



STROKE CARE REIMBURSEMENT
NOW AND IN THE FUTURE

HOW ACOs MAY IMPACT STROKE CARE

Debbie Hill
Orlando, FL – September 26, 2015



20th Annual
STROKE BELT CONSORTIUM MEETING




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FOCUSED STROKE CENTER STRATEGY

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DISCLOSURES

- ✦ Principal, Lombardi Hill Consulting Group
- ✦ Member, Gerson Lehman Healthcare Council
- ✦ Subject Matter Expert, ICF International
- ✦ Independent Contractor, American Heart Association/
American Stroke Association (AHA/ASA)



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STROKE REIMBURSEMENT - NOW

WHAT WE KNOW

“The only source of knowledge is experience.”

ALBERT EINSTEIN, PHYSICIST

SETTING OR PROVIDER

- Hospitals
 - Acute setting stroke care, if efficient, is profitable
 - Acute setting greatest gains are procedural
- Physicians
 - Emergent care reimbursement is inadequate
 - Telestroke reimbursement is lagging
- Emergency Medical Services
 - Patients are penalized for bypass to Stroke Centers
- Rehabilitation/IRFs/SNFs
 - 3-day IP stay rule problematic
 - IP Rehab reimbursement higher than SNF rehab



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STROKE REIMBURSEMENT - NOW

WHAT WE KNOW

In the end, we're all likely to be patients after all.

STATE OF WELL-BEING

- Pre-Event (Awareness, Prevention)
 - No universal model for reimbursement
- Acute (Event)
 - MS-DRGs, RVU fee-schedules, bundled payments
- Sub-Acute (Transition)
 - CMGs, RUGs, HHRGs
- Sub-Acute (Stabilized)
 - RUGs, HHRGs
- Chronic (Adaptive, Preventative)
 - No universal model for reimbursement
 - New models unreimbursed (home visits, technology)

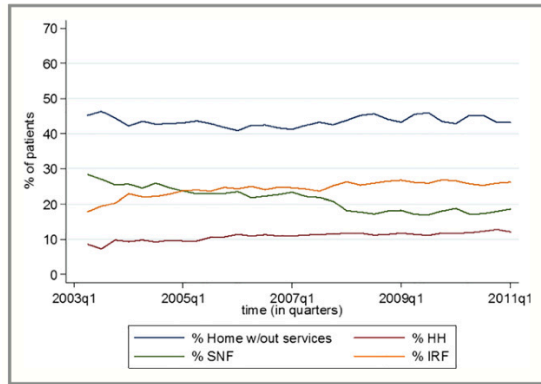


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TRENDS IN POST-ACUTE SERVICE USE



Between 2003 to 2011:
 between **45-47%** of stroke patients were discharged home without any services

Figure 2. Proportion of patients discharged to postacute care of IRF, SNF, and HH or discharged home. HH indicates home health; IRF, inpatient rehabilitation facility; SNF, skilled nursing facility.

Janet Prvu Bettger et al. J Am Heart Assoc 2015;4:e001038



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TRENDS IN POST-ACUTE SERVICE USE

Patients < 65 yo
 58-65% discharged home
without any services

Patients ≥ 65 yo
 35-38% discharged home
without any services

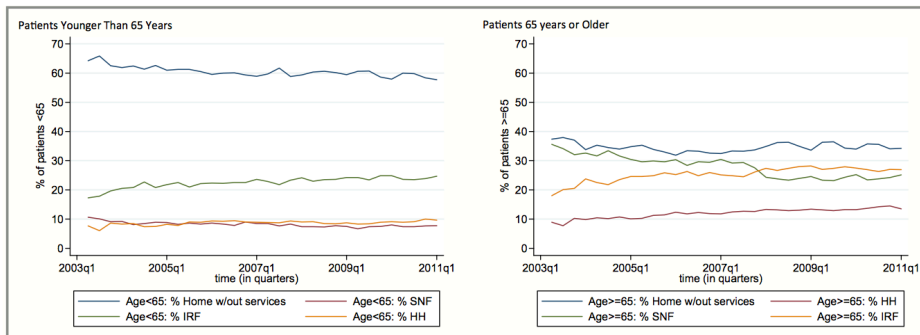


Figure 3. Proportion of patients by age discharged to postacute care. HH indicates home health; IRF, inpatient rehabilitation facility; SNF, skilled nursing facility.

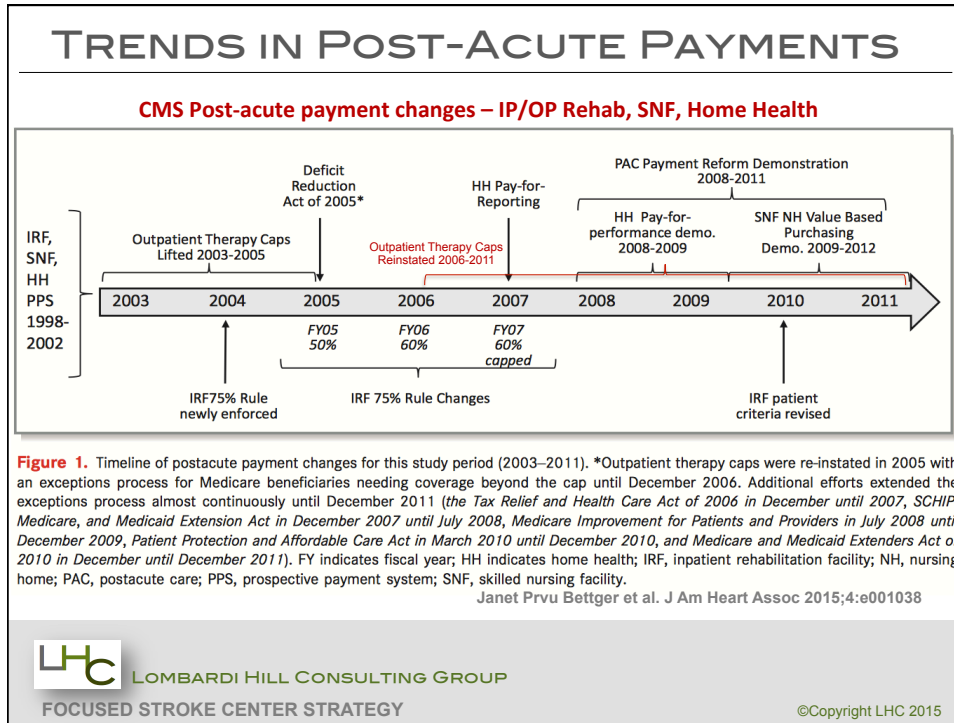
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STROKE REIMBURSEMENT - NOW

ACCOUNTABLE CARE ORGANIZATIONS (ACO)

DEFINED	CMS MODELS
ACOs are groups of hospitals, physicians and other healthcare providers who voluntarily agree to be held accountable for improving the health and experience of care for individuals while reducing the overall cost of care.	<ul style="list-style-type: none"> Medicare Shared Savings Program (MSSP) ACO Advanced Payment ACO Model (<i>Supplementary to MSSP</i>) Pioneer ACO Model

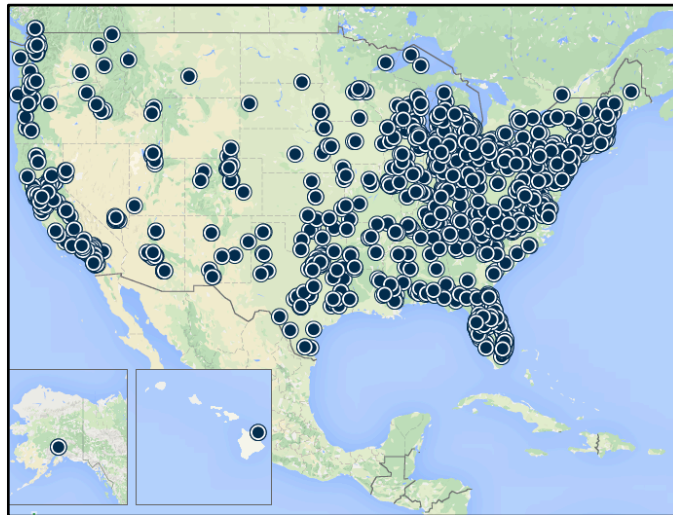
CMS BUNDLED CARE INITIATIVE

DEFINED	CMS MODEL
Allots funds and measures results based on episodes of care and includes a certain dollar amount for a given treatment episode (<i>48 episodes</i>)	<ul style="list-style-type: none"> BCPI Model 1 BCPI Model 2 BCPI Model 3-Phase 2: TIA, Stroke BCPI Model 4

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BUNDLED CARE INITIATIVE



SOURCE: [www. http://innovation.cms.gov/initiatives/map/index.html#model=](http://innovation.cms.gov/initiatives/map/index.html#model=)



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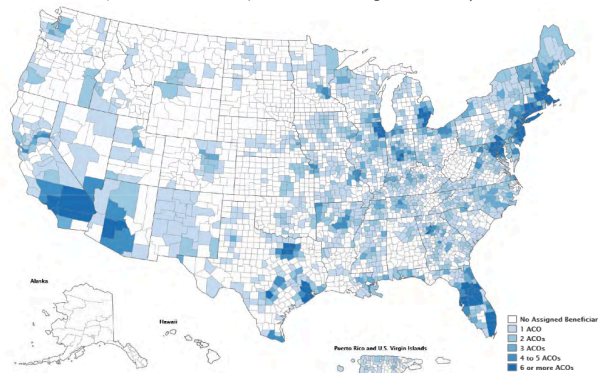
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MEDICARE ACO COVERAGE

Fast Facts - All Medicare Shared Savings Program ACOs and Pioneer ACOs April 2015

Medicare Shared Savings Program ACO and Pioneer ACO Assigned Beneficiary Population by ACO by County (counties with more than 1 percent of an ACO's assigned beneficiaries)



SOURCE: [www. http://innovation.cms.gov/initiatives/map/index.html#model=](http://innovation.cms.gov/initiatives/map/index.html#model=)

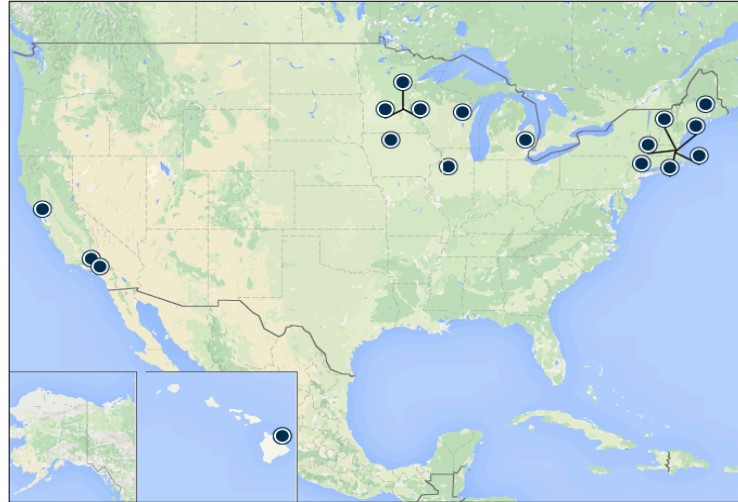


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PIONEER ACOS



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STROKE REIMBURSEMENT - NOW

WHAT WE KNOW

“ACOs are on the path towards transforming how care is provided.”

CMS ACTING ADMINISTRATOR,
ANDY SLAVITT

353 Medicare ACOs in 2014

- \$411 million in net savings in 2014
- 103 (29%) received bonuses in 2014
- Pioneer ACOs
 - 20 in 2014; ↓ from 32 in 2012
 - **15 (75%) of 20 generated savings in 2014**
 - Improvements in 28 of 33 quality measures
- Medicare Shared Savings Program for ACOs (MSSP)
 - **181 (55%) of 333 generated savings in 2014**
 - 191 of 333 total are in their first year
 - Improvements in 27 of 33 quality measures



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STROKE REIMBURSEMENT - NOW

WHAT WE KNOW

“A laser-like focus on optimizing efficiencies and providing the right care at the right time in the right setting helps.”

BANNER HEALTH NETWORK CFO,
GREG WOTJAL

Premier's PACT Collaborative ACOs

- Formed in 2010 with 400 hospitals, clinicians in 30 states
- 18 participate in Medicare MSSP and Pioneer ACOs
- Outperformed other Medicare ACOs in 2014
 - **47% in PACT earned bonuses** (compared to 29%)
 - **Quality scores improved by 7.06%** (compared to 3.43%)
- Telehealth contributed to a 27% in cost savings in high-intensity group

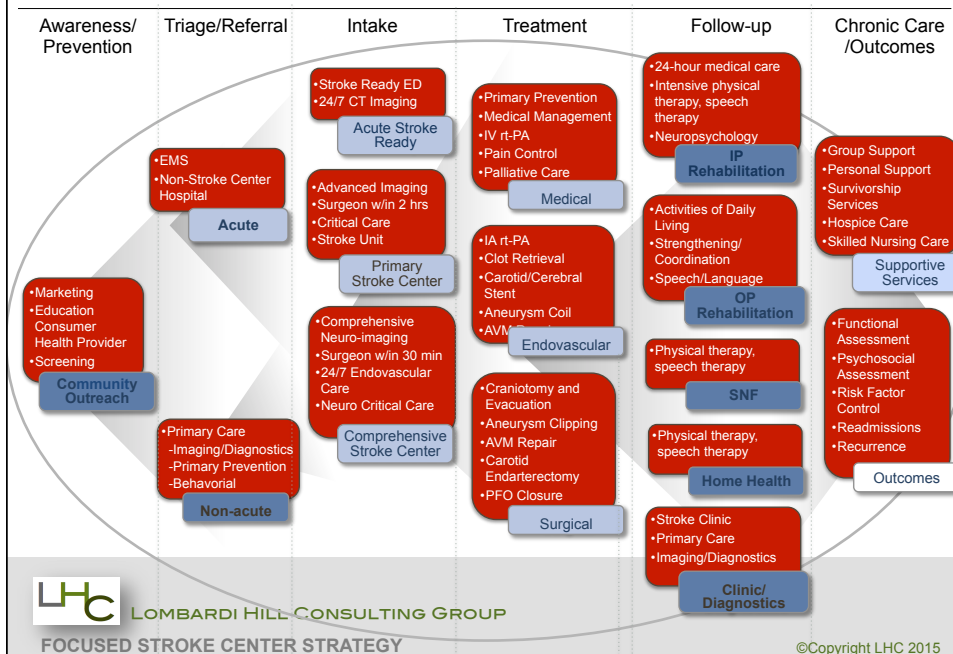


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STROKE CONTINUUM OF CARE



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STROKE REIMBURSEMENT - FUTURE

MEDICARE ACCOUNTABLE CARE ORGANIZATIONS (ACO)

NEXT PHASE

“NEXT GENERATION ACOS”
(NEXGENs)




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STROKE REIMBURSEMENT - FUTURE

MEDICARE ACCOUNTABLE CARE ORGANIZATIONS (ACO)

FEATURE	NETGEN ACO	PIONEER
TIMELINE: Initial contract period	3 yrs	3 yrs w/yr 4, 5
FINANCIAL RISK: Share of savings/losses Threshold to achieve savings	80-100% No	60-75% Yes
BENCHMARKS: Financial baseline history Quality performance • Attainment and improvement	1 yr Both	3 years Improvement
BENEFIT ENHANCEMENTS: SNF 3-day rule waiver Telehealth originating site expansion Post-discharge home visits	Yes Yes Yes	Yes



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STROKE REIMBURSEMENT - FUTURE

Opportunity is everywhere.

WHAT WE KNOW

IN STROKE, WE DESPERATELY NEED A PAYMENT MODEL THAT REWARDS COORDINATED CARE AND THAT EQUITABLY ADDRESSES WELL-BEING ACROSS THE EXTENDED CONTINUUM OF CARE


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DISCUSSION

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