Specialty Care Approaches to Accountable Care: A Panel Discussion

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Panel

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Health Spending Will Continue to Grow

Health care expenditures projected to be 19.9% of GDP by 2022
Risk Is Shifting to the Natural Owner

“Lifestyle” conditions
The Consumer

General population health
PCPs/Specialists

Catastrophic
Payors

Episodic
Scale/Skill Providers

Chronic
Scale/Skill Providers
ACOs As Catalysts of Transition

VOLUME

TRANSITION

ACOs

VALUE
Specialty ACOs

- Have the opportunity to standardize care, introduce care pathways, and coordinate care
- Must be able to stratify patients based on chronic conditions or contributing risk factors
- Need to collaborate with primary care ACOs in providing care for chronically ill patients

Must have a large established patient base and managed care population to succeed
Health System Perspective

Partner

Build

Renal

Orthopedics

Cardiology

Oncology

ESRD an outlier pop.
Integrated Care for Specialty Populations: ESRD
Why ESRD Matters

• Nearly 20 million US adults with CKD

• ESRD 0.9% of Medicare beneficiaries
  (<500,000), but about $30 billion in Medicare spending >7%)

• More than $65k per ESRD beneficiary
  (vs. ~$11k for all beneficiaries)

• Significant co-morbidities often present
  (depression, diabetes, CHF)

• “...An ounce of prevention”
"Managing large numbers of patients, with the same underlying illness and comorbidities, makes it easier for an ACO to perform care coordination and use common approaches to resolve similar problems."

Specialty ACOs serve as a catalyst for improved patient experience and population health.
Total Medicare Dollars Spent on ESRD
By type of service

2014 USRDS ESRD Database. Total Medicare costs from claims data; includes all Medicare as primary payer claims as well as amounts paid by Medicare as secondary payer.
Future Payment Methods for CKD

• Paid for
  – Smooth transitions of care
  – Patients starting dialysis with a working fistula or graft
  – Willingness to take risk for CKD patients

• All-inclusive fee for managing CKD patients

• New payment models: capitation, SNPs, ESCOs
Overview of Capitation

• Group of doctors / hospital system paid a fixed amount for all services for enrollees

• Providers accept the risk

• Effective and predictable

• Opposite end of payment spectrum from FFS
  – Many other models seen as “stepping stones” from FFS to capitation
SNP Overview

- Medicare “Special Needs Plan”
- Integrated care model for ESRD patients (and other select chronic diseases)
- Dialysis patients cannot newly enroll in MA plans, but they can enroll in an ESRD SNP
- Risk-adjusted global capitated payment from CMS; health plan and provider share in surplus after medical expenditures
SNP Example

- Los Angeles-Orange County
- Launched in 2014
- Partnership between...
  - DaVita Village Health
  - HealthCare Partners
  - SCAN health plan
- Exemplary clinical results to-date
  (e.g., hospitalization rate, CVC rate)
Full-Risk Example: Achieving the Triple Aim in ESRD C-SNP

- Satisfaction rating in Medicare’s CAHPS 2013 survey: 92%
- Non-dialysis cost savings: 15% Better than the Medicare fee-for-service sample.
- Per member per year savings: Nearly $8,000 per year.
Example: Shared Risk with Commercial Payor

Multi-disciplinary team approach to improving clinical outcomes and decreasing non-dialysis costs

Integrated care model driving improved clinical outcomes and enhanced member experience

Clinical achievements leading to material reduction in costs

PATIENTS

Payor

Hospital network

Physician partnership

Dialysis clinics

Targeted Medication Review

DM nurses

VillageHealth.

DaVita

DaVita

Integrated care model driving improved clinical outcomes and enhanced member experience
Each ESCO will have a Governing Body with final decision authority to execute functions of ESCO.
ESCOs in the U.S. (13)
ESCO Participant Framework

- ESRD patients receive treatment in the clinic 3x / week 4–5 hrs / treatment (12–15 hrs /week)
- Core capabilities of the ESCO are driven by care coordination in the dialysis center
- Focus on the interventions that result in the highest quality and fewest complications

ESCO Service Areas

Dialysis Clinic

Patient Care Team

Hospitalization Management

Fluid Management

Medication Management

Diabetes Management
<table>
<thead>
<tr>
<th>Measure</th>
<th>Type</th>
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<tbody>
<tr>
<td><strong>Domain: Patient Safety</strong></td>
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<tr>
<td>ESCO Standardized Mortality Ratio</td>
<td>Outcome</td>
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<td>Documentation of Current Medications in the Medical Record</td>
<td>Process</td>
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<td>Bloodstream Infection in Hemodialysis Outpatients</td>
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<td>Falls: Screening, Risk Assessment and Plan of Care to Prevent Future Falls</td>
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<td><strong>Domain: Person- and Caregiver-Centered Experience and Outcomes</strong></td>
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<td>Kidney Disease Quality of Life (KDQOL) Survey</td>
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<td>Advance Care Plan</td>
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<td>ICH-CAHPS: Nephrologists' Communication and Caring</td>
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<td>ICH-CAHPS: Quality of Dialysis Center Care and Operations</td>
<td>Outcome</td>
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<td>ICH-CAHPS: Providing Information to Patients</td>
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<td>ICH-CAHPS: Rating of Kidney Doctors</td>
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<td>ICH-CAHPS: Rating of Dialysis Center Staff</td>
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<td><strong>Domain: Communication and Care Coordination</strong></td>
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<td>ESCO Standardized Hospitalization Ratio for Admissions</td>
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<td>ESCO Standardized Readmission Ratio</td>
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<td>Medication Reconciliation Post Discharge</td>
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<td><strong>Domain: Clinical Quality of Care</strong></td>
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<td>Diabetes Care: Eye Exam</td>
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<td>Diabetes Care: Foot Exam</td>
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<td>Hemodialysis Adequacy: Minimum Delivered Hemodialysis Dose</td>
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<td>Proportion of Patients with Hypercalcemia</td>
<td>Outcome</td>
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<td>Peritoneal Dialysis Adequacy: Delivered Dose of Peritoneal Dialysis Above Minimum</td>
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<td>Hemodialysis Vascular Access: Maximizing Placement of Arterial Venous Fistula</td>
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<td>Hemodialysis Vascular Access: Minimizing Use of Catheters as Chronic Dialysis Access</td>
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<td><strong>Domain: Population Health</strong></td>
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<td>Influenza Immunization for the ESRD Population</td>
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<td>Pneumonia Vaccination Status</td>
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<td>Screening for Clinical Depression and Follow-Up Plan</td>
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<td>Tobacco Use: Screening and Cessation Intervention</td>
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Change is here. It will be different in each community. How will you prepare? What will you do?