



Managing Upside/Downside Risk with Your Post-Acute Network

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Presented by: Phyllis Wojtusik, EVP, Real Time Medical Systems



Housekeeping



- Speakers will present for approximately 45 minutes
- Q&A will take the remainder of time
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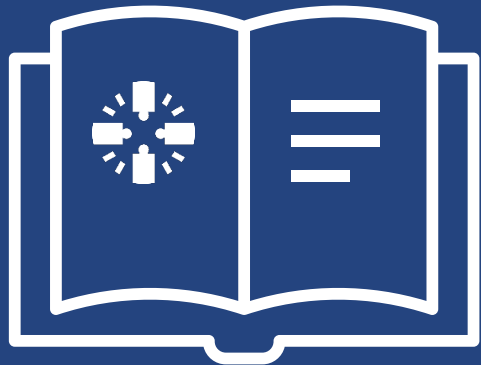
Today's Speaker



Phyllis Wojtusik, RN

*Executive Vice President, Health System Solutions
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With over thirty-five years of health care experience in acute care, ambulatory care, and post-acute care, Phyllis has led the development of a preferred provider SNF network for PENN Medicine Lancaster General Health. In this network she developed and implemented strategies that reduced total cost of care and readmissions while improving quality measures and patient outcomes.

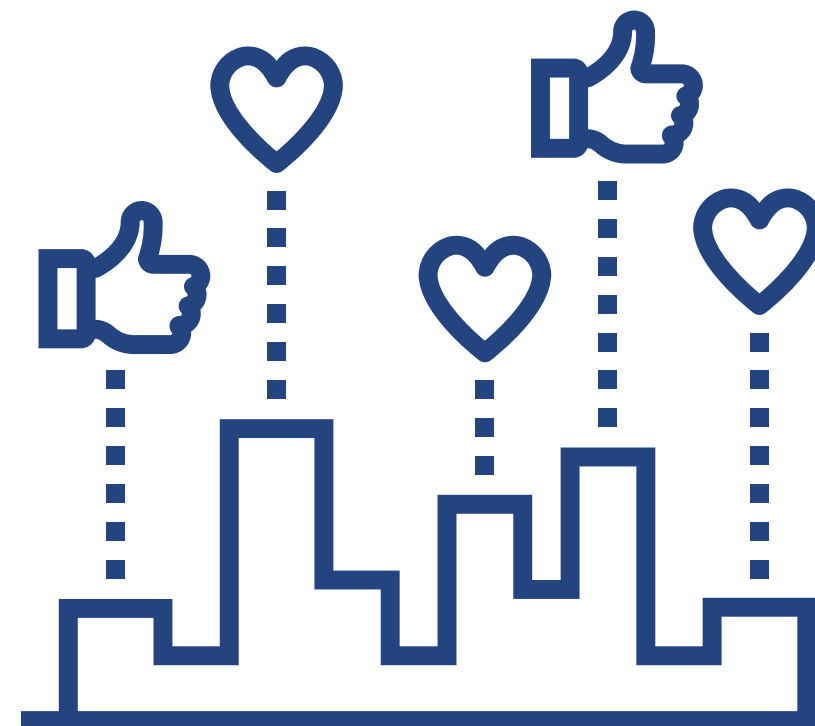


Learning Objectives

- ❑ Establish value-based performance measures for your skilled nursing facility (SNF) network to incentivize performance
- ❑ Learn how to share gains as a quality performance metric in your SNF network
- ❑ Develop strategies to incentivize your SNF network to take highly complex patients

Establishing a Preferred SNF Network

- **Analyze your discharges to SNFs**
 - Case-types
 - Volume by facility and case-type
 - Average Length of Stay (ALOS) in SNFs
- **Identify high performers**
 - Readmission Rates
 - AVG LOS
 - Patient satisfaction
 - 5-Star Rating
- **Invite high performers to participate in network activities**
 - Identify network goals
 - Case reviews on readmissions
 - Clinical standards deployment
 - Educational activities



Identify Quality/Cost Metrics with Your Preferred SNF Network

- **Set clear network goals**
 - Readmit rates
 - AVG LOS targets – can be by case-type
 - Percent SNF discharges to preferred network
- **Report on progress monthly (*unblinded data*)**
- **Set mutual quality goals**
 - Health care acquired infections
 - Successful discharges to community
 - ED utilization rates
- **Establish clinical guidelines on top volume case-types**
 - Clinical pathways, treatment protocols, and use of telehealth
 - Meet with SNF Medical Directors to get buy-in, drive clinical adoption, and identify outstanding issues
 - Utilize live data to manage patients and network – Case Management

Incorporating Preferred SNF Network into VBC Programs

- Incorporating Network in Value-Based Care (VBC)
 - Identify 2 to 3 high performers to bring into VBC discussions
 - Consider bringing your entire preferred PAC network to the table (Home Health, IRF, SNF, LTACH, etc.)
- Articulate the Challenges
 - Clearly and openly discuss the challenges around care coordination for the population across the continuum
- Demonstrate Impact to VBC Program
 - Show each post-acute provider, by segment, their piece/spend/volume in this value-based program



Example: PAC Impact to VBC Program

- Example “**ACO XYZ**” has 10,000 Covered Lives
 - 8% go to SNFs
 - Spend is 20% of all dollars or 50% of post-acute dollars
 - Readmit rate is 23% resulting in additional **X Spend**
 - <1% got to IRF
 - Spend is 3% of all dollars or 15% of post acute dollars
 - Readmit rate of 15% resulting in additional **X Spend**

This type of data shows the post acute providers their impact on overall total cost of care and highlights the role post-acute can play in cost and outcome metrics

Setting Quality & Performance Metrics for Your VBC Programs

Identify annual quality focus

- Readmission and LOS targets – always!
- PCP appointments post discharge
- Readmissions 30-day post SNF discharge
- Adherence to clinical pathways or standards
- Utilization of preferred providers for home health and outpatient therapy
- HEDIS data

Manage this by monitoring monthly data and sharing performance at network meetings

- Reward for performance

Brining Your Preferred SNF Network into Your CIN

- Clinically Integrated Networks typically serve as the governing body and distribution center for shared savings and performance on value-based programs
- It is important that your CIN understands the role of your preferred post acute network and the savings they can drive
- Discuss with your CIN potential reward strategies for performance either as an individual post acute provider or as a network
- It is also important that the preferred post-acute network understand their role in the overall CIN

Managing Incentives in Your Preferred SNF Network

- Use overall value-based program targets to even consider sharing savings
 - Did ACO achieve shared savings and did ACO achieve quality goals?
- Set quality and cost targets (savings) for the post-acute SNF segment as a second qualifying metric
 - Must meet prior to shared savings
- Clearly define the incentives at the beginning of your annual year
 - Determine the incentives for: *Exceeds, Meets, or Does Not Meet Targets*
- Monitor progress on a monthly or quarterly basis
 - Some measures may be claims based (HEDIS Data)
 - Some measures may rely on live data – network readmissions

Capturing HEDIS Data from Your SNF Network

- Identify which HEDIS metrics can be collected in the SNF as a “performance measure”
 - Vaccinations
 - HGA1C
 - ACE/ARBs
- Include these in standards of care and clinical pathways
- Ensure SNF knows to include these codes on the MDS and any billing
- Work with SNF Physicians/CRNPs to include relevant coding



Tiering Your SNF Network

ALL SNFs ARE NOT CREATED EQUAL

- Consider having tiers in your network to account for population needs
 - Understand the role each SNF plays in your network
 - Ensure coverage for vulnerable populations – Medicaid, Duals, etc....
 - Volume drives SNF participation and adoption
 - You may need “niche” facilities that meet psychiatric, clinically complex, bariatric, or other special needs



Setting Gain Share Guidelines/Guardrails

When incentivizing SNFs with gain sharing opportunities consider.....

- Post-acute spend segments and targets for reducing spend
 - Example: Minimum reduction of 5% to earn any potential savings
 - Look at average cost per case as a target measure
- High volume SNFs can have the most impact not only on readmissions but also on ALOS
- Consider the impact of shared savings on your SNF network members who don't qualify
 - How can you keep them engaged in the network?
 - How can you drive them towards shared savings in the next performance year?

What If There Are *No* Shared Savings to Share?

Other ways to show value to being in the preferred network

- “Good Housekeeping” seal of approval
- Discounts on educational opportunities for staff
- On-site education by providers
- Clinical leadership and program development
- Group recruiting efforts for staff
- Inclusion on service lines who utilize post acute
 - Orthopedics
 - Cardiac
- Support with COVID activities



Understanding Your Preferred Network's Clinical Capabilities

- **Create a Capabilities Reference Sheet**
 - ED
 - Discharge planners
 - Case Management
 - Discharging Physicians
- **Identify best performers by clinical programs and validate with patients**
- **Understand niche facilities**
- **Establish standards for facilities to be in preferred network**
 - IVs, telehealth, onsite diagnostics, Medical Director participation, etc.

Understanding Your Population's Clinical Needs

- What percentage of your patients go to a SNF?
- What case-types?
- What comorbid conditions get patients to a SNF?
- Do you utilize a frailty score?
- Do you have a measure to evaluate functional improvement on SNF discharge?
- Who are your outliers?
- Does geography play a roll in patient placement?
- How do physician practice patterns impact placement?



Meeting Your Populations' Clinical Needs with SNF Network

- Deploy clinical standards for routine care
- Identify your high intensity patient populations
- Work with your network to ensure placement of these populations
- Unless one facility steps up to take these case-types, spread the wealth
 - Serve the community
 - Mission oriented



Incentivizing High Performing SNFs to Expand Capabilities

- Identify a clinical need that is not being met
- Collaborate with facilities who might have an interest in providing for this need
- Develop a joint program with specialty support
- Provide clinical education
- Example Programs
 - LVAD Program
 - Sepsis Program

The Value of a Long-Term Acute Care Hospital

- There are some patients who will require a higher level of care due to continuing clinical instability
 - These often result in your repeat readmissions
- Consider adding an LTACH to your network to manage these cases
 - Have strict criteria of when to consider an LTACH due to higher cost of care



Live PAC Data Drives Performance at the Patient and Network Level

Typical data management – looking back

- Claims data – 3 to 9 months old
- CMS stars data – takes a year to change a star rating
- MDS data – 30 to 90 days old

Use of live data – looking ahead

- Clinical and quality data directly from SNF EHR
- Patient level impact – here and now – black box insight to patient outcomes
- Show how facility is performing right now
- See results of changes in strategy and operations quickly – both positive and negative
- Ability to complete **Root Cause Analysis** at the patient and system level enabled by live data (before everyone forgets what happened)

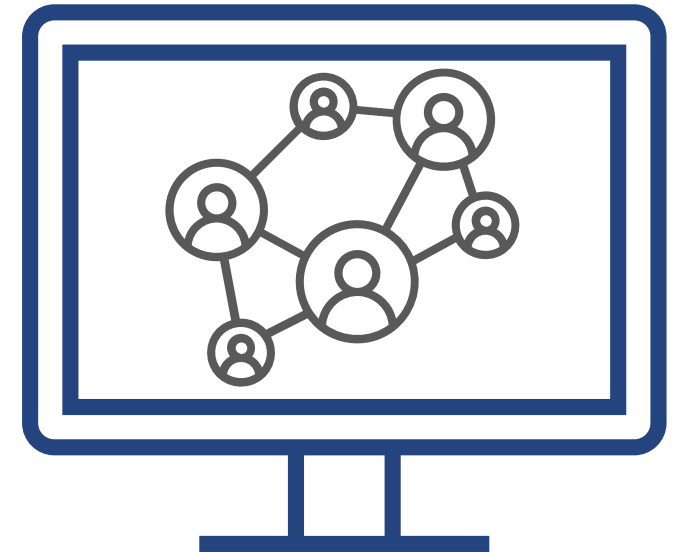
Accessing Live PAC Data to Optimize Your Network

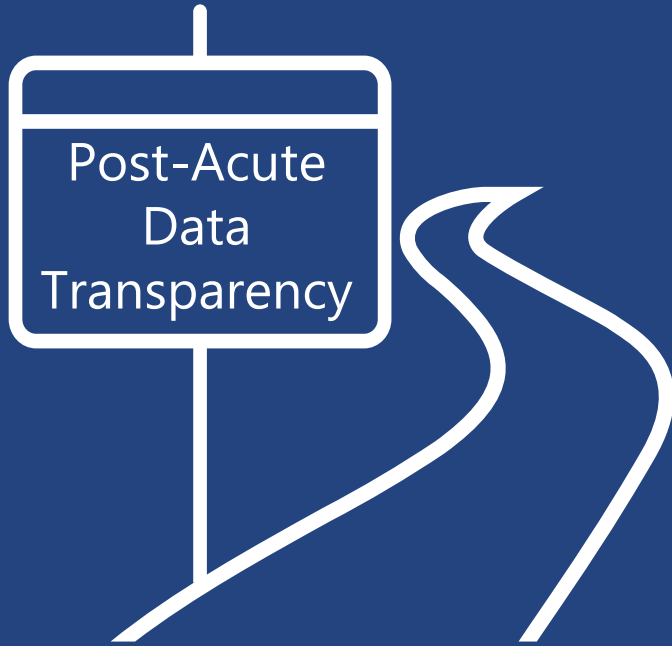
- Up to the moment network performance
 - Intervene with poor network performers early
 - Continual assessment of performance
- Ability to quickly deploy network clinical strategies based on patient outcomes
- Network partners view the same data at the same time
 - No fighting over which data is right or better
- Utilize high performers to share best practices to improve group performance



Using Live PAC Data to Incentivize Your Network

- Dashboard approach to network-driven initiatives
 - Easy to understand individual facility performance vs. the group
- Drive engagement and interest in improvement of metrics
 - No facility wants to be the poor performer of the group
- Set the stage for a team approach
 - Ability to solve difficult issues all facilities face
- Include percent of discharges to network facilities
 - Show value back to the network for their performance





Going Forward...Where to Next?

- Obtain Live Post-Acute Data
- Establish a Preferred Network
- Identify High Performers of the Network
- Deploy Clinical Standards of Care
- Add Niche Facilities
- Incorporate into CIN/Shared Savings Program
- 3-Day Waiver Program
- Hospital at Home/SNF
- Outpatient Clinical Programs

Questions?
Let's Discuss!



Thank you!



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Real Time Medical Systems is the industry-leading Interventional Analytics solution that turns data into actionable insights. Serving healthcare organizations nationwide, Real Time improves clinical performance by reducing avoidable hospital readmissions, managing care coordination efforts, and detecting early warning signs of infectious disease.

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