Building Multiple Pathways to APMs

Health Care Payment Learning & Action Network
April 25, 2016

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Vanderbilt Is…

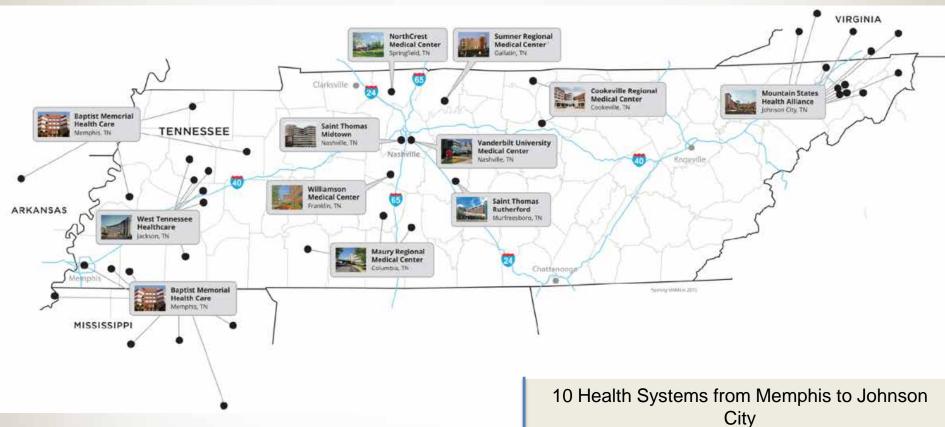One of the nation's largest, fully integrated research intensive health systems on a university campus

- 4 Hospitals (1,105 beds) – Children's, Adult, Psychiatric, Rehabilitation

- 25,026 faculty and staff – one of the largest private employer of Tennessee citizens

- 2425 faculty (MDs, PhDs) – all medical disciplines and *sub-sub-sub* specialties

  - 62,000 inpatient discharges
  - 2.1 M ambulatory visits
  - 62,000 surgical operations

- NCI-Designated Comprehensive Cancer Center, National Centers of Excellence for Heart, Trauma, Neurosurgery, Diabetes, Transplant, Children's care, many others…

- Discovery is Core. One of 10 largest NIH-funded biomedical research programs. Grants from government, industry exceed $0.5 B/yr

- Coordinating Center for $0.5 Billion NIH CTSA clinical research network (60 universities)

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VHAN is a Clinically Integrated Network

Just the facts…

10 Health Systems from Memphis to Johnson City
- Ø ~50 Hospitals

222 Practices (excluding Baptist and Mountain States)
- Ø 3,441 Total Participating Providers
- Ø 1,354 Primary Care Providers
- Ø 2,088 Specialists

104,000 Covered Commercial Lives

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Ideas to Share

- The path to APMs is not straightforward

- APM opportunities can lead to unwelcome increases in cost and loss of efficiency if not carefully orchestrated

- Building or reconfiguring health systems to enable success in APM's touches all parts of the organization

- Continuous measurement, training and education are keys to success

- Success requires time, strategic planning and significant infrastructure development and change

Three Pathways to Better Care and Better Value

- P4Ps

- Episodes of Care/ Bundle Payments

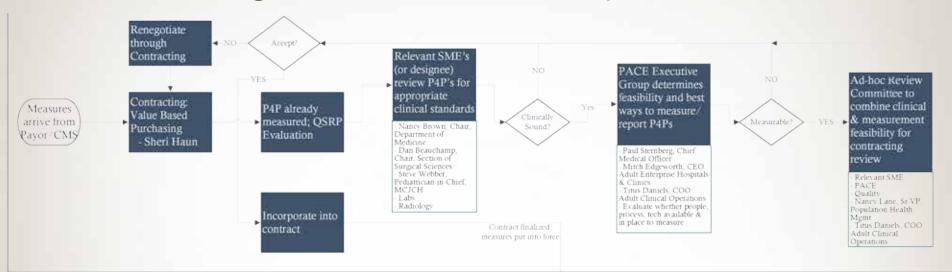- Transforming Clinical Practice Networks

P4Ps

P4Ps, a first step

- P4Ps are tools for tracking and incenting quality improvement

- Used extensively by commercial payers, CMS and some Medicaid agencies

- Proliferation!

- Our first challenge was to find and understand the magnitude and variability of the measures and their associated value and penalties

- Second challenge was to build awareness and organizational buy-in

- Ongoing challenge is to integrate the measurement and process improvement into the everyday operations of the Medical Center

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Vetting and Feasibility for P4Ps

Technical P4Ps

Technical Billing: P4P Program Value; opportunities for improvement	Calendar Year 2016												
	Type of P4P Program	Cost Per Beneficiary	Core Measures	Mortality Rates	HCAHPS	Infection Rates	Safety Measures	All Cause Readmission Rates	Pay for Participating	Use of Certified HER Tools	Condition Specific Measures	Electronic Quality Reporting	Estimated Financial Value Range Impacting FY2017 and FY2018 (Medicare)
Medicare — TCPI/MSSP		X						X					*MSSP Pending for 2017*
CMS Readmission Reduction	1							X					*$XM*
CMS Value Based Purchasing (VBP)	3	X	X	X	X	X	X						*$XM*
CMS Meaningful Use/HER Incentive Program	1									X		X	*$XM*
CMS Outpatient Quality Reporting (OQR)	1									X			*$XM*
Episodes of Care (EOC)	3	X									X		*$XM*
CMS Hospital Acquired Condition Penalty (HAC)	1					X	X						*$XK*
CMS Impatient Quality Reporting (IQR)	1									X		X	*Pending*
CMS Inpatient Psychiatric Quality Reporting (VPH)	1									X			*$XK*
MedAdv — Commercial 1	1							X					*$XK*
Awaiting Final Contract — Commercial 2	1												*Pending*
Commercial 3	1												*Pending*
Commercial 4	1												*$XM*
Current Payor Totals		3	1	1	1	2	2	3	3	1	1	2	*$XXM*

Key:
*Type of P4P program (1 quality reporting, 2 cost reduction, 3 quality reporting and cost)
**Negotiations
Light Red = Programs >$1M annually with known measures
Dark Red = measure is needed for MSSP and multiple P4P programs >$1M or included in commercial programs AND opportunities for improvement exist

Professional P4Ps

Professional Billing: P4P Program Value; opportunities for improvement — Calendar Year 2016

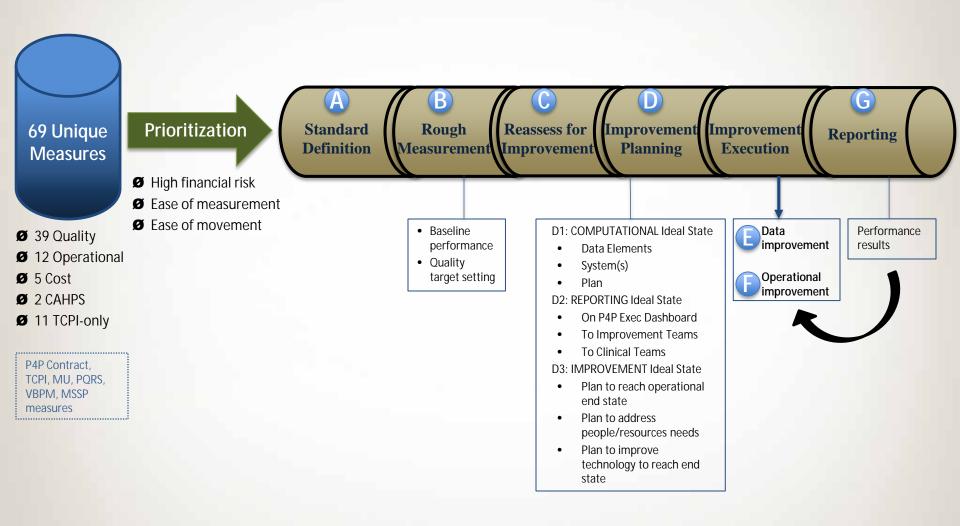| Category	Program	Type of P4P Program	Cost Reduction	Breast Cancer Screening	Cervical Cancer Screening	Colorectal Screening	Adult BMI Assessment	Diabetes: A1c Control	Diabetes: Eye Exam	Diabetes: Nephropathy	Diabetic Medication Adherence	Diabetes Care-Cholesterol Controlled	Diabetes: HbA1c test (18-75)	Rheumatoid Arthritis Mgmt	High Risk Medication	Med Adherence for Hypertension	Statin Med Adherence	HIV PCP prophy, RNA, medical visits	Hypertension: Improving high BP	Hypertension: Controlling High BP	Influenza/Pneumococcal Immunization	Childhood Immunizations	Well Child 0-15 months	Well Child 3-6 years	Well Child Adolescent	Follow-up for Kids with ADHD	Appropriate Testing for URID	Patient Experience	Use of Certified HER tools (9 measures)	Tobacco Use: Screening and Cessation	Ambulatory Admit Rates (Claims)	Utilization: Choosing Wisely 12	Measures Estimated Financial Value Range impacting FY2017 and FY2018 (Medicare)
Medicare	TCPI/MSSP	3	X	X		X	X	X	X												X								X	X		X	X	MSSP Pending for 2017
Medicare	CMS (Value Modifier)	3	X					X				X	X		X				X	X	X	X							X			X		$XM
Medicare	CMS Meaningful Use	1																												X			$XM
Medicare	CMS PQRS	1						X				X	X		X				X	X	X	X												$XM
Commercial and Medicare Advantage	Commercial 1	3	X	X	X	X		X	X				X										X											$XM
Commercial and Medicare Advantage	Commercial 2	3	X	X		X		X		X	X				X	X	X											X					$XM
Commercial and Medicare Advantage	Commercial 3	1		X		X	X	X	X		X	x			X	X	X	X															$XK
Commercial and Medicare Advantage	Commercial 4	1		X		X	X	X	X		X				X	X	X																Pending
Commercial and Medicare Advantage	Commercial 5	1		X		X	X	X	X	X	X			x		X	X																$XK
Tenn Care	Commercial 6	3	X																			X	X	X	X	X	X						$XK
Tenn Care	Commercial 7	3	X	X	x				X	X			X										X	X	X	X							Pending
Awaiting Final Contract	Commercial 8																																Pending
Awaiting Final Contract	Commercial 9																																$XM
Awaiting Final Contract	Commercial 10																																Pending for 2017
	Current Payor Totals		6	7	2	6	4	8	6	3	4	3	4	2	5	4	4	2	2	3	3	1	3	2	2	2	1	3	2	1	2	1	$XXM

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Measure Process: P4P Pipeline

69 Unique Measures

Prioritization
- Ø High financial risk
- Ø Ease of measurement
- Ø Ease of movement

- Ø 39 Quality
- Ø 12 Operational
- Ø 5 Cost
- Ø 2 CAHPS
- Ø 11 TCPI-only

P4P Contract, TCPI, MU, PQRS, VBPM, MSSP measures

A Standard Definition
B Rough Measurement
C Reassess for Improvement
D Improvement Planning
Improvement Execution
G Reporting

- Baseline performance
- Quality target setting

D1: COMPUTATIONAL Ideal State
- Data Elements
- System(s)
- Plan

D2: REPORTING Ideal State
- On P4P Exec Dashboard
- To Improvement Teams
- To Clinical Teams

D3: IMPROVEMENT Ideal State
- Plan to reach operational end state
- Plan to address people/resources needs
- Plan to improve technology to reach end state

E Data improvement
F Operational improvement

Performance results

Episodes of Care

Current Episodes of Care in TN

Mandated

UnitedHealthcare®
UnitedHealthcare Community Plan (TennCare)

BlueCare Tennessee

COVERKids COVER-TENNESSEE

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Cigna.

Amerigroup RealSolutions in healthcare
Amerigroup Tennessee

Timelines Identified

Evaluating Other episodes

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

of Tennessee (State Employee Health Plan) (Commercial)

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

of Tennessee (Commercial)

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75 Episodes of Care through 2019

Wave 1- Baseline 2015 (performance start 1/2015)
Perinatal
Asthma
Total Joint

Wave 2- Baseline 2014 (performance start 1/2016)
Colonoscopy
Non Acute / Acute PCI
Cholecystectomy
COPD

Wave 3- Baseline 2015 (performance start 1/2017)
Kidney infection
GI hemorrhage
Simple pneumonia
URI
Upper GI endoscopy
UTI

Wave 4- Baseline 2015 (performance start 1/2017)
Cardiac valve
CABG
ODD
CHF acute exacerbation
ADHD (multiple)

Wave 5- Baseline 2016 (performance start 1/2018)
Breast biopsy
PTSD
Anxiety
Otitis
Tonsillectomy
Breast cancer (multiple)

Wave 6- Baseline 2016 (performance start 1/2018)
Bronchiolitis & RSV pneumonia
Hepatitis C
HIV
Neonatal Part I (multiple)
Neonatal Part II (multiple)
Cellulitis & bacterial skin infection

Wave 7- 2017
Knee arthroscopy
Hip/Pelvic fracture
Lumbar laminectomy
Spinal fusion exc. cervical
Diabetes acute exacerbation
Schizophrenia (multiple)
Medical non-infectious orthopedic

Wave 8- 2017
Pacemaker/Defibrillator
Sickle cell
Cardiac arrhythmia
Hernia procedures
Coronary artery disease & angina
Colon cancer
Anal procedures
Hemophilia & other coag. disorders

Wave 9- 2018
Bariatric surgery
Other major bowel (multiple)
Female reproductive cancer
Lung cancer (multiple)
Major Depression
Mild/Moderate Depression

Wave 10- 2018
Drug dependence
GERD acute exacerbation
Pancreatitis
Hepatobiliary & pancreatic cancer
Renal failure
Fluid electrolyte imbalance
GI obstruction
Rheumatoid arthritis

Wave 11- 2019
Dermatitis/Urticaria
Kidney & urinary tract stones
Other respiratory infection
Epileptic seizure
Hypotension/Syncope
Bipolar (multiple)
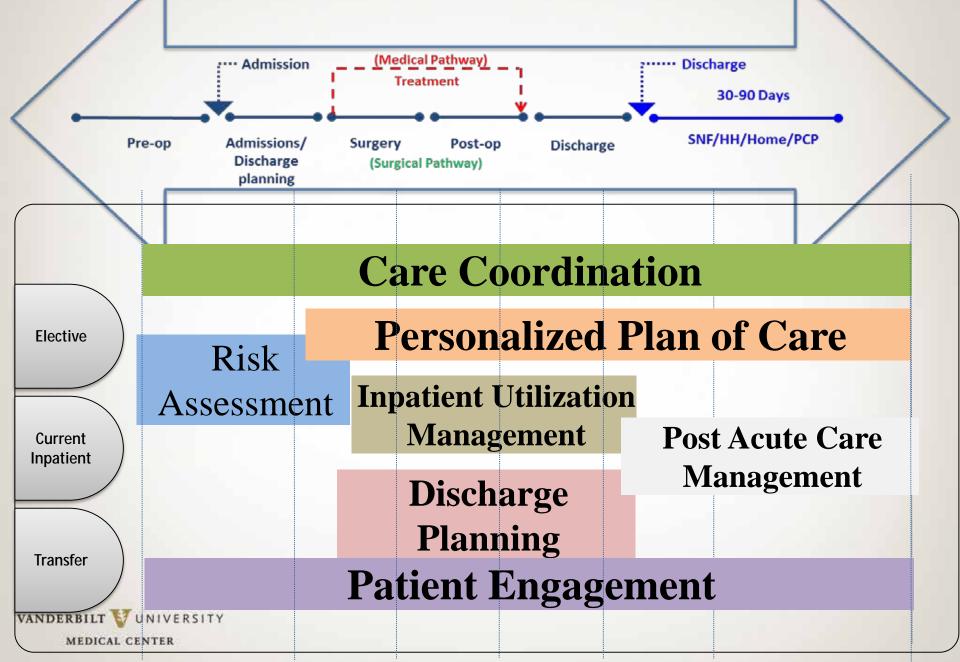Conduct disorder

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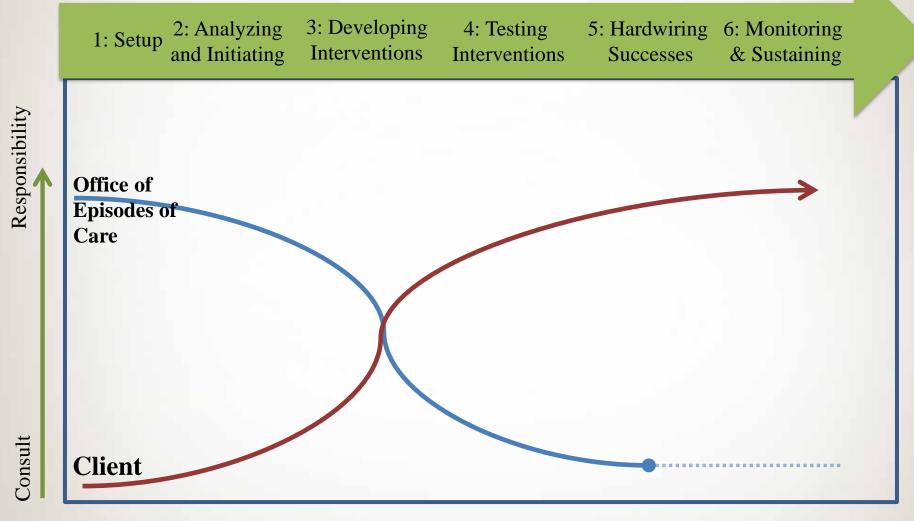MEDICAL CENTER

Standardized approach

- Playbook for clinical redesign efforts

  - Lean tools, PDSA, Driver Diagrams

- Standardized analytics tool

- Population prioritization tool

- Standardize process for pricing populations

- Approval for proactive efforts

Interventions focusing on the Continuum

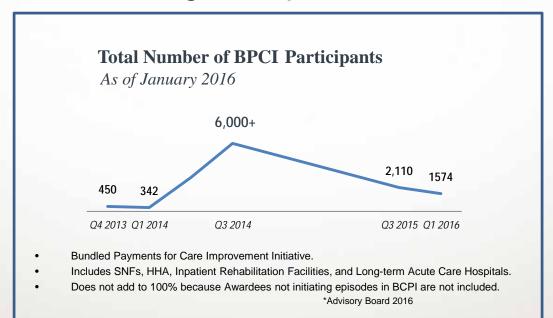# Shifting Responsibilities through the Phases of the Playbook

| 1: Setup | 2: Analyzing and Initiating | 3: Developing Interventions | 4: Testing Interventions | 5: Hardwiring Successes | 6: Monitoring & Sustaining |

Responsibility

Consult

Office of Episodes of Care

Client

Progress through the phases

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Current Status of BPCI involvement

- 2 episodes continue with 1 withdrawn

- High resources for little reward

- Small opportunity to decrease when starting at low variation

- With high volume of high risk patients, little return

Total Number of BPCI Participants
As of January 2016

6,000+

450   342   2,110   1574

Q4 2013 Q1 2014   Q3 2014   Q3 2015 Q1 2016

- Bundled Payments for Care Improvement Initiative.
- Includes SNFs, HHA, Inpatient Rehabilitation Facilities, and Long-term Acute Care Hospitals.
- Does not add to 100% because Awardees not initiating episodes in BCPI are not included.
*Advisory Board 2016

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Transforming Clinical Practice Initiative (TCPI) Overview

- In September 2015, CMS announced $685 million in awards over four years to regional networks and support organizations as part of TCPI

- 29 Practice Transformation Networks (PTNs) received awards, including MidSouth PTN. 10 Support and Alignment Networks (SANs) also received awards.

- CMS funded the networks to support 140,000 clinicians nationwide in data collection/reporting and practice transformation activities necessary to be successful in pay-for-value models. CMS defines this progression through the TCPI five phases of transformation:

PHASE I
Setting Aims & Developing Basic Capabilities

PHASE II
Reporting and Using Data To Generate Improvements

PHASE III:
Achieving Lower Cost, Better Care, & Better Health

PHASE IV:
Getting to Benchmark Status

PHASE V:
Record of Better Care & Better Health at Lower Cost

The goal of TCPI is to "graduate" participating practices into APMs successfully

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TCPI As Supportive Conduit to APMs

§ Practices enrolled by PTNs are assessed on:
- § Quality improvement (QI) & Evidence-based practice
- § Data collection and reporting
- § Patient and family engagement
- § Preparation for APMs

§ PTN provides technical assistance (and, in some cases, financial support) to the practice to:
- § Develop a QI plan and set improvement targets
- § Implement appropriate interventions
- § Collect and report data

Evaluation

Setting Milestones

Data Collection

Developing QI Plan Tailored to Practice

Implementation

§ TCPI aligns with APMs (e.g., MSSP) on numerous fronts:
- § Data Collection and reporting on quality and cost metrics
- § Engaging clinicians in practice transformation and quality improvement
- § Aligning on key quality goals to improve outcomes and reduce costs

Preparing Practices in Tennessee, Mississippi and Arkansas for APMs

- MidSouth PTN (a partnership between VUMC, the Vanderbilt Health Affiliated Network including Baptist Memorial Health Care, and the Safety Net Consortium of Middle Tennessee) received $28 million over four years to engage 4,000+ primary care and specialty care clinicians in TCPI

- We employ a two-prong approach to transformation:
    § QI coaches, including VUMC' s Physician Quality Scholars, actively engage clinicians offering QI interventions tailored to each practice' s needs and peer-to-peer coaching
    § Recognizing that practices must eventually become independent in their QI efforts, we provide direct financial support for practices to enable their own staff to conduct transformation and QI activities that align with the PTN

- To date, we have enrolled 61 practices representing 2,574 clinicians including 639 serving rural and/or medically underserved populations.
    § Some are still on paper records
    § Many have never engaged in QI or data collection and reporting
    § Without MidSouth PTN's resources and those of the National TCPI Community, these practices would encounter significant challenges in transitioning to pay-for-performance models

Preparing Our Practices for Data Collection and Reporting under APMs

Our quality goals align with current MSSP and P4P measures and we employ ACO definitions to facilitate the transition into MSSP and other APMs.

Our utilization measures focus our clinicians on evidence-based practice, reduced unnecessary utilization and higher value care.
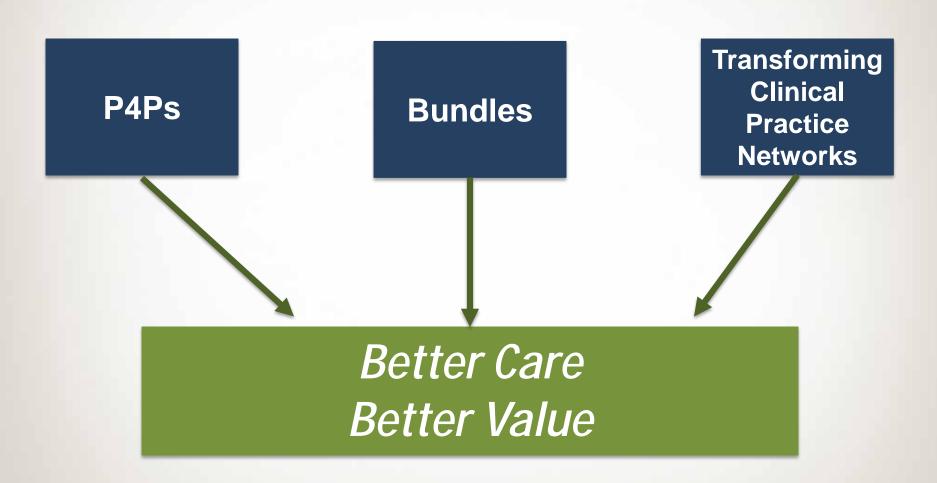
QUALITY MEASURES	MSSP
Breast Cancer Screening	X
Colorectal Cancer Screening	X
Pneumonia Vaccination Status for Older Adults	X
Influenza Immunizations	X
Screening for Clinical Depression and Follow-up plan	X
Tobacco Use: Screening and Cessation Intervention	X
Well Child Visits 3-6 Years of Life	
Diabetes: HbA1c Poor Control (>9.0%)	X
Coronary Artery Disease (CAD): ACE-I or ARB Therapy –Diabetes or LVSD (LVEF <40%)	X
CAHPS for PQRS Clinician/Group Survey	X

UTILIZATION MEASURES	MSSP
All-Cause Readmissions	X
All-Cause Unplanned Admissions for Patient with Diabetes	X
All-Case Unplanned Admissions for Patient with Heart Failure	X
Reduction in <2 Day Hospital Length of Stay (LOS)	
Reduction in ED Visits	
Choosing Wisely:	
Back Pain Imaging with No Red Flags	
Benign Prostatic Hyperplasia Imaging	
Cardiac Tests for Low Risk Patients	
Cervical Cancer Screenings for Women over 65	
Dual-Energy X-Ray Absorptiometry Scans	
Preoperative Cardiac Tests for Cataract Surgery	
Preoperative Cardiac Tests for Non-Cardiac Surgeries	
Population-based 25-OH Vitamin D Deficiency Screenings	
First Choice Antipsychotics Treatment for Dementia	
Percutaneous Feeding Tubes for Advanced Dementia	
Opioid or Butalbital Treatment for Migraines	

MidSouth's QI, data, and financial support not only facilitate our practices' transition to APMs but also prepare them for the requirements of P4P models ensuring their future success.

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Pathway Summary

P4Ps

Bundles

Transforming Clinical Practice Networks

Better Care Better Value

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