PRESBYTERIAN

(intel)

Disruptive Innovation for Healthcare Delivery

Year 1 Report from Intel Corporation and Presbyterian Healthcare Services
One year into the Connected Care program, enrolled Intel employees and their dependents are receiving more evidence-based care, improving their diabetes control, and more actively managing their health.

Authors:

Brian L. DeVore
Director, Healthcare Strategy
and Ecosystem,
Intel Corporation

Lauren Cates
Director, Consumer Convenience
and Market Development,
Presbyterian Healthcare Services

Executive Summary

What can employers and healthcare delivery systems accomplish through disruptive collaboration to improve health outcomes, the patient experience, and the cost of providing care for employees?

Intel Corporation developed a next-generation healthcare model aligned with the Institute for Healthcare Improvement (IHI) Triple Aim Initiative[1]. The company engaged with Presbyterian Healthcare Services (PHS) to implement the program, branded as Connected Care, for employees and dependents of Intel's Rio Rancho, New Mexico, facility[2]. The two organizations established a custom integrated delivery system based on a patient-centered medical home (PCMH) approach to care and a value-based, shared-risk payment model—essentially an employer-sponsored and facilitated accountable care organization (ACO) for Intel members. Intel also modified its benefit design package to focus on shared decision making between patients and providers.

Connected Care went live on January 1, 2013. The program had a successful first year, with valuable lessons learned for both PHS and Intel. Major successes include greater member engagement with the healthcare system, very high satisfaction ratings, improved access to services, and statistically significant improvements in diabetes control. Aggressive Year 1 cost targets were not met, however, and are being managed through focused analysis and innovation in Years 2 and 3. Intel and PHS are collaboratively setting progressive cost reduction targets in multiple areas each year, and cost projections are becoming increasingly specific. Intel and PHS developed a balanced scorecard to summarize performance, and the 2013 summary is in Figure 1.

In addition to its activities with PHS, Intel is scaling Connected Care to other sites across the United States where it has a major employee population.

Table of Contents

Joining Forces to Accelerate Progress

Intel: Engaging Directly with the Healthcare Supply Chain

Employers are key stakeholders in the U.S. healthcare system. As payers, they have a strong interest in containing healthcare costs. Employers can also be effective advocates for their employees, representing the "voice of the customer" with the delivery system. A healthy workforce can be a strategic business advantage that reduces absenteeism and turnover and enhances employee satisfaction and recruitment. Intel's vision is to have the healthiest workforce on the planet.

Intel has a tradition of disruptive innovation, possibility thinking, and close collaboration with diverse companies. As a technology supplier to the global economy, Intel worked closely with healthcare leaders and developed a holistic model for next-generation healthcare, which it calls Connected Care. After a 10-year journey to bend the cost curve for employee healthcare costs, Intel was ready to engage directly with the healthcare supply chain, working toward goals it summarizes as the Five Requirements:

• Right care: Use of evidence-based medicine to improve population health

• Right time: Timely access to care

• Best outcome: Patient satisfaction 100 percent of the time

• Right price: Material decrease in the cost of care

• Best life: Rapid return to productivity

Moving beyond the traditional model of contracting with a health plan administrator, Intel wanted to contract directly with a healthcare system. Intel selected Presbyterian Healthcare Services, a leading integrated delivery system in New Mexico, where Intel has its large Rio Rancho manufacturing facility. In December 2011, Intel began a relationship with PHS to create and operationalize the Connected Care model, focusing on a shared-risk payment model and incentives, the care delivery system, and member experience.

Intel offered Connected Care through either a high-deductible or copay health plan product at the October 2012 open enrollment period, along with other insurance programs. Connected Care was selected by 58.6 percent or 5,410 members in Year 1.

Presbyterian Healthcare Services: Sharing Risk, Driving Progress

Why would an organization serving hundreds of thousands of individuals engage in co-designing a new experience for a few thousand members? For PHS, the collaboration with Intel is an opportunity to accelerate progress toward goals such as the Triple Aim that both organizations share and that PHS was already well on its way towards achieving. PHS gains an engaged partner willing to share risks, test innovations, and rigorously evaluate their impacts on a defined population. Delivery systems and health plans have a strong interest in seeing a robust private insurance marketplace; the collaboration with Intel—one of New Mexico's largest private employers—furthers that objective in New Mexico. In addition, the relationship helps PHS gain experience in adding value to its relationships with private employers.

Figure 1. Intel and Presbyterian Healthcare Services Connected Care Year 1 Performance Summary

REQUIREMENT	SCORE	PERFORMANCE	OUTCOME SUMMARY
Member Experience • Provider quality of care • Satisfaction with experience, likelihood of recommending	Quality **98%** Experience **94%**	⬆ EXCEEDED	Member experience metrics exceeded target and showed an overall positive trend throughout the year. Patients were happy with their provider and their experience with the healthcare system. They were likely to recommend their provider and/or PCMH to peers.
Evidence-Based Medicine • Diabetes (D3) bundle (Minnesota Criteria) • Depression screening	Diabetes **39%** Depression **93%**	⬆ EXCEEDED	Outcomes for the diabetes (D3) bundle exceeded the target, showing statistically significant improvement in the percent of diabetics whose biometrics indicated "good control" of their condition. Proactive outreach processes facilitated by clinical resources in these areas resulted in better patient awareness and management of these conditions.
Right Time, Right Service • Nurse call response time • Time to 3rd next available PCP appointment • Initial engagement with PCMH	Response **94%** PCP Appt **65%** Engagement **68%**	⬆ EXCEEDED	This area focused on ensuring that patients had timely access to appointments and made a connection to their PCMH provider and care team. All three metrics exceeded the target for 2013. The 2014 focus is on further engaging patients in their care, offering alternative venues to access care, and ensuring appropriate utilization of all medical services by program members.
Cost • Medical and prescription costs	**3.6%** higher than projected	⬌ DID NOT MEET	Costs were higher in Year 1 due to increased member engagement, proactive primary care, and more pregnancies than predicted. Overall PMPM exceeded target. Presbyterian has actively looked for ways to reduce costs in subsequent years. Projections are becoming more specific each year.
Function-Learning Measure • Short-term disability	N/A	N/A	The population size was too low to draw conclusions about any impacts the program may have had. It was recognized that plan design was the most significant driver of disability metrics. Moving forward, more population-focused metrics will be added.

PCP: Primary Care Provider   **PCMH:** Patient-Centered Medical Home   **PMPM:** Costs Per Member Per Month

PHS is a private, not-for-profit healthcare organization widely recognized for clinical and organizational excellence. As New Mexico's largest locally owned healthcare system, PHS serves more than one in three state residents. PHS includes a statewide healthcare delivery network, a health plan, and a medical group with more than 700 providers. PHS' PCMHs—all with Level 3 Recognition by the National Committee of Quality Assurance (NCQA)—provided a foundation for the patient-centered care that Intel sought. PHS was named one of Healthcare's Most Wired Hospitals for 2014 by Hospitals and Health Networks.

PHS has engaged in risk-based clinical care delivery for more than 15 years. In addition, several factors—New Mexico's continued struggling economy, the significant proportion of the population that is either uninsured and underinsured, and a growing number of individuals with health insurance who still find their share of the cost unaffordable—have driven PHS for many years to focus on delivering efficient, high-quality, affordable care. The Intel engagement allows PHS the opportunity to create an innovative employer partnership that accelerates its Triple Aim approach to achieve best-in-nation results for a specific employer population.

"Intel operates in a zero-defects environment. They hold the mirror up and push us to get better faster. They take the dialog to another level…What we're doing with Intel represents the way delivery systems and insurers will engage with employers in the future. We're already taking pieces of what we've done with Intel to other employer groups in New Mexico. We want to help Intel achieve its goal of having the healthiest workforce and improve the health of our entire state."

– Todd Sandman,
Senior Vice President/Chief Strategy Officer, Executive Sponsor for Connected Care, Presbyterian Healthcare Services

From Objectives to Operations: Co-Designing the Program

Achieving the IHI Triple Aim or Intel's Five Requirements demands system redesign. Intel and PHS established an overall planning and implementation team and ongoing cross-functional teams to handle aspects of the program such as co-designing the member experience, identifying operational changes, and developing an analytics strategy and metrics that would provide a basis for—and better visibility into—accountability and population health management. Table 1 summarizes the Connected Care framework.

Member Experience

An efficient, personalized care experience is an intrinsic good that promotes patient engagement and employee/member satisfaction. Intel has developed a research-based, employee-centered model of benefits design, and it used this model to optimize the design and engagement strategy for Connected Care. Building on surveys, focus groups, and in-home, observational studies of Intel employees and their families, Intel strove to deeply understand how they think and feel and what they value about their health and the healthcare experience.

PHS established a unique, concierge-type customer service model for the Connected Care population with a single telephone number connecting members to dedicated, highly trained customer service representatives. This provides a one-stop shop for answers and troubleshooting matters such as understanding benefits, selecting a PCP, and scheduling appointments. Having a single point of contact helps increase members' connection with the system in addition to providing a higher level of service.

PHS participated in Intel's annual enrollment roadshows and actively engaged with the Connected Care population outside the care setting throughout the year, eliciting direct

Table 1. Connected Care Framework

CATEGORY	CAPABILITIES
Plan Design	• 100 percent coverage of preventive services • Comprehensive prescription drug coverage, including 100 percent coverage of specific medications for diabetes, hypertension, and other targeted conditions • Elimination of nearly all prior authorizations
Delivery System	• Patient-centered medical homes, with a medical "neighborhood" of local specialists and facilities, a high-value external network for special cases, and national in-network coverage when out of area • Same-day, 24/7 access, including secure messaging • Nurse navigators for high-needs members • One-stop shop with dedicated call center staff for non-medical questions • PCMH integration with Intel's onsite health center
Value-Based Compensation	• Shared risks and savings for results above and below a designated threshold • Care is paid for by claim, but with risk and accountability built in

consumer feedback. Employee and member inputs throughout the year were fed back to the PHS account management team and acted on where appropriate.

Evidence-Based Medicine

Connected Care's plan and delivery system design are structured to promote efficient, evidence-based care and to optimize the health of the Intel population. PCMHs provide coordinated care, with the extended "medical neighborhood" meeting the needs of members requiring specialist care. Performance measures track a number of evidence-based care procedures.

Presbyterian Medical Group participates in the risk-sharing arrangement, and is accountable for results. The Connected Care plan therefore eliminates prior authorization for all but a handful of treatments, and provides 100 percent coverage of preventive care, as well as the costs of a set of medications for asthma, hypertension, high cholesterol, diabetes, and other actionable chronic conditions. Intel prioritized these conditions because of their high prevalence, high costs, and suitability for management in a proactive primary care setting.

Connected Care makes heavy use of measurement and analytics to improve disease management. Based on anonymized analysis of the Intel population, PHS and Intel agreed to target diabetes and depression for focused intervention and measurement in the first year of the program. To meet the target performance for depression, PHS modified its standard screening process, incorporated the new procedure into the electronic health record (EHR), integrated it into the provider's customary workflow, and created a custom report to determine the percent of adult Connected Care members completing the depression screening when seen in a PCMH.

PHS modified the Minnesota D5 Community Criteria[3], establishing an all-or-nothing D3 bundle that measures the percent of patients with diabetes mellitus who achieve a hemoglobin A1C level of less than 8.0 percent, and an LDL level of less than 100 mg/dL, and blood pressure of less than 140/90 mmHg. The D3 bundle is a reasonable proxy for overall engagement of members with actionable chronic conditions, as well as an effective measure of success in improving the health of diabetic members.

In addition to the primary care provider's customary efforts to optimize care for individual patients when they come in for a visit, PHS conducted more detailed analysis (with full protection of individual patient privacy) of the Intel population. Data and collaboration drove innovation to improve patient engagement and outcomes. Armed with detailed data on the Intel population, nurse navigators could conduct targeted outreach to Connected Care members who needed a higher level of touch and care.

Right Time, Right Service

In keeping with program objectives, Intel and PHS placed a heavy first-year focus on engaging members to start their health improvement journey and ensuring that members would receive care in a timely fashion. Specific goals included getting members established with a PCMH and a primary care provider (PCP), and initiating the use of the Epic* MyChart* patient portal. Nurse navigators led outreach efforts and worked with PCPs to engage patients and ensure that highest-needs patients receive the highest-touch care.

PHS supplemented its PCMHs by creating a medical "neighborhood" of high-performing providers using criteria developed by Intel (access, cost, utilization, minimum disruption to members, and geographic location). To ensure timely access to care, Intel and PHS agreed on protocols for call responsiveness and established acceptable levels of appointment availability.

In addition to PHS' existing PCMHs, Intel and PHS transitioned Intel's on-site, walk-in clinic into a dual PCMH and walk-in clinic managed by PHS. The clinic added a nurse care manager to focus on chronic disease manage-ment, along with onsite, integrated behavioral health services that are part of all PHS medical homes. Members can receive services such as physical therapy at the on-site clinic even if it is not their medical home. This adds convenience for members, increasing the likelihood of follow through on treatment recommendations. The clinic achieved Level 3 NCQA PCMH recognition.

Cost and Accountability

Intel and PHS implemented a value-based financial risk-sharing agreement that moves beyond fee-for-service models to more effectively encourage desired behaviors and results. This arrangement is based on a global per-member per-month (PMPM) target, with shared risks and rewards if outcomes fall outside a designated range of expected results. The arrangement includes shared costs and pay for performance, and addresses both cost and qualitative factors.

Measurement drives action and is essential for determining program success. In addition to performance measures, PHS and Intel use data-driven assessments to optimize population health and member engagement, select specialists for the medical neighborhood, develop the drug formulary, and explore other issues. Major data sources include claims data, health risk and biometric data from Intel's wellness program, self-report risk assessments, disability data, and electronic health records. All data is managed in accordance with HIPAA requirements.

In areas where robust baseline data was not available, the Connected Care account team established learning metrics that did not factor into the first-year financial risk arrangement calculations. Once at least a year's worth of data is captured, the learning measures will be considered for inclusion in the balanced scorecard.

Results

Intel and PHS developed the balanced scorecard summarized in Figure 1 to reflect Connected Care's progress toward Intel's goals for the Five Requirements. Areas were weighted to reflect Intel's priorities, ranging from access to care/member engagement and evidence-based medicine at 40 percent and 30 percent respectively for Year 1, to costs and member experience at 15 percent each. Year 1 of Connected Care achieved its operational goals and exceeded expectations in access, evidence-based medicine, and member experience. PMPM was higher than expected but yielded valuable learnings.

The fifth of Intel's Five Requirements relates to rapid return to productivity following a short-term disability. This was an area that lacked baseline data, so the team developed learning measures. In fact, the population size was too low to draw conclusions about any impacts Connected Care may have had in this area, but the team's observation is that plan design may be the most significant driver of disability metrics.

Member Experience

Member experience results exceeded targets:

• 98 percent said they were happy with the provider's quality of care.

• 94 percent said they were likely to recommend their PCP and/or PCMH to their peers.

Members signed up and stayed with the program. Approximately 60 percent of the Intel population enrolled for Connected Care in 2013, exceeding Intel's target. Overall, there was only 1 percent turnover at the end of the year. Member survey results indicated an overall positive trend both in satisfaction with their provider and overall experience throughout the first year, as measured through a Clinician and Group Consumer Assessment

of Healthcare Providers and Systems (CG-CAHPS) standard survey instrument.

The on-site PCMH was an outstanding success, highlighting the value employees perceive in convenient, high-quality care. More than 20 percent of the total population selected the center as their PCMH, and it maintained one of the highest satisfaction levels of all the PCMH locations. The volume of provider visits increased by 33 percent, and the patients seen per hour increased from 1.5 to 2.2 year over year.

Evidence-Based Care

Metrics related to providing high-quality, evidence-based care centered on the population of members with Intel's targeted actionable chronic conditions: asthma, depression, diabetes, hypertension, lipid disorders, osteoarthritis, and spinal/back conditions.

Year 1 results exceeded expectations and showed promise of contributing to improved member health and lower long-term costs, including those related to diabetes control and depression. The Intel population achieved statistically significant improvements in diabetic care, with 39 percent of adult diabetic members meeting the desired threshold on all measures in the D3 bundle. Depression screening also exceeded targets, with 93 percent of members who had a PCMH visit receiving the screening.

Right Time, Right Service, Including Member Engagement

Intel placed a high priority on getting members engaged with the system as a step to improving their health, and on providing them with timely access to appropriate services. Again, results exceeded expectations.

The Connected Care population engaged actively with PHS:

• 88 percent accessed a PCMH, or were contacted by a nurse navigator to connect them with a PCMH/PCP and facilitate gathering necessary information to complete MyChart pre-registration, or completed at least two steps of Intel's three-step wellness program.

• 77.4 percent of employees and more than 70 percent of the overall population selected a PCMH.

Figure 2 illustrates Connected Care's success in increasing the engagement of members with chronic conditions. Reflecting the increased patient engagement, Connected Care members with actionable chronic conditions achieved a greater Year 1 improvement in relative risk scores than their non-Connected Care peers.

Figure 2. Connected Care (CC) members with an actionable chronic disease increased their engagement compared to non-Connected Care peers.

Patient Engagement
Indication of increased engagement

NM Actionable Chronic Population Comparison Adjusting for Age, Gender and Health Status

RELATIVE RISK SCORES (%)
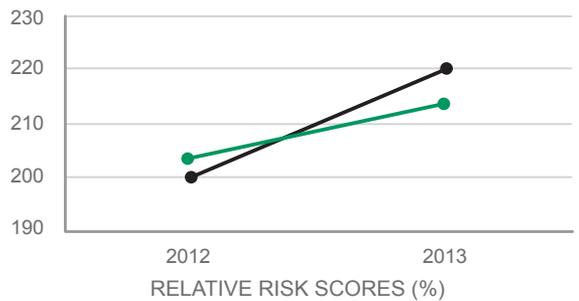
CC N = 1,434   Non-CC N = 1,017   CC ACP   Non-CC ACP

**MEASUREMENT DRIVES FOCUS
FOCUS DRIVES IMPROVEMENT**

CC: Connected Care

Intel's and PHS's joint focus on the member experience paid off, with member experience metrics exceeding targets. Nearly 78 percent of employees and more than 70 percent of the overall population selected a PCMH. Ninety eight percent were happy with the provider's quality of care, and 94 percent were likely to recommend their PCP and/or PCMH to their peers.

To evaluate system capacity, PHS monitored response times to patient calls as well as appointment availability:

• When patients made a symptom-related call and requested a call-back, nurses responded within four business hours 94 percent of the time. Calls with urgent symptoms were immediately transferred per protocol with a warm handoff.

• Appointment availability was calculated based on the percentage of providers meeting the target of at least three available appointments within four business days. PHS met this criteria 65 percent of the time—a significant achievement when factoring in provider paid time off and administrative time, which create a theoretical maximum for this metric of 72 percent.

Appointment availability led to one of Year 1's biggest challenges when Connected Care launched in the midst of a severe flu season. In an effort to encourage meaningful engagement in their healthcare experience, PHS had a policy that members could not schedule a walk-in visit at their PCMH until they completed a 45-minute get-established visit with a primary care provider. Those longer appointments could take several weeks to schedule.

PHS heard members' complaints and quickly went back to the drawing board. They relaxed the get-established visit requirement and scheduled individuals for an immediate walk-in visit at their designated PCMH while also scheduling the get-established visit. This process was such a satisfier that PHS changed to this approach for all patients going forward.

Other wins in improving use of services: the Intel population increased its use of primary care and reduced Emergency Department visits. The high-performing provider network was generally well received and required only minor changes after the first year.

Costs

Connected Care is structured to reduce healthcare costs through mechanisms such as realigning incentives and improving member health. Cost was the one area where Year 1 results did not meet target. Total costs at year end, as measured by a PMPM target, were 3.6 percent higher than expected for a few key reasons. One is that PHS set a very aggressive PMPM target for cost savings in Year 1. While that target was not achieved, there were some incremental savings achieved for the population. An important lesson learned was the need to include the additional costs associated with engaging members with new providers or with engaging members with chronic illness in a regular care regimen, which frequently increases visits and costs in the short term.

Intel and PHS are conducting detailed data analyses to test their assumptions and to understand the cost trends and provide areas of focus for future years. Some initial observations include:

• Comprehensive baseline data is critical for creating an accurate cost model. The assumptions used for target setting in Year 1 did not adequately account for health risks and utilization patterns of the population that moved into Connected Care.

• Year 1's strong focus on member engagement and proactive primary care was important and appropriate, and it aligned well with Intel's objectives. However, it drove up short-term consumption of services and therefore costs. In the long term, promoting proactive primary care should improve health outcomes and costs, so a longer timeframe and multiyear cost targets may be more reasonable.

• Immature information standards and a paucity of data tools in healthcare can make it difficult to get timely, accurate data. This is an industry-wide issue that impedes decision making, particularly when relying on claims data. Frequent checkpoints, a regular reporting cadence, and recognition of the trade-offs between accurate data and timely data are essential.

• With a relatively small population, a few patients or a single catastrophic illness or accident can have a large impact on costs. An example of this was the impact of pregnancies, which occurred at a higher rate than the cost model predicted and contributed to the cost experience in Year 1.

*"For employers who want to implement something transformational like Connected Care, success starts with identifying committed partners who share a common set of goals. The traditional models of care must be broken, and the healthcare industry must enable innovation and new strategies to emerge. Rather than looking at what **has been done**, Intel, Presbyterian, and other potential partners are looking at what **can be done** to create new value."*

– Lukas M. Forney,
Global Benefits Sourcing Manager,
Connected Care Contracting and Payment,
Intel Corporation

In addition to PHS' existing PCMHs, Intel and PHS transitioned Intel's on-site walk-in clinic into a dual PCMH and walk-in clinic managed by PHS. The clinic achieved Level 3 NCQA PCMH recognition. Highlighting the value employees perceive in convenient, high-quality care, more than 20 percent of the total population selected the center as their PCMH, and it maintained one of the highest satisfaction levels of all the PCMH locations.

Next Steps for Connected Care New Mexico

Intel and PHS are continuing their close collaboration to advance the Connected Care model. Reflecting a commitment to continuous improvement, they are raising targets while recognizing that some will reach a point of diminishing returns and become sustaining measures. Most Year 1 metrics became the baselines for Year 2. For example, with 93 percent of members receiving first-level depression screening (Patient Health Questionnaire 2 (PHQ-2)), Intel and PHS decided to keep PHQ-2 as a sustaining measure and added a secondary level of depression screening (PHQ-9).

Data analysis is driving ongoing activities to better understand cost drivers and develop targeted interventions based on a deeper knowledge of the population. The emphasis is on delivering solutions at both the population and individual levels to improve health outcomes and costs while maintaining Connected Care's high satisfaction rates. Population-focused metrics are being added to gain insight into factors driving return to productivity after a disability.

Drilling into Costs

A PMPM working group at PHS is meeting weekly and has created a robust population profile, using method-ologies such as relative risk scores to better manage costs and health outcomes. Personalized, member-specific interventions are an ongoing focus, including intensive case management across episodes of care. The group is also reviewing the most frequent and most costly episodes of care to identify and understand any areas of overuse, underuse, or inappropriate use, and to identify ways where processes can be improved or reworked.

In addition, in Year 2, PHS performed a gap analysis of its inpatient care practices, auditing 350 MCG[5] (formerly Milliman Care Guidelines) care protocols and determined that Intel members are receiving "well managed care" in 326 areas. MCG's "well managed" criteria reflect national best practice and are adjusted annually to reflect advancing care standards, so this is an impressive result. PHS clinical teams are focused on modifying the remaining 24 areas and striving for a score of 100 percent, to reflect that Intel members are getting the best care which results in lower costs overall.

Member accountability is an important factor. Intel will consider plan changes to more strongly encourage optimum utilization. Intel and PHS also intend to provide greater cost transparency to members through treatment cost calculators and other tools to help members make informed decisions about their care.

Alternate Venues of Care

Traditional payment systems often limit the use of innovations such as video visits and remote patient monitoring despite the ability of these innovations to enhance timely access to appropriate care, increase convenience for members, and improve costs. PHS believes in the importance of developing and deploying these innovations and has a willing collaborator in Intel, which supports reimbursement for these alternative methods.

Connected Care will launch video visits for the Intel population in Q1 2015, offering 24/7/365 access to a provider via a video/audio conference for low acuity, acute needs. Remote patient monitoring is also available to Connected Care members. Both avenues of care will be reimbursable.

Member Empowerment for Management of Actionable Chronic Conditions

Having members feel engaged and confident to manage their health is a major factor in improving outcomes, quality of life, and costs. Building on Intel's Year 1 PAM survey and furthering the goal of engaging members with chronic conditions, PHS and Intel are collaborating on a pilot using the PAM and Insignia Health's PAM coaching processes for patients with diabetes and hypertension. The pilot will be open to Intel and non-Intel patients at three PCMHs.

Evidence-Based Medicine

PHS is advancing the ways it drives evidence-based best practices out to care providers. It is creating evidence-based treatment plans for a range of conditions, such as a recent set of recommendations developed for low back pain. Integrated into the EHR, this approach can help improve productivity, outcomes, and costs.

Beyond Connected Care New Mexico

Scaling is often the biggest challenge for any successful program. Intel is adapting and scaling the Connected Care model to other Intel locations in the U.S., replicating as much as possible while taking advantage of innovation and excellence in the local healthcare ecosystems. As of January 2015 Connected Care is live in the Portland, Oregon area with Kaiser Permanente and Providence Health and Services as collaborating institutions. Planning is underway to roll out Connected Care at additional locations.

Seeking further efficiencies and value, Intel is exploring other ways to "delayer" and commoditize the healthcare supply chain through direct collaboration with companies such as third-party claims administrators. Intel also continues to explore ways to influence healthy choices and help busy employees take better care of themselves.

PHS is scaling its innovative work with Intel in multiple ways. Many of the changes it made to its care model to meet Intel's requirements have broad relevance, and PHS is extending those across its system. PHS has developed employer-specific care models and tools that can be customized to meet the specific needs of employer groups, and is in conversations with other employer groups in New Mexico about applying the learnings and best practices from Connected Care. In addition, PHS is engaging with delivery systems across the nation that want to learn more about its innovations and how they might develop innovative models with employer groups in their markets.

Success Factors

For employers and delivery systems who want to engage in disruptive collaboration, the following are some of the factors Intel and PHS believe are contributing to the success of Connected Care in New Mexico:

- **Possibility thinking.** Intel and PHS are not afraid to dream big. Both view Connected Care as a chance to push themselves and each other—and to see how much they can achieve together. Neither viewed Connected Care as a quick-fix project but instead as an evolution of the delivery of care—an opportunity to learn and improve over time.

- **Compatible cultures and vision.** Both PHS and Intel are committed to the goals of the Triple Aim and the Five Requirements. While friction is inevitable, both enterprises respect each other's culture and expertise. Cross-functional, cross-company teams have brought diverse perspectives and fruitful discussions.

- **Executive support.** Connected Care has top-level executive support and oversight from both enterprises. Both organizations are deeply committed to the program's success, and both have brought their "A teams." Both have committed significant time and resources.

- **Analytics strategy.** Both Intel and PHS are experienced at data-driven decision making. Analytics experts participated from the start and they collaborated with an independent healthcare analytics firm. There was extensive up-front work to develop an analytic strategy, identify or develop metrics, and work with stakeholders to clearly understand what questions would need data to support the program as it moved forward.

- **IT foundation.** PHS has made extensive investments in healthcare IT. Its hospitals and PCMHs use an Epic electronic health record and other digital tools, providing a foundation for coordinated care, performance measurement, case management, and population health management.

- **Roles and responsibilities.** Intel's role is to establish a framework, goals, and performance metrics, then stand back so PHS can deliver care. Patient privacy is fully protected, with Intel remaining out of the loop on patient specifics.

Conclusion: Driving Value for All Stakeholders

Connected Care shows that employers and providers can be effective partners in healthcare's transformation. Employers can accelerate healthcare innovation by representing the voice of the customer, measuring performance against goals, and advocating for faster progress toward shared objectives. Close collaboration between employers and delivery systems reinforces the connection between payment and consumption of healthcare services. It delivers value to both organizations—and to employees and their dependents.

While it is too early to declare victory, Connected Care is beginning to demonstrate sustainable, system-wide changes that can help improve health, increase satisfaction with the healthcare system, and—as Intel and PHS believe—ultimately reduce healthcare costs. These efforts can increase job satisfaction and quality of life and strengthen U.S. economic competitiveness.

PHS and Intel encourage employers, delivery systems, and other participants in the healthcare ecosystem to drive change by engaging in hands-on collaboration focused on a more sustainable, high-quality healthcare system.

For More Information

Intel and PHS plan to publish other white papers to share further results.

Contact the authors:
• Brian.L.DeVore@Intel.com

• LCates@phs.org

Follow us on Twitter:
• @PresHealth, @IntelHealthIT

The authors appreciate the many individuals who have participated in Connected Care and provided input for this paper, including Kevin Farr, Lukas Forney, Allison Jackson, Chris Rodriguez, and Julee Weller from Intel, and Janice Beene, Tracy Brewer, Dr. Dion Gallant, Cheryl Mitchell, and Todd Sandman from PHS.

About Presbyterian Healthcare Services

Presbyterian Healthcare Services exists to improve the health of patients, members and the communities we serve. Presbyterian was founded in New Mexico in 1908, and is the state's only private, not-for-profit healthcare system. Presbyterian has eight hospitals, a statewide health plan, and a growing multi-specialty medical group. With more than 10,000 employees, Presbyterian is the second largest private employer in New Mexico.

PRESBYTERIAN

1 See http://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx

2 For an earlier whitepaper on Connected Care, see Employer-Led Innovation for Healthcare Delivery and Payment Reform: Intel Corporation and Presbyterian Health Services, January 2013.
http://www.intel.com/content/www/us/en/healthcare-it/healthcare-presbyterian-healthcare-services-whitepaper.html

3 See MNCM, Minnesota Community Measurement: The D5. http://mncm.org/reports-and-websites/the-d5/

4 For information about the Patient Activation Measure, see http://www.insigniahealth.com/solutions/patient-activation-measure.

5 See MCG Inpatient and Surgical Care, http://www.mcg.com/content/inpatient-surgical-care

(intel)