What’s keeping me up at night?

Perspectives from a Multispecialty Group

Jonathan Nasser, MD
Chief Clinical Transformation Officer
Crystal Run Healthcare
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

<table>
<thead>
<tr>
<th>Benchmark / Hospital</th>
<th>Anchor</th>
<th>% of Anchors Having</th>
<th>Average Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td></td>
<td>Readm 9.2%</td>
<td></td>
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<tr>
<td>10th Percentile Best Performing</td>
<td></td>
<td>Readm 9.2%</td>
<td></td>
</tr>
<tr>
<td>Facility A</td>
<td>68</td>
<td>Readm 4.4%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Facility B</td>
<td>84</td>
<td>Readm 9.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Facility C</td>
<td>193</td>
<td>Readm 5.2%</td>
<td>11.2%</td>
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<tr>
<td>Facility D</td>
<td>46</td>
<td>Readm 2.2%</td>
<td>10.9%</td>
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<tr>
<td>Facility E</td>
<td>12</td>
<td>Readm 0.0%</td>
<td>0.0%</td>
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<tr>
<td>Facility F</td>
<td>100</td>
<td>Readm 6.0%</td>
<td>15.0%</td>
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- MS DRG: 470
- Major joint replacement or reattachment of lower extremity w/o MCC
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
### Medicare Option – Payment Amount Method

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<tr>
<th>Payment Year</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024+</th>
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<tr>
<td>QP Payment Amount Threshold</td>
<td>25%</td>
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<td>50%</td>
<td>50%</td>
<td>75%</td>
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<tr>
<td>Partial QP Payment Amount Threshold</td>
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<td>40%</td>
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### Medicare Option – Patient Count Method

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MACRA: MIPS

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**Anticipated annual baseline payment increases:**

**Current quality programs remain in place (PQRS, MU, VBPM). Penalties up to:**

- 3.5%
- 6%
- 9%
- TBD

**Baseline Payment Adjustments:**

- (-/+4%)
- (-/+5%)
- (-/+7%)
- (-/+9%)

**Maximum Payment Adjustments for High Performers:**

- +12%
- +15%
- +21%
- +27%
- +27%
- +27%

**MIPS: Adjustments made based on performance.**

**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