

Converging Forces, Emerging Opportunities

NRHA Rural Quality Conference
July 15, 2015

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Converging Forces

- Extraordinary set of aspirations, legislation, and recommendations over the past year
 - HHS announcement sets direction and pace of the march to value with payment goals
 - Congress finally fixes the SGR, and establishes a clearer framework for quality for physician offices
 - NQF gives guidance on how rural measurement should occur
 - RUPRI and IOM help make policies and programs actionable for rural communities

Emerging Opportunities

- My goal today is to summarize each of these converging forces, and then synthesize them for you...and share resources to support your planning and next steps in leading rural health quality.

Summary: What are the converging forces?

HHS Payment Goals

HHS announcement sets direction and pace of the march to value with payment goals

- Category 1—fee-for-service with no link of payment to quality
- Category 2—fee-for-service with a link of payment to quality
- Category 3—alternative payment models built on fee-for-service architecture
- Category 4—population-based payment
- 85% of Medicare fee-for-service payments in value-based purchasing categories 2-4 by 2016 and 90% by 2018.
- 30% of Medicare payments in alternative payment models by the end of 2016 and 50% in categories 3 and 4 by the end of 2018.

HHS Payment Goals (cont.)

Achieved through investment in alternative payment models such as Accountable Care Organizations (ACOs), advanced primary care medical home models, new models of bundling payments for episodes of care, and integrated care demonstrations for beneficiaries that are Medicare-Medicaid enrollees.

- HHS can achieve its goals entirely without any rural participation...although there are significant implications and opportunities for rural.

SGR 'fix'

Congress finally fixes the SGR, and establishes a clearer framework for quality for physician offices

- Congress replaced SGR with MACRA (Medicare Access and CHIP Reauthorization Act of 2015), which includes a new program called Merit-Based Incentive Payment System (MIPS).
 - Harmonizes physician practice quality measurement programs which are currently separate into one program, and adds a new clinical component.
 - MIPS is effective on January 1, 2019, so the groundwork will start to be laid now.

SGR 'fix' (cont.)

- MIPS will include four measure domains:
 - Quality Measures (currently known as PQRS)
 - Resource Use (currently known as the Value Modifier)
 - EHR Use (currently known as Meaningful Use)
 - Clinical Practice Improvement (a new area, which will include access, care coordination, patient safety, beneficiary engagement, population management)
- Strong signal about how payment and quality will be addressed for other settings

SGR 'fix' (cont.)

- Providers will receive a composite performance score from 1 to 100, similar to the Hospital Value Based Purchasing program.
 - Scores will be reported publicly.
 - Providers whose scores improve year-to-year will receive extra credit, as a way to incentivize performance improvement.
- CMS will establish a threshold score.
 - Providers scoring below the threshold will be subject to payment reductions. These negative payment adjustments will be capped at -4% in 2019, -5% in 2020, -7% in 2021, and -9% in 2022.

NQF Rural Health Project

NQF gives guidance on how rural measurement should occur

- 20-member rural expert committee convened to provide recommendations to HHS regarding performance measurement issues for rural and low-volume providers.
- *Performance Measurement for Rural Low-Volume Providers* draft for public comment issued on June 1, 2015.

NQF Rural Health Project (cont.)

14 recommendations, including:

- Make participation in CMS quality improvement programs mandatory for all rural providers...but a phased approach
- Fund development of rural-relevant measures:
 - patient hand-offs and transitions
 - alcohol/drug treatment
 - telehealth/telemedicine
 - access to care and timeliness of care
 - cost
 - population health at the geographic level
 - advance directives/end-of-life
- Encourage voluntary groupings of rural providers for payment incentive purposes

RUPRI Health Panel

RUPRI helps make policies and programs actionable for rural communities

- *Advancing the Transition to a High Performance Rural Health System* white paper issued November 2014.
- Focused on strategies and options for creating a pathway to a transformed, high performing rural health system.
 - Builds on the RUPRI Health Panel's earlier paper that conceptually defined the core elements of a high performance rural health system

RUPRI Health Panel (cont.)

- Illustrations, public policy considerations, and demonstrations to trial in four areas:
 - Community-appropriate health system development and workforce design
 - Governance and integration approaches
 - Flexibility in facility or program designation to care for patients in new ways
 - Financing models that promote investment in delivery system reform

IOM Report on End-of-Life

IOM helps make policies and programs actionable for rural communities

- *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* released September 2014.
- Consensus report from the Institute of Medicine (IOM) finds that improving the quality and availability of medical and social services for patients and their families could not only enhance quality of life through the end of life, but may also contribute to a more sustainable care system.

IOM Report on End-of-Life (cont.)

- 5 recommendations
 - Delivery of Care
 - Clinician–Patient Communication and Advance Care Planning
 - Professional Education and Development
 - Policies and Payment Systems
 - Public Education and Engagement

Rural Palliative Care Study

- Stratis Health conducted a pilot study with five rural Minnesota communities
 - To identify and field test a standard set of quality measures for rural, community-based palliative care programs that reflect clinical quality, patient and family experience, and impact on inpatient and emergency department utilization.
- Participating programs found the measures feasible to collect, and the information they provided aided in assessment, comparison of structure, and process improvement for care delivery.
- Published in May 2015

Synthesis: What does it all mean?

Synthesizing

1. Significant momentum behind the transformation from volume to value
2. Care delivery redesign opportunities abound
3. New governance approaches are _____
(we'll fill in the blank together)

Emerging Opportunities

1. Significant momentum behind the transformation from volume to value

- Measurement is paramount to assuring and demonstrating value
 - Not a new message, but measurement has increased prominence
- Payment models are changing for rural
 - While rural has been somewhat sheltered, value-based purchasing and alternative payment models are here
 - Impact will occur directly and indirectly

Emerging Opportunities (cont.)

2. Care delivery redesign opportunities abound

- Effective care coordination is essential for success, both for patient care and for new payment models
 - Not just a care coordinator, but a comprehensive approach
- End-of-life care needs and impact are substantial in rural
 - Establishing palliative care programs and services, securing hospice care, promoting advance care planning

Emerging Opportunities (cont.)

3. New governance approaches are _____
(Needed? Exciting? Scary? Difficult?)

- To address population health
 - Population health means both patient panels *and* the health of the community
 - Across health and non-health care organizations
- To participate effectively in alternative payment programs and models
- To leverage negotiating and purchasing power
 - Managed care contracts, HIT tools and support, ACO/ alternative payment programs



**Resources: How can you
plan and take action?**

Transitioning from Volume to Value

- *Rural Health Value* project (RUPRI, Stratis Health) has gathered and developed a comprehensive set of tools to support the transformation from volume to value
 - Includes resources on Organizational Relationships and Partnerships
 - *Coming soon* - Value-Based Care Strategic Planning Tool (VBC Tool) assesses 121 different value-based care capacities in eight categories, which results in a customized Value-Based Care Readiness Report.



Adopting a Population Health Approach

- *Population Health: A Guide for Critical Access Hospitals* (National Rural Health Resource Center) offers a strategic framework
 - Identifies critical success factors in leadership, strategic planning, patients/partners/community, workforce and culture, operations and processes, data and measurement

Building an Effective Care Coordination Program

- *Community-Based Care Coordination: A Comprehensive Development Toolkit* (Stratis Health) provides tools for use at different stages in the development of a CCC program
 - Hands-on, action-oriented tools focus on people, functions, policy, and processes
 - Organized in phases: assess, plan, design, implement, maintain, optimize
- Care Coordination in Rural Communities (RUPRI)
 - Identifies key ingredients to effective care coordination in rural places

Strengthening End-of-Life Care

- *A National Framework and Preferred Practices for Palliative and Hospice Care Quality (NQF)*
 - A framework for palliative and hospice care, a foundation for quality measurement and reporting, and preferred practices designed to improve palliative and hospice care.
- *Rural Palliative Care Initiative (Stratis Health)*
 - Program development and building skills to improve advanced care planning, symptom management, communication, coordination, and delivery of care to improve the quality of life and care for those with chronic diseases or life-limiting illness.



- *If there is dissatisfaction with the status quo, good. If there is ferment, so much the better. If there is restlessness, I am pleased. Then let there be ideas, and hard thought, and hard work. If man feels small, let man make himself bigger.*

Hubert H. Humphrey

- *There is nothing so stable as change.*

Bob Dylan



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