Charting A Life-and-Health Cycle And Expanded Primary Care Options For Patients In Wisconsin

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Cite this article as:

Health Affairs, 30, no.3 (2011):387-389


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INNOVATION PROFILE

Charting A Life-and-Health Cycle And Expanded Primary Care Options For Patients In Wisconsin

SYSTEM Bellin Health, based in Green Bay, Wisconsin, serves a market of 600,000 patients. The foundation of the system is a network of 117 primary care physicians—along with 41 employer-based clinics, 40 retail clinics in stores, a 220-bed community hospital, a critical-access hospital, a psychiatric hospital, and a hospice.

KEY INNOVATION Bellin takes a “life-and-health cycle” approach, stressing prevention and minimizing the likelihood that those who use the system will ever need costly acute, inpatient care. It seeks to engage basically healthy people in new ways and to structure services so that patients can easily access appropriate care at the lowest cost. An example is FastCare Clinics inside retail stores, which are affiliated with medical practices and connected through a system of electronic health records.

COST SAVINGS The system’s costs have been relatively flat in recent years, as most health systems have seen their costs steadily rise. Bellin estimates that the FastCare Clinics have delivered care outside regular business hours to 124,781 patients. If those people had sought care at emergency departments, they would have cost the system an additional $52.9 million, based on average emergency department costs.

QUALITY IMPROVEMENT RESULTS No relevant data are available.

CHALLENGES The system is searching for new ways to engage patients and alert them to the availability of services that fit with their lifestyle. Another hurdle is connecting retail clinics to primary care practices through electronic health records, so that seamless care can be provided in all locations.

George Kerwin, president and chief executive officer of Bellin Health, believes that the major opportunity for primary care is to help manage individuals’ health so they can “bypass” a future of costly acute inpatient care. As a result, this nonprofit health system in northeast Wisconsin has developed a “life-and-health cycle” model that Kerwin describes as offering a “reality check” for the system. Guided by the model, Bellin has moved far beyond the “wait until the patient comes in” approach to seeking far more active engagement with essentially healthy patients. “We want people in our region to be the healthiest in the nation,” Kerwin says.

Bellin’s Health Access Platform
Bellin has organized its services on a pyramid-shaped model it calls an “access platform.” The bottom tiers are ways of connecting large num-
bers of patients with the health system at a low cost. The broadest point of contact is the MyChart Patient Portal, an online electronic health record that patients can access on their own to get test results, renew prescriptions, or contact their doctor’s office. Patients who do not want to use the online tools also have the option of using a telephone help line through which they can reach a nurse twenty-four hours a day, seven days a week.

Above this level are His Health and Her Health programs, screenings, and luncheons, designed to pull in those who might not be plugged into the care system. Bellin organizes periodic meetings in restaurants for about 200–300 participants on various health topics, which it advertises in newspapers and on the radio.

The men’s program takes special aim at cultural attitudes that make men in Bellin’s region averse to seeking care. “We get it. You don’t go to doctors and you don’t do healthcare,” says material promoting the program, which aims to get men to take a basic health assessment. “Our His Health Assessment is fast, affordable, and designed to take away all your excuses for neglecting your health.”

Next in the pyramid are Bellin’s forty-one employer-based clinics, housed at worksites such as a tool manufacturer. These clinics are individually tailored to meet the needs of the business, ranging from a back office with a nurse practitioner who comes in a couple of days each week to a clinic staffed by physicians and nurses who provide a full menu of services to employees and their families. The clinics also work with companies’ benefit managers to create incentives in employer health plans to get workers to participate in wellness programs and use the best-value care.

Even with this much dispersion in primary care, Bellin officials knew they needed to go further to increase access. “We wanted [care] to be available at a time and place convenient for our customers and not just the traditional clinic locations that we had,” says Bellin’s chief marketing officer, Tom Arndt.

So, for the ultimate in accessibility to primary care, Bellin has opened forty retail clinics. Most are in Shopko stores across the upper Midwest; others are in Shopko or other retail stores across the country. Bellin owns and operates five of the clinics. For the rest, it serves as a facilitator between the retailer and the local primary care practice, negotiating the contracts and advising on the operations.

Because these FastCare clinics are integrated with local medical practices, the clinics are used far more heavily by patients than the typical convenient care clinic. The facilities, which range from around 350 to 500 square feet inside the retail stores, are staffed with nurse practitioners and overseen by an affiliated Bellin primary care practice connected via electronic health records. The response has been enthusiastic: Since the program began, more than 290,000 patients have received care through this retail clinic model.

Effects On Primary Care

Deploying these multiple primary care options has had two main effects. First, it has substantially shifted use toward less expensive options. Primary care physicians are seeing fewer patients for routine screenings, which patients can readily obtain through the clinics. This frees the primary care practices to see patients with more involved concerns and allows them to get patients in faster.

What’s more, emergency departments are seeing fewer patients who need basic primary care but cannot get to the doctor’s office during normal business hours. Bellin estimates that directing patients to FastCare clinics who might have otherwise gone to the emergency department has saved more than $52 million over four years.

Second, having so many easy access points into Bellin’s system creates opportunities to bring care to people who would otherwise not seek it out. Of the patients seen in FastCare clinics, for example, Bellin has found that 50 percent are new to the health system, and 35–40 percent have no primary care physician. Only 11–15 percent do have such a physician, creating the kind
of primary care relationship that is critical to managing their health.

**Effects On Costs**
Finding such innovative ways to adjust their services for the market, Kerwin says, has been the key to controlling Bellin’s costs overall, while simultaneously reducing the health risk of the population they serve (Exhibit 1). “We’re improving health at a cost factor that is relatively flat,” Kerwin says. “Instead of costs skyrocketing and health deteriorating, we’re experiencing just the opposite.”

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**EXHIBIT 1**

**Trends In Health Plan Costs And Health Measures, Bellin Health, 2002–2010**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost Trend</th>
<th>Health Risk Appraisal Score</th>
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<td>68%</td>
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<tr>
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</tr>
<tr>
<td>2010</td>
<td>120%</td>
<td>68%</td>
</tr>
</tbody>
</table>

**SOURCE** Bellin Health Business Health Solutions. **NOTES** Data for 2010 are projected. Data on costs (Bellin health plan costs as percentage of national average) are represented by red bars and relate to the left-hand y axis. Data on health measures (Bellin health plans’ average health risk appraisal scores) are represented by the blue line and relate to the right-hand y axis.