

Building Multiple Pathways to APMs

Health Care Payment Learning & Action Network
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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)

VHAN is a Clinically Integrated Network



Just the facts...

City
➤ ~50 Hospitals

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

104,000 Covered Commercial Lives

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

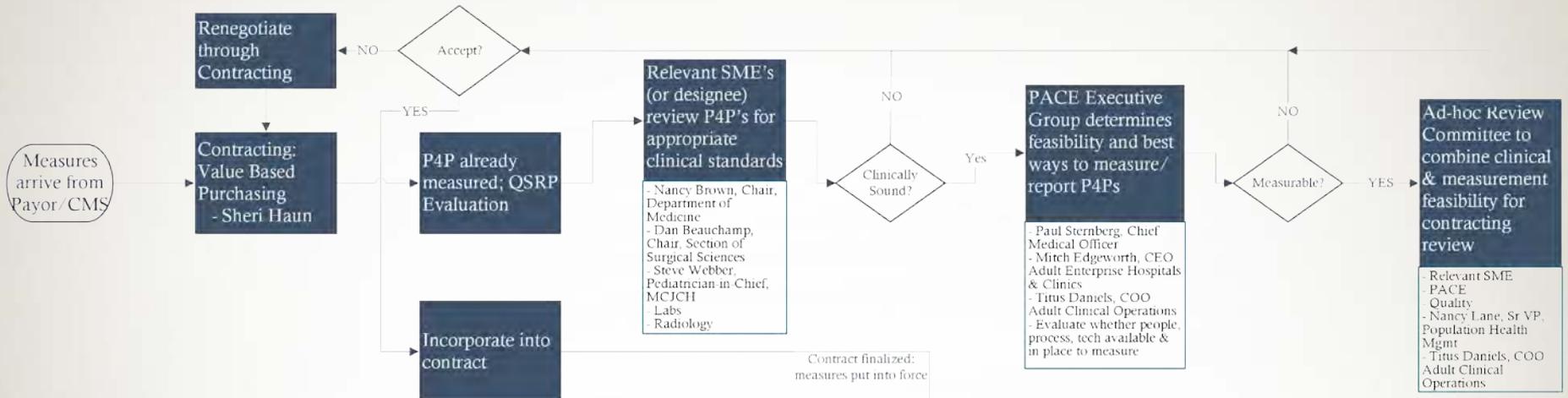
- P4Ps
- Episodes of Care/ Bundle Payments
- Transforming Clinical Practice Networks

P4Ps

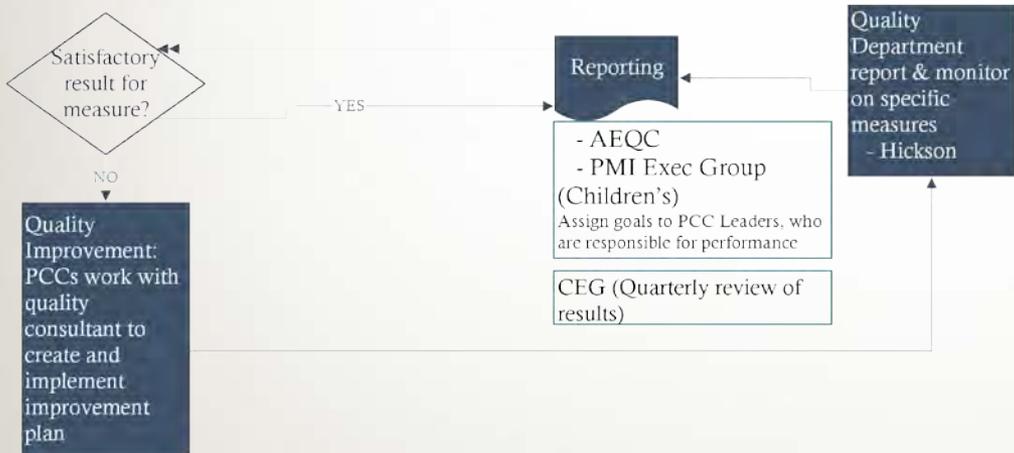
P4Ps, a first step

- 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

Vetting and Feasibility for P4Ps



Measuring, Reporting, Improvement cycle



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 Inpatient Quality Reporting (IQR)	1								X			X	Pending
CMS Inpatient Psychiatric Quality Reporting (VPH)	1								X				\$XK	
Medicaid	Commercial 1	1							X				\$XK	
Awaiting Final Contract	Commercial 2	1											Pending	
	Commercial 3	1											Pending	
	Commercial 4	1											\$XM	

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																																
		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 proph, 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	X	X	<i>MSSP Pending for 2017</i>	
	CMS (Value Modifier)	3	X								X	X			X			X	X	X	X								X			X	<i>\$XM</i>	
	CMS Meaningful Use	1																											X			<i>\$XM</i>		
	CMS PQRS	1									X	X			X			X	X	X	X											<i>\$XM</i>		
Commercial and Medicare Advantage	Commercial 1	3	X	X	X	X	X	X				X											X									<i>\$XM</i>		
	Commercial 2	3	X	X		X	X	X	X	X				X	X	X												X				<i>\$XM</i>		
	Commercial 3	1		X		X	X	X	X		X			X	X	X	X															<i>\$XK</i>		
	Commercial 4	1		X		X	X	X	X		X				X	X	X															<i>Pending</i>		
	Commercial 5	1		X		X	X	X	X	X				X	X	X																<i>\$XK</i>		
Tenn Care	Commercial 6	3	X																			X	X	X	X	X	X					<i>\$XK</i>		
	Commercial 7	3	X	X	X				X	X			X											X	X	X	X					<i>Pending</i>		
Awaiting Final Contract	Commercial 8																															<i>Pending</i>		
	Commercial 9																															<i>\$XM</i>		
	Commercial 10																															<i>Pending for 2017</i>		
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	2	1	3	2	1	2	1	<i>\$XXM</i>

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Measure Process: P4P Pipeline



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

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



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



- 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



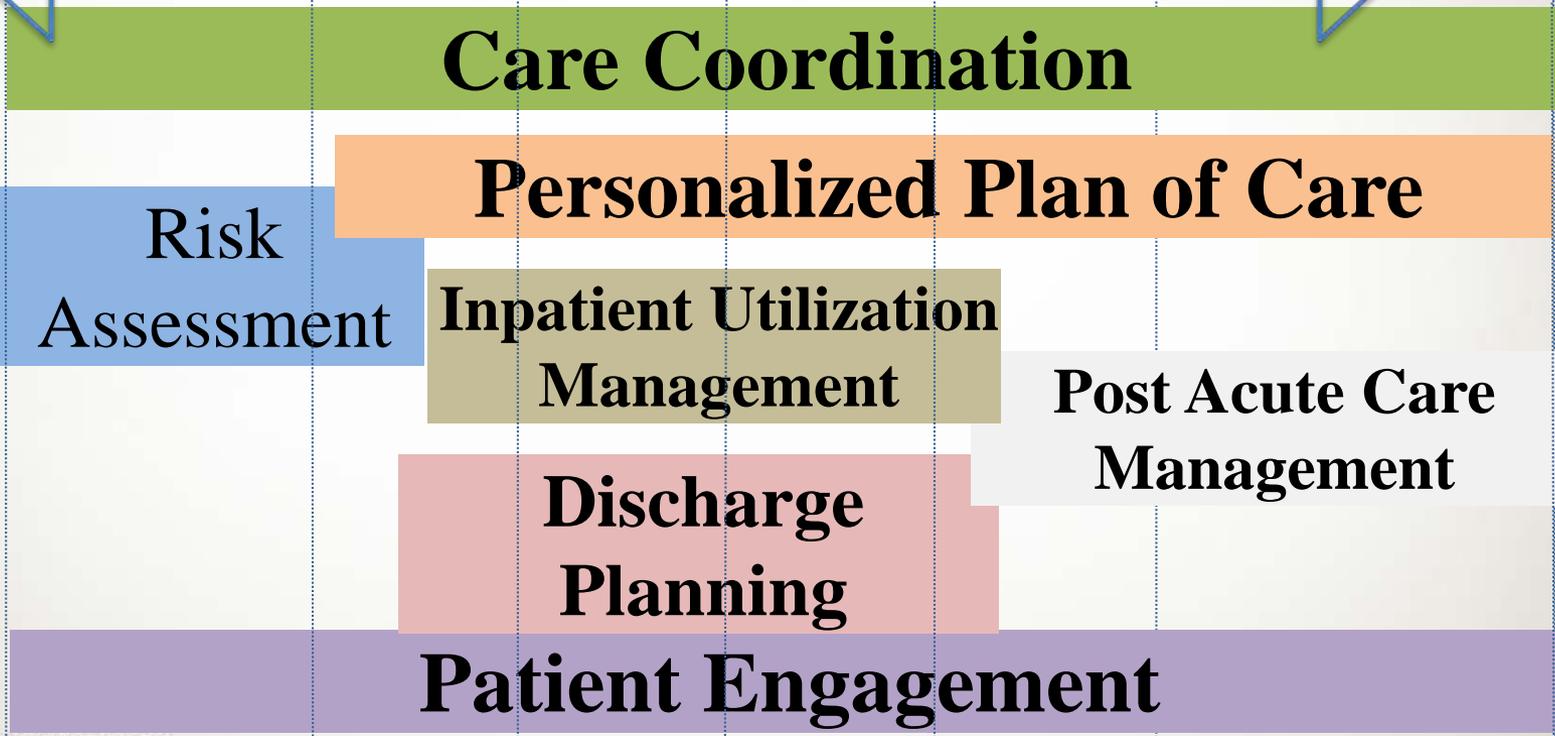
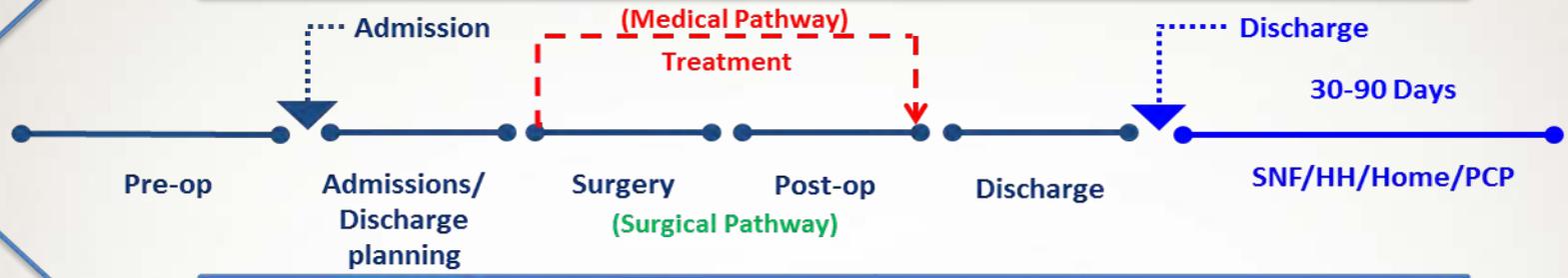
75 Episodes of Care through 2019

<p>Wave 1- Baseline 2015 (performance start 1/2015)</p> <p>Perinatal Asthma Total Joint</p>	<p>Wave 6- Baseline 2016 (performance start 1/2018)</p> <p>Bronchiolitis & RSV pneumonia Hepatitis C HIV Neonatal Part I (multiple) Neonatal Part II (multiple) Cellulitis & bacterial skin infection</p>	<p>Wave 9-2018</p> <p>Bariatric surgery Other major bowel (multiple) Female reproductive cancer Lung cancer (multiple) Major Depression Mild/Moderate Depression</p>
<p>Wave 2- Baseline 2014(performance start 1/2016)</p> <p>Colonoscopy Non Acute / Acute PCI Cholecystectomy COPD</p>	<p>Wave 7- 2017</p> <p>Knee arthroscopy Hip/Pelvic fracture Lumbar laminectomy Spinal fusion exc. cervical Diabetes acute exacerbation Schizophrenia (multiple) Medical non-infectious orthopedic</p>	<p>Wave 10- 2018</p> <p>Drug dependence GERD acute exacerbation Pancreatitis Hepatobiliary & pancreatic cancer Renal failure Fluid electrolyte imbalance GI obstruction Rheumatoid arthritis</p>
<p>Wave 3- Baseline 2015 (performance start 1/2017)</p> <p>Kidney infection GI hemorrhage Simple pneumonia URI Upper GI endoscopy UTI</p>	<p>Wave 8-2017</p> <p>Pacemaker/Defibrillator Sickle cell Cardiac arrhythmia Hernia procedures Coronary artery disease & angina Colon cancer Anal procedures Hemophilia & other coag. disorders</p>	<p>Wave 11- 2019</p> <p>Dermatitis/Urticaria Kidney & urinary tract stones Other respiratory infection Epileptic seizure Hypotension/Syncope Bipolar (multiple) Conduct disorder</p>
<p>Wave 4- Baseline 2015 (performance start 1/2017)</p> <p>Cardiac valve CABG ODD CHF acute exacerbation ADHD (multiple)</p>		
<p>Wave 5- Baseline 2016 (performance start 1/2018)</p> <p>Breast biopsy PTSD Anxiety Otitis Tonsillectomy Breast cancer (multiple)</p>		

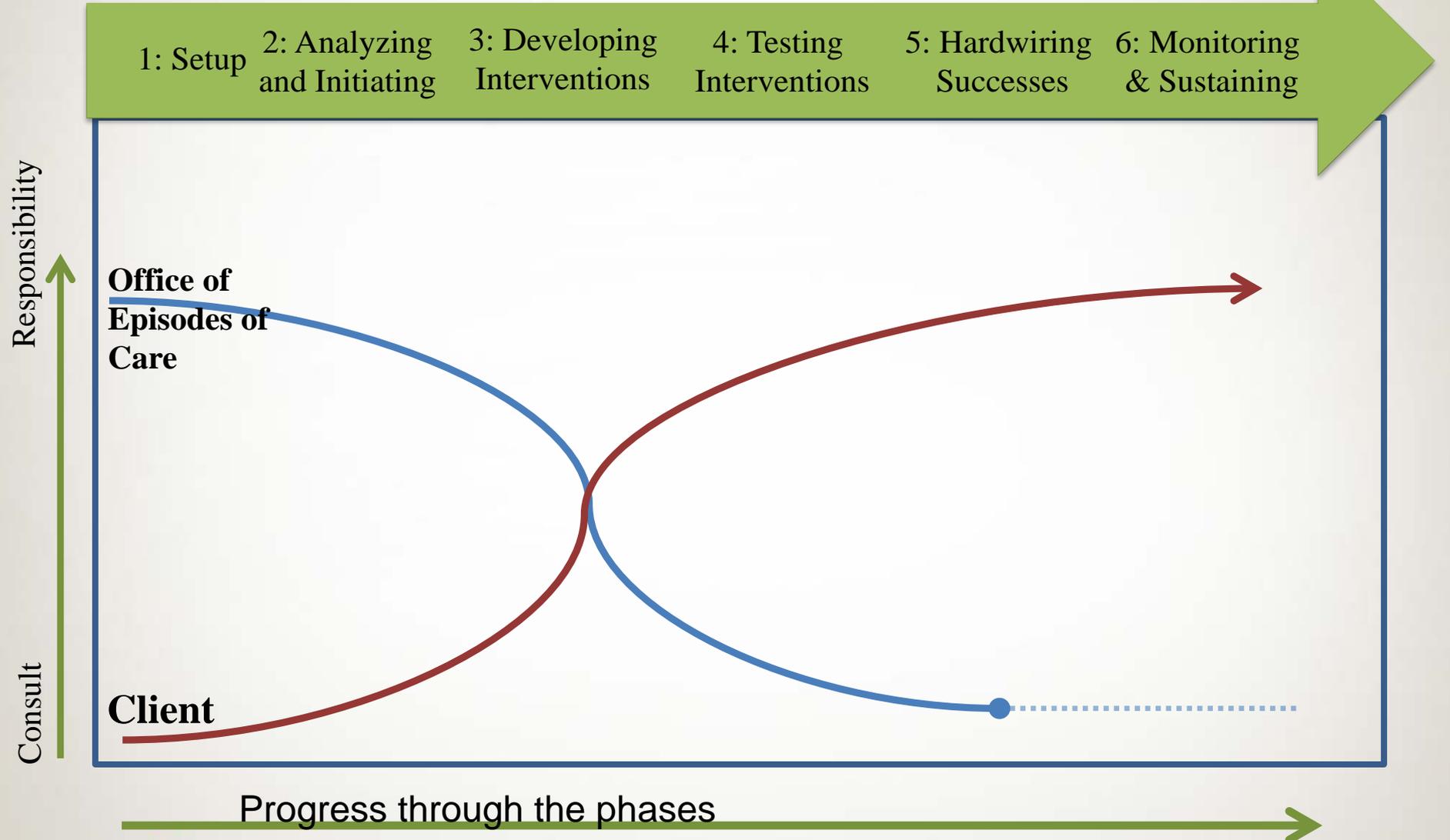
Standardized approach

- 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

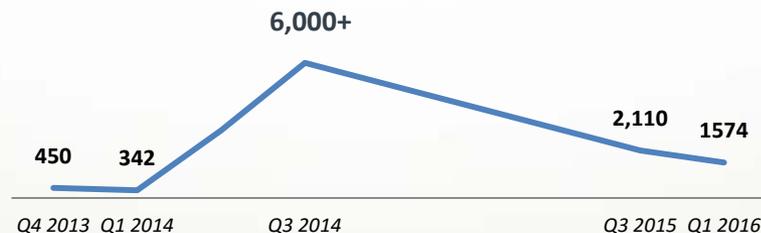


Current Status of BPCI involvement

- 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



- 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

Transforming Clinical Practice Networks

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:

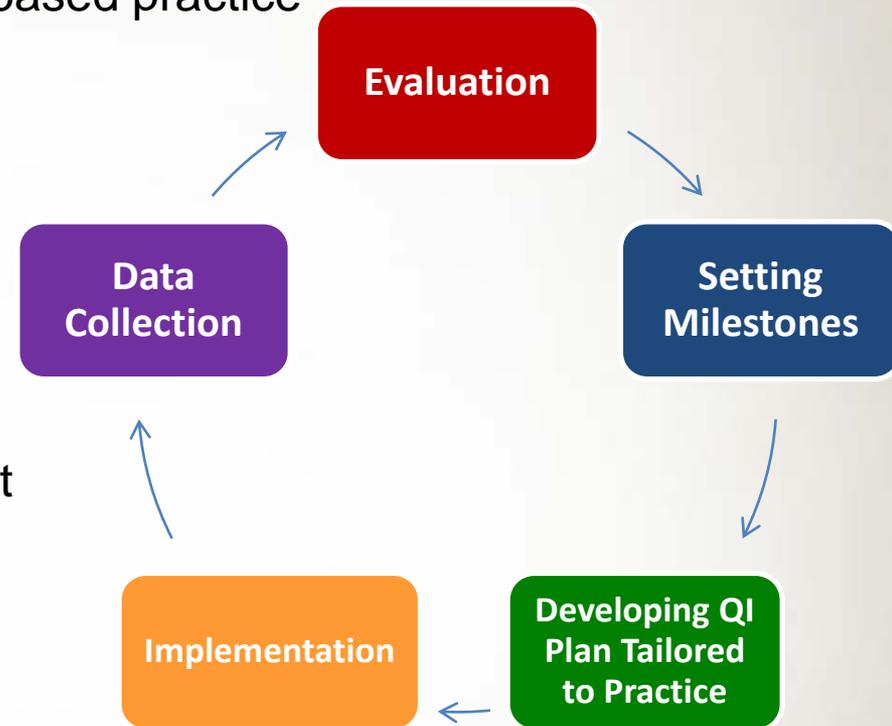


The goal of TCPI is to “graduate” participating practices into APMs successfully

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



- 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.

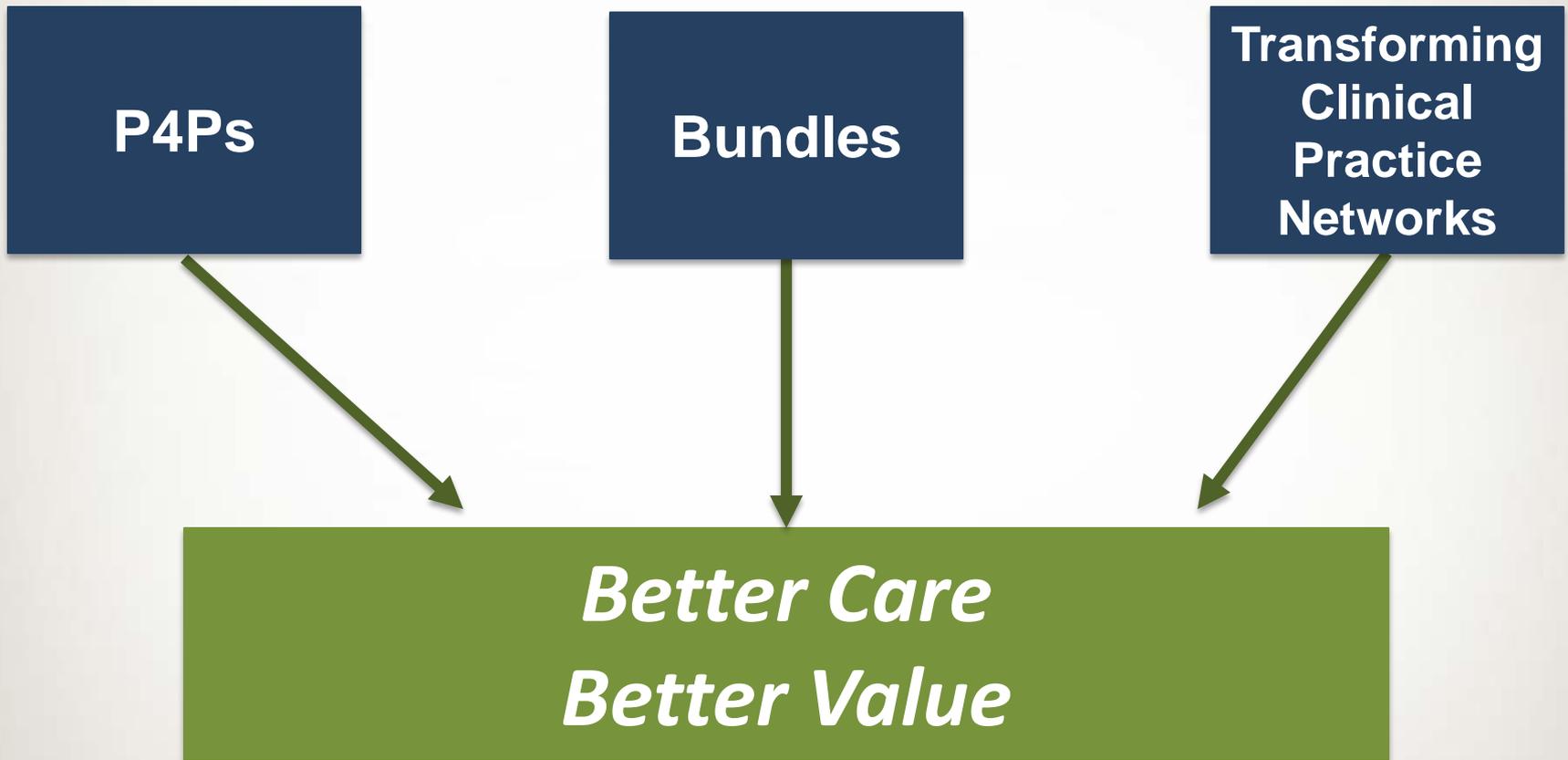
Our utilization measures focus our clinicians on evidence-based practice, reduced unnecessary utilization and higher value care.

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.

Pathway Summary



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