Archway Health

THE CENTERTX
THE CENTER FOR CANCER AND BLOOD DISORDERS

The University of Tennessee
WEST
Institute for Cancer Research

Successful Strategies for Thriving in the OCM Payment Model

June 27th, 2017

Agenda

- Introductions
- Panel Discussion
- Wrap-up

Archway Health

Archway Health Overview

Archway Health

100% Focused on Bundled Payment – it's all we do

Founded in 2014 with offices in Boston and NYC

Our team has been active in BPCI since its inception in 2011

Backed by AthenaHealth & Coverys – large medical malpractice insurance company

Active in all of the CMS bundled payment programs – BPCI, CJR, OCM, EPM

- *Convener in the BPCI program*
- *Working with 18 OCM practices*

Built a comprehensive, one-stop shop bundled payment platform

Working with dozens of customers & hundreds of providers across the country

Real results – all of our BPCI partner hospitals & physicians are earning significant savings

Expanding beyond CMS into the commercial and self-insured employer markets

The Center for Cancer and Blood Disorders

- **About our practice**
  - 20 Physicians
  - 8 Advanced Practitioners
  - 8 Sites
  - Med Onc, Rad Onc, Gyn Onc, Breast Surgery
  - Imaging, Cyberknife, Flow and a wide array of Support Services
  - OCM, Aetna and United APM programs in place
  - Come Home Practice
- **Reengineering our patient care process with a focus on:**
  - Value Based Care - Addressing the patient's overall well being
  - *Healing Lives – not just curing cancer*

West Cancer Center

Hybrid Community / Academic Cancer Center

- Community Practice since 1979 / Began the strategic journey to achieve NCI designation in 2012 / Physician Owned in partnership with University of Tennessee and Methodist Le Bonheur Healthcare
- 50 full time dedicated cancer physicians ; 12 APPs /
  - 26 Med Oncologists
  - 4 Gyn Oncologists
  - 9 Radiation Oncologists
  - 5 Surgical Oncologists
  - 3 Fellowship Trained Breast Surgeons
  - 3 IR / Diagnostic radiologists
- 14 care locations / 650 FTEs
- 5000 analytic cancer cases reported in 2016
- Clinical Research: commercial / SWOG and AITs Phase 1-3
- Major disease state tumors boards as well as molecular tumor boards and multidisciplinary disease state clinics
- **Division of oncology support services:** Care Support, Navigation, Social Work, Oncological psychology, nutrition, genetics, rehabilitation
- **Education and Training:** GYN Oncology Fellowship / Medical Oncology Fellowship, Surgical Oncology Fellowship, Breas Surgery Fellowship and Radiation Oncology residency
- **Innovation:** United Healthcare, Cigna, Medicare OCM

What challenges & opportunities are you facing in implementing bundled payment programs?

Major Change in Oncology Practice Focus

- Focus on the full continuum of cancer care
  - Surgery, Radiation, Imaging
  - Survivorship
  - Palliative, Pain and Hospice
- Clear, concise, accessible and evidence based data
  - Connecting the data from EHR, PM, Pathway, and Care Management systems into meaningful information has proven to be challenging
  - Manual abstraction for OCM and overall analysis is incredibly time consuming
  - Cannot obtain Total Cost of Care from internal data
  - Figuring out how to link internal data
- Must focus on higher level of team member engagement and develop a highly reliable work force:
  - Culture - Retention, engagement, development, change management, and satisfaction

What strategies have you used to redesign the patient care process?

Strategies	Details
1. Implemented Clinical Pathway System	a) Confirms the use of National Standards for majority of cases b) Produces Care Plans (important for OCM) • Mandatory compliance with Care Plan 90% (monitored and reported; deviation requires approval). Includes evidence-based drug regimen, MD/APP & RN educator visits, mandatory supportive care consults, palliative, nutrition, genetic and alternative medicine. c) Assists with beneficiary attribution/enrollment (OCM, Aetna and United) d) Assists with Survivorship Planning e) Also used for Oral Chemo Teaching Support
2. Centralized all Intake into the Practice	a) Phones b) New Patient Coordination c) Triage – Established Triage as a Business Unit
3. Implemented a Nurse Navigation Program	a) Orientation to the new patient care process b) Focus on “Call us First” c) Advance Directives Discussion d) Support Services Education e) Obtain Past Medical History – ascertain pertinent risks that may need attention

What strategies have you used to redesign the patient care process? (continued)

Strategies	Details	
4. Established an internal Case Management Program	a) Risk Stratification b) Proactive Intervention c) Recognize trends - note: Care Management software linked to the EHR is essential	
5. Addition of new and highly skilled support personnel	a) Data analytics / decision support (3) b) Care / case management (3) c) Financial navigators (2) d) Hospital based medical oncologist (3) e) Palliative care MD (1) f) 24/7 nurse triage – practice supported algorithm – under rfp	
6. Established a Wide Array of Support Services	a) Psychotherapy b) Dietitians c) Genetic Counseling d) Complimentary Medicine • Massage • Acupuncture • Functional Medicine	e) Chaplaincy f) Social Services g) Prehab h) Palliative Care Clinic i) Pain Management Clinic

What data are you utilizing and how are you analyzing it?

Internal Data	Claims Data

• Oncology Service Detail located in the EHR, PM System, Pathway System, Care Management System
  ○ Once abstracted, can be analyzed to compare:
  a) Changes in acuity for physicians or the practice overall
  b) Provider comparison - internal best practice
  c) Pathway variations
 	
• Identify supportive systems to link internal databases
	• OCM practices and those in other APM models are receiving claims data which is essential for understanding the total cost of care
	
	• Can include a large volume of line items even when the "n" is small
	  ○ Time consuming to group, benchmark and create meaningful analysis
	
	• Often requires actuarial support to assist in claims analysis
	  ○ Have to be experienced in claims analysis which is not a standard skill set in a practice setting
	
	• Is integral to determining areas of focus for your total cost of care management efforts

What are your initial data findings?

Initial Findings	Action Steps Taken

• Need to focus and better understand service utilization
  ○ ED visits
  ○ acute care LOS
  ○ hospice LOS
  ○ chemo in the last 30 days of life
  ○ advanced imaging
 	
• Largest percentage of total costs incurring in the last 60-90 days of life
 	
• Challenges with post-acute settings (SNFs, HHAs, IRF/LTACs) and how they impact total cost
	• Bi-weekly utilization review with Chief of Staff, Director of Oncology Support and Palliate Care lead
	
	• Developing a referral support network for at home visits and phone / text checkups
	
	• Patient assessments – sepsis

What strategies have you learned from developing and implementing commercial bundled payment contracts?

Strategies	Key Points

• Work with payers to obtain achievable benchmarks based on historical claims data for the region and the practice	• Be cautious of diminishing returns and competing against yourself
	• Actuarial support is essential
	• Ensure the payer has agreed to send you timely data essential to managing risk
	  ○ Concurrent inpatient admission notification
	  ○ Monthly claims data
	• Accurate and easily identifiable attribution process
	• Method for patients on clinical research trials and new drugs

• Obtain relief from some of the current FFS administrative burdens	• Precertification
• Consider narrow delivery networks	• Hospitals and post-acute (SNFs, HHAs, IRF/LTACs) • Be cautious in narrowing physician networks

• Look for innovative opportunities to reduce overall costs	• Identify areas you can directly control
	  ○ Port Placements
	  ○ Bone Marrow clinic

Wrap-up / Additional Questions & Answers