

Specialty Care Approaches to Accountable Care: A Panel Discussion

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Panel

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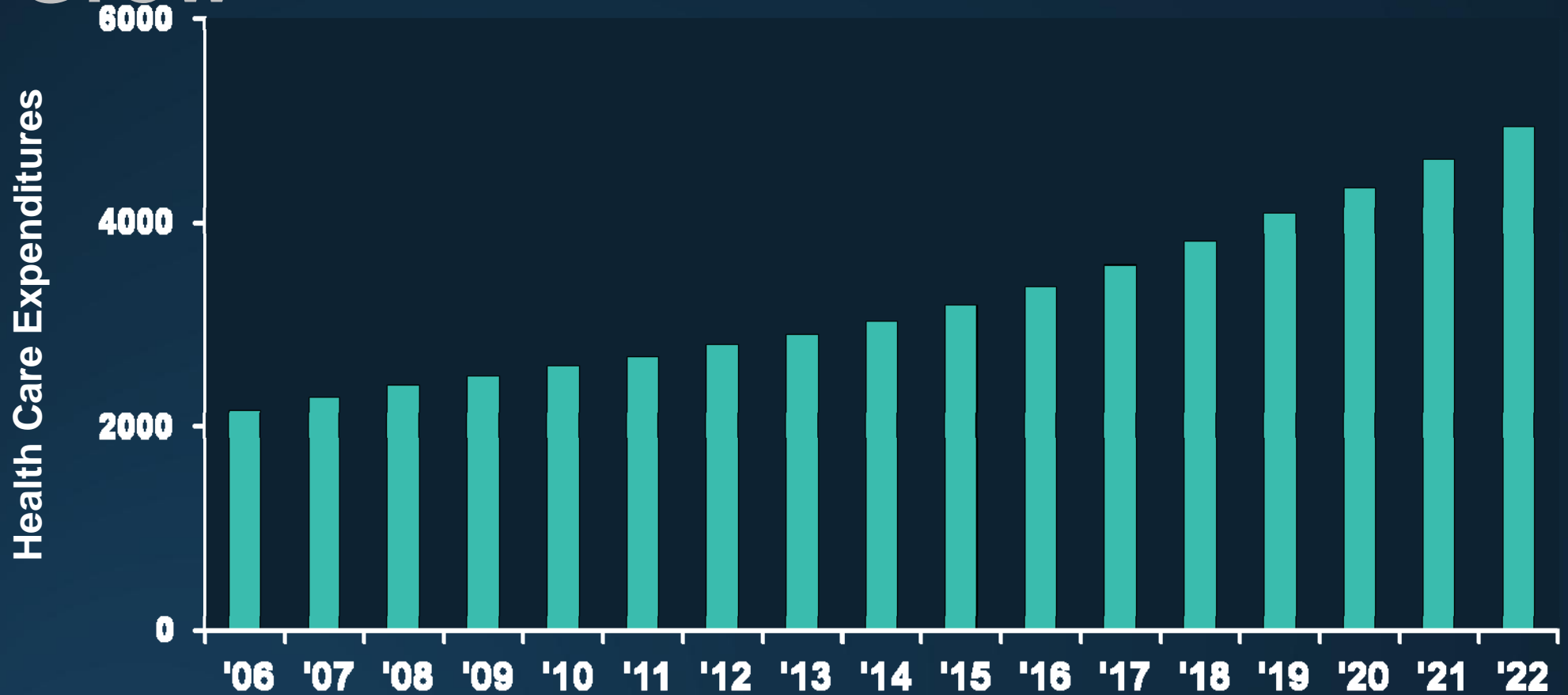
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Health Spending Will Continue to Grow



Health care expenditures projected to be 19.9% of GDP by 2022

**Improve health
of population**

**The
Triple Aims
of Health Care**

**Improve
experience of care**

Reduce health care costs

Risk Is Shifting to the Natural Owner



**“Lifestyle”
conditions**



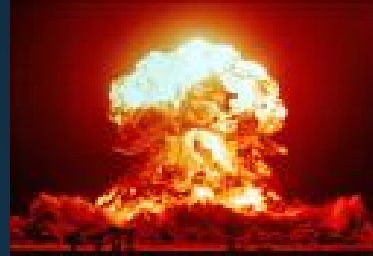
**The
Consumer**



**General
population
health**



**PCPs/
Specialists**



Catastrophic



Payors



Episodic



**Scale/Skill
Providers**



Chronic



**Scale/Skill
Providers**

ACOs As Catalysts of Transition

TRANSITION

VOLUME

ACOs

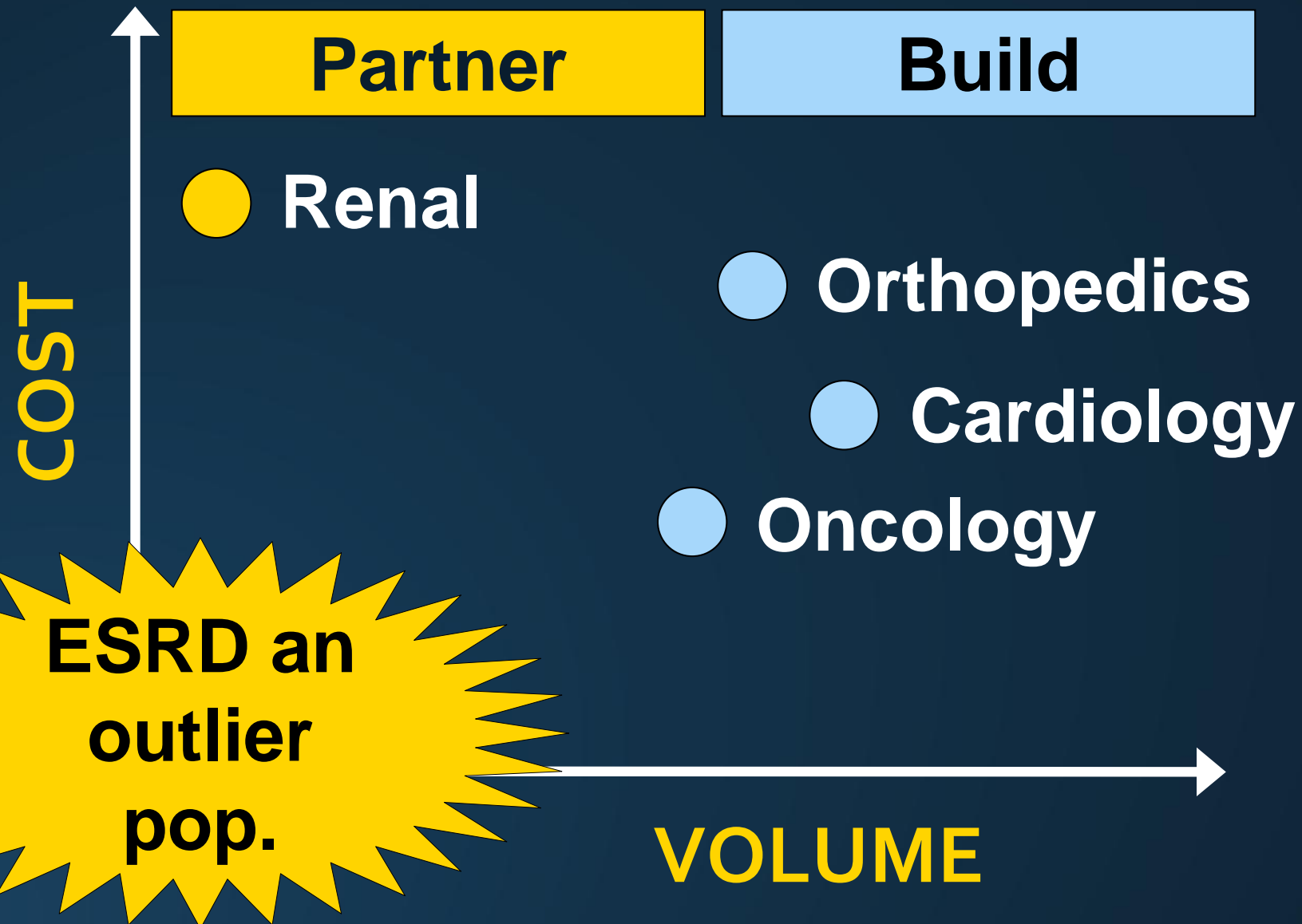
VALUE

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



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”**

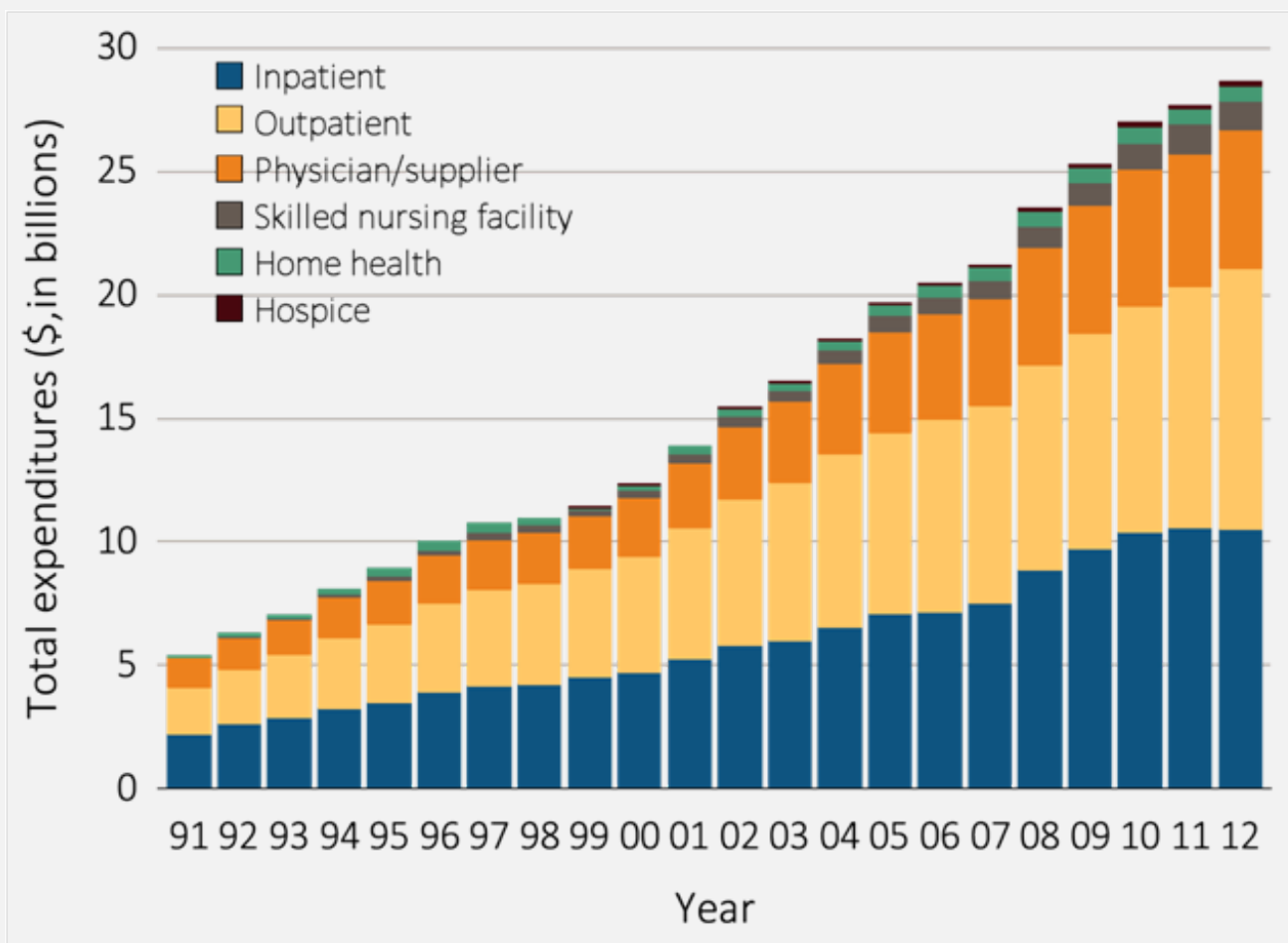
With Volume Comes Experience

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

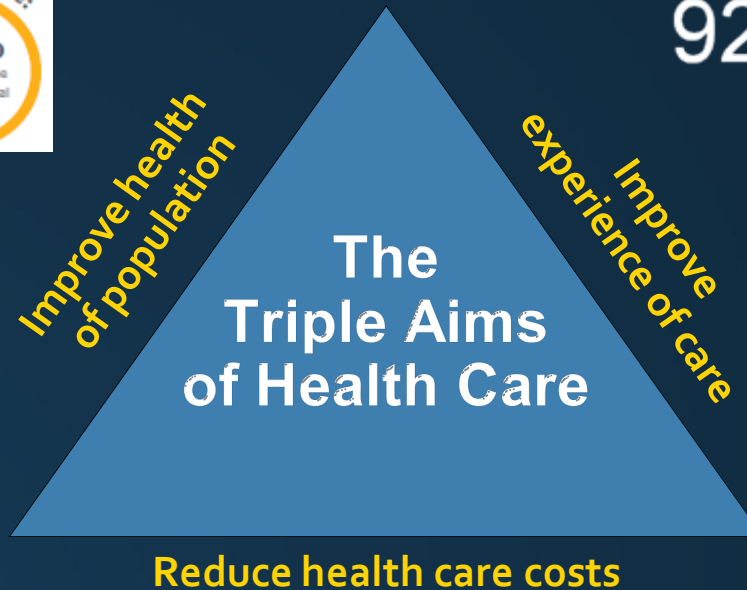
- **Los Angeles-Orange County**
- **Launched in 2014**
- **Partnership between...**
 - **DaVita VillageHealth**
 - **HealthCare Partners**
 - **SCAN health plan**
- **Exemplary clinical results to- date**
(e.g., hospitalization rate, CVC rate)



Full-Risk Example: Achieving the Triple Aim in ESRD C-SNP



92% Satisfaction rating in Medicare's CAHPS 2013 survey.



Non-dialysis cost savings:

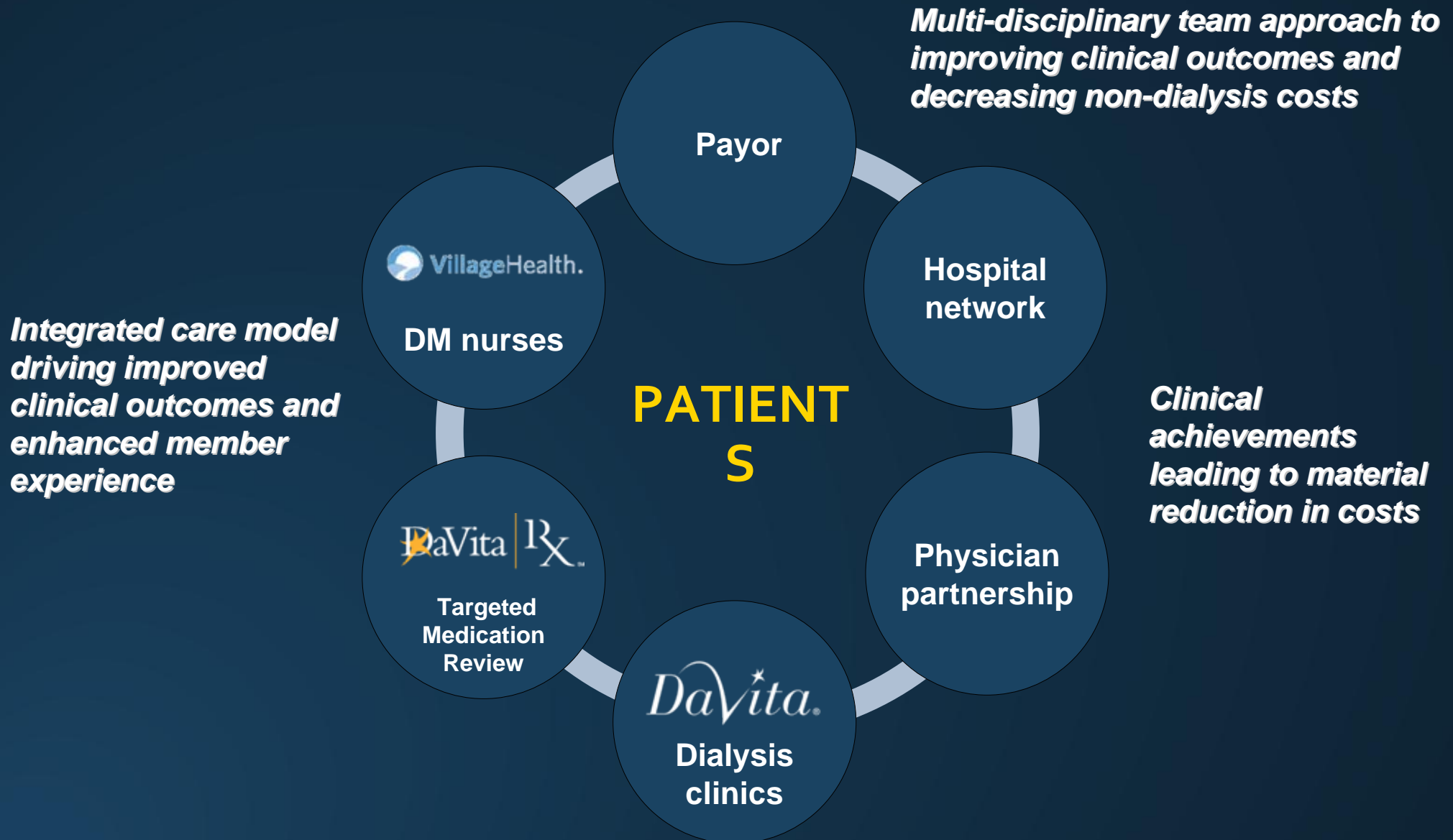
15%

Better than the Medicare fee-for-service sample.

Per member per year savings:

Nearly **\$8,000** per year.

Example: Shared Risk with Commercial Payor



ESCO Entity Structure

ESCO PARTICIPANTS

Dialysis
facilities

Nephrology
group(s)

OPTIONAL:
Hospitals, MSGs,
other providers

Each ESCO will have a Governing Body with final decision authority to execute functions of ESCO

ESCOs in the U.S. (13)

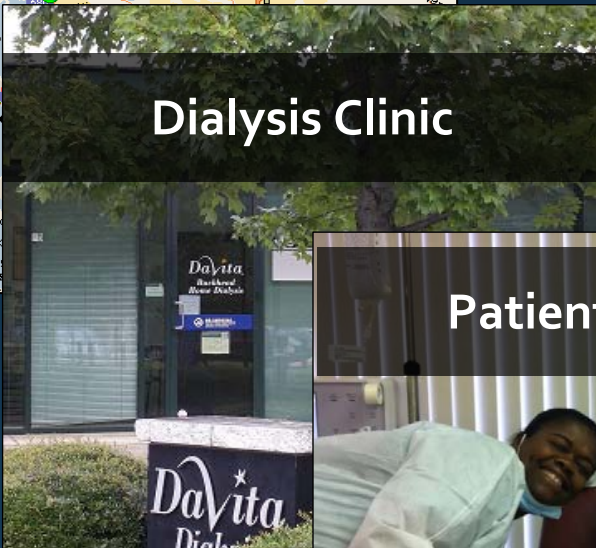


ESCO Participant Framework



ESCO Service Areas

- 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



Dialysis Clinic



Patient Care Team



Hospitalization Management



Fluid Management



Medication Management



Diabetes Management

26 ESCO Quality Performance Measures

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

Change **is** here.

It will be different in each community

How will you prepare?

What will you do?