

Post-Acute Care Costs: Overcoming a Roadblock on the Path to Shared Savings

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A Mother's Tale

- **84 y/o female with**

- PMH, ASHD, s/p 3x vessel bypass 1992
- CHF nl EF
- Pul HTN RV systolic pressure 70
- Bronchiectasis/COPD
- CKD stage 3b
- Chronic Anemia hgb avg 10
- Hyponatremia
- DM type 2



**OP Cardiac
Cath.
at Hospital A**

7 Days Post Cath.
Admission CHF/Resp. failure
at
Hospital B

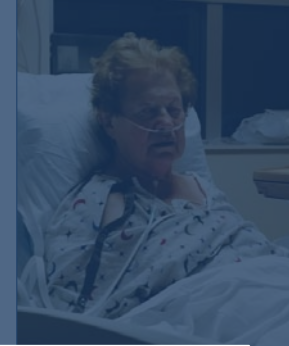
8 Days Post d/c
readmission
SOB/CHF/hyponatremia at
Hospital C

45 days Post d/c
admitted with
hypotension/syncope/ARF
s/p start of Pul HTN meds
Hospital B

**Total Cost of
Care: \$171,000**
LOS: 27d
of transition visits = 1

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What we know about post-acute care (PAC)

- Consumes 11% of Medicare spend
- Fastest growing category of spend in Medicare
- Extreme variation: 73% of variation is due to rendered PAC services.

Readmission Penalties

Performance Category	Measure Reference	Measure Name	Your TIN's Eligible Cases	Your TIN's Performance Rate	Benchmark	Benchmark -1 Standard Deviation	Benchmark +1 Standard Deviation	Standard	Included
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care	CMS-1	Acute Conditions Composite	0	0.00	0.00	0.00			
	-	Bacterial Pneumonia	0	0.00	0.00				
		Urinary Tract Infection	0	0.00	0.00				
		Dehydration	0	0.00	0.00				
	CMS-2	Chronic Conditions Composite	0	0.00	0.00				

Bundled Payments for Care Improvement (BPCI) Initiative: General Information

 Share

The Bundled Payments for Care Improvement (BPCI) initiative is comprised of four broadly defined models of care, which link payments for the multiple services beneficiaries receive during an episode of care. Under the initiative, organizations enter into payment arrangements that include financial and performance accountability for episodes of care. These models may lead to higher quality and more coordinated care at a lower cost to Medicare.

Medicare Efforts Continued

2018 ACCOUNTABLE CARE ORGANIZATION INFORMATION

ACO CHARACTERISTICS

	ACOs	Percent
Non-Risk Based:		
Track 1	460	82%
Risk Based:		
Track 1+ Model	55	10%
SNF 3-Day Rule Waiver	31	—
Track 2	8	1%
Track 3	38	7%
SNF 3-Day Rule Waiver	30	—

ACO COMPOSITION

Physicians Only	171	30%
Physicians, Hospitals, & Other Facilities	324	58%
FQHCs / RHCs	66	12%



ACO PARTICIPANT LIST COMPOSITION

Participant TINs	20,690
Physicians, PAs, NPs, CNSs	377,515
Hospitals	1,517
Federally Qualified Health Centers	2,560
Rural Health Centers	1,210
Critical Access Hospitals	421

SNF AFFILIATES (SNF 3-DAY RULE WAIVER)

SNFs	868
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Primary Care Can Do It!

- **The best way to control costs is by placing the PCP in the forefront of care**
 - We need to prove it!

PCP can gain patient trust through shared decision making.

PCP can accommodate for transition visits in their workflow.

Transition visits should entail:

Med rec, care plan adjustment, utilize narrow network, check necessity of HHA

How do we prove the PCP intervention is the answer to increasing value and satisfaction while decreasing costs?

The Hypotheses

- 1. Primary care interventions will lower costs.**
- 2. Primary care interventions will reduce readmissions.**

The Study

Any discharges in 2016 from the TCM guideline specific locations with a discharge disposition to home or home with HHA.

TCM

PCP Eval &
Management

No TCM

Total cost of care (Parts A & B)

Readmission rates within 90 days

Keep in Mind:

- Time frame selection.
- Deceased beneficiaries.
- D/C IP to home & SNF.
- The “n” in each category.

The Findings – Service Opportunity

- **Of total discharges (73,097), 10% (7,353) were captured within 1-2 weeks post discharge.**
 - Of TCMs captured:
 - 72% within 1 week
 - 28% within 2 weeks
- **Possible TCMs within 1 or 2 weeks:**
 - Of total discharges (73,097), 69% (50,322) were seen as a subsequent visit
 - Of all PCP Eval and Treat Visits:
 - 80% within 1 week
 - 20% within 2 weeks

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Palm Beach ACO – 2016 Overview

Total ACO Spend:

- \$819,535,618

Part A spend on IP:

- \$459,919,873

Part A spend on SNF:

- \$44,149,845

The Findings – Financial Opportunity

- **Average total spend 90d post discharge: \$13,339**
 - If any TCM is captured, the average savings are \$1,882
 - Within 1 week, average savings are \$2,092
 - Within 2 weeks, average savings are \$1,338
 - If TCM is captured post discharge from IP, the savings are \$3,149
 - Within 1 week, average savings are \$3,427
 - If TCM is captured post discharge from Obs, the savings are \$3,158
 - Within 1 week, average savings are \$3,330

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The Findings – Readmission Opportunity

- Total discharges: 73,097
- Total readmissions: 20,773 or a rate of 28% within 90 days post discharge
- Slight differences are seen across all discharge types, however the largest difference is seen with a TCM within 1 week from an IP discharge, which lowers the rate 12% from 40% to 28%

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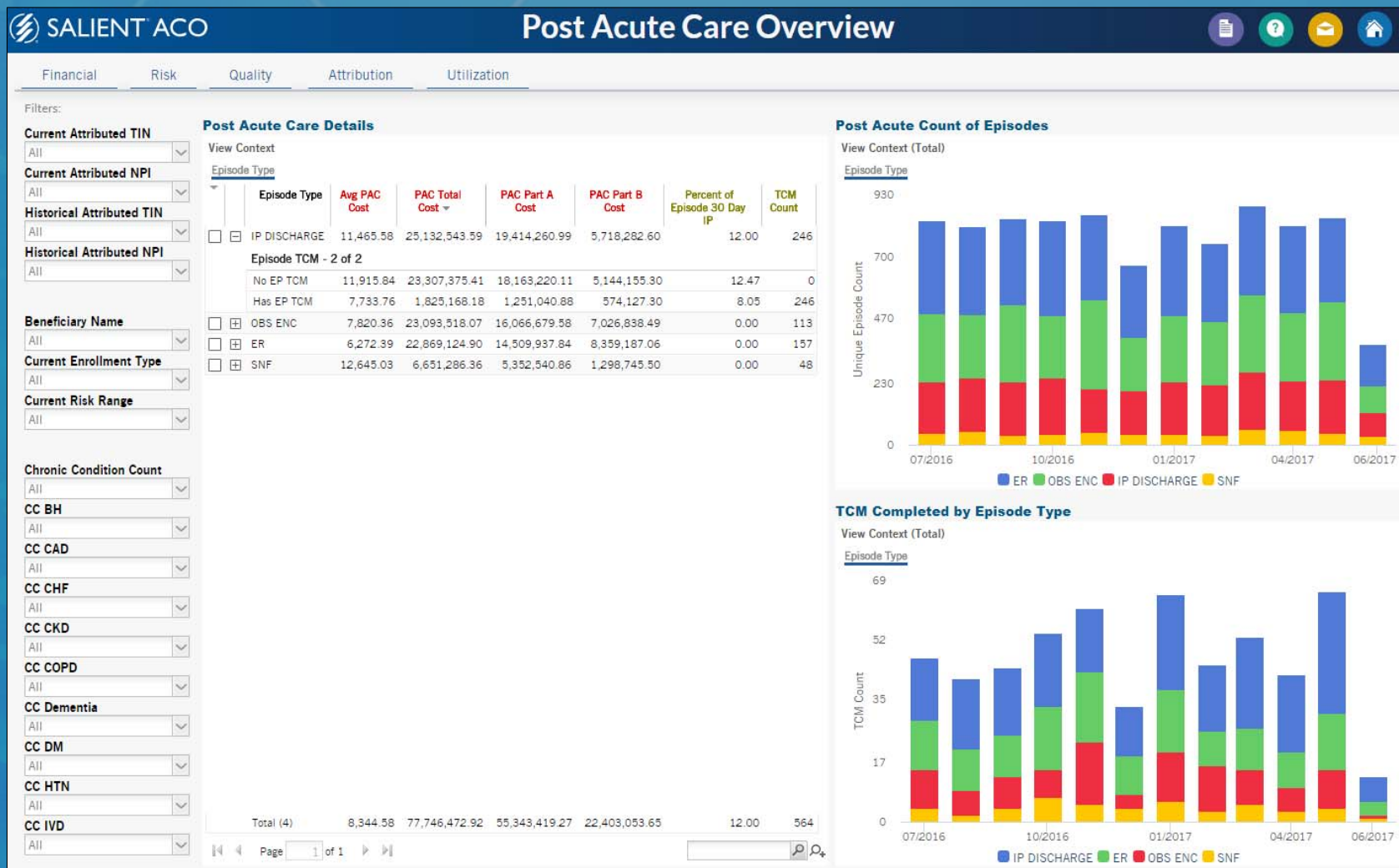
The Findings – Conclusion

- PBACO is capturing TCMs at 10% but when TCMs are added to PCP Eval and Treat visits, they are seeing patients within 1-2 weeks post discharge at a 79% rate.
- Huge savings are seen across all discharge types when a TCM is captured.
- Opportunity is to capture more TCMs in both billing aspect as well as getting the beneficiaries in between 0-14 days.
- If PBACO increased TCMs within 1 week by 10% more, they would save an additional \$30,583,784 on average.

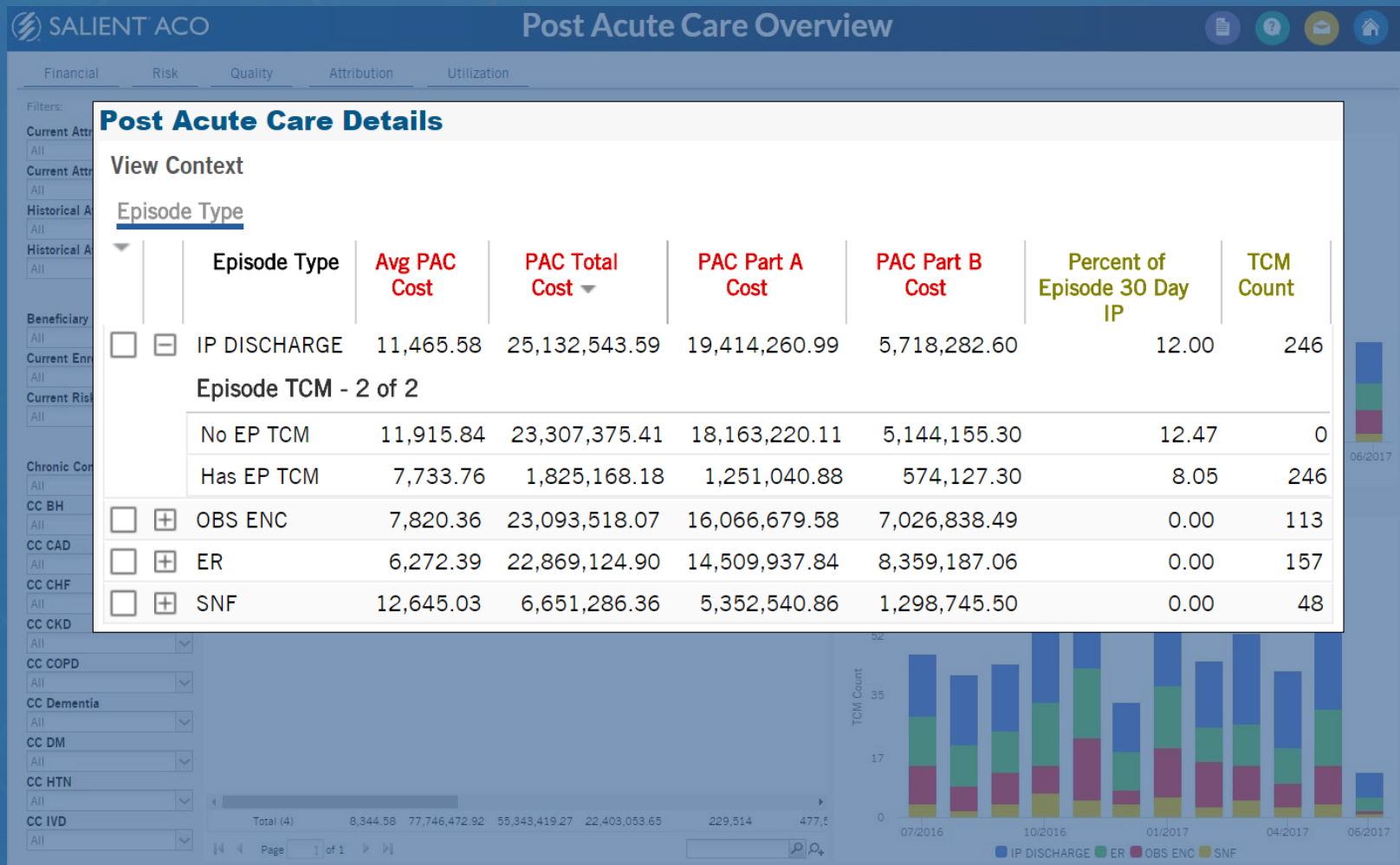
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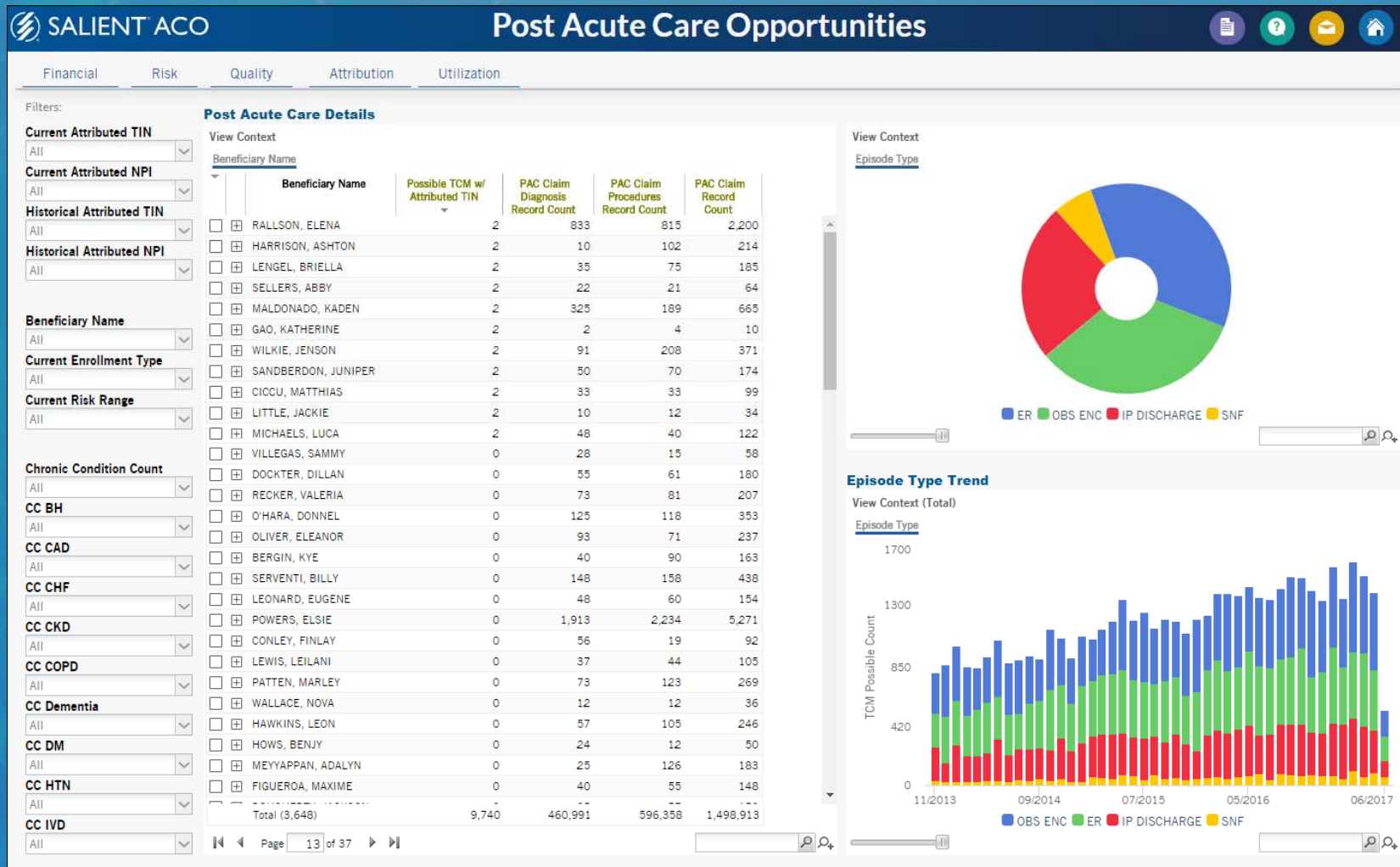
TCM Visualized in the Salient ACO Dashboards



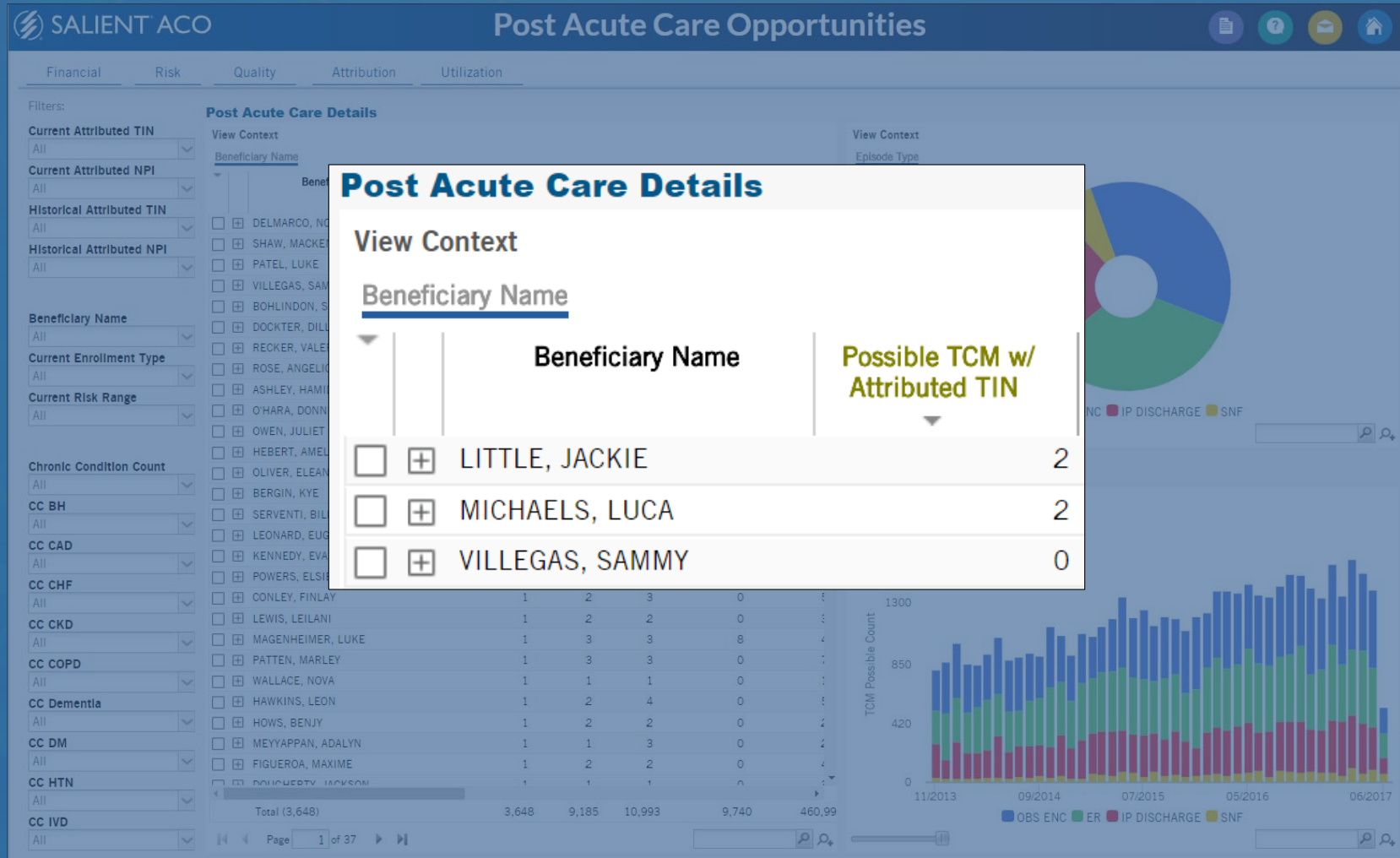
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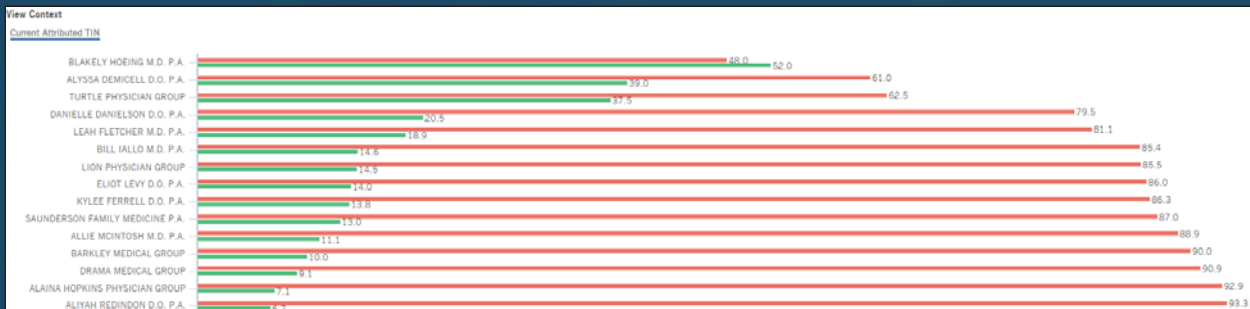
TCM Visualized in the Salient ACO Dashboards



Where We're Goin', Come and Join Us!

Is the rendering TIN/NPI the attributed TIN/NPI

What does a time series look like?



Date Setup - Comparative

Resolution
☐ Days ☐ Weeks ☒ Months ☐ Years

Day Filters
☒ Sun ☒ Mon ☒ Tues ☒ Wed ☒ Thurs ☒ Fri ☒ Sat ☒ All
Business Day Table: ☐ Calendar Days
☒ Hide Filtered Time Periods

Time Comparison
☒ Single ☐ YAG ☐ Advanced

This Date
☐ Fixed Date ☒ Most Recent ☐ Most Recent Complete ☐ Use current date
12 07/2016 06/2017
6/2011 6/2017

Reset OK Cancel

Where We're Goin', Come and Join Us!

Date Setup - Comparative

Resolution

☐ Days ☐ Weeks ☒ Months ☐ Years ☐ YTD

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☒ Sun ☒ Mon ☒ Tues ☒ Wed ☒ Thurs ☒ Fri ☒ Sat ☒ All

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12 07/2016 06/2017

7/2011 6/2017

[Reset](#) [OK](#) [Cancel](#)



Where We're Goin', Come and Join Us!

Filters:

Current Attributed TIN
All

Current Attributed NPI
All

Historical Attributed TIN
All

Historical Attributed NPI
All

Beneficiary Name
All

Current Enrollment Type
All

Current Risk Range
All

Chronic Condition Count
All

CC BH
All

CC CAD
All

CC CHF
All

CC CKD
All

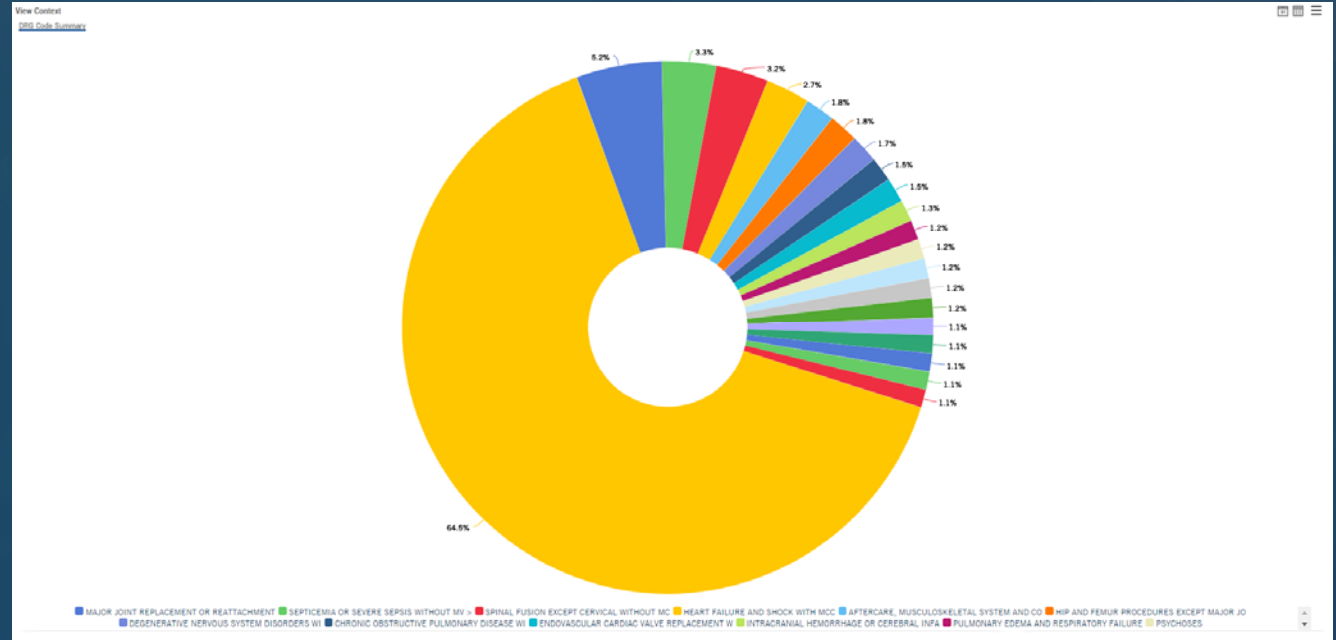
CC COPD
All

CC Dementia
All

CC DM
All

CC HTN
All

CC IVD
All



Where We're Goin'

Current Attributed TIN

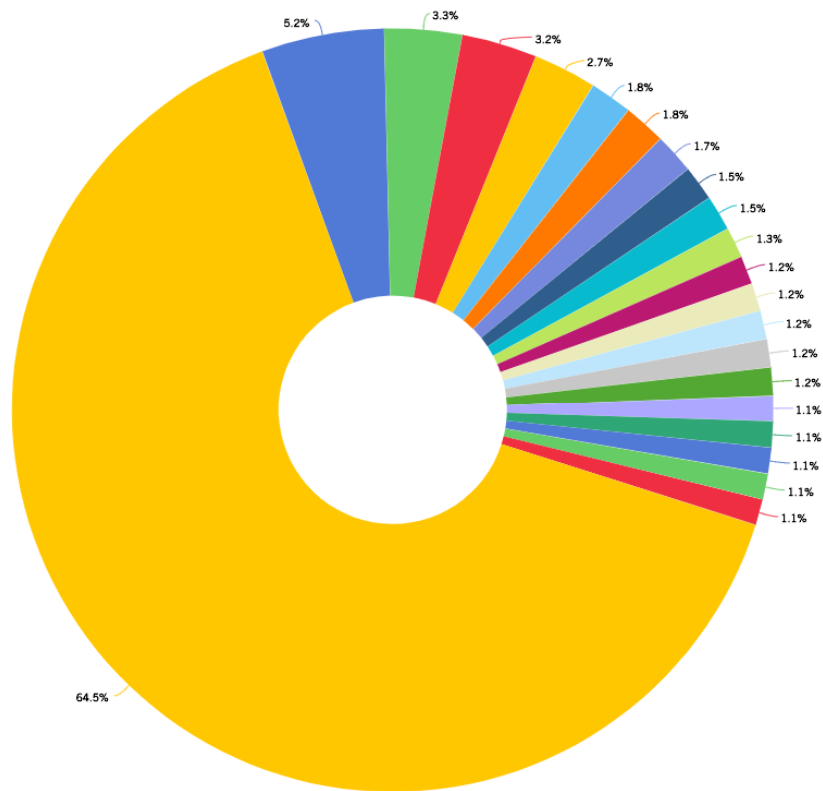
All

Current Attributed NPI

and Join Us!

View Context

[DRG Code Summary](#)



MAJOR JOINT REPLACEMENT OR REATTACHMENT SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV > SPINAL FUSION EXCEPT CERVICAL WITHOUT MC HEART FAILURE AND SHOCK WITH MCC AFTERCARE, MUSCULOSKELETAL SYSTEM AND CO HIP AND FEMUR PROCEDURES EXCEPT MAJOR JO DEGENERATIVE NERVOUS SYSTEM DISORDERS WI CHRONIC OBSTRUCTIVE PULMONARY DISEASE WI ENDOVASCULAR CARDIAC VALVE REPLACEMENT W INTRACRANIAL HEMORRHAGE OR CEREBRAL INFA PULMONARY EDEMA AND RESPIRATORY FAILURE PSYCHOSES

All

CC HTN

All

CC IVD

All

Where We're Going?

and Join Us!

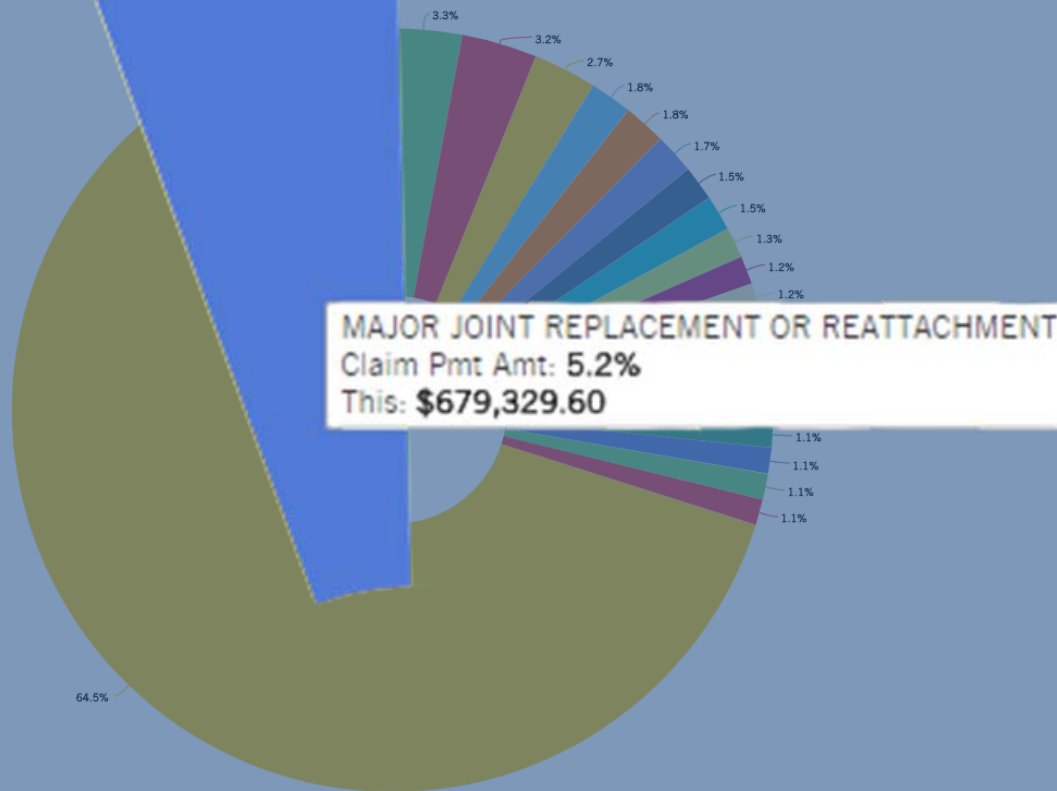
Current Attributed TIN

All

NPI

View Context

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MAJOR JOINT REPLACEMENT OR REATTACHMENT
Claim Pmt Amt: 5.2%
This: \$679,329.60

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CC HTN

All

CC IVD

All

What can organizations do with this information?

- **Create relationships with hospitals in bundled payment structures**
- **Use information for leverage.**
 - Create relationships with hospitals
 - Create relationships with SNFs
 - Increase PCP engagement
 - Increase patient engagement



Questions?

See a Live Demo at Booth E

Learn more at SalientHealthcare.com

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