

RENAL PHYSICIANS ASSOCIATION



2017 ANNUAL
MEETING March 17-19

Nashville

RPA
Renal Physicians Association

ESCO Practice's Time and Resource Commitment

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Agenda

- ▶ ESCO Overview
 - Structure/Governance
 - Quality Metrics
- ▶ MACRA Legislation
- ▶ Practice Resources
- ▶ Questions

ESCO Overview

- Partnership between Nephrologists, Dialysis Organizations and other care providers
- Accountable for all facets of their matched beneficiaries' care
- Financial Impact
 - Share savings with CMS if actual expenditures for matched beneficiaries' are lower than the baseline and quality is maintained
 - Share losses if beneficiaries' actual expenditures are higher than the baseline
- Quality Metrics
 - Accountable for 16 quality metrics
 - A quality score is calculated based on the results of the 16 metrics and impacts the amount of shared savings/losses that pass to the ESCO
 - The quality score is based on results compared to a national benchmark **or** year over year improvement in the quality outcomes of the ESCO

Beneficiary Eligibility

- ▶ Enrolled in Medicare Parts A and B
- ▶ Medicare is primary payer
- ▶ Not be enrolled in a Medicare Advantage plan, cost plan, or other non-Medicare Advantage Medicare managed care plan
- ▶ Not be affiliated with an existing shared savings program
- ▶ At least 18 years of age & reside in the US
- ▶ Not received a kidney transplant in the last 12 months
- ▶ Matching through “**first touch**”
- ▶ Receive at least 50% of annual dialysis services in the ESCO’s market area

Important to Note

- ✓ Beneficiary matching is based on the dialysis unit.
- ✓ Initial matching is preliminary
- ✓ Final matching for shared savings/loss is retrospective
- ✓ Beneficiaries retain all of their freedom of choice
- ✓ Medicare continues to pay claims

Note: A beneficiary will be removed from the ESCO's list of aligned beneficiaries for the entire Performance Year if the patient received more than 50 percent of his or her dialysis services from one or more Dialysis Facilities outside of the Market of the ESCO during the Performance Year.

Waivers

- ▶ Distribution of Shared Savings
- ▶ Patient Engagement Incentives
- ▶ Information Technology for Participants
- ▶ Performance-based Payments to Physicians
- ▶ Care Coordination Arrangements
- ▶ Remuneration Furnished by the Company

- ▶ In general the waivers offer protection from:
 - Physician Self Referral Law
 - Federal Antikickback Statute
 - Civil Monetary Penalty Law – Beneficiary Inducements
- ▶ **ESCO must meet all the conditions set forth in the waivers and by extention the conditions set forth in the Comprehensive ESRD Care (CEC) Initiative.**

Governance Structure

- ▶ Managed by a Board of Managers
 - Representatives from Practice(s)
 - Representatives from Dialysis Organization
 - Independent Consumer Advocate
 - No one Participant can have greater than 50% vote

Quality Program Strategies & Tools

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Quality Categories

9 Hybrid Measures

- Combination of claims data and chart review

1 Standardized Ratio Measure

- Based on claims or other CMS documentation

6 Survey Measures

- ICH-CAHPS – uses Dialysis surveys conducted for Dialysis Clinic Quality

Total of 16 measures

Hybrid Measures

Measure	Description
Diabetic Eye Exam	Percentage of ESCO beneficiaries age 18 to 75 with diabetes (Type 1 or Type 2) who had an eye exam (retinal) performed.
Diabetic Foot Exam	Percentage of ESCO beneficiaries age 18 to 75 with diabetes (Type 1 and Type 2) who had a foot examination. Measurement Period January 1 through December 31
Advanced Care Plan	Percentage of ESCO beneficiaries who had advance care planning during the measurement year. January 1 – December 31
Medication Reconciliation post – hospital discharge	Percentage of discharges from January 1 to December 1 of the measurement year for ESCO beneficiaries for whom medications were reconciled within 30 days of discharge.
Pneumonia Vaccination	Percentage of ESCO beneficiaries who have ever received a pneumococcal vaccine.
Depression Screening and Follow-up	Percentage of ESCO beneficiaries who were screened for clinical depression using a standardized depression screening tool AND, if positive, a follow-up plan documented.
Tobacco Use: Screening and Cessation Intervention	Percentage of ESCO beneficiaries screened for tobacco use at least once during the measurement year AND received cessation counseling intervention if identified as tobacco users.
Falls: Screening, Risk Assessment and Plan to Prevent future Falls	Assessment of falls prevention: (1) Percentage of ESCO beneficiaries who were screened for future fall risk at least once within 12 months
Influenza Vaccination	Percentage of ESCO beneficiaries who received the influenza vaccine from July 1 to December 1 of the measurement year.

Standardized Ratios

Measure	Description
Mortality Rate	Standard measure based on claims or other CMS documentation

ICH CAHPS – Beneficiary Satisfaction

- ▶ ICH CAHPS is administered by CMS-approved survey vendors on a semi-annual basis. The ICH CAHPS questionnaire contains 65 questions that yield six reporting measures:”
 - ✓ Nephrologists' Communication and Caring
 - ✓ Quality of Dialysis Center Care and Operations
 - ✓ Providing Information to Patients
 - ✓ Rating of Kidney Doctors
 - ✓ Rating of Dialysis Center Staff
 - ✓ Rating of Dialysis Center

MACRA vs MIPS

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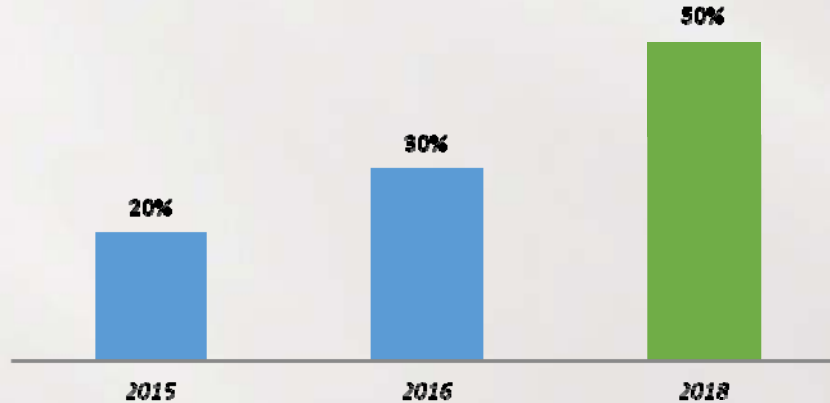
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CMS Lays Down Marker for Value-Based Payment

Explicit Targets Hint at Forceful Measures Ahead

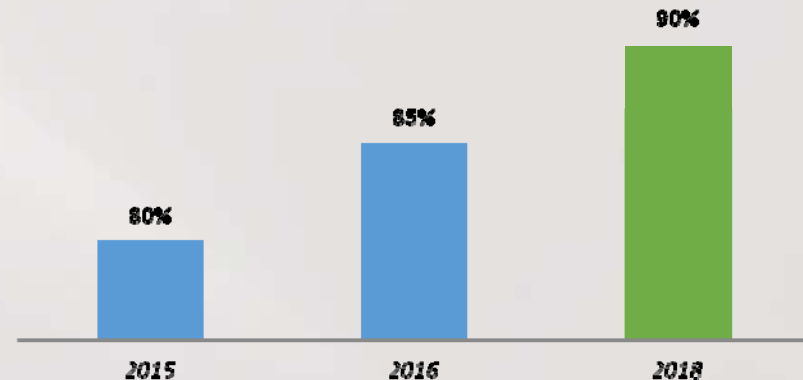
Aggressive Targets for Transition to Risk

Percent of Medicare Payments Tied to Risk Models



FFS Increasingly Tied to Value

Percent of Medicare Payments Tied to Quality



“Providers should compare ACO earnings not with what they could earn in today’s fee-for-service payment environment but with what they could expect to earn in the future if they didn’t participate in such alternative payment models.”

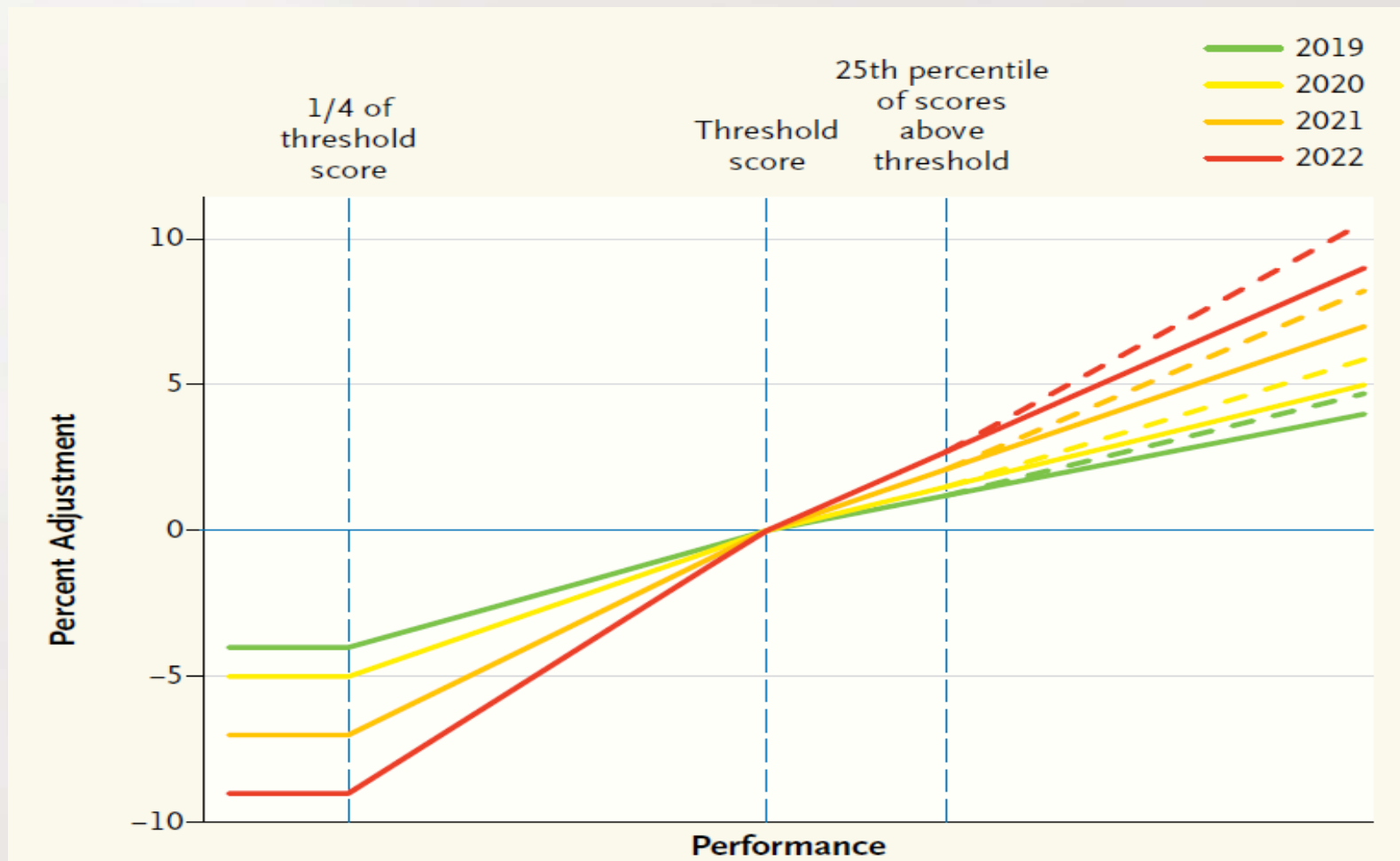
Senior CMS Officials

MACRA (2015)

- ▶ Medicare Access and CHIP Reauthorization Act of 2015
- ▶ Repealed the Sustainable Growth Rate formula
- ▶ Sunsets PQRS, MU and the VM at the end of 2018, creating the Merit-Based Incentive Payment System (MIPS)
- ▶ **Creates 2 classes of providers**
 - Enhanced FFS (MIPS)
 - Alternative Payment Model participants

The Tyranny of MIPS

Composite Performance Score



Advanced APMs meet certain criteria.



As defined by MACRA, advanced APMs **must meet the following criteria:**

- ✓ The APM requires participants to use **certified EHR technology**.
- ✓ The APM **bases payment on quality** measures comparable to those in the MIPS quality performance category.
- ✓ The APM either: **(1)** requires APM Entities to bear more than nominal **financial risk** for monetary losses; **OR (2)** is a **Medical Home Model expanded** under CMMI authority.

Proposed Rule Advanced APMs

Based on the proposed criteria, which current APMs will be Advanced APMs in 2017?

- ✓ **Shared Savings Program** (Tracks 2 and 3)
- ✓ **Next Generation ACO Model**
- ✓ **Comprehensive ESRD Care (CEC)** (large dialysis organization arrangement)
- ✓ **Comprehensive Primary Care Plus (CPC+)**
- ✓ **Oncology Care Model (OCM)** (two-sided risk track available in 2018)

How do I become a **Qualifying APM Participant (QP)**?



You must have a **certain %** of your patients or payments through an **Advanced APM**.

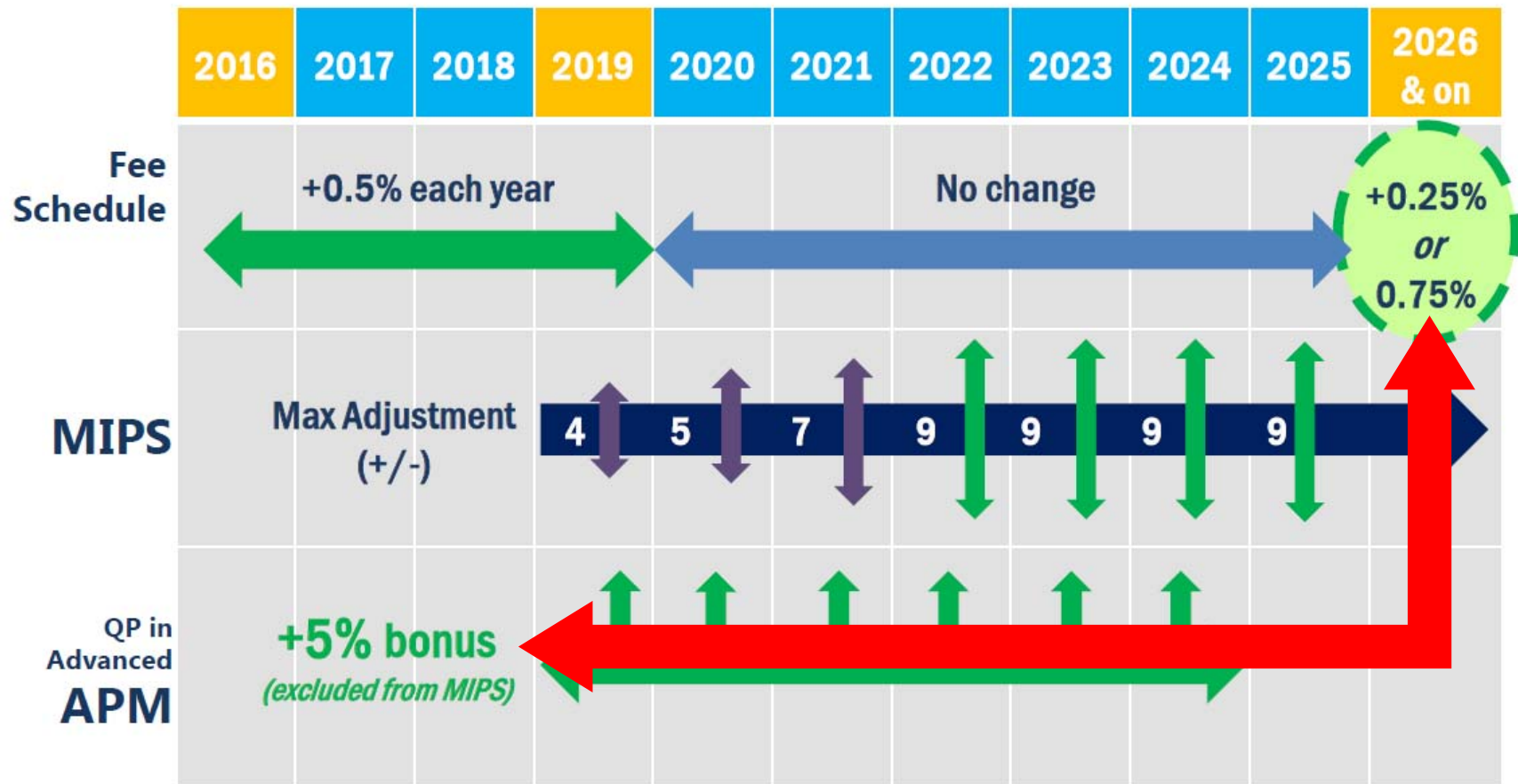
QPs will:

Be excluded from MIPS

Receive a 5% lump sum bonus

Bonus applies in 2019-2024; then QPs receive higher fee schedule updates starting in 2026

Putting it all together:



Practice Resources Q&A

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Panelists

- ▶ Carole Ann Norman – Practice Administrator
 - Columbia Nephrology Associates
 - A 20 Physician Nephrology practice in Columbia, SC.
- ▶ David Roer, MD – Medical Director
 - Villagehealth Integrated Kidney Care
 - A 18 Physician Nephrology Practice in Ft. Lauderdale – Miami, FL
- ▶ Nelson Kopyt, MD – Nephrologist
 - Valley Kidney Specialists
 - A 24 Physician Nephrology Practice in Allentown, PA.

Questions for the Panel

- ▶ What changes has your practice implemented in order for your providers to support the ESCO?
- ▶ How will my practice have to change its workflow patterns as well as what cultural changes will be needed to optimize care of an ESCO patient?
- ▶ What additional time commitment does the ESCO create for physician partners?

★ Role of the Practice Manager: *Time management of physician partners*

- ESCOs require extra time commitment outside of normal practice hours
- The Practice Manager can help appropriately allocate physician's time to address additional responsibilities
 - ✓ ESCO Governing Body meetings
 - ✓ Quarterly and Monthly Business and Clinical Reviews
 - ✓ Analysis of patient's clinical outcomes through data reporting tools
 - ✓ Innovation and thought leadership in improving the model of care
- *What can you do as a practice manager?*
 - Spend time with the ESCO care management team in facilities to understand the model

Questions for the Panel

- ▶ In addition to changes with your providers, what changes has your administration had to implement?
- ▶ How will the providers, staff, patients etc., be educated and trained about the ESCO and what documentation will be required for the care of these patients for the new services that are to be provided?
- ▶ How are you reporting out on/or tracking changes in clinical outcomes differently?

✦ Using data to drive changes in clinical practices and improve quality outcomes

- Utilize several different tools in order to better coordinate ESCO Beneficiaries' care holistically:
 - Quarterly – measures performance over time/trends
 - Monthly – more detailed practice and facility-level reporting
 - Rounding – information delivered chair side



Questions for the Panel

- ▶ What role, if any, does the practice management system play in participating in the ESCO?
- ▶
- ▶ How will my practice offset the costs of developing and providing the changes necessary in the practice for a successful ESCO?