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Flex Coordinator
Learning Collaborative
Week 3

Success In Healthcare Transformation

Delivery Reform for Payment Reform: Practice Transformation

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The Center's Purpose

The National Rural Health Resource Center
(The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce

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Webinar Series

1. Healthcare Transformation: Understanding Payment and Delivery Reform

2. Success in Transformation: How Population Health can grow Primary Care (the leader of healthcare transformation).

3. Delivery Reform for Payment Reform: Practice Transformation

4. How to demonstrate Value: Hierarchal Condition Category Coding

5. Return on Investment to Value Based Care

6. The Big Picture-RESULTS MATTER

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Context

- Building on the first two webinars: CMS has a compelling reason to transform from volume to value.
- The first step can be growing Primary Care with Population Health.
- What are the steps to shifting Cost, Quality and Total patient spend?

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Updated Homework

The intention of this exercise is to help create a dialogue with your hospitals and clinics regarding Transformation in payment and delivery reform. Because we focus on Primary Care as the first step in population health, these questions apply to primary care practices. Most likely the CEO, CFO, Quality improvement and practice managers will know the answer.

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Homework Questions

1. Reach out to some (5-10) of your hospitals/clinics. Ask if they are participating in value based contracts or programs.
   a. Value based programs could be
      i. With Medicare it could be the MIPS (Merit-based Incentive Payments) or APMs (Alternative Payment Model) like ACOs (Accountable Care Organizations) or CPC+ (Comprehensive Primary Care plus) .
      ii. With commercial payors it could be special payments for reporting specific quality measures.
2. Ask how many Medicare patients they have in the practice. Not just seen in the last year, but in the system as active patients.
3. Ask how many Medicare Annual Wellness Visits were performed. Be sure make the difference between Annual Physical Exam and Annual Wellness visit.
4. Ask if they are using for Hierarchal Condition Category Codes.

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What are we trying to accomplish

The “Triple Aim”

Better Health

Better Care

Lower Cost

Measured as the total spend on the Medicare population

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Quadruple AIM

- **Delivery Reform**
- Reduced provider/staff burnout
- Clinicians working at the top of their license

- **Delivery Reform**
- Processes for prevention and wellness
- Coordination of care across the delivery continuum

Provider Satisfaction

Better Care

Better Health

Lower Cost

- **Outcome/Result**
- Better access to primary care
- Reduced preventable admissions and duplication of services

- **Payment Reform**
- Lowering total patient spend
- Payments for care coordination, Prevention, wellness services

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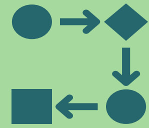
Population Health Program Strategies



Workflow and Process

Prevention and Wellness

Coding, Documentation and Reporting

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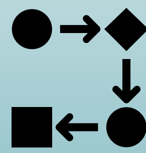

Workflow and Process

Change practice workflow to support the quadruple aim

- ✓ Modify workflow to address care gaps
- ✓ Use data to inform the process and continuously improve
- ✓ Implement necessary IT infrastructure
- ✓ Identify patients who are at risk
- ✓ Pre-visit planning
- ✓ Build a primary care relationship with patients

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Workflow Changes

- Use to data to manage patients
- Pre-visit outreach
- Patients seeing the nurse only
- Rooming a patient that is seeing only the nurse
- Hand off from nurse to doctor
- Role of care coordinator? Also AWVs?
- New type of work for nurse
- Physician nurse huddles
- Care plans—documentation and sharing

Prevention and Wellness

Provide prevention and wellness services

- Annual Wellness Visits
  - ✓ Gather as much information as you can
  - ✓ Include other billable services such as advance care planning,
  - ✓ Refer appropriate follow up services, including care coordination
- Care Coordination
  - ✓ Set up the billable care coordination service
  - ✓ Train, mentor, and deploy Care Coordination Nurses
- Use Nurses to extend the services and care

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Population Health Revenue Opportunities

- Initial Preventative Physical Exam
- Annual Wellness Visit, Initial
- Annual Wellness Visit, Subsequent
- Advanced Care Planning
- Chronic Care Management
- Transitions of Care Management
- Integrated Behavioral Health
- Remote Patient Monitoring
- Diabetes Self Management Education
- Telehealth Originating Site Facility

- Preventive Health Screening
  - Depression Screening
  - Alcohol and Drug Screening
  - Alcohol/Substance abuse Assessment and Intervention
  - BMI above Normal
  - Behavioral Therapy for Obesity
  - Tobacco Use Counseling
  - Diabetes Self Management Training

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Coding, Documentation and Reporting

- Code claims properly
  - Any condition is not carried forward from year to year by a payor so each must be documented at least once annually
  - Code with Hierarchal Condition Category Code to demonstrate the severity of the disease state
- Document in the right place
  - Documentation in custom forms in EMRs don't always translate to custom reports
- Be prepared to report quality information
  - Quality payments are tied to identified actions connected to quality measures. If the actions don't show up in the reports you may have to report manually until you can coordinate your documentation with your reporting

Transformation

Traditional Healthcare		*Population Health*
Curing Disease	Purpose	Keeping people healthy
Diagnosis, treatment and cure. Volume of services	Values	Prevention and wellness. Quality, Cost-effective services
Fee for Services	Methods	Value based payments
Doctor is center of authority	Assumptions	Doctor is center of care team

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Questions?

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