

PANEL SPEAKER



Mark Froimson, MD

Executive Vice President
and Chief Clinical Officer
Trinity Health

Provider Perspective on Design and Implementation

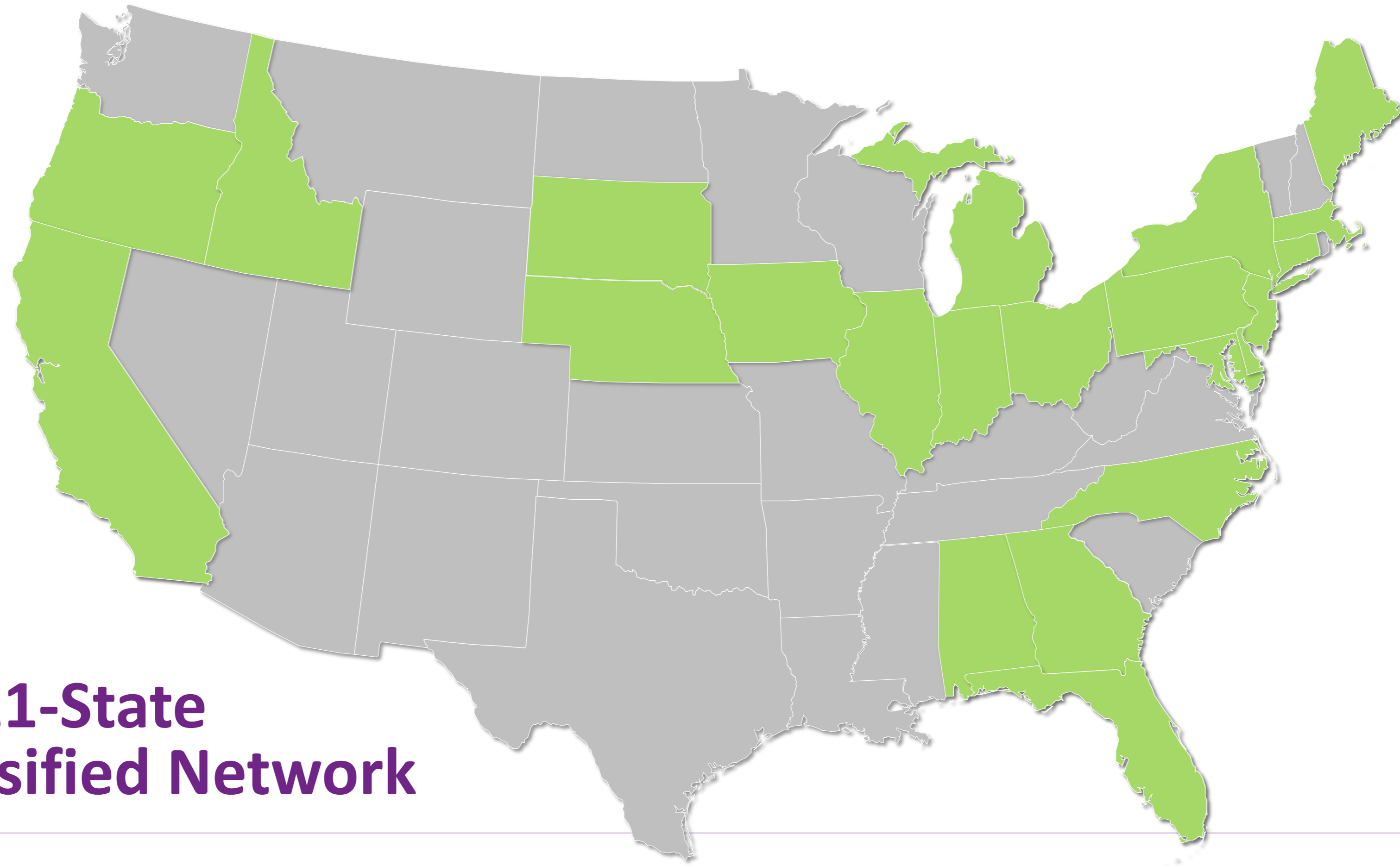
April 26, 2016

LAN Summit

Mark I Froimson, MD, MBA
Executive Vice President
and Chief Clinical Officer



Trinity Health
Livonia, MI



Our 21-State Diversified Network

90 Hospitals* in 21 Regional Health Ministries**

59 Continuing Care Facilities

23.9K Affiliated Physicians

47 Home Care & Hospice Locations Serving 116 Counties

14 PACE Center Locations

3.9K Employed Physicians

Our strategy is to build a “People-Centered Health System”



PEOPLE-CENTERED HEALTH SYSTEM

Episodic Health Care Management for Individuals

Efficient & effective episode delivery initiatives

Community Health & Well-being

Serving those who are poor, other populations, and impacting the social determinants of health

Population Health Management

Efficient & effective care management initiatives

Better Health • Better Care • Lower Costs

Agenda

- Joint Replacement Fast Facts
- Redefining Joint Replacement
- Improving Care Through System Thinking
- Rewarding Care Improvement Through Payment
- Avoiding Unintended Consequences

Joint Replacement is Among the Most Successful Interventions Impacting Quality of Life

- Restores Function
- Relieves Pain
- High Return to Work and Return to Sport Rates
- Favorable QALY

Joint Replacement Is Common and Rates are Rising Rapidly, Costs are Variable

- > One Million joint Replacements
 - 2:1 Knees to Hips
 - 40-50% Medicare
 - \$7 billion for hospitalization
- Costs (prices) range widely
 - Commercial: \$16,000 - \$73,987
 - Medicare: \$16,000 - \$36,000
- Post Acute Utilizations ranges widely
 - 5-65% discharge to SNF rates

Joint Replacement Patients Represent a Wide Spectrum of Patients and Disease States

- Demographic spread
 - Age, Stage in Work Force, SES
- Goals
 - RTW, Sport, ADLs
- Medical Comorbidities
- Orthopedic Condition
 - Same Joint Severity
 - Multiple Joints
- Etiology of Disease

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- Redefining Joint Replacement
- Improving Care Through System Thinking
- Rewarding Care Improvement Through Payment
- Avoiding Unintended Consequences of APMs

The Patient Perspective: Viewing Care as a Complete Episode is What Patients Want



Provider Centered:
Bundled Payment

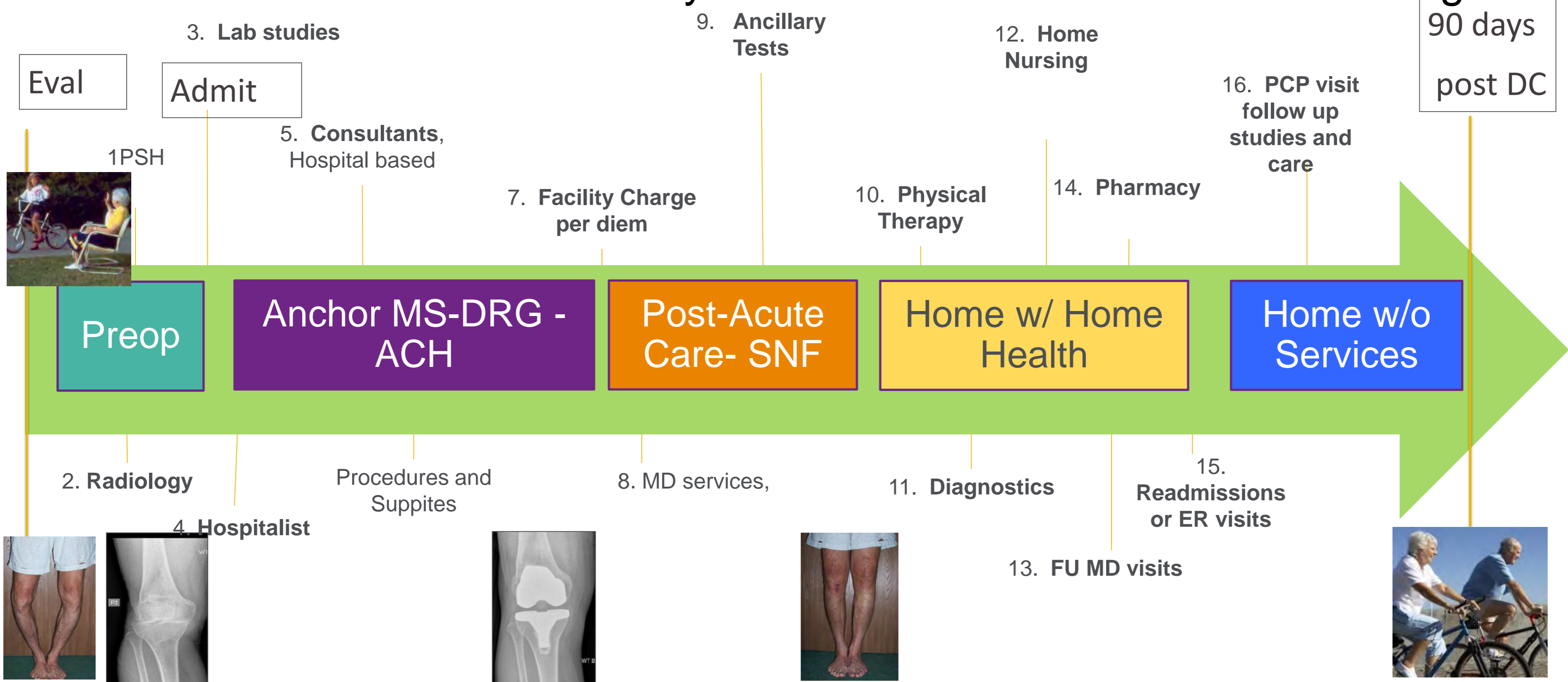
- Reputation
- Access/Appt
- Education
- Evaluation
- Appropriateness
- Clinical Optimization
- Risk Mitigation
- Shared Decision
- Efficient Processes
- Operative Excellence
- Clinical Pathways
- Outcomes
- Rehabilitation
- Recovery
- RTW/P



Patient Centered:
Complete Care

Episode of Care Consist of Many Discrete and Related Events with Many Opportunities to impact Outcomes

- Patient Education, Preparation and Preoperative Optimization
- Acute Care Delivery and Reduction in Variation and Waste
- Rehabilitation and Recovery Protocol and Site of Service Planning



* Timeline Not to Scale, Nor an Exhaustive List of All Interventions

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Episode-Based Complete Care Philosophy

A Principle Based Approach

Our Promise to Patients: We will deliver all the care needed to get you through entire episode of care



Patient Commitment: You must be engaged in the process, bring resources, get educated and work to modify your risk

Complete Care Principles

- Patients need teams working across the continuum
- Physicians must promote team based care
- Value can be created or reduced across the entire care continuum of total joint replacement care
- Coordination of care is critical
- Variation in care should be avoided
- Be vigilant in searching for better ways
- Wasted steps and resources are in plain site

Complete Care Principles

- Engaged and educated patient is our greatest asset
- Need to identify and engage family or other support system preoperatively
- Investing upstream in patient preparation and medical optimization is key
- Time in an institution (Hospital, SNF or Rehab) should be minimized
- Keep care as simple as possible
- More interventions are not intrinsically better

Developing an Episode Payment Strategy requires significant program development

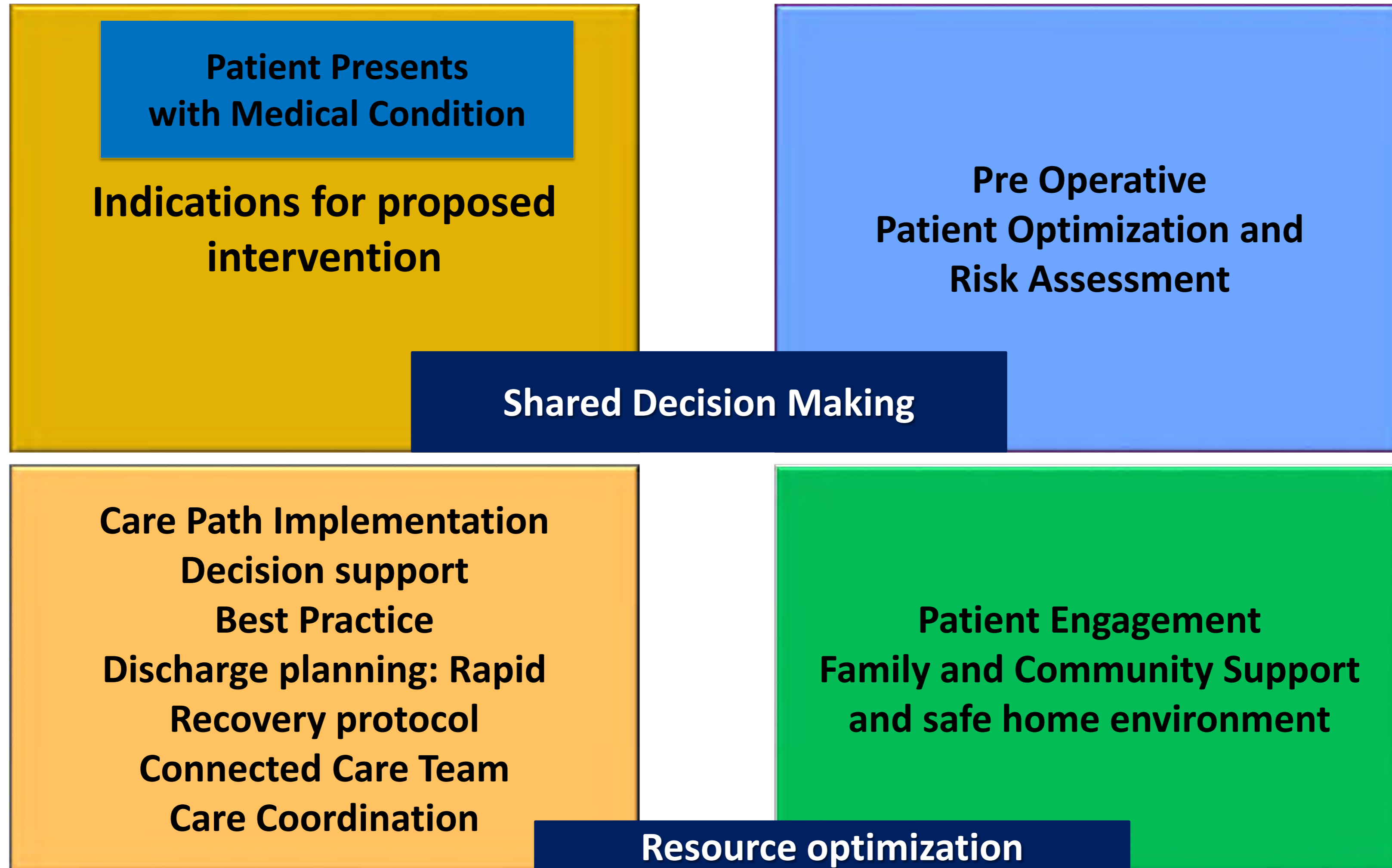
- Governance at system and local level
- Operational teams to execute care optimization
- Regular education sessions to move dialogue
- Optimum transition planning
 - Working on Discharge to the Least Restrictive environment
- Role Clarity
 - Patient Navigators responsible for the patients throughout the 90 day episode.

Build a Network for Optimum Care Coordination (owned or partnered)

- Have and clarify a consistent Plan of Care across the continuum, built around the needs of the patient
- Build a robust information and communication infrastructure
- Determine appropriate location for care delivery
- Minimize time in an institution (terrible triad)
- Build a team and have role clarity
- Manage logistics of care transitions
- Ensure appropriate follow up and handoffs
- Have clear metrics, be transparent and improve daily

Care Redesign Opportunities Exist Across the Care Continuum

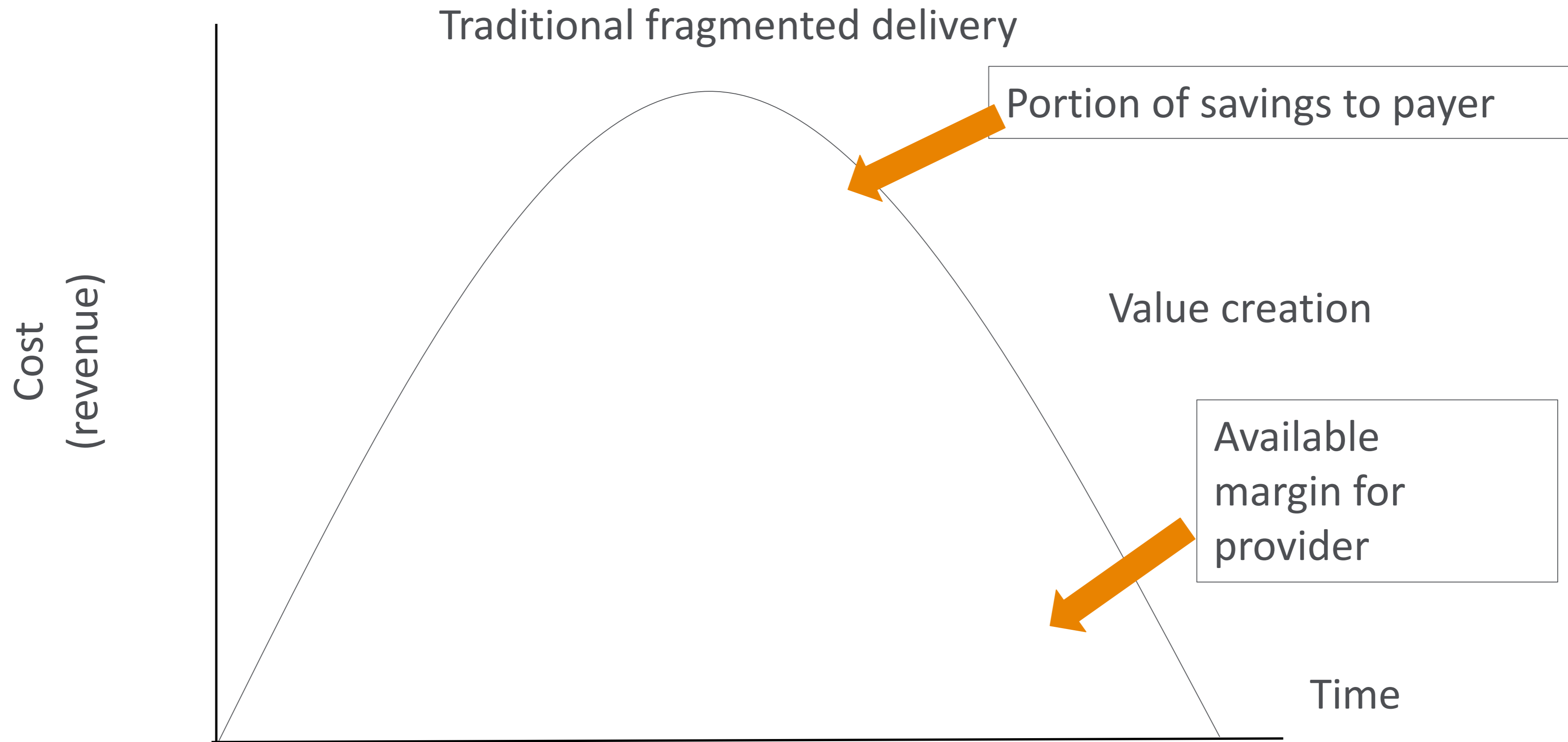
Develop a System to Optimize the Clinical Pathway






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The Business Case: Value is Created by Better Episode Management through Care Redesign

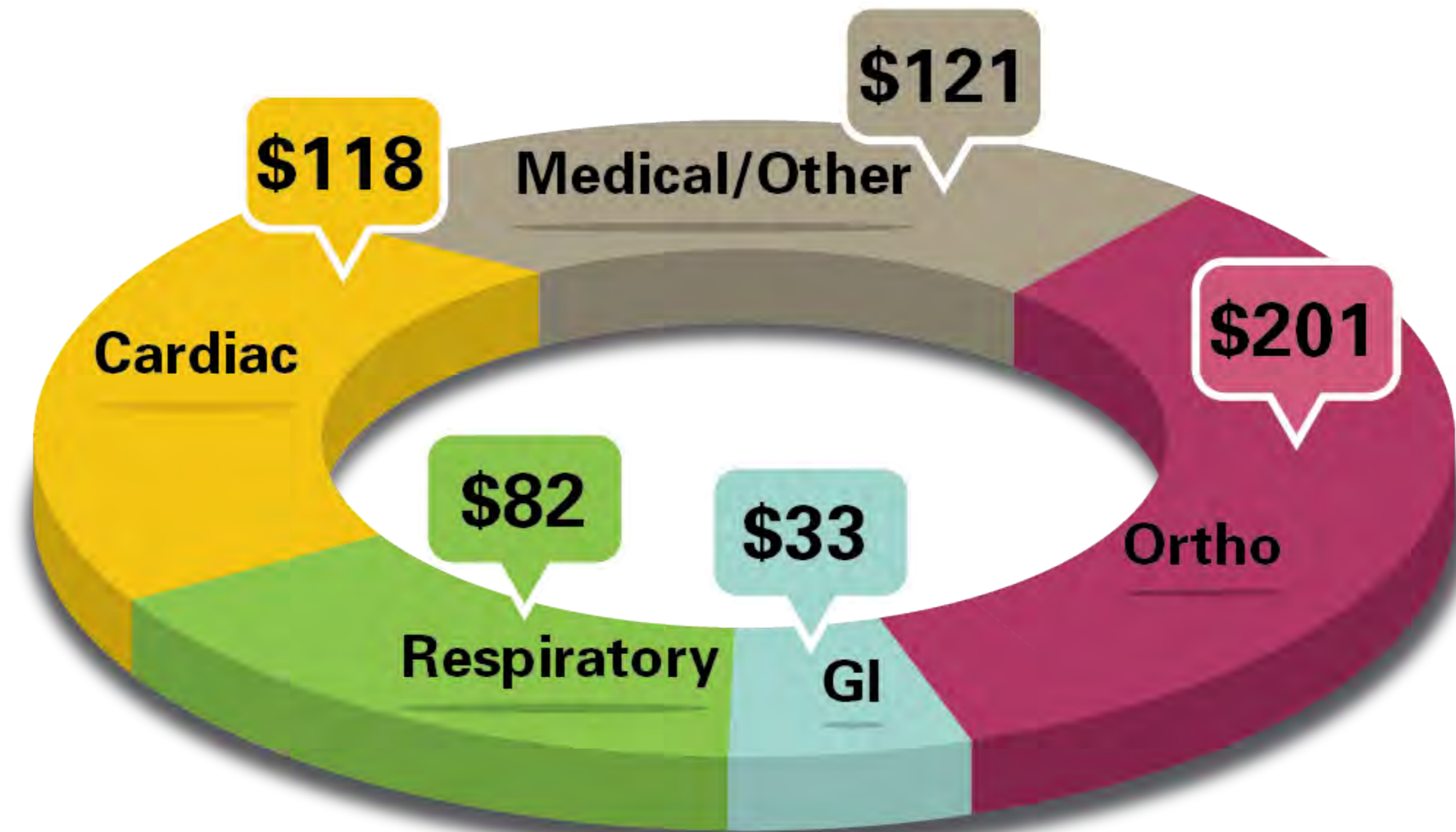


We operate one of the largest episode-based payment programs in the nation

-  **43** Model 2 Bundled Payment Care Improvement (BPCI) hospitals
-  **13** Model 3 Skilled Nursing Facilities (SNF)
-  **2** Comprehensive Joint Replacement (CJR) sites

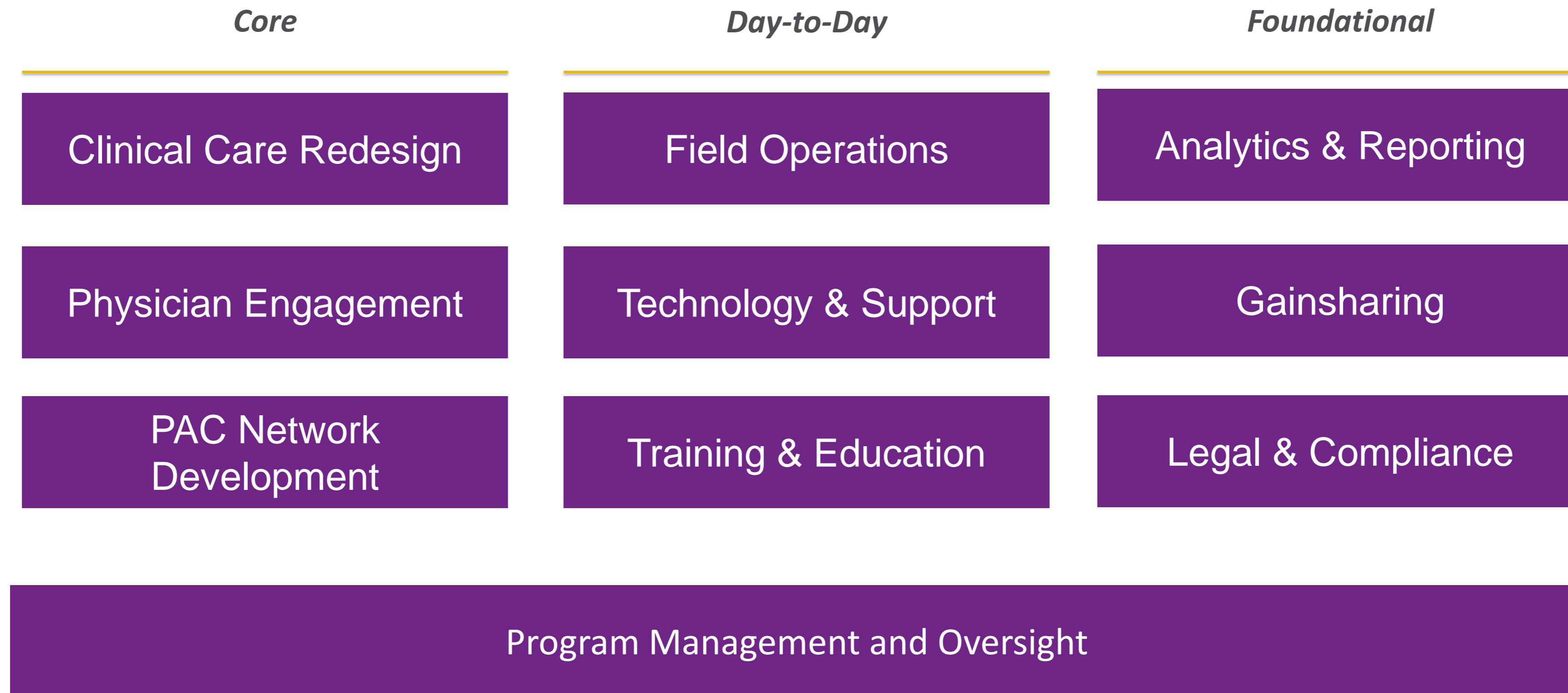


The impact of BPCI and CJR programs on our organization is becoming more significant



(in millions)
Total Program Size: \$550m

EBP PROGRAM STRUCTURE



We are carefully managing the program and metrics we use for **BPCI**



Coordinating care post-discharge

Dedicated patient navigators using technology to improve care pathways



Selecting optimal next site of care

Evidence-based decision support tools for the right care at the right location



Creating high-value SNF networks

Use of performance assessments to create skilled nursing facility (SNF) networks



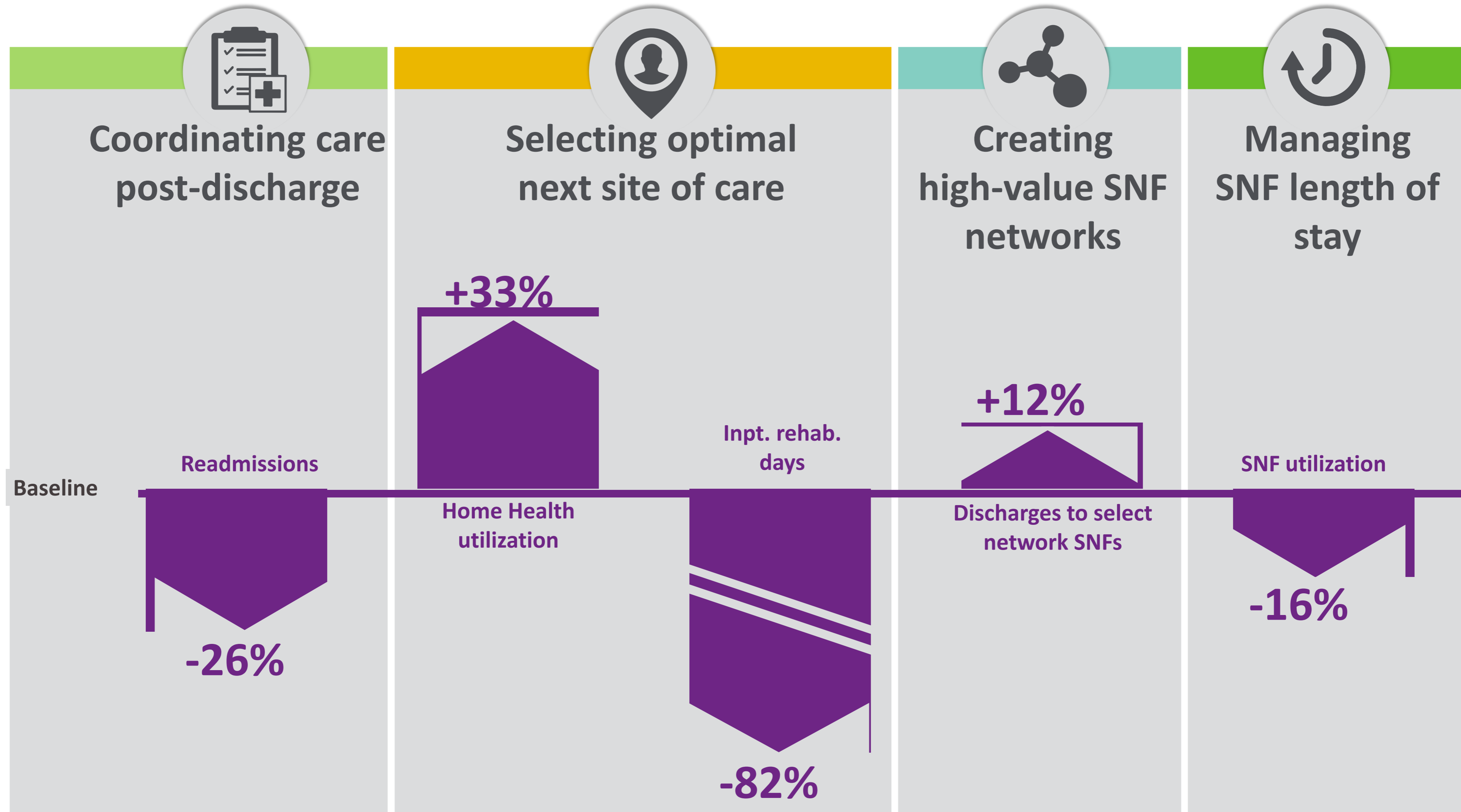
Managing Skilled Nursing days

Ministries utilizing episodic guidelines to manage patient length of stay

Evidenced-based Care Pathways

Episode-Based Payments Change Care Delivery Significantly

Early Results



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Episode Based Payment Design Should Recognize Potential for Unintended Consequences

- Avoiding Select Patients
 - High Medical or Surgical Risk
 - Poor support system
- Accelerate timing of surgical intervention
- Drive volume of low risk cases
- Under resource complex cases
- Stifle innovation
- Limit use of advanced technology
- Lower volume providers cannot manage risk

Key Episode Design Concepts can Mitigate Risk

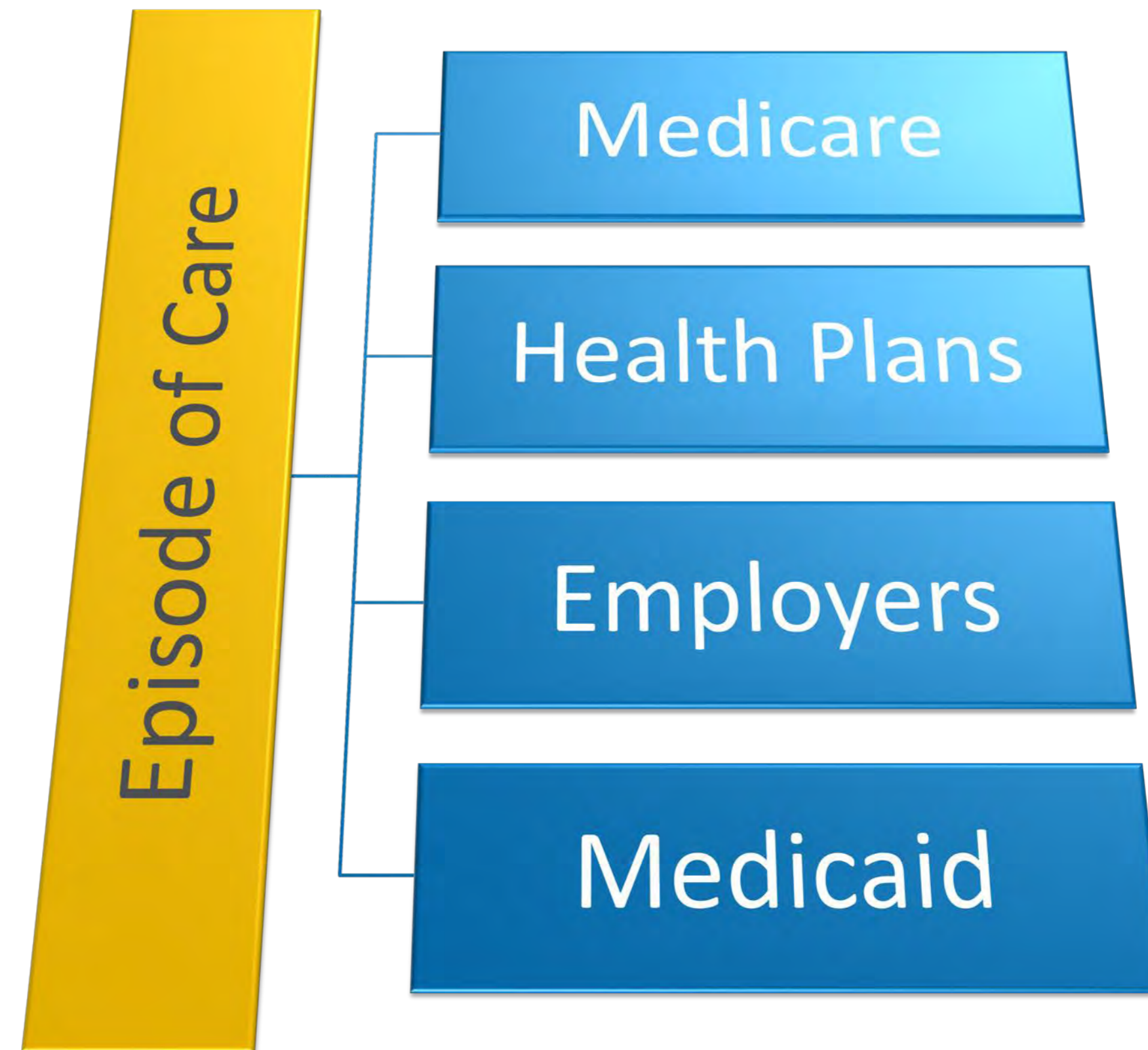
- Exclusion of non elective cases
 - Hip fractures
 - Prior hardware
- Exclusion of known outliers
- Volume threshold for risk acceptance
- Payment multiplier for complex cases
 - Medically complex
 - Surgically complex

Optimizing Patient Care Leads to a High Value Offering to Patients and Payers

Improve Quality
Reduce Cost

Care Path
Care Coordination
Connected Care

Clear Metrics
Analytic capabilities



Thank You



Trinity Health
Livonia, MI



Access the white paper:

<https://hcp-lan.org/groups/cep/elective-joint-replacement/>



CONTACT US

We want to hear from you!



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