

Initiative	Utilization	Prevention & Disease Management	Access	Overall Costs
Air Force (2009-2011)ⁱ	14% fewer emergency department (ED) and urgent care visits ⁱⁱ	Hill Air Force Base (Utah) saved \$300,000 annually through improved diabetes care management 77% of diabetic patients had improved glycemic control at Hill Air Force Base		
Alaska: Alaska Native Medical Centerⁱⁱⁱ	50% reduction in urgent care and ER utilization 53% reduction in hospital admissions 65% reduction in specialist utilization			
California: BCBS of California ACO Pilot^{iv}	15% fewer hospital readmissions 15% fewer inpatient hospital stays 50% fewer inpatient stays of 20 days or more			Overall health care cost savings of \$15.5 million
Colorado Colorado Medicaid and SCHIP^v			Increased provider participation in CHIP program from 20% to 96% Increased well-care visits for children from 54% in 2007 to 73% in 2009	\$215 lower per member per year for children
Florida Capital Health Plan^{vi}	40% lower inpatient hospital days 37% lower ED visits		250% increase in primary care visits	18% lower health care claims costs
Idaho: BCBS of Idaho Health Service^{iv}		ROI of 4:1 for disease management programs		\$1 million reduction in single year medical claims
Maryland: CareFirst BCBS^{vii} BCBS industry report				4.2% average reduction in expected patient's overall health care costs among 60% of practices participating for six or more months Nearly \$40 million savings in 2011
Michigan: BCBS of Michigan	13.5% fewer ED visits among children in PCMH (vs. 9% non-PCMH) 10% fewer ED visits among adults in PCMH (vs. 6.5% non-PCMH) ^{viii} 7.5% lower use of high-tech radiology ^x 17% lower ambulatory-care sensitive inpatient admissions 6% lower 30-day readmission rates ^{iv}			60% better access to care for participating practices that provide 24/7 access (as compared to 25% in non-participating sites) ^{iv}
Minnesota HealthPartners^x	39% lower ER visits 24% fewer hospital admissions 40% lower readmission rates		Reduced appointment wait time by 350% from 26 days to 1 day. 129% increase in optimal diabetes care	Overall costs decreased to 92% of state average in 2008 ^{xi} Reduced outpatient costs of \$1,282

	30% lower length of stay 20% lower inpatient costs due to outpatient case management program for behavioral health 10% decrease in diagnostic imaging scans in first year		48% increase in optimal heart disease care.	for patients using 11 or more medications ^{xii}
Nebraska: BCBS of Nebraska (2012) ^{xiii}	10% fewer hospitalizations 27% fewer emergency visits			
New Jersey: BCBS of New Jersey (Horizon BCBSNJ) 2012 ^{xiv,xv}	10% lower per member per month (PMPM) costs 26% fewer ED visits 25% fewer hospital readmissions 21% fewer inpatient admissions 5% increase in use of generic prescriptions	8% improvement in HbA1c levels 31% increase in ability to effectively self-manage blood sugar 24% increase in LDL screening 6% increase in breast and cervical cancer screening		
New York Capital District Physicians' Health Plan (Albany, N.Y.) ^{xvi} 2008-2010	24% lower hospital admissions 9% lower overall medical cost			Savings of \$32 PMPM
New York Priority Community Healthcare Center Medicaid Program (Chemung County, N.Y.) 2010 - 2011 ^{xvii}	Reduced hospital spending by 27% and ER spending by 35%			Cost savings of 11% overall in first 9 months of approximately \$150,000
North Carolina Blue Quality Physician's Program (BCBSNC) 2011 ^{xviii}	52% fewer visits to specialists 70% fewer visits to the ER			
North Carolina Community Care of North Carolina (Medicaid) ^{xix}	23% lower ED utilization and costs 25% lower outpatient care costs 11% lower pharmacy costs Estimated cost savings of: \$60 million in 2003 \$161 million in 2006 \$103 million in 2007 \$204 million in 2008 \$295 million in 2009 \$382 million 2010 ^{xx}	Improvements in asthma care 21% increase in asthma staging		112% increase in influenza inoculations
North Dakota BCBS of North Dakota – MediQHome Quality Program 2012 ^{xv}	6% lower hospital admissions 24% fewer ED visits 18% lower inpatient hospital admission rates compared to general N.D. population	30% lower ED use among patients with chronic disease 6.7% improvement in BP control 10.3% improvement in cholesterol control 64.3% improvement in optimal diabetes care. Better coronary artery disease management 8.6% improvement in BP control 9.4% improvement in cholesterol control 53.8% improvement in optimal diabetes control Better care for hypertension 8% improvement in blood pressure control		

Ohio: Humana Queen City Physicians ^{xxi}	34% decrease in ER visits	22% decrease in patients with uncontrolled blood pressure		
Oklahoma Oklahoma Medicaid ^{xxii}			Reduction from 1,670 to 13 patient inquiries related to same-day/next-day appointment availability 8% increase in patients "always getting treatment quickly."	Reduced per capita member costs by \$29 per year
Oregon Bend Memorial Clinic & Clear One Medicare Advantage ^{xxiii}	Lower hospital admission rates 231.5 per 1000 beneficiaries (compared to state/national averages of 257 and 351 per 1000, respectively). Lower ER visit rates 242 per 1000 beneficiaries (compared to state/national averages of 490 and 530 per 1000, respectively).			
Oregon CareOregon Medicaid		Better disease management among diabetics in one clinic 65% had controlled HbA1c levels vs. 45% pre-PCMH ^{xxiv}		9% lower PMPM costs ^{xxv} Reduced PMPM costs by \$89 ^{xxvi}
Pennsylvania Geisinger Health System ^{xxvii,xxviii}	Reduced hospital length of stay by half a day 25% lower hospital admissions 50% lower readmissions following discharge 18% reduced inpatient admissions	Improved quality of care 74% for preventive care 22% for coronary artery care 34.5% for diabetes care. ^{xxix}		Longer exposure to medical homes resulted in lower health care costs: 7.1% lower cumulative cost savings (from 2006 to 2010) with an ROI of 1.7 ^{xxx} 7% lower cumulative total spending (from 2005 to 2008) ^{xxxi}
Pennsylvania UPMC ^{xxxii} (Pittsburgh, PA) 2011	13% fewer hospitalizations by 2009 Medical costs nearly 4% lower	Improved patient outcomes for diabetics: Increases in eye exams from 50% to 90% 20% long-term improvement in control of blood sugar 37% long-term improvement of cholesterol control		
Pennsylvania: Independence Blue Cross— Pennsylvania Chronic Care Initiative (Southeast Pennsylvania) 2012 ^{xv}		49% improvement in HbA1c levels 25% increase in blood pressure control 27% increase in cholesterol control 56% increase in patients with self-management goals Increased diabetes screenings from 40% to 92%		
Pennsylvania PinnacleHealth (2012) ^{xxxiii}	0% 30-day hospital readmission rate for PCMH patients vs. 10-20% for non-PCMH patients			
Rhode Island BCBS of Rhode Island (2012) ^{xv}	17-33% lower health care costs among PCMH patients	Improved quality of care measures 44% for family & children's health 35% for women's care 24% for internal medicine		
South Carolina BCBS of South Carolina 2012 ^{xv}	14.7% lower inpatient hospital days 25.9% fewer ED visits			6.5% lower total PMPM medical and pharmacy costs

Tennessee BCBS of Tennessee (2012)^{xv}		3% for diabetes exams 7% for diabetes retinal exams 14% for diabetes nephropathy exams 4% for lipid exams		
Texas BCBS of Texas (2012)^{iv}	23% lower readmission rates \$1.2 million estimated health care cost savings			
Texas WellMed Inc.^{xxxiv} (San Antonio, Tex.)		Increased control of HbA1C levels from 81% to 93% of diabetes patients Increased LDL levels under control, from 51% to 95%, for heart disease patients Increased control of BP levels from 67% to 90% Increased screening rates for mammography from 19% to 40% Increased screening rates for colon cancer from 11% to 50% Improved diabetes HbA1c testing from 55% to 71% LDL screenings for all patients increased from 47% to 70% LDL screenings for diabetic patients increased from 53% to 78% LDL screenings for ischemic heart disease patients increased from 53 to 76%. BP screening rates for all patients increased from 38 to 76% BP screenings for high BP patients increased from 46 to 88%.		I
Vermont Vermont Blueprint for Health (2012)^{xxxv}	27% reduction in projected cost avoidance across its commercial insurer population			
Vermont Vermont Medicaid^{xxxvi} 2008-2010	21% decreased inpatient utilization 22% lower PMPM inpatient costs 31% lower ED use 36% lower PMPM ED costs			
Veterans Health Administration and VA Midwest Healthcare Network (VISN 23) 2012	8% lower urgent care visits 4% lower acute admission rates by 4% ^{xxxvii}	27% lower hospitalizations and ED visits among chronic disease patients \$593 per chronic disease patient cost savings ^{xxxviii}		
Washington Regence Blue Shield (Intensive Outpatient Care Program with Boeing) 2012^{iv}		14.8% improved patient-reported physical function and mental function 65% reduced patient reported missed workdays		20% lower health care costs
Washington Group Health of Washington^{xxxix,xl,xl} 2009, 2010⁷	29% fewer ED visits 11% fewer hospitalizations for ambulatory care-sensitive conditions	18% reduction in use of high-risk medications among elderly 36% increase in use of cholesterol-lowering drugs 65% increase in use of generic statin drug Improved quality of care: Composite measures increased by 3.7% to	83% of patient calls resolved on the first call compared to 0% pre-PCMH ^{xlii}	Cost savings of \$17 PMPM ^{xliii} \$4 million in transcription cost savings through the use of EHRs \$2.5 million in cost savings through medical records management \$3.4 million in cost savings through medication use management

		4.4% Improved provider satisfaction: Less emotional exhaustion reported by staff (10% PCMH vs. 30% controls)		program 40% cost reduction through use of generic statin drug
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^v Takach: Reinventing Medicaid.

^{vi} Institute for Healthcare Improvement. (2012). *Report from Tallahassee Memorial HealthCare on Enhancing Continuity of Care*. Retrieved April 12, 2012, from IHI Knowledge Center: <http://www.ihf.org/knowledge/Pages/ImprovementStories/ReportfromTallahasseeMemorialHospitalonEnhancingContinuityofCare.aspx>

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