

DRIVING VALUE-BASED POST-ACUTE COLLABORATIVE SOLUTIONS



Advantage

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Presented to:
CPERI April 16, 2018

Cross-Continuum “Road-Mapping”

- ▶ Post-acute partners are beginning to utilize tools to identify new trends, new opportunities and establish partnerships
- ▶ We will discuss how executives are developing their post-acute strategies, creating their own care-continuum and designing a full scope of care delivery
- ▶ As leaders our mindset needs to be of “thinking outside of the box” in order to develop innovative post-acute solutions



THREE TRANSFORMATIONAL WAVES RESHAPING HEALTHCARE

WAVE 1
PATIENT-CENTERED CARE
2010-2016



WAVE 2
CONSUMER ENGAGEMENT
2014-2020



WAVE 3
SCIENCE OF PREVENTION
2018-2025



2010



2025

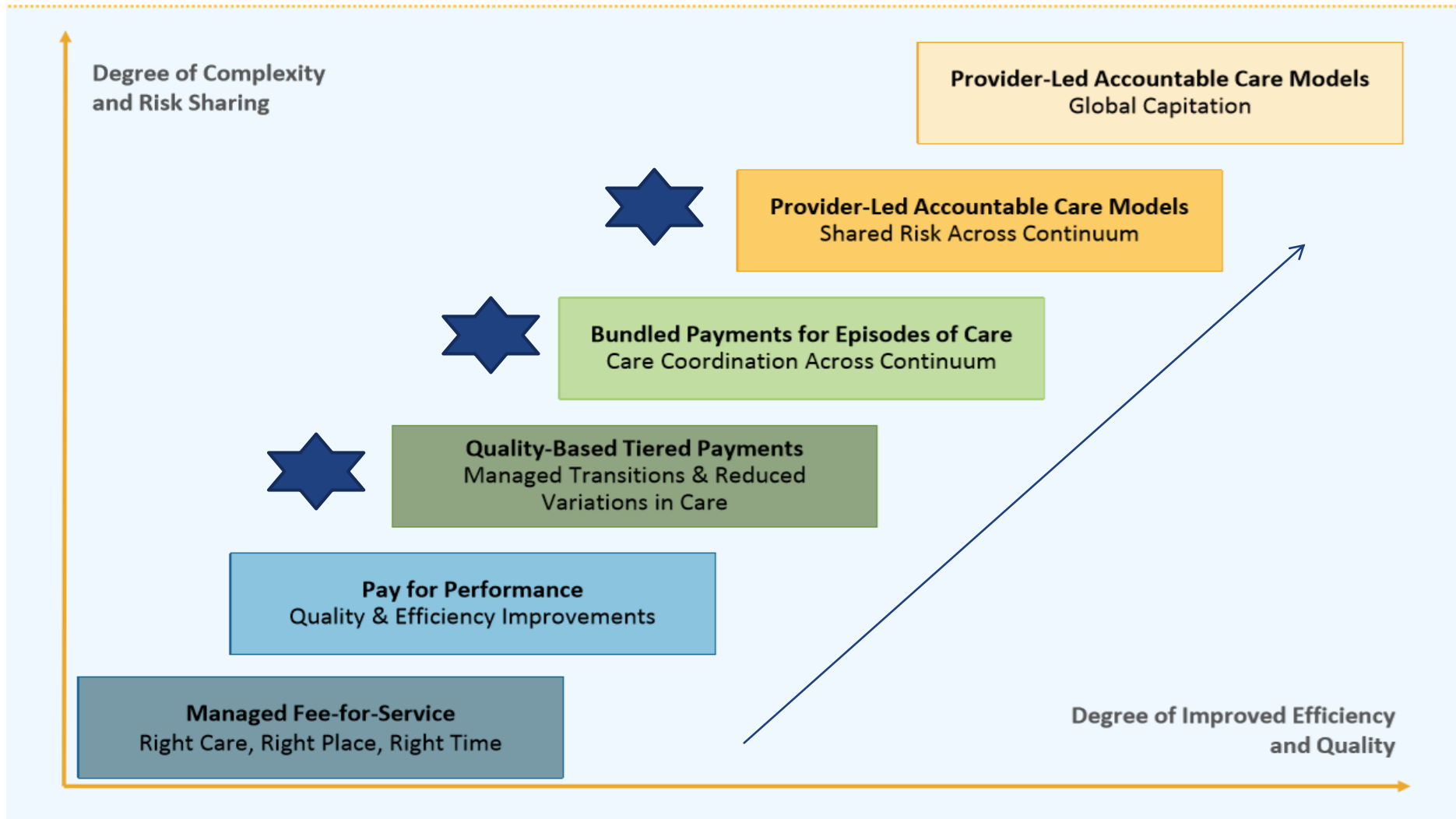
Disruption of the Status Quo

► Where are we?

- Value-based purchasing increasing focus
- Medicare is moving toward value-based APMs
- Other stake holders now involved
- SNF and MDs currently in transformation



Continuum of Payment Reform



Game Changer # 1

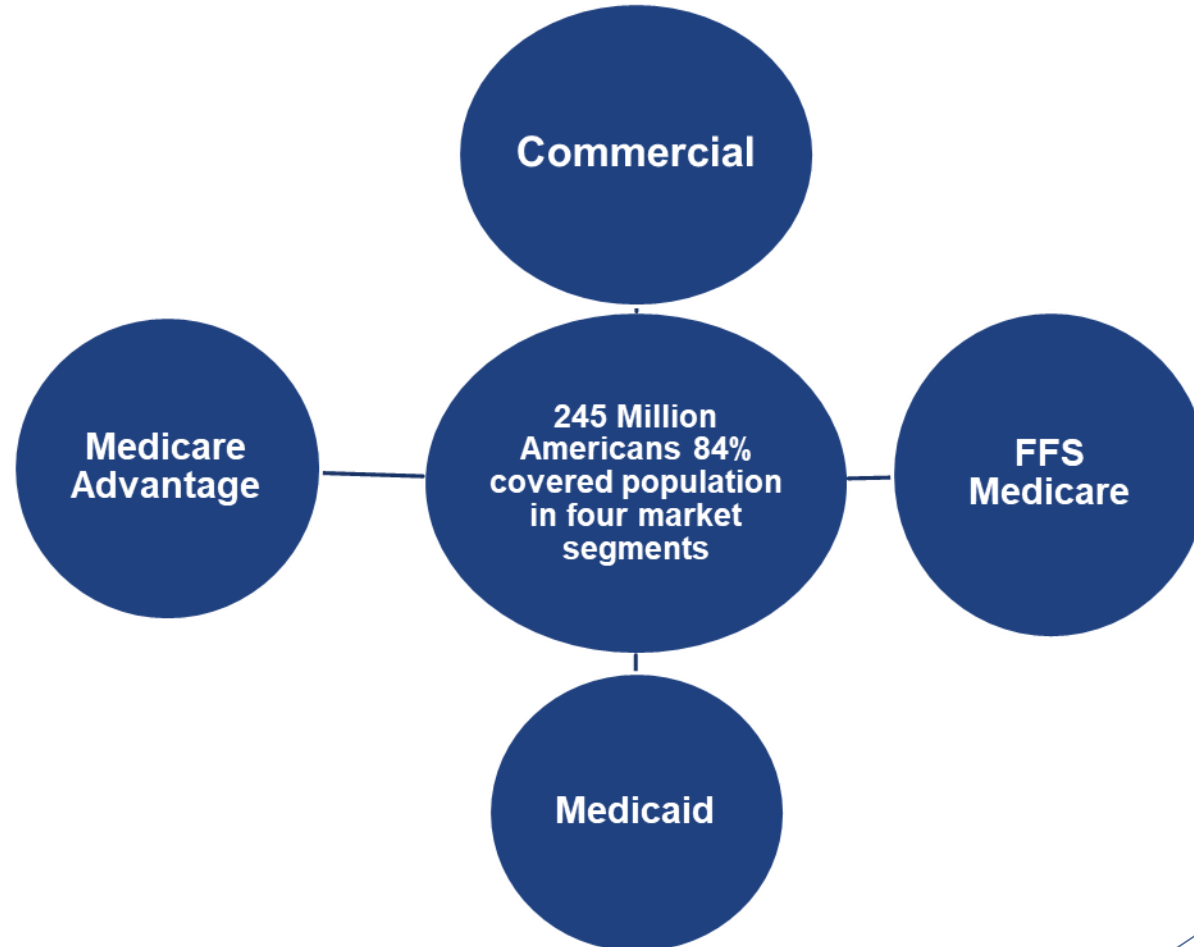
Alternative Payment Models



Game Changer # 1

Alternative Payment Models

- Alignment of public and private payers to adopt the same goal of moving toward value-based APMs



Game Changer # 1

Alternative Payment Models

Figure 1: APM Framework (At-a-Glance)

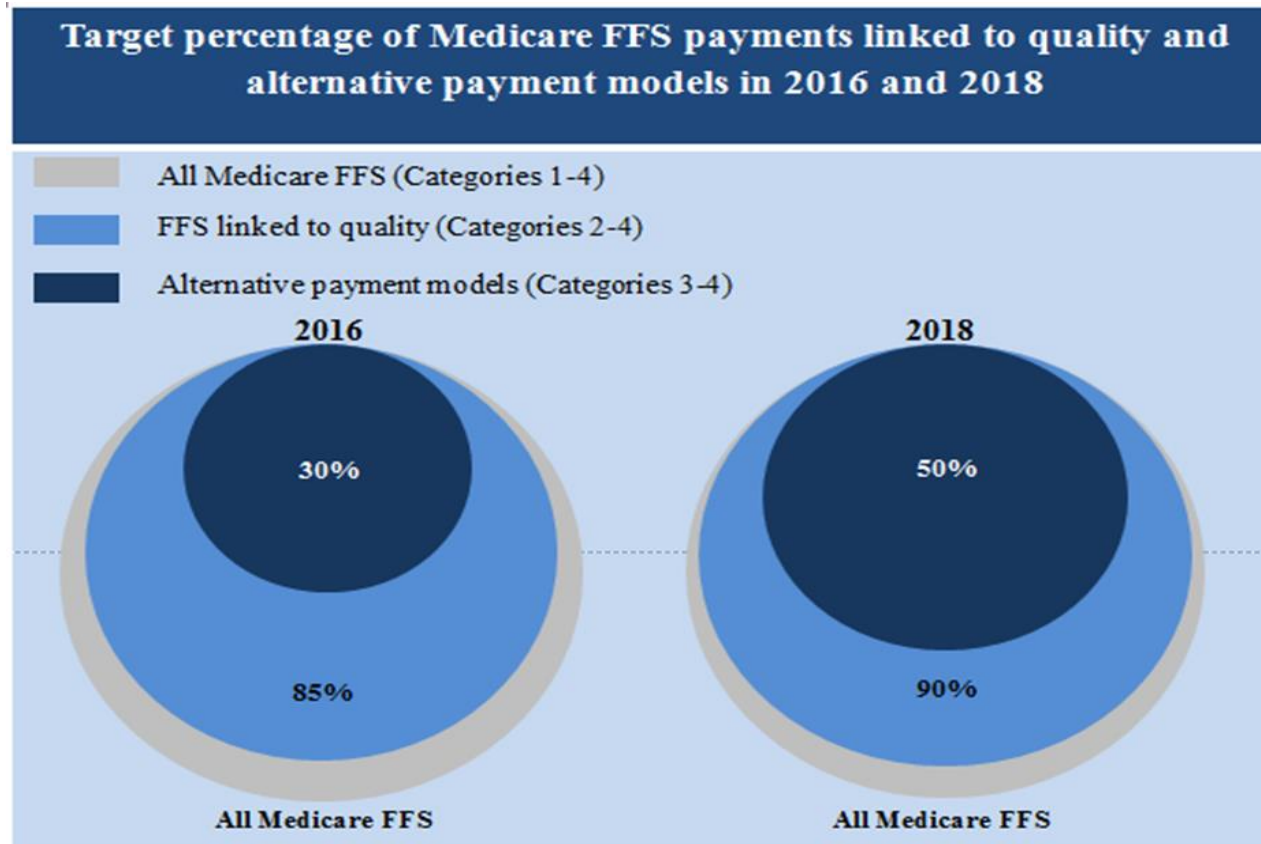


Source: [Alternative Payment Model \(APM\) Framework and Progress Tracking Work Group](#)

Game Changer # 1

Alternative Payment Models

Paying providers for value, not volume

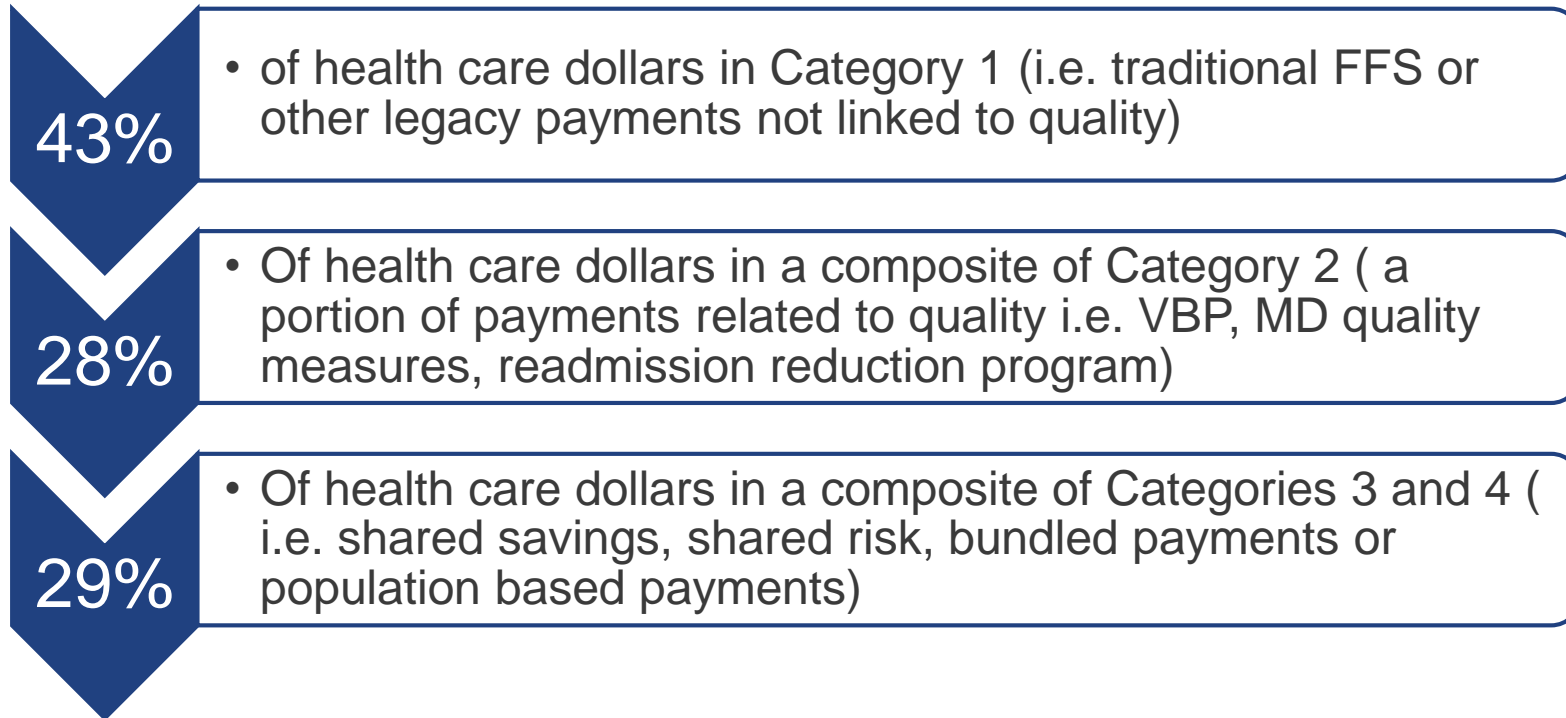


Game Changer # 1

Alternative Payment Models

Health Care Payment Learning & Action Network (LAN)

- Captures 2016 health care spending



Game Changer # 1

Alternative Payment Models

Pre MACRA Goals

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through alternative payment models (categories 3-4) by the end of 2016, and 50% by the end of 2018.

GOAL 2: **85%** 

Medicare fee-for-service payments are tied to quality or value (categories 2-4) by the end of 2016, and 90% by the end of 2018.



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



Set internal goals for HHS



Invite private sector payers to match or exceed HHS goals

Game Changer # 1

Alternative Payment Models

- 50% of the largest commercial plans medical spend are going to APM
- Anthem Blue Cross has started value-based contracting- which currently represents approximately 45% of the company's medical spending and the goal is to achieve 75% by the end of the decade



Game Changer # 1

Alternative Payment Models

- ▶ Greater interest in post-acute solutions
- ▶ Increased shared-risk contracting
- ▶ Possible greater competition for market share between acute and post-acute care



Game Changer # 2

ACO

- **Growth Trends**
- **Physician and ACO Participation**
- **ACO connection to MACRA/APMs**
- **Beneficiary Participation**

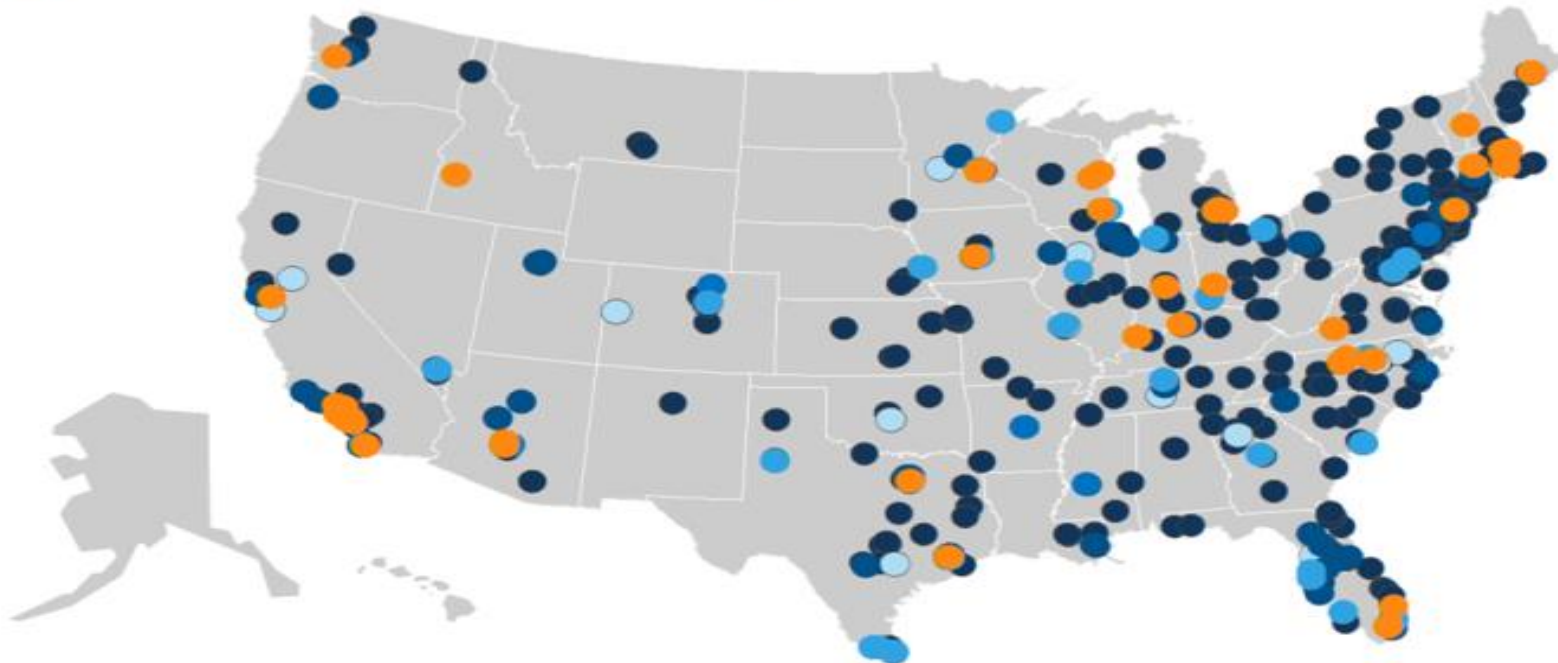


Game Changer # 2

ACO

- CMS aggressively continues to test, identify and expand alternative payment models
 - Forces parties to look for partners with systemic solutions

Accountable Care Organization (ACO) Models (2018)

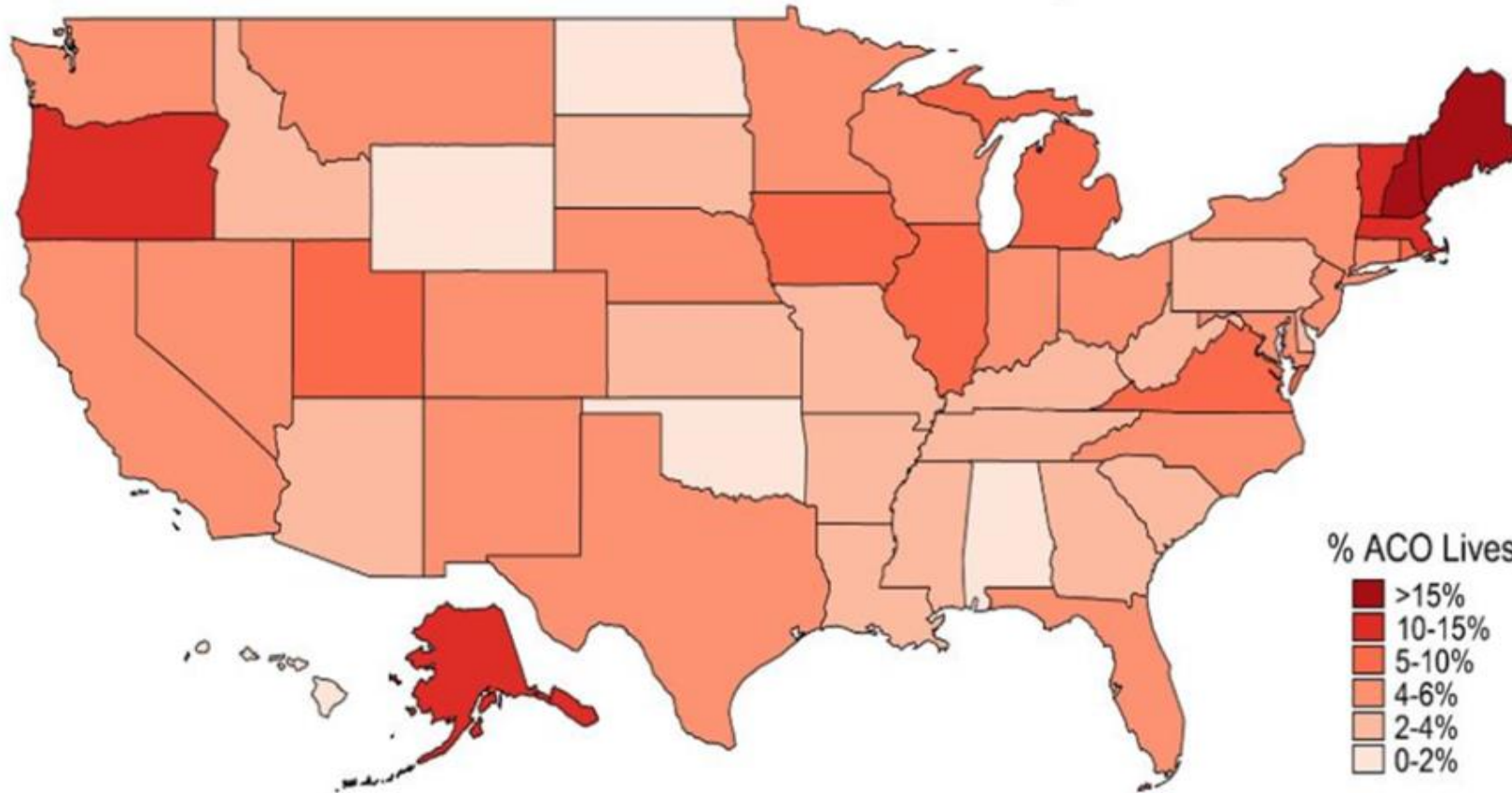


Source: Map data downloaded January 11, 2018 from CMS, "Where Innovation is Happening," and "Performance Year 2018 Medicare Shared Savings Program Accountable Care Organizations – Map."

Game Changer # 2

ACO

ACO Penetration by State



© 2018 Courtesy Leavitt Partners

Game Changer # 2

ACO

- **Physician lead ACOs are declining**
- **For the first time ever, less than half of US physicians are independent doctors, 47.1%**
- **ACOs offer a way for independent practices to get the support they need to succeed in VBP**
- **According to CMS, 58% of the 2018 Medicare ACOs include both MDs and hospitals**

Game Changer # 2

ACO

- **ACO Beneficiary Incentive Program**
 - Allows the ACO to pay patients if they make primary-care appointments
 - Allow the beneficiary to assign a physician in an ACO as their primary care provider
- The incentive plan also will make incentive payments to all assigned beneficiaries who received qualifying primary care services



Game Changer # 3

MACRA



Game Changer # 3

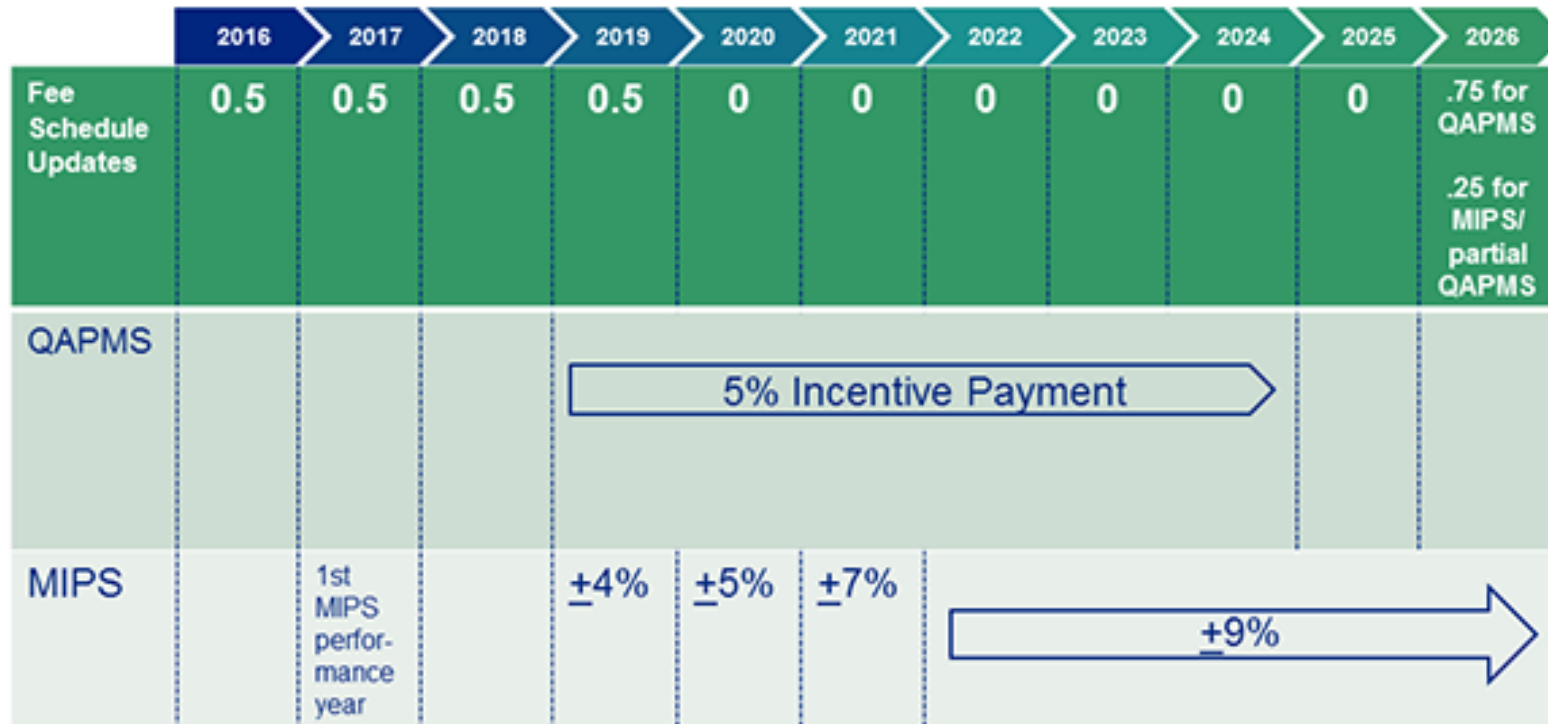
MACRA

- **MACRA**
 - The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a bipartisan legislation signed into law on April 16, 2015
- **MACRA will “Un-silo” the healthcare delivery system and will affect every aspect of health care**
- **MACRA moves us into POPULATION HEALTH PAYMENTS, an increase in overall quality, a decrease in cost, longitudinal care management and better patient care**

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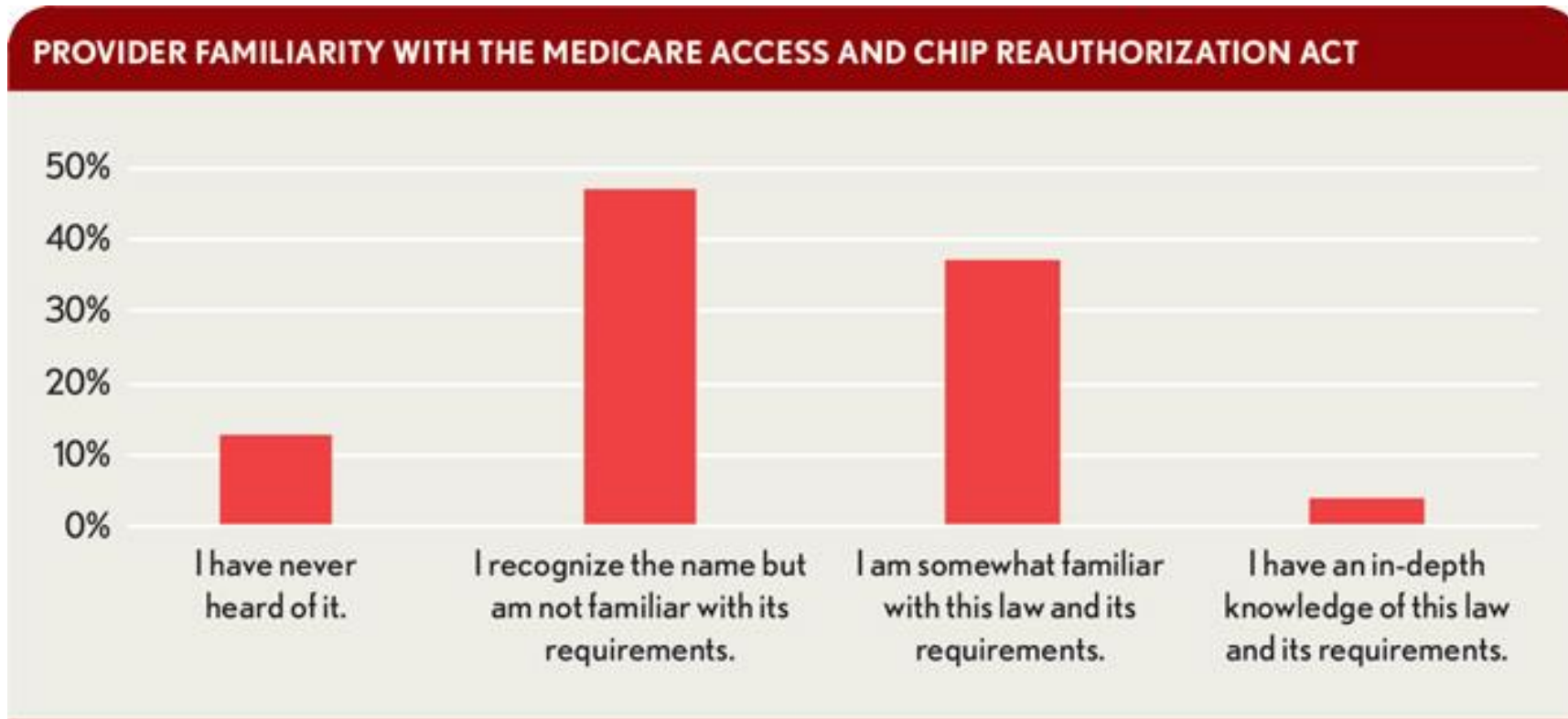
Game Changer # 3 ACOs

MACRA TIMELINE



Game Changer # 3

ACOs



Source: Leavitt Partners, 2017.

Published in *hfm Early Edition*, December 2017 (hfm.org/hfm).

Game Changer # 3

MACRA



Source: MMC Advantage provider transformation

Game Changer # 3

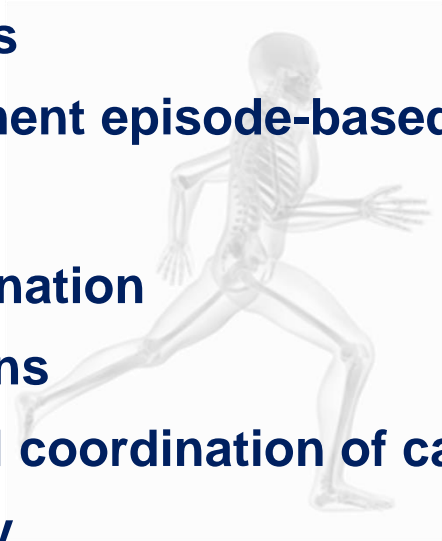
MACRA

- **Clinical and care integration**
 - **MDs will need to score 60 points in Clinical Practice Improvement Activities**
 - **There are over 90 choices for physicians to pick from in 9 categories**
 1. **Expanded Patient Access**
 2. **Patient Engagement**
 3. **Achieving healthy equity**
 4. **Population management**
 5. **Patient Safety**
 6. **Emergency pre**
 7. **Care coordination**
 8. **Participating in APM**
 9. **Integrated behavioral and mental health**

Game Changer # 3

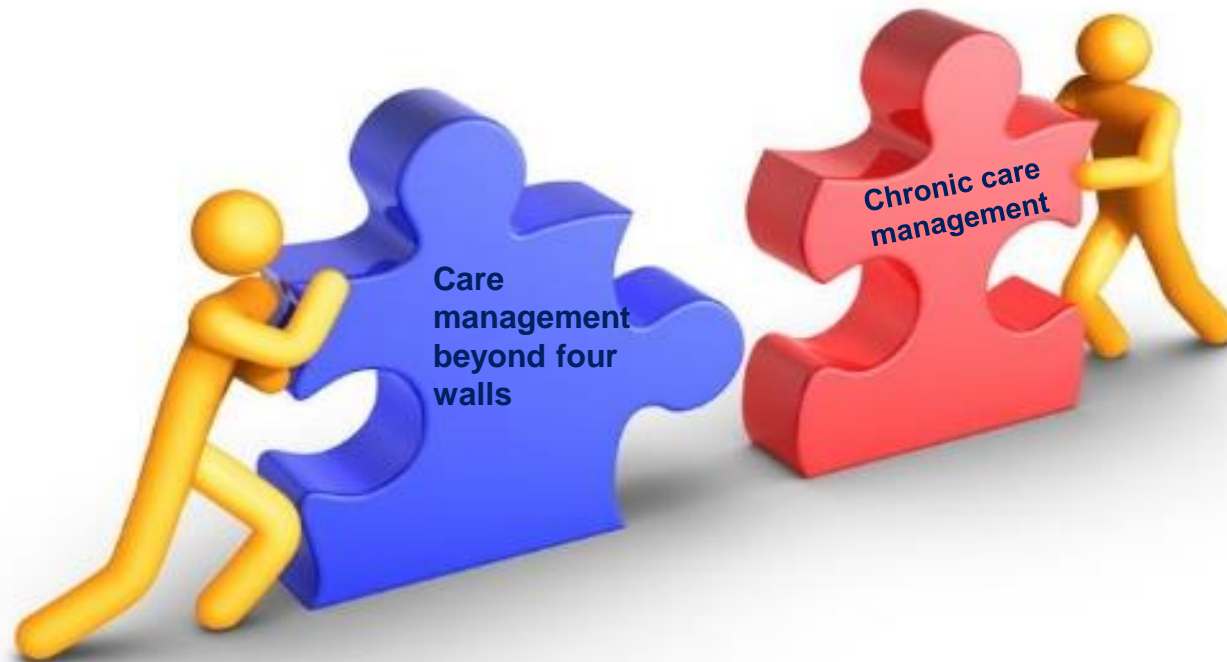
MACRA

- **Medicare Spending Per Beneficiary (MSPB)**
- **Beginning in 2018 physicians will be assessed on their performance in**
 - **MSPB**
 - **Total per capita costs**
 - **Condition and treatment episode-based measures**
- **Goals of MSPB**
 - **Promote care coordination**
 - **Facilitate comparisons**
 - **Encourage improved coordination of care in the PAC settings**
 - **Create accountability**



Game Changer # 3

MACRA



Game Changer # 4

Population Health



Game Changer # 4

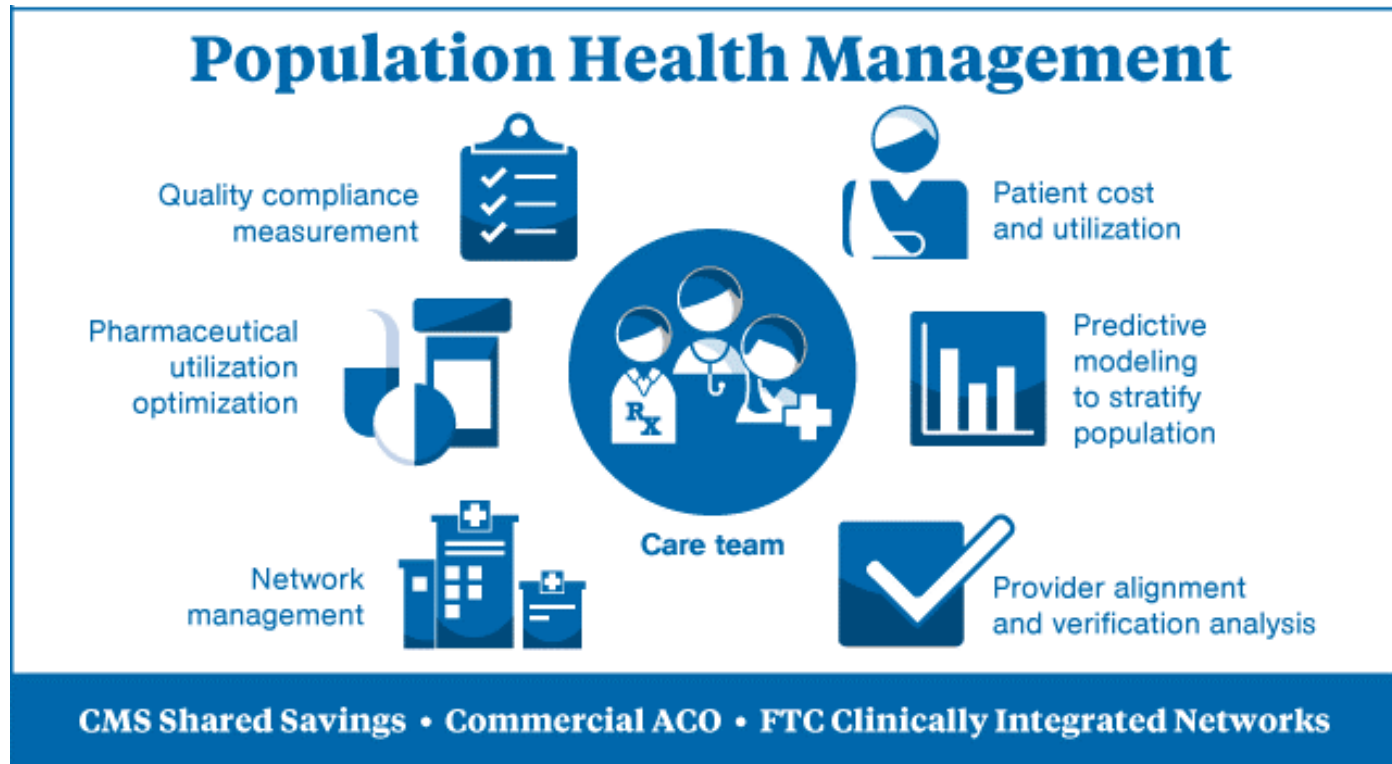
Population Health

- **Population Health**
 - **Aligns provider incentives, as participating entities together bear financial and clinical outcomes of a defined population**



Game Changer # 4

Population Health Continuum Strategy



Game Changer # 4

Population Health

- **Clinical Integration for Population Health**
 - **Requires new economic, financial and clinical integration supported by enterprise-wide solutions**
 - **Care/case managed coordination across the continuum**
 - **Tracking patient from one care setting to the next**
 - **Enterprise wide evidence based protocols and pathways**
 - **Performance metrics**
 - **Longitudinal care management tracking**
 - **Technology enabled care systems**
 - **Partnerships based on operational, financial and clinical goals.**

Game Changer # 4

Population Health

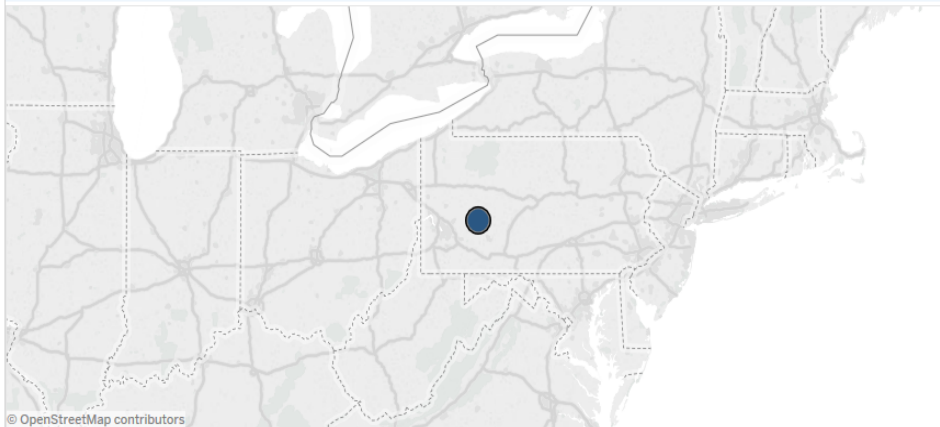
Selected Market

1

1,073

889

Hospital Referrals Sent to Long Term Care Facilities by Count of Referrals



Hospital Referrals



Hospital Name	LTC Type	Total Referrals	Percent of Total Referrals Sent	Total Patients
Indiana Regional Medical Center (Indiana, PA)	Skilled Nursing Facility	535	49.9%	400
	Home Health Agency	466	43.4%	418
	Hospice	72	6.7%	71

Top 25 DRGs Referred to LTC Facilities by Patient Count

Septicemia Or Severe Sepsis W/O MV 96 Or More Hours W MCC 50	Degenerative Nervous System Disorders W/O MCC 15	Psychoses	Chronic Obstructive Pulmonary Disease W MCC	Infectious & Parasitic Diseases W O.R. Procedure W MCC	
	Major Joint Replacement Or Reattachment Of Lower Extremity W/O MCC 19	Kidney & Urinary Tract Infections W MCC 11	Respiratory Infections &	Hip & Femur	Medical Back
	Septicemia Or Severe Sepsis W/O MV 96 Or More Hours W/O MCC 13	Heart Failure & Shock W CC	Renal Failure W MCC	Simple Pneumonia & Pleurisy W CC	

Game Changer # 4 Population Health

Indiana Regional Medical Center

  Add provider to your wa

- Summary
- Executives
- Financial/Clinical Metrics
- Affiliations
- News
- Technologies New
- Purchasing
- Quality Metrics
- Physicians
- Medicare Claims
- Population
- Referrals
- Episodes of Care

- Physician
- Hospital
- Long Term Acute Care Hospital
- Rehabilitation Hospital
- Psychiatric Hospital
- SNF
- HHA
- Hospice
- FQHC
- RHC
- Dialysis

SNF Referrals to Hospital

Hospital Referrals to SNF

Medicare Data from 2016 Medicare SAF (1/1/2016 - 12/31/2016). Calendar Year 2017 data is projected to be released in fall 2018 by the Centers for Medicare and Medicaid Services (CMS).

Skilled Nursing Facilities Referring to Indiana Regional Medical Center (Medicare Only)

This table shows the referral counts, charges and payments received by Indiana Regional Medical Center when a beneficiary initially receives care at a skilled nursing facility and is then admitted as an inpatient at this hospital within 30 days of discharge.

[Export to Excel](#)

Your search returned 13 results.

SNF NAME	CITY	STATE	MEDICARE PMTS	MEDICARE CHARGES	# OF REFERRALS	% OF REFERRALS	# OF UNIQUE BENEFICIARIES	NETWORK NAME	IN-NETWORK REFERRALS
St Andrews Village Skilled Nursing	Indiana	PA	\$1,265,417	\$2,987,533	76	31.3 %	50	Presbyterian Senior Living	No
Scenery Hill	Indiana	PA	\$786,505	\$1,953,960	43	17.7 %	21	Guardian Elder Care	No
AristaCare at Hillsdale Park (FKA Hillsdale Rehab)	Hillsdale	PA	\$569,212	\$1,297,823	37	15.2 %	31	AristaCare Health Services	No
The Communities at Indian Haven	Indiana	PA	\$534,243	\$1,166,617	49	20.2 %	37		No
Beacon Ridge A Choice Community	Indiana	PA	\$508,575	\$791,450	30	12.3 %	25		No
Mulberry Square Elder Care & Rehabilitation (FKA Mulberry Square)	Punxsutawney	PA	\$9,886	\$16,105				Guardian Elder Care	No
Haida Healthcare & Rehabilitation Center (AKA Golden Living - Haida)	Hastings	PA	\$8,989	\$18,031				Guardian Elder Care	No
Butler Memorial Hospital SNF	Butler	PA	\$7,738	\$18,432					No
Mountainview Specialty Care Center	Greensburg	PA	\$6,032	\$13,187				Fundamental Long-Term Care Holdings	No
UPMC Presbyterian TCU (Closed)	Pittsburgh	PA	\$5,079	\$15,087				University of Pittsburgh Medical Center (UPMC)	No

Keyword Filter 

Game Changer # 4

Population Health

Top Primary Diagnoses Treated at Skilled Nursing Facilities for Patients of Indiana Regional Medical Center (Medicare-Only)

Patient Universe Analyzed: 6,733

[Export to Excel \(Including Drilldown\)](#)

[Export to Excel](#)

Your search returned 268 results.

DIAGNOSIS CODE	DESCRIPTION	TOTAL PMTS	TOTAL CHARGES	TOTAL CLAIMS	UNIQUE PATIENTS
V5789	Care involving other specified rehabilitation procedure	\$448,227	\$874,792	120	34

Your search returned 3 results.

SKILLED NURSING FACILITY NAME	CITY	STATE	DIAGNOSIS CODE	DESCRIPTION	TOTAL PMTS	TOTAL CHARGES	TOTAL CLAIMS	UNIQUE PATIENTS	NETWORK NAME
Scenery Hill	Indiana	PA	V5789	Care involving other specified rehabilitation procedure	\$440,980	\$854,803	116	30	Guardian Elder Care
Loyalhanna Care Center	Latrobe	PA	V5789	Care involving other specified rehabilitation procedure	\$3,733	\$9,048			Loyalhanna Continuing Care Campus
AristaCare at Hillisdale Park (FKA Hillisdale Rehab)	Hillisdale	PA	V5789	Care involving other specified rehabilitation procedure	\$3,514	\$10,941			AristaCare Health Services
5990	Urinary tract infection, site not specified				\$400,676	\$808,724	112	39	
486	Pneumonia, organism unspecified				\$288,216	\$519,263	55	27	
V5413	Aftercare for healing traumatic fracture of hip				\$208,811	\$308,595	33	15	
72887	Muscle weakness (generalized)				\$202,286	\$352,979	36	17	
43491	Cerebral artery occlusion, unspecified with cerebral infarction				\$178,496	\$232,250	28	13	
78199	Other symptoms involving nervous and musculoskeletal systems				\$154,796	\$256,099	30	17	33
V5889	Other specified aftercare				\$143,344	\$323,404	25	11	

Game Changer # 4

Population Health

Overall SNF Share **Leakage (By Facility)** Leakage (By Diagnosis Code) Share By Diagnosis Share By County of Origin

Medicare Data from 2016 Medicare SAF (1/1/2016 - 12/31/2016). Calendar Year 2017 data is projected to be released in fall 2018 by the Centers for Medicare and Medicaid Services (CMS).

To View the Primary Diagnoses that Patients were Treated for, Click the + Sign Next to the SNF Name

Other Skilled Nursing Facilities that Treated Patients of Mountainview Specialty Care Center (Medicare-Only)

Patient Universe Analyzed: **101**
[Export to Excel \(Including Drilldown\)](#)
[Export to Excel](#)

Your search returned 17 results.

Keyword Filter

SNF NAME	CITY	STATE	TOTAL PMTS	TOTAL CHARGES	TOTAL CLAIMS	UNIQUE PATIENTS	NETWORK	NETWORK PARENT
Boulevard Terrace Rehab & Nursing	Murfreesboro	TN	\$37,151	\$80,922			Vanguard Healthcare Services	

Your search returned 3 results.

DIAGNOSIS CODE	DESCRIPTION	TOTAL PMTS	TOTAL CHARGES	TOTAL CLAIMS	UNIQUE PATIENTS
43491	Cerebral artery occlusion, unspecified with cerebral infarction	\$19,569	\$31,632		
486	Pneumonia, organism unspecified	\$16,162	\$45,679		
78722	Dysphagia, oropharyngeal phase	\$1,420	\$3,611		

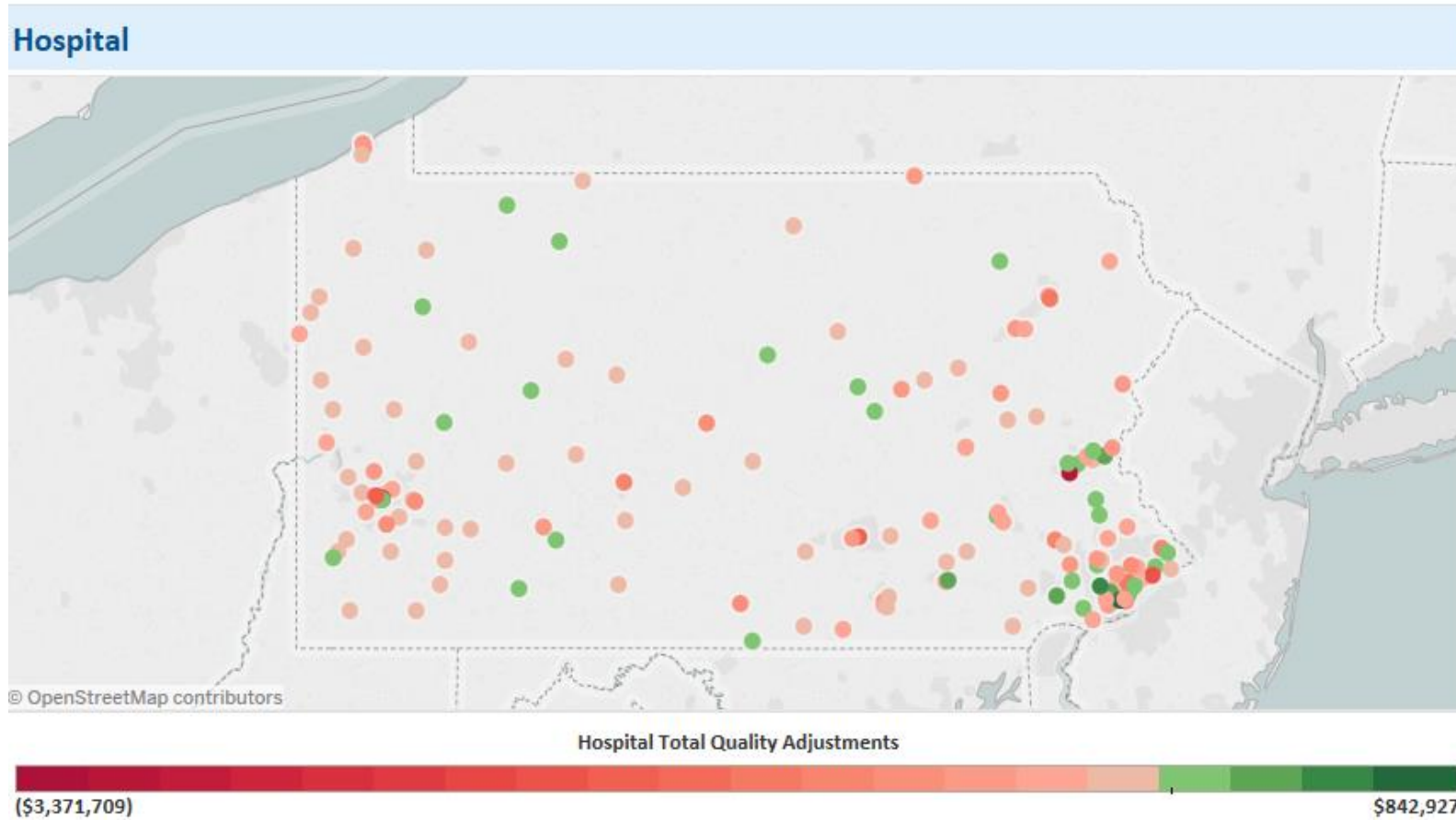
Maybrook Hills Rehabilitation and Healthcare Center (FKA Valley View)	Altoona	PA	\$33,078	\$43,375				
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Your search returned 1 result.

DIAGNOSIS CODE	DESCRIPTION	TOTAL PMTS	TOTAL CHARGES	TOTAL CLAIMS	UNIQUE PATIENTS
4280	Congestive heart failure, unspecified	\$33,078	\$43,375		

Salem Care Center	Salem	OH	\$27,439	\$24,674				
Greensburg Care Center	Greensburg	PA	\$25,227	\$61,711			Grane HealthCare	

Game Changer # 4 Population Health



Game Changer # 5

Patient Driven Payment Model



Game Changer # 5

PDPM

- **Goals of PDPM:**
 - **To remove therapy minutes as a determinant of payment and create a new therapy payment model**
 - **Create a separate payment component for NTA services, using resident characteristics to predict utilization**

Game Changer # 5

PDPM

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services
42 CFR Parts 411, 413, and 424
[CMS–1696–F]
RIN 0938–AT24
Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF) Final Rule for FY 2019, SNF Value-Based Purchasing Program, and SNF Quality Reporting Program
AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Final rule.

- ▶ **D. Improving Patient Outcomes and Reducing Burden Through Meaningful Measures**
- ▶ **The Meaningful Measures Framework has the following objectives:**
 - ▶ **Patient-centered and meaningful to patients**
 - ▶ **Outcome-based**
 - ▶ **Minimize the level of burden for health care providers**
 - ▶ **Address measure needs for population based payment through alternative payment models**
 - ▶ **Align across programs and/or with other payers**

Game Changer # 5

PDPM

- ▶ **Critical to now begin redesigning care**
 - ▶ **Nursing/Therapy need to work more efficiently**
 - ▶ **Focus on tasks and treatment for a safe discharge**
 - ▶ **TRUE INTERDISCIPLINARY APPROACH**
 - ▶ **Focus on barriers versus status**
 - ▶ **Increase creative problem solving**
 - ▶ **No longer holding conversations around what is skilling the patient**
 - ▶ **To communication surrounding what skills are needed to progress to the next level of care**

Game Changer # 5

PDPM

- ▶ **Nursing MUST reinforce therapy goals and vice versa**
- ▶ **Studies prove that repetition are critical to behavioral changes**
 - ▶ **However, repetition is not a skilled service**
 - ▶ **All hands on deck, including all care givers**
- ▶ **Focusing on common goals across therapy and nursing will enhance patient learning and carryover**
- ▶ **Both nursing and therapy goals must be functionally based and designed around the patient's barriers to next level discharge**

Game Changer # 5

PDPM

- ▶ **Moving forward the key to financial success within value-based environment**
 - ▶ **Maximizing the full continuum**
- ▶ **Team goals designed around the next level and safest discharge site**
- ▶ **Discharge site goals need to incorporate caregivers, environmental changes (home assessment) as well as possible alternative living arrangements i.e family member**



Game Changer # 5

PDPM

- ▶ **Standardization of care through the use of validated protocols**
- ▶ **Use data to track and report results to the marketplace**
- ▶ **CMS will enforce quality outcomes and reduced readmissions through quality measures**
- ▶ **PDPM is not just a game of coding, it is a collective strategy for patient success**

- ▶ **MedPAC exploring a unified Medicare payment model for all PAC providers**
 - ▶ **Premise setting payment based on patient characteristics**
 - ▶ **Instead of site of care**

Game Changer # 5

PDPM

- ▶ **MedPAC exploring a unified Medicare payment model for all PAC providers**
 - ▶ **Premise setting payment based on patient characteristics**
 - ▶ **Instead of site of care**
- ▶ **Steps are currently being taking on time frames to unify PAC payments**
- ▶ **Common requirements for all four PAC settings have been identified**
- ▶ **Moving to reduce variation in PAC spending**
- ▶ **MEdPAC 2016 Industry Facts**
 - ▶ **15,000 SNFs \$29.1 billion for 2.3 million stays**
 - ▶ **12,000 HHA received \$18.1 billion for 6.5 million stays**

Cross-Continuum “Road-Mapping”

Integrated Post-Acute Network, Designed with Partnership Goals Based On:

- **Patient Centered Service Delivery Model**
- **Exceptional Clinical Programs**
- **Enterprise-wide evidence based treatment protocols and pathways**
- **Post-Acute Care (PAC) Provider continuum experience**
- **High Ethical and Integrity Standards**



[Thank you](#)
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