FR7- Value-Based Reimbursement and Care Redesign in the PA/LTC Settings

Friday, March 23
11:00 AM- 12:00 PM

Session Description
Transformational changes across the healthcare system are empowering providers to assume accountability for the Triple Aim of quality, cost, and patient experience. Shifting reimbursement from fee-for-service to value-based models is critical to enabling this important re-alignment, by providing the healthcare delivery system with the impetus and incentive to develop and test innovative models of care. Post-acute and long-term care represent prime opportunities for such breakthroughs. This session will review examples of value-driven redesign in these settings, with a practical emphasis on the key steps necessary to create a fully aligned, outcomes-focused culture. Presenters will share important considerations, from the perspective of people, process, and technology. Results of recent approaches to value-base redesign will be shared, including examples tied to the Bundled Payments for Care Improvement (BPCI) and the Medicare Shared Savings Program (MSSP) initiatives.

Learning Objectives
Discuss the opportunity and impact of new reimbursement models on PA/LTC.
Describe strategies to succeed in an environment where providers assume increasing risk for outcomes.
Explore innovative care models and how they can contribute to organizational success.
Share successes and challenges, from those who have already been moving down this path.

Presenter(s): Cory Woods, DNP, MSN, MHA, RN; Richard Feifer, MD, MPH

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
Value Based Reimbursement and Care Redesign in the PA/LTC Setting

Richard Feifer, MD, MPH, FACP
Chief Medical Officer
Genesis HealthCare

Cory Woods, DNP, MSN, MHA, RN
Director of Population Health
Genesis HealthCare

Learning Objectives

By the end of the session, participants will be able to:

• Learn about the impact of new reimbursement models on post-acute and long-term care.
• Discuss strategies to succeed in an environment where providers assume increasing risk for outcomes.
• Explore innovative care models and how they can contribute to organizational success.
• Share successes and challenges, from those who have already been moving down this path.

Genesis HealthCare Overview

Key Facts

• 450+ facilities across 30 states
• ~60,000 beds
• ~ 80,000 dedicated employees
• 200+ clinical specialty units.
• 550+ Genesis physicians and physician assistants.
• Genesis also supplies contract rehabilitation services to approx. 1,700 locations across 46 states.

CMS Goals for Adoption of Alternative Payment Models (APMs)

| Year | Goal | Percentage of U.S. Health Care Payments
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>In 2016, 11% of U.S. health care payments are linked to quality and value through APMs.</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>In 2018, at least 30% of U.S. health care payments are linked to quality and value through APMs.</td>
<td></td>
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</tbody>
</table>

SNF Industry Pressures are Demanding a Rapid Pivot from FFS to Value Based Models

• Center-wide issues
  • Restrictions in short-stay admissions and length of stay
  • Increased medical complexity
  • 5-Star rankings
  • Narrow referral networks
  • Value-based rate adjustments

• Provider-specific concerns
  • MACRA/MIPS opportunities and penalties

The need for clinical transformation applies to both short-stay (skilled) and long-stay (unskilled) patients!

Speaker Disclosures

Dr. Feifer is employed by Genesis HealthCare. He has no other financial relationships to disclose.

Cory Woods is employed by Genesis HealthCare. He has no other financial relationships to disclose.
Value Based Payment Models at Genesis

- GPS MSSP ACO
- External ACOs
- BPCI-3
- BPCI-2
- Raven
- CJR and Episode Payment Models
- MACRA/MIPS
- SNF Value-Based Purchasing Program
- IMPACT Act
- ...

Majority of Costs are Controllable

- Upon entering the BPCI Model 3 program Target Prices were set at an average of $25,250 per episode, ranging from $17,500 for single lower joint replacements (15% readmission rate and 21 SNF days) to over $31,000 for stroke (39% readmission rate and 42 SNF days).
- Readmissions were split: 50% from SNF, 50% from home

Leading Indicators

- Medicare Shared Savings Program (MSSP) ACO
- Genesis LTC ACO, LLC
  - 2016 Performance Year: Short stay and LTC
    - $54 per beneficiary
    - Short stay eliminated
    - $314 estimated claims per beneficiary

- Genesis Physician Services
  - GPS is the Genesis provider group practice specializing in sub-acute & long-term care
  - Over 500 employed and contracted medical directors, attending physicians, NPs, and PAs
  - Roughly 125,000 patient visits annually (2016)

CURRENT MSSP ATTRIBUTION RULES:
- Plurality of primary care charges
- Excludes POS 31 – skilled
- Includes POS 52 – unskilled, LTC

Leading Indicators

- MED A Total Average Length of Stay - Rolling 3 Months
MSSP Quality Measures

13 quality measures are separated into the following four key domains that will serve as the basis for assessing, benchmarking, rewarding, and improving ACO quality performance:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Number of Available Measures</th>
<th>Maximum Points Possible</th>
<th>Scoring Method</th>
<th>Domain Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td>8</td>
<td>10</td>
<td>Individual survey items</td>
<td>10</td>
</tr>
<tr>
<td>Care Coordination and Patient Safety</td>
<td>10</td>
<td>20</td>
<td>Total of 10 measures, including 2 each items with double weight (2 points)</td>
<td>20</td>
</tr>
<tr>
<td>Prevention</td>
<td>8</td>
<td>10</td>
<td>Total of 8 measures and double weighted (2 points)</td>
<td>10</td>
</tr>
<tr>
<td>At Risk Population</td>
<td>5</td>
<td>10</td>
<td>Total of 5 measures and double weighted (2 points)</td>
<td>8</td>
</tr>
<tr>
<td>Total Nominator</td>
<td>31</td>
<td>50</td>
<td></td>
<td>47%</td>
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</tbody>
</table>

Clinical Transformation Within SNFs

Improving the Quality and Efficiency of Care Delivery

KEY TACTICS

- Hospitalization avoidance
- Evidence based care
- Advance care planning
- Interprofessional practice standards

Hospitalization Avoidance

Integrated practice drives better outcomes

- Established and functioning IDT
- Risk for Readmission Assessment
- Post Admission Patient/Family Conference (72 hour meeting, Wellness meeting etc.) the IDT will:
  - Engage the patient in discussion related to:
    - Potential discharge date and plan
    - Patient expectations and goals of care
    - Documentation of the Patient/Family conference serves as the baseline care plan review and care plan meeting note.

THINKING RIGHT|ACTING RIGHT ABOUT PATIENT CARE

- A consistently used, guided clinical reasoning and problem-solving model that ensures the safety and quality of care, by collaborating on clinical care, teaching others, holding staff accountable to the process, new hire mentoring to the process, expansion of the process to other operational endeavors and that can be implemented easily within existing center processes:
- Conduct meaningful Clinical Case Review meetings that result in pertinent, efficient, effective, reasonable, and actionable recommendations that are implemented and evaluated in a timely manner
- Incorporate correct clinical reasoning and problem-solving (Thinking Right) in every situation and interaction related to patient care
Findings from a Demonstration of “Thinking Right”

All GHC initiatives in one state began implementation of the clinical reasoning and problem solving methodology in April 2013. This chart shows 3 years, from April 2013 through May 2016, of 30-day aggregated readmission data.

“Change at the Scale of the Whole”

- Care transitions from hospital to Center; Center to Community
- Clinical Capabilities
- Clinical Reasoning
- Communication

Evidence-based Medicine

Example: HF Pathway

ACO Quality Measures Workflow

Example: Evidence-based Clinical Specialty Programs

Stroke Management Program

Recovery Program

Example

<table>
<thead>
<tr>
<th>Stroke Management Program</th>
<th>Recovery Program</th>
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<tbody>
<tr>
<td>Branding Standards</td>
<td>Patient Engagement</td>
</tr>
<tr>
<td>Clinical Approach</td>
<td>Program Impact</td>
</tr>
<tr>
<td>Evidence-based Medicine</td>
<td>Measures Workflow</td>
</tr>
</tbody>
</table>

Stroke Recovery Program

Evidence-based programs target gaps in care, providing tools to improve patient outcomes. Programs focus on reducing readmissions and improving quality measures.
Polypharmacy and De-Prescribing

- Relationship between primary care use of opioids and the number of medications prescribed

Likelihood of being on an opioid after 1 year
- If given 8 days supply – 13.5%
- If given 30 days supply – 29%

MMWR Weekly 2017; 66(10)

Opioid Reduction in the Post-Acute and Long-Term Care Setting

Action Plan
1. Train and engage inter-professional team, including physicians, APPs, nursing, and rehabilitation. Include non-pharmacologic approaches to pain control.
2. Re-evaluate all current PRN opioid orders
3. Critically evaluate all PRN opioid orders on new short-term admissions
4. Carefully re-assess all scheduled opioid use, initiate weaning protocols

Reduction in CII Controlled Substances
- Pilot center, comparing July 2016 to October 2017 for all patients, including hospice and palliative care
- All CII Rx's per 100 patients – Down 16%
- CII Days Supply per 100 patients – Down 6%
- New CII Rx's per 100 patients – Down 8%
- New continuous CII Rx's per 100 patients – Down 24%
- New PRN CII Rx's per 100 patients – Up 10%

Measurement

Advance Care Planning

Goals of Care: An Ongoing Dialogue, not an Event

Communication: The single common pathway to improving care at the end of life.

Providers need skill, confidence, and cues
Findings from a Single Center Pilot

- **Model**
  - Palliative care physician group affiliated with our hospice provider offered consultation.
  - Attended weekly cardiac rounds.

- **Goals**
  - Initiated conversation around realistic appraisal of patient’s condition
  - Identified patient-family wishes for end of life care
  - Considered/offered palliative/comfort care, or hospice, either in Center or at home.

Standard Practices "Hard Wired"

- **SBAR** especially nights/weekends; especially GSS and new nurses
- **Early Warning Tool** used by more departments to report concerns to nursing
- **Review UDA, Dashboard, MDS** at morning clinical meetings
- **4 PM Standup Meeting** Monday-Friday
  - Weekend supervisor reports off to charge nurses
- **High Risk Patients** monitored by ADONs

Rehospitalization Trends after 1 Year

![Rehospitalization Trends after 1 Year](image)

<table>
<thead>
<tr>
<th>Quarter (Q)</th>
<th>% Pts within 30 days within 1 year</th>
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<tbody>
<tr>
<td>Qtr 1</td>
<td>18.0%</td>
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<tr>
<td>Qtr 2</td>
<td>13.3%</td>
</tr>
<tr>
<td>Qtr 3</td>
<td>12.3%</td>
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<tr>
<td>Qtr 4</td>
<td>9.5%</td>
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</table>

Source: Unpublished data, Genesis Data Warehouse (GDW)

Application of the Flacker Scale

- Risk assessment for dying within one year
- Readily available inputs from MDS
  - Functional ability
  - Sleepiness
  - Diuresis of diabetics
  - Intravenous medication
  - Skin pressure
  - Early morning vital signs
  - Apgar score
  - Age > 88


ACO Weekly Physician Report

![ACO Weekly Physician Report](image)

Duration of Hospice Utilization

![Duration of Hospice Utilization](image)


Only patients with a single continuous hospice utilization are included. Both short-stay and long-stay patients are included.
Distribution of Genesis ACO Costs

ACO - Cost % by Major Category

Optimizing Resources in the Context of the Triple Aim

Measurement

Example of Medical Director Targets

Incentive Compensation Alignment Model

Key Domains Medical Director NP/PA

Full-Time Attending Physician

Productivity

Population Health, Clinical Quality, & 5-Star Quality Measures

Genesis Center Performance

<table>
<thead>
<tr>
<th>Key Domains</th>
<th>Medical Director</th>
<th>MDSA</th>
<th>Full-Time Attending Physician</th>
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<tbody>
<tr>
<td><strong>Productivity</strong></td>
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<tr>
<td>Hospital admissions</td>
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<tr>
<td>Hospital readmissions</td>
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<tr>
<td>Hospital readmissions for ACO patients</td>
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<td>Hospital readmissions for all patients</td>
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<td>Hospital readmissions for all patients (CTR)</td>
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<td>Hospital readmissions for all patients (AP)</td>
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<td>Genesis Center Performance</td>
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</table>
Hardwiring Change

- Keep it simple
- Make it global
- Make it measurable
- Provide training & coaching
- Solicit feedback & ideas from the team
- Recognize & reward performance