WellMed

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Long-term services and support (LTSS) integration is the integration of medical, behavioral health and LTSS benefits in a single capitated program. This case study is part of a larger research project that hypothesizes that LTSS integration has the potential to improve outcomes and lower overall costs of care for people with substantial functional limitations and complex care needs. This body of research is intended to inform business decisions by health plans and other risk-bearing organizations considering LTSS integration, and to contribute to policy discussions on financing LTSS.

Ten programs that are experienced and successful in integrating medical care and LTSS were selected for this study. The programs vary in structure, population served, and geography in order to reflect the diversity of successful approaches to LTSS integration. Each case report provides an in-depth description of program characteristics and operations, as well as a discussion of key integration strategies and outcomes.

Background Information

WellMed is a primary care-based medical group and risk-bearing entity that provides healthcare primarily to seniors in Texas, Florida, and New Mexico. The organization cares for 580,000 patients through nearly 800 employed primary care physicians (PCPs) and mid-level practitioners working in 170 WellMed clinics, as well as through an affiliated network of 4,800 contracted PCPs and 6,500 contracted specialists.

WellMed is an unusual organization in several ways. Although most large medical groups focus on providing specialist care, WellMed prioritizes primary care. WellMed also takes full risk for most of their patients' medical care, via subcapitation arrangements with Medicare Advantage (MA) plans.[1] Finally, WellMed does not own any hospitals or other inpatient medical facilities, although it does own a transportation company (Comfort Care Transportation) and has laboratory and imaging capabilities in-house.

The majority of WellMed's patients (300,000 patients) are in MA plans that subcapitate to WellMed for all of their medical care. UnitedHealthCare—which has an ownership stake in the company—represents 80 percent of WellMed's MA business. WellMed also has MA contracts with Amerigroup, Care1st, Cigna Healthspring, Humana, Preferred Physicians Care, and Wellcare. Outside of MA,

[1] WellMed used to operate their own MA plan, but sold it to United in 2011.

WellMed's employed providers also care for about 80,000 traditional (i.e., fee-for-service) Medicare patients. About 12 percent of WellMed's patients are dually eligible for Medicare and Medicaid, although WellMed is not a Medicaid provider.

Organizational History and Culture

WellMed was founded by Dr. George Rapier in 1990 as a single primary care clinic serving seniors in San Antonio. Dr. Rapier, a gerontologist, understood that the healthcare system was failing older patients, and saw a need for an approach that prioritized primary care, prevention, and maintaining independence. In establishing WellMed, Dr. Rapier created an organization that provides intensive primary care, encourages physicians to get to know their patients personally, and offers a high-level of access to the care seniors need.

WellMed's key innovation is successfully financing this approach to care through population health management that decreases expensive hospital utilization for ambulatory conditions. The care model requires that physicians focus on doing what is best for the patient without considering cost. Perhaps counterintuitively, WellMed's leaders have found that this approach decreases cost because physicians prioritize prevention, screen all patients for chronic conditions and high-risk illnesses, and provide appropriate care.

WellMed funds the overhead costs of this model by contracting with MA plans for full-risk capitation for all of their patients' medical care. This capitated payment arrangement gives WellMed the flexibility and resources to invest in primary care and eliminates incentives for physicians to increase the volume of service by providing unnecessary or low-value care.

In 2005, WellMed expanded beyond San Antonio, and in the last decade has grown their business market by market, and currently serves seven regions in Texas (Austin, Corpus Christi, Dallas, El Paso, Fort Worth, the Rio Grande Valley, and San Antonio), six regions in Florida (Fort Myers, Jacksonville, Miami, Orlando, Tampa, and the Treasure Coast), and one community in New Mexico. San Antonio remains WellMed's largest market, but the organization is growing quickly in other cities.

Initially, WellMed limited their business to staff physicians working out of clinics. The organization began contracting with independent physicians in 1999 in order to expand their footprint and care for a larger number of patients.

Relationship with Providers

There are two ways that physicians work with WellMed. The first is as WellMed employees, which means that the physician only sees WellMed patients, receives a salary, and is required to follow the WellMed care model. WellMed employs about 800 PCPs and 280 specialists in this model. The second option is for a physician or physician group to contract with WellMed. Contracted physicians can continue to see patients outside of the WellMed contract, are paid fee-for-service by WellMed, and receive bonus payments for following the WellMed care model and achieving quality metrics. WellMed contracts with 4,800 PCPs and about 6,500 specialists. WellMed also acquires physician groups, in which case all physicians in the group become WellMed employees. Most acquisition targets are

groups that are already contracted WellMed providers, and must meet performance standards and demonstrate a commitment to adopting WellMed's care model.

Joining WellMed is often a major change for physicians who have been practicing in the traditional Medicare and commercial insurance environment. Outside of WellMed, few physicians specialize in serving seniors and managing population health. Physicians who join WellMed tend to be those who enjoy working with chronically ill and elderly patients, and are interested in trying a new approach to healthcare.

Employed physicians are required to implement the entirety of the WellMed care model and are accountable for their patients' outcomes. Among contracted physicians, there is a range of engagement in the care model, and WellMed has less influence over the care provided. For most contracted providers, WellMed patients are a relatively small share of their panel compared to traditional Medicare and commercial patients. At the other end of the spectrum, WellMed contracts with some medical groups that specialize in seniors, take as many WellMed patients as possible, and are committed to the WellMed care model.

WellMed has an in-house medical training department that trains physicians and other staff on the WellMed care model, current medical literature, regulation and compliance, and other topics. It is a large department, with two physicians, two nurse practitioners (NPs), and 45 RNs. Training is required for employed staffed and recommended (and incentivized) for contracted providers.

WellMed has several tools for managing the performance of contracted providers. Physician business managers meet with contracted physicians every month to review their performance on key metrics. Physician business managers work closely with WellMed's medical directors. Medical directors are contracted physicians who WellMed pays to oversee and act as the primary contacts for contacts for contracted providers. Medical directors lead the evaluation process for the physicians assigned to them, and offer feedback and coaching to improve their performance.

Care Team Organization

WellMed's care model is an intensive primary care approach with a focus on prevention. The model is organized somewhat differently depending on whether the provider is an employed PCP working out of a WellMed clinic or a contracted provider.

Employed Clinic-Based Providers

WellMed's core care team is organized around employed PCPs working in WellMed clinics. Each clinic has between one and nine PCPs, and a support team that includes a health coach, mid-level practitioners (NPs and PAs), a triage nurse, a medical assistant who provides administrative support, and a patient customer services representative who interfaces with patients in the waiting room. The health coach is an RN who works with patients to make sure they understand their treatment plan, uses motivational interviewing to support behavioral change, and follows up by phone to check on patients and remind them of their treatment plan. Each PCP cares for a panel of between 450 and 800 patients, with mid-level practitioners acting as extenders.

WellMed PCPs' small panels allow them to spend more time with their patients than the average PCP. Every new WellMed patient initially meets with the health coach to review medical records, complete the history records, initiate routine care (such as lab work), gather information on any specialists the patient sees, and complete amedication reconciliation. The next week, the patient receives an initial, one-hour visit during which they meet with the PCP to review the records gathered by the health coach, review their medications, and discuss their lab results and any other studies that might have been done. Longer visits mean that PCPs can ensure all necessary screenings and preventive care are provided. PCPs are scheduled to see only eight patients a day, leaving time to respond to emergencies, follow-up with other patients, and proactively participate in the care of patients who are hospitalized or otherwise high-risk. PCPs try to see every patient four or five times annually, and more frequently if they are chronically ill.

WellMed-employed specialists also see patients in the clinic, regularly visiting multiple clinics in their area. WellMed has brought in house specialists that are important for geriatric health but can be hard to get appointments with, including podiatrists, cardiologists, and palliative care specialists. Having these providers on staff ensures that patients can have access to these critical services.

Contracted Providers

Contracted PCPs see a mix of WellMed and other patients, and therefore usually cannot totally redesign their practice to match the WellMed care model. In order to implement the care model for these PCPs patients, WellMed's has a dedicated team to support and extended contracted PCPs, called the physician support unit (PSU).

The PSU has 400 employees to support physicians, a mix of RNs, NPs, PAs, and physicians. This team gives every doctor list of care tasks to complete for WellMed patients based on the care model. Physicians are required to complete these tasks in order to earn bonuses. If the contracted PCP fails to complete these tasks, a clinician from the PSU will intervene with the patient directly to ensure all WellMed patients get all recommended care. In this situation, WellMed charges the contracted PCP a fee for the PSU services, and subtracts that cost from any bonus payment they receive. Bonuses usually exceed PSU charges, so most contracted physicians still come out ahead after the PSU has intervened.

WellMed's approach is to collaborate with contracted PCPs and support them in implementing the care model. In addition to the PSU, PCPs are encouraged to use WellMed's other clinical support services, which are described in further detail below.

Care Management Approach

Medical Management and Inpatient Clinical Teams

WellMed's medical management department supports employed and contracted PCPs with three teams staffed by nurses and social workers: inpatient case management, outpatient case management, and social work. Inpatient case managers are assigned to a single hospital where they are responsible for concurrent review and discharge planning for all WellMed patients. Outpatient case managers are responsible for transitional care management and complex care management following

a patient's hospitalization. The social work team supports patients who have unmet community needs and connects them with available community and other resources. The assignment of outpatient case managers and social workers varies by market, but is generally done in such a way that the same medical management team members work with the same panel of PCPs and patients. In San Antonio, outpatient case managers and social workers are assigned to four regional "pods." Each pod convers multiple WellMed clinics and contracted PCPs responsible for a total of about 15,000 patients.

In many markets, WellMed also employs physicians and mid-level practitioners who serve as dedicated hospitalists and SNF-ists[2] at facilities serving a substantial volume of WellMed patients. For example, in San Antonio, WellMed employs 23 hospitalists, with 24/7 coverage at the city's larger hospitals. As a result, between 60 and 70 percent of WellMed's admissions in that market are by one of their staff hospitalists. WellMed also concentrates most of their post-acute care business to four larger SNFs in San Antonio, and has two SNF-ists who act as the attending physician for WellMed patients in these facilities. In addition to the SNF-ists, there are WellMed NPs on-site at the facilities during the day, as well as dedicated inpatient case managers and social workers. This approach allows WellMed to maintain a high level of control over patient care during their inpatient stays.

The role of the hospitalist or SNF-ist is to manage inpatient care for WellMed patients and coordinate with the PCP and medical management team. The hospitalist calls the patient's PCP to update them on their care, notifies the PCP of discharge, and shares patient notes. The PCPs also shares information about the patient's background and preferences, and helps the hospitalist to respond to any issue that arises. Hospitalists and SNF-ists also influence standing orders at facilities to ensure that WellMed patients receive all recommended care. WellMed has found that having these clinicians on staff has meaningfully improved patient care, and is working to expand these teams to cover more facilities. WellMed has been able to influence admitting orders and protocols and ensure that preferred medications (like high-dose flu vaccine and Prevnar) are available for their patients. This degree of collaboration has resulted in a low readmission rate for WellMed patients and fewer gaps in care.

All team members—employed and contracted PCPs, medical management team members, and inpatient clinicians—have access to the WellMed EMR, which follows patients across all sites of care. This allows all members of the patient's care team to access the medical chart, check on lab work, medications, pre-admission abilities of daily living, and the clinical status at the time of their last office visit. While their access is "read only" to the record, they can also send notes to the PCP through the EMR.

Care Management Processes

WellMed stratifies all patients into five risk bands. The highest risk patients (Band Five) are those who, for example, have had three or more hospitalizations in the last three months, are undergoing active treatment for cancer, have recently had a stroke, or are receiving palliative care. WellMed titrates the intensity of care management based on patient risk. Low-risk patients receive standard care in the

[2] An "SNF-ist" is a primary care physician who specializes in caring for patients in post-acute care facilities such as skilled nursing facilities (SNFs).

clinic. Patients at level three are contacted frequently to come in for preventive screenings. Bands Four and Five are contacted by outpatient case managers for complex case management. The outpatient case manager may make a home visit for those members at highest risk to identify additional risk factors and address any unmet needs. The outpatient case manager coordinates with the PCP and health coach to make sure the highest-risk patients receive outreach at least once each week.

WellMed requires all employed PCPs, hospitalists, clinic staff, and care management staff to attend weekly interdisciplinary team meetings—called Patient Care Coordination (PCC) meetings—to manage the care of high-risk patients. Each PCC includes between three and six PCPs, and occurs at the same time and with the same group of people each week. During the PCC, the team reviews all patients who have had a transition of care during that week, including those who are hospitalized or in post-acute care, about to be discharged, at risk of readmission, need medication reconciliation, or are non-compliant with their treatment plan. The group reviews discharge plans, hospital notes, and care plans and takes a team approach to problem-solving around any patient barriers.

In general, WellMed patients' longitudinal care management needs are handled by their PCP and his or her team. Outpatient case managers provide some shorter-term care management to extend WellMed's reach into the patient's home, and address acute needs.

Transitional care management is one such short-term intervention. The outpatient case manager reviews the transition discharge assessment that was completed by the inpatient case manager with the member within three days of discharge from the hospital or other facility. If the patient is high risk, the outpatient case manager completes this review with a face-to-face visit rather than a telephone call. The outpatient case manager uses the transition discharge assessment completed in the hospital to create a care plan for a successful recovery. If a patient still requires support after 30 days, the outpatient case manager initiates a complex case management case. This begins with a comprehensive assessment that addresses past medical history, chronic conditions, medications, depression screening, psychosocial status, functional status, and a home safety evaluation. Using the results of this assessment, the case manager creates an individualized care plan that addresses all unmet needs and gaps in care, and works with the patient's care team (including the PCP, any specialists, and social workers) to secure resources to stabilize the patient. Once care has been coordinated, community services are established, and the patient's goals are met, the case is closed and the PCP handles ongoing care management needs.

Successful Interventions

WellMed regularly pilots new interventions to improve patient care and decrease hospitalizations. Successful pilots are made permanent and expanded.

After-hours clinics with evening and weekend hours have measurably decreased WellMed's ER and hospital utilization. In addition to having 24/7 physicians on-call, every WellMed market now has at least one clinic that is open until 9:00 pm on weekdays and until 5:00 pm on weekends and most holidays. This gives patients a place to go instead of the emergency room. WellMed found that many

trips to the ER were driven by the fact that patients lacked access to any other source of care outside of normal business hours.

All high-risk patients are called by their PCP or another clinic team on Friday afternoon to see if they have any immediate needs that put them at risk of going to the ER over the weekend. WellMed found that patients would not call the clinic if they had a concern, but acknowledged they had unmet needs when they were asked "Do you need to see a doctor right now? Do you have all the medications you need?" This call gives PCPs the chance to offer patients reassurance, have them come into the clinic if necessary, and meet basic unmet needs. WellMed's pilot found that these phone calls measurably reduced weekend ER visits.

A few years ago, WellMed piloted a home-based palliative care program to reduce ER visits and hospitalizations among their highest utilizers, many of whom were too sick to make it into the clinic to see their PCP. The team consists of physicians, NPs, and RNs who identify the highest utilizing patients, and then visit them at home. The team evaluates the patient, helps them to set goals for their care, and connects them to WellMed and community resources that address any challenges they are facing. The palliative team continues to visit the patient monthly, is on call 24/7, and can provide emergent home-based care when the patient has an acute need. A study of the program in San Antonio found that it reduced hospital admissions by 53 percent.[3] Based on this success, WellMed made the program permanent and is now expanding it across all of their markets.

Non-Medical Interventions

WellMed funds a range of non-medical services in the community that support healthy aging through the WellMed Charitable Foundation—an independent 501(c)3 organization. The Foundation operates senior centers and caregiver services through a combination of employee donations, WellMed contributions, grants, and public/private partnerships. These programs are not limited to WellMed patients, but are freely available to all seniors who live in the communities where the company operates. WellMed invests in these community resources for both philanthropic and pragmatic resources. From a charitable perspective, WellMed has been committed to promoting healthy aging and serving seniors since Dr. Rapier founded the company. From a business perspective, the Foundation's activities help create the community infrastructure that is necessary for WellMed patients to stay healthy. The most important aspect of the business investment is the behavioral changes of the patients who go to the center to exercise, learn to eat better, or improve their depression through socialization. This kind of change does not happen during in a physician's office. This investment also gives WellMed a forum for engaging with local senior advocates and building relationships with the community-based organizations that meet the non-medical needs of their patients.

[3] To learn more about Bridges, WellMed's home-based palliative care program, see this profile by the Center to Advance Palliative Care: https://www.capc.org/seminar/2015/wellmed-bridges-complex-care-program-comprehensive-palliative-care-across-continuum/

Senior Community Centers[4]

The WellMed Charitable Foundation operates seven senior community centers in their Texas markets: three in San Antonio, one in Austin, one in Corpus Christi, and two in the Rio Grande Valley. Each senior center is co-located with a WellMed clinic, and offers a wide range of fitness and recreational activities, health screenings, assistance with obtaining social services, and resources for family caregivers. Some senior centers also serve as a site for free congregate meals using a combination of local and Older Americans Act funding. The City of San Antonio provides free rides to and from the center for users who live within a five-mile radius in San Antonio.

WellMed's senior centers offer a wide range of services and activities that promote healthy aging. Visiting the centers offers seniors an opportunity for social engagement, physical activity, and mental activity—all key contributors to good health outcomes. The centers also provide services that directly promote good health. Nurses and medical assistants are on-site at the centers several times a week to conduct health screenings, answer medical questions, teach health classes, and refer users to charity dental and mental health services.

The senior centers also address non-medical needs that are critical for health outcomes. On-site social workers are available by appointment to help users enroll in Medicaid and access other community resources. The centers also offer support groups and classes for people dealing with bereavement or the stress of caregiving.

Anyone in the community age 60 and older can use WellMed's senior centers for free. Only about 30 percent of the almost 9,000 individuals who visit the senior centers each year are WellMed patients. Nevertheless, WellMed leadership believes there is a positive return on their investment in these senior centers, in terms of higher patient engagement, improved health outcomes, and as a tool for attracting new patients. WellMed physicians often refer patients to the senior centers as a resource, and WellMed also attracts some new patients from senior center visitors.

WellMed clinics that do not have a co-located senior center provide some of these resources directly. WellMed clinics often host activities and educational sessions, and provide a comfortable and welcoming common area where patients are encouraged to relax and can often be found socializing and playing cards. In the summer, clinics offer an air-conditioned space where patients can get a break from the heat.

Supports for Family Caregivers

WellMed is aware of the critical role family members play in caring for their patients, and understand that many times the support of a family caregiver is critical to keeping patients out of the hospital and nursing home. Family members are seen as key members of the patient's care team, and are invited to

[4] The LTQA research team visited the Alicia Trevino Lopez Senior One-Stop Center in San Antonio. To learn more about WellMed's senior centers and watch a video of seniors experiences in the program, see: https://www.wellmedcharitablefoundation.org/senior-centers/alicia-trevino-lopez-senior-one-stop/

attend physician appointments. Furthermore, WellMed invests in several programs to support family caregivers.

WellMed runs the Caregiver Teleconnection, a free and confidential telephone support program that connects family caregivers with other caregivers and professionals who can offer support. The program runs group conference calls featuring physicians, lawyers, social workers, and other experts on a variety of topics related to caregiving. Recent sessions have covered how caregivers can partner with their family member's healthcare team, how to work with a loved one who is resistant to care, and how to manage a family member's medications. WellMed also produces *Caregiver SOS: On Air*, an hour-long radio program and podcast that covers topics related to caregiving.

WellMed has also disseminated a formal, evidence-based stress management program for family caregivers developed by Dr. Sharon Lewis at the University of Texas at San Antonio Health Science Center that has been recognized by the Administration on Aging and the Veterans Administration.[5] WellMed trains non-profit organizations all over the United States to deliver the program to caregivers in their local service areas. The program is currently offered in 12 states. There are two versions of the program: one for caregivers of persons with Alzheimer's disease or a related dementia and one for caregivers of persons with a chronic illness. The dementia program is also available in Spanish.

Financial Integration

Financial Alignment

Financial alignment exists when an organization has funding to provide both medical care and LTSS to individuals for whom it holds risk. Unlike the other programs profiled as part of this research project, WellMed does not have financial alignment for any of its patients. The capitation that WellMed receives covers patients' medical care, but does not include explicit funding for non-medical services, personal care, home-delivered meals, non-medical transportation, or other social services. Some patients may receive Medicaid LTSS benefits or pay for LTSS privately, but none of this funding is managed by WellMed.

In spite of the fact that WellMed is not financially responsible for non-medical care, they do arrange for and provide an array of non-medical services in order to better manage their medical spending. The organization works to identify funding sources and coordinate LTSS and social services for patients. WellMed staff enroll dual eligible individuals in Medicaid, sign patients up for community services, connect members with resources from adult protective services, and partner with local governments and others to find the services patients need. WellMed raises money to meet patients' non-medical needs through the WellMed Charitable Foundation, and also refers patients to charities that offer critical services to fill gaps in Medicare coverage—including dental care, behavioral healthcare, and home modifications.

[5] For more information on WellMed's caregiver stress management program, see: http://www.caregiverstressbusters.org/

WellMed is also able to fund some social services—like the senior centers described above, expanded palliative care benefits, and home visits by case managers—out of the savings realized by successfully managing high-cost hospital utilization. Because they are a provider organization receiving capitation payments, WellMed has greater flexibility in how they deploy resources to care for patients than an MA plan.[6] With some limited exceptions, MA plans must account for every expenditure as a specific Medicare-covered medical benefit or attribute the cost to administrative expenses, which is capped at 15 percent of the premium. However, providers receiving capitation from MA plans are not subject to this requirement. WellMed therefore has the ability to spend more on what might be classified administrative overhead—for example, the uncompensated cost of operating a home-based palliative care team or extended clinic hours—in order to support their care model.

Despite the degree of flexibility described above, it is difficult for WellMed to find adequate, long-term supports for patients who have substantial LTSS needs but are not eligible for Medicaid. In general, WellMed can find the resources to respond to a crisis and stabilize a high-risk patient in the home. However, for those who have ongoing functional needs but lack a source of financing for LTSS—either Medicaid or private pay—it is very difficult to finance services that support them at home long-term.

Comprehensive Benefits and Flexibility in Use of Funds

WellMed receives a capitation from each of the MA plans the organization has contracts with. This capitation covers all medical care except for behavioral health (carved-out and retained by the MA plan) and hospice (carved-out of MA entirely—individuals in hospice automatically receive medical coverage from traditional Medicare.) Within the capitation, WellMed has substantial flexibility in how they spend money to care for patients. This flexibility is a key enabler of WellMed's care model. Essentially, WellMed uses savings from decreased hospitalizations to spend more on primary care. WellMed's PCPs carry small panels, spend more time with patients, and are supported by extensive care management resources.

WellMed assumes full risk for health care expenditures on MA patients for whom they receive capitation. Although the organization also accepts traditional Medicare, the fee-for-service population is not as financially advantageous in their model.

Quality Metrics and Performance Management

WellMed has a comprehensive quality strategy implemented by PCPs with the support of the rest of the organization. For every patient, WellMed tracks approximately 50 metrics based on CMS quality standards (i.e., Star ratings), evidence-based medicine, and WellMed's internal analysis of what interventions impact patient outcomes. WellMed holds PCPs to very high standards. Each year, the organization sets benchmarks for quality metrics above the level required to achieve a five star rating as a Medicare Advantage plan.

[6] For more detailed information on requirements for how MA plans spend premium dollars see: "Medicare Program; Medical Loss Ratio Requirements for the Medicare Advantage and the Medicare Prescription Drug Benefit Programs; Final Rule," 78 Federal Register 100 (May 23, 2013). For specific information about how capitation payments to providers are treated, refer to page 31289.

WellMed is constantly monitoring quality at the patient and PCP level, and has extensive reporting capabilities to support this strategy. This enables the organization to realize when a patient is not getting all recommended care, and may therefore be at risk for a high-cost hospitalization. For example, WellMed expects PCPs to test every patient for diabetes risk factors to ensure that asymptomatic and borderline individuals receive recommended care in addition to those who have been previously diagnosed.

A key WellMed tool for measuring and managing PCP performance is the "Pink Box Report." The Pink Box Report is a dashboard that tracks the status of every recommended screening, preventive care intervention, and quality metric for each WellMed patient. PCPs receive this report in the form of a spreadsheet with every panel member and their status on all measures. At the beginning of the year, all cells are pink—that is, every patient's status for every metric is "incomplete." PCPs are expected to reach out to their patients, get them in for an office visit, and complete all relevant activities over the course of the year. Bonuses are tied to their success in connecting with all of their panel members and addressing any gaps in care. PCPs review a patient's status in the Pink Box Report before every appointment, and also receive monthly performance reports that identify patients with gaps in care. The plan monitors PCP performance through monthly Pink Box Report review, as well as through office visits and chart audits. WellMed has quality-support staff and other resources available to support PCPs who are having difficulty meeting expectations.

This approach to quality has been successful. If WellMed were a Medicare Advantage plan, they would have a 4.5 Star rating. WellMed has very high rates of delivering preventive care, and hospital admissions, readmissions, and lengths of stay are all lower than their peer group despite having a more complex population.

Key Integration Strategies and Outcomes

WellMed leadership points to the centrality of primary care and emphasis on prevention as their key strategies for improving outcomes and controlling costs. WellMed also embraces a more holistic view of their patients than most provider organizations. They use targeted, intensive care management, incorporate non-medical services providers in their care teams, and provide some social supports directly through their senior centers. Although they do not address all aspects of population health, they are pioneering a model that provides a substantial amount of non-medical home and community-based services and supports as part of a strategy to reduce ER visits and hospital admissions. WellMed is able to draw direct links between their care model and utilization outcomes—patients who receive all recommended preventive care have fewer hospitalizations.

Recently, evidence of WellMed's success in improving patient outcomes and controlling costs has been published. A case study of their care model found that the mortality rate among WellMed patients was half that of other Texas Medicare beneficiaries.[7] A 2015 *New Yorker* article explains how WellMed is

[7] R Phillips et al (2011) "Case Study of a Primary Care-Based Accountable Care System Approach to Medical Home Transformation," *Journal of Ambulatory Care Management* 34(1):67-77.

substantially decreasing the cost of caring for Medicare patients.[8] The article cites WellMed's market entrance as a key contributor to the dramatic decline of per-capital Medicare spending in McAllen, Texas—previously one of the highest cost areas in the country.

The best evidence for WellMed's cost and quality outcomes is their ability to fund a new approach to patient care by successfully managing population risk. The savings from decreased hospitalizations allow WellMed to fund expanded primary care access and care management capabilities, as well as to devote resources to non-medical interventions like caregiver supports and senior centers. WellMed is not only financially sustainable, but continues to expand both membership and markets, demonstrating that it is possible to generate positive returns by focusing on primary care and prevention.

[8] A Gawande (2015) "Overkill" *The New Yorker* May 11, 2015 issue.

Key Components for Successful LTSS Integration: Case Studies of Ten Exemplar Programs

Long-Term Quality Alliance

Long-Term Quality Alliance (LTQA) is a community of organizations aimed at improving outcomes and quality of life for persons and their families who are managing functional limitations due to chronic health conditions. It draws member organizations from the full range of health care and social services delivery systems involved in provision, administration, innovation, policymaking, and advocacy for quality long-term services and supports (LTSS).

Organizations come together in the Alliance to share knowledge and experience needed to advance development and continuous improvement of high-quality systems of integrated, person- and family-centered LTSS. The Alliance serves as a convener of disparate private-sector and governmental organizations, with an eye to identifying and resolving the most significant challenges and advancing the replication of successful models that demonstrate the potential for more widespread adoption of person-centered LTSS integration.

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Advancing high-quality, person- and family-centered, integrated long-term services and supports

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