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Bundled Payments for Care Improvement
BPCI

Lessons Learned from BPCI

Thursday, June 7, 2018

1:15pm- 2:15pm EDT

The National ACO, Bundled Payment and MACRA Summit

Washington DC

Welcome

- Welcome, Introductions & Agenda
- Lessons Learned
- Panel Discussion with BPCI Awardees
- Summary & Reflection

The CMS Innovation Center

- As part of the Centers for Medicare & Medicaid Services (CMS), the CMS Innovation Center provides national leadership in the transition from volume to value.
- The center tests innovative payment and service delivery models that reduce costs while preserving or enhancing quality.
- Guiding Principles:
  - Patient centered care
  - Provider choice and incentives
  - Choice and competition in the market
  - Transparent model design and evaluation
  - Benefit design and price transparency
  - Small scale testing

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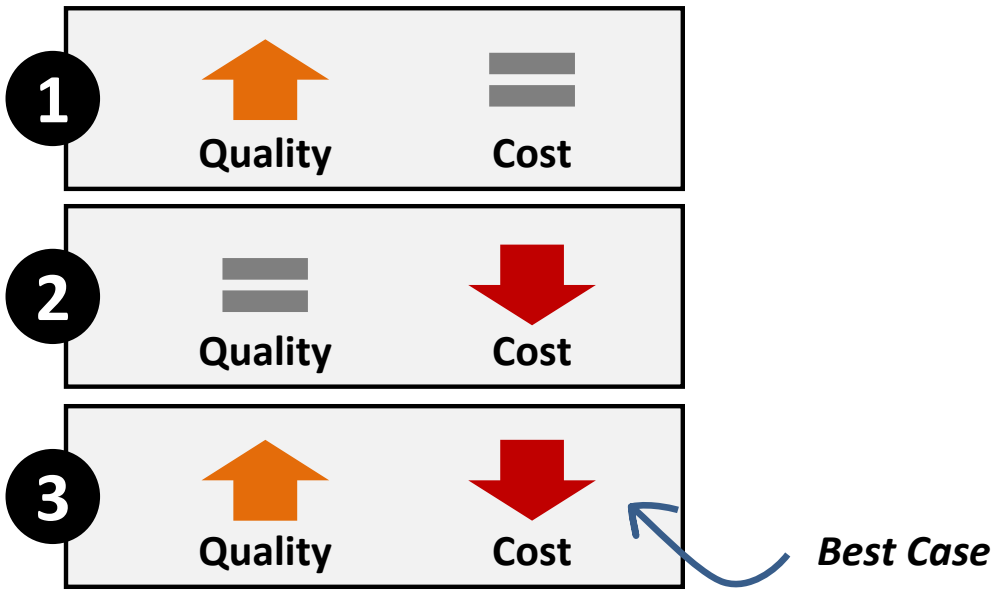
Model Aim: Scenarios for Success



Three Channels for Care Transformation

CMS

CMS learns from participants

Participants learn from CMS

Participants learn from each other

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CMS Innovation Center Learning Systems

Three broad functions:

1

Identify and package **new knowledge and best practices**

2

Leverage data and participant input to guide change and improvement

3

Build learning communities and networks to disseminate successful strategies

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Primary Drivers

Partnership to promote care coordination & data sharing

Efficient and appropriate staffing models

Patient identification and risk stratification

Effective clinical and financial management

Patient & family engagement throughout care continuum

Data driven program management

Continuous quality improvement

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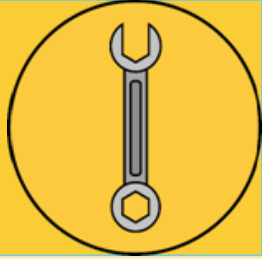
Strategic partnerships to promote care coordination and data sharing

SECONDARY DRIVER

- Promote collaboration and coordination across settings.

- Develop preferred provider networks.
- Meet weekly with SNF and HHA staff.
- Use care management software/data platform that promotes information transfer and helps coordinate care across settings.

Efficient and appropriate staffing models



SECONDARY DRIVERS

- Involve multidisciplinary teams in decision-making process.
- Use learning and communication platform for clinicians and staff.
- Designate individual to follow patient throughout the episode.

Conduct multidisciplinary clinical team rounds to facilitate sharing of information and address issues as they are identified in real-time.

Develop steering committees to determine best practices, establish protocols for change, and define relevant metrics to measure impact.

Promote culture of peer-review, where members of care team receive data driven feedback from colleagues and are provided education if needed.

Hire a care/patient navigator, care coordinator, or transitional care specialist.

Patient identification and risk stratification

SECONDARY DRIVERS

- Optimize strategy for effective clinical management of care.
- Use technology to identify and monitor patients.

- Use risk assessment tool to tailor the care plan for patients.
- Develop protocol to standardize processes for pre-, intra-, and post-operative phases.
- Flag BPCI patients in electronic health record (EHR) when they are seen in the ED or admitted to the hospital.
- Build logic into EHR to issue an alert if a patient illustrates a specific set of criteria.

Effective clinical and financial management

SECONDARY DRIVERS

- Care redesign/use of evidence-informed care protocols.
- Identify internal cost saving opportunities and implement financial incentives.

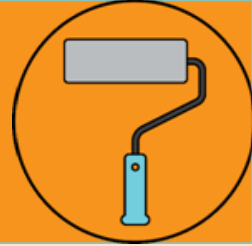
Manage pre-existing chronic conditions.

Establish and use care pathways (e.g., initiate “Code Sepsis”) and expand successful care redesign strategies to include non-BPCI patients.

Use CMS waiver authority to improve coordination of care throughout the episode, such as SNF three-day stay waiver or telehealth waiver.

Reward clinicians for improved outcomes, such as through gainsharing.

Patient and family engagement throughout the care continuum



SECONDARY DRIVERS

- Communicate and engage patients and families throughout episode.
- Engage patients and families through education and shared decision-making to respect patient rights and preferences.

- Develop protocol to follow up with patients during the post-discharge period, such as use of a care navigator and designated touchpoints.
- Prior to surgery or procedure, identify a family member or caregiver who will be able to provide support to the patient at home post-discharge.
- Set expectations upfront and inform patients of their options for PAC, including the identified benefits of preferred providers and partners.
- Use technology to monitor the patient after discharge.

Data driven program management

SECONDARY DRIVERS

- Collect and analyze process and outcome data to track progress.
- Use data to engage providers and improve care strategies.
- Make data actionable and transparent.

- Track and review performance on quality measures and regularly disseminate results to stakeholders to inform quality efforts, programs, and policies.
- Use performance improvement tools such as dashboards and scorecards to communicate data to executive leadership, physicians, and other providers.
- Use data to set specific performance expectations for providers using quality measures.
- Share performance data transparently across providers to facilitate open discussion around best practices, and promote a sense of collegial competition.

Continuous quality improvement

SECONDARY DRIVERS

- Create quality improvement strategy that can be constantly tested and improved.
- Connect with colleagues, locally and nationally, to share best practices and resources.

- Adapt to and/or integrate with other quality improvement initiatives and value-based delivery systems.
- Perform continual process improvements to evaluate the effectiveness of the bundled program, using qualitative and quantitative data to inform decisions.
- Review and disseminate peer-reviewed journal articles that discuss and evaluate BPCI programs or other bundled initiatives.
- Attend conferences and network with colleagues doing similar work.

Discussion with BPCI Awardee

Karen McIntosh, MSN, RN, CCM
Vice President
Transition of Care
Washington Regional Medical Center
Fayetteville, AR
BPCI Model 2 Single Awardee

Summary and Reflection