SNAC: Care Coordination Optimization

- Approach
  - Develop CC assessment
  - Deploy across PI teams to complete for each site
  - Compile results to inform network-wide snapshot
  - Compare local systems to best practice models
  - Identify opportunities for system improvements and standardization across the network
  - Seek additional resources to adequately resource systems
- Assessment asked 136 questions across 7 broad categories:
  - General questions about FQs (ie: FTEs, counts, apt wait times, etc)
  - Care management (current approach to CC: staffing, resources, PI)
  - Data (where do you get data and how do you use it?)
  - Reduce ED visits (relationships, processes)
  - Reduce inpatient admissions (relationships, processes)
  - Preventative care access (patient engagement)
  - High risk patients (approach to identify high risk patients, including SDH)

OPTUM™

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SNAC: Care Coordination Optimization

- Initial observations:
  - Some dedicate resources to CC, others add responsibility to existing staff
  - Good policies in place but inconsistent application
  - Selecting discrete projects (ex: ED discharge) ability to test and refine system
  - Relationships between healthcare facilities are strong; data connections are not
  - Little focus on preventative services at this point, a key driver of population health
  - Minimal center-led risk stratification

- Next steps:
  - Compare local systems to best practice models
  - Work with each center to strategize how to resource more effective approach
  - Develop network risk stratification & provider empanelment approach

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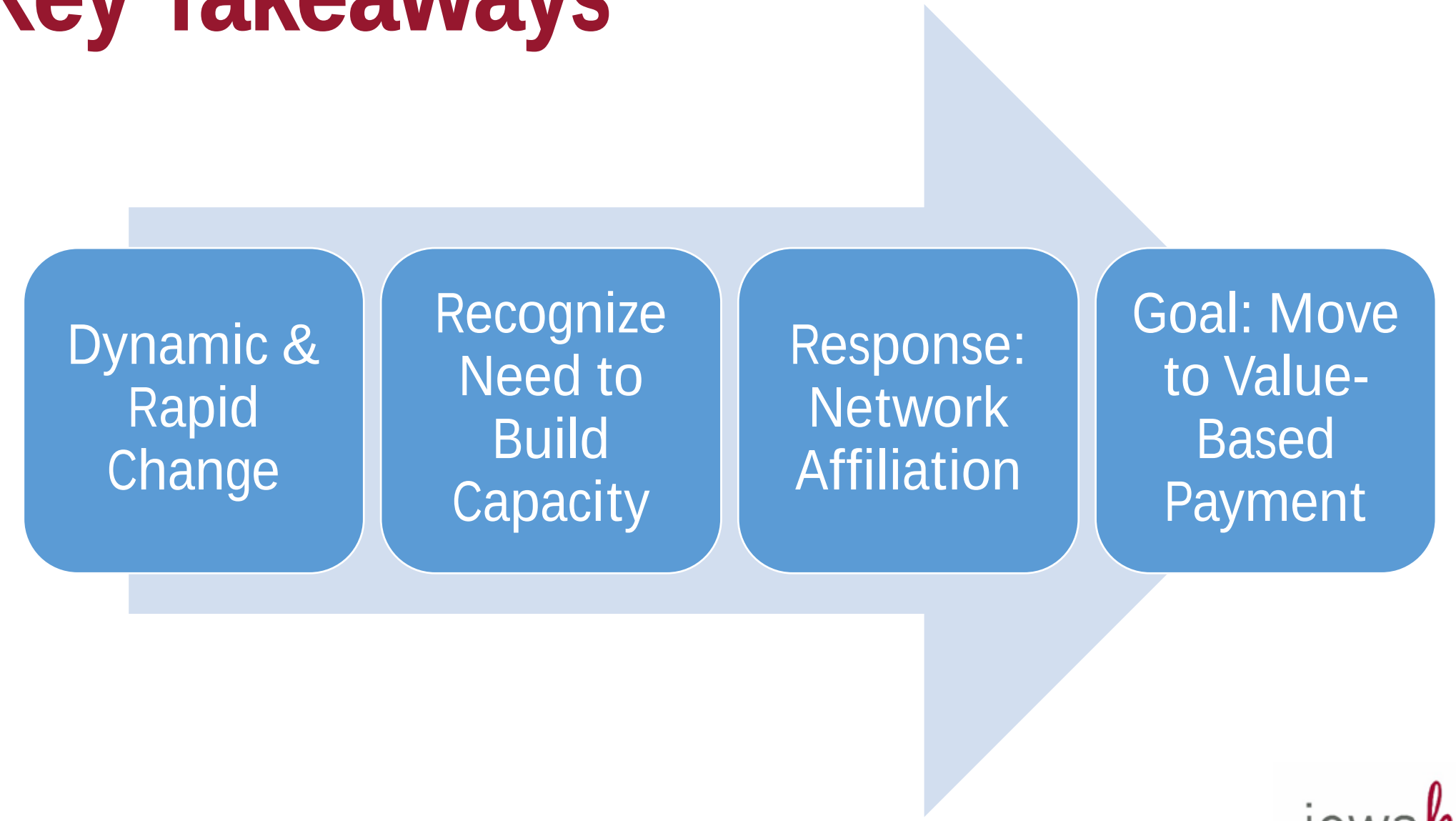
Key Takeaways



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Key Takeaways, continued

- Balance optimism & fear – move to proactive from reactive
- Hard things: Change, Communication, Trust
- Culture change is required with tone set at the top
- How can governance structures support accountability?
- How do you prioritize PI: administrative, financial, and clinical?
  - We chose key clinical interventions, operational efficiencies including care management system improvement (SNAC project), and data analytics

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HCP LAN
Health Care Payment Learning & Action Network

Aligning for Action

October 25, 2016

Payment Reform Challenges and Opportunities for the Safety Net Sector *The Rural Perspective*

Paul Moore, DPh
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U.S. Department of Health & Human Services
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THEN .... and NOW.

Late '80s...

- Major change to way hospitals are paid. (DRG)
- Financial stress on low-volume hospitals. (closures)
- State Initiatives and HCFA waivers.
- Alternative Payment Models

30 years later...

- Major change to way hospitals are paid. (VBP)
- Financial stress on low-volume hospitals. (closures)
- State Initiatives and CMS waivers.
- Alternative Payment Models

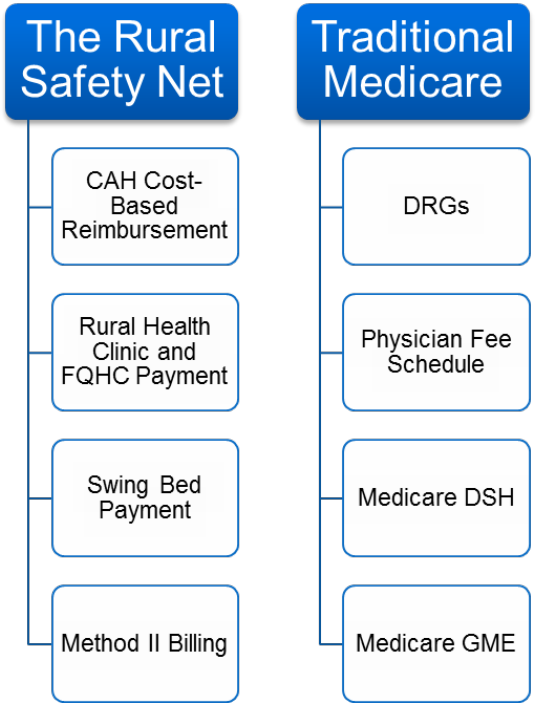
When Past Becomes Present

www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/

A Transitioning Landscape Toward Value

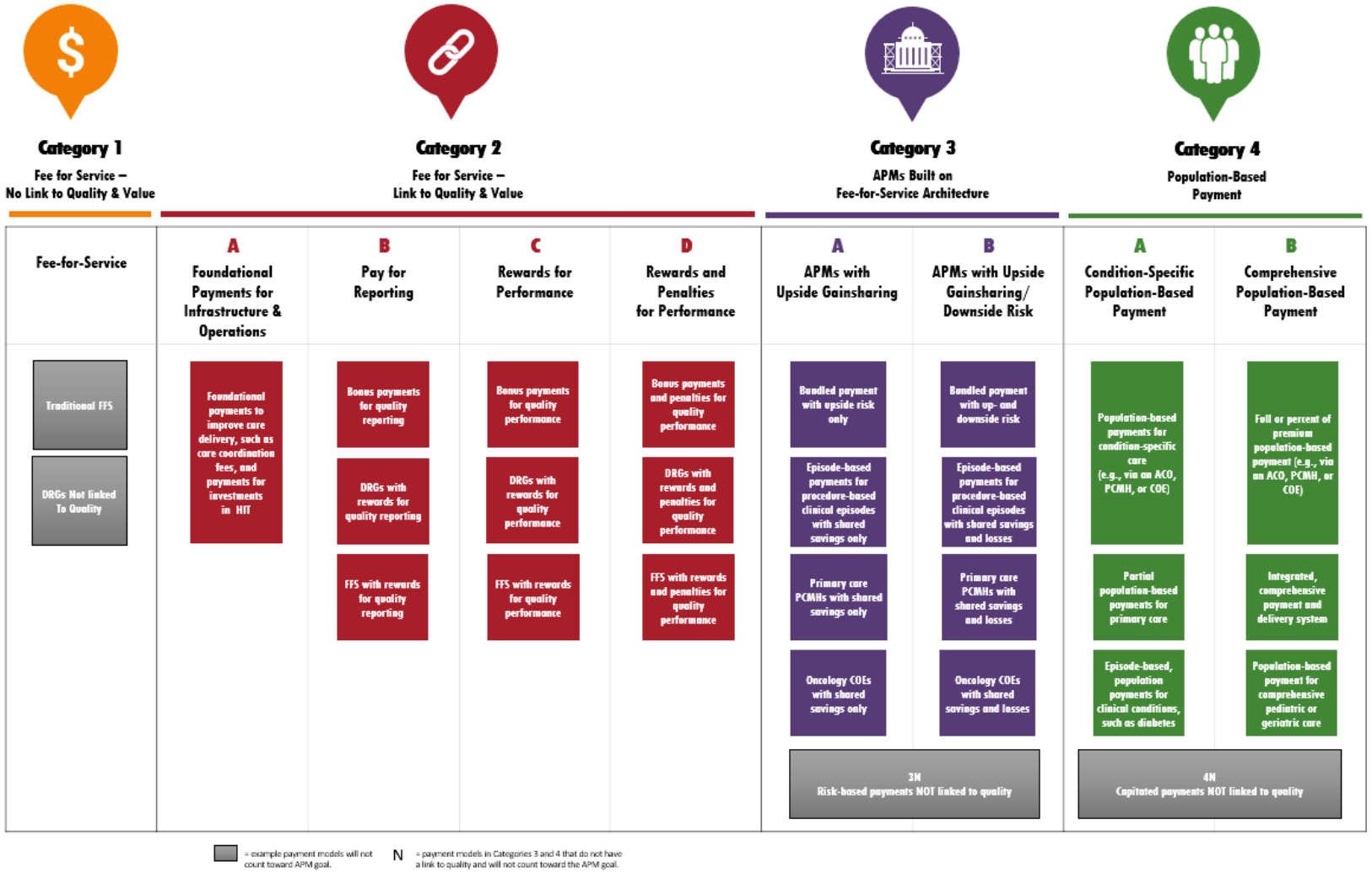
Are the rural payment protections a dividing line?

Unique rural payment methodologies not often included in quality reporting requirements



Legislation moving toward value has emphasized standard payment

Figure 4. APM Framework



The question…

How best to align rural healthcare within the framework of an APM future?

What will success look like in 10 years?

Thank you.

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Discussion and Questions?