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Align Value-Based Programs with your Post-Acute Network to Ensure System-Wide Quality & Reduce Costs

Presented by Real Time Medical Systems:

Margie Latrella, APN-C, VP Clinical and Network Quality

Phyllis Wojtusik, RN, Executive Vice President

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Today’s Speaker

Margaret (Margie) Latrella, APN-C

Vice President, Clinical and Network Quality
Real Time Medical Systems

Margie brings 30+ years working as an acute care RN and cardiac APN in both hospital and physician practices to Real Time. Previously, she applied her clinical experience to her administrative role at St. Joseph’s Health, focusing on clinical programming, quality improvement interventions, and reporting for value-based programs. Margie demonstrated success in total cost of care savings in two-sided risk agreements, including MSSP ACO and CMS BPCI-A programs, by developing collaborative workflows and comprehensive care coordination necessary for success.

Phyllis Wojtusik, RN

Executive Vice President, Health System Solutions
Real Time Medical Systems

With over thirty-five years of health care experience in acute care, ambulatory care, and post-acute care, Phyllis has led the development of a preferred provider SNF network for PENN Medicine Lancaster General Health. In this network she developed and implemented strategies that reduced total cost of care and readmissions while improving quality measures and patient outcomes.

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Learning Objectives

- Learn how to incorporate value-based programs into your Skilled Nursing Facility (SNF) network
- Explore strategies to obtain meaningful and validated data from your SNFs
- Uncover how shared live data can identify interventional moments to manage care

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ACO Programs and Goals for Success

- **Medicare Shared Savings Programs** (MSSP):
  - Basic Tracks: A-E/ACOs assume various levels of risk
  - Enhanced Track: highest risk/reward level of MSSP programs
- **ACO REACH** (Realizing Equity, Access and Community Health) – launched Jan 2023/replaced GPDC model. Highest risk with:
  - 50% shared savings/losses and Primary Care Capitation Payment, or
  - 100% shared savings/losses and Primary or Total Cost of Care Capitation

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ACO Program Goals for Success

MSSP

- Improve Quality of Care & Patient Outcomes
- Improve Care Coordination/Case Management across the healthcare continuum
- Focus Preventive Care – quality gap closures
- Improve Patient Satisfaction
- Decrease Total Cost of Care
  - prevent duplication of services
  - prevent hospital admissions/readmissions
  - ensure patients receive the appropriate level of care
  - monitor patients in value-based programs *(especially in post-acute settings)**

ACO REACH

- Similar goals with a focus on the underserved population and social determinants of health
  - Health Equity (HE) Plan
  - HE Benchmark Adjustment
  - HE Data Collection
  - HE questions and scoring for experience in application
  - NP services benefit enhancement (improves access)

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Post-Acute Networks (PAN)

- Developed by Acute Care Entities (hospitals), ACOs, and value-based programs to manage quality and performance of the post-acute continuum
- Can include SNFs, IRFs, LTACHs, and Home Health
- Range from loose agreement to work together to strict readmission, Length-of-Stay (LOS) and quality metrics
- Strategies include:
  - Case Management – clinical management, care coordination
  - Clinical Pathways – standardized care processes
  - Transition of care management
  - Yearly performance review and readjustment of the PAN to eliminate poor performers

49% of all Post-Acute Care Costs are from SNFs*

*Strategy and Risk-Sharing in Hospital-Post-Acute Integration (nih.gov)

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Transitions of Care

$26 Billion Spent on poor transitions of acute care Medicare patients per year*

Patients are at ***highest risk*** of readmission around care transitions

- Little to no handoff
- Overwhelming amount of unorganized information sent to receiving facility
- Patients may arrive in less than an ideal physiological state – pain, unstable vital signs
- Receiving facility may not have equipment, medications or other necessary items to care for patient properly
- Medication reconciliation a major issue – high risk meds - A/C's, antibiotics, insulin, and antidiabetic agents

*Transitions of Care | The Roadmap to Effective Transitions

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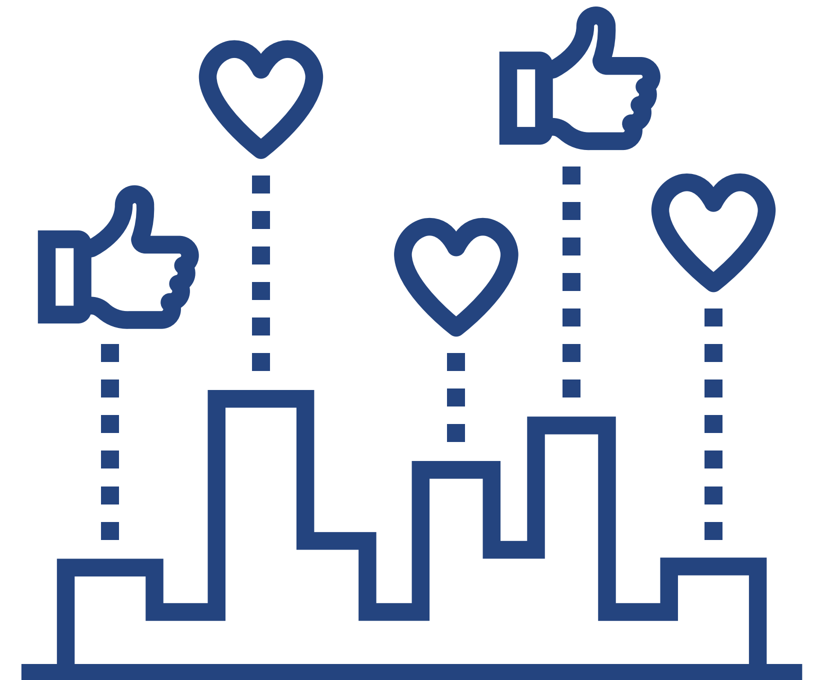
Establishing a Preferred SNF Network

- **Analyze your discharges to SNFs**
  - Case-types
  - Volume by facility and case-type
  - Average Length of Stay (ALOS) in SNFs
- **Identify high performers**
  - Readmission Rates
  - ALOS
  - Patient satisfaction
  - 5-Star Rating
- **Invite high performers to participate in network activities**
  - Identify network goals
  - Case reviews on readmissions
  - Clinical standards deployment
  - Educational activities



Understanding Your Population's Clinical Needs

- What percentage of your patients go to a SNF?
- What case-types?
- What comorbid conditions get patients to a SNF?
- Do you utilize a frailty score?
- Do you have a measure to evaluate functional improvement on SNF discharge?
- Who are your outliers?
- Does geography play a roll in patient placement?
- How do physician practice patterns impact placement?

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Understanding SNF Post-Acute Incentives

- Margins are razor thin
- Value-based care is not the norm
- Volume is essential to survival
- Longer LOS = continued reimbursement
- Patient Driven Payment Model (PDPM)
  - Case-mix classification system for skilled nursing facility (SNF) patients in a Medicare Part A covered stay into payment groups under the SNF Prospective Payment System*
  - PDPM eliminates the therapy incentive to drive payment. This improves the overall accuracy and appropriateness of SNF payments by classifying patients into payment groups based on specific, data-driven patient characteristics, while simultaneously reducing administrative burden on SNF providers*

* Patient Driven Payment Model | CMS

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Bringing Your Preferred SNF Network into Your CIN

- Clinically Integrated Networks (CIN) typically serve as the governing body and distribution center for shared savings and performance on value-based programs
- It is important that your CIN understands the role of your preferred post-acute network and the savings they can drive
- Discuss with your CIN, potential reward strategies for performance either as an individual post-acute provider or as a network
- It is also important that the preferred post-acute network understand their role in the overall CIN

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Following Value-Based PAC Patient *Imperative* For Quality Outcomes

- Driving Outcomes by Design
- Sharing your quality vision/metrics with your Post-Acute Network
- Truly partnering with your PAN
  - Understanding their challenges and barriers
  - Working together to overcome those barriers for the patients' benefit
  - Being willing to evaluate your processes and improve them for the benefit of the patient
  - Intentional measurement of ***process*** and ***outcomes***
  - Sharing those results routinely and working together to improve them

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Identify Quality/Cost Metrics with Your Preferred SNF Network

- **Set clear network goals**
  - Readmit rates
  - ALOS targets – can be by case-type
  - Percent SNF discharges to preferred network
- **Report on progress monthly *(unblinded data)***
- **Set mutual quality goals**
  - Health care acquired infections
  - Successful discharges to community
  - ED utilization rates
- **Establish clinical guidelines on top volume case-types**
  - Clinical pathways, treatment protocols, and use of telehealth
  - Meet with SNF Medical Directors to get buy-in, drive clinical adoption, and identify outstanding issues
  - Utilize live data to manage patients and network – Case Management

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Why Clinical Pathways in the Post-Acute Network?

- Standard of care for your population based on disease management principles
- Measurement of outcomes
- Ensuring smooth transitions of care
- Returning patient to primary care for ongoing management
- Reinforce patient education

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Identifying Case Types for Clinical Pathways

- High Volume
- High Risk with Moderate Volume
- Can’t have a Clinical Pathway for every condition
  - Clinical protocols on routine management - Diabetes
- Top 5 Case Types
  - CHF
  - Sepsis
  - Pulmonary –Pneumonia/COPD exacerbation
  - Fractures – hip
  - CVA

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What is Included in a Clinical Pathway?

- Timing – when in the stay or episode of care do things happen?
- Transitions – onboarding and discharging process standards
- Estimated discharge date
- Key assessments – routine clinical assessments focused by case type
  i.e., CHF - cardiac and respiratory
- Functional progression
- Discharge planning
- Nutrition and hydration status
- Tests and treatments – routine follow-up testing or testing with change in condition
- Medications – standards not specific
  i.e., CHF – ACE/ARB, Diuretic, Potassium replacement
- Patient education – consistent across your entire network

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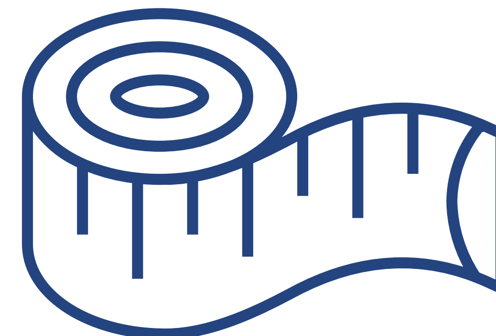
What Metrics Should I Measure for Outcomes?

Process

- Is the correct process being repeated?
- Are the post-acute providers getting the information they need to adequately care for the patient?
  - Examples
    - Only 50% of transfers have nurse to nurse handoffs
    - Only 60% of patients are discharged with PCP appointments
- Root cause analysis for process breakdowns
- Understand barriers to a repeatable predictable process



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Incorporating Preferred SNF Network into VBC Programs

- Incorporate Network in Value-Based Care (VBC)
  - Identify 2 to 3 high performers to bring into VBC discussions
  - Consider bringing entire preferred PAC network to the table (Home Health, IRF, SNF, LTACH, etc.)
- Articulate the Challenges
  - Clearly and openly discuss the challenges around care coordination for the population across the continuum
- Demonstrate Impact to VBC Program
  - Show each post-acute provider, by segment, their piece/spend/volume in this value-based program

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Example: PAC Impact to VBC Program

Example **"ACO XYZ"** has10,000 Covered Lives

- 8% go to SNFs
  - Spend is 20% of all dollars or 50% of post-acute dollars
  - Readmit rate is 23% resulting in additional **X Spend**
- <1% go to IRF
  - Spend is 3% of all dollars or 15% of post-acute dollars
  - Readmit rate of 15% resulting in additional **X Spend**

This type of data shows the post-acute providers their impact on overall total cost of care and highlights the role post-acute can play in cost and outcome metrics

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Setting Quality & Performance Metrics for Your VBC Programs

Identify annual quality focus

- Readmission and LOS targets – always!
- PCP appointments post discharge
- Readmissions 30-day post SNF discharge
- Adherence to clinical pathways or standards
- Utilization of preferred providers for home health and outpatient therapy
- HEDIS data

Manage this by monitoring monthly data and sharing performance at network meetings

- Reward for performance

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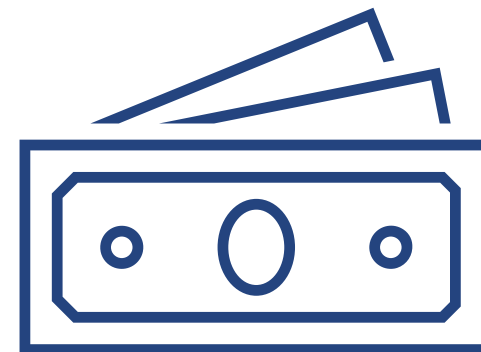
Managing Incentives in Your Preferred SNF Network

- Use overall value-based program targets to even consider sharing savings
  - Did ACO achieve shared savings and did ACO achieve quality goals?
- Set quality and cost targets (savings) for the post-acute SNF segment as a second qualifying metric
  - Must meet prior to shared savings
- Clearly define the incentives at the beginning of your annual year
  - Determine the incentives for: *Exceeds, Meets or Does Not Meet Targets*
- Monitor progress on a monthly or quarterly basis
  - Some measures may be claims based (HEDIS Data)
  - Some measures may rely on live data – network readmissions



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Setting Gain Share Guidelines/Guardrails

When incentivizing SNFs with gain sharing opportunities, consider…..

- Post-acute spend segments and targets for reducing spend
  - Example: Minimum reduction of 5% to earn any potential savings
  - Look at average cost per case as a target measure
- High volume SNFs can have the most impact not only on readmissions but also on ALOS
- Consider the impact of shared savings on your SNF network members who don't qualify
  - How can you keep them engaged in the network?
  - How can you drive them towards shared savings in the next performance year?

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What If There Are *No* Shared Savings to Share?

Other ways to show value to being in the preferred network

- “Good Housekeeping” seal of approval
- Discounts on educational opportunities for staff
- On-site education by providers
- Clinical leadership and program development
- Group recruiting efforts for staff
- Inclusion on service lines who utilize post-acute
  - Orthopedics
  - Cardiac
- Support with COVID activities

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Live PAC Data Drives Performance at the Patient and Network Level

Typical data management – looking back

- Claims data – 3 to 9 months old
- CMS stars data – takes a year to change a star rating
- MDS data – 30 to 90 days old

Use of live data – looking ahead

- Clinical and quality data directly from SNF EHR
- Patient level impact – here and now – black box insight to patient outcomes; Consider risk-scoring strategy
- Show how facility is performing right now
- See results of changes in strategy and operations quickly – both positive and negative
- Ability to complete ***Root Cause Analysis*** at the patient and system level enabled by live data (before everyone forgets what happened)

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Identifying High Risk Patients in your PAN

- Critical to know who to focus on when, standard case management principle
- Include history (comorbid conditions), changes in condition, transition of care errors, and readmission history in risk score
- Focus your resources on patients who are at highest risk of readmission
- Discuss strategies to identify issues and treat in place with your PAN

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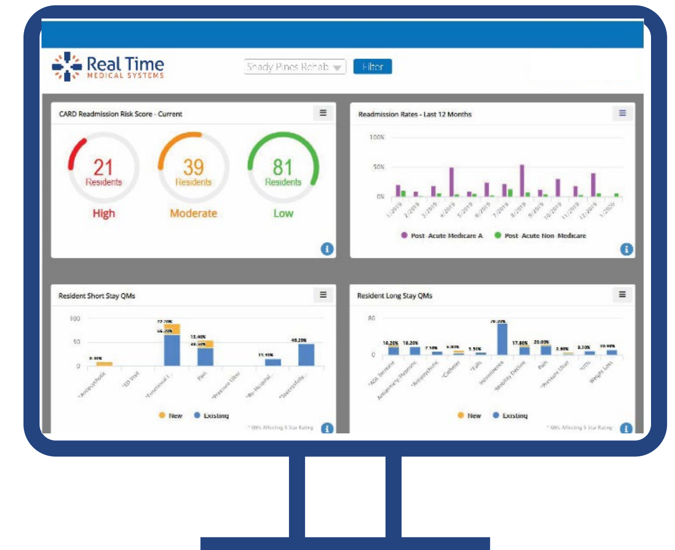
Accessing Live PAC Data to Optimize Your Network

- Up to the moment network performance
  - Intervene with poor network performers early
  - Continual assessment of performance
- Ability to quickly deploy network clinical strategies based on patient outcomes
- Network partners view the same data at the same time
  - No fighting over which data is right or better
- Utilize high performers to share best practices to improve group performance



Wrap Up

- Incorporating value-based programming into your post acute network is essential to drive quality/cost outcomes and align incentives
- Managing patients through your post acute network improves quality and prevents readmissions
- Using live data gives you clinical, quality, and financial insights as to how your network is performing today

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Questions? Let's Discuss!

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