

April 21, 2016

Quality Measures – Move from gathering
and reporting to utilization that drives value

Agenda

- **Changing Reimbursement Landscape**
 - Medicare Financial Risk Models
 - MACRA Overview
 - MIPS Performance Categories
- **Coastal Carolina Health Care (CCHC)**
 - CCHC Overview
 - CCHC Quality Measure Journey
 - Strategies/Lessons Learned

Changing Reimbursement Landscape



Category 1
Fee-for-Service
No Link to Quality

Payments are based on volume of services and are not linked to quality or efficiency.



Category 2
Fee-for-Service
Link to Quality

At least a portion of payments vary based on the quality or efficiency of health care delivery.

- PQRS
- VBM
- Hospital Acquired Conditions
- Readmissions



Category 3
APMs Built on
Fee-for-Service Architecture

Some payment is linked to the effective management of a segment of the population or an episode of care.

- Bundled Payments
- Shared Savings
- ACOs
- At Risk Models
- Care Coordination Models



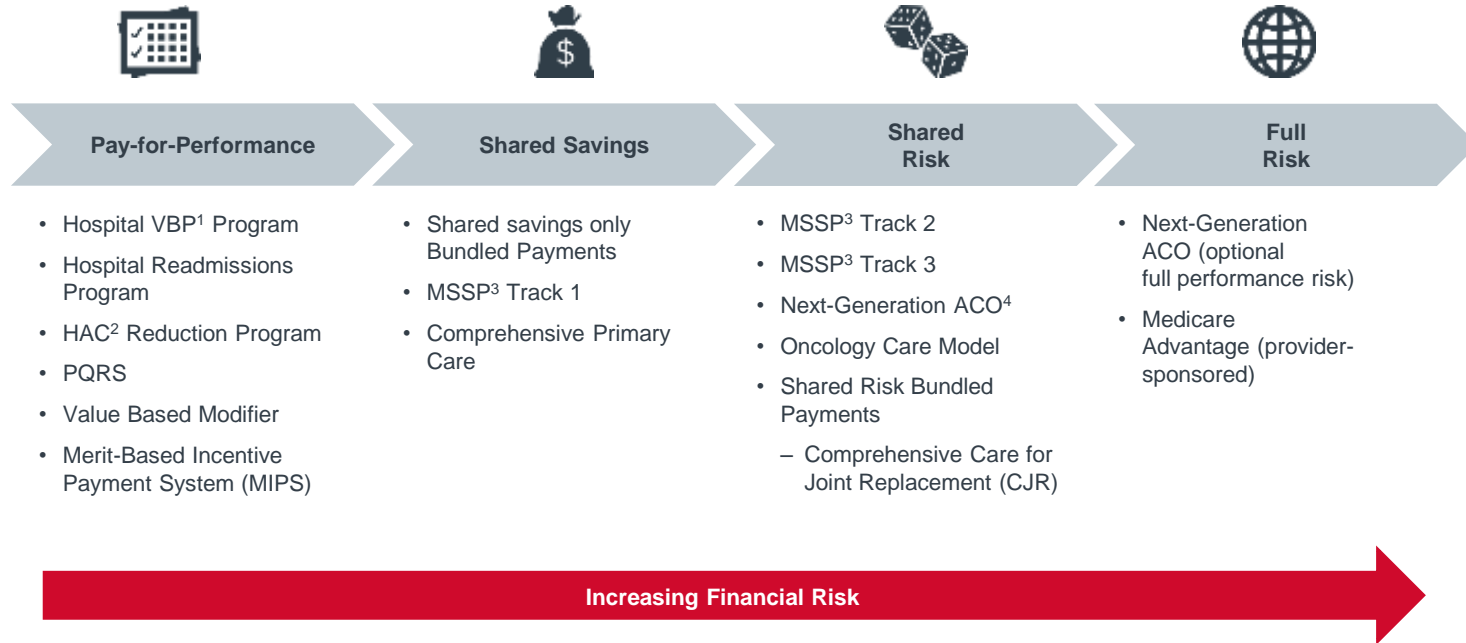
Category 4
Population-Based
Payment

Payment is not directly triggered by service delivery so volume is not linked to payment.

- Capitation



Continuum of Medicare Financial Risk Models



1) Value-Based Purchasing.
2) Hospital-Acquired Condition.
3) Medicare Shared Savings Program.
4) Accountable Care Organization.

MACRA creates two payment tracks

MACRA changes how providers are reimbursed by Medicare

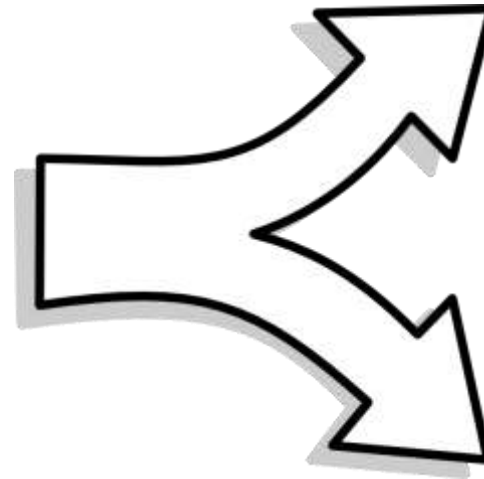
- 2019 Payment Year
- **2017 Performance Year**

Merit Based Incentive Payment System (MIPS)

- Composite score based on four categories
- Providers compared nationally, losers pay winners model

Alternative Payment Models (APMs)

- Must meet reimbursement thresholds by participating in eligible APMs



MIPS

APMs

MIPS Performance Categories

Clinical Improvement

- Care Coordination, Population Management, Patient Satisfaction, Patient Access

EHR Use (MU)

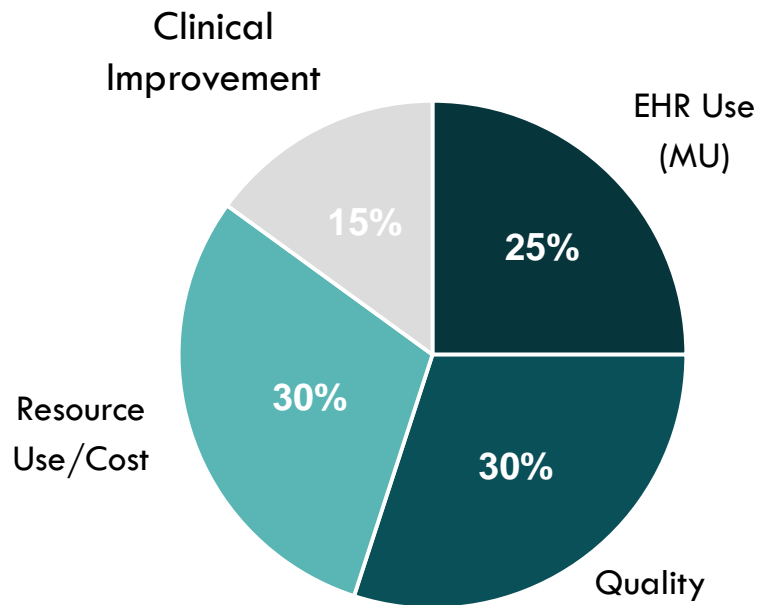
- Will become a composite score, will not be pass or fail
- Will align with MU3

Quality

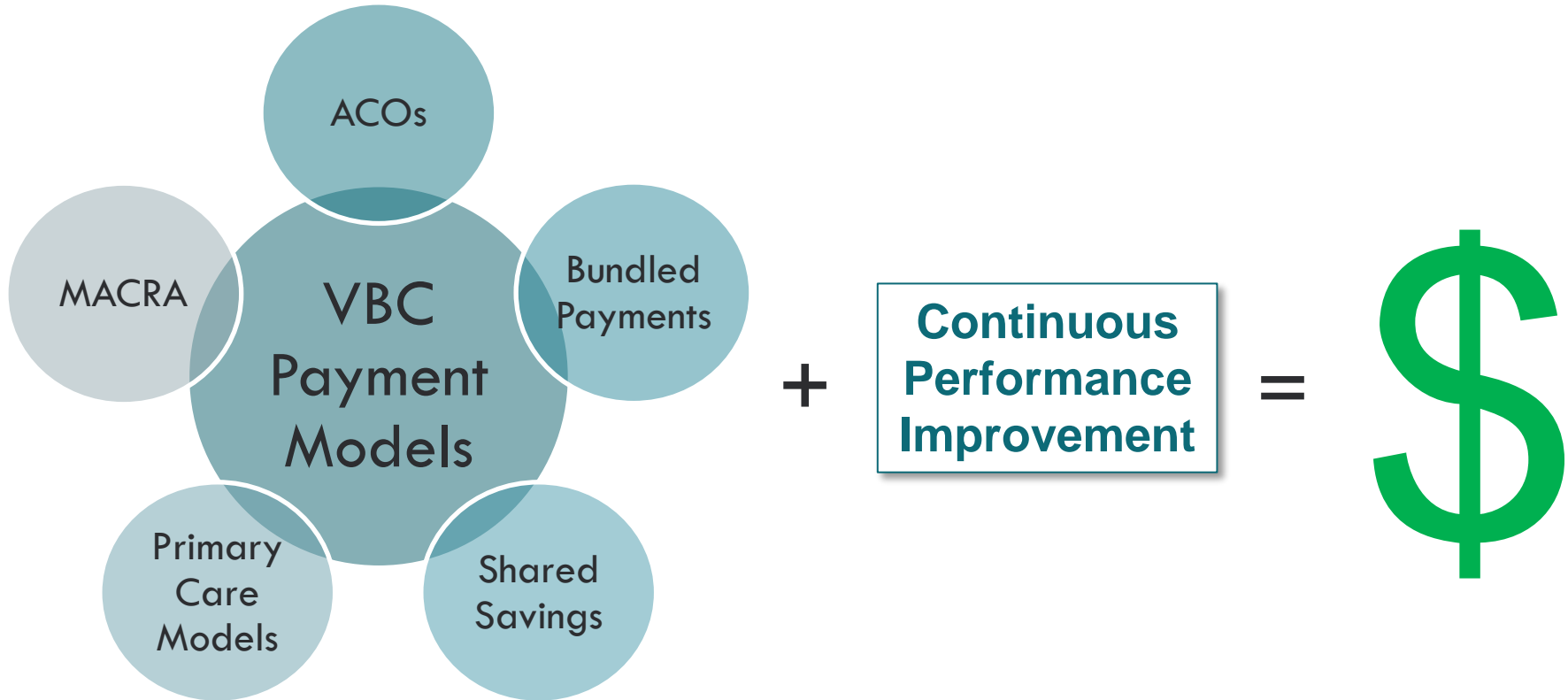
- Will leverage components of PQRS and VBM
- Will be extended across care continuum

Resource Use/Cost

- Managing utilization across care continuum



Performance Drives Revenue



Stephen Nuckolls



- CEO of Coastal Carolina Health Care, PA
- CEO of Coastal Carolina Quality Care, Inc (ACO)
- Chairman of the Board of the National Association of ACOs

Stephen Nuckolls

Coastal Carolina Health Care, PA

Coastal Carolina Health Care, PA (CCHC)

60+
Providers
(60%
PCP)

- Internal Medicine
- Family Practice
- Emergency Medicine
- Cardiology
- Hematology/Oncology
- Gastroenterology
- Neurology
- Pulmonary/CC
- Rheumatology
- Endocrinology

14 Clinic Locations

- Urgent Care
- Imaging Center
- Sleep Lab
- GI ASC

Single Enterprise-wide EHR

All Providers are Stage 2 Meaningful Users of EHR

Large Percentage of Medicare Patients with low MA Penetration.

CCHC ACO

- 100% Owned by Medical Practice
- Started in First Round - April 1, 2012
- 11,000 Attributed Beneficiaries
- \$100 Million Estimated Claims Budget
- Advanced Payment Model ACO

Select ACO Quality Measures

	CCHC	ACO	%	CCHC	ACO	%	CCHC	ACO	%
	2013	Mean	Rank	2014	Mean	Rank	2015	Mean	Rank
Mammography Screening	91.22	62.05	0%	89.46	61.41	1%	88.21	?	?
Colorectal Cancer Screening	88.94	59.3	0%	88.69	56.14	0%	87.66	?	?
Pneumococcal Vaccination	88.58	54.76	4%	88.47	55.03	2%	89.77	?	?
% of diabetic Pts whose HbA1c > 9	11.03	22.11	8%	8.44	20.35	3%	8.10	?	?
Hypertension	69.22	67.79	45%	72.62	68.02	27%	74.02	?	?

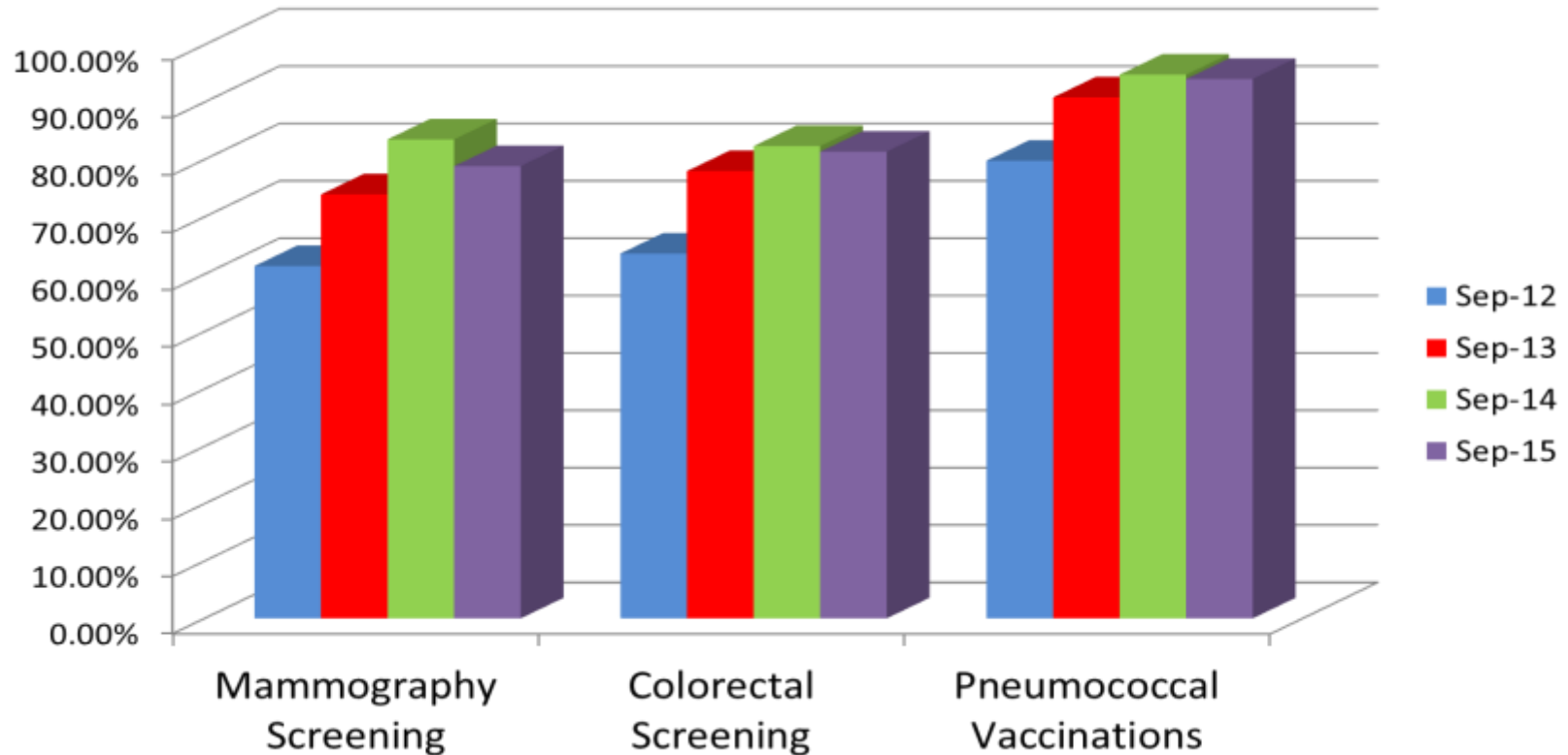
Notes:

(1) 2013 Data Source: <https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care->

(1) 2014 Data Source: <https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care->

(2) 2015 Data Source: <https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care->

All Patient Measure Tracking



Sample Report - Diabetic Panel

	Diabetic 18-75				% A1c over 9.0				% No A1c			
	Feb-16	Feb-15	Feb-14	Feb-13	Feb-16	Feb-15	Feb-14	Feb-13	Feb-16	Feb-15	Feb-14	Feb-13
Provider A	161	166	171	161	4.35%	4.82%	7.60 %	7.45 %	0.00%	0.00%	0.00%	0.62%
Provider B	131	138	142	146	9.16%	8.70%	13.38 %	10.96 %	0.00%	0.72%	0.00%	0.68%
Provider C	93	94	87	91	3.23%	6.38%	4.60 %	9.89 %	1.06%	2.13%	0.00%	1.10%
PCP 1 Total	386	398	416	468	5.70%	6.50%	8.89 %	8.76 %	0.25%	0.75%	0.00%	0.64%
Provider D	29	154	30	39	3.45%	7.14%	.00 %	.00 %	0.00%	0.00%	0.00%	0.00%
Provider E	112	21	124	133	11.61%	0.00%	12.10 %	9.77 %	0.00%	0.00%	0.00%	0.75%
Provider F	186	121	176	128	5.38%	12.40%	6.25 %	3.91 %	2.62%	0.00%	5.68%	7.81%
Provider G	151	191	165	156	6.62%	4.19%	7.27 %	7.69 %	0.00%	3.14%	0.61%	1.28%
Provider H	161	173	169	177	3.73%	4.05%	4.73 %	5.08 %	0.00%	0.00%	0.00%	0.00%
Provider I	139	136	130	120	5.76%	4.41%	8.46 %	5.00 %	3.68%	4.41%	4.62%	4.17%
PCP 2 Total	778	796	794	753	6.17%	5.90%	7.18 %	5.98 %	1.26%	1.51%	2.14%	2.39%
Provider J	45	47	43	31	6.67%	6.38%	13.95 %	19.35 %	0.00%	0.00%	0.00%	3.23%
Provider K	243	285	286	311	5.35%	6.67%	10.14 %	13.83 %	0.35%	0.70%	2.45%	6.75%
Provider L	301	322	341	370	4.32%	9.32%	8.80 %	13.24 %	0.00%	0.00%	0.59%	2.70%
Provider M	159	160	144	140	4.40%	7.86%	14.58 %	12.86 %	0.00%	0.00%	0.69%	3.57%
Provider N	302	140	336	343	5.63%	6.02%	7.44 %	11.37 %	0.00%	0.00%	0.60%	4.37%
Provider O	227	332	266	262	10.53%	6.61%	8.27 %	9.54 %	0.38%	0.41%	0.75%	5.73%
Provider P	170	242	176	184	4.71%	1.88%	3.98 %	13.04 %	0.00%	0.00%	0.00%	5.43%
PCP 3 Total	1,447	1,528	1,592	1,641	5.51%	6.97%	8.79 %	12.43 %	0.37%	0.51%	0.88%	4.69%
Provider Q	171	10	133	67	7.60%	0.00%	2.26 %	4.48 %	2.54%	2.67%	3.01%	8.96%
Provider R	323	327	308	296	4.64%	9.79%	10.71 %	9.46 %	2.45%	2.75%	2.60%	3.38%
Provider S	219	221	194	193	2.74%	5.43%	4.12 %	7.77 %	1.36%	1.81%	1.55%	3.63%
Provider T	203	183	143	142	9.85%	8.74%	11.89 %	11.97 %	1.08%	1.64%	2.80%	4.93%
Provider U	102	103	107	106	4.90%	9.71%	11.21 %	9.43 %	0.00%	0.00%	0.00%	1.89%
PCP 4 Total	1,018	994	885	909	5.80%	8.35%	8.25 %	9.57 %	1.81%	2.31%	2.15%	4.62%
Provider V	115	124	126	132	5.22%	7.26%	11.90 %	9.09 %	2.42%	3.23%	2.38%	4.55%
Provider W	256	261	255	250	10.55%	12.64%	14.90 %	19.60 %	0.38%	0.77%	1.96%	2.00%
PCP 5 Total	371	385	381	382	8.89%	10.91%	13.91 %	15.97 %	1.04%	1.56%	2.10%	2.88%
CCHC Total	4,261	4,103	4,038	4,009	6.31%	7.39%	8.85 %	10.55%	1.48%	1.87%	1.52%	3.64%

Strategies/Lessons Learned

Create the Business Case

- ACO/VBPM/MIPS/Stars

Establish Governance Framework

- Board of Directors
- Quality Committee
- Departmental Clinical Quality Champions

Select Measures

- ACO Measures (34 to Chose From)
- Other Measures
 - Annual Wellness Visits
 - Transitions of Care
 - Hepatitis C Screening
 - Controlled Substances

Provide Critical Tools and Support to Providers and Care Teams

- Technology
 - Easy to Use
 - Single System
- Process support
 - Thematic Overlay
 - Tactical “quality team”
 - On-call and Onsite support
- Staffing
 - Scribes
 - Care Coordinators
- Reports

Integration with EHR

The screenshot shows a patient record interface for Carrie A. Test. The interface includes a navigation sidebar on the left with options like Schedule, Chart, Tasks, UserMgmt, Site, Flowsheets, MD Charges, Referral Network, and CQS Dashboard (highlighted with a red box). The main content area displays patient information such as MRN (2044069), DOB (08/06/2010), and contact numbers. It also shows insurance details (PALMETTO GBA MCARE), allergies (Yes), and a pain medication contract warning: "PAIN MED CONTRACT; No Rx for Schedule II, III or benzodiazepines". The interface features various tabs for clinical data and a toolbar with icons for refresh, search, and expand.

Provider ▼ Hide VTB

Chart Daily Provider Schedules Appointments Clinical Desktop Note Patient Lists

Schedule
Chart
Tasks
UserMgmt
Site
Flowsheets
MD Charges
Referral Network
CQS Dashboard

TEST, CARRIE A MRN: 2044069 DOB: 08/06/2010 H Phone: (252)514-2061 Directives: Signed PCP:
Pri Ins: PALMETTO GBA MCARE Age: 2 Years W Phone: (252)514-2061 FYI: FYI Other: ACO Care Mgt Pt
Other2: SELF PAY Sex: F Allergies: Yes SSN: 240-98-5215 Dash: Open

Select Patient ▼ i ⚠

CCHC View

Commit Pat Loc Status

PAIN MED CONTRACT; No Rx for Schedule II, III or benzodiazepines

Chart Viewer Meds Orders Problem Vitals Allergies Labs Imaging Reminders Health Management Plan

All by Section by Sub-Section None Refresh View Expand Task

Daily Schedule

Dashboard Quality Welcome, mdrra About Close

Provider
Raquino, Rachel

Schedule

Patient Search

Dashboard

Reporting

Links

6/5/2013

Start Time	End Time	Patient	Measures	Alerts	View	Chart
8:30 AM	8:45 AM	Stokes, Pamela	18	7		
9:00 AM	9:15 AM	Sparks, Brooke	6	2		
9:30 AM	9:45 AM	Ecker, Crystal	6	2		
10:00 AM	10:15 AM	O'Neil, Sarah	7	4		
10:15 AM	10:30 AM	Sanchez, David	7	1		
10:30 AM	10:45 AM	Taylor, Samuel	6	0		
11:00 AM	11:15 AM	Smith, Edwin	19	10		
11:15 AM	11:30 AM	Nieves, Raymond	20	8		
11:30 AM	11:45 AM	Phillips, Maria	11	5		
12:00 PM	12:15 PM	Whiting, Kathleen	18	5		
12:30 PM	12:45 PM	Keegan, Amanda	10	6		

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Patient Specific Dashboard

- ▶ Care Actions
- ▶ Health Goals
- ▶ Populations

- ✓ Good
- ⚠ Warning
- ⊖ Attention Needed
- Missing Data
- 🚫 Exclusion
- 🔄 In Progress

☰ **Care Actions** Sort by: Importance ▾ ▲ ▼

✓	Cardio	Antithrombotic therapy current	Clopidogrel Bisulfate, 12/18/2009	🔍
✓	Prev	CRC screening up-to-date	02/20/2013	🔍
✓	Prev	Flu immunization given within current flu season	01/04/2013	🔍
✓	Prev	Lipid panel up-to-date	09/21/2012	🔍

☰ **Health Goals** Sort by: Importance ▾ ▲ ▼

○	Prev	Tobacco use assessment too old	05/26/2010	🔍
⚠	Prev	BP: S ≥ 120 and < 140 and/or D ≥ 80 and < 90	124 / 60 mmHg, 1/4/2013	🔍
✓	Prev	BMI healthy weight	21.95 kg/m2, 1/4/2013	🔍
✓	Prev	LDL is < 100	93 mg/dL, 9/21/2012	🔍

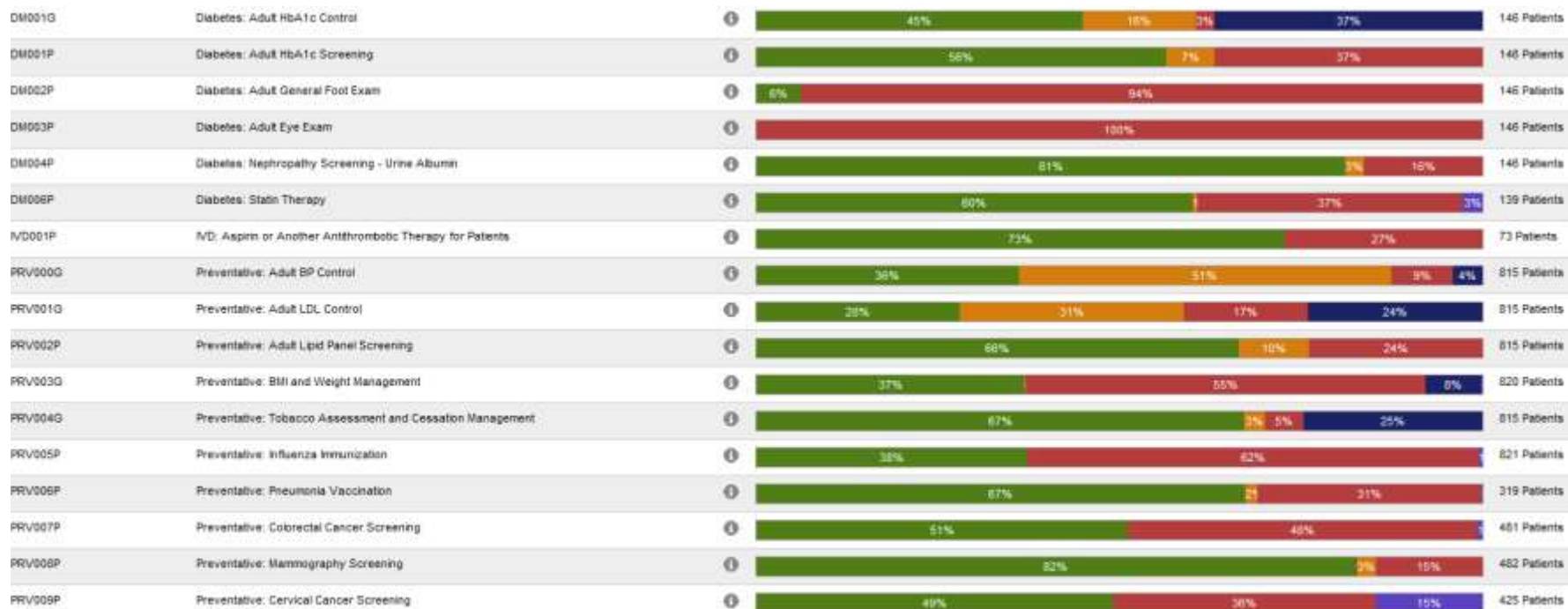
☰ **Populations** ▲ ▼

📁	*Coronary Artery Disease*
📁	*Hypertension*
📁	*Ischemic Vascular Disease*

Print

Close

Provider Specific Dashboard



Provider Dashboard-Measure Drill Down

Drill Down

PHM Chronic Care and Prevention - DM001G - Diabetes: Adult HbA1c Control

Diabetes patients 18 years and older with current HbA1c less than 7%

75.0%  HbA1c < 7
 8.3%  HbA1c ≥ 7 and < 9
 8.3%  HbA1c ≥ 9
 8.3%  No current HbA1c
 0.0%  Exclusion

Filter     

12 Results

Patient	Birth Date	Status	Last HbA1c		
 Brown, Steve	01/03/1946	HbA1c < 7	6.7 %		
 Cook, Allison	03/16/1942	HbA1c < 7	5.8 %		
 Diaz, James	11/27/1970	HbA1c < 7	5.4 %		
 McDonald, Bret	03/09/1944	HbA1c ≥ 7 and < 9	8 %		
 Miller, Timothy	12/01/1949	HbA1c < 7	6.1 %		
 Nieves, Raymond	03/16/1939	HbA1c < 7	6.2 %		
 Sanchez, Leanna	07/22/1973	HbA1c < 7	5.8 %		
 Smith, Edwin	06/12/1957	HbA1c < 7	6.2 %		
 Snyder, Jimmy	01/24/1968	HbA1c too old	5 %		
 Stokes, Pamela	01/13/1941	HbA1c ≥ 9	10.2 %		
 Ward, George	11/10/1953	HbA1c < 7	5.8 %		
 Whiting, Kathleen	07/02/1938	HbA1c < 7	6.2 %		

Strategies/Lessons Learned

Transparency drives improvement

- Data shared across the organization
- Post provider dashboards to foster competition

Success takes more than just the physicians

- Entire medical group needs to be educated and bought in
- Physicians do not have the time to do it all
 - Elevate clinical staff
 - Establish Standing Orders
 - Include the entire office

Involve patients in the process

- Make it part of the conversation
- Share their quality and gap data with them, drive personal goals and accountability
- Show them the importance by following up with them

Questions?

Discussion

Thank You