



**Validation**Institute

# 2022 Validation Report

**Review for: BizMed Solutions**  
**Validation Achieved: Metrics**  
**Valid through: December 2023**



# Company Profile



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<b>Category:</b>	Primary Care
<b>Website:</b>	<a href="http://www.bizmedsolutions.com">http://www.bizmedsolutions.com</a>
<b>Public or Private:</b>	Private
<b>Year Established:</b>	2010
<b>CEO:</b>	Ty Babcock
<b>Company contact:</b>	866-861-0160

## Description:

**BizMed** provides a platform to integrate and facilitate the administration of quality improvement initiatives and value-based reimbursement models including technology and services to enable and accelerate adoption of Advance Primary Care. The **BizMed** approach is intended for small and large employers and is both purchaser and medical practice centric. **BizMed** core capabilities include a comprehensive framework to objectively stratify medical practices based on their capacity to deliver a defined set of Advanced Primary Care services and enables employers, health benefits consultants, and TPAs to roll out accountable Advanced Primary Care services.

**BizMed** proudly serves hundreds of physicians in independent practice, medical groups, health systems, accountable care organizations (ACO), health plans and safety net providers across the United States.





# Claim Assertion for Validation

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BizMed Blue Ribbon Direct strives to address employers' short- and long-term health cost and quality issues by strengthening primary care.

Primary care practices that apply the Blue-Ribbon Direct tenets may reduce overall expenditures for medical care. The Blue-Ribbon tenets address access, continuity, safety and comprehensiveness of patient care. For example, training and processes for referrals to specialists are part of the program; with this in place, primary care practices can make specialist referrals less frequent and more effective.

The Blue-Ribbon primary care practices receive training, systems, and resources to improve the management of patient care. Specifically, the program goals are to increase use of preventive care, improve management of chronic diseases, reduce referrals to specialists, increase medication effectiveness (e.g. compliance), and reduce the need for urgent, emergency, and hospital care.

- **State the outcome being measured**

The Blue-Ribbon program seeks to reduce use and therefore expense for specialist care, prescription drugs, and hospital services.

- **Detail the intervention**

The intervention is a suite of resources, supports, and training for primary care practices. All of these strive to strengthen the practices' skills and effectiveness in managing chronic disease, making care accessible, and improving patient outcomes.





- **Does the applicant discuss published literature or other credible source demonstrating correlation between intervention and outcome?**

Yes, though literature on this topic has a wide range of results. We selected studies of Patient Centered Medical Homes, since PCMH goals and tactics are similar to the Blue-Ribbon Direct program. Some studies of Patient Centered Medical Homes show significant reduction in inpatient hospital admissions, for example. Others focus on total costs and find savings difficult to achieve [2].

## Method / Calculation / Examples

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**BizMed** offers an illustrative business case, demonstrating how Blue-Ribbon practices may reduce medical expenses. The business case makes reasonable assumptions about what percentage of plan members would use Blue Ribbon practices. It applies national sources to estimate annual increases in health care costs. It uses a credible source to estimate what portion of total health costs are spent on primary, specialist, and hospital care as well as prescription drugs.

- **Describe the data source**

The business case uses the following data sources for its assumptions, including

- The Kaiser Family Foundation Employee Health Benefits 2019 Annual Survey





- PriceWaterHouse Coopers Health Research Institute forecast Primary Care Collaborative and Robert Graham Center’s “Investing in Primary Care” July 2019
- The National Institute of Health report, “Disentangling the Linkage of Primary Care Features to Patient Outcomes; A Review of Current Literature, Data Sources, and Measurement Needs,” June 2015.
- **Did the applicant have adequate data from a credible, reliable source?**  
Yes.
- **How is the data source appropriate for the outcome being measured?**  
Yes.
- **Describe the evaluation methodology**  
As this was a business case and not an evaluation, the method is somewhat unclear. Presumably, the savings would be measured by taking the plan’s total costs for a pre-intervention period and comparing it to a post-intervention period. Adjustments would need to be made for natural fluctuation and price inflation.
- **Did the applicant collect and manage data in accord with standard evaluation methodology?**  
This is not a factor for this review, as it is a business case and not an evaluation.





# Findings & Validation

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The business case estimates an overall impact of Blue Ribbon Direct at 5 to 15% of employer total healthcare costs based on four cost components shown in table below. An employer group whose members use Blue Ribbon physician practices would spend 20 to 30% less than it previous did on specialty physician services. Similarly, a group using Blue Ribbon practices could reduce its prescription drug expenses by 10 to 20%. Use of and expense for primary care would increase.

Cost Item	Potential Blue-Ribbon Savings
Primary Care	(50%) – (100%) -- cost increase
Specialists	20 – 30%
Prescriptions	10 – 20%
Hospital (including ER, outpatient and inpatient)	15 – 25%





## Works Cited

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1. Cole et al, The Impact of Rhode Island's Multi-payer Patient Centered Medical Home Program on Utilization and Cost of Care, Medical Care: October 2019 - Volume 57 - Issue 10 - p 801-808
2. Glass et al, The impact of improving access to primary care, J Eval Clin Pract. 2017 Dec;23(6):1451-1458





# Limitations

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The estimated savings from using Blue Ribbon practices is based upon literature showing that primary care influences certain costs. For example, Cole et al found that Patient Centered Medical Home patients had lower inpatient admissions than patients of non-PCMH practices [1]. Literature overall on PCMH and other primary-care focused initiatives have shown mixed results. The business case's estimated impact is higher than studies of similar programs have found but, the Blue-Ribbon program requirements may differ or are also more focused. Similar programs have not been shown to reduce the cost of specialist care by 20%, for example.

No formal definitions for the cost items were offered; these would be required in order to measure BizMed's results from an actual case and compare those to the literature.







# Validation and Credibility Guarantee

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**BizMed Solutions' Blue Ribbon Direct** achieved validation for Metrics. Validation Institute is willing to provide up to a \$10,000 guarantee as part of their Credibility Guarantee Program. To learn more, visit <https://validationinstitute.com/credibility-guarantee/>.

## Savings

Can reduce health care spending per case/participant or for the plan/purchaser overall.

## Outcomes

Product/solution has measurably improved an outcome (risk, hba1c, events, employee retention, etc.) of importance.

## Metrics

Credible sources and valid assumptions create a reasonable estimate of a program's impact.

## Contractual Integrity

Vendor is willing to put a part of their fees "at risk" as a guarantee.





**Validation Expiration: December 2023**

# CERTIFICATE OF VALIDATION

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**Applicant:** **BizMed Solutions**  
505 Hollywood Place  
St. Louis, Missouri, 63119

**Product:** BizMed Blue Ribbon Direct

**Claim:** Primary care practices that apply the Blue-Ribbon Direct tenets may reduce overall expenditures for medical care.

**Validation Achieved:** **Validated for Metrics**

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**Linda Riddell**  
**VP, Population Health Scientist**  
**Validation Institute**

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**Benny DiCecca**  
**Chief Executive Officer**  
**Validation Institute**





# About Validation Institute

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**Validation Institute** is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of health care.

## Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.

