Is it time to measure outcomes that really matter?

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The Next Decade of Right Care Initiatives

Objectives

- Start measuring and comparing outcomes that matter around cardiovascular disease progression.

- Is it time to pay for outcomes that matter the most, rather than simply process based measures?
42% of US health care providers think value-based reimbursement will become their primary revenue model.

-- November 8, 2018 NEJM Catalyst survey

Reference: https://catalyst.nejm.org/transitioning-fee-for-service-value-based-care
Process and Control Based Measures
Controlling Blood Pressure

Current 77.6%
Target 76%
# P4P/AMP or MIPS Incentives

Maximum incentive potential, 2% of total HMO cap or 2% to 5% Part B Medicare charges

<table>
<thead>
<tr>
<th>Individual Measures</th>
<th>Impact Factor per Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measuring blood pressure</td>
<td>Pennies to $</td>
</tr>
<tr>
<td>Measuring A1c</td>
<td>Pennies to $</td>
</tr>
<tr>
<td>Hypertension control</td>
<td>Pennies to $</td>
</tr>
<tr>
<td>Statin prescribing</td>
<td>Pennies to $</td>
</tr>
<tr>
<td>Statin adherence</td>
<td>Pennies to $</td>
</tr>
<tr>
<td>Smoking cessation education</td>
<td>Pennies to $</td>
</tr>
</tbody>
</table>
The Average Attention Span

Average human attention span is 8 seconds

Average fish attention span is 9 seconds
# Tale of Two Cities

## Diabetes Screening Rates

<table>
<thead>
<tr>
<th>City</th>
<th>Diabetes Screening Rates⁺</th>
<th>Frequency of CABG per 1,000 member year</th>
<th>Total Cost of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento</td>
<td>90%</td>
<td>0.30/1,000</td>
<td>$5,500*</td>
</tr>
<tr>
<td>San Diego</td>
<td>89%</td>
<td>0.19/1,000</td>
<td>$4,500*</td>
</tr>
</tbody>
</table>

*ACG risk adjusted: Commercial

Data Source: IHA Atlas payer commercial MY 2017 + NCQA HEDIS measure
Be There San Diego hospitalization for AMI decreased by 22%, compared to 8% in the rest of California.

$86 million saved during the first six years of collaborative
Cardiovascular Disease Progression
Domino Effect
10,300 Medicare FFS ACO Performance: Ischemic Heart Disease: ICD 10: I20 – I25

<table>
<thead>
<tr>
<th>Claims Payment Category</th>
<th>CY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost of Care for Ischemic Heart Disease</td>
<td>$20,810,191</td>
</tr>
<tr>
<td>Members with IHD</td>
<td>408</td>
</tr>
<tr>
<td>Average inpatient cost per member</td>
<td>$25,812</td>
</tr>
<tr>
<td>Average SNF cost per member</td>
<td>$6,720</td>
</tr>
<tr>
<td>Average outpatient/physician cost per member</td>
<td>$13,505</td>
</tr>
<tr>
<td>Average imaging/lab cost per member</td>
<td>$5,018</td>
</tr>
<tr>
<td><strong>Average total cost per member</strong></td>
<td><strong>$51,005</strong></td>
</tr>
</tbody>
</table>

Based on CMS Paid Claims 2018 of attributed ACO Beneficiaries
The Next Decade
Right Care Initiative

2007 to 2017

• Biometric Screening
• Blood pressure control
• A1C < 8%
• on Cholesterol therapy
• Coronary Calcium CT score
• Bundle medication therapy

2018 to 2028

Cardiovascular disease outcome based payments
Quadruple Aim

- Lowering burden of heart attack and strokes
- Patient reported improved outcomes
- Gain sharing between HP and PO
- Lowering total healthcare expenditure
# Cardiovascular Outcomes to Track

## Cardiovascular Disease Progression

<table>
<thead>
<tr>
<th>All patients</th>
<th>Admissions (AMI, hemorrhagic stroke, ischemic stroke, or heart failure)</th>
<th>Date of admission and discharge</th>
<th>Tracked ongoing; Reported at 1yr., 5 yr. + after index event</th>
<th>Administrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedural interventions</td>
<td>Date and type of revascularization procedure. (PCI or CABG)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal failure</td>
<td>Need for dialysis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Survival

<table>
<thead>
<tr>
<th>All patients</th>
<th>All-cause mortality</th>
<th>Date of death</th>
<th>Tracked ongoing; Reported at 1yr., 5 yr. + after index event</th>
<th>Administrative</th>
</tr>
</thead>
</table>

# Collecting Patient-Reported Outcomes

<table>
<thead>
<tr>
<th>Coronary Artery Disease Survey</th>
<th>Licensing Information</th>
<th>Scoring Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seattle Angina Questionnaire</td>
<td>Requires a license for use in clinical practice</td>
<td><a href="http://www.cvoutcomes.org">www.cvoutcomes.org</a></td>
</tr>
<tr>
<td>Rose Dyspnea Scale</td>
<td>Free for all healthcare organizations. No license needed</td>
<td><a href="http://www.Ahjonline.com/article/S002-8703(089)00266-X/abstract">www.Ahjonline.com/article/S002-8703(089)00266-X/abstract</a></td>
</tr>
<tr>
<td>Patient Health Questionnaire</td>
<td>Free for all healthcare organizations. No license needed</td>
<td><a href="http://www.Phqscreeners.com/instructions/instructions.pdf">www.Phqscreeners.com/instructions/instructions.pdf</a></td>
</tr>
</tbody>
</table>

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

Take charge of your health today and visit: www.bethersandiego.org

The campaign to make San Diego a heart attack and stroke-free zone.
Health Care Organizations Pursuing a Range of Value Based Care Models

- Accountable Care Organization: 50%
- Bundled payment programs: 47%
- Patient-Centered Medical Home: 39%
- Shared savings: 34%
- Employer direct contracting: 24%
- Federal Quality Payment Program (QPP): 19%
- Federal Readmissions Reduction Program (HRRP): 15%
- Full capitation: 15%
- Federal Inpatient Prospective Payment System (IPPS): 10%
- Don’t know: 20%

Patient-Centered Medical Homes are more likely to be pursued in the Northeast (48%) and South (42%), than in the Midwest (35%) and West (30%).
No Reform Without Payment Reform

CMS Alternative Payment model
Accountable Care Organization

Shared Savings
Total Cost < Benchmark

Commercial HMO
Senior HMO

Risk Pool
Total Cost < Capitation

Meaningful funds to reinvest in patient care

Lower total health care expenditure
The Next Decade of the Right Care Initiative

Is it time to encourage our collaborative to ....

1. Start measuring and comparing cardiovascular disease progression like heart attack and stroke outcomes?

2. Is it time to pay or share savings for those outcomes that matter the most, rather than process based measures?
Right Care Initiative Goals

Promising Interventions to Reach Right Care Control Targets for Heart Attack, Stroke, and Diabetes Prevention and High Quality Management

Patient Activation
- Stress reduction, medication adherence, healthy sleep, nutrition & physical activity, smoking cessation
- Evidence-based patient education (e.g., Project DULCE; Stanford Patient Self-Management)
- Motivational interviewing and evidence-based media messaging

Clinical Pharmacists on Care Team
- CA Dept. Public Health White Paper
- HRSA.gov/patientsafety

Patient Centered Practice Redesign
- Team-Based Medical Home
- Un-blinded Performance Feedback
- Web Supported High-Tech Enabled
- Biometrics Screening (BP, LDL, HBA1c, Coronary Calcium CT Scan Score)
- Optimized Clinical Connectivity for Rapid Treatment
- Timely Continuous Care—Not Episodic

Intensive Ambulatory Care

Proactive Outreach

Home Blood Pressure Monitoring

Admissions for MI, Stroke
“Even though it is slow, the pace is picking up and the debate is shifting”

September 17th 2019

Greta Thunberg is a 16 year-old Swedish environmental activist who is credited with raising global awareness of the risks posed by climate change
Right Care Initiative
Isn’t it time?

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