

# What's keeping me up at night?

## Perspectives from a Multispecialty Group

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# Crystal Run Healthcare



- Physician owned MSG in NY State, founded 1996
- 350+ providers, >30 locations, 47 specialties
- Joint Venture ASC, Urgent Care, Diagnostic Imaging, Sleep Center, High Complexity Lab, Pathology
- Early adopter EHR (NextGen®) since 1999
- Care Managers since 2004
- Accredited by Joint Commission since 2006
- Level 3 NCQA PCMH Recognition 2009, 2012

# Crystal Run Healthcare ACO



- Single entity ACO
- NCQA ACO Accreditation (December 2012)
- MSSP (2012)
  - 15,000 patients 2015
- Commercial, Medicaid, Medicare
- Crystal Run Health Plans (2015)
- OCM, BCPI, CJR

# Outline

- Medicare ACO Performance
- MSSP vs. Nextgen ACO
- MIPS vs. MACRA
- Who's going to pay for this?
- Physician Burnout

# MSSP Performance

- 2012-2015: within MSR/MLR each year
- Key Drivers:
  - Inpatient and ER Utilization
  - SNF Utilization
  - HCC
- Barriers:
  - Hospital Relationship

# Hospital Alignment / Incentive

- Large Variation in Cost across region
- Triple Aim
- Sepsis
- Post-acute Care
- CJR

# Regional Post Acute Care Costs

MS DRG: 470 - Major joint replacement or reattachment of lower extremity w/o MCC										
Benchmark /	Anchor	% of Anchors Having					Average Length of Stay			
Hospital	Count	Readm	IRF	LTCH	SNF	HHA	Readm	IRF	LTCH	SNF
National Average		5.3%	9.2%		40.0%	56.7%	5.2	10.7		22.4
10 <sup>th</sup> Percentile Best Performing		3.9%	2.1%		31.6%	52.0%	4.6	10.5		18.7
Facility A	68	4.4%	35.3%	0.0%	41.2%	44.1%	8.0	9.1	N/A	26.8
Facility B	84	9.5%	65.5%	0.0%	31.0%	22.6%	7.1	7.9	N/A	29.7
Facility C	193	5.2%	40.4%	0.0%	21.2%	52.3%	6.1	8.9	N/A	39.5
Facility D	46	2.2%	10.9%	0.0%	32.6%	71.7%	3.0	11.2	N/A	23.2
Facility E	12	0.0%	0.0%	0.0%	100.0%	8.3%	N/A	N/A	N/A	34.3
Facility F	100	6.0%	15.0%	0.0%	19.0%	82.0%	3.0	10.1	N/A	40.5

# MSSP Analysis

- 2015: 8% Reduction Inpatient Admissions, 2% Reduction ER, 14% Reduction SNF LOS
- HCC Scores increased for continuously aligned
- HCC Scores decreased newly assigned
- HCC Impact: - \$5 M
- Conclusion: rapid growth and retrospective attribution impact performance



# Nextgen ACO Analysis

- Pitfalls:
  - Difficult to understand benchmark
  - Attribution methodology ?
  - HCC model change but competing with other NGACO's
  - Reserves

# MACRA: APM's

Medicare Option – Payment Amount Method

Payment Year	2019	2020	2021	2022	2023	2024+
QP Payment Amount Threshold	25%	25%	50%	50%	75%	75%
Partial QP Payment Amount Threshold	20%	20%	40%	40%	50%	50%



Payments

Medicare Option – Patient Count Method

Payment Year	2019	2020	2021	2022	2023	2024+
QP Patient Count Threshold	20%	20%	35%	35%	50%	50%
Partial QP Patient Count Threshold	10%	10%	25%	25%	35%	35%



Patients

# MACRA: MIPS

2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Anticipated annual baseline payment increases:									
.5%	.5%	.5%	.5%	.5%	0%	0%	0%	0%	0%
Current quality programs remain in place (PQRS, MU, VBPM). Penalties up to:									
-3.5%	-6%	-9%	TBD						
				MIPS: Adjustments made based on performance.					
Baseline Payment Adjustments:				(-/+ )4%	(-/+ )5%	(-/+ )7%	(-/+ )9%	(-/+ )9%	(-/+ )9%
Maximum Payment Adjustments for High Performers:				+12%	+15%	+21%	+27%	+27%	+27%
				APMs: 5% Annual bonus paid in lump sums.					

# MACRA

- APM
  - 5% bonus highly desirable
  - APM options not favorable
  - Are percentages sustainable?
- MIPS
  - Performance measures favorable
  - Zero sum gain
  - Bottom performers exempt

# Who's going to pay for all of this?

- Capital Investment to Date
- Benefits of Growth
- Cost of Taking on Risk
- Options and Plan

# Physician Burnout

- Reducing Work
  - Lean
  - IT / EMR
- Coping and Resilience