Real World Implementation of Alternative Payment Models – *Transforming Your Practice*

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Learning Objectives

- Understand the need for cultural change and reengineering the patient care process in an APM environment – *remember that MIPs is essentially an APM structure*
- Identify ideas for Operational Reengineering/Transformation
- Evaluate internal and external data challenges
- Discuss the concepts and challenges of full risk contracts
- Understand the communication and education challenges in the APM world – the staff challenges in a “change” environment
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Achieving Cultural Change

Reengineering our patient care process with a focus on:

- **Total Cost of Care/Value Based Care** - Addressing the patient’s overall well being –
  - *Healing Lives – not just curing cancer*

- A little info about our practice..
  - 20 Physicians
  - 8 Advanced Practitioners
  - 9 Sites
  - Med Onc, Rad Onc, Gyn Onc, Breast Surgery
  - Imaging, Cyberknife, Flow and a wide range of Support Services

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Transforming the Patient Care Process

- Implemented Clinical Pathway System
  - Confirms the use of National Standards for majority of cases
  - Produces Care Plans (important for OCM)
  - Assists with beneficiary attribution/enrollment (OCM, Aetna and United)
  - Assists with Survivorship Planning
  - Also used for Oral Chemo Teaching Support – linked to Medication Tracker
- Centralized all Intake into the Practice – a necessity in a multi payer environment
  - Phones
  - New Patient Coordination
  - Triage – Established Triage as a Business Unit

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*Transforming the Patient Care Process*

- Implemented a Nurse Navigation Program
  - Orientation to the new patient care process
    - Focus on “Call us First”
    - Advance Directives Discussion – now an incident-to billable event
    - Support Services Education
    - Obtain Past Medical History – ascertain pertinent risks that may need attention

- Established an internal Case Management Program
  - Risk Stratification
  - Proactive Intervention – solve many issues that would otherwise lead to inpatient and ER visits
  - Recognize trends - *note: Care Management software linked to the EHR is essential*

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*Transforming the Patient Care Process*

- Established a Wide Array of Support Services – *always searching for funding…*
  - Psychotherapy
  - Dietitians
  - Genetic Counseling
  - Complimentary Medicine
    - Massage
    - Acupuncture
    - Functional Medicine – this is becoming a huge part of the care process
  - Chaplaincy
  - Social Services
  - Prehab – a new partnership
  - Palliative Care Clinic – difficult to build the trust but essential to the value equation
  - Pain Management Clinic
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Understanding How Important Data is to the Transformation Process

- Internal Data
  - Oncology Service Detail – located in the EHR, PM System, Pathway System, Care Management System, etc....
  - Connecting the data from all these systems into meaningful information has proven to be challenging. Manual abstraction for OCM and overall analysis is incredibly time consuming.
  - Internal data once abstracted and report formatted will provide a snapshot of trends such as:
    - Changes in acuity for physicians or the practice overall
    - Provider comparison - internal best practice
    - Pathway variations
    - Important to note - cannot obtain Total Cost of Care from internal data
  - Linking your systems – Identify supportive systems to link your internal databases. There are a number of vendors popping up. Some of the EHR vendors are beginning to understand this issue.

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*Total Cost of Care and Claims Data*

- Claims Data - OCM practices and those in other APM models are receiving claims data which is essential for understanding the total cost of care

- Claims Data:
  - Is not easy to interpret especially when the “n” is small
  - Can include a large volume of line items even when the “n” is small and this is time consuming to group, benchmark and create meaningful analysis
  - Often requires actuarial support to assist in claims analysis – someone who is experienced in claims analysis…not a standard skill set in a practice setting
  - Is integral to determining areas of focus for your total cost of care management efforts – Lessons Learned:
    - Sepsis Assessment
    - Challenges with subacute setting and impact on costs
    - Largest percentage of total costs incurring in the last 60-90 days of life
    - We are still very much lacking the link to palliative care support
    - Lung Cancer patients need case management intervention from Day One

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Recent Data

<table>
<thead>
<tr>
<th>Medicare expenditures for all services per beneficiary per month</th>
<th>Your practice</th>
<th>OCM practices</th>
<th>All practices providing cancer care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,633</td>
<td>$4,730</td>
<td>$4,576</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table D. Utilization (not risk adjusted; 4-quarter averages, April 2016–March 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your practice</strong></td>
</tr>
<tr>
<td>Number of inpatient admissions to short-term acute care hospitals and CAHs, all cause [per 100 beneficiaries]</td>
</tr>
<tr>
<td>Number of unplanned readmissions to short-term acute care hospitals and CAHs within 30 days of discharge [per 100 beneficiaries]</td>
</tr>
<tr>
<td>Number of ED visits not leading to admission or observation stay [per 100 beneficiaries]</td>
</tr>
</tbody>
</table>

CAH = critical access hospital
ED = emergency department

OCM Practice Feedback Report for the Period January – March 2017
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*Total Cost of Care and Claims Data*

- Linking claims and clinical data

- Begin now to identify systems that can link your clinical data with claims data and possible national benchmarks. Systems that your staff can more easily utilize –

- IT experts are recognizing the need for this functionality… systems are in development….keep your eyes and ears open in the IT market.
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Full Financial Risk/Data/Networks

2 sided Risk” – Bundles..Capitation..Case Rates – Oh My!

- In one form or another financial risk will be passing to providers – *remember you already have some risk with MIPs*
- Many practices have begun conversations around this initiative – you must be very cautious, but get started…
  - First you must work with payers to obtain achievable benchmarks based on historical claims data for the region and the practice….don’t compete against your self….diminishing return. Actuarial support is essential
  - Look for any easy wins…..for example, non metastatic prostate cancer
  - You should ensure the payer has agreed to send you timely data essential to managing risk
    - Concurrent inpatient admission notification
    - Monthly claims dump
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Full Financial Risk/Data/Networks

- Ensure in taking risk that you obtain relief from some of the current FFS administrative burdens – Pre Cert
- You will need to consider narrow delivery networks
  - Hospitals
  - Sub Acute
  - Home Health
  - Be cautious in narrowing physician networks
- Look for innovative opportunities to reduce overall costs – identify areas you can directly control –
  - Port Placements
  - Bone Marrow clinic
  - Thoracentesis/Paracentesis

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Preparing clinicians and staff for the Transforming world

Communication and Education – We are not in Kansas anymore!

Teams – Build strong teams at every level of the organization – teams that can process constant change – recognize that every section of the organization has existing teams that you can build on.

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*Preparing clinicians and staff for the Transforming world*

- **Deliver a Consistent Message**
  - Everyone in the organization needs to understand where you are going, why you are going and how you plan to get there….always work on connecting the dots
  - Identify the organizational changes needed and recognize that many of these changes are adding complexity to the clinician's day not making it easier
  - Establish the norm that all members of the care team are essential to healing lives…still physician centric but now inclusive of so many more support providers
  - Recognize that nursing needs a hyperfocus. They typically spend the most time with the patient
  - Make an effort to educate your referral base…many of them are in ACOs, MSSPs etc….your APM experience will be an advantage
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Preventing clinicians and staff for the Transforming world

- Recognize that education of the staff, clinicians and the referral community is a journey not a destination. Look for every opportunity to connect the dots…
  - Open Enrollment Forums
  - Admin Rounds
  - Drug Presentations
  - ACO Meetings
  - IPA Meetings
  - Survivorship and Care Plan communication to referring physicians

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Industry Changes Have Profound Effects on Day-to-Day Experience

- New partnerships
- Higher standards
- More data and transparency
- Increasing consumer power
- Rapidly evolving technology
- Changing roles and teams
- Different competitors
- Shifting demographics

The Toll on Individuals

- Chronic stress
- Change fatigue
- Initiative fatigue
- Compassion fatigue

Source: Advisory Board, Talent Development research and analysis, Oncology Roundtable interviews and analysis.
Conclusions

- APMs will generate significant cultural and operational change in your organization.
- Internal and External Data is essential for optimizing success with APMs.
- Analyzing data especially claims data will require further learning and support from outside expertise such as Actuarials.
- Full Risk Contracts are very complicated….proceed with caution, but start your analysis as soon as you can.
- Keep your clinicians and staff educated and informed. This is an ongoing process. Work on connecting the dots at every opportunity.
- Don’t forget communication with your referral base as well as the hyper focus on nursing.
Questions

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