Aligning for Action

LAN SUMMIT

Health Care Payment Learning & Action Network

Engaging and Empowering the Patient in APMs

Welcome

Sara v. Geertruyden (PIPC)

Counsels and Manages PIPC

Today's Panel

Cat Davis Ahmed

Vice President, Policy and Outreach for the Familial Hypercholesterolemia (FH) Foundation

Michael Le

Landmark Health

Chris Gayer

Senior Program Officer, Dissemination and Implementation Program, Patient-Centered Outcomes Research Institute

Sara van Geertruyden

Value of Patient Engagement

October 30, 2017

Sara van Geertruyden, Partnership to Improve Patient Care

Introduction

- Sara van Geertruyden
  - Executive Director, Partnership to Improve Patient Care (PIPC)
  - LAN Guiding Committee and CPAG Member
  - Public Policy, Patton Boggs LLP, 2003-2010
  - Legislative Assistant, Senator John Breaux, 1996-2003
- PIPC
  - Chaired by Tony Coelho, former Congressman, author of ADA, patient with epilepsy
  - Members are organizations representing patients, providers, researchers and industry
  - Coalition began to advance legislation creating the Patient-Centered Outcomes Research Institute (PCORI)
  - Supports policies toward a patient-centered health system

Evolution of “Patient-Centered”

- Don Berwick, 2009: “leaving choice ultimately up to the patient and family means that evidence-based medicine may sometimes take a back seat.”
- Triple Aim – includes patient experience
- PCORI created in 2010 to change the culture of research to better respond to patient needs, outcomes, and preferences.
- FDA focus on patient experience, PFDD
- Development and use of patient-reported outcome measures

Key Considerations

- The range of endpoints, care outcomes and treatment goals that matter to patients;
- Factors that influence differences in value to patients within populations;
- Differences in perspectives and priorities between patients, caregivers, people with disabilities, consumers and beneficiaries;
- How patients want to be engaged in their health care and treatment decisions, and characteristics of meaningful shared decision-making to support this.
- Change the *culture* of health systems to be patient-centered.
    - Pathways to engagement in development, implementation and evaluation of APMs
    - Advance PROMs, shared decision-making, make evidence accessible
    - Avoid “one-size-fits-all”
    - Protect access to innovation

CPAG Principles for Patient- and Family-Centered Payment

- **Consumers, patients, families and their advocates should be collaboratively engaged in all aspects of design, implementation, and evaluation of payment and care models, and they should be engaged as partners in their own care.**
- **Positive impact on patient care and health should be paramount.**
- **Measures of performance and impact should be meaningful, actionable, and transparent to consumers, patients and family caregivers.**
- **Primary care services are foundational and must be effectively coordinated with all other aspects of care.**
- **Health equity and care for high-need populations must be improved.**
- **Patient and family engagement and activation should be supported by technology.**
- **Financial incentives used in all models should be transparent and promote better quality as well as lower costs.**

Chris Gayer

Shared Decision Making to Improve Patient Experience, Care, and Outcomes

Chris Gayer
Senior Program Officer
Patient Centered Outcomes Research Institute

Patient-Centered Outcomes Research Institute (PCORI)

- Traditional healthcare research has not answered many of the questions patients face.
- People want to know which preventive, diagnostic, or treatment option is best for them.
- Patients and their clinicians need information they can understand and use.

PCORI Mission

- PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting evidence from research guided by patients, caregivers, and the broader healthcare community.

Shared Decision Making

- Shared Decision Making (SDM) is the pinnacle of patient-centered care[1]
- SDM has the potential to provide numerous benefits for patients, clinicians, and the health care system, including[2,3]
  - increased patient knowledge
  - less anxiety over the care process
  - improved health outcomes
  - reductions in unnecessary variation in care and costs
  - **greater alignment of care with patients' values**

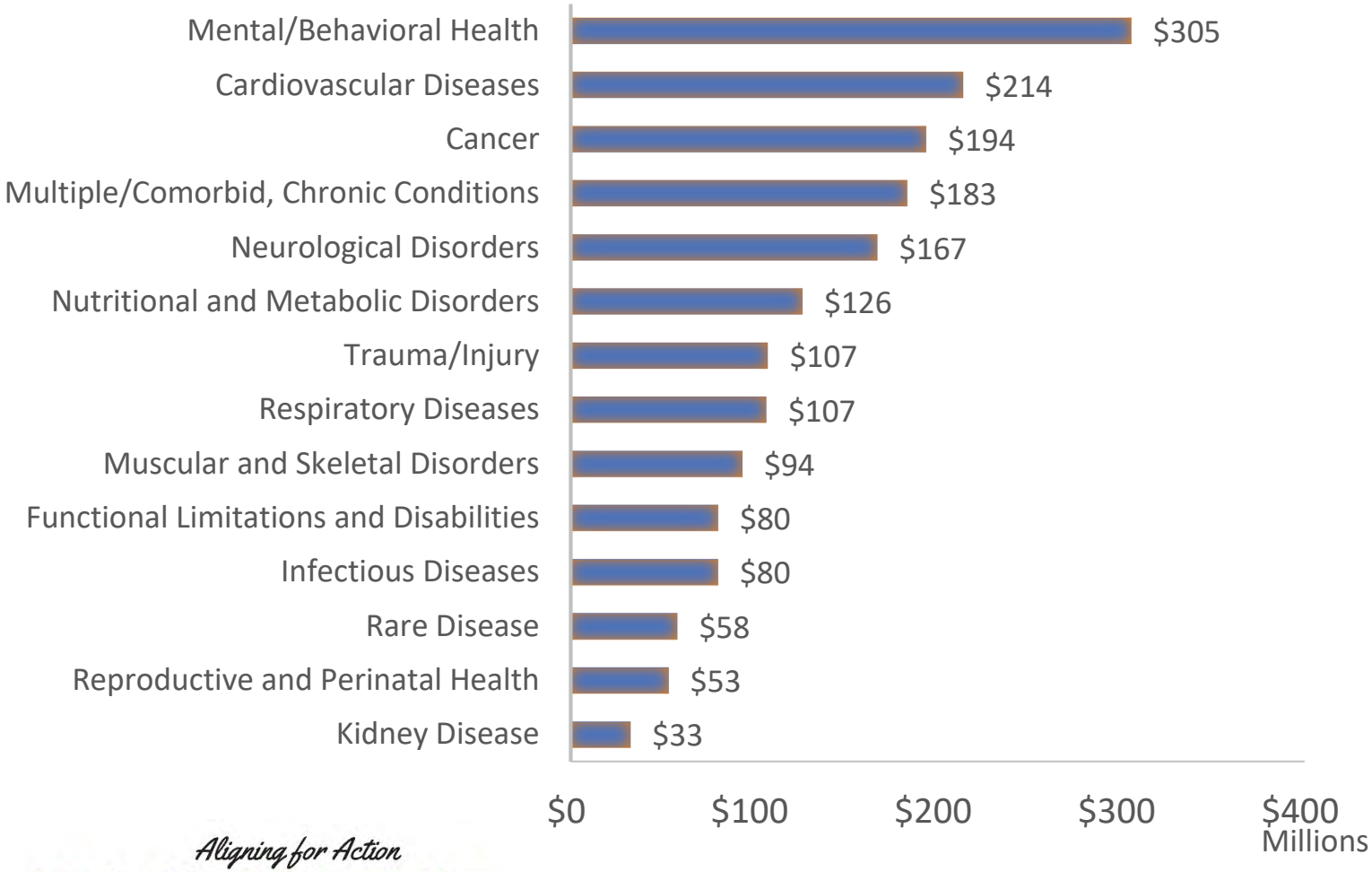
1. Barry & Edgman-Levitan, 2012, The New England Journal of Medicine
2. Lee & Emmanuel, 2013, The New England Journal of Medicine
3. Stacey, Legare, & Col, 2014, Cochrane Database Syst. Rev. 1

Shared Decision Making Policy Momentum

- Affordable Care Act explicitly promotes SDM (section 3506)
- CMS requires SDM as precondition of payment for 2 preference sensitive procedures
- CMS has 2 shared decision making models for beneficiary engagement that focus on 6 preference-sensitive conditions.
- MACRA includes SDM in 1 of 4 performance categories used to determine clinician reimbursement under Merit Based Incentive Payment System

4. Spatz, Krumholz, & Moulton, *JAMA*, 2017

PCORI's Research: $1.24 billion awarded to 365 patient-centered CER projects



PCORI's SDM Portfolio

- **74** patient-centered CER studies that have a significant SDM component
- **≈$164M** investment in SDM CER projects

A project may be counted across more than one condition category; chart shows top 14 funded categories. The PCORI CER portfolio includes 365 projects funded as of March 2017. Analysis excludes Methods, Pilots, PPRNs and CDRNs, and Engagement Awards.

SDM in the Emergency Department: The Chest Pain Choice Trial

Compared to usual care, patients in the SDM study arm…….[5]

- had **greater knowledge** of their risk for acute coronary syndrome and options for care (mean difference 0.66, 95% confidence interval 0.46 to 0.86),
- **were more involved** in the decision (decision aid, 18.3 v usual care, 7.9; 10.3, 9.1 to 11.5)
- **less frequently decided with their clinician to be admitted for cardiac testing** (decision aid, 37% v usual care, 52%; absolute difference 15%; P<0.001).
- had **decreased healthcare utilization** as demonstrated by:
  - Lower rate of imaging during the ED visit (decision aid, 1.4 v usual care, 1.6; p=0.02)
  - Lower rate of 45-day testing (decision aid, 13.3 v usual care, 14.7; p=0.04)
- There were no major adverse cardiac events associated with the intervention

5. Hess et al., 2016, BMJ

Next Frontier: Implementation of SDM

"[D]espite these policy developments and the existence of over 100 randomized controlled trials that have demonstrated the efficacy of these interventions, their* ***adoption into mainstream clinical practice has yet to be established, and their impact when used in routine workflows requires evaluation****."* [6]

NEW PCORI Funding: Implementation of SDM in Practice Settings

- **Objective:** To promote the targeted implementation and systematic uptake of SDM in healthcare settings

6. Elwyn et al, 2013, BMC Medical Informatics and Decision Making

"Prime Time for Shared Decision Making"

Shared decision making has arrived, too early and too late—too late for the need, and too early for the level of preparation among clinicians and their clinical practices[4]

PCORIs contribution to informed and shared decision making:

- Real world evidence to inform decisions
- Evidence about most effective SDM strategies and approaches
- Employ best practices for facilitating uptake and maintenance of SDM

4. Spatz, Krumholz, & Moulton, 2017, JAMA

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Michael Le, MD
Co-Founder & Chief Medical Officer
Landmark Health

Poly-Chronic Engagement Challenges

- Mobility challenges and difficulty accessing office-based care
- Inadequate face to face time with physicians during office visits
- Difficulty engaging and involving the family and caregivers
- Office hours and in-person assessment only available 25% of total hours in a week
- Difficulty assessing environmental, social, behavioral, support, and safety considerations
- Insufficient time to address patient goals and advanced care planning
- Reliance on Emergency Room for primary and after hours care
- Lack of incentives to aggressively engage sickest of the sick

Landmark Complexivist Model

- Mobile Interdisciplinary Medical Group that provides intensive Home Medical Care to frail and poly-chronic patients 24/7/365
- Proactive and Interventional model that can urgently treat in place 24/7 to prevent unnecessary utilization
- Focuses on Behavioral Health, addressing Social Determinants, Palliative / End of Life care - in addition to Chronic Medical Conditions
- Takes Total Cost of Care Risk on pre-selected Cohort with upside and downside risk, with concomitant Quality / HEDIS improvement requirements, from Health Plans and Risk Entities
- Contracts with 10 Health Plans in 6 states, with financial risk for 55,000 high acuity patients across Medicare Advantage, Duals, Medicaid, and Commercial insurances

Aligned Alternative Payment Model

- Landmark takes risk on entire cohort, enrolled and non-enrolled patients, which incentivizes aggressive and earliest outreach to sickest and frailest patients
- Biggest opportunity to impact savings and quality are with the sickest, most difficult to engage, costliest, highest utilizing patients
- Capitated model allows for funding and hiring of robust interdisciplinary teams to holistically address poly-chronic issues
- Downside risk incentivizes urgency and innovation in care delivery
- Risk model aligns towards high quality and longer comprehensive visit durations vs volume driven incentives of FFS payment models

Enhancing Communications

- Does not replace PCP, but partners with them
- Functions as a Specialist with in-home expertise
- Communicates information about patient goals and wishes to existing providers as well as family / caregivers
- EMR note sent to existing PCP and Specialists
- Calls to PCP / Specialist / ER directly for changes of conditions
- Partnerships with Home Health, Palliative, and Hospice

Goal Setting / Advanced Care Planning

- Intensive training for teams towards Palliative Consciousness
- Early, EMR system-mandated discussions by trained providers
- Complicated discussions in the comfort of the patient's home
- Adequate time allocated for lengthy and complex discussions
- Realistic presentation of all options and consequences
- Direct involvement and participation from family and caregivers
- Continual reassessment to make sure stays consistent with changing health conditions

Results from Landmark Engagement

- 55-60% of eligible patients enrolled at steady state
- 95% advanced care planning completion
- 32% reduction in admissions for enrolled
- 9-18% reduction in annual mortality rate for managed patients
- Significant improvement in STARS / HEDIS Metrics above baseline performance
- Net Promoter Score 91%

FH FOUNDATION

Raising Awareness. Saving Lives.

The FH Foundation

Cat Davis Ahmed

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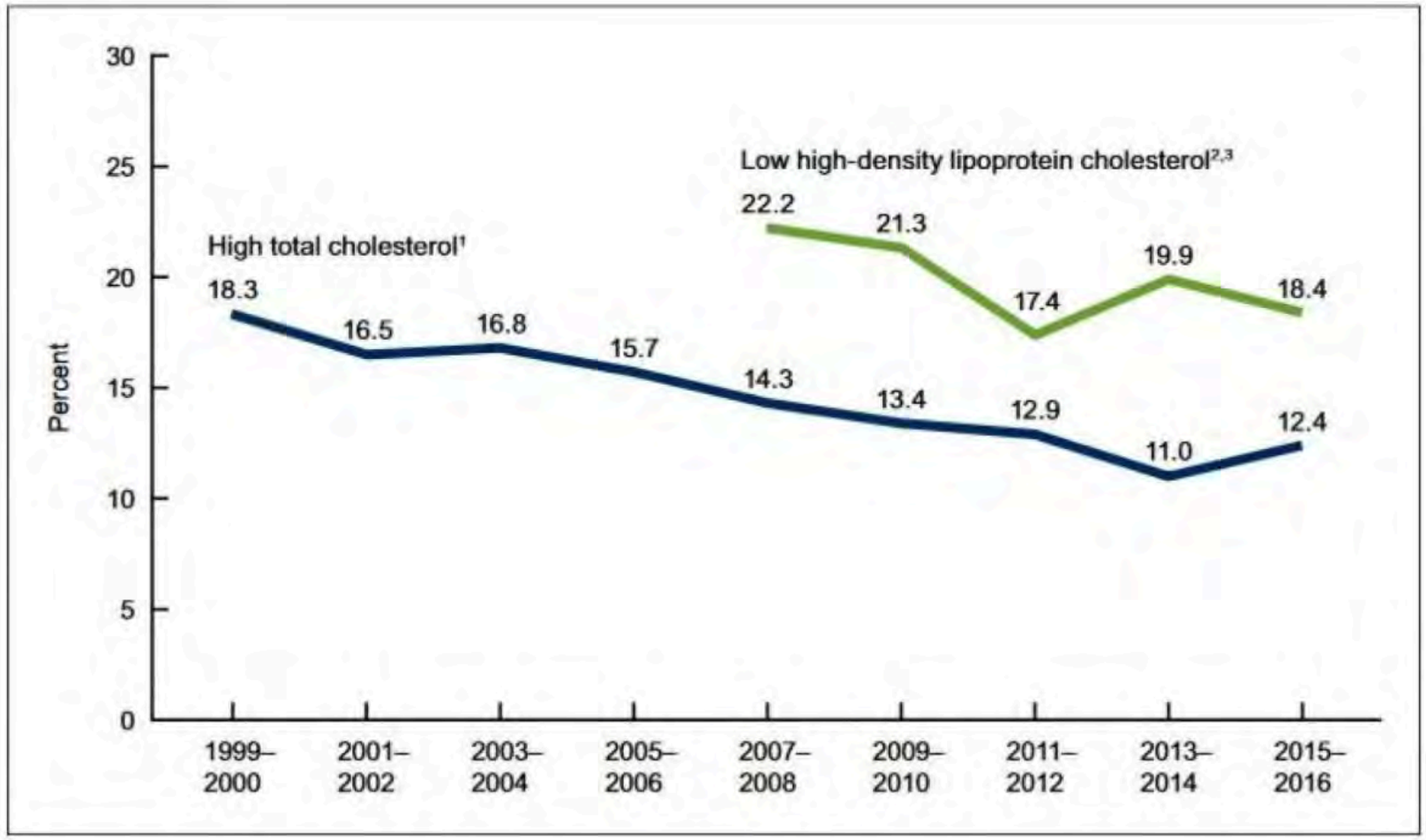
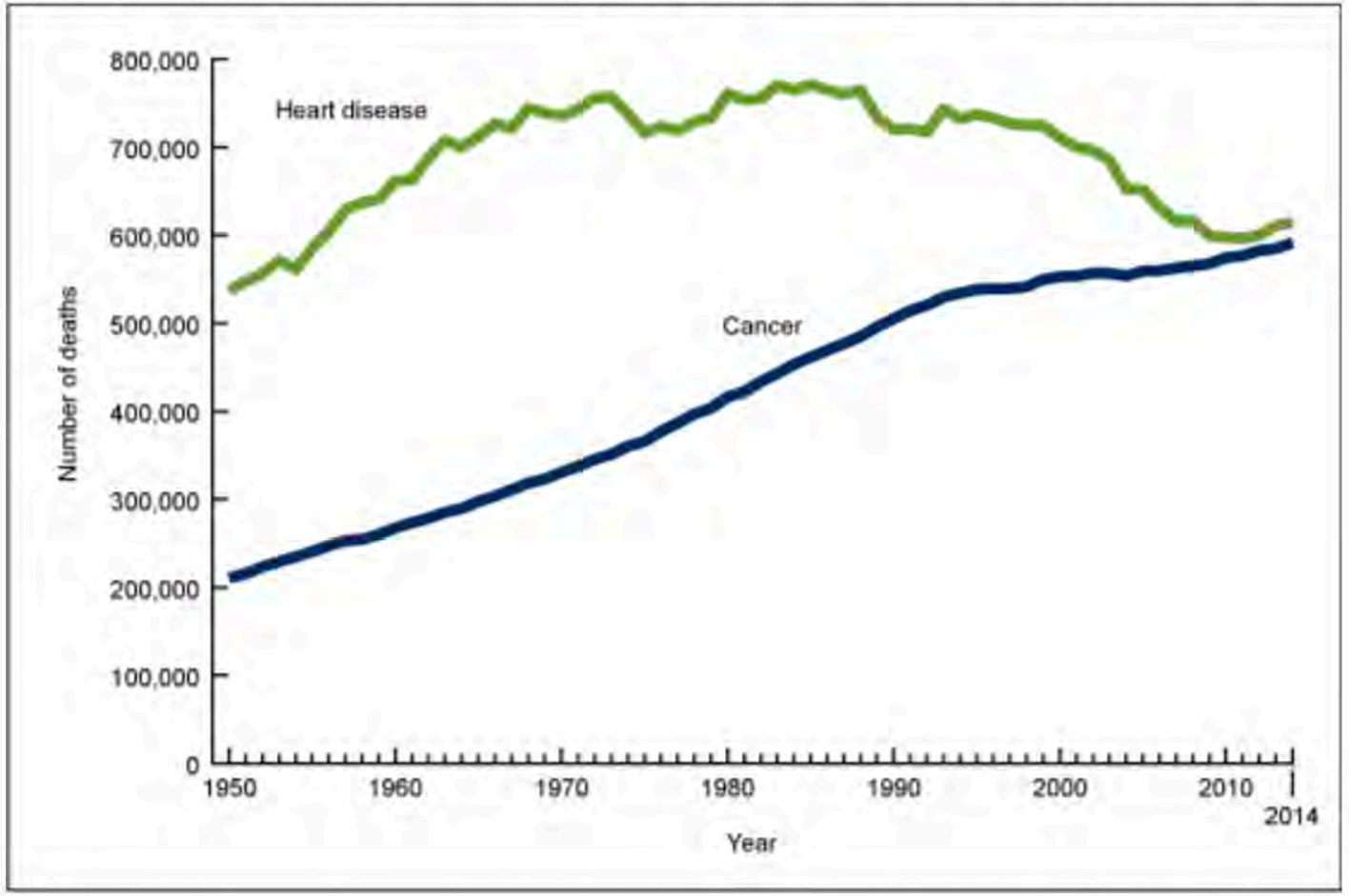
Steady Decrease in Cholesterol Levels Overall



U.S. trends in age-adjusted cholesterol among adults 20 and older. (National Center for Health Statistics)

Heart Disease Deaths are Down

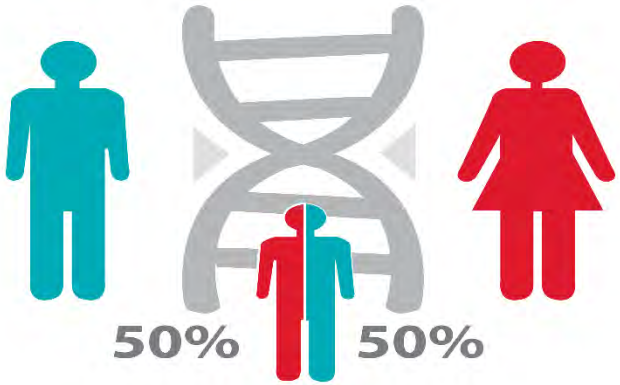
Figure 1. Number of deaths due to heart disease and cancer: United States, 1950–2014



NOTES: Leading cause is based on number of deaths. Access data table for Figure 1 .

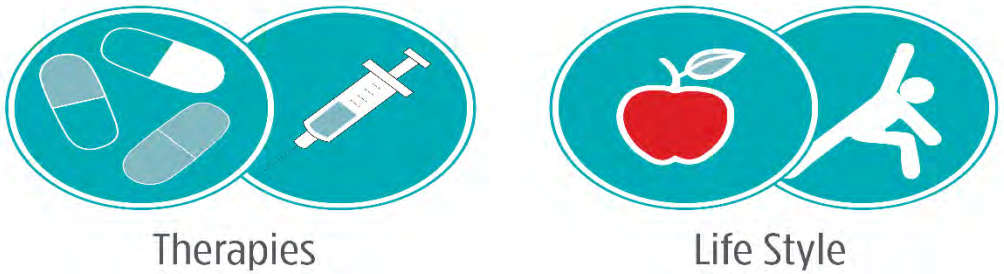
SOURCE: NCHS, National Vital Statistics System, Mortality.

Familial Hypercholesterolemia



FH is different

FH is life threatening

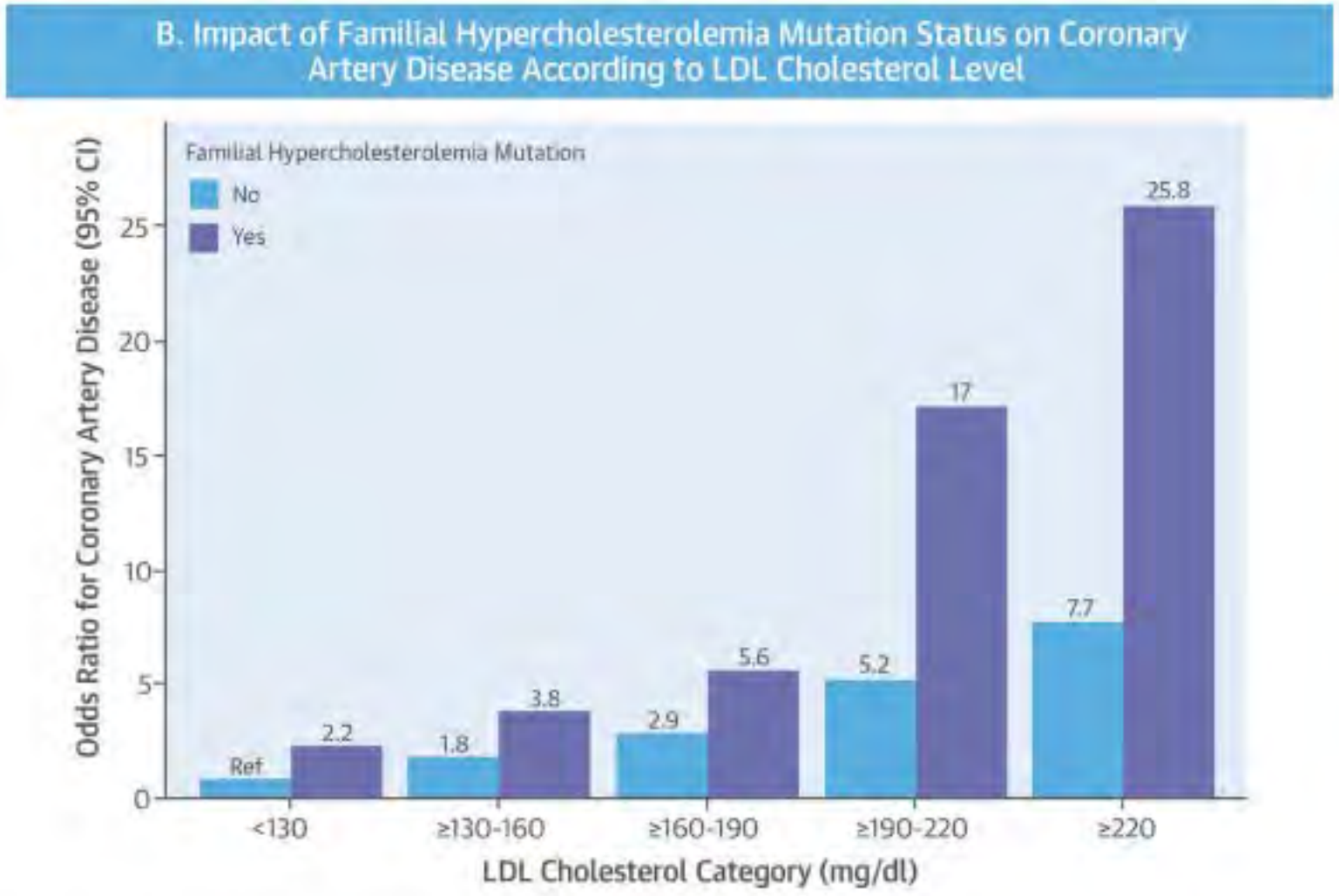


FH is manageable

FH is undiagnosed

*If left untreated

FH Genotype Higher Risk for CAD at any LDL Level



Khera, A.V. et al. J Am Coll Cardiol. 2016;67(22):2578-89.

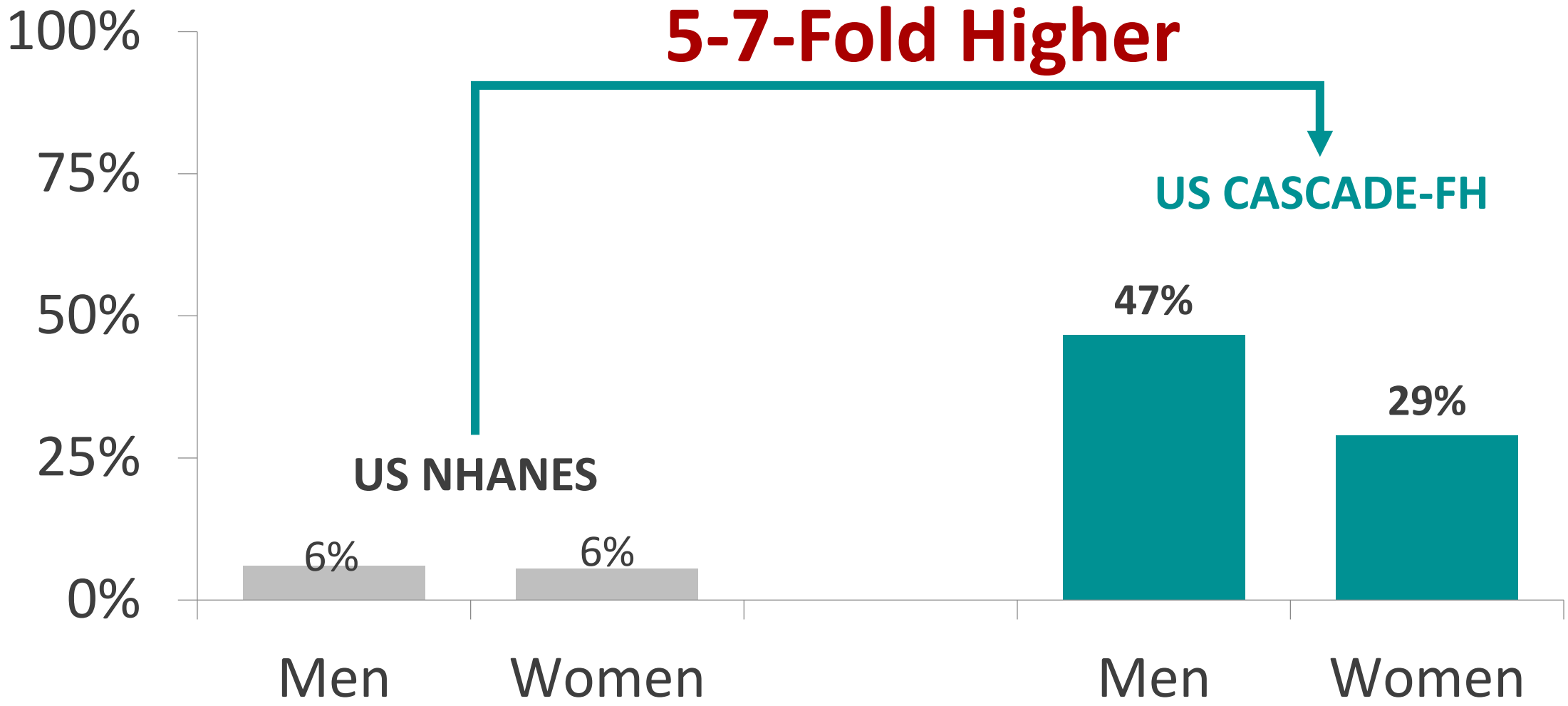
Heterozygous FH

Untreated women have a **30% risk** of having a heart attack by age 60. [4]

If left untreated, men have a **50% risk** of having a heart attack by age 50.[4]

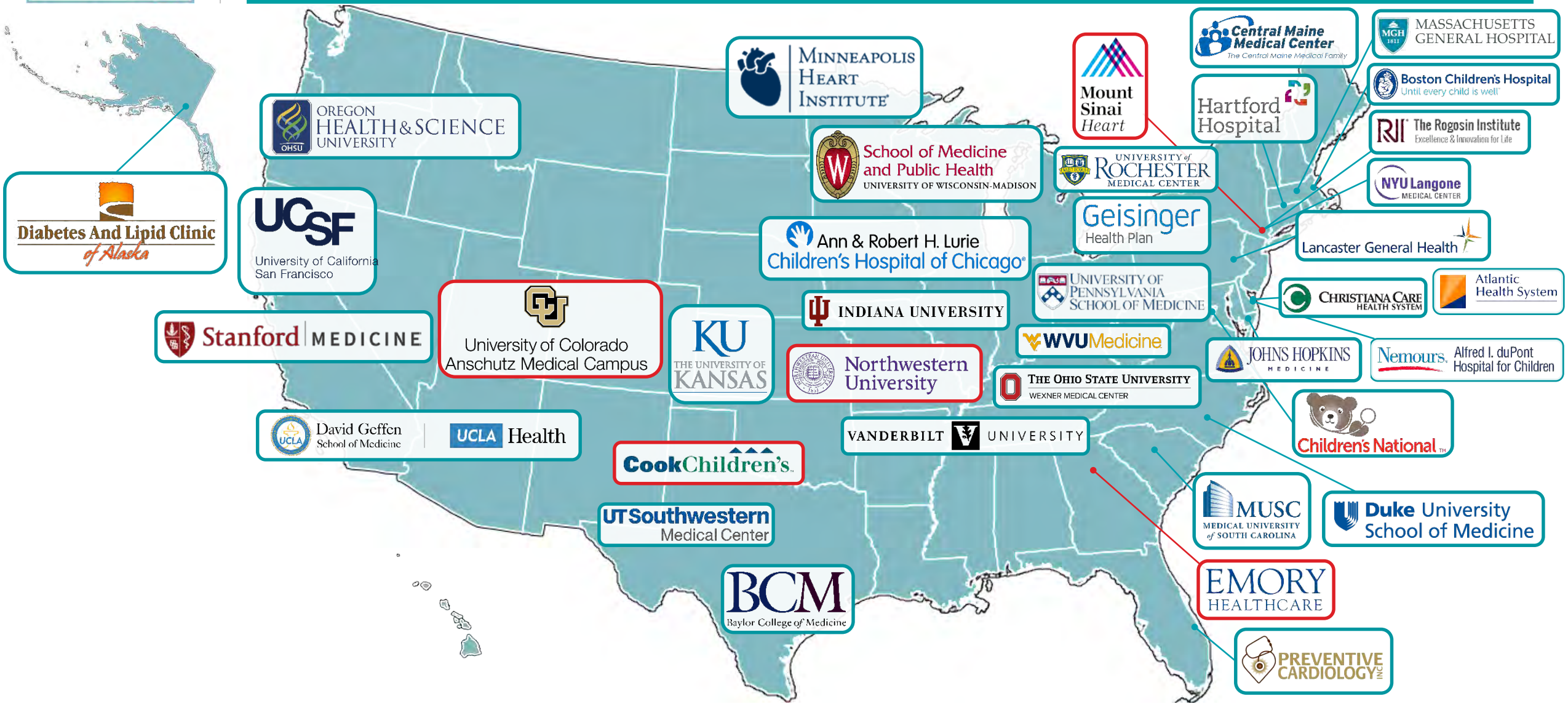
Marks D, Thorogood M, Neil HA et al. A review on the diagnosis,natural history, and treatment of familial hypercholesterolaemia.Atherosclerosis 2003;168:1-14.

HIGH PREVALENCE OF CHD



deGoma et al. Circ CV Genetics. 2016

CASCADE FH™ Registry Sites



FOCUS
FH Optimal Care for the US

FH Foundation FOCUS Initiative
'FH Optimal Care for the US'

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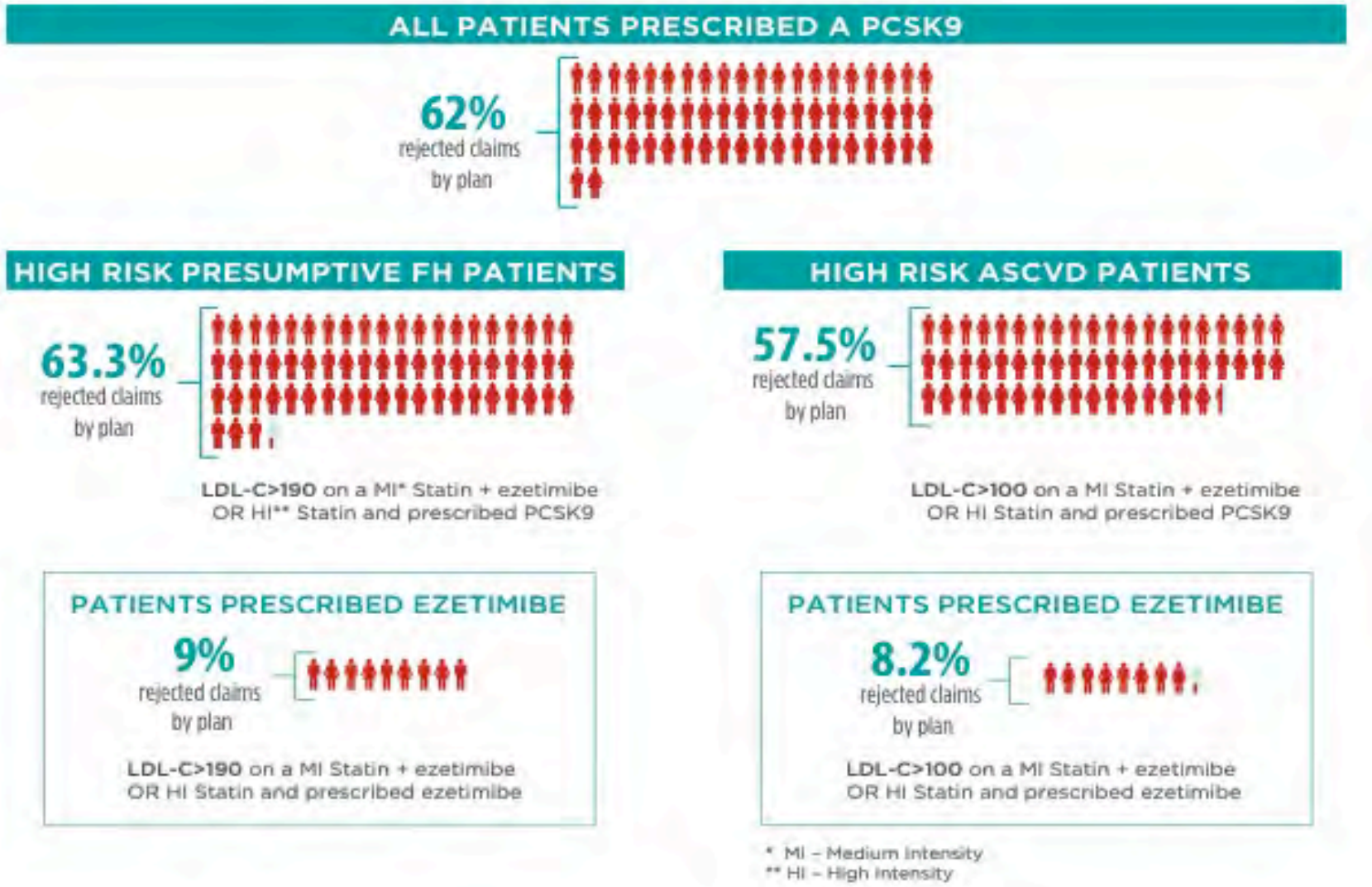

Take Aways

- Address Sub-populations
- Find the Right Measures and Incentives
- Decision Making Happens Every Day
- Leverage Technology
  for Engagement and Activation

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Thank you!

LAN Resources

https://hcp-lan.org/resources/

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