Issues Impacting Post Acute Practice Management

ACA, VBP, MACRA/MIPS, APMs, ACOs
Quality and Cost Measures
Network Formations
Registries
Recruiting
Retention
Training
etc....
ACA Origins:

Health Care Spending is Growing at an Unsustainable Rate

- U.S. health care expenditures to reach 20% of GDP by 2021
- Costs per patient averages more than twice ($8,860) the average of other developed countries
- The high level of spending has not led to proportionally superior population health
For a typical 90-day episode, Medicare typically spends more on a patient’s post-acute care than their initial hospitalization.
CMS Prioritizes Post-Acute Cost Control

- Post-Acute Care (PAC) spending increased from $27B to $59B 2001-11
- In 2015, CMS is began implementation of Readmission Penalties, Value-Based Purchasing Programs, and Quality Reporting Mandates for Post-Acute Care Providers.

**MAIN DRIVERS:**
- Decrease in Hospital LOS
- Throughput pressures
- Reflex PAC facility referral
What is VBP?

\[ V = \frac{Q}{C} \]

VALUE = QUALITY / COST
What are some Examples of Value Based Programs?

- BPCI: Bundled Payment Care Initiative – Med/Surg, Cardiac Bundles, CJRs, etc
- ABPCI: Advanced BPCI (BPCI 2.0)
- ACOs: Accountable Care Organizations
- Next Generation ACOs: (ACOs 2.0)
- MSSP: Medicare Shared Savings Programs
- CPC+: Comprehensive Primary Care Plus
- Medical Home Models
- MIPS
- All APMs: Advanced Payment Models
- Future Models Specific for Post Acute Providers???
Who Takes Risk in Each Model?

- Hospitals, Medical Practice Groups, Post Acute Facilities, 3rd Party Payers (Insurance Companies), others
- Risk is both positive and negative; Gains or Losses
- Medicare Payments to the Risk-Bearing Entity may be Proactive or Retroactive
- Important to know in order to negotiate and contract for Provider payment, or

Gain-Sharing (Bonus +/-)
Your Basic Fee for Service Reimbursement Model Changes Under:

**MACRA**

Medicare Access and CHIP Reauthorization Act

Repealed the SGR formula, which linked Medicare Annual Provider payment adjustment to GDP

- Two sections which address new methods of payment for eligible professionals:
  - MIPS (Merit-Based Incentive Payment System)
  - APMs (Alternative Payment Models)

Goal of MACRA 90% of all Provider payments tied to quality and value by 2018.
MIPS – Merit Based Incentive Payment System

• Evaluates individual Providers using a composite score which incorporates Cost (Resource Use), Quality Metrics, Clinical Practice Improvement Activities and Advancement of Care Information

• This score is attached to the Provider regardless of employer or place of practice, and follows the Provider to future practice sites
MedPAC urges repeal of MIPS

A Medicare pay model meant to encourage doctors to improve the quality of patient care should be junked as its too burdensome and poses no benefit, according to an influential congressional advisory group.....
A top CMS official agrees with an influential congressional advisory group that suggests a new Medicare pay model meant to encourage doctors to improve the quality of patient care needs work and plans to turn to industry stakeholders to help modify the initiative.
How Will I Get Paid?

- **MIPS**
  - Quality Measures
  - Resource Use
  - Improvement
  - Information
  - Cost: $ +/- 2-9%
  - Gain Sharing

- **APM**
  - Scoring System
  - PALTC Specific Measures?
  - Other Measures?
  - Cost: $ +5%

- **VBP Programs**
  - MIPS Measures?
  - Other Measures?
\[ V = \frac{Q}{C} \]
QM STRATEGY

Quality Reporting is a Team Strategy, requiring a gaming approach – choosing measures for which you have benchmarks, for which you have good scores, only in domains in which you have good scores, and in which you can report 100% performance (report only on measures where performance is met).

Use your QRUR Report to find measures that are favorable to you.
QM STRATEGY

What You Choose to Report Impacts Your Success Rate

QM system does not reward High Quality, it rewards High Quality reporting skills
Reporting Quality Measures

- Registries – Commercially available
  
  Require use of MIPS Quality Measures
  
  Inexpensive to use

- QCDRs – Specialty specific registries, sanctioned by CMS
  
  Added flexibility
  
  Allow development/testing and usage of specialty specific QMs
  
  Expensive to develop and maintain (?)
V + Q / C
Cost Management in Post Acute

• Manage to appropriate Length of Stay in SNF
• Avoid Preventable Readmissions

Know the Cost allocated to you by CMS – QRUR Report
You Lose!

The scatter plot below shows how your TIN ("You" diamond) compares to a representative sample of other TINs on the Quality and Cost Composite scores used to calculate the 2018 Value Modifier.

Note: The scatter plot shows performance among a representative sample of all TINs with Quality and Cost Composite Scores reflecting standard deviations from the mean for each Composite Score.
COST

HELP AMDA ADVOCATE FOR YOU!

Get your QR/UR Report  portal.cms.gov
Send it to Alex  abardakh@paltc.org

Data will remain anonymous, will be compiled, and will be used to advocate for appropriate cost allocation in PA/LTC
SNF Networks

Preferred SNFs, given preferential referrals by Acute Facilities, Payers, Convenors

Preferred status based on performance: Cost, LOS, Readmission rates, Star Ratings, Availability & willingness to take admits, connectivity, etc.

Very little attention to individual Clinicians or Practice Groups
Medicare could expand efforts to encourage higher-quality PAC use that would benefit patients and the program by requiring the use of quality measures in the discharge planning process. Specifically, by allowing hospitals to recommend PAC providers, require discharge planners to use quality measures of PAC providers in the development of the discharge plan, and require hospitals to provide beneficiaries seeking a PAC provider with quality data.
Warning:

• PALTC Clinicians are in a dangerous position in future reimbursement models.

• Our value is generally unrecognized, partly because we do not know how to demonstrate it.

• As Facility reimbursement models change, we have the opportunity to demonstrate our value if we have systems to track and report it.

• We have to be proactive in educating and leading our Facilities into future models.

• The CMD and the Attending role is changing
AMDA’s Role

- Proactive in continuing to lead CMD education
- Take on Attending education with haste
- Assist members with Acute and Post Acute Facility education
- Assist with education of the Public
- Educate CMS on the role we play in the continuum of care

Most Important: Educate Yourself! Get Involved!
AMDA’s Role

Attending Clinician Education

• How to best report QMs
• Use of ACD codes
• How to effectively work with ACPs
• Work Flow Efficiency
• Development of a CCM Program
• Effective use of HHAs
AMDA’s Role

Advocacy

Most Important: Educate Yourself!
Get Involved!
Billing Code QMs

Quality Measures *
- MIPS
- APM

Resource Use Improvement Information

MIPS

Quality Measures *

Resource Use Improvement Information

MIPS *

COST *

Score

COST *

Score

VBP Programs

How Will I Get Paid?

True Quality Measures

PALTC Specific APMs

MIPS Measures?

Other Measures?

PALTC Specific Measures?

Developing QMs

Gain Sharing

No Gain Sharing

+$5%$

Current AMDA Efforts

SNF and LTC are TWO DIFFERENT Patient Populations
Help AMDA Succeed!

JOIN! Encourage ALL SNF/LTC Providers to JOIN!

Participate in PM Section and Committee work

Attend AMDA Meetings and Conferences
Annual Conference March 21-25 Gaylord Texan Resort, Dallas, Texas
Practice Management Educational Track
Enroll your Practice Managers, Billers/Coders, Practice Leaders
Thursday Session: Practitioner survival - Clinical tips for Success

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THANK YOU!

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