cross Blue Shield Association health insurer in the country, is among a select few that have pulled ahead of the curve through attention on ESRD population health management. Reevaluation of the care model for such a high-cost, low-volume group would allow Highmark to advance toward achieving the **Triple Aim: enhanced patient experience, improved population health and reduced cost.**



THE CHALLENGE Managing Medically Complex ESRD Patients

Highmark recognized that its ESRD patients would benefit from an enhanced level of complex care management. Covered by both Medicare Advantage and commercial insurance, the population had more than \$13 million in addressable costs, with an average of two hospitalizations and 13 hospital days per patient per year.

Despite a strong affiliation with an aligned health system and a physician network that enhanced the care coordination for approximately 30 percent of its ESRD population, capability gaps and care team misalignment remained challenges for Highmark in addressing these patients.

How would Highmark implement a comprehensive care management program for ESRD patients, improving the quality of care delivery and patient quality of life while simultaneously reducing costs?

Case Study

Achieving the Triple Aim >

Two-Year Results¹

Enhanced Patient Experience

- 30% decrease in central venous catheter rate
- 24% reduction in admit rate
- 29% reduction in hospital bed days, resulting in more days at home with family
- 341% increase in advanced care plans
- 209% increase in depression screening

Improved Population Health

- 22% improvement in Medicare Advantage inpatient utilization
- 43% improvement in commercial inpatient utilization
- 37% improvement in avoidable admissions

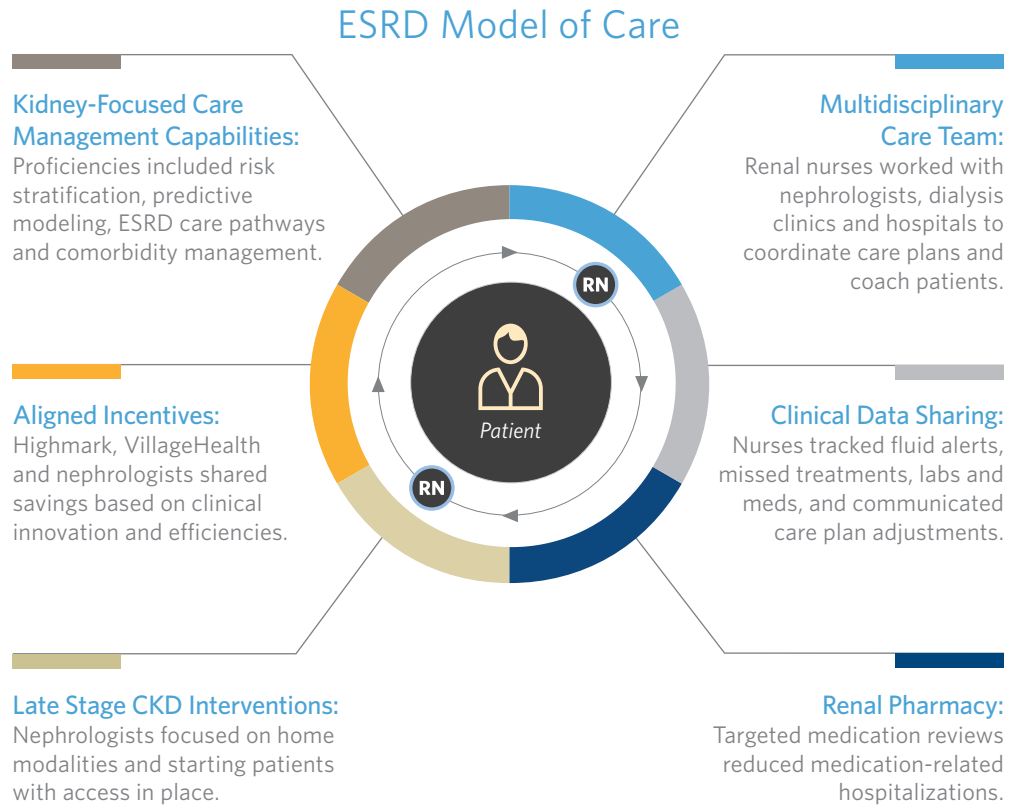
Reduced Costs

- More than \$5 million in cost reduction over 2 years
- 18% addressable cost savings
- Savings of approximately \$12,000 per patient per year

¹ Clinical metrics tracked by VillageHealth. Admission and cost metrics based on claims data.

THE SOLUTION An Innovative ESRD Model of Care

Highmark wanted to partner with an industry leader that could provide advanced care management capabilities and a collaborative model to align incentives. Highmark developed a partnership with VillageHealth to implement an ESRD model of care that encompassed kidney care management and dialysis coordination.



THE IMPACT Improved Outcomes and Reduced Costs

By partnering with VillageHealth to create a comprehensive, evidence-based program to manage ESRD patients across the care continuum, Highmark advanced the Triple Aim. Year-over-year comparisons that span the duration of the program show continuous reduction in admits, central venous catheters (CVCs) and addressable costs.

Year-Over-Year Improvements

	Year 1	Year 2
Admit Rate Reduction vs. Baseline	22%	27%
CVC Rate Reduction vs. Baseline	14%	46%
Addressable Cost Savings vs. Annualized Targets	10%	26%

As a result, Highmark improved ESRD patient quality of care, enhanced patient quality of life and reduced unnecessary costs by more than \$5 million over two years, or approximately \$12,000 per patient per year.