Webinar
Making Sense of Shifts to Value-Based Payments and Bundling

06.08.16
Making Sense of Shifts to Value-Based Payments and Bundling

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Ryan Vanderwerff, Director: University of Utah Orthopaedic Center

Clayton Walberg, Vice President Strategy: TAVHealth
Agenda

• Value-Based Payment and Bundling Defined
• Understand the Data and Dollars Available
• Obtain Physician Buy-In and Alignment
• Develop a Patient Engagement Strategy
• Focus on the Person, the Power of Social Determinants of Risk
• Operational Considerations:
  • Creating Scale
  • Measurement and Management
• Eliminate Silo’s
• Closing Comments and Takeaways
Value-Based care is trending upward

PPACA
Patient Protection & Affordable Care Act

ACO
Final Rules

START
2010

BPCI
Bundled Payment for Care Improvement

2011

2012

2013

2014

2015

2016

2018

MACRA
Medicare Access & CHIP Reauthorization Act

CJR
Comprehensive Care for Joint Replacement (Mandatory)

MIPS
Merit Based Incentive Payment System

Medicare payments tied to quality and value
90%

Medicare payments tied to alternative payment models
50%
• CMS Mandatory Hospital Bundled Payment Model
• CMS Issued Final Rule issued on November 16, 2015
• Hip & Knee Replacement Only (DRG 469-470)
• Why: High-Volume & High Cost for CMS
• Episode: Admission to 90 Days Post-Op (CMS Model 2)
• Period: 5 years (April 1 thru December 31, 2020)
• Randomized Selection: 67 of 388 MSA’s randomly selected, after rule-based eliminations
• Quality Measures: Complications, Readmissions, & Patient Experience
• Risk: Year 1 – Upside only; Year 2-5 – Up & Down-Side Risk
Understand the Data
Best Opportunity For Savings

Cost Drivers(1):

- High-Risk Patients (co-morbidities)
- Readmission (HF; COPD; Infections)
- Post Acute Care (HHA; SNF; IRF)
- Episode Family Selection (Related DRG’s)

(1) Source: Data Gen – “Evaluating Opportunities in Medicare Bundled Payment Program” Gloria Kupferman; January 2014
Care Coordination Network (post-op)

Demand Matching: Site of Service surgical & post-op

Risk Assessment/Stratification

Navigation System & Process

Care Coordination Network (post-op)

Data, Data, Data

Focus Areas:

Understanding the Data: Episode of Care
Understanding the Data: Where is the Cost?

Controllable Cost in a Joint Bundle

- Inside hospital: 20%
- Outside hospital: 80%
Build a Patient Engagement Strategy
Clinical + Non-Clinical Transformation Considerations

**Non-Clinical**
- Standardized patient engagement/workflow
- Activate patient navigator (RN, non-clinical)
- Identify and optimize technology tools
- Pre-op risk assessment & survey
- Standardize pat. education & delivery
- Identify, track, manage social issues
- Connect post acute care partners (technology)
- Avoid Home Health Agencies; rarely required
- SNFs- include in workflow, manage adherence to workflows
- Measure, measure, measure
- Iterate process, adapt workflows
- Manage operational scale

**Clinical**
- Pre-op patient optimization
- Pathways to manage co-morbidities (workflow)
- Peri-operative clinics
- Ensure infection control pathways
- Minimize placement post surgery
- Post-D/C disposition determined by clinical & social risk factors
- Introduce home PT application
- Utilize Home PT (Part B) & PT App.
- Appropriately limit/control OPT services
Creating Process

The Risk Assessment

Patient answers Yes/No Questions

43 Medical & 15 Social Questions

Do you have:
  - Diabetes?
  - Seizures?
  - Sleep Apnea?

Do you live alone?
Do you require assist with daily activities?
Health Literacy?

Auto-Scores Risk Result, Pertinent Positives Displayed

RISK

Automate workflow based on RISK

Multiple mediums
Telephonic, SMS, Email, Web Portal, Apps
Supporting Technology
Augment your Patient Engagement Strategy
Technology: Patient Engagement

Michelle M. Vela
Camping with grandkids in 2017

Demographics
- Contact ID: 1462078
- Birth Date: 09/02/1984 (age 51)
- Home Address: 600 Marion Street, Des Moines, IA, 50315
- Mobile Phone: (515) 555-3311
- Home Email: susanpeet@gmail.com
- Contact Method: Text Message
- Gender: Female
- Marital Status: Widowed
- Insurance: Medicare
- Employed: Retired
- Primary Language: Spanish
- Interpreter Needed: No
- Ethnicity: Hispanic/Latino
- Note: Linda dog's name is Charlotte - very important pet after husband passed away.

Connected to Post Acute Care Partners

Automate your patient engagement workflow

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Status</th>
<th>Owner</th>
<th>Date</th>
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<tbody>
<tr>
<td>LNR</td>
<td>Lakeview Nursing &amp; Rehab</td>
<td>Member</td>
<td>Brian Jones</td>
<td>09/02/2016</td>
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<tr>
<td>JR</td>
<td>Joint Replacement</td>
<td>Member</td>
<td>Susan Peet</td>
<td>05/11/2016</td>
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Activities

<table>
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<tr>
<th>Date</th>
<th>Dur</th>
<th>Ep</th>
<th>Activity</th>
<th>Outcome</th>
<th>Owner</th>
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<tr>
<td>10/05/2016</td>
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<td>120-Day Follow-Up Call</td>
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<td>TAV/Link Pool</td>
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<td>TAV/Link Pool</td>
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<tr>
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<td>JR</td>
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<td>06/13/2016</td>
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<td>LNR</td>
<td>Discharge Notification</td>
<td>Successful</td>
<td>Cheryl Bruder</td>
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<tr>
<td>06/13/2016</td>
<td></td>
<td>LNR</td>
<td>Patient Discharge</td>
<td>Successful</td>
<td>Brian Jones</td>
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<tr>
<td>06/13/2016</td>
<td></td>
<td>LNR</td>
<td>Discharge Disposition: Home Health Care</td>
<td>Successful</td>
<td>Brian Jones</td>
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<tr>
<td>06/11/2016</td>
<td></td>
<td>LNR</td>
<td>Discharge Related Organization: Accessible Home Health Care of Des Moines</td>
<td>Successful</td>
<td>Brian Jones</td>
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https://demo.tavconnect.com
Vulnerability, Preference, and Social Dynamics drive people's engagement preferences:

Telephonic, SMS (Text), Interactive Email, Web Portal, Smart Phone Apps

Request a call from your navigator

Provide self-service education (videos, infographics, etc.)

Receive actionable feedback (surveys, assessments, etc.)
Through EMR portal, patient fills out health history form

Certain responses are used to auto-calculate Risk Assessment Score:
- Clinical Risk Assessment
- Social Risk Assessment

Track Social Risk and manage solutions to offset risk

Data feeds nightly from EMR to Navigation system

Navigator work lists auto-populate with surgical encounters booked for their surgeon
- Each surgeon is mapped to a navigator
- 5-10 surgeons per navigator
Some tasks are automatically scheduled based on date of surgery

Canned reports:
- Audit Logs
- Inactive episodes
- Episodes w/o Risk Data

Filter & Sort

Navigation Features: Dashboard
Physician Buy-in & Measurement

One doesn’t come without the other
Bundle Snapshots - Facility Demand Match (Individual)

IBC JOINT EPISODES - LOW MEDICAL RISK, BY PROVIDER, BY HOSPITAL

Jan Feb Mar Apr May Jun Jul Aug Sept Oct

PCSH RMH
Discharge Disposition Management

IBC JOINT EPISODES - DISCHARGE DISPOSITION
LOW SOCIAL RISK, BY MONTH, BY DISPOSITION

Home | HHA | SNF | IRF | 3 per. Mov. Avg. (Home)
### Episode of Care Cost Analytics Average EOC Cost Data

(by Surgeon, compared to Practice Average)

#### Utilization Details by Joint*

<table>
<thead>
<tr>
<th>Joint</th>
<th>Episodes</th>
<th>Avg. Epi Cost</th>
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<tbody>
<tr>
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#### Program Average for Bundle Eligible Surgeons

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Episode of Care Cost Analytics

Joint Replacement Perfect Care and Average Cost

Cases from 11/1/14 to 4/30/16

Perfect Care was Achieved if:
- Patient was admitted to the OTSS unit
- The patient did not come to the ED within 90 days of discharge
- No Patient Safety Indicators occurred
- No Hospital Acquired Conditions occurred
- The patient was discharged to Home with Home Health

Admit to OTSS Rate  
Rate of 90 Day ED Followup  
HAC/PSI Rate
Joint Academy

**HOW MANY SURGERIES?**

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Primary Knee</td>
<td>104</td>
</tr>
<tr>
<td>Primary Hip</td>
<td>99</td>
</tr>
<tr>
<td>Hip Revision</td>
<td>41</td>
</tr>
<tr>
<td>Knee Revision</td>
<td>33</td>
</tr>
<tr>
<td>Undefined</td>
<td>7</td>
</tr>
<tr>
<td>Hemil, Bipolar, or Partial Uni Hip</td>
<td>7</td>
</tr>
</tbody>
</table>

- Elective 28%
- Non-Elective 2%
- Undefined 71%

- 2% missing data

**GENDER**

- Male 41%
- Female 59%

- 296 patients

**OVER 65 Y/O**

- 55% patients

**BARRIERS SOLVED**

- 55%

**MY PATIENTS**

- 87% patients have at least one family or friend relationship recorded in TAVConnect.

**Did you know**

According to TAV Researchers, when a patient has friends or family at home, their recovery speeds up by 4x.

**ARE PATIENTS EDUCATED?**

- 72% had a successful patient education activity prior to surgery

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient &amp; Coach Attended</td>
<td>69%</td>
</tr>
<tr>
<td>Patient Attended</td>
<td>18%</td>
</tr>
<tr>
<td>No Attendance</td>
<td>6%</td>
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**TREND: THIS YEAR**

<table>
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<tr>
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<tbody>
<tr>
<td>Feb 15</td>
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<tr>
<td>Mar 15</td>
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<td>Apr 15</td>
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<td>May 15</td>
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<td>Aug 15</td>
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<tr>
<td>Sep 15</td>
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<td>Oct 15</td>
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**PAYERS**

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<td>Medicare HMO</td>
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<tr>
<td>Qualchoice</td>
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</tr>
</tbody>
</table>

**KEY POPULATION METRICS**

- Readmission Patient Reported: 3%
- Average Length of Stay (geometric mean): 12 days

**PATIENT REPORTED OUTCOMES**

- 3 or more Co-Morbidities: 8%
- Lacking Discharge Support (barriers): 5%
- No coach at class: 1%
- Admitted from Nursing Home (Residence): 3%
**PATIENT REPORTED OUTCOMES - HOOS, JR.**

**140 HIP SURGERIES**

- Response Rate: 88%
- Pre-Op Average: 46.3
- Post-Op Average: 49.9

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-Op</th>
<th>Change</th>
<th>Post-Op</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>44.1</td>
<td>3.3 ↑</td>
<td>51.6</td>
<td>5.9 ↑</td>
</tr>
<tr>
<td>Stiffness</td>
<td>54.1</td>
<td>51 ↑</td>
<td>50.8</td>
<td>1.4 ↓</td>
</tr>
<tr>
<td>Pain</td>
<td>55.6</td>
<td>0.7 ↑</td>
<td>56.3</td>
<td>6.3 ↑</td>
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<tr>
<td>Function: Daily Living</td>
<td>44.8</td>
<td>2.2 ↑</td>
<td>47.0</td>
<td>3.1 ↑</td>
</tr>
<tr>
<td>Function: Sports &amp; Recreation</td>
<td>41.1</td>
<td>14.2 ↑</td>
<td>55.3</td>
<td>3.1 ↑</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>38.8</td>
<td>4.9 ↑</td>
<td>40.1</td>
<td>1.3 ↑</td>
</tr>
</tbody>
</table>
Eliminate Silos
Care Coordination Network

Quality Care Alliance Partners (QCAP) “Care Coordination” Providers

- Physical Therapy
- Home Health Agencies (Nursing, Rehab)
- Skilled Nursing Facilities
- Inpatient Rehab Facilities
- Urgent Care Centers
Quality Care Alliance Partners (QCAP) “Care Coordination” Purpose

Care Coordination Agreement

“Value” Providers

Virtual Narrow Network – Each Market
Questions & Answers

**Key Takeaways**

Understand your Data
Operational change is required
Build a patient engagement process
Social issues are key
Utilize technology/partners to drive scale and feedback loops
Measurement drive the imperative physician alignment
Collaborate with Post Acute Care
We hope you enjoyed the Webinar!
This presentation will be uploaded to the AOC Website. Thank you.