

BCRISP 1.0

- Launched April 2013 with 6 pilot projects
- Engaged approx. 170 clinician across 7 specialties

\$350K investment returned \$1.2M in TME Savings

Integrated Patient-Centered Care in Chronic Critical Illness



- Reduced 30-day LTAC readmissions from 40% → 25%
- Generated Total Medical Expense (TME) savings of >\$450,000/yr

Community Health Worker in Medical Home



- Reduced ED visits by 5%
- Reduced hospitalizations 16% & readmissions 39%
- Generated TME savings of \$218K/yr

Improved Care Transitions for Uncontrolled Diabetics



- Reduced 60-day ED revisit from 37% to 17%
- Reduced time to follow up visit from 58 days to 11 days
- Generated TME savings of \$220K/yr

Acute Respiratory Infection (ARI) Intercept



- Reduced ARI visits by 50%; prevented 95 unnecessary visits
- Reduced antibiotic prescription rate from 49% to 19%
- Generated TME savings of \$120K/yr

Reducing Variation in Biologic Use for Rheumatoid Arthritis



- Created clinical pathway and examined variability
- Spurred clinician interest in launching PROMs data collection

Vaginal Birth After Cesarean Section (VBAC) Initiative



- Increased VBAC rate from 14% to 22% (44 VBACs)
- One-time investment created IT tool that continued to drive improvement
- Generated TME savings of \$128K/yr

\$350K investment → \$1.2M in TME Savings*

*Annualized savings in Total Medical Expense based on pilot results