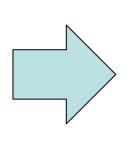
# What Providers Need to Know about Employer-Based Bundled Payments



#### The playbook is being written...

Commercial
Bundled payment
Prospective BP
Employer
Physician-led



Medicare

Population Health

**Shared Savings** 

Payer

Health system-led

Degree of risk, Operational engagement, Claims management, Marketing is different for each



#### Contracting

- Most employers have little to no experience with direct to provider contracting
- Most will rely on payer or broker to either create a program or validate yours
- Greater focus on consistently high quality and service over dramatically lower cost
- Willing to trial pilots of narrow networks as option rather than all in strategy 

   TRANSFORM

#### **Clinical Coordination**

- Steps
  - Consensus among caregivers on metrics
    - No one wants low cost low quality care
  - Consensus among caregivers on pathways
  - Decision support tools for families and patients
  - Care navigators assigned early in process
  - Coordination across facilities and entities
  - Physician engagement



#### Claims Administration

- Biggest hurdle to broad adoption of BP
- Site of service can process electronically;
   Episode based payment cannot
- Create system to avoid mixing FFS with BP
- Create internal TPA within the risk-bearing organization



#### Performance Management

- Transparent data benchmarking among participants with agreed-upon metrics
- Trusted forum for reviewing the data a learning environment
- Risk mitigation via contracting, reserves or re-insurance
- Physician leadership



#### Messaging to Employees

- Steerage don't leave home without it
  - Hard
  - Soft
- Narrow networks
  - "Giving you access to the best"
  - "Limiting your choice"
- Does providers' brand matter?
- Internal company ambassadors



#### **Coordinated Care Program Results**

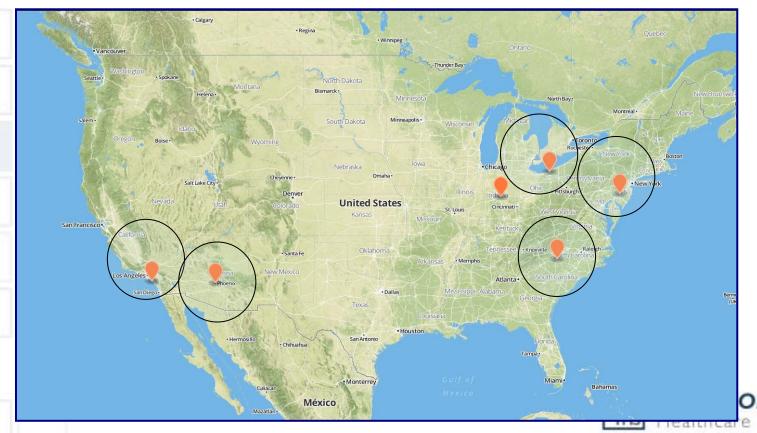
Measure Cost and Outcomes for each patient

- Collect data...
  - Quality of Life
  - Pain and Functional improvements
  - Patient Satisfaction
  - Complications and Readmissions
- Benchmarking against...
  - Each other
  - Other national leaders



#### National Orthopedic & Spine Alliance

- Founded by OrthoCarolina, Cleveland Clinic, The Rothman Institute,
   The CORE Institute, OrthoCalifornia in 2013
- Creating national standards for quality outcome reporting and agreement on surgical indications and treatment protocols



#### **Bundled Payment Initiatives**

- 1) Employer Direct Healthcare for TKA, THA, outpt
- 2) BCBSNC for TKA and THA
- 3) Duke Energy/ Optum for Joints and Spine
- 4) General Electric for TKA, THA
- 5) Allevion TKA, THA
- 6) NOSA for TKA, THA
- 7) Medicare BPCI for 5000 patients/year in 30 DRGs



#### **Coordinated Care Program**

Surgery Type:	# of Cases:		
TKR	99 single / 1 bilateral		
THR	97		
Uni TKR	7		
Spine	8		
OutPt Procedures	7		
Total	220		



#### **Coordinated Care Program**

<b>Hospital Reported Outcomes</b>
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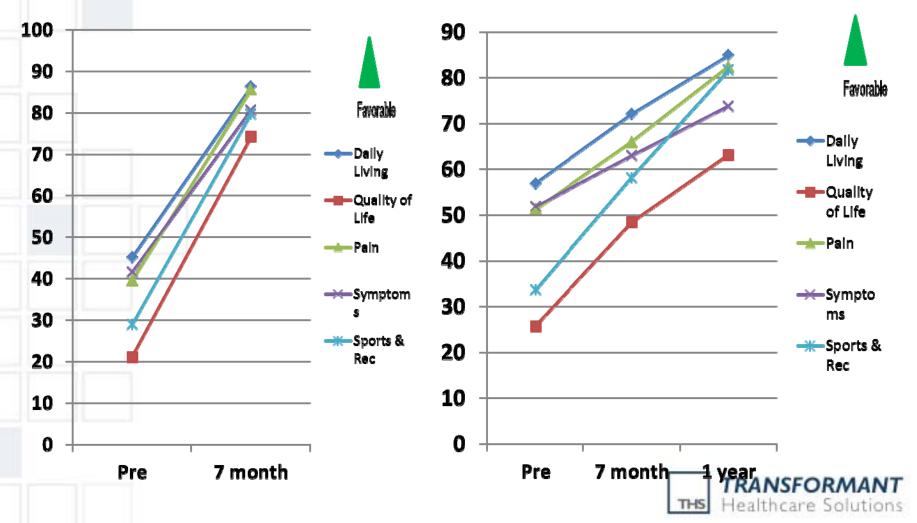
Mortality	0.0%	Transfusion	0.0%
Related Readmission	0.45%	Pain well controlled	0.0%
Unplanned return to OR	0.45%	Discharged to home	0.0%
Surgical Site Infection	0.45%	Average length of stay	1.5 days
DVT / PE	0.45%		



## Coordinated Care Program Patient Reported Outcomes

**HOOS Hip Survey** 

**KOOS Knee Survey** 



### Physicians Leading Healthcare Transformation

