Roadmap to Reform
Progress and Pitfalls: An Interactive Forum

2017 AACVPR Affiliate Leadership Forum
Value-Based Care

- Best Practices to manage and coordinate care
- Paying for outcomes and health
- Transparency in price and quality
- Sustainable rate of growth
- Shared responsibility for health
- Measuring Performance

Better Health, Better Care, Lower Costs
The Basics of VBC - Patient Care

What is a “Value-Based Payment” Model?

Value-Based Payment:
A payment model which rewards healthcare providers for meeting certain predetermined performance measures related to quality and efficiency.

Quality: The standard of something as measured against other things of a similar kind; the degree of excellence of something “quality of life” also the general excellence of standard or level.

Efficiency: The state or quality of achieving maximum productivity with minimum wasted effort or expense.

Value: The regard that something is held to deserve; the importance or preciousness of something: “Your support is of great value.”
How Does VBC Work?

HOW VALUE-BASED CARE WORKS

Value-based care ties reimbursement to quality, not quantity, of care. The goal is to incentivize better care and lower costs.

This example shows its use in a hospital, but it can apply to any healthcare provider:

- If the patient gets an infection, the patient bears the cost to treat it. (Fee-for-Service Care)
- If the patient gets an infection, the hospital bears the cost to treat it. (Value-Based Care)
Value-Based Care

Alternative Payment Models
Linking financial incentives to providers' performance on a set of defined measures

- Shared Savings
- Pay for Performance
- Primary Care Services Payment
- Bundled Payments

Better Care, Better Health, Lower Costs
# FFS vs. VBC

## The New World

<table>
<thead>
<tr>
<th></th>
<th>Volume-Based</th>
<th>Value-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payment</strong></td>
<td>Fee-for-Service</td>
<td>Outcome Based</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Episodes</td>
<td>Populations</td>
</tr>
<tr>
<td><strong>Role of the Provider</strong></td>
<td>Interaction on Individual Interactions</td>
<td>Team-Based Care Continuum</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>Retrospective</td>
<td>Predictive</td>
</tr>
</tbody>
</table>
### Why Value Based Care in Cardiology

#### Table 1. Mean 90-day episode costs and standard deviation.

<table>
<thead>
<tr>
<th></th>
<th>PCI</th>
<th>AMI</th>
<th>CABG</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>224,006</td>
<td>205,712</td>
<td>138,763</td>
</tr>
<tr>
<td>Mean Total Episode of Costs of Care</td>
<td>$27,153</td>
<td>$34,397</td>
<td>$51,407</td>
</tr>
<tr>
<td>Standard Deviation total episode of care costs</td>
<td>$24,450</td>
<td>$35,495</td>
<td>$37,342</td>
</tr>
</tbody>
</table>
The Change Curve

Stage 1. Status Quo
- Ending
  - Denial
  - Shock
  - Fear
  - Anger
  - Frustration

Stage 2. Disruption

Stage 3. Exploration
- Enthusiasm
  - Hope
  - Acceptance
  - Creativity

Stage 4. Rebuilding
- Commitment
  - New Beginning
CHANGE IS COMING. BE PREPARED.

R2R
ROADMAP TO REFORM
AACVPR
American Association of Cardiovascular and Pulmonary Rehabilitation

aacvpr.org/R2R
Bundled Payments “Algorithm”

294 MSAs

98 MSAs
Chosen for AMI/CABG bundle

45 MSAs
Also in CR incentive

53 MSAs
Not in CR incentive

196 MSAs
Not chosen for AMI/CABG bundled payment

45 MSAs
In CR incentive

151 MSAs
Not in CR incentive or AMI/CABG bundle
Cardiac Rehab is Finally in the Vocabulary of Administrators, Surgeons and Cardiologists

- Now is the time to prove your worth
- Talk is cheap, need to show results to remain relevant
- Measure, track and analyze outcomes
  - Clinical: BP control, functional capacity, depression, tobacco use, readmissions
  - Effectiveness: time to enrollment, adherence
  - Efficiency: staff per patient ratio
- Report your successes
- Recognize what you may need to change
Affiliate Survey Results

- Sent to all attendees of Affiliate meetings held this spring
- Questions focused on knowledge of & involvement in the Cardiology Episode Payment (Bundled Payment) Model
- Results are being used to further R2R efforts
- What is happening, why is it happening, what can I do to make a difference in what is happening?
- How do I put this concept into practice?
- How can I as an Affiliate leader facilitate change within my Affiliate?
Q1: Are you aware of your hospital’s involvement or planned involvement in any value-based care programs or projects?
Q2: Are you personally involved in any value based care programs within your facility?
Q3: Is your hospital scheduled to be part of the MI/CABG Bundled payment?

- Yes, it is
- No, it is not
- I am unsure
Q4: If yes, which of the following will apply to your program when the MI/CABG value based purchasing (bundled) payment begins?

- Bundled payment with...
- Bundled payment with...
- Cardiac Rehab Incentive only
- No Change in Payment Mode...
- Uncertain/Don’t Know
Q5: Are you part of the CR Incentive, either with or without the MI/CABG Bundle?

- Yes, I am: 30%
- No, I am not: 50%
- I am unsure: 20%
Q6: Did the R2R presentation at your Affiliate Conference increase your knowledge of general healthcare payment strategies, such as bundled payments?

- Yes: 90%
- No: 10%
Q7: Prior to the R2R presentation, were you aware of the AACVPR R2R turn key strategies to increase program efficiency and effectiveness?
What Can You Do?

- Articulate Patient Benefits
- Talk to your Docs
- Share the Data from the Literature
- Share your Program’s Data
- Understand Financial Impact
- Obtain Administration Buy-In
Keys to Success

- Be open to change
- Refer to and share best practice
- Re-design program to accommodate more patients
- Stay informed (AACVPR website, webinars, region workshops, Reimbursement Updates
- Educate your team
Discussion
Question #1: Strategize

Among your affiliate members, how would you strategize to discover and disseminate key information about model programs that are engaged in value care initiatives that could benefit other programs in your state/region?
In what ways can AACVPR support you and your Affiliate region facilities enacting value-based care?
What legacy would you like to achieve for the duration of your presidency which reflects striving for value based care that would increase referrals, enrollment and adherence to CR/PR?
Value-Based Care
Discussion