

Bundled Payments
for Care Improvement
Advanced

BPCI
Advanced

Quality Payment PROGRAM

CONCEPTUAL OVERVIEW

JANUARY 2018



Introduction



Steve Farmer, MD, FACC, FASE

- Medical Officer
- CMS Innovation Center
- Practicing Cardiologist

Webcast Outline



- The CMS Innovation Center and BPCI Advanced
- Clinical Concept
- BPCI Advanced Model Overview
 - Model Development
 - Participation Requirements
 - Strategies for Success
 - Why Should I Participate in the Model?
- CMS Innovation Center Partnership
- Summary

INTRODUCTION

The CMS Innovation Center and BPCI Advanced

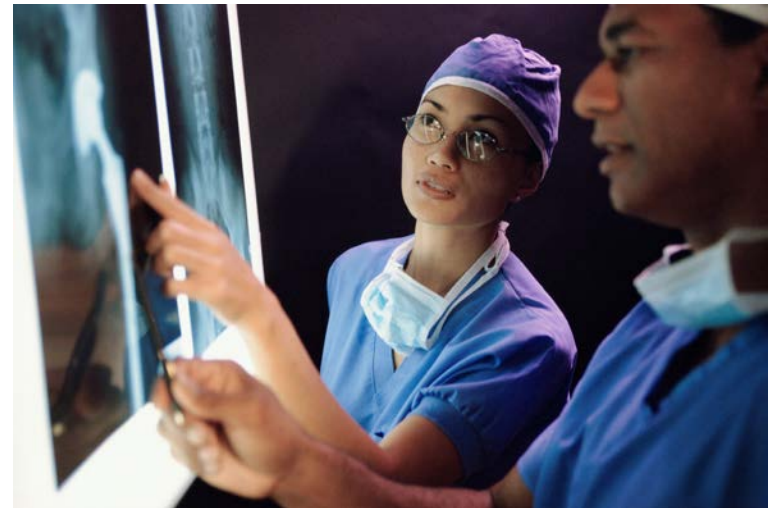
The CMS Innovation Center



- As part of the Center for Medicare and Medicaid Services (CMS), the CMS Innovation Center provides national leadership in the transition from volume to value
- The center tests innovative service and delivery models that reduce costs while preserving or enhancing quality
- Guiding principles
 - Patient centered care
 - Provider choice and incentives
 - Choice and competition in the market
 - Transparent model design and evaluation



Model Scenarios for Success



BPCI Advanced Tests a Different Approach to Payment



A **bundled clinical episode** links physician, hospital, and post-acute care payments to quality and cost



Participants may earn **additional payments from CMS**, but may owe money back to CMS, if costs are higher than expected

CLINICAL CONCEPT

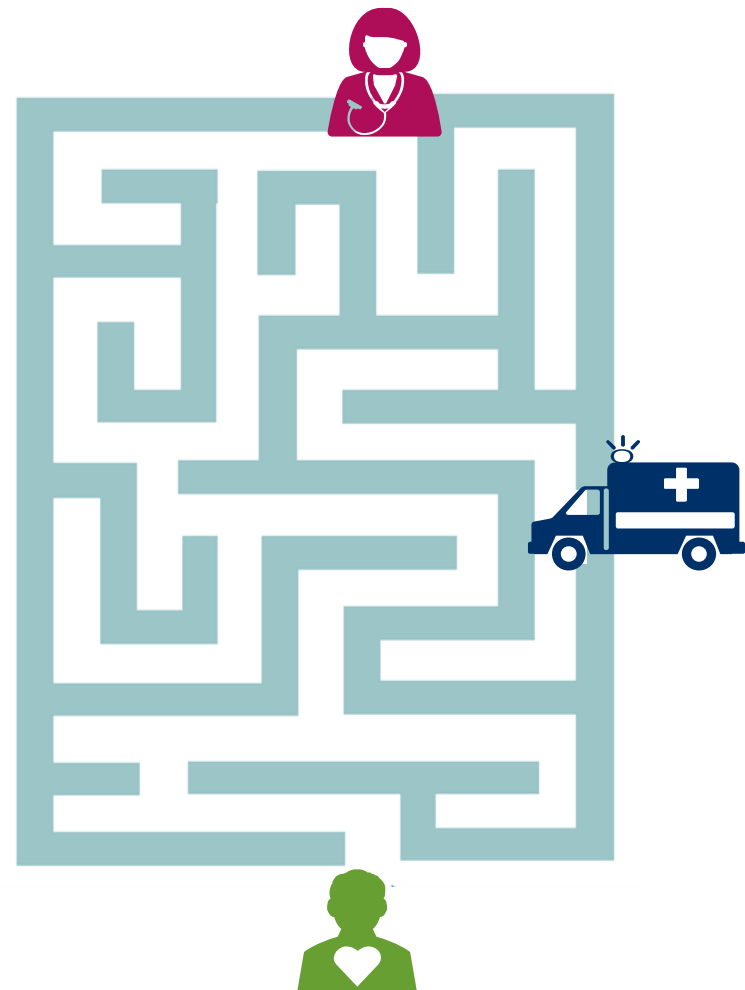
Patients Often Experience a Fragmented Healthcare System

Under FFS, healthcare can be challenging to navigate

- ✘ Providers often treat patients with incomplete information.
- ✘ Patients often receive conflicting advice.

Providers acting independently hold little accountability for cost or outcomes of care

Status Quo: Fee for Service (FFS)



Fee-for-Service (FFS): Hospitalization



Hospitalist



Hospital



Hazard



Patient Experience

FFS: Hospital Discharge



Hospitalist



Patient



Hazard



Skilled Nursing Facility (SNF)



Patient Experience

FFS: SNF



SNF Team



SNF Stay



Patient's Home



Patient Experience

FFS: Primary Care Physician (PCP) and Cardiologist



PCP



Cardiologist



Hazard



Patient Experience

FFS Experience: Summary



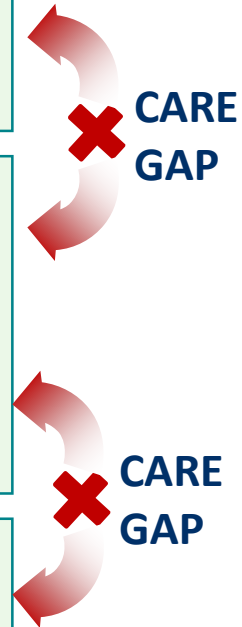
Hospitalist



SNF Team



Cardiologist



Patient

Bundled Clinical Episodes: A New Concept



- BPCI Advanced requires new thinking
- Participants must now coordinate the entire episode

FFS



Hospital



Hospital



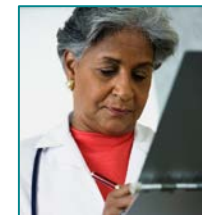
Bundled Clinical Episode



SNF



Patient's Home

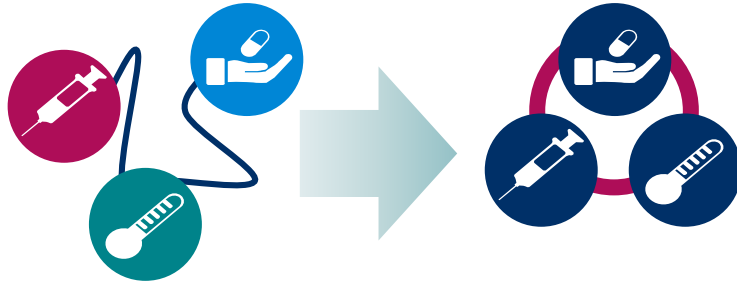


Cardiologist



PCP

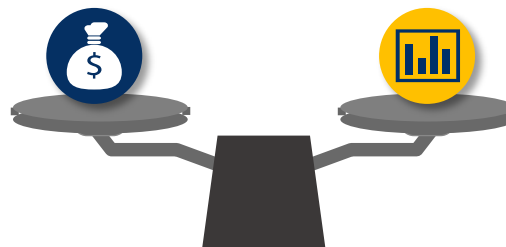
Clinical Episodes Better Reflect How Patients Experience Care



Shifts emphasis from **individual services** towards a coordinated **clinical episode**



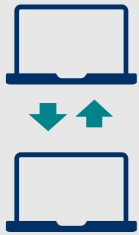
Establishes an **“accountable party”**



Clinical episodes are assessed on the **quality and cost** of care

Clinical Episode: Bundled Payment Experience

Hospitalist and PCP



The SNF Team



Patient's Cardiologist



BPCI ADVANCED MODEL OVERVIEW

BPCI Advanced Builds on Experience



Evidence From:

- Commercial payer models
- Centers for Medicare and Medicaid Services (CMS)
- CMS Innovation Center models



Stakeholder Input:

- Stable target prices provided in advance
- Performance assessments account for patient and provider characteristics

BPCI Advanced is Different Than BPCI



Streamlined design

- One model, 90 day episode period
- Single risk track
- Inpatient and Outpatient episodes
- Preliminary target prices provided in advance
- Payment tied to performance on quality measures



Greater focus on **physician engagement and learning**



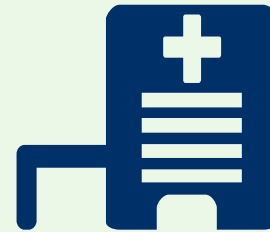
Designed as an **Advanced APM** under the Quality Payment Program

Who Leads Clinical Episodes?

Physician Group Practices (PGPs)



Acute Care Hospitals (ACHs)



Participants May Work With a Convener



A Convener is a Medicare enrolled provider or supplier or an entity that is not enrolled in Medicare.

Conveners may:

- Facilitate participation by smaller PGPs or ACHs
- Provide data and analytic feedback
- Offer logistical and operational support
- Bear financial risk to CMS under the Model

29 Inpatient (IP) Clinical Episodes, Continued



Spine, Bone, and Joint Episodes



- Back & neck except spinal fusion
- Spinal fusion (non-cervical)
- Cervical spinal fusion
- Combined anterior posterior spinal fusion
- Fractures of the femur and hip or pelvis
- Hip & femur procedures except major joint
- Lower extremity/humerus procedure except hip, foot, femur
- Major joint replacement of the lower extremity
- Major joint replacement of the upper extremity
- Double joint replacement of the lower extremity

Kidney

- Renal failure



Infectious Diseases

- Cellulitis
- Sepsis
- Urinary tract infection



Neurology

- Stroke



29 Inpatient (IP) Clinical Episodes

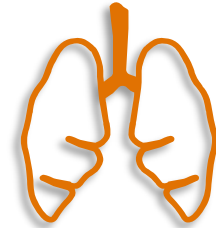
Cardiac Episodes

- Acute myocardial infarction
- Cardiac arrhythmia
- Cardiac defibrillator
- Cardiac valve
- Pacemaker
- Percutaneous coronary intervention
- Coronary artery bypass graft
- Congestive heart failure



Pulmonary Episodes

- Simple pneumonia and respiratory infections
- COPD, bronchitis, asthma



Gastrointestinal Episodes

- Major bowel procedure
- Gastrointestinal hemorrhage
- Gastrointestinal obstruction
- Disorders of the liver excluding malignancy, cirrhosis, alcoholic hepatitis (New Episode for BPCI Advanced)



3 Outpatient (OP) Clinical Episodes

- Percutaneous Coronary Intervention (PCI)
- Cardiac Defibrillator
- Back & Neck Except Spinal Fusion



Hospital Medicine & 11 Specialties Represented



Cardiology Episodes:

- Cardiology
- Cardiac Surgery



Kidney Episodes

- Nephrology



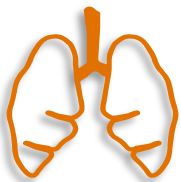
Gastrointestinal Episodes:

- Gastroenterology
- General Surgery
- Colorectal surgery



Spine, Bone, Joint Episodes

- Orthopedics
- Neurosurgery



Pulmonary and Infectious Diseases Episodes:

- Pulmonary
- Critical Care



Neurology Episodes

- Neurology

How Does BPCI Advanced Work?



Clinical episode triggered by either an inpatient hospital stay (Anchor Stay) or outpatient procedure (Anchor Procedure)

Clinical episode attributed to PGP or ACH

Care provided under standard FFS payments

At the end of each performance period, quality and cost performance are assessed

Clinical Episode Length

IP Clinical Episode:

Anchor Stay

+ 90 days beginning the day of discharge



OP Clinical Episode:

Anchor Procedure

+ 90 days beginning on the day of completion of the outpatient procedure



Services Included in the Clinical Episode



- IP or OP hospital services that comprise the Anchor Stay or Anchor Procedure (respectively)
- Physicians' services
- Other hospital OP services
- IP hospital readmission services
- Long-term care hospital (LTCH) services
- Hospice services
- Inpatient rehabilitation facility (IRF) services
- Skilled nursing facility (SNF) services
- Home health agency (HHA) services
- Clinical laboratory services
- Durable medical equipment (DME)
- Part B drugs



Service-level Exclusions from the Clinical Episode



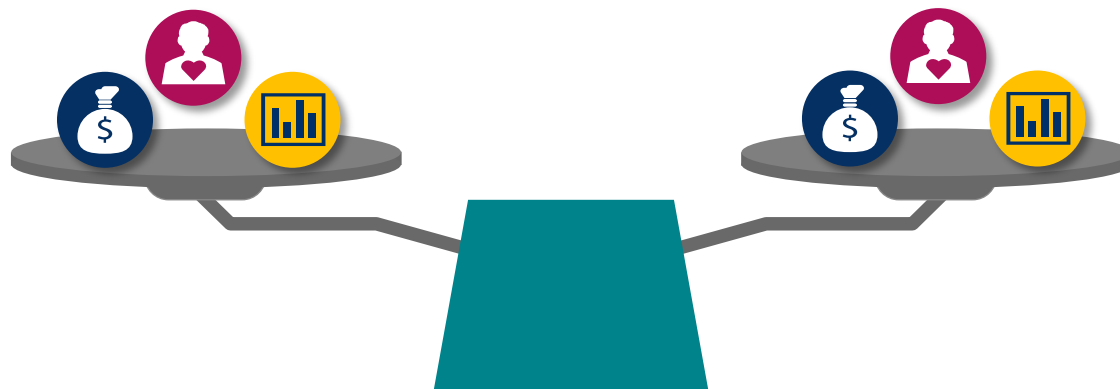
Blanket exclusions:

- Blood clotting factors to control bleeding for hemophilia patients
- New technology add-on payments under the IPPS
- Payments for items and services with pass-through payment status under the OPPS

Part B services:

- Excluded only if incurred during a excluded ACH admission or readmissions
- BPCI Advanced will not follow the clinically related criteria guiding Part B exclusions used in BPCI

Acute Care Hospital (ACH) Benchmark Price



The **Hospital's Benchmark Price** accounts for three central factors:



Patient case-mix



Patterns of spending relative to the ACHs peer group



Historic Medicare FFS expenditures efficiency in resource use specific to the ACHs Baseline Period

PGP Benchmark Prices



- Physicians may have distinctive practice profiles, informed by:
 - Care philosophy
 - Training / experience
 - Context
- Limited feedback on how quality and cost profiles compare to peers
- PGP benchmark prices are anchored on the ACH where episodes occur, but are adjusted for each PGP's historical experience
 - Allows more physicians to participate
 - Establishes a pathway for practice refinement over time

BPCI Advanced Qualifies as an Advanced Alternative Payment Model



Eligible clinicians who meet patient count or payment thresholds may become Qualified APM Participants (QPs) and receive the 5% APM Payment.



For ACH Participants, eligible clinicians will be assessed individually for purpose of QP determination.



For PGP Participants, eligible clinicians will be assessed as a group for purpose of QP determination.

Advanced Alternative Payment Model (APM) Criteria

- Participants must use CEHRT to document and communicate clinical care with patients and other healthcare professionals
- Payment will be linked to quality
- Participants are eligible for payments as much as 20% of the Target Price, but also at risk for as much as 20% of the Target Price



Quality Measures



Will include claims-based measures through 2020



Additional measures with varying reporting mechanisms may be added in the future



Initial Quality Measures



Quality measures for:	
All Clinical Episodes	All-cause Hospital Readmission Measure (National Quality Forum [NQF] #1789)
	Care Plan (NQF #0326)
Specific Clinical Episodes	Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin (NQF #0268)
	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (NQF #1550)
	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (NQF #2558)
	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (NQF #2881)
	AHRQ Patient Safety Indicators (PSI 90)

Risk Will Be Constrained For Low Volume Participants

- Unusual patient cases can distort performance for low volume participants
- As a protection, risk will be constrained for particular clinical episode volumes



CMS INNOVATION CENTER PARTNERSHIP

BPCI Advanced is a Partnership Between the CMS Innovation Center and Participants



- **Providers**
 - Care for patients on the front line
 - Engage in continuous quality improvement
- **CMS Innovation Center**
 - Provides greater transparency on cost and quality of services provided
 - Establishes payment mechanisms that support improved care processes
 - Rewards providers that deliver greater value



CMS Innovation Center Learning Systems Have Three Broad Functions



Identify and package **new knowledge and best practices**



Leverage data and **participant input** to guide change and improvement



Build **learning communities** and networks to disseminate successful strategies

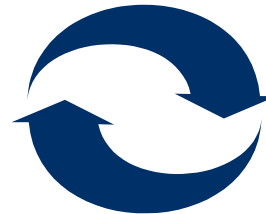
Three Channels For Care Transformation



CMS learns from participants



Participants learn from CMS



Participants learn from each other

Strategies for Success



Patient
Education



Data and
Dashboards



Care
Navigation



Multidisciplinary
Steering Committees



Changing or
Standardizing
Care Protocols



Post-Acute Care
Preferred Provider
Networks

Why Should You Participate?



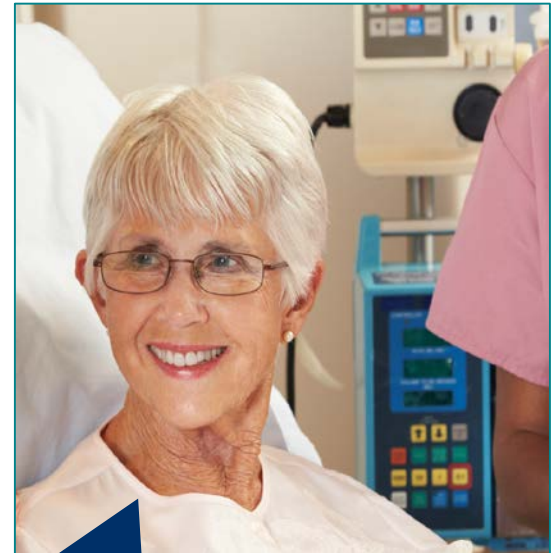
- If successful, the model will result in **streamlined, coordinated care episodes**
 - Improve the patient experience
 - Improve outcomes
 - Decrease costs
- The model affords **new flexibilities** in care delivery
- As pressure on fee for service reimbursements continues, **the world is shifting towards alternative payment models**
- **Advanced APM** under the Quality Payment Program



BPCI Advanced: The Patient Experience



- ✓ Seamless, streamlined experience
- ✓ Avoids complications
- ✓ Achieves better outcomes
- ✓ Improves patient experience



“After my hospital admission, I was scared and uncertain. The doctors and nurses made sure I understood the plan. They made sure I knew what to look out for and who to call when problems occurred.”

Summary



- **BPCI Advanced is a new voluntary Advanced APM**
 - Builds on prior experience
 - Responsive to stakeholders
- **Establishes responsibility for clinical episodes**
 - Aims to catalyze health system transformation
 - Successful participants (quality, cost) may receive additional payments
- **Will be an Advanced APM in the Quality Payment Program**

NEXT STEPS



Learning Resources



Webcasts



More details of the model can be found in two presentations:

- Model Overview
- Application Process

Available at the CMS Innovation Center website:

<https://innovation.cms.gov/initiatives/bpci-advanced>

Print Resources



You can find a variety of resources, including a Model Timeline, Fact Sheet, FAQs (General and Physician-focused), Episode Definitions, and an Application Process Handout on the CMS Innovation Center website.

Questions



If you have questions, contact the BPCI Advanced Model team at:

BPCIAdvanced@cms.hhs.gov

To Apply by March 12, 2018



Visit the BPCI Advanced Application Portal:
<https://app1.innovation.cms.gov/bpciadvancedapp>

Key Dates

