Health Systems – IDN and GOP Collaborative Models

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US healthcare reform update

Preparing for value-based care models

Case example
# MACRA Reform Timeline

(Medicare Access and CHIP Reauthorization Act of 2015)

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<td>Permanent repeal of SGR</td>
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<td>Updates in physician payments</td>
<td>0.5% (7/2015-2019)</td>
<td>0.25%</td>
<td>0% (2020-2025)</td>
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<td>PQRS pay for reporting</td>
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<td>2015</td>
<td>-1.5%</td>
<td>2016 &amp; beyond</td>
<td>-2.0%</td>
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<td>Meaningful Use Penalty (up to %)</td>
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<td>2015</td>
<td>-1.0%</td>
<td>2016</td>
<td>-2.0%</td>
<td>2017</td>
<td>-3.0%</td>
<td>2018</td>
<td>-3.0%</td>
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<td>Value-based Payment Modifier</td>
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<td>2015</td>
<td>± 1.0%</td>
<td>2016</td>
<td>± 2.0%</td>
<td>2017</td>
<td>±2/±4.0%</td>
<td>2018</td>
<td>±2/±4.0%</td>
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<td>Merit-Based Incentive Payment System (MIPS) adjustments</td>
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<td>2019</td>
<td>+/-4%</td>
<td>2020</td>
<td>+/- 5%</td>
<td>2021</td>
<td>+/- 7%</td>
<td>2022 &amp; beyond</td>
<td>+/- 9%</td>
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<td>MIPS exemptions</td>
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<td>Advanced APM participating providers exempt from MIPS; receive annual 5% bonus (2019-2024)</td>
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Track 2: Advanced Alternative Payment Models

ACO
- MSSP Track 2 & 3
- NexGen
- Comprehensive ESRD Model

Bundles
- BPCI-Advanced
- Oncology Care Model
- Comprehensive Joint Replacement

Primary Care Models
- Comprehensive Primary Care +
- Vermont All Payer Model
MACRA Performance Measurement

Resource Use: annually reduce the average per capita cost per beneficiary (or bundled cost per beneficiary)

✓ Quality:
  - Physician Quality Reporting System (PQRS) measures
  - Population based measures calculated by CMS

✓ Consumer Satisfaction:
  - HCAHPS and CAHPS surveys
  - Consumer engagement & activation

✓ Promoting Interoperability:
  - EHR patient confidentiality,
  - EHR performance measures

✓ Clinical practice improvement activities:
  - Expanded access, population management, care coordination, beneficiary engagement, patient safety, certified clinical registry

Source: [www.qpp.cms.gov](http://www.qpp.cms.gov)
Population Health – Operational Strategy

Population Health Roadmap

Organizational Strategy  Physician Engagement  Population Analytics  Risk Contracting  Care Management  Execution
**Data management**

Analytics:
- Clinical risk assessment
- Geo-segmentation

Report cards:
- Resource Use (annual per capita cost)
- Consumer experience
- Care coordination & communication
- Prevention and clinical quality

Benchmarking

**Decision Support**

Clinician suite:
- Population segmentation
- Care path
- Report card

Consumer suite:
- EHR portal
- Call center
- Voice activated response
- mHealth technology

**Research**

Retrospective
Concurrent:
- Real-world evaluation

Prospective
Population Health – Operational Strategy

Population Health Roadmap

Organizational Strategy

Physician Engagement

Population Analytics

Risk Contracting

Care Management

Execution

Incentive and Penalty
- Value-based purchasing
- Never events
- Prevent hospital readmissions

Capitation
- ACO with 2-sided risk
- Bundled payments
- CPC+

Insurance Exchange
- Narrow networks
- Consumer accountability:
  - Premiums
  - Deductibles
  - HSA
Care Delivery Model
Clinical integrated network (CIN)
Accountable care organization (ACO)
Patient centered medical home (PCMH)
DSRIP
BPCI
Comprehensive Joint Replacement
Oncology Care Model

Care Management Strategy
Population and evidence-based
Primary care navigator
Care management
Connectivity across care settings
Consumer engagement & activation
Report card:
- Resource Use (annual per capita cost)
- Consumer experience
- Care coordination & communication
- Prevention and clinical quality
Population Health – Operational Strategy

Population Health Roadmap

Organizational Strategy
Physician Engagement
Population Analytics
Risk Contracting
Care Management
Execution

Education
- White paper
- Webinar
- Web based
- Learning Collaboratives:
  - Experiential learning
  - Scale better practices

Consulting
- Engage “D” suite
- SME expertise
- IT analytics & decision support
- Transformation management
  - Adaptive leadership
  - Human centered design

Research
- Implementation evaluation
Heart Failure

Clinical Quality & Safety
- Smoking screening & cessation
- Acute: Hospital 30 day readmission rate for HF, AMI, CABG
- Mortality rate for CABG
- Ambulatory: Control high BP
- B-blocker for LVSD, ACE/ARB for LVSD & CAD
- Antiplatelet Tx for CAD
- Monitor chronic anticoagulant Tx

Consumer Experience
- HCAHPS
- CAHPS

Cost Efficiency
- PMPM or PHMY Cost

Practice Improvement
- Care coordination: primary care, specialists, lab, hospital, home health, specialty pharmacy, care giver, patient

Interoperability
- Incorporate clinical lab test and imaging results
- Clinical decision support tools
- Patient-specific education resources
- Medication reconciliation
- Summary of care record during transition of care between providers

Prevention
- Healthy habits
- Early screening

Diagnosis
- Early & accurate
- Monitor disease progression

Treatment
- Acute
- Primary care
- Specialty:
  - Physician
  - Surgeon
  - Podiatrist
  - Retail pharmacy

Palliative & End of Life Care

Consumer Self Management:
- Health literacy
- Care giver support
- Social media
- Remote monitoring
- Community resources

Summary of care record during transition of care between providers
Healthcare Ecosystem Alignment & Collaboration

Healthcare Manufacturers:
- Novel technology
- Solutions management
- Operationalize national strategies
- Risk share contracts

Community Assets:
- Retail pharmacy (urgent care)
- Diet (grocery stores, restaurants)
- Exercise (town counsel, city planning)
- Healthy connections (faith community, social media)
- SDOH (Advocacy groups, service organizations)

Provider’s High Value Network:
- Population health care models
- Risk management strategy
- Population data & analytics
- Physician alignment
- Integrated clinical operations
- Coordinated care management
- Standardize appropriate care

Payer (Medicare, Employer, Commercial):
- Partnership with high value clinical network
- Utilization management
- Focused prevention and disease management services
- SDOH strategy and resources
- Risk management strategy

Consumer
Scaling a Proven PHM Value Proposition

Service or solution description:
• Define burden of illness “in population or sub-population
• Health-economic model to illustrate impact of service/solution

Evidence-based review:
• Bibliography of supportive evidence
• Testimonials within Premier healthcare alliance
• Define outcomes, surrogates, biomarkers, thresholds

IT data requirements:
• Performance measurement/monitor requirements
• Provider decision support tools
• Mobile, digital health tools

Supply Chain Services
Strategic Supplier Engagement
GPO
Integrated Rx Services
Specialty Rx
PBM
ASCEND
S2S

Premier PACER: Value Analysis & Systematic Review

Execution strategy:
• PremierConnect™, clinical registry
• Education & toolkit resources
• Process improvement team

Communication strategy:
• Education to Premier, Professional Society, Provider, Consumer

Value-based contract:
• Alignment with standard of care, clinical guidelines
• Examples: cost caps, pay-to-participate, risk sharing
CMR Workshops

01 Building a Value Proposition
02 Building a Value-Based Go-to-Market Strategy
03 Inside the C-Suite: Getting a Seat at the Table
04 Strategies for Effective Risk-Based Contracting

- Customized off-the-shelf
- Facilitator guides
- Participant guides
- Train-the-trainer
- Designed to pull through self-study
- Real-world exercises and application
Components of a Value Proposition
Revamp Your Strategy Today!

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