

# Hospital Global Budgets – A Primer

**DRCHSD Hospital/Clinic  
Learning Collaborative**

**March 9, 2020**



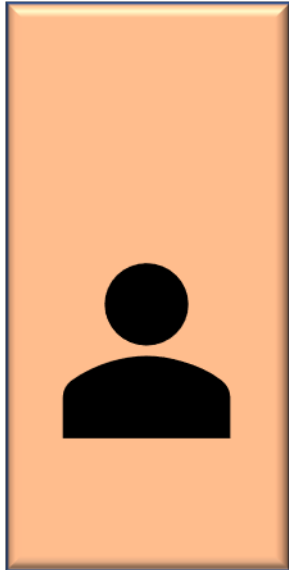
**NATIONAL  
RURAL HEALTH  
RESOURCE CENTER**



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# Triple Aim



**Better  
patient care**



**Improved  
community  
health**



**Smarter  
spending**



# Financing Systems

Global Budget

Shared Savings

Capitation

Fee-for-Service

Cost-Based Reimbursement

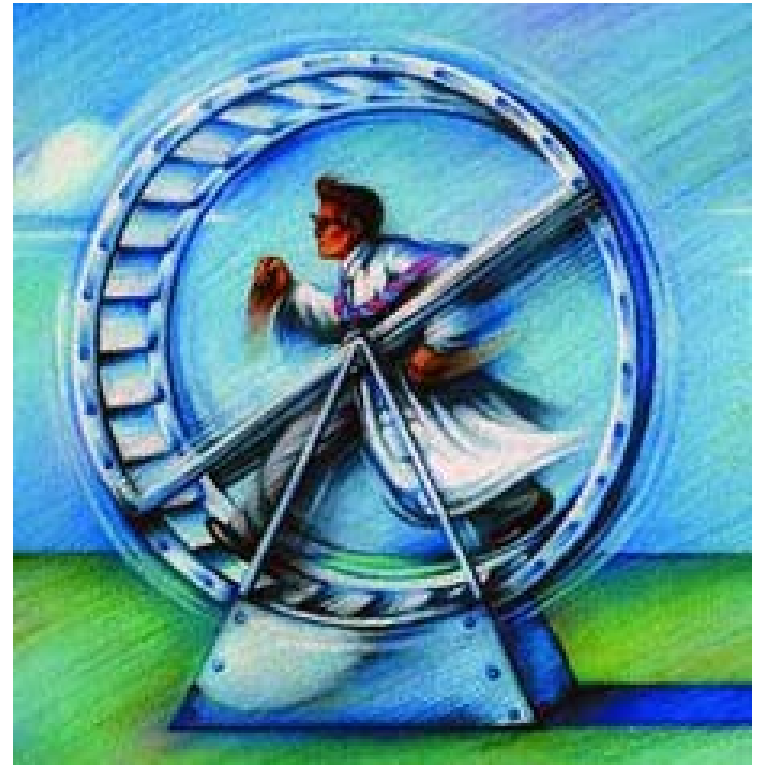
Bundled Payment

Prospective Payment System



# Our Roots: *Fee-for-Service*

- Payment for each unit of service
- Cost-based reimbursement and prospective payment are fee-for-service systems
- Widget production example
- Rewards industriousness and efficiency
- Volume is king, not care



# Global Budget Definition

- Single unchanging payment per fixed time period
- Per person (capitation)
- Health club example
- Rewards health maintenance and efficiency

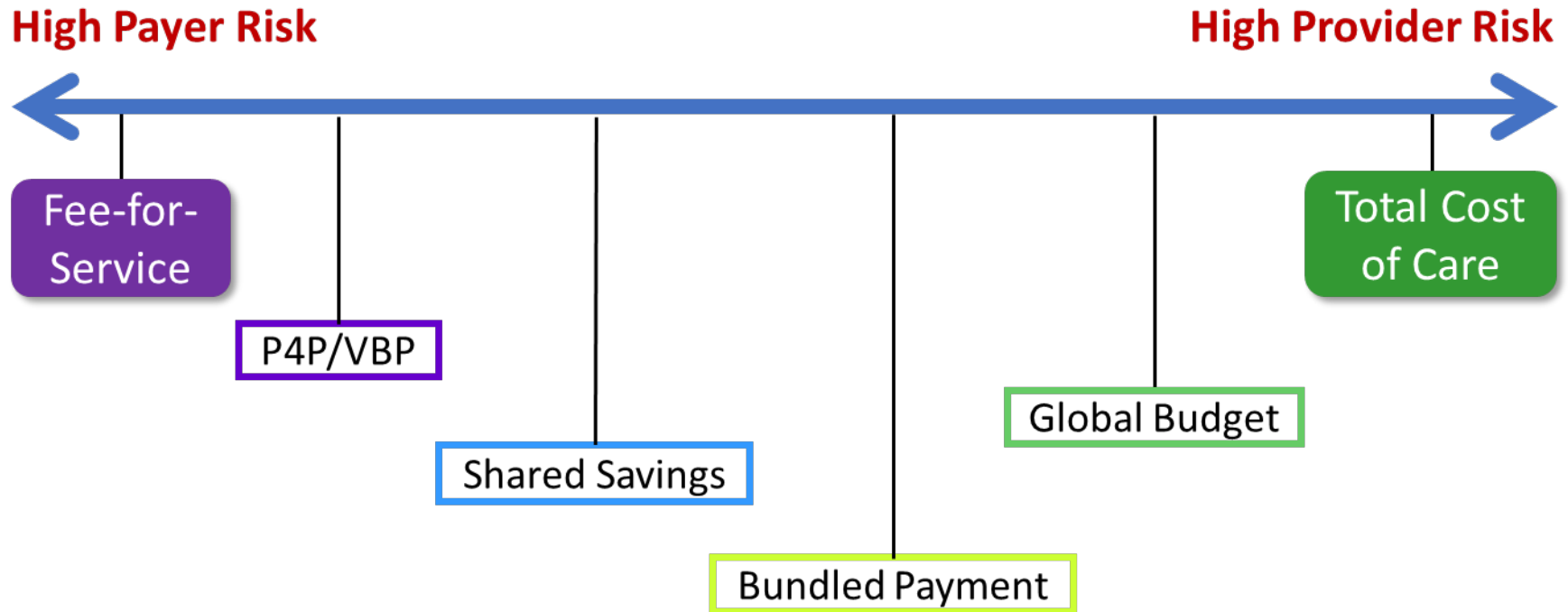


# Form Follows Finance

- *How we deliver care depends on how we are paid for care*
- Healthcare reform is changing both payment and delivery
- Fundamentally, payment reform involves **transfer of financial risk** from payers to providers



# Financial Risk Continuum





# A Bit of Accounting





# What are *Costs*?

- Whose costs?
  - Patient and/or family (insurance premium or out-of-pocket)
  - Taxpayer (government programs)
  - Private insurer (really the insuree)
  - Provider (e.g., doctors and hospitals)
  - Society (“total cost of care”)
- What kind of costs?
  - **Fixed costs** – constant regardless of volume
  - **Variable costs** – change proportionally with volume
- Taxi example



# Fixed and Variable Taxi Costs

## TAXI FINANCES

### INCOME

Fares \$ 40,000

Tips \$ 10,000

\$ 50,000

### EXPENSES

Lease \$ 4,000

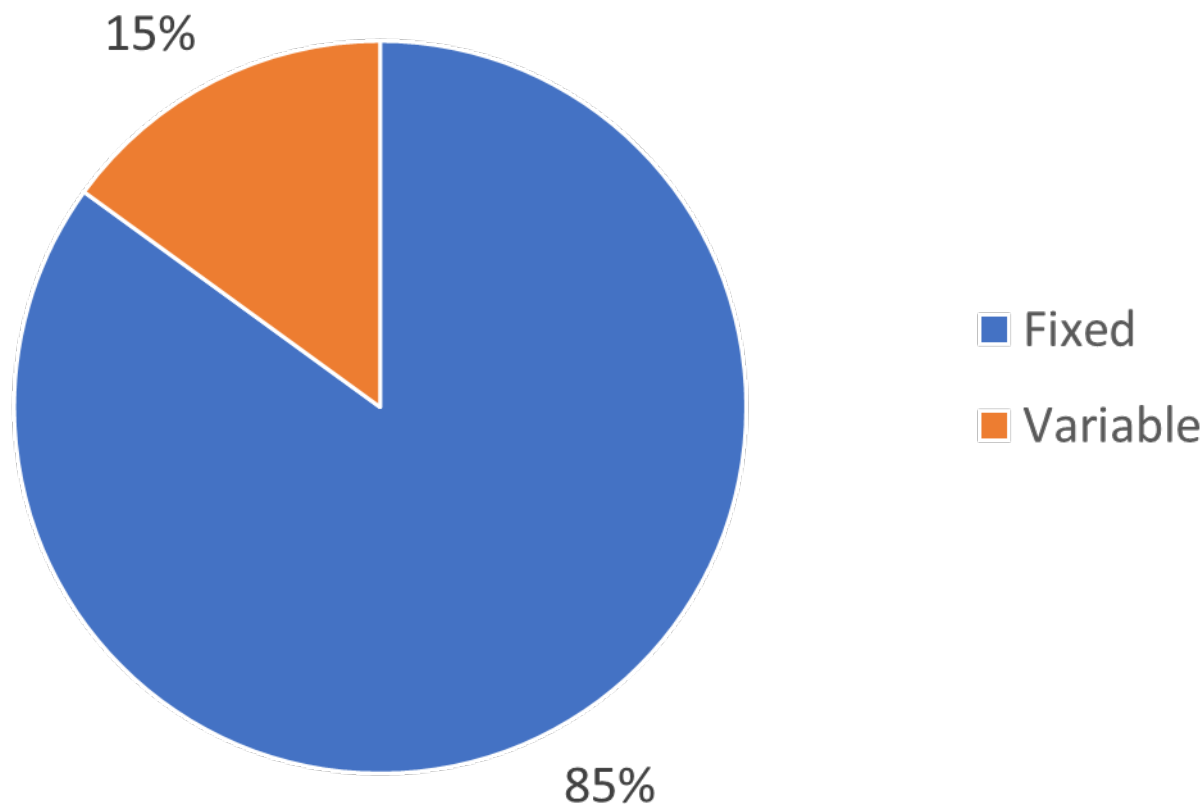
Fuel \$ 6,000

\$ 10,000

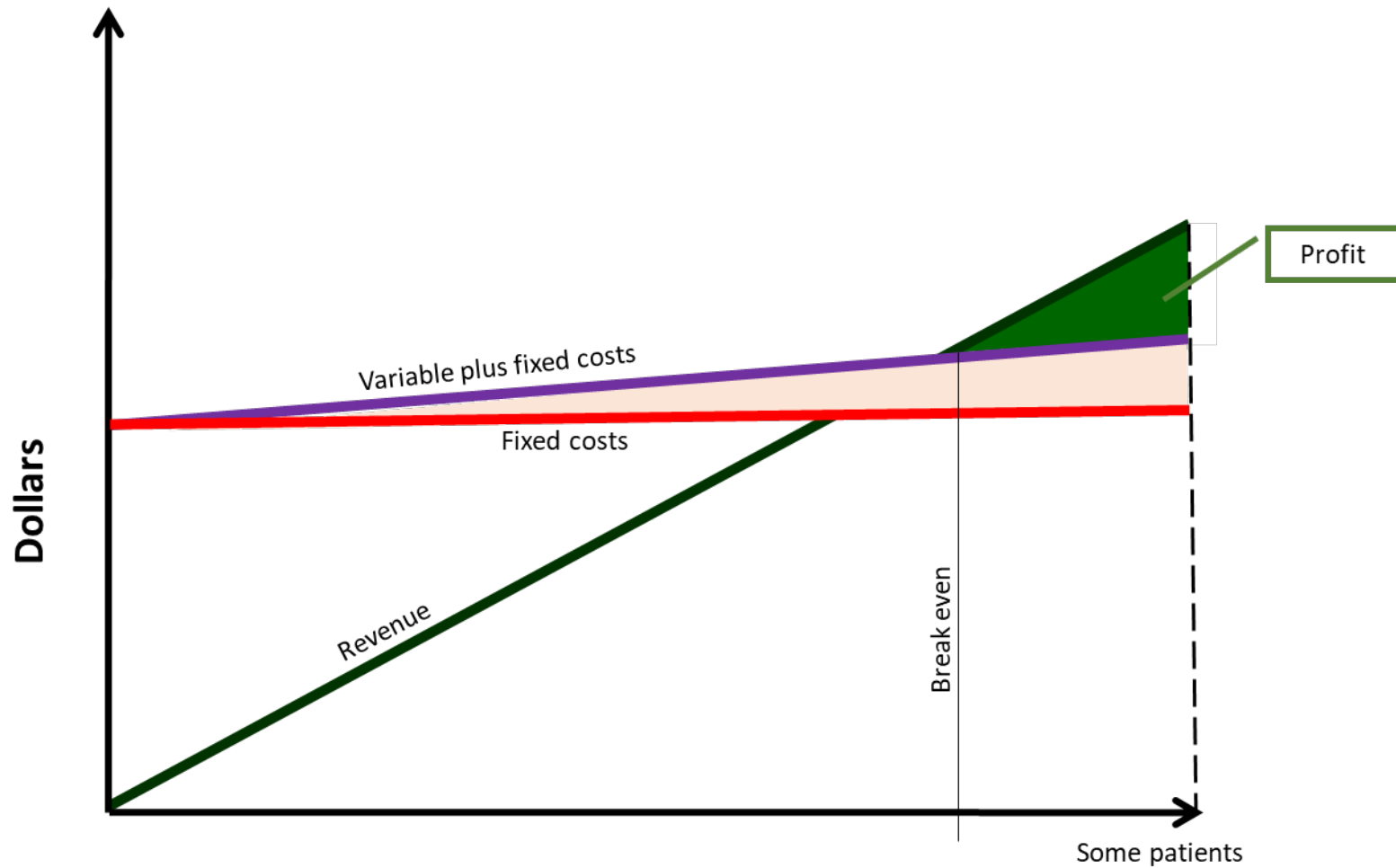
PROFIT \$ 40,000



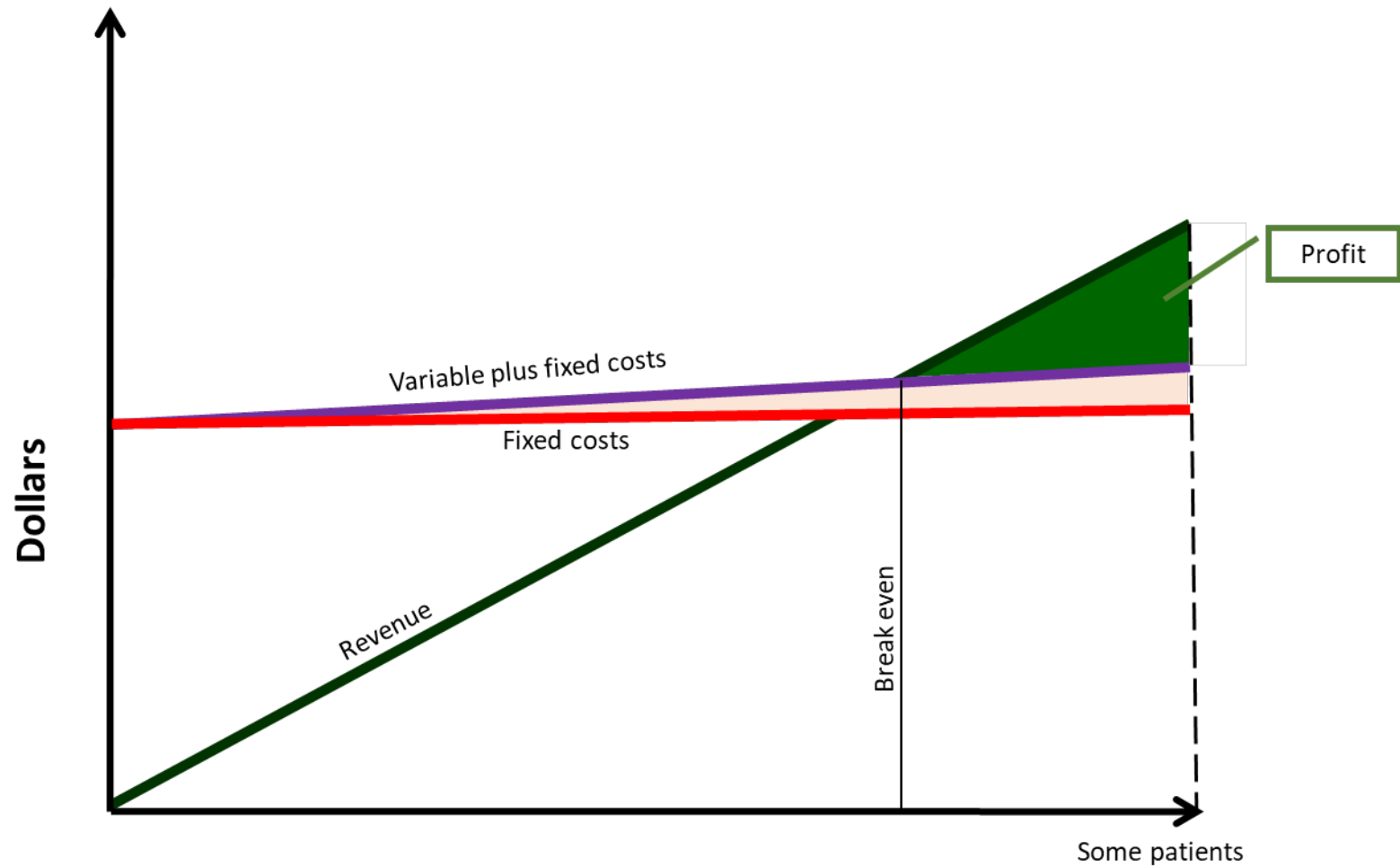
# Rural Hospital Fixed/Variable Cost Ratio

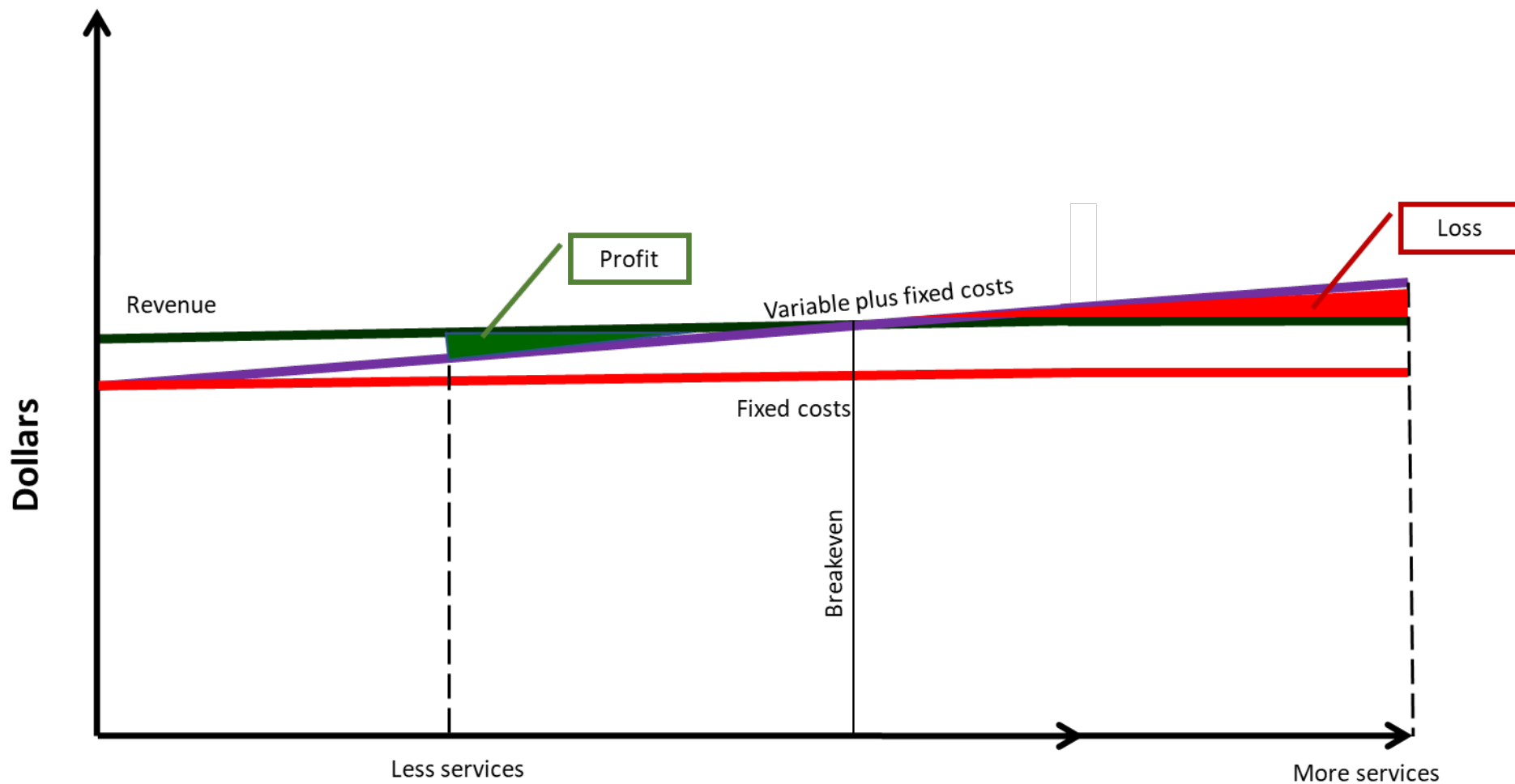


# Baseline Fee-for-Service



# Reduce Variable Costs







# Financial Management Differences – Let's Review

- **How do you make a profit?**

- Nonprofit organizations still must be profitable.
- Set aside for a moment the fundamental obligation (“duty”) to serve the organization mission.

1. Fee-for-service, including

- Cost-based reimbursement
- Prospective payment system

2. Capitation

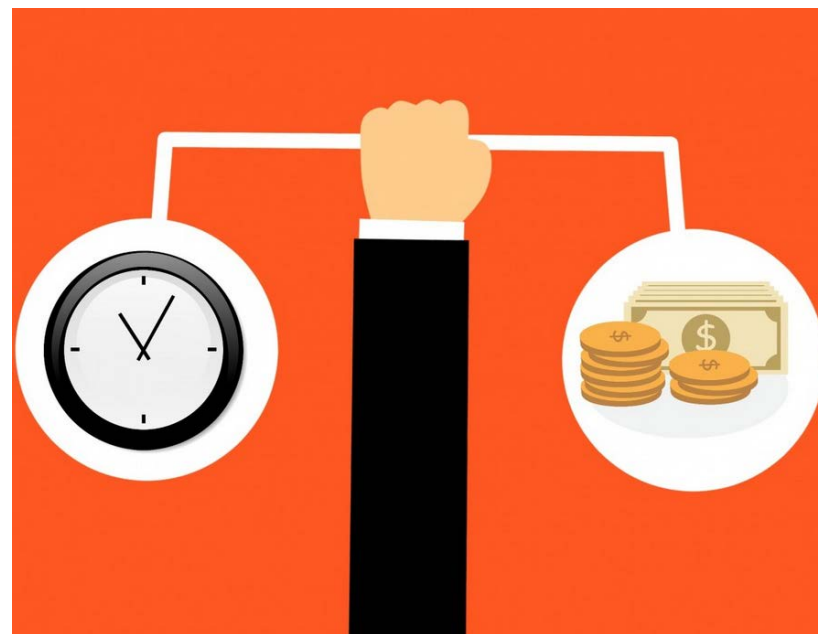
3. Global budget



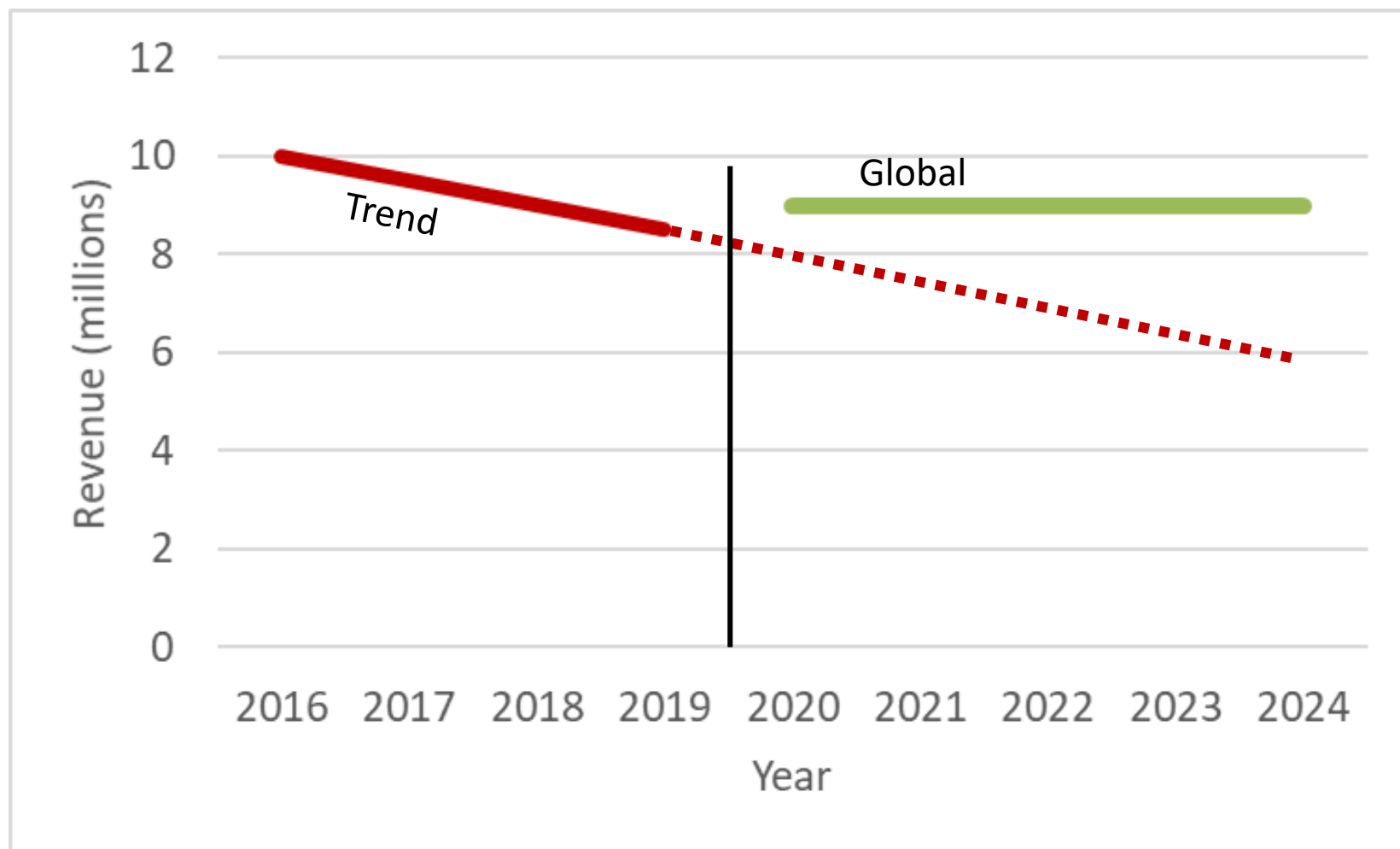
# Global Budget Financial Management Strategies

Three roads to **profitability**  
(profit = revenue – costs)

1. Cost reduction through decreased utilization
  - Potentially avoidable utilization reduction
  - Fixed/variable cost ratio makes this challenging!
2. Operational efficiency; e.g., Lean processes
3. Revenue maintenance despite negative trends



# Historic Trend versus Global Budget





# Overview

Maryland	Oregon	Pennsylvania	Vermont
<b>Maryland Total Cost of Care Model</b> (CMMI demonstration)  Builds upon Maryland's all-payer model  Creates financial incentives for care coordination	<b>Coordinated care organizations</b> (CCOs)  Partnerships of providers, community members, and payers  Accepts upside and downside risk	<b>Pennsylvania Rural Health Model</b> (CMMI demonstration)  Global budget for hospital in and outpatient services  Redesign care to meet the needs of local communities	<b>Vermont All-Payer ACO Model</b> (CMMI demonstration)  Considered Next Generation ACO participants  Payers incentivize value and quality

# Checks and Balances on a Global Budget Model

## Unintended

- Referrals out
- Reduced access
- Care withholding
- Poor experience

## Strategies

- Traditional quality, health, and experience metrics
- Bonuses/penalties
- Market share analysis
- Under development!





# Why Agree to a Global Budget

- Financial “breathing room”
- Appropriate if:
  - Downward trending patient revenue
  - Few patients in the service area
  - Financially distressed hospital
- Likely *not* appropriate for hospitals with upward revenue trend
  - Requires candid pro forma regarding price trends and volume predictions



# Hospital Risks under Global Budget

- Risk of *increased* volume/costs
- Global budget locks in historic revenue, but risks remain:
  - Reducing costs remains difficult
  - Future budget adjustments unknown
  - May not increase revenue enough for hospital survival
- Still requires coded claims for risk-adjustment, co-pays, and quality assessment
- Note: many rural hospitals are *already at financial risk*

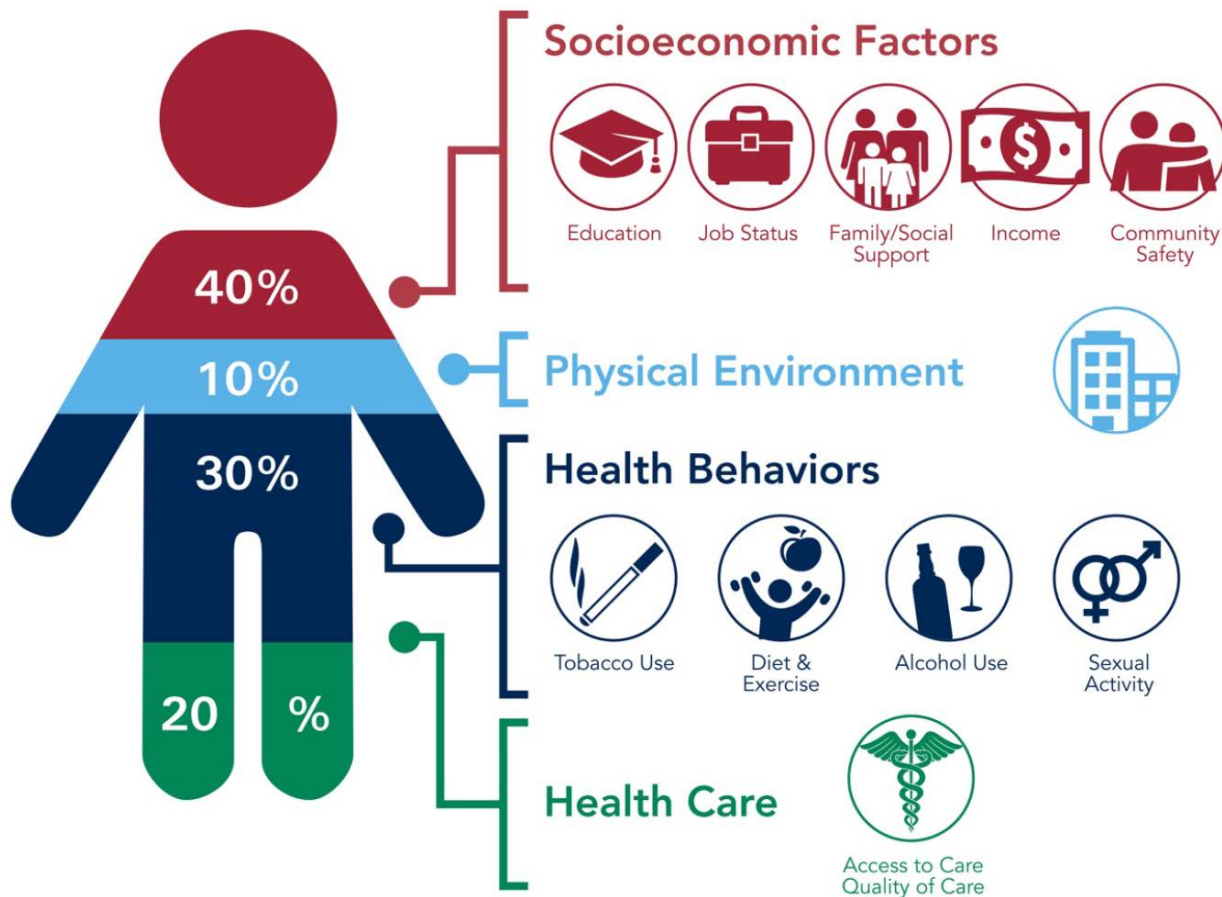


# Potential of Global Budget beyond Finances

- An exciting managerial challenge
- An innovation opportunity
- Getting paid for community and population health care
- **Allows Mission focus!**
  - A duty of nonprofit boards and leadership
  - Balanced with the duty to future financial viability



# Health Is More Than Healthcare



Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems. 2014 Graphic designed by ProMedica.

# Social Determinants of Health




# Social Needs of Patients

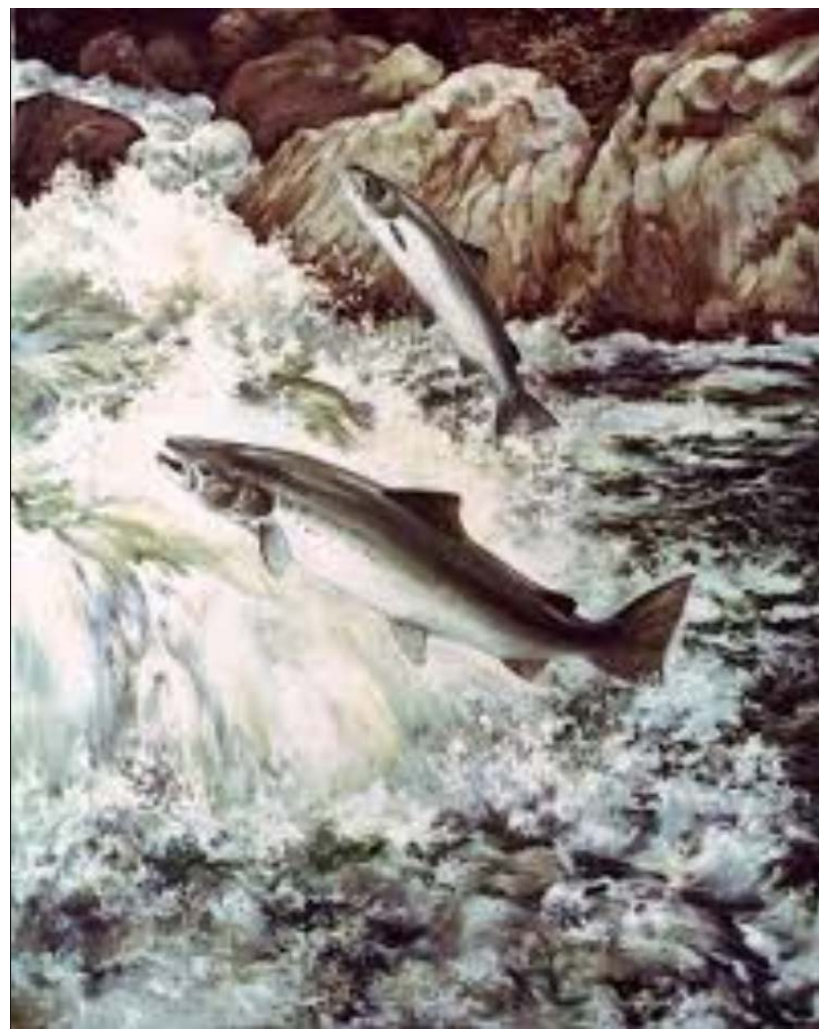
- Community connections to address, for example:
  - Poor nutrition
  - Inactivity
  - Mental illness
  - Substance abuse
  - Unsafe housing
  - Isolation
  - Care fragmentation
- New payment models *may* allow attention to social needs that impact health





# Going *Upstream* for Health

- Beyond medical care
- Hospital as the community locus for *health*
- Redefining the 
- But is this our job?
- It is if we are paid to improve health not just deliver medical care!



# The Hospital's Future Role

- Responsibility for *health*
- Not just health *care*
- ProMedica – “Our mission is to improve your health and well-being.”
- Mt. Sinai Hospital – “When our beds are filled, it means we have failed.”



# Healthy Communities



# Collaborations to Spread Innovation

- ✓ Rural Health Value Project  
<https://ruralhealthvalue.org>
- ✓ Rural Policy Research Institute  
<https://www.rupri.org>
- ✓ The National Rural Health Resource Center  
<https://www.ruralcenter.org/>
- ✓ The Rural Health Information Hub  
<https://www.ruralhealthinfo.org/>
- ✓ The National Rural Health Association  
<https://www.ruralhealthweb.org/>
- ✓ The American Hospital Association  
<https://www.aha.org/front>

