

Bundled Payment: Physician Engagement

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**Mount
Sinai**

Agenda

- Overview of Mount Sinai Health System
- Tools for physician engagement

The Mount Sinai Health System

Mount Sinai Health System at a glance

One Medical School

▲ Icahn School of Medicine at Mount Sinai
One Gustave L. Levy Place
New York, NY 10029

Seven Hospital Campuses

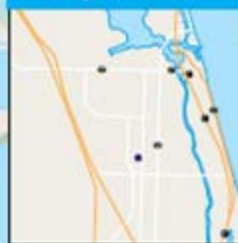
- 📍 Mount Sinai Beth Israel
First Avenue at 16th Street
New York, NY 10003
- 📍 Mount Sinai Beth Israel
Brooklyn
3201 Kings Highway
Brooklyn, NY 11234
- 📍 The Mount Sinai Hospital
One Gustave L. Levy Place
New York, NY 10029
- 📍 Mount Sinai Queens
25-10 30th Avenue
Long Island City, NY 11102
- 📍 New York Eye and Ear
Infirmary of Mount Sinai
210 East 14th Street
New York, NY 10003
- 📍 Mount Sinai Roosevelt
1000 Tenth Avenue
New York, NY 10019
- 📍 Mount Sinai St. Luke's
1111 Amsterdam Avenue
New York, NY 10025

- Freestanding Ambulatory
Surgery Centers
- Ambulatory Care Practices

Westchester and Long Island



Jupiter, Florida



Mount Sinai Health System

One of the largest integrated health care systems in the nation

Babies delivered a year

18,000 48 Per Day

3,535 Total Certified Beds

138 Operating Rooms

140+ Ambulatory practice locations throughout the five boroughs of New York City, Westchester, and Long Island

37,000+ Employees

6,100+ Primary and Specialty Care Physicians

Patients Served: 3.5 Million

2,900,000+
Outpatient visits to offices and clinics (non-Emergency Department)

420,000+
Emergency Department visits

160,000
Inpatient admissions

10 Freestanding Ambulatory Surgical Centers

41 Clinical and academic relationships with other local health care organizations

31 Affiliations with community health center locations

6,000+ Nurses

Providing medical care to local and global communities

Mount Sinai Health System: Two Key Goals

To be the most effective population health manager in the NY market

Can Mount Sinai be serious? The answer is a resounding yes. In fact, we couldn't be more serious. Mount Sinai's number one mission is to keep people out of the hospital. We're focused on population health management, as opposed to the traditional fee-for-service medicine. So instead of receiving care that's isolated and intermittent, patients receive care that's continuous and coordinated, much of it outside of the traditional hospital setting.

Thus the tremendous emphasis on wellness programs designed to help people stop smoking, lose weight and battle obesity, lower their blood pressure and reduce the risk of a heart attack. By being as proactive as possible, patients can better maintain their health and avoid disease.

Our Mobile Acute Care Team will treat patients at home who would otherwise require a hospital admission for certain conditions. The core team involves physicians, nurse practitioners,

registered nurses, social workers, community paramedics, care coaches, physical therapists, occupational therapists, speech therapists, and home health aides.

Meanwhile, Mount Sinai's Preventable Admissions Care Team provides transitional care services to patients at high risk for readmission. After a comprehensive bedside assessment, social workers partner with patients, family caregivers and healthcare providers to identify known risks such as

problems with medication management and provide continuing support after discharge.

It's a sweeping change in the way that health care is delivered. And with the new system comes a new way to measure success. The number of empty beds.

1-800-MD-SINAI
mountsinaihealth.org

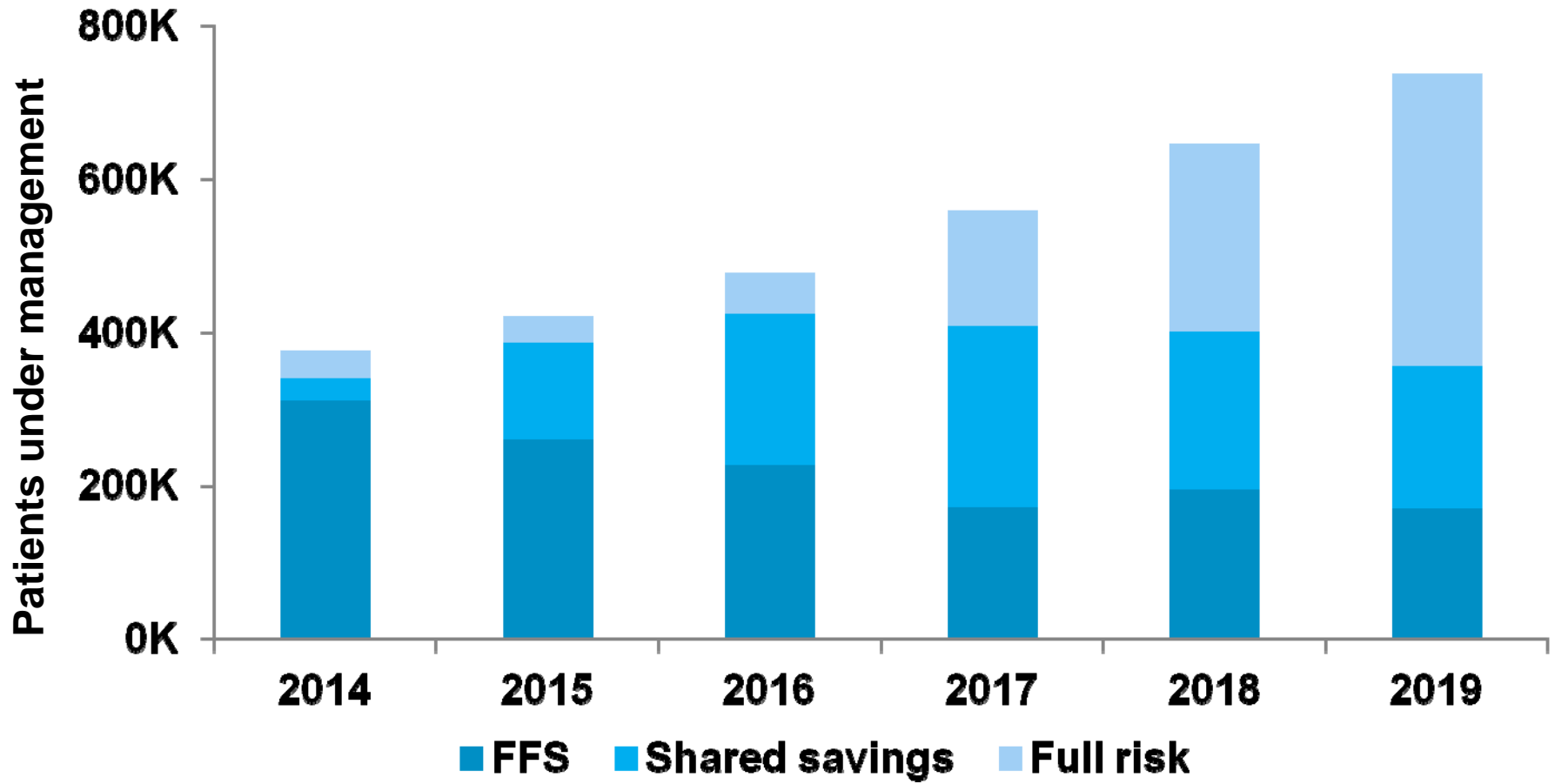


**IF OUR BEDS
ARE FILLED,
IT MEANS WE'VE FAILED.**



To be the hospital system of choice for population health managers

Mount Sinai's payment model is moving towards full risk for populations

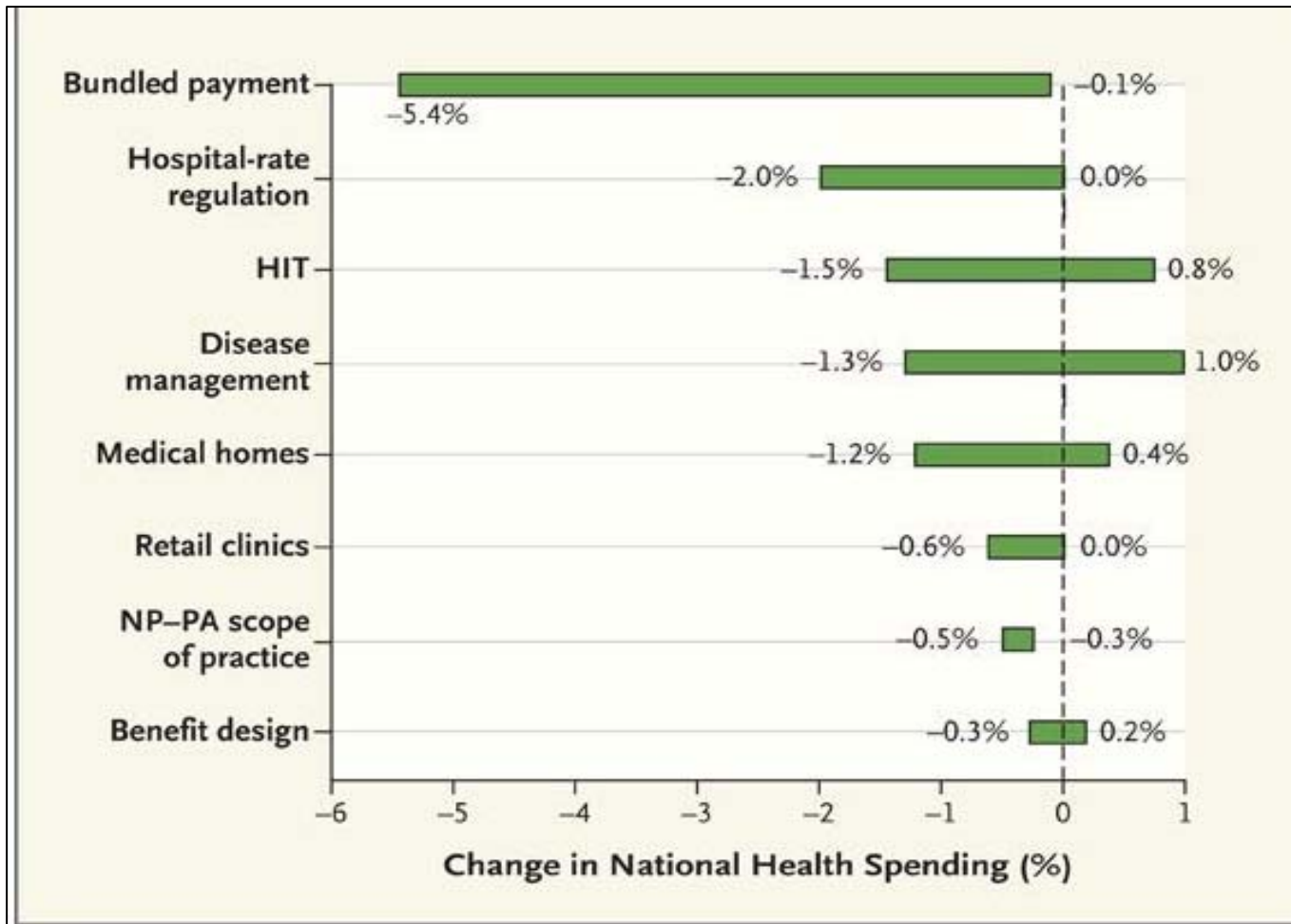


Bundled payment provides an easier platform for hospitals to move into risk

	Bundled Payment	Shared Savings
Financial focus	Episode cost	Total cost of care
Targeted clinicians	Specialists	Primary care
Care management	Episodic	Longitudinal
★ How it relates to fee-for-service	Can coexist	Competes
Key elements for success	Data and analytics	Data and analytics
	Patient segmentation	Patient segmentation
	Standardized care	Standardized care
	Care coordination	Care coordination

Bundled payment may be the most promising policy option to reduce healthcare spending

Estimated cumulative percentage changes in national health care expenditures, 2010 through 2019

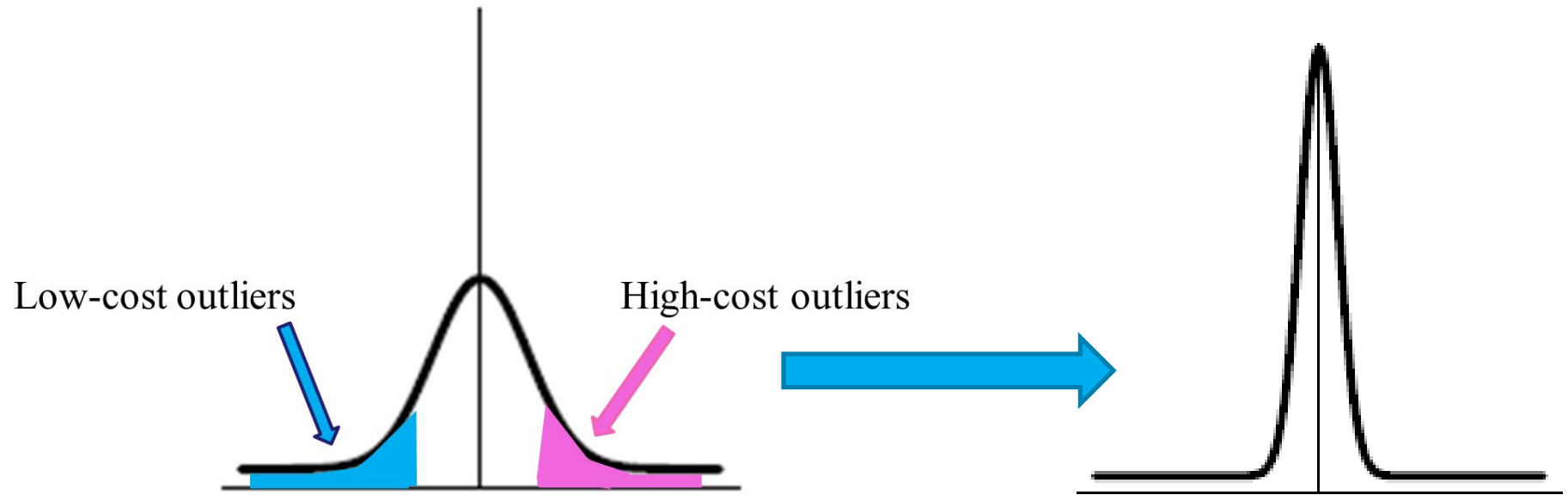


Bundled Payment at Mount Sinai

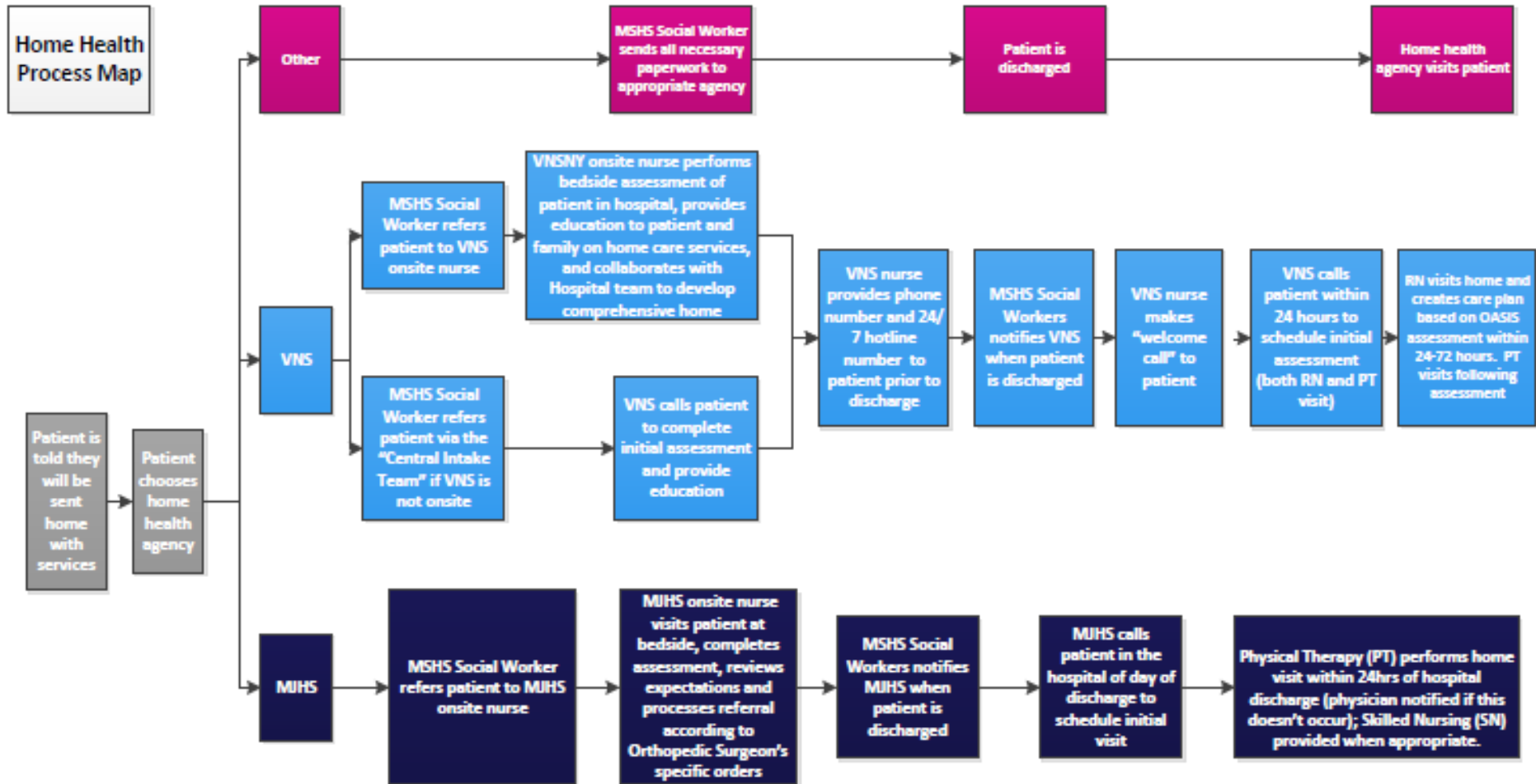
Bundle Initiative	Plan Type	Active Sites	Go-Live Date
Lower Joint Replacement	BPCI (Medicare)	MSH MSQ MSR MSSL	4/1/2015
Lower Joint Replacement	CJR (Medicare)	MSBI MSB	4/1/2016
Lower Joint Replacement	32BJ (Commercial)	MSH MSR MSBI	4/1/2016
Stroke	BPCI (Medicare)	MSH MSQ	10/1/2015

Tools for Physician Engagement

Turn physicians into partners – engage them in the care transformation process



Process map for home health pathways after lower extremity joint replacement



Invest in clinical champions



<http://www.hhnmag.com/articles/5694-bundled-payment>

Identify

- Physicians seen as leaders based on the care they provide
- Have strong, positive relationships in the organization

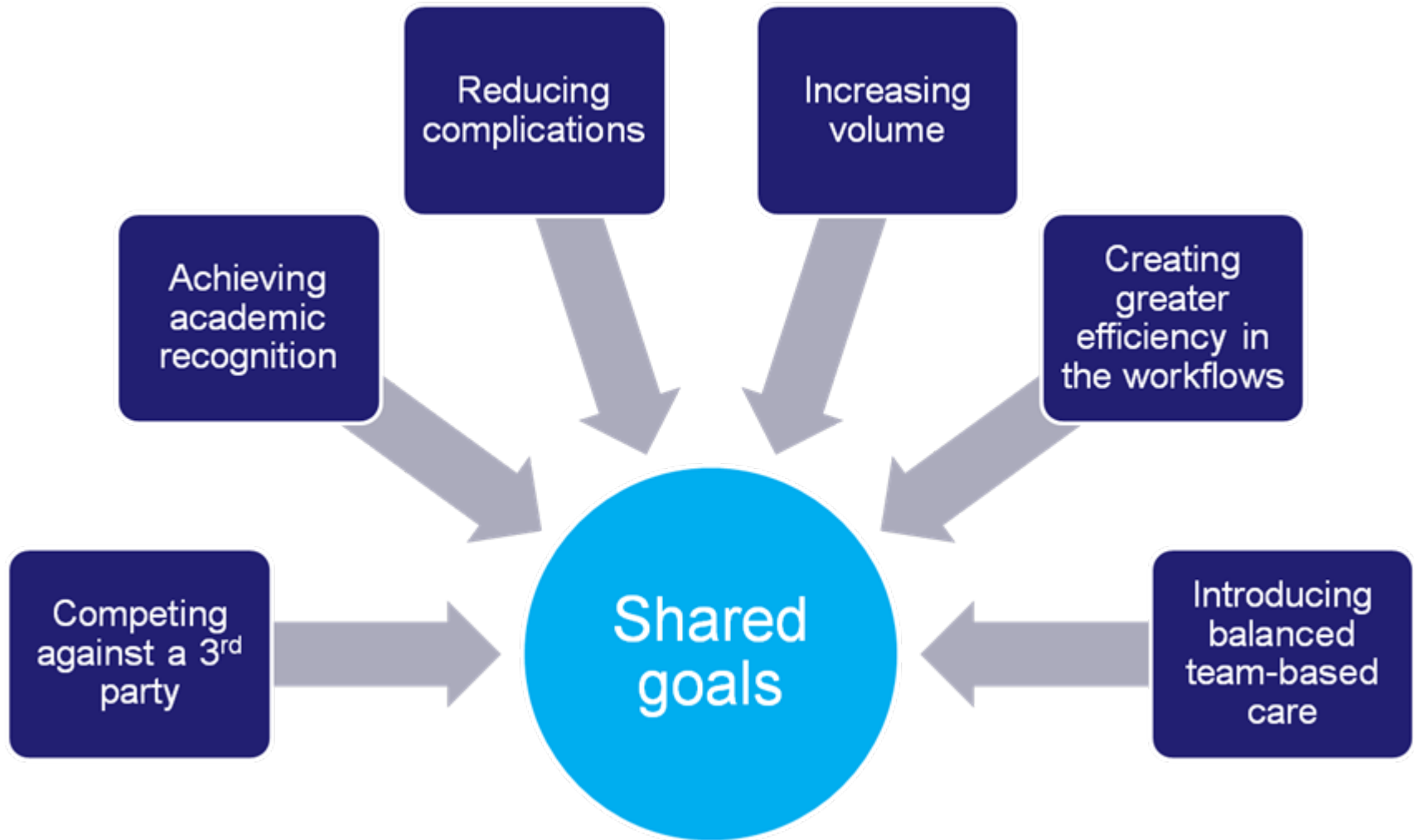
Develop

- Educate about the goals
- Provide support
- Give training in change management

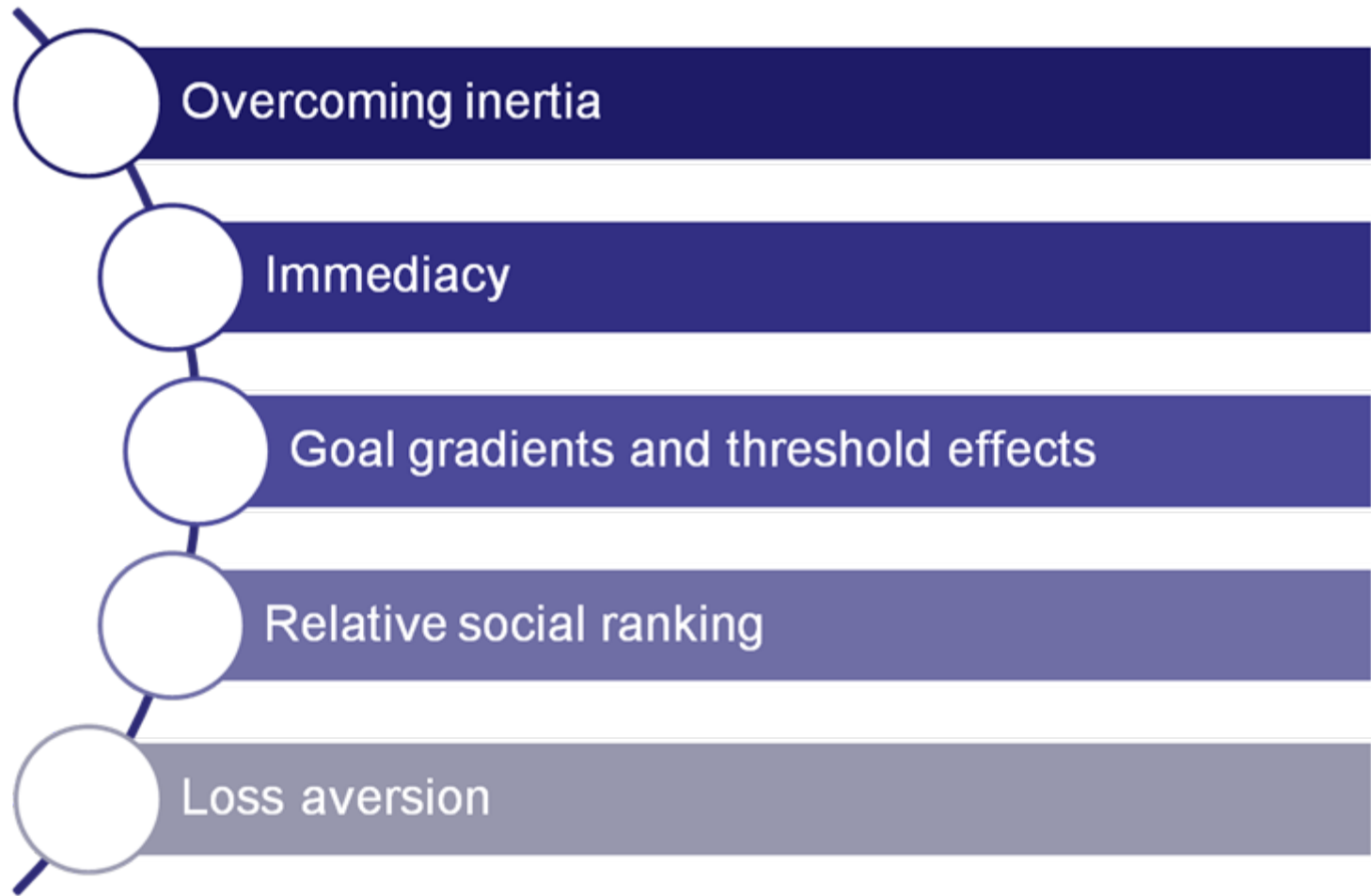
Deploy

- Educate peers
- Spread a positive message
- Defend the organization
- Navigate barriers and divisions

Discover a common purpose



Use principles from behavioral economics to motivate behavior change



Overcoming Inertia

- People typically have a status quo bias, favoring current practices rather than initiative change.
- To overcome this, create an environment where it's easy to provide high-quality care.

Code Status — **Required**

Adult Code Status Orders

▼ **Vital Signs**

▼ **Vital Signs**

Vital Signs

Routine, EVERY 4 HOURS First occurrence Today at 1200 Until Specified

Vital Signs

EVERY 8 HOURS

Orthostatic Blood Pressure

Routine, EVERY 8 HOURS, check blood pressure while supine, and then while standing, routine, x1

Pulse Oximetry

Routine, EVERY 4 HOURS First occurrence Today at 1200 for 1 day
With Vital Signs

Pulse Oximetry; Continuous

Routine, UNTIL DISCONTINUED

Telemetry monitoring

Routine, UNTIL DISCONTINUED, Starting 10/3/14

Pain Assessment

Routine, EVERY 4 HOURS First occurrence Today at 1200 Until Specified

▼ **Notify Physician**

▶ **Notify Physician**

▼ **Isolation Orders**

▶ **Isolation Orders**

▼ **Activity Orders**

▼ **Activity**

Bed Rest

Total Hip Precautions

UNTIL DISCONTINUED

Toe Touch Weight Bearing

Non Weight Bearing

Partial Weight Bearing

Weight Bearing As Tolerated



▶ Routine, UNTIL DISCONTINUED starting Today at 1132 Until Specified

Immediacy

- People respond more strongly to immediate incentives rather than delayed incentives
- Feedback is therefore more influential the closer it is given in real time.



Condition:
 Facility:
 Physician:
 Period Ending:



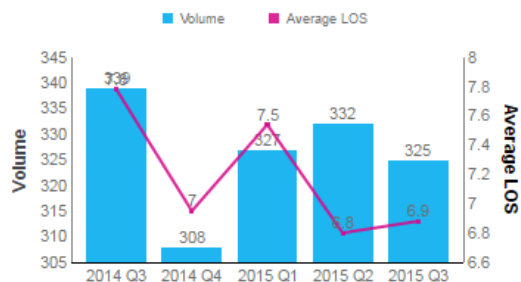
MSHS Internal

CMS / Milliman (BCPI)

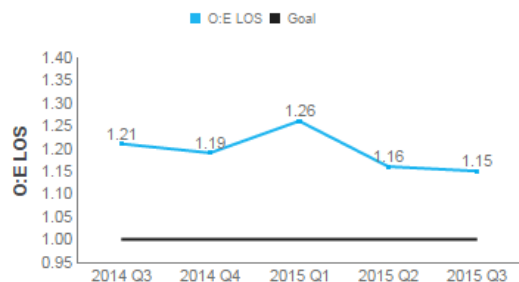
Patient Satisfaction (Press)

Run for: ALL, ALL, ALL, 2015 Q3

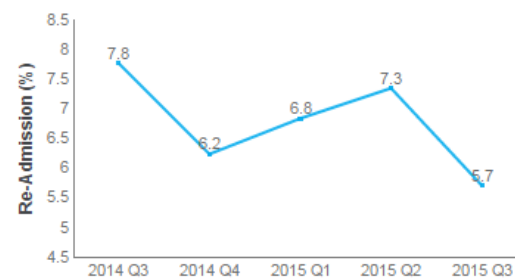
Volume, Average LOS



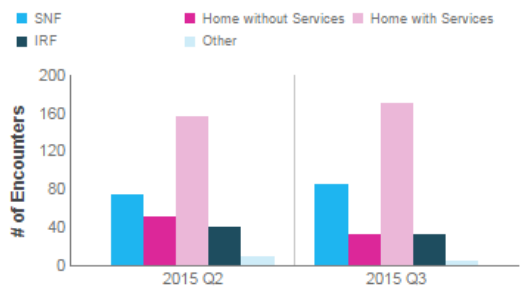
O:E LOS Ratio



Readmission MSHS (Premier)



Discharge Disposition



Goal gradients and threshold effects

- People try harder when they are close to achieving a goal
- They tend to try not as hard if they are far from the goal

Goal gradients and threshold effects

Provider	Campus	Quarter	Volume	ALOS	Discharge Dispositions		30-Day Readmission Rate		Absolte Goal	Relative Goal
					% Discharged to PAC Facilites	% Discharged Home Health	# of Readmissions	30-Day Readmission Rate	PAC Facility D/C % <30	PAC Facility D/C Current Rate - <10%
Provider A	MSQ	2015 Q2	5	5.6	100%	0%	2	40%	-70%	90%
		2015 Q3	5	12.0	100%	0%	0	0%	-70%	90%
		2015 Q4	7	5.3	86%	0%	0	0%	-56%	77%
		2016 Q1	3	4.3	100%	0%	1	33%	-70%	90%
Provider B	MSW	2015 Q2	19	2.8	32%	63%	2	11%	-2%	28%
		2015 Q3	23	3.0	39%	52%	1	4%	-9%	35%
		2015 Q4	18	2.6	39%	61%	0	0%	-9%	35%
		2016 Q1	8	2.4	13%	88%	0	0%	18%	11%
Provider C	MSH	2015 Q2	11	3.3	45%	36%	0	0%	-15%	41%
		2015 Q3	12	4.2	42%	58%	1	8%	-12%	38%
		2015 Q4	22	3.3	50%	50%	1	5%	-20%	45%
		2016 Q1	4	3.0	75%	25%	0	0%	-45%	68%
Provider D	MSH	2015 Q2	19	3.3	37%	58%	0	0%	-7%	33%
		2015 Q3	10	5.0	50%	50%	0	0%	-20%	45%
		2015 Q4	14	3.2	57%	36%	0	0%	-27%	51%
		2016 Q1	1	3.0	100%	0%	0	0%	-70%	90%
Provider E	MSH	2015 Q2	7	3.7	86%	0%	1	14%	-56%	77%
		2015 Q3	4	6.3	75%	0%	1	25%	-45%	68%
		2015 Q4	2	7.0	0%	50%	0	0%	30%	0%
		2016 Q1	1	5.0	0%	100%	0	0%	30%	0%

Relative social ranking

- People are strongly influenced by how they compare with others, particularly those well known and in close proximity

Relative social ranking: physician report cards



Condition: ALL Facility: ALL Physician: ALL Period Ending: 2015 Q3



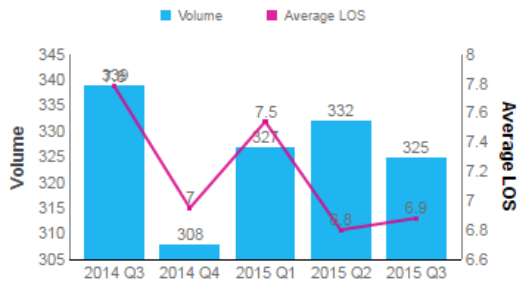
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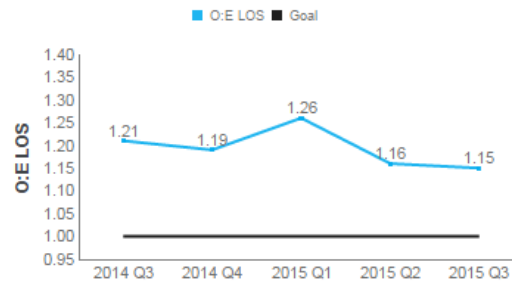
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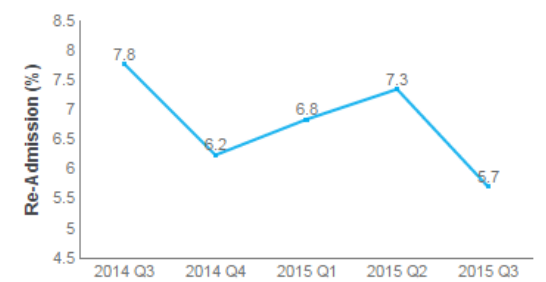
Volume, Average LOS



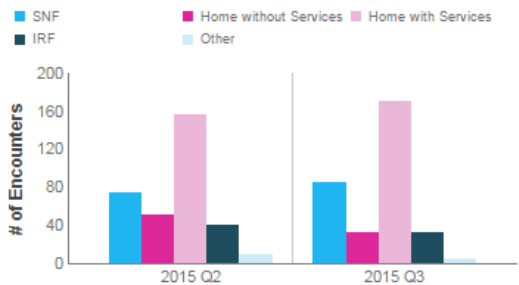
O:E LOS Ratio



Readmission MSHS (Premier)



Discharge Disposition

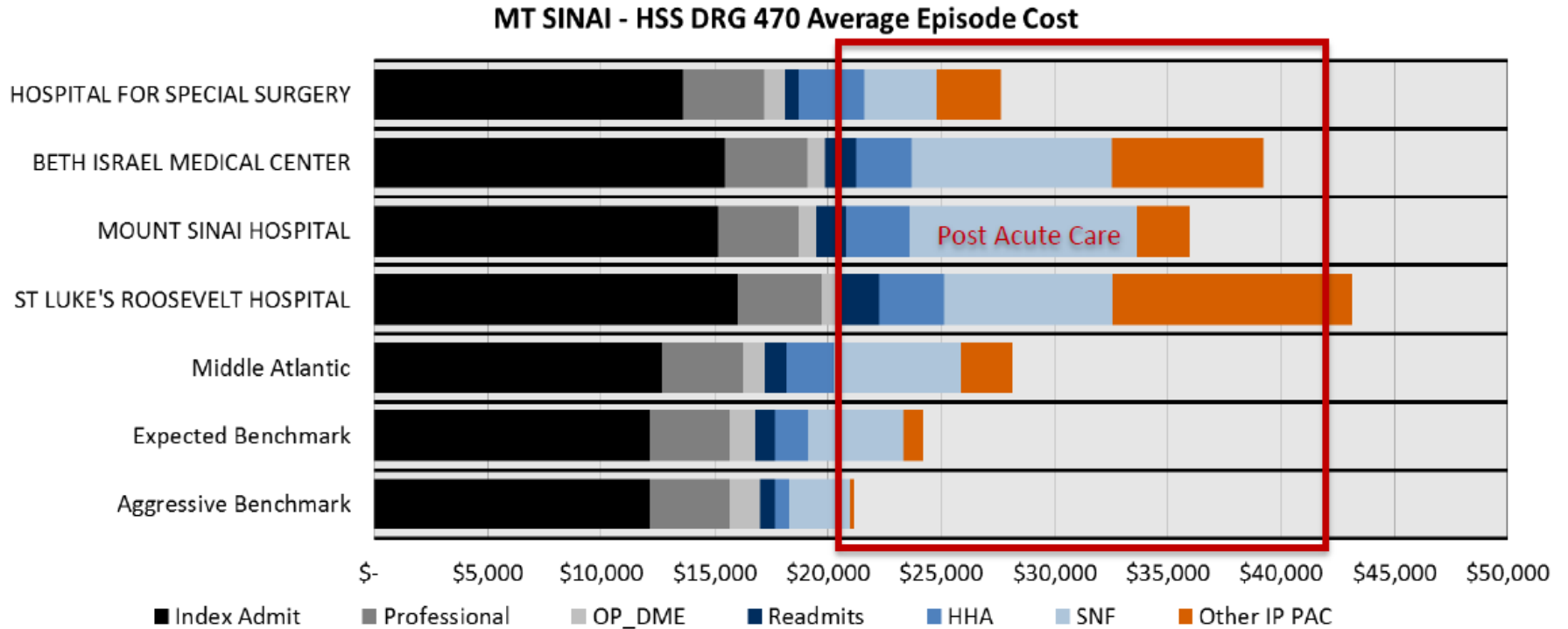


Ranking (reflects period ending data selected above)

Highest 5 Volume by: Physician

Rank	Physician Name	Volume	Average LOS	Readmission %	O:E LOS
1	NADAR, ROBERT	40	11.07%	7.50	1.35
2	DAVID, SAMUEL	31	8.58%	16.67	1.09
3	PAUL, LISA	27	5.07%	.00	.82
4	MELZER, EVAN	23	3.00%	4.35	.79
	ROSARIO, JUAN	23	3.00%	4.35	.79
5	COLTER, ANDREA	19	11.79%	11.11	1.45
	VYAS, NEIL	19	2.74%	.00	.76

Relative social ranking: institution report cards



Loss aversion

- People react more strongly to potential losses than potential gains.
- People work harder to retain a provisionally awarded bonus than they do to receive a yet-to-be awarded bonus.

Provider	Episode Count	Total Net Episode Payments	Total Target Amount	Payment to Target	Ave Pmt Per Episode
Provider A	76	\$ 1,911,302	\$ 2,253,375	\$ 342,073	●
Provider B	62	\$ 1,671,780	\$ 1,826,560	\$ 154,780	●
Provider C	49	\$ 1,204,731	\$ 1,480,919	\$ 276,188	●
Provider D	43	\$ 1,204,652	\$ 1,230,087	\$ 25,435	●
Provider E	41	\$ 1,095,137	\$ 1,217,410	\$ 122,273	●
Provider F	18	\$ 678,706	\$ 507,229	\$(171,477)	●

Summary

Engage physicians in the care transformation process

Invest in clinical champions

Discover a common purpose between the organization and the physicians

Use principles of behavioral economics

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