

Volume-to-Value (V2V) and Implications on the Clinical Workforce

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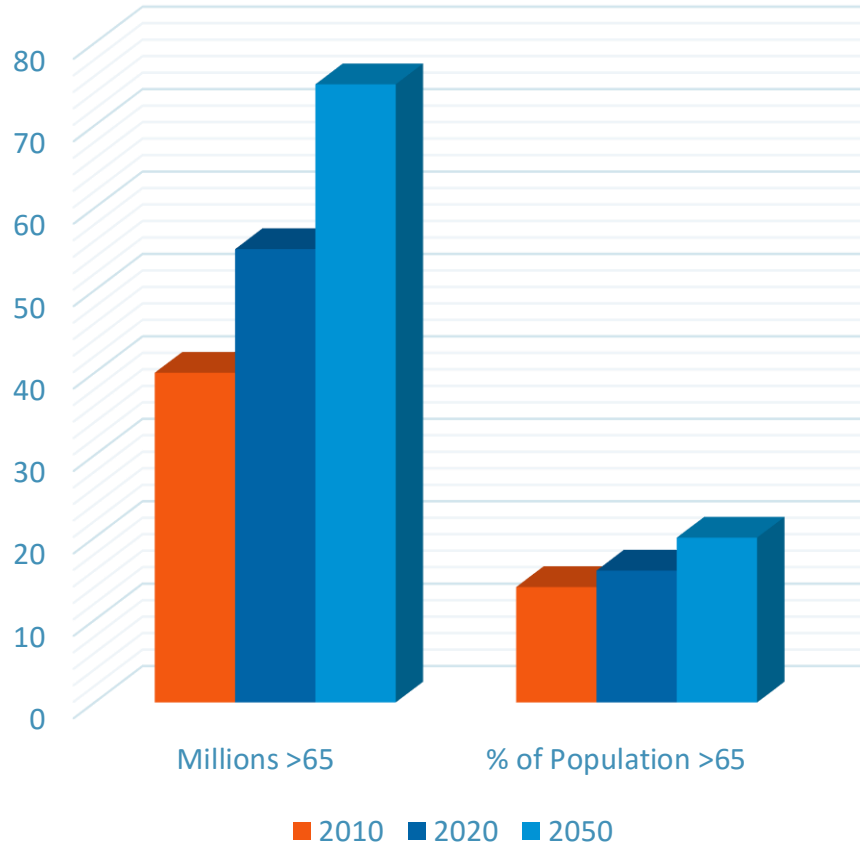
Agenda

- Market forces driving the industry shift
- What is “value-based healthcare”, and why is it different from the historical payment model
- Examples of value-based models
- Impacts to health care workforce
- How you can prepare your workforce to thrive in value-based healthcare



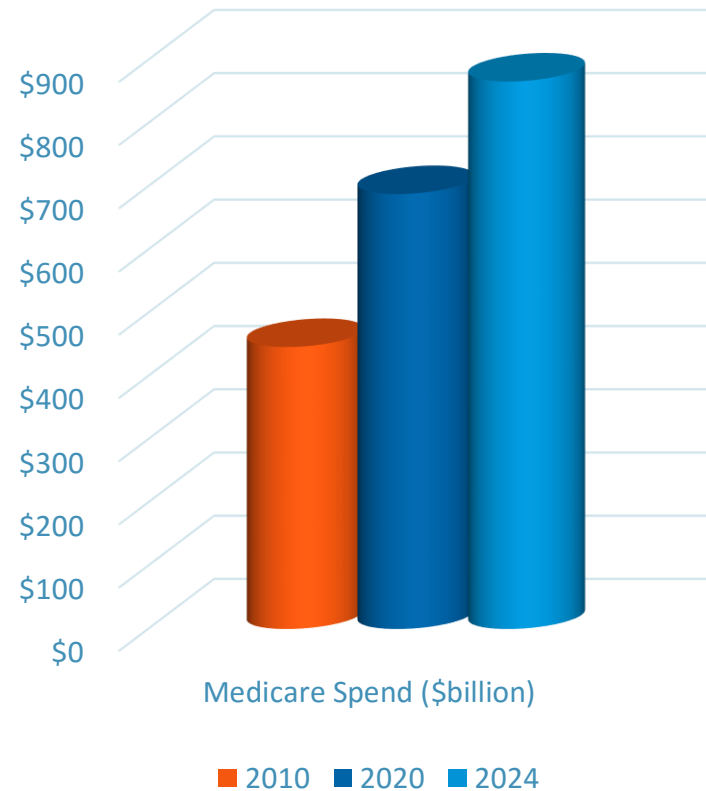
Market Forces Driving Industry Trend

Demographics – Aging Population



Source: Census.gov

Cost – Increasing health care costs



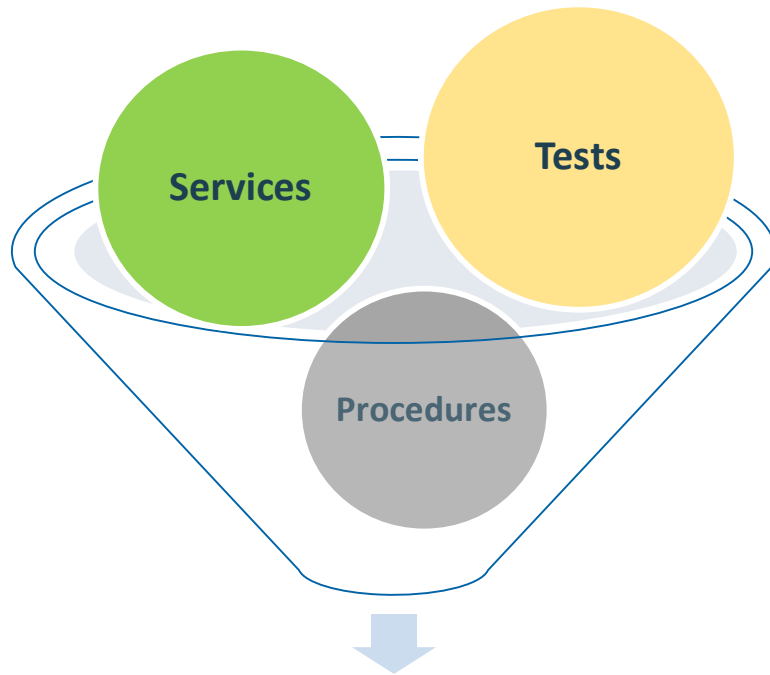
Source: Henry J. Kaiser Foundation

How do we deal with this trend? Value-Based Payments



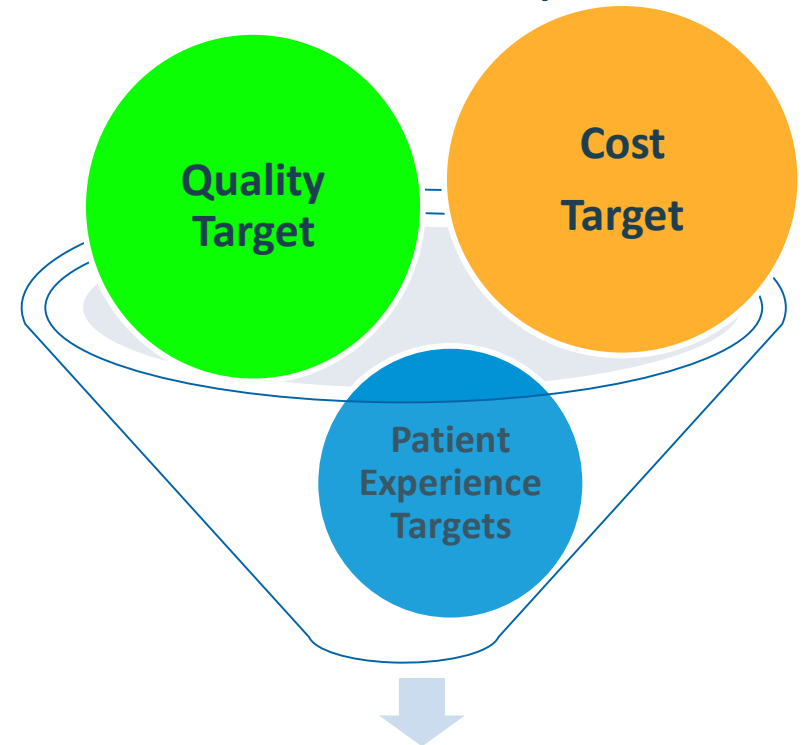
The V2V Shift: From Volume to Value

Volume Based Payment



Fee-For-Service Payment

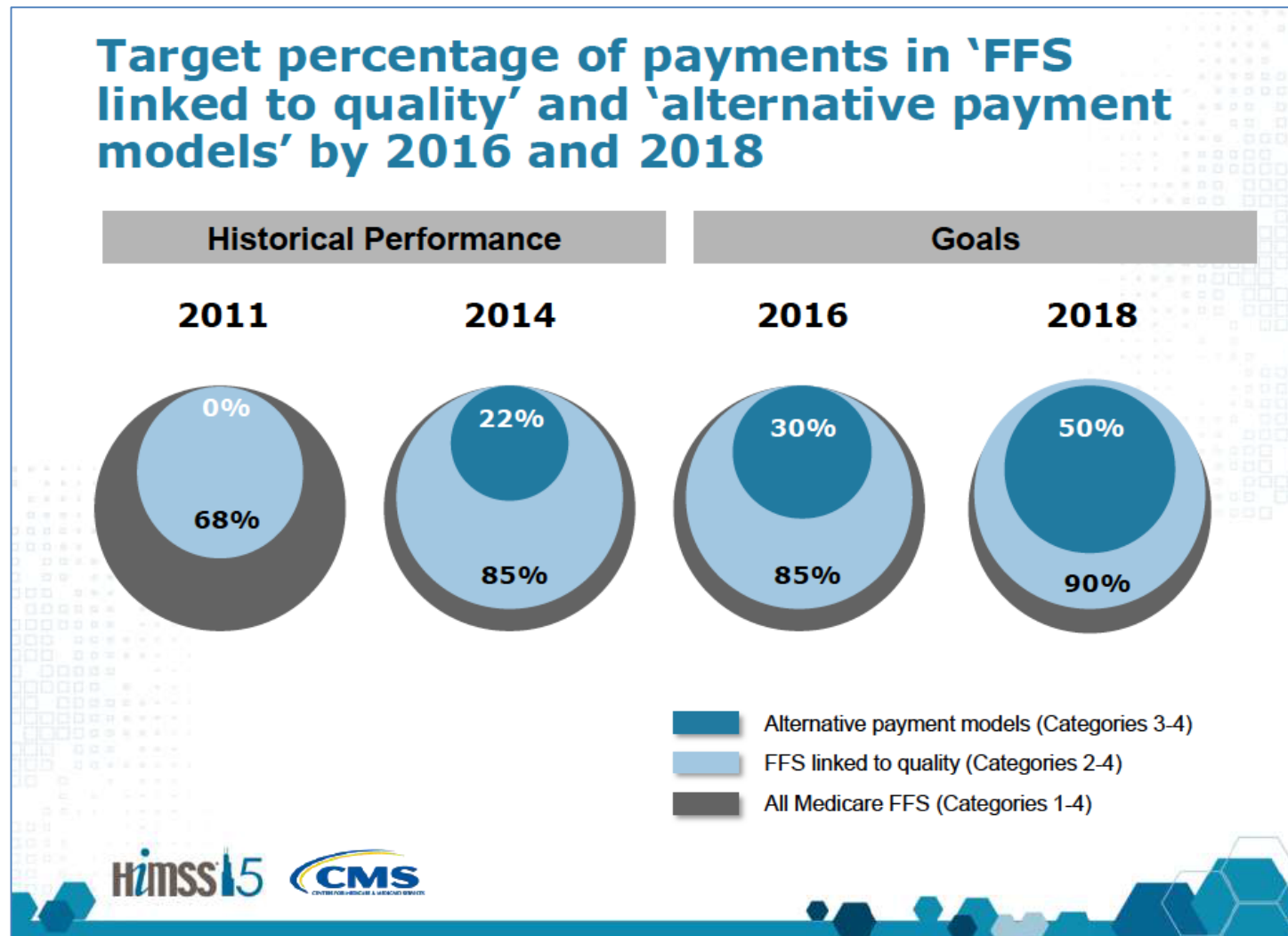
Value Based Payment



Value Based Payment

Triple Aim Goals – Better Care, Smarter Spending, Healthier People

f Timeline to Medicare's Value-Based Payments

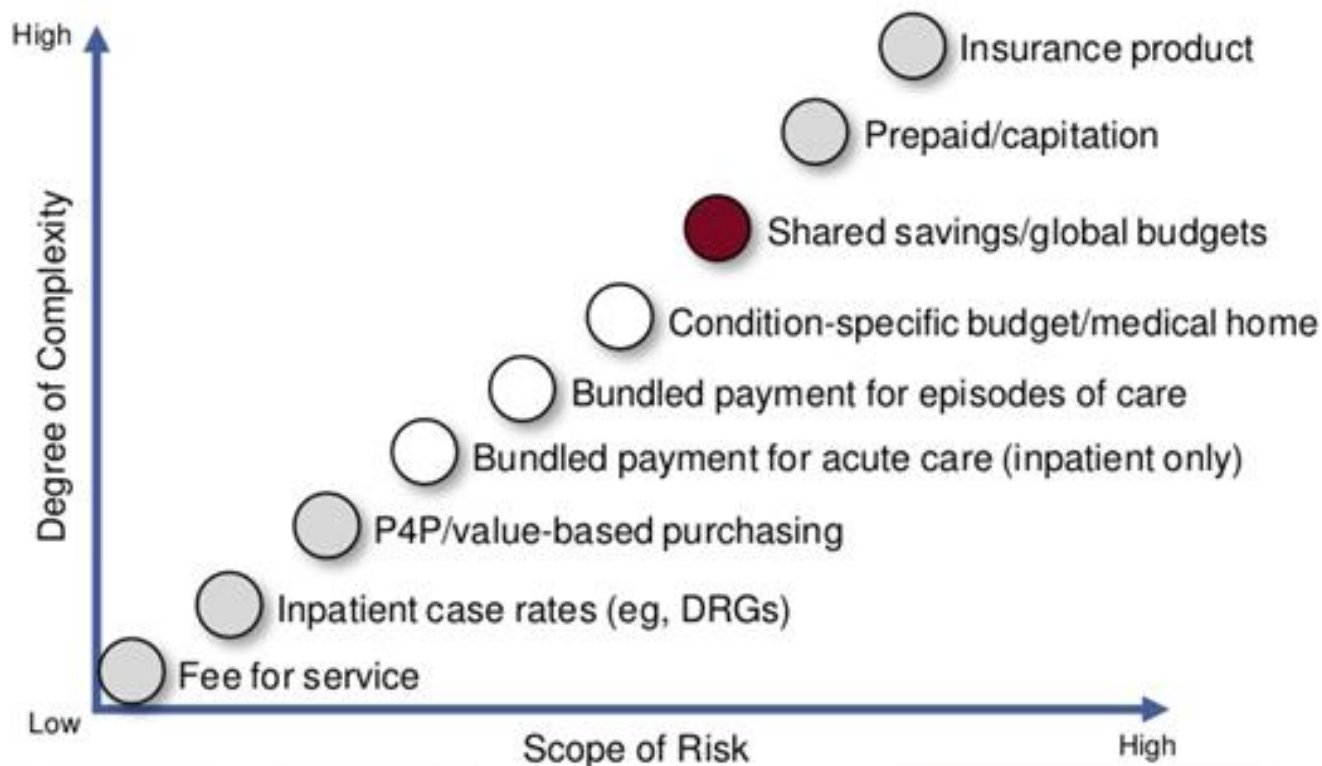


Source: Kate Goodrich, Director of Quality Measurement & Health Assessment, CMS



The New Payment Models

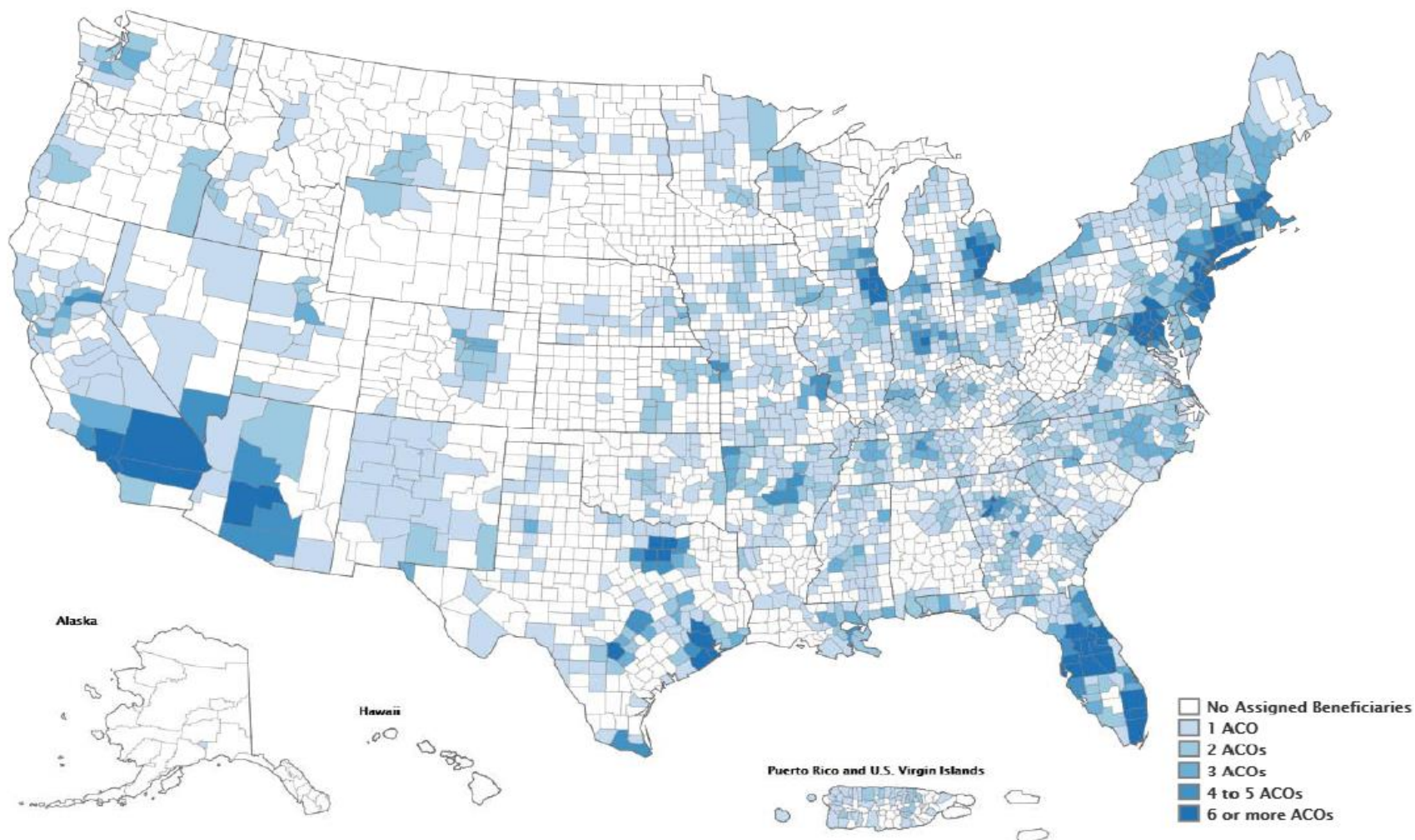
New Payment Models Incentivize Value and Accountability





ACO Participation

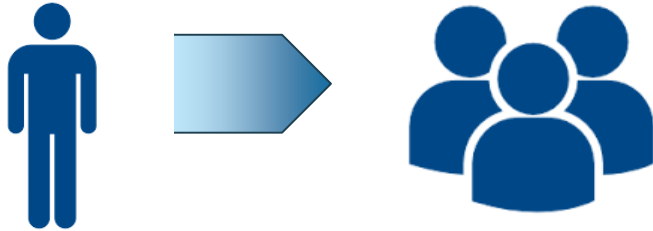
ACO-Assigned Beneficiaries by County



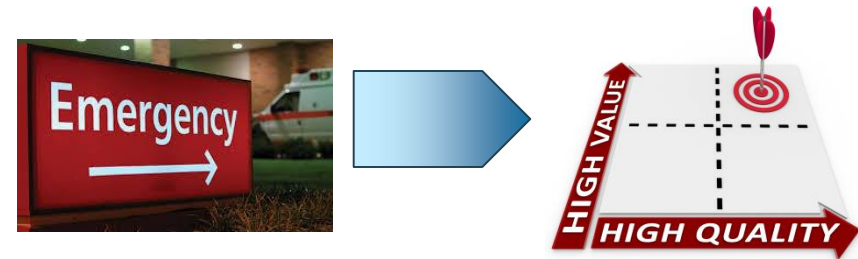


Impacts to health care workforce

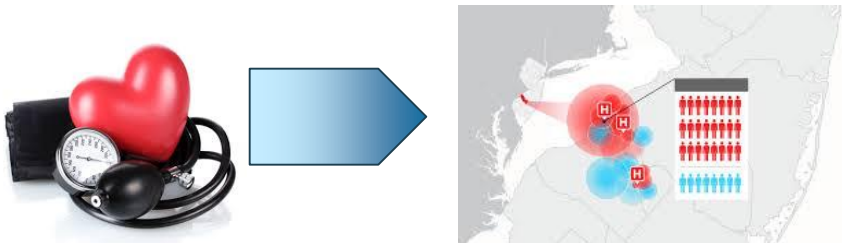
Solo Practitioner to Team-based Care



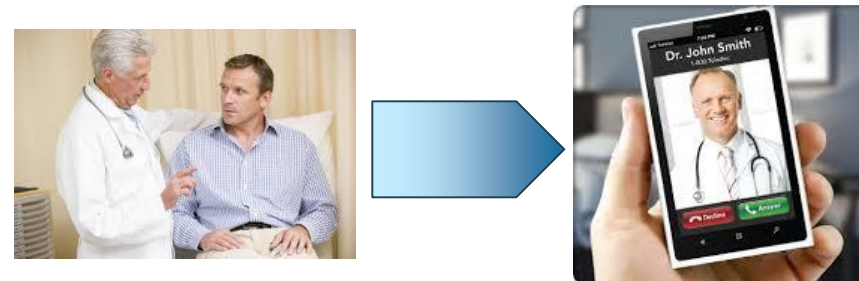
Single-Incident to Care Continuum



Health Indicators expand to include Social Determinants



In-Person to Virtual Visits





How you can prepare your workforce

Current State Assessment

- Skills Assessment
- Staffing Model Review
- Workflow Review

Future State Goals

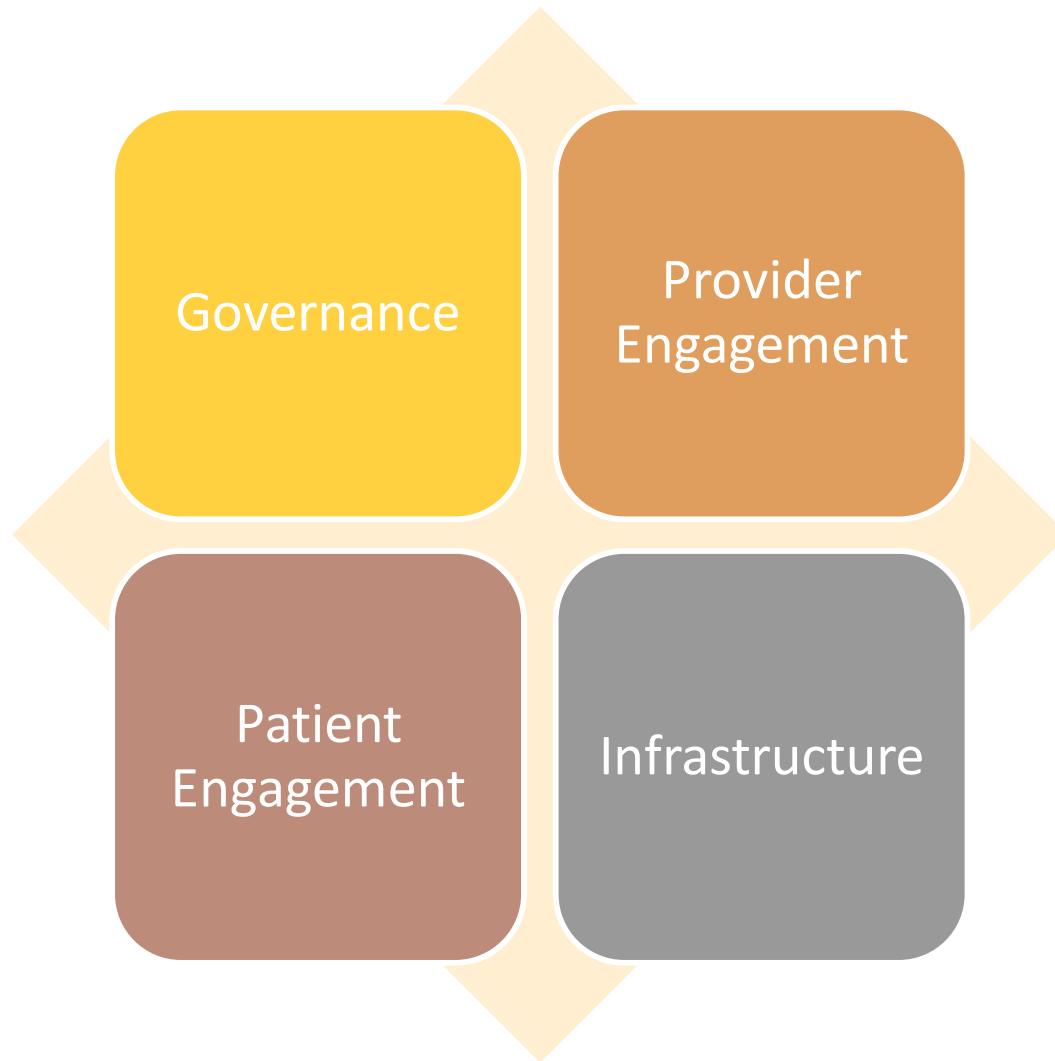
- Certifications
- Standard Workflows
- Ongoing training and professional development

Implementation Plan

- Defined Schedule
- Firm Scope
- Approved Budget
- Project Manager



How you can prepare your workforce





Example #1

HHS Initiative: Redesign of the Medical Practice

October, 2014: HHS Secretary announces 4 year, \$840 million initiative to improve patient care and lower costs. Purpose is to fund successful applicants who work directly with medical providers to rethink and redesign their practices.

- Promote broad payment and practice reform in primary and specialty care
- Promote care coordination between providers of services and suppliers
- Establish community-based health teams to support chronic care management
- Promote improved quality and reduced cost by developing a collaborative of institutions that support practice transformation.



Example #1

HHS Initiative (cont.)

Practice Transformation, Support and Alignment



CMS awards cooperative agreements to....

- **Practice Transformation Networks**

Group practices, health systems, and others that join to serve as trusted partners in providing practices with QI expertise, best practices, coaching and assistance.

- **Support and Alignment Networks**

Networks formed by medical professional associations and others to align their memberships, communication channels, CME credits and other work to support the Practice Transformation Networks and clinician practices.



Example #2

Comprehensive Care for Joint Replacement

CMS has finalized rules for mandatory bundled care system for total hip and knee replacements

- All care will be included in the bundled payment from admission to 90 days post discharge (the “episode of care”)
- Medicare will set target price for the entire episode of care
- If hospital spending is less than target, AND it meets quality complication rate and patient satisfaction targets, it may be eligible to receive an additional reconciliation payment
- BUT – if spend is more than target, it could be required to pay back some portion of the difference.



Example #2

Preparing for CJR Impacts to Health Care Workforce

Phase 1: Assess provider readiness regarding:

- Policies: pre-admission, admissions, care transitions, evidence-based practices, etc.
- Current post acute care (PAC) providers for CJR patients
- Physician relationships with post acute providers and referral patterns
- Readiness/ability to assess discharge setting, and setting selection criteria
- Provider EHR capabilities to upload Functional Assessment and Risk score results in the EHR from all care sites, and track patients over the 90 day post-acute period

Phase 2: Implement acute and post acute care coordination system:

- Case Managers need to modify/develop policies and procedures
- Physician education on PAC placement and enforcement of physician accountability
- Train acute care staff to use Functional Assessment/RISK tools and predictive analytics
- Implement discharge planning process.
- Implement post-acute care team patient management and FA process.
- Meet with PAC providers and generate cooperative agreements.



Resources

Freed Associates

www.freedassociates.com

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Centers for Medicare and Medicaid Services

www.cms.gov

CMS Initiatives: Comprehensive Care for Joint Replacement (CCJR) Model

<https://innovation.cms.gov/initiatives/cjr>

CMS Medicare Value Based Programs

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html>

CMS Innovation Center-Innovation Models

<https://innovation.cms.gov/initiatives/index.html#views=models>

US Dept. of Health and Human Services (HHS)

<http://www.hhs.gov/>



Resources (cont.)

HHS News: HHS Secretary announces \$840 million initiative to improve patient care and lower costs

<http://www.hhs.gov/about/news/2014/10/23/hhs-secretary-announces-840-million-initiative-improve-patient-care-and-lower-costs.html>

Office of Inspector General HHS: Top Management and Performance Challenges

<http://oig.hhs.gov/reports-and-publications/top-challenges/2013/challenge01.asp>

AHRQ (Agency for Healthcare Research and Quality) “Use of interactive voice response systems by patients with chronic diseases can improve outcomes”

<http://archive.ahrq.gov/research/oct00/1000RA9.htm>

American Academy of Orthopedic Surgeons-Digital Fitness Device study

www.sciencedaily.com/releases/2016/03/160304091858.htm

Robert Wood Johnson Foundation: How does the quality of US healthcare compare internationally?

<http://www.rwjf.org/content/dam/web-assets/2009/08/how-does-the-quality-of-u-s--health-care-compare-internationally>

Managing the Transition to Value-Based Reimbursement: 8 Core Strategies to Mind the Gap

<http://www.beckershospitalreview.com/strategic-planning/managing-the-transition-to-value-based-reimbursement-8-core-strategies-to-mind-the-gap.html>



Questions