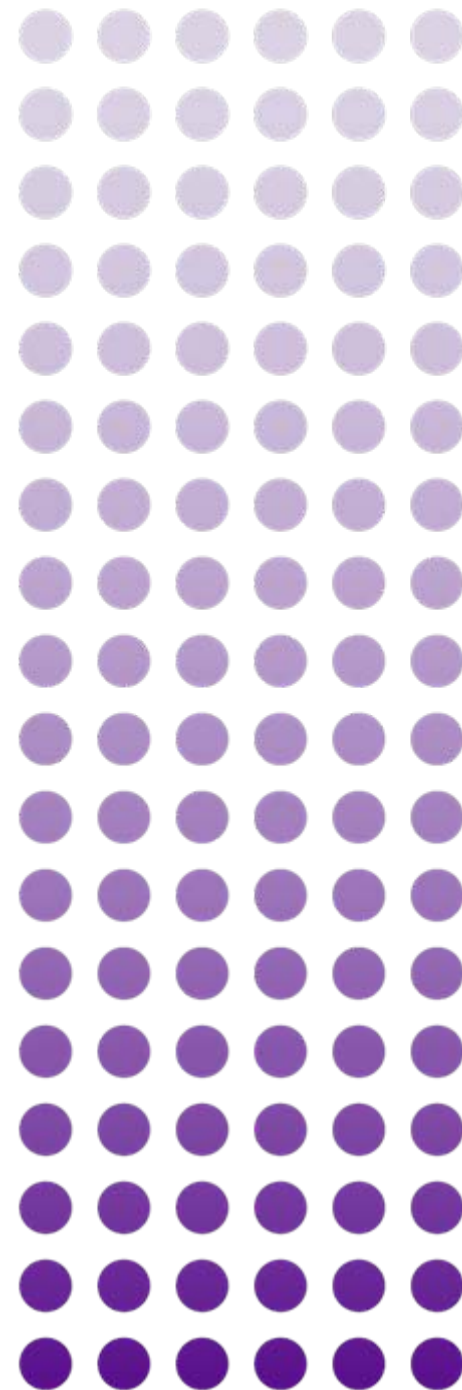




**Measuring Success with Bundles:  
Winning Strategies in Analytics  
The National Bundled Payment Summit  
Washington, DC  
June 16-18, 2014**

Karim A. Habibi, FHFMA, MPH, MS  
Senior Vice President and Chief of Managed  
Care and Healthcare Reform



# NYU Langone Medical Center

- Academic medical center comprised of four hospitals
- 1,069 licensed beds
- 39,000 patient admissions
- 670,000 outpatient visits
- Medicare beneficiaries represent 27% of NYULMC volume and 18% of revenue
- Established NYUPN, a Clinically-Integrated Network, in 2010
- 761 voluntary physicians (38%)
- 1262 Faculty Group Practice (FGP) physicians (62%)
- >1M FGP physician visits



# Using Analytics to Empower Clinicians

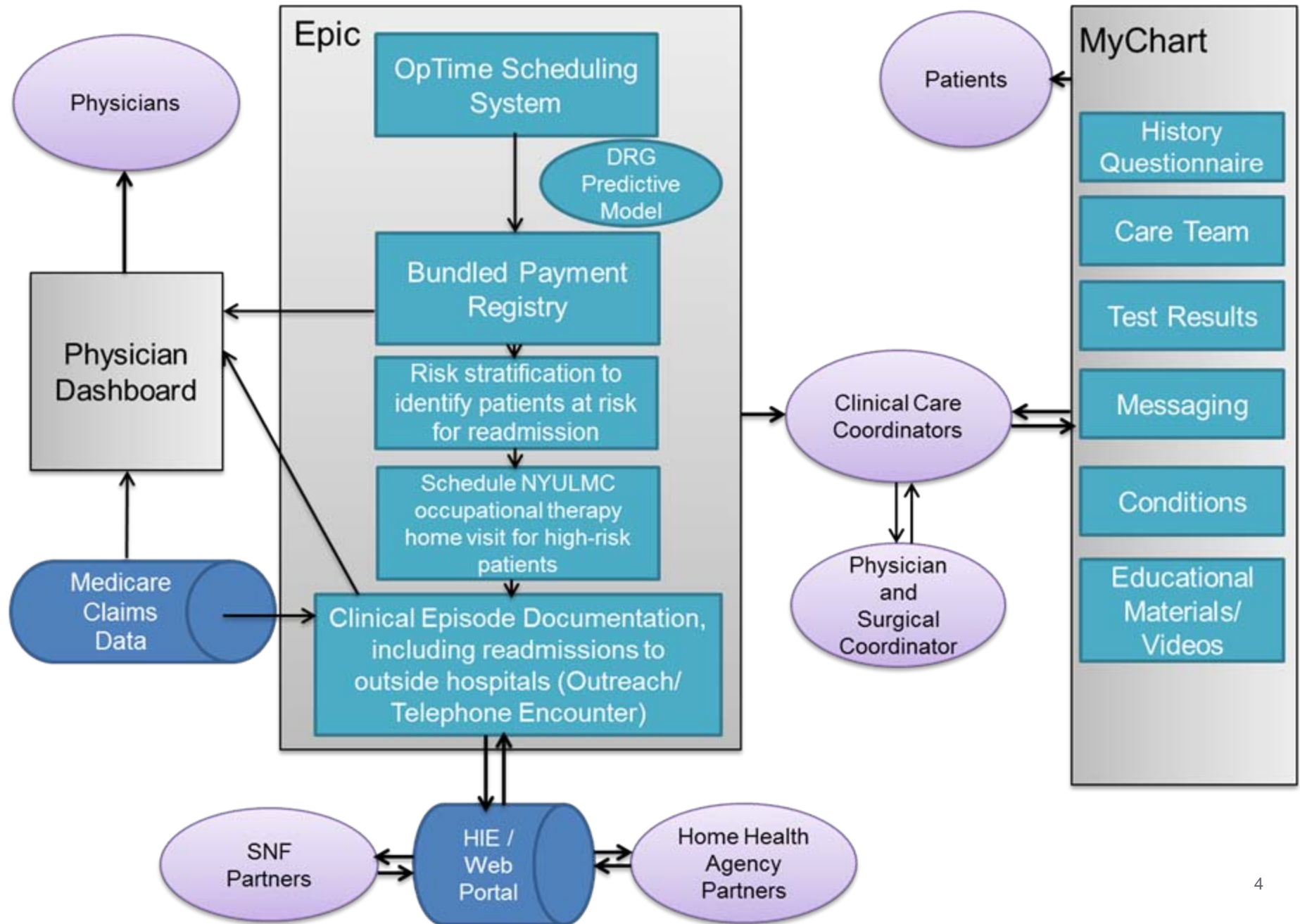
- ❑ To be successful in BPCI, NYULMC needed to place focused information in the hands of clinicians on a timely basis in order to facilitate care redesign.
- ❑ Since DRG coding occurs post-discharge, NYULMC had to find a way to predict BPCI patients at both the pre-admission phase after scheduling of surgery and during the inpatient stay. NYULMC leveraged Epic to identify this population of interest.
- ❑ NYULMC also built tools in Epic so that Clinical Care Coordinators (CCCs) could document care coordination activities, including readmissions to facilities outside of NYULMC. CCCs have been able to capture the majority (>85%) of readmissions that occur at outside our hospitals.
- ❑ Using EMR data, a weekly dashboard was developed to regularly inform leadership and clinicians on BPCI performance, at both the condition and physician levels.



The background of the slide is a photograph of the NYU Langone Medical Center at dusk. The image shows several multi-story buildings with many windows illuminated from within, creating a warm glow against the cool blue tones of the twilight sky. In the foreground on the left, a large building with a grid-like window pattern is prominent. To its right, another building with a more modern, glass-enclosed section is visible. In the background, the Hudson River flows, and the New York City skyline is visible across the water. The overall atmosphere is professional and modern.

# BPCI Episode Technical Workflow

# BPCI Episode Technical Workflow



# BPCI Patient Identification

- ***Scheduled procedures report*** kicks off outreach efforts pre-surgically

Surgery Date	Pre-Testing Date	Patient Name	Patient Age on Surgery Date	Surgeon Name	Procedure	Home Phone	Email Address	Birth Date	Patient PCP Name	PCP Office Phone Num	Schedule Status
10/15/2013	5/8/2013	Patient 1	69.5	Surgeon 1	ROBOTIC MITRAL VALVE ANNULOPLASTY	Phone 1	Email 1	DOB 1	PCP 1	PCP 1	Scheduled
10/15/2013	10/1/2013	Patient 2	62.2	Surgeon 2	REVISION FUSION SPINAL POSTERIOR	Phone 2	Email 2	DOB 2	PCP 2	PCP 2	Scheduled
10/15/2013	10/2/2013	Patient 3	70.9	Surgeon 3	REPLACEMENT HIP TOTAL	Phone 3	Email 3	DOB 3	PCP 3	PCP 3	Scheduled
10/15/2013	10/4/2013	Patient 4	88.6	Surgeon 4	REPLACEMENT KNEE TOTAL	Phone 4	Email 4	DOB 4	PCP 4	PCP 4	Scheduled
10/15/2013	10/4/2013	Patient 5	71.5	Surgeon 5	REPLACEMENT HIP TOTAL	Phone 5	Email 5	DOB 5	PCP 5	PCP 5	Scheduled

- ***FYI Flags*** are added at the time of booking to identify patients in the EMR

The screenshot displays the FYI (Flag Your Information) interface. The main window is titled 'FYI' and contains a 'New Flag' section. In this section, the 'Patient contact' field is populated with '#76 - 08/14/13 - Hospital Encounte'. The 'Flag type' dropdown menu is open, and a red arrow points from it to a 'Category Select' dialog box. The 'Category Select' dialog shows a list of categories: 'Care Coordination CV Surgery', 'Care Coordination Spine', and 'Care Coordination Total Joint'. The 'Care Coordination CV Surgery' category is selected. Below the list, it says '3 categories loaded.' At the bottom of the dialog are 'Accept' and 'Cancel' buttons. In the background, the 'New Flag' section has a 'Summary' field and an 'Existing FYIs' table. The 'Existing FYIs' table has columns: 'Entry Date/Time', 'Contact', 'User', 'Type', 'Summary', and 'Status'. The first row in the table is highlighted with a red circle around the 'Type' column, which contains the text 'Care Coordination CV Surgery'.



# BPCI Patient Identification (con't)

- ***Inpatient census report*** is available to the care team daily

Bundled Payment Initiative Inpatient Census Report - Medicare Only														
Date range: Yesterday														
<u>Surgery Date</u>	<u>Patient Name</u>	<u>MRN</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Admission Date</u>	<u>Discharge Date</u>	<u>LOS to Date</u>	<u>ADT Patient</u>	<u>Actual Procedure Name</u>	<u>Surgeon</u>	<u>Service</u>	<u>Total Case Time</u>	<u>Payor</u>	<u>Age</u>
10/11/2013	Patient 1	MRN 1	Male	DOB 1	10/11/2013		2.74	Inpatient	REPLACEMENT KNEE TOTAL	Surgeon 1	Ortho Total Joint	164.00mins	MEDICARE	71.00
10/09/2013	Patient 2	MRN 2	Male	DOB 2	10/09/2013		4.74	Inpatient	REPLACEMENT HIP TOTAL	Surgeon 2	Ortho Total Joint	145.00mins	MEDICARE	85.00
10/10/2013	Patient 3	MRN 3	Male	DOB 3	10/10/2013		3.76	Inpatient	REOP AVR	Surgeon 3	Cardiovascular	330.00mins	MEDICARE	69.00
Run Date: 10/14/2013														

- ***Readmission and ED/Urgent Care Visit Report*** alerts staff in real time

Bundled Payment Initiative Urgent Care/ED Visit, Readmission, and Inpatient Rehab Report - Daily											
<u>PATIENT CLASS</u>	<u>SERVICE</u>	<u>INDEX ATTENDING</u>	<u>MRN</u>	<u>PAT NAME</u>	<u>HOSP ADMSN TIME</u>	<u>HOSP DISCH TIME</u>	<u>CURRENT DX DESCRIPTION</u>	<u>INDEX ADMIT DATE</u>	<u>INDEX DISCHARGE DATE</u>	<u>INDEX DRG NUM</u>	<u>INDEX DISCHARGE DISPOSITION</u>
Inpatient	Medicine	Surgeon 1	MRN 1	Patient 1	10/13/2013			8/31/2013	9/5/2013	MS470	Skilled Nursing Facility
Inpatient	Medicine	Surgeon 2	MRN 2	Patient 2	10/13/2013			9/4/2013	9/9/2013	MS460	Home Health Care Svc
Observation	Surgeon	Surgeon 3	MRN 3	Patient 3	10/14/2013	10/14/2013	Lymph edema	10/7/2013	10/11/2013	MS470	Home Health Care Svc
Blue- Current Visit											
Yellow - Index Visit											

# Inpatient Care Pathway

- **Epic Pathway Report** monitors a patient's progress on the pathway

ORT TJR POD 0

Index Snapshot Labs Wt Vitals Rad Meds to Give Signout Sedation Sign-off ORT TJR POD 0 Report: ORT TJR POD 0

**Problem**

Problem	Codes	Priority	Class	Noted	Hosp From	Hosp To	Never Reviewed
Abdominal pain	789.00			8/2/2012	8/2/2012	8/27/2012	
S/P total hip arthroplasty	V43.64			10/16/2012	10/16/2012		

[More... Overview](#)

Active Meds Goals: VTE prophylaxis; Pain control IV meds

**Current Active Meds**

Start	Stop	Status	Route	Frequency	Comment   Hide	Ordered
10/28/12 2315	11/27 2159	Dispensed	SubQ	At Bedtime		10/28/12 2311
10/29/12 0700	11/28 0659	Dispensed	SubQ	3 Times Daily		10/28/12 2311
insulin glargine (LANTUS) injection 14 Units - (LOW basal dose)						
insulin aspart (NovoLOG FLEXPEN) injection pen 0.15 Units - (Medium Dose Daytime Correction Scale - Panel (OR))						
"Or" Linked Group Details						
10/29/12 0700	11/28 0659	Dispensed	SubQ	3 Times Daily		10/28/12 2311
insulin aspart (NovoLOG FLEXPEN) injection pen 0.7 Units - (Medium Dose Daytime Correction Scale - Panel (OR))						
"Or" Linked Group Details						
10/28/12 2315	11/27 2159	Dispensed	SubQ	At Bedtime		10/28/12 2311
insulin aspart (NovoLOG FLEXPEN) injection pen 0.10 Units - (insulin aspart (NOVOLOG) injection)						
10/28/12 2315	11/27 2312	Dispensed	IV	Continuous		10/28/12 2311
insulin regular (HUMULIN R; NovoLIN R) 1 Units/mL in sodium chloride 0.9 % 100 mL infusion						
10/25/12 0000	11/24 0959	Sent	Oral	2 Times Daily		10/24/12 1040
celecoxib (celeBREX) capsule 100 mg - (Please select one of the following)						
10/24/12 1040	11/23 1044	Sent	SubQ	Every 12 Hours		10/24/12 1040
enoxaparin (LOVENOX) injection 30 mg						

**Active Lines/Drains/Airways/Wounds**

Name	Placement date	Placement time	Site	Days
Urethral Catheter Double-lumen	10/11/12	1132	Double-lumen	25
Feeding Tube NG - Salem sump Left nare	10/14/12	1133	Left nare	22

**Pain Control**

	Most Recent Value
Pain score (0)	2 - Two filed at: 10/28/2012 2333
Patient satisfaction with pain control and response to interventions (Satisfied)	pain medication is helping me filed at: 10/16/2012 1100

**VTE Prophylaxis and Planning**

	Most Recent Value
VTE risk score (>=2 requires prophylaxis)	5 filed at: 10/16/2012 1135
Post discharge VTE prophylaxis planning (None)	medication concerns [Pharmacy has Rx for Lovenox] filed at: 10/16/2012 1100
Post discharge VTE medication training (None)	assistive person [brother trained to administer lovenox] filed at: 10/16/2012 1100

**Therapy**

	Most Recent Value
Ambulation (0-5ft)	10 feet filed at: 07/31/2012 0700
Bed mobility-->rolling/turning (Dependent)	moderate assist (50% patients effort) filed at: 07/31/2012 0700
Bed mobility-->scooting/bridging (Dependent)	maximum assist (25% patients effort) filed at: 07/31/2012 0700
Bed mobility-->sit to supine (Dependent)	maximum assist (25% patients effort) filed at: 07/31/2012 0700
Bed mobility-->supine to sit (Dependent)	maximum assist (25% patients effort) filed at: 07/31/2012 0700
Transfer skill-->bed to chair/chair to bed (Dependent)	unable to perform filed at: 07/31/2012 0700
Transfer skill-->sit to stand (Dependent)	unable to perform filed at: 07/31/2012 0700
Transfer skill-->stand to sit (Dependent)	dependent (less than 25% patients effort) filed at: 07/31/2012 0700
Lower extremity dressing (Not started)	dependent (less than 25% patients effort) filed at: 07/31/2012 0700
Toilet training (Not started)	dependent (less than 25% patients effort) filed at: 07/31/2012 0700
Range of motion/Hip precautions (General education)	Taught hip Precautions filed at: 07/31/2012 0700



# EMR Care Coordination Tools and Patient Registries

- Care coordination tools were built into the EMR so that Clinical Care Coordinators could see their daily patient lists, view the 90-day longitudinal plan of care as well as document all notes, including information from patients, post-acute providers, and readmissions back to NYULMC and to other hospitals

The screenshot displays a web-based EMR interface with a top navigation bar and multiple data panels. The top bar includes tabs for 'Bundled Payment - CV', 'Bundled Payment - Total Joint' (selected), and 'Bundled Payment - Spine'. A 'Resize' handle is visible on the right. The main content area is divided into several sections:

- Upcoming Preadmissions:** A table showing surgery dates (Today, Tomorrow, Rest of Week) and patient counts (4, 3, 14). Total count is 86. Includes 'Refresh' and 'View Report' buttons.
- Recently Discharged:** A table showing index DC dates (Past 72 Hours) and patient counts (6, 3, 2, 1). Total count is 12. Includes 'Refresh' and 'View Report' buttons.
- Upcoming Patient Outreach:** A table showing next PT outreach dates (4/21/2014 - 4/23/2014, 4/24/2014, 4/25/2014, 4/26/2014, 4/27/2014, 4/28/2014 - 5/1/2014, Other) and patient counts (16, 22, 10, -, -, 50, 152). Includes 'Refresh' and 'View Report' buttons.
- Total Joint Summary:** A table showing admission status (Admission, Discharged, Preadmission) and patient counts (8, 250, 86). Includes 'Refresh' and 'View Report' buttons.
- All Preadmissions:** A table showing CCC names (Betty Degella Viaud, Judith Scott, Judith Scott, Octavia Monique Harrison, Lauren J Raichle, Lisa S McIntyre, [No Value]) and patient counts (12, 23, 1, 14, 15, 21). Total count is 86. Includes 'Refresh' and 'View Report' buttons.
- Discharged by CCC:** A table showing CCC names (Betty Degella Viaud, Judith Scott, Judith Scott, Octavia Monique Harrison, Lauren J Raichle, Lauren J Raichle; Shakespear Boka, Lisa S McIntyre, Lisa S McIntyre; Christine M Garcia) and patient counts (43, 23, 23, 37, 9, 15, 18). Total count is 250. Includes 'Refresh' and 'View Report' buttons.
- Readmissions:** A table showing admit status (Admission, Discharged) and patient counts (8, 4, 1, 3, 20, 2, 1, 4, 4, 3, 6). Includes 'Refresh' and 'View Report' buttons.
- No Longer Eligible for Bundled Payment:** A table showing CCC names (SCOTT, JUDITH, VIAUD, BETTY DEGELLA, [No Value]) and patient counts (1, 1, 436). Includes 'Refresh' and 'View Report' buttons.
- Admitted Patients:** A table showing CCC names (Betty Degella Viaud, Judith Scott, Lauren J Raichle, Lisa S McIntyre) and patient counts (1, 3, 4, 1). Total count is 9. Includes 'Refresh' and 'View Report' buttons.
- Discharged by Week:** A table showing weeks (> 12 Weeks, Week 12, Week 11, Week 10, Week 9, Week 8, Week 7, Week 6, Week 5, Week 4, Week 3, Week 2, Week 1) and patient counts (64, 13, 16, 16, 17, 26, 24, 4, 10, 20, 12, 15, 11). Total count is 250. Includes 'Refresh' and 'View Report' buttons.

Each panel includes a 'Refresh' button and a 'View Report' button. The interface also features a 'Report Links' section on the right and a 'Report completed Thu 4/24 01:36 PM' message at the bottom left.

# Communication With Patients – NYULMC MyChart

- NYULMC MyChart is an online patient portal that allows patients to access educational videos, test results, appointment calendars, and messages from clinicians and Clinical Care Coordinators

The screenshot shows the MyChart at NYU Langone patient portal. The header is purple with the text "MyChart at NYU Langone" in white. Below the header, there is a navigation bar with "Don (Me)" and a wrench icon. On the left, there is a sidebar with a list of menu items: Home, My Conditions (expanded to show Joint Replacement), Message Center, Appointments, My Medical Record, Billing & Insurance, and My Account. A mouse cursor is pointing at the Message Center item. The main content area is titled "You Might Want To..." and features two circular icons. The first icon shows a folder with a plus sign and a red cross, with the text "View Test Results" and a link "here" to view test results. The second icon shows a pill bottle and a syringe, with the text "Request Prescription Refill" and a link "here" to request a refill. Both links are underlined and followed by an asterisk.

## MyChart at NYU Langone

Don (Me)

- Home
- My Conditions
  - Joint Replacement
- Message Center
- Appointments
- My Medical Record
- Billing & Insurance
- My Account

### You Might Want To...

**View Test Results**  
For test results reviewed and released by your doctor, click [here](#)  
\*Some results may not be immediately available online\*

**Request Prescription Refill**  
To request a prescription refill, click [here](#).  
\*For a new medicine or one prescribed by another provider please contact your doctor's office\*

# Post-Acute Communication

- NYULMC's *Health Information Exchange*

- Allows care team to review clinical results/notes of other facilities and physicians
- “EMR Light” allows for enhanced communication with post-acute care providers through the use of an electronic transitional care communication tool. The tool consists of:
  - **Transfer Document:** Completed by a NYULMC Clinical Care Coordinator upon hospital discharge and made available to the post-acute provider through EMR Light. Includes information such as demographics, type of surgery, care pathway, most recent clinical status, and Clinical Care Coordinator contact information.
  - **Follow-up Form:** Sent from the post-acute provider to NYULMC as a patient progress report. Includes information such as post-acute length of stay, changes in clinical condition, physician / nurse practitioner evaluations, and medication changes.
  - **Continuity of Care Document:** The post-acute provider can also access the patient's Continuity of Care Document that is generated by NYULMC's electronic health record. The document is an electronic patient summary containing a set of standardized clinical elements that are most relevant during care transitions. These elements include allergies, medications, problem list, procedures, and results.



# Reporting and Monitoring

# Reporting and Monitoring Cost Drivers

## **Cost Reductions (Cost to Providers)**

- Reduce LOS or # of visits
- Reduce implant, supply, or drug costs
- Reduce OR time

## **Revenue Reductions (Cost to Medicare)**

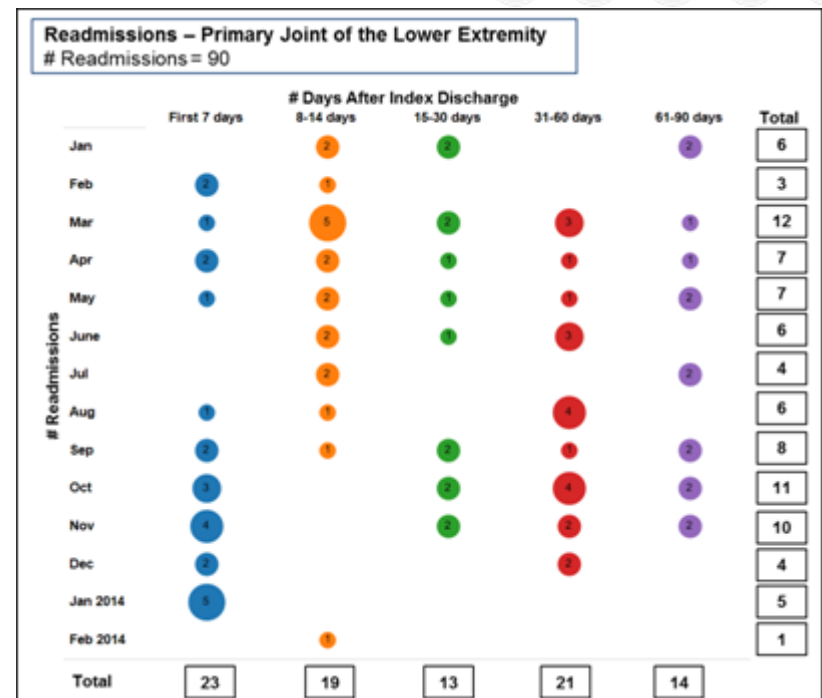
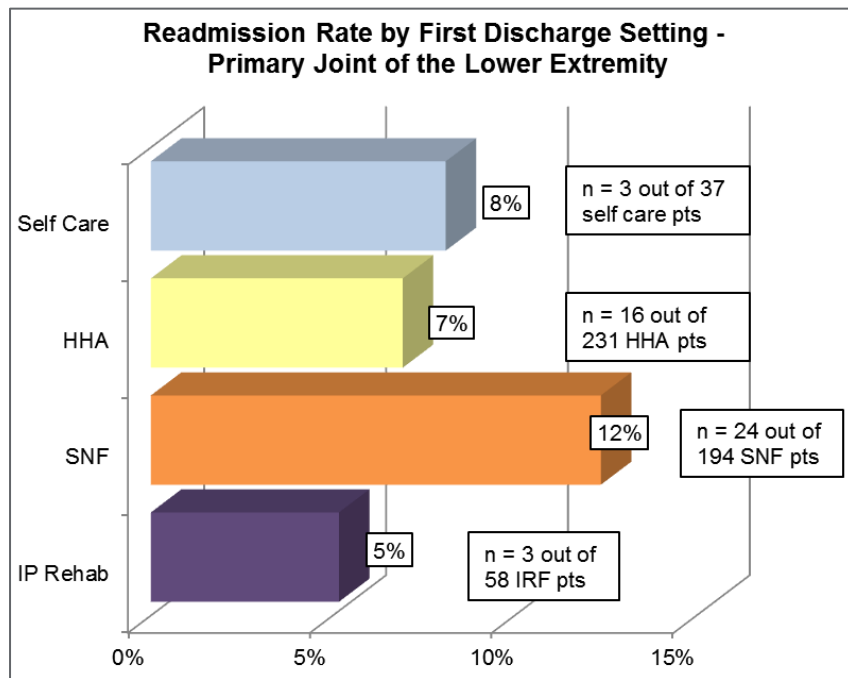
- Reduce readmissions
- Alter discharge patterns
- Decrease utilization (e.g., consults, ancillary tests)
- Reduce SNF LOS (paid on per diem)

NYULMC studied the levers of cost and quality in a bundle when creating a care redesign structure. BPCI reporting and analytics tracks performance on these levers.

# Reporting and Monitoring

- **Bundled Payment Weekly Dashboard**

- **Initiative-level reporting** keeps the organization focused on achieving our targets





# Reporting and Monitoring

## • **Bundled Payment Weekly Dashboard (continued)**

- **Physician-level reporting** allows Chairs and Chiefs to monitor their departments' performance
- Promotes a continuous drive for improvement and results

## NYULMC Physician Dashboard

	# Patients Discharged	ALOS	Discharge Disposition						90-Day Readmission Rate - Closed Episodes Only <sup>1</sup>		
			Rehab Facility	Skilled Nursing Facility	Total Facility-Based Care	Home Health Care Svc	Home/ Self Care	Total Home-Based Care	# Readmissions (Closed Episodes Only)	# Patients (Closed Episodes Only)	90-Day Readmission Rate (Closed Episodes Only)
Primary Joint of the Lower Extremity	779	3.52	7%	37%	44%	53%	3%	56%	42	338	12%
HJD	733	3.41	6%	35%	41%	56%	3%	59%	35	317	11%
DRG 469 - Primary Joint w MCC	17	6.76	18%	35%	53%	47%	0%	47%	1	2	50%
Physician 1	4	6.00	25%	50%	75%	25%	0%	25%	0	0	0%
Physician 2	4	8.75	25%	25%	50%	50%	0%	50%	0	0	0%
Physician 3	2	4.50	0%	50%	50%	50%	0%	50%	0	0	0%
Physician 4	2	9.00	0%	50%	50%	50%	0%	50%	0	1	0%
Physician 5	1	7.00	0%	100%	100%	0%	0%	0%	0	0	0%
Physician 6	1	3.00	0%	0%	0%	100%	0%	100%	0	0	0%
Physician 7	1	13.00	0%	0%	0%	100%	0%	100%	0	0	0%
Physician 8	1	3.00	100%	0%	100%	0%	0%	0%	0	0	0%
Physician 9	1	3.00	0%	0%	0%	100%	0%	100%	1	1	100%

# Reporting and Monitoring

## • Quarterly Reporting

### • Physician-level financial performance:

#### Q1 2013 physician comparison - Episode cost

2013 Predicted Target Prices		Q1 n=	Q1 2013 Total Episode Medicare Pmt	Q1 2013 Avg Medicare Pmt	Difference btw Target Price and Q1 2013 Avg. Pmt / Case*	Total Difference btw Target Price and Q1 2013 Avg. Pmt	Notes
DRG 470	\$35,565						
DRG 469	\$54,233						
<b>DRG 470 - w/o MCC</b>		<b>145</b>	<b>\$4,502,110</b>	<b>\$31,049</b>	<b>\$4,516</b>	<b>\$654,856</b>	
Physician 1		17	\$555,114	\$32,654	\$2,911	\$49,495	
Physician 2		17	\$488,987	\$28,764	\$6,801	\$115,623	
Physician 3		13	\$348,167	\$26,782	\$8,783	\$114,182	
Physician 4		12	\$329,093	\$27,424	\$8,141	\$97,690	
Physician 5		11	\$300,686	\$27,335	\$8,230	\$90,532	
Physician 6		11	\$240,935	\$21,903	\$13,662	\$150,283	
Physician 7		8	\$353,004	\$44,125	(\$8,560)	(\$68,482)	74% of patients to facility-based post-acute care; 5 readmissions
Physician 8		5	\$185,561	\$37,112	(\$1,547)	(\$7,735)	72% of patients to facility-based post-acute care
Physician 9		5	\$127,504	\$25,501	\$10,064	\$50,322	
Physician 10		4	\$224,483	\$56,121	(\$20,555)	(\$82,222)	79% of patients to facility-based post-acute care. One outlier patient had a \$108,000 readmission. The patient had a comorbidity of CHF and was readmitted for pulmonary embolism and pneumonia. The patient expired during the readmission.
Physician 11		2	\$159,205	\$79,602	(\$44,037)	(\$88,074)	All fracture patients
Physician 12		2	\$95,341	\$47,671	(\$12,105)	(\$24,211)	All patients in Q1 were discharged to SNF

## • Future dashboard:

- Real-time pricing of the bundle using both current data and historical averages

# Future of Bundled Payment

## *Successes:*

- The demonstration project has created dynamic and influential changes in the delivery of care
- The hospital, physicians, and post-acute partners are better coordinating care transitions and are communicating important clinical information about shared patients
- Our patients are experiencing improved care through enhanced coordination and communications between providers



# Future of Bundled Payment

## *Challenges:*

- Based on the 2013 CMS targets, the demonstration project is having a negative financial impact on NYULMC when you account to the cost incurred and the revenue lost due to care redesign.
  - \$3 Mil in staffing cost to get ready and \$1.5 Mil/year going forward
  - Loss of acute rehab revenue, \$15,000 per case, 370-400 cases in 2013
  - Loss of IME, DME, DSH add-ons revenue associated with the acute rehab inpatient cases
  - Reduction in readmissions, estimated at 24 cases in 2013 at \$12,500 per case plus \$7,500 per case for IME, DME and DSH add-ons per case
- Recent data fluctuations are barriers to success. Baseline target prices and volumes keep changing, resulting in the inability to accurately predict financial performance and resulting in mixed messages to the physicians
- Without predictability of financial performance at both the initiative and physician-levels, it is difficult to maintain clinician engagement in existing bundles and will definitely hinder expansion to additional bundles



Questions?

**Contact Information:**  
[Karim.Habibi@nyumc.org](mailto:Karim.Habibi@nyumc.org)





ideas. answers. action.

# Measuring Success with Bundles: Winning Strategies in Analytics

Bundled Payment Summit  
Washington, D.C.  
June 17, 2014

# The Arkansas Landscape

- 3 million people
  - ▶ Poor health status
    - Obesity
    - Smoking
  - ▶ Low educational status
  - ▶ High incidence of poverty
- 3 major insurers cover roughly 2/3 of the population
  - ▶ Medicare
  - ▶ Medicaid
  - ▶ Arkansas Blue Cross Blue Shield
- Access to care
  - ▶ Predominantly rural geography
  - ▶ No integrated care systems





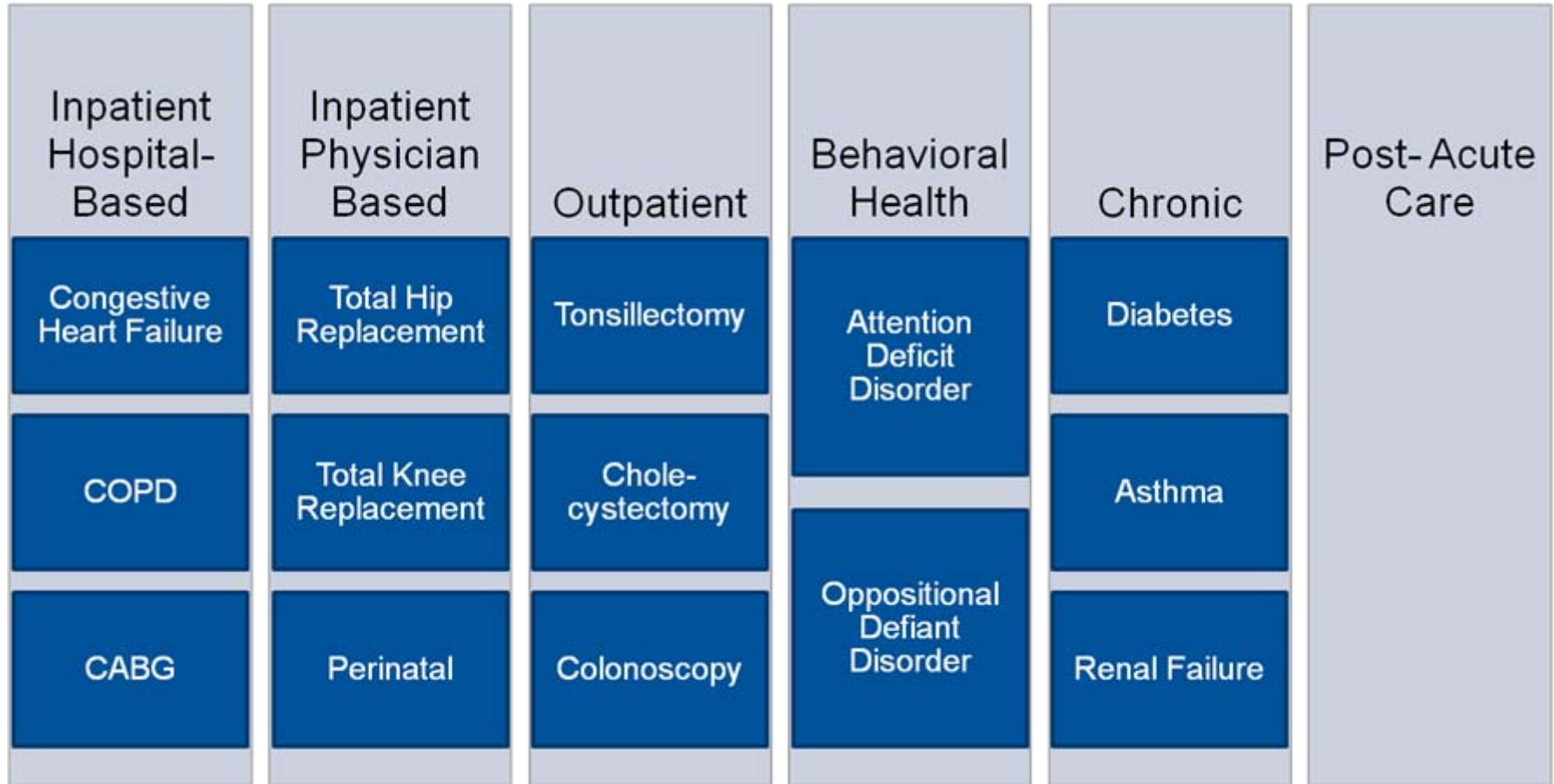
# Arkansas Payment Reform Status

- Currently the largest multi-payer statewide bundled payment initiative in the country
- SIM Grant award for payment transformation
- Selected as a Comprehensive Primary Care Initiative (“CPCI”) pilot site by CMS
  - ▶ 66 practices participating
- Walmart (and other self-funded employers) participation in both CPCI and episodes of care
- Medicaid and Arkansas Blue Cross Blue Shield (“ABCBS”) both pursuing Patient-centered Medical Home programs
  - ▶ ABCBS - Pilot with multiple clinics
  - ▶ Medicaid - Statewide launch 2014

# Timeline



# All Kinds of Episodes



# Average Costs Are What Count

## ■ Outlier Criteria

- ▶ Extraordinary cases that exceed cost outlier thresholds are excluded
- ▶ Other extraordinary cases removed based on clinical exclusion criteria
  - Cancer
  - ESRD
  - HIV
  - Transplant

## ■ Risk Adjustment

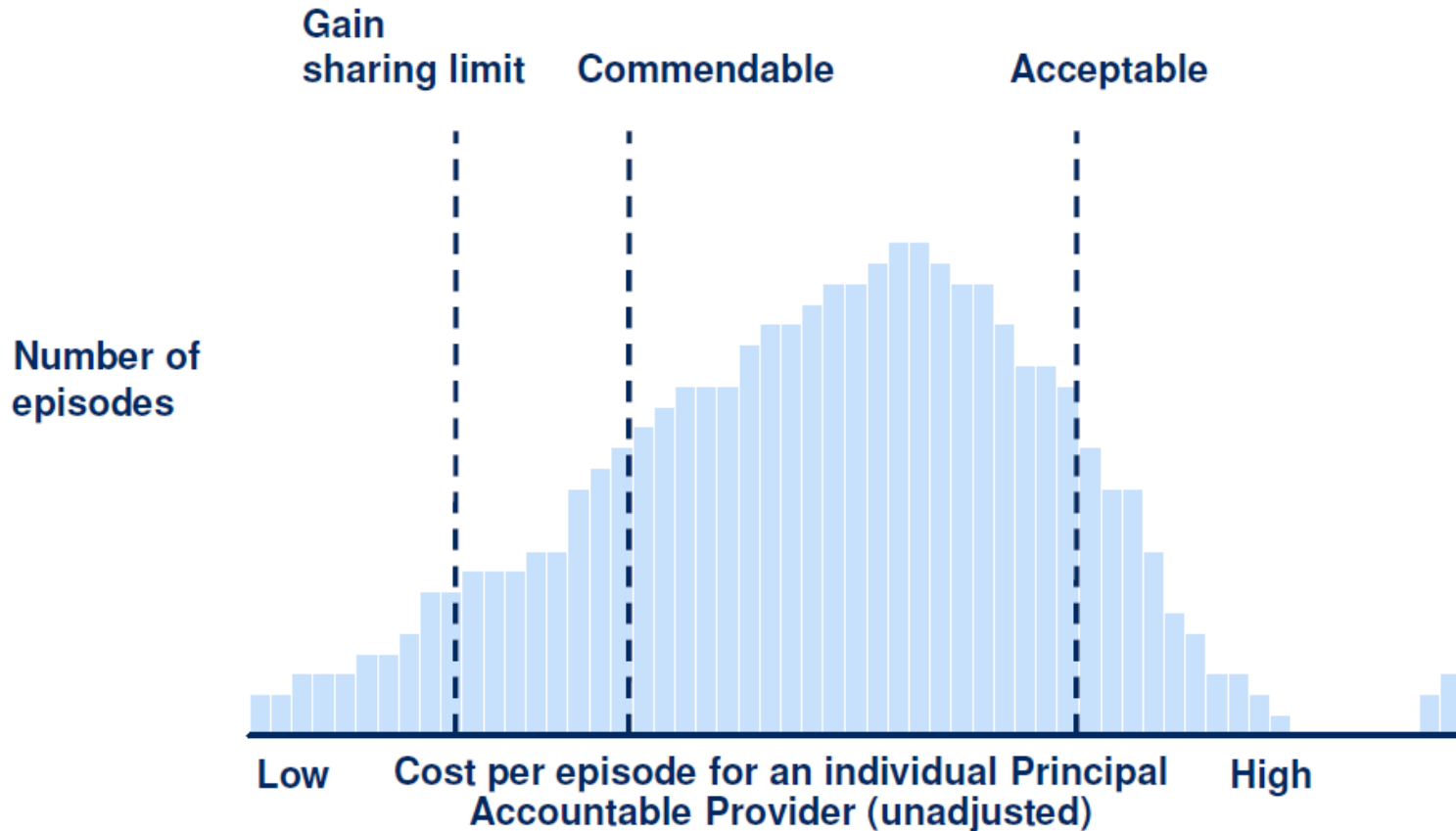
- ▶ Where appropriate, remaining cases are risk adjusted based on age, co-morbidities, and other factors (clinically relevant)

## ■ Administrative Exclusions

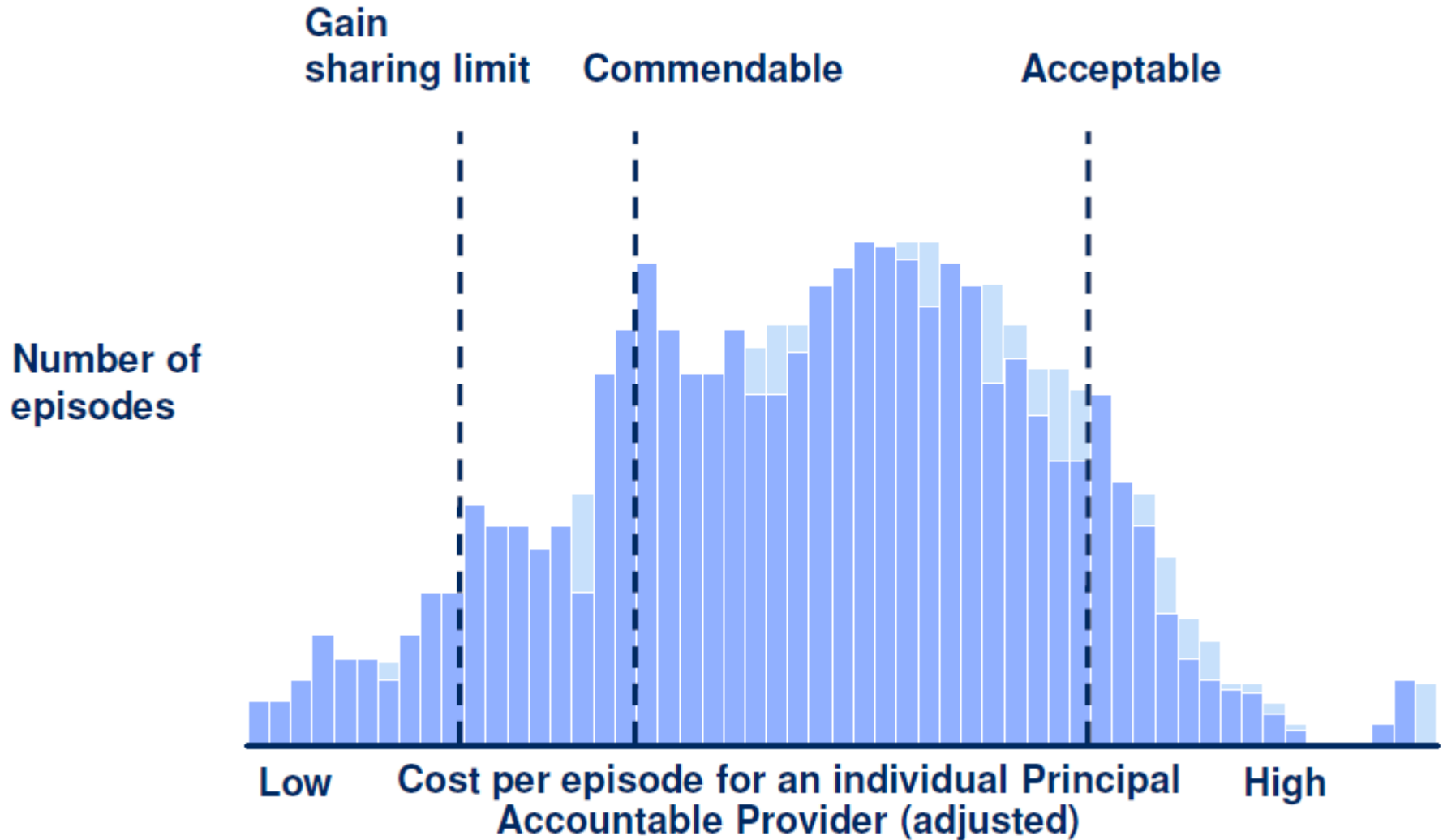
- ▶ Patients without continuous coverage
- ▶ Patients without primary coverage through the insurer



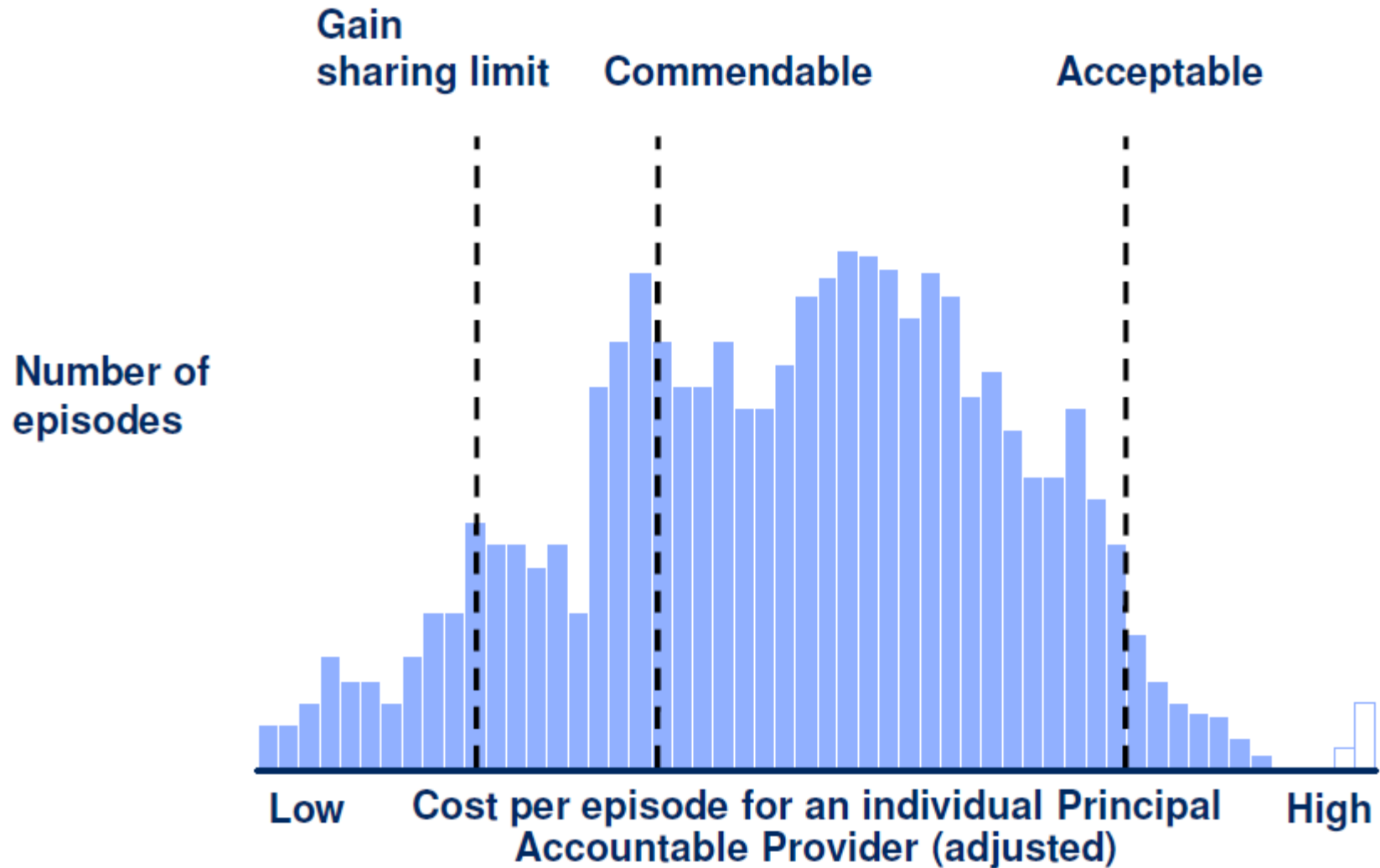
# Unadjusted Episode Cost - Individual Provider



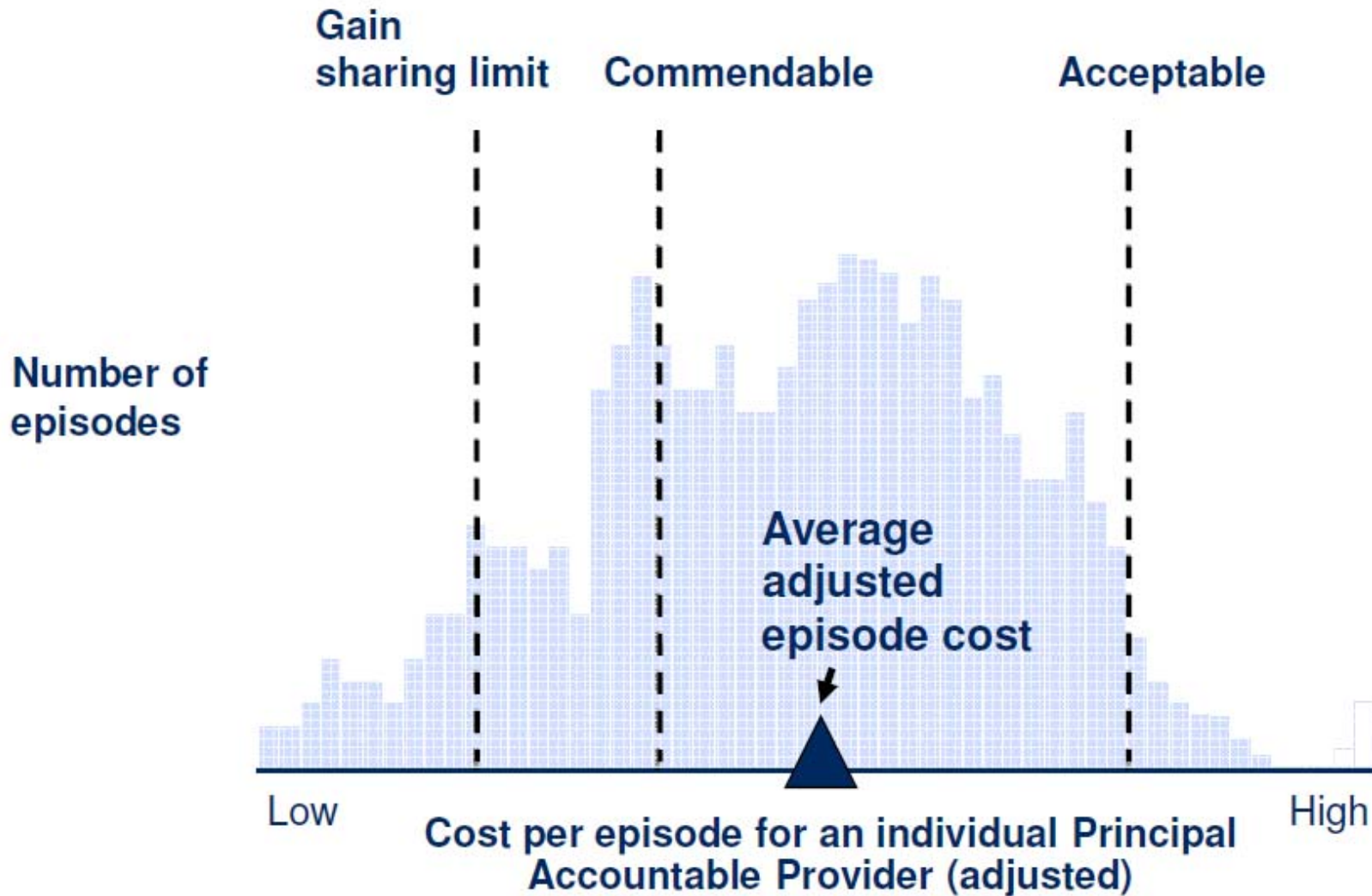
# Adjusted Episode Cost - Individual Provider



# Outliers Are Removed



# Average Adjusted Episode Cost





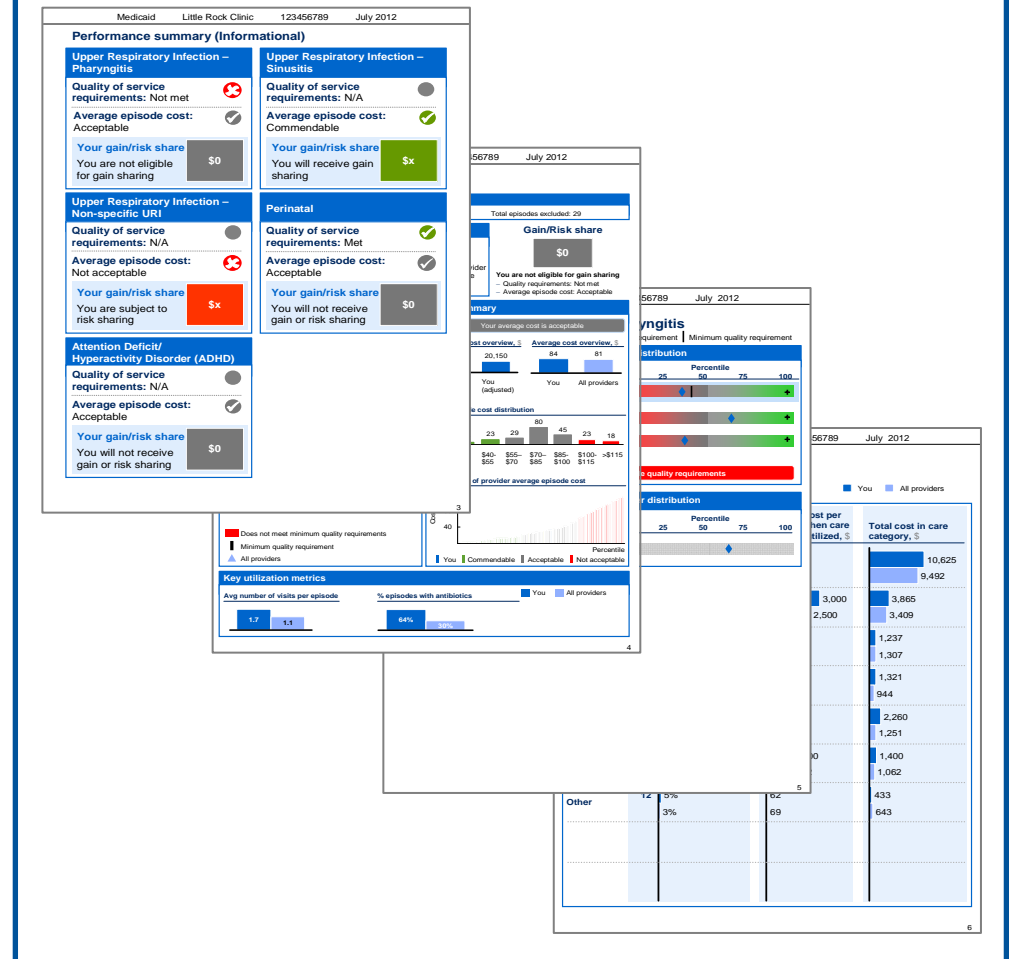
# Principal Accountable Providers

## Have Been Given New Tools To Help Measure And Improve Patient Care

- Reports provide performance information for principal accountable providers (“PAP”) episode(s):

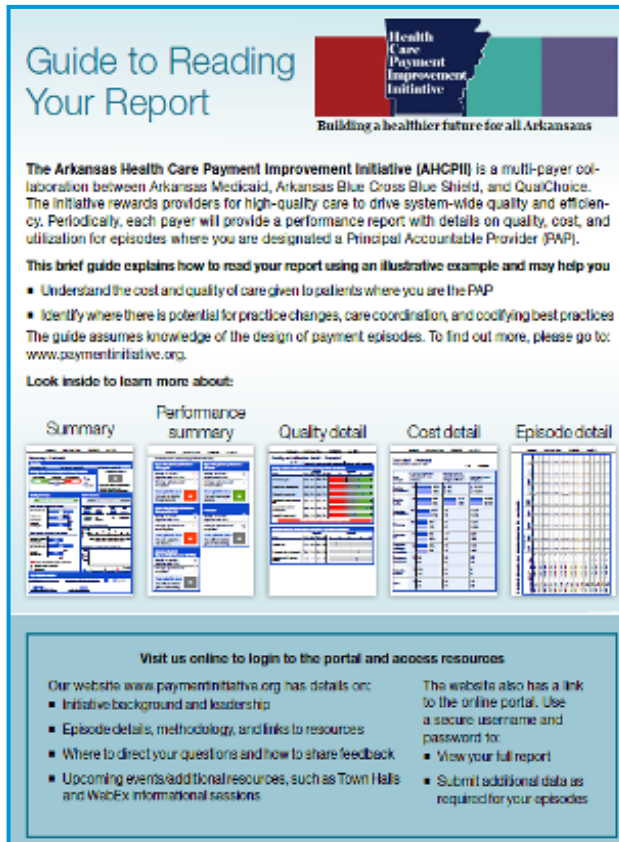
- ▶ Overview of **quality** across a PAP’s episodes
- ▶ Overview of **cost effectiveness** (how a PAP is doing relative to cost thresholds and relative to other providers)
- ▶ Overview of **utilization** and drivers of a PAP’s average episode cost

### Example of provider reports



# PAP Performance Reports

## Have Summary Results and Detailed Analysis of Episode Costs, Quality, and Utilization



**Guide to Reading Your Report**

**Health Care Payment Improvement Initiative**  
Building a healthier future for all Arkansians

The Arkansas Health Care Payment Improvement Initiative (AHCPII) is a multi-payer collaboration between Arkansas Medicaid, Arkansas Blue Cross Blue Shield, and QualChoice. The initiative rewards providers for high-quality care to drive system-wide quality and efficiency. Periodically, each payer will provide a performance report with details on quality, cost, and utilization for episodes where you are designated a Principal Accountable Provider (PAP).

This brief guide explains how to read your report using an illustrative example and may help you

- Understand the cost and quality of care given to patients where you are the PAP
- Identify where there is potential for practice changes, care coordination, and codifying best practices

The guide assumes knowledge of the design of payment episodes. To find out more, please go to: [www.paymentinitiative.org](http://www.paymentinitiative.org).

Look inside to learn more about:

- Summary
- Performance summary
- Quality detail
- Cost detail
- Episode detail

Visit us online to login to the portal and access resources

Our website [www.paymentinitiative.org](http://www.paymentinitiative.org) has details on:

- Initiative background and leadership
- Episode details, methodology, and links to resources
- Where to direct your questions and how to share feedback
- Upcoming events/additional resources, such as Town Halls and WebEx informational sessions

The website also has a link to the online portal. Use a secure username and password to:

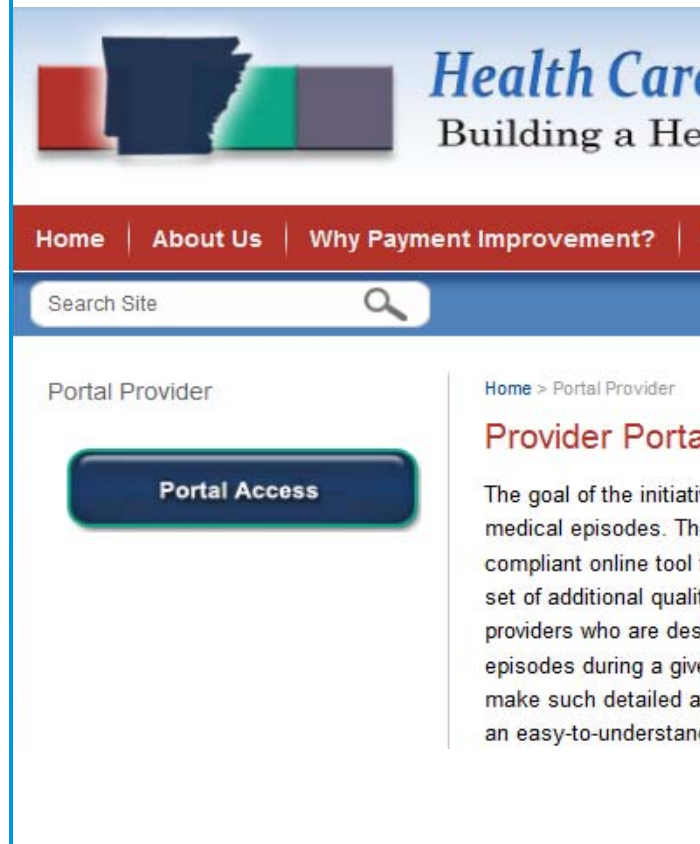
- View your full report
- Submit additional data as required for your episodes

### Details on the reports

- ▶ First time PAPs receive detailed analysis on costs and quality for their patients increasing performance transparency
- ▶ Guide to Reading Your Report available online
- ▶ Valuable to both PAPs and non-PAPs to understand the reports
- ▶ Reports issued quarterly starting July 2012
  - Gain/risk sharing results reflect claims data from prior reporting period
  - Reports will be available online via the provider portal

# Provider Portal


## Login to portal from payment initiative website



## ■ Details on the provider portal:

- ▶ The provider portal is a multi-payer tool that allows providers to enter quality metrics for certain episodes and access their PAP reports
- ▶ Accessible to all PAPs
  - ▶ Login with existing username/password
  - ▶ New users follow enrollment process detailed online
- ▶ Key components of the portal are to provide a way for providers to:
  - ▶ Enter additional quality metrics for select episodes (hip, knee, CHF, and ADHD with potential for other episodes in the future)
  - ▶ Access current and past performance reports for all payers where designated the PAP

# Provider Portal-Quality Metric Entry Screen



## Arkansas Health Care Payment Improvement Initiative

Building a healthier future for all Arkansans

HomeReportsHelpPrevious Page

### Clinical Data Entry - CHF Episode

\*Payer:

Choose One

\*Facility name:

\*Provider:

\*Patient first:

Patient middle:

\*Patient last:

\*Member ID:

\*Patient DOB:

17

\*Date of service:

17

**Was there documentation in the hospital record of:**

The results of an LVEF assessment - performed either before or during hospitalization? ☐ Yes ☐ No

What was the average quantitative ejection fraction value (e.g., 50%)?  %

Was an ACE inhibitor prescribed upon discharge OR was the patient already taking ACE inhibitor as documented in current medication list? ☐ Yes ☐ No

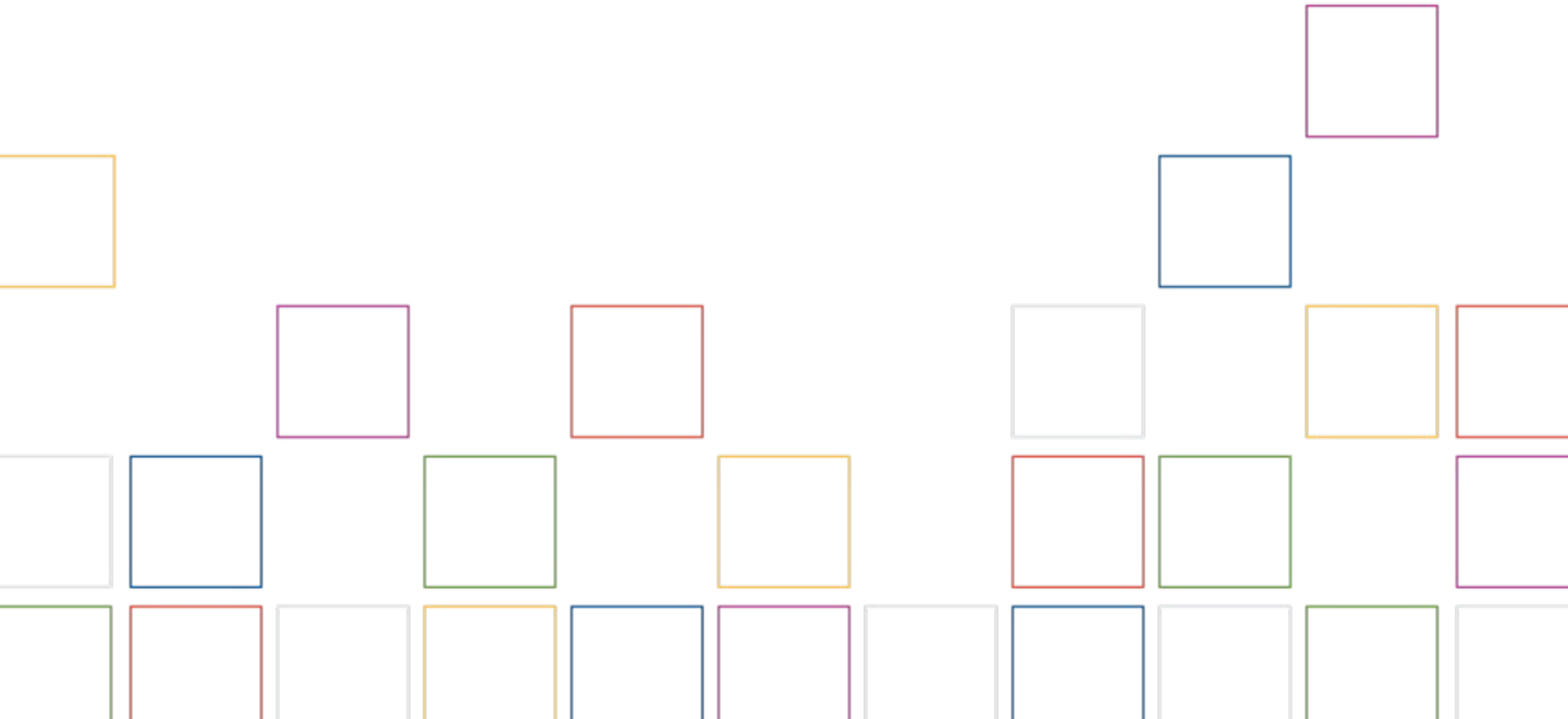
Was ARB therapy prescribed upon discharge OR was the patient already taking ARB therapy as documented in current medication list? ☐ Yes ☐ No

Submit Episode Data ▶

Submit Data and Add Another Episode ▶



# Questions?



# Contact Information



**Kimberly Hartsfield, MPA**

Senior Manager

THE CAMDEN GROUP

100 N. Sepulveda Blvd., Suite 600

El Segundo, CA 90245

310.320.3990 | 501.940.2526 (mobile)

khartsfield@TheCamdenGroup.com