

# Stakeholder Innovation Group

November 19, 2018



Maryland Hospital Association

# Agenda

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- Welcome and Introductions
- Updates
  - Care Redesign Program
  - New Model Program Participation Agreement Construct
  - Sharing Data with Post-Acute Care Providers
- Requesting Waivers Under TCOC & Discussion
  - Nurse Prescribing Home Health Orders
- Episode Overview & Discussion
- Next Meeting

# Welcome & Introductions

# Updates

# CRP CY19 Updates

## Complex & Chronic Care Improv. Program (CCIP)

- **Goal:** Enhance care management and care coordination, reducing Medicare TCOC
- Hospitals and Care Partners collaborate on care of complex and chronic patients
- **2019 Update:**
  - 2 Hospital Participants
  - Net -7 Hospitals

*Before the hospital*

## Hospital Care Improvement Program (HCIP)

- **Goal:** Facilitate improvements in hospital care that result in care improvements and efficiency
- Hospitals improve care and save money through more efficient episodes of care
- **2019 Update**
  - 41 Hospital Participants
  - Net +1 Hospital

*In the hospital*

## Episode Care Improvement Program (ECIP)

- **Goal:** Facilitate care improvements for episodes across all care settings, reducing Medicare TCOC
- Hospitals and Care Partners collaborate on care for 23 clinical episodes (90 day)
- **2019 Update**
  - 9 Hospitals Participants
  - Net +9 Hospitals

*After the hospital*

CRP Programs Span the Continuum of Care

# ECIP Updates

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- 9 participating hospitals
  - 5 hospitals sharing incentives
- 29 total episodes elected
  - Episodes per hospital range between 1 – 5
  - 12 out of 23 inpatient episodes have at least one hospital participating
- Care Partners include
  - Physician, Physician Assistant, Nurse, Physical Therapy, Skilled Nursing Facility, Home Health Agency

# ECIP CY19: Episode Selection

Cardiac Arrhythmia	Spinal Fusion Procedures	CHF	COPD, Bronchitis/ Asthma	Fractures, Femur and Hip/Pelvis	Hip and Femur Procedures Except Major Joint	LE and Humerus Procedures Except Hip, Foot, Femur/MJRUE
X					X	
				X	X	X
		X				
				X	X	X
				X	X	X
					X	X
	X					
		X				

# ECIP CY19: Episode Selection, cont.

MRJLE / Double Joint Replacement of LE	Renal failure	Sepsis	Simple pneumonia and respiratory infections	Stroke	UTI
X		X			X
X					
X					
X					
X					
X					
X					
	X		X	X	X



# ECIP Care Partner CY19 Selection

Physician	Nurse	PA	PT	SNF	HHA	Incentives
X	X	X	X	X	X	No
X	X	X	X	X	X	No
X						Yes
X			Y	X	X	Yes
X			Y	X	X	Yes
X			Y	X	X	Yes
X				X	X	No
X						Yes
X				X		No

Care partner in all episodes



Care partner in some episodes



# Requesting Waivers Under TCOC & Discussion

# Home Health Orders with NPs

- Medicare requires that a physician certify a beneficiary needs home health services and establishes a plan of care as a condition of payment for home health care.
  - Patients who lack access to a primary care physician must be under the care of a facility-based physician in order to receive home health services.
  - This may result in higher costs and unnecessary facility utilization before patients receive home health services.
- Nurse practitioners can independently practice medicine in Maryland and could oversee care for patients who do not have a primary care physician.

# State Waiver Request

- CMMI can waive sections of the Social Security Act, including allowing nurse practitioners to certify Medicare beneficiaries for home health care.
  - CMMI can only use its waiver authority if it is necessary to test an alternative payment and care redesign model.
  - Historically, CMMI has required that waivers be related to a specific care redesign intervention in a Model Program.
- The TCOC Model Agreement allows the State to request additional waivers to support programs under the Model.
  - The waiver would only apply to Model programs with a demonstrable use case related to a care redesign intervention.
  - The State can request the waiver once and then indicate the use case for each Model Program as they are developed.

# Episode Overview & Discussion

# Episode Overview and Discussion

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- 1) What is a bundled payment/episode?
  - a) Definition of bundled payments
  - b) What elements define an episode?
  
- 2) What features make for a good episode?

# Defining Bundled Payments

## Definition: **Bundled Payment**

*noun*

1) Providers and/or healthcare facilities are paid a single payment for all the services performed to treat a patient undergoing a specific episode of care.

2) An “episode of care” is the care delivery process for a certain condition or care delivered within a defined period of time, such as a surgery or course of treatment.

## Objectives of Bundled Payments



Promote care redesign and incentivize care coordination

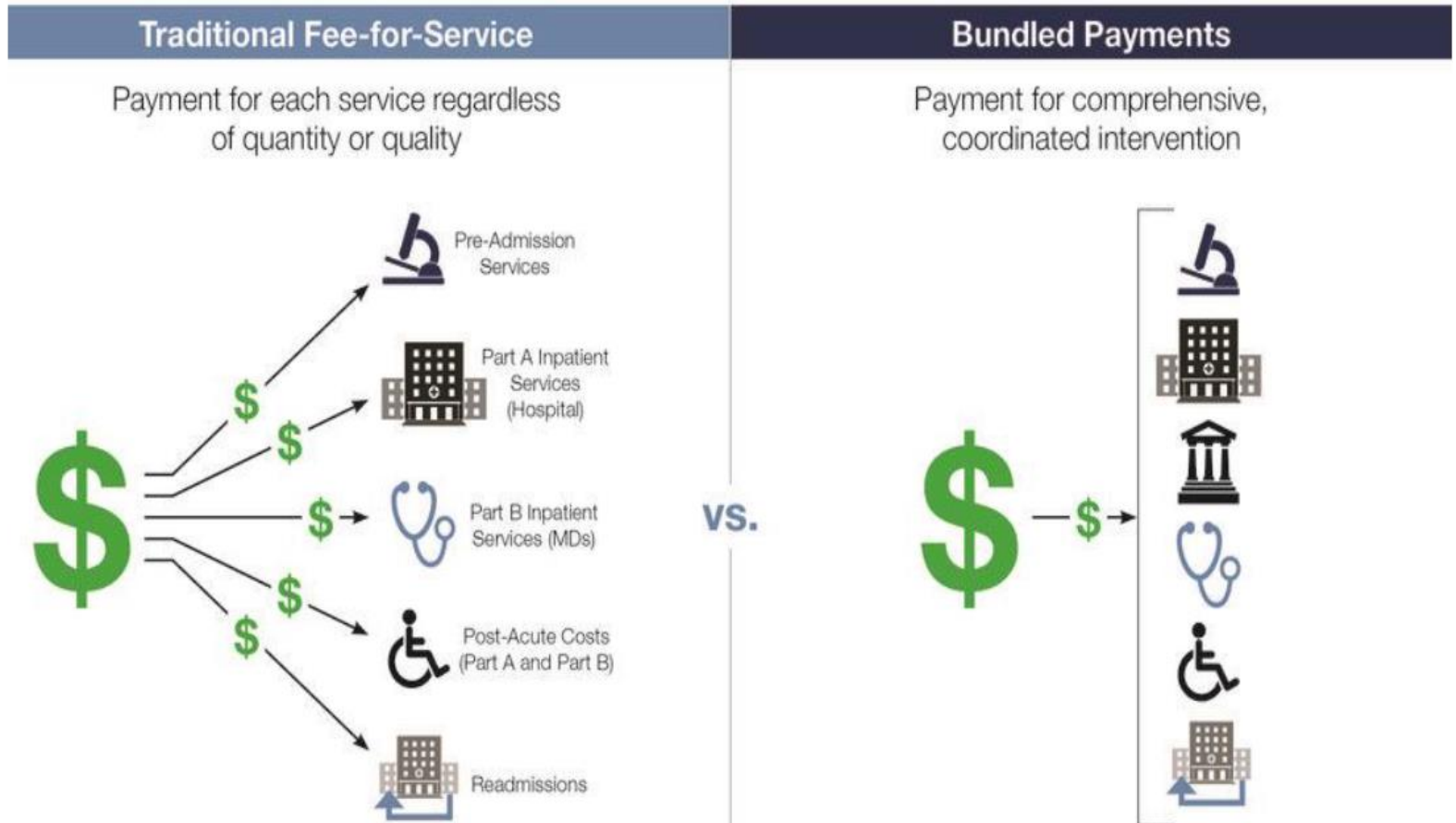


Reward high quality care and prevent readmissions



Reduce health care costs

# A visual representation of bundled payments



Source: The Advisory Board Company. 2015.



# What elements define a bundled payment?

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- Four main elements:
  - **Initiator** – Provider whose care and participation in the bundled payment will trigger an episode
  - **Trigger** – signals the start of an episode
  - **Time Period** – defines the duration of an episode
  - **Target Price** – the total price including a discount for the episode

# What elements define a bundled payment, cont.?

- **Initiator** - Provider whose care and participation in the bundled payment will trigger an episode
  - Hospital initiated
  - Physician group practice (PGP) initiated
  - Post Acute Care facility or LTSS/community-services organization
- **Trigger** – signals the start of an episode
  - Can be a diagnosis or procedure
  - Can be triggered in various care settings (inpatient, outpatient, post-acute/ambulatory settings)

# What elements define a bundled payment, cont.?

- **Time Period** – defines the duration of an episode
  - Variable based on the condition or procedure
  - Acute episodes: usually range between 30, 60, 90 days
  - Chronic episodes: can span 6 months to 1 year
- **Target Price** – the total price including a discount for the episode
  - Usually calculated from historical spending
  - May blend in additional spending benchmarks (e.g. regional, hospital efficiency adjustments)
  - Episodes that come in “under” the target price receive rewards and episodes that are more expensive than the target price are penalized

# Example: COPD Episode

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## Chronic obstructive pulmonary disease (COPD)

- Initiator: Hospital (under ECIP)
- Episode Trigger: DRGs 190-192, 202-203
- Episode Duration: 90 days
- Target Price: Calculated by hospital, 3% CMS Savings Discount
  - GBR Interactions: For inpatient triggered episodes in ECIP Year 1, inpatient costs are excluded from the target price

# What features make a good episode?

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- Conceptual and technical features that contribute to a “good” episode
- *Conceptual Features:*
  - **Responsibility:** Provider has a large span of control and can direct much of the associated care
  - **Variability:** Variation in financial and quality outcomes indicate areas of inefficiency or room for improvement
  - **Ability to Impact:** Variation in outcomes can be tied to clinical patterns of care and management, not disease course or population

# What features make a good episode, cont?

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- *Technical Features:*
  - Clear trigger - defined set of diagnosis, procedure codes
  - Stable volume of cases - helps set accurate target prices
  - Large Medicare payer mix - contribute to TCOC savings
  - Large addressable total costs:
    - Large beneficiary counts
    - Few beneficiaries but large associated spending
  - TCOC Model Interaction - savings are identifiable and quantifiable (e.g. interactions with global budgets)

# Discussion and Next Steps

- The HSCRC is cataloging potential episode ideas
  - Assessing episodes for their conceptual and technical feasibility
  - Broader evaluation against the New Model Program criteria presented at the last meeting
- Looking for additional episode suggestions
  - Stakeholders can point to developed episode specifications from the federal government, other states, private payors, or episodes proposed to the Physician-focused Payment Model Technical Advisory Committee (PTAC)
  - Maryland specific needs and stakeholder opportunities should be considered
- Development of new or custom episodes
  - Stakeholders are welcome to develop original episode specifications
  - HSCRC will provide templates to guide stakeholders in filling in episode specifications and may provide targeted technical assistance

# Next Steps





# Next Meeting

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December 17, 2018

2:00 - 4:00 p.m.

Maryland Hospital Association

# Appendix

# CCIP Submissions (2)

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- Garrett Regional
- Saint Agnes

# HCIP Submissions (41)

- Adventist - Shady Grove
- Adventist - Washington Adventist
- Anne Arundel
- Atlantic General
- Calvert
- Doctors
- Frederick Memorial
- GBMC
- Holy Cross
- Holy Cross - Germantown
- JHHS - Bayview
- JHHS - Howard County
- JHHS - JHH
- JHHS - Suburban
- Lifebridge - Carroll
- Lifebridge - Northwest
- Lifebridge - Sinai
- Medstar - Frankin Sq
- Medstar - Good Sam
- Medstar - Harbor
- Medstar - Montgomery
- Medstar - Southern MD
- Medstar - St. Mary's
- Medstar - Union Mem
- Mercy
- Meritus
- Peninsula Regional
- UMMS - Baltimore Washington
- UMMS - Charles Regional
- UMMS - Chestertown
- UMMS - Dorchester
- UMMS - Easton
- UMMS - Harford Memorial
- UMMS - Laurel Regional
- UMMS - Midtown
- UMMS - Prince George's
- UMMS - Rehab
- UMMS - St. Joe's
- UMMS - UMMC
- UMMS - Upper Ches
- Western Maryland

# ECIP Submissions (9)

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- Anne Arundel
- GBMC
- Holy Cross Hospital
- Lifebridge – Carroll
- Lifebridge – Northwest
- Lifebridge – Sinai
- Mercy
- UM Shore - Easton