remedy partners

HackensackUMC
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DATA ANALYTICS AND REPORTING

Bundled Payments Conference

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PROGRAM ASSESSMENT AND CONTRACTING METRICS
CMS data is used to assess programs and execute contracts

- **Benchmarking**
  - Estimated the potential program opportunity and inform eventual bundle selection
  - Compares performance in SNF utilization and readmissions.
  - Compare what hospital has already achieved in readmission reduction with what we expect during BPCI program
  - ✓ Limited Data Set (LDS)
- **Episode Pricing Analysis**
  - Once provided with pricing, bundle selection and risk track selection CMS Pricing Data
  - ✓ Pricing Data

OPERATIONAL DATA: HISTORICAL

Programs rely on historical analytics to inform operational decisions

- **SNF Referrals and LOS**
  - Historical volume of referrals by the hospital to individual SNFs, as well as historical LOS by SNF, inform important decisions regarding SNF partnerships and contracting
  - ✓ Data Set: CMS Pricing Data
- **Readmissions**
  - Type: Using LDS data, reasons for readmissions can be defined by bundle, allowing for targeted clinical and process interventions by episode
  - Leakage: Allows the hospital to see where readmissions are being lost to, an important financial consideration
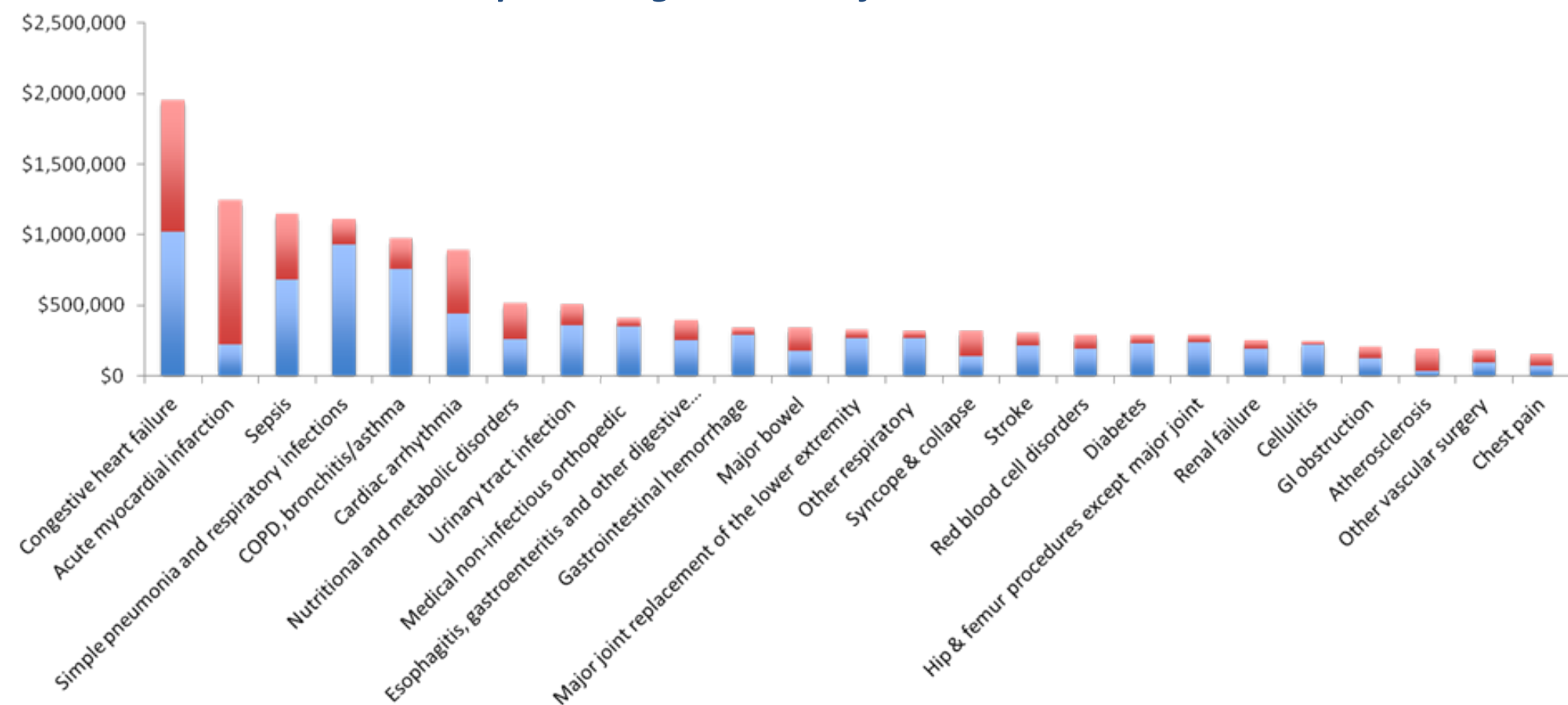 - ✓ Data Set: LDS
- **Part B Billings**
  - Examining historical high volume Part B billers allows the hospital to target gainsharing and BPCI involvement to influential physicians
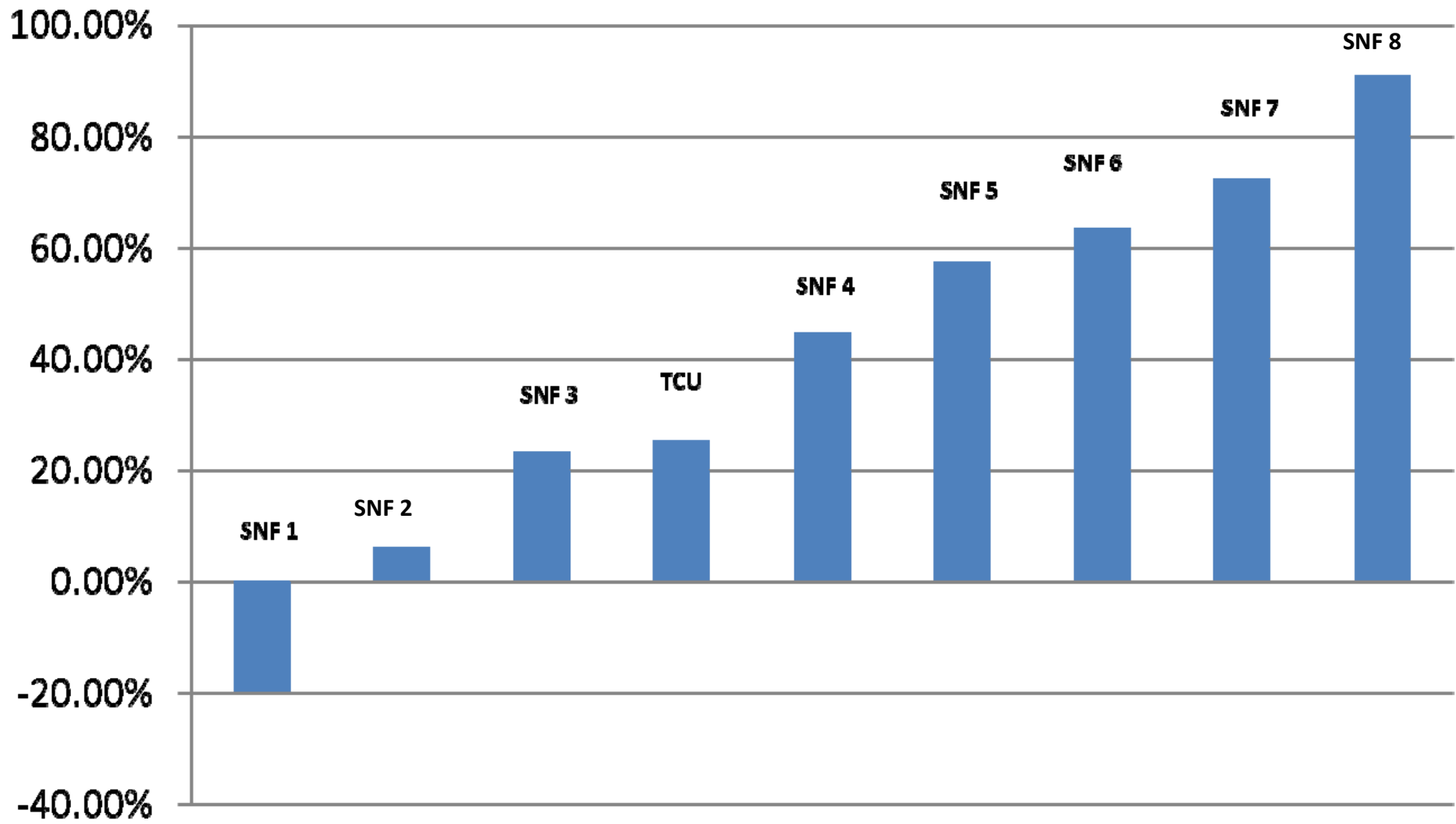 - ✓ Pricing Data, Monthly Claims data

A mid-size Hospital Readmissions by Bundle

o Top 25 discharged bundles account for 93% of the total readmission costs

oReadmissions represents $21.4 million of annual Medicare Spend

o Average Cost Per Readmission is $9,225

oOf initiated episodes 32% of Readmissions go to other Hospitals

Top Discharged Bundles for Readmissions

OPERATIONAL DATA: REAL TIME

Real time metrics allow programs to assess performance and correct course

- o **Bundle Volumes (via patient identification)**
    1. Program staff identify potential BPCI patients by determining possible DRG (manual process when CDI and automatic feeds do not exist)
    2. Patient is recorded in care management software (Episode Connect)
    3. Bundle volume can then be continuously tracked via patient lists
    ✓ Data Feeds: HL7
- o **SNF LOS**
    - ▪ Entirely manual due to lack of SNF feeds and lag in claims data
    - ▪ Requires self-reported discharge dates by SNF or program staff to create a process to track SNF LOS
- o **SNF Referral Rates**
    - o Hospital feeds often contain incomplete discharge destination information which prompts manual collection by program staff from hospital staff and case management software
    - ✓ Data Set: Case Management software (SoftMed, etc.), HL7
- o **Readmissions**
    - o Episode Connect tracks real time readmissions while program staff report on reasons for readmissions

RESOURCE REQUIREMENTS

o Historical data analysis and real time reporting requires dedicated resources. These resources are responsible for, and must be capable of:

- o Advanced statistical and actuarial analysis
- o Managing data flows, particularly CMS monthly feeds
- o Extensive claims data analysis
- o Risk modeling
- o Manual, time intensive data gathering for real-time statistics
- o Willingness to commit organization to learning the granular details of bundled payments