



**The Future of Cardiac Care:
Managing Our Patients Together**

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Disclosures: iHeartDoc, Inc. Telemedicine



CAPITATION IS COMING

MACRA

Medicare Access and CHIP Reauthorization Act of 2015

- Repealed the Sustainable Growth Rate (SGR) methodology for determining updates to the Medicare physician fee schedule.
- MACRA was designed to offer physicians a choice between two payment pathways:
 - A modified fee-for-service model (MIPS)
 - New payment models that reduce costs of care and/or support high-value services not typically covered under the Medicare fee schedule (APMs)

MACRA
Medicare Access and CHIP Reauthorization Act of 2015

“MACRA clearly states that CMS’s initial goal was to move 30% of Medicare reimbursement to value-based compensation by the end of 2016, with a future goal of 50% by the end of 2018.”

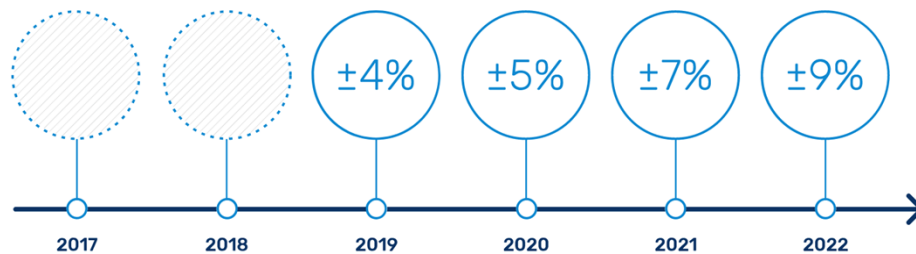
Changing from VOLUME to VALUE.

Quality Payment Initiatives

- **Merit-based Incentive Payment System (MIPS)**
 - **Traditional Part B Medical Payment Methodology**
 - **Performance Based Payment Adjustment (up or down)**
- **Advanced Alternative Payment Models (AAPM):**
 - **Shared Risk Based Payment Methodology**
 - **Incentive Payment for Participating in Innovative Payment Models**
 - **Patient Centered Medical Home (PCMH)**
 - **Accountable Care Organizations (ACO)**
 - **Medicare Shared Savings Programs (MSSP)**
 - **Comprehensive Primary Care Plus Program (PCP+)**
 - **Other Models**

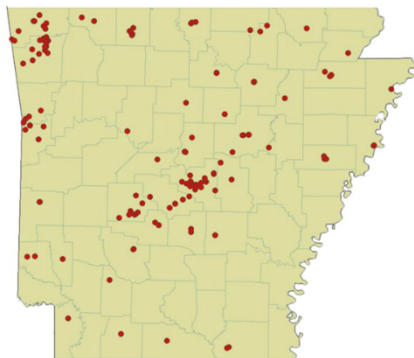
Quality Payment Initiatives

The cycle of the program looks like this:



Comprehensive Primary Care Plus (CPC+)

Figure 1. Clinics Participating in CPC+



Clinics Participating in CPC+

Number of clinics participating in CPC+ voluntarily statewide: 182

- Track 1: 77 clinics
- Track 2: 105 clinics

Payers Participating in CPC+

AR Blue Cross Blue Shield
AR Health and Wellness Solutions
AR Medicaid
AR Superior Select
HealthSCOPE Benefits
QualChoice

Comprehensive Primary Care Plus (CPC+)

- **Access and Continuity**
 - 24/7 Access To Care
- **Care Management**
 - identify high-needs patients, provide targeted individual case management, and offer ED and hospital visit follow-up care
- **Comprehensiveness and Coordination**
 - Manage specialty care needs across the system; monitor patient admission, discharge, and transfers from EDs and hospitals; identify appropriate specialists for referrals
- **Patient and Caregiver Engagement**
- **Planned Care and Population Health**
- **Provider Reporting and Health IT Requirements**

Comprehensive Primary Care Plus (CPC+)



	Care management fee (risk adjusted)	Performance-based incentive payment	Payment structure redesign
Objective	Support proactive care management, staffing, and training needs for comprehensive care	Rewards practices for achieving quality and utilization performance targets	Shifts away from FFS to a prospective payment model to offer provider flexibility
Track 1	\$15 average	\$2.50 opportunity	N/A (standard FFS)
Track 2	\$28 average; including \$100 to support patients with complex needs	\$4.00 opportunity	Reduced FFS with prospective CPC payment

Arkansas Blue Cross Blue Shield Value-Based Compensation Initiative (VBCI)

- **A 5 Year Plan**
- **“In the future, a successful business model will be achieved not by providing a high volume of services, but rather by meeting goals and expectations regarding high-quality outcomes, patient-satisfaction measures, and the elimination of services that are preventable, redundant, or of low value to patients.”**

Arkansas Blue Cross Blue Shield Value-Based Compensation Initiative (VBCI)

- **Primary Care Value Pool**
 - **Reduced Fee For Service**
 - **Enhanced Fee for Patient-Centered Medical Homes, and meeting agreed-upon population management measures and achieving high value scores**
 - **Rewarded by increased per-member per-month care coordination fees.**

Arkansas Blue Cross Blue Shield Value-Based Compensation Initiative (VBCI)

- **Speciality Value Pool**
 - Quality
 - Resource utilization
 - Appropriateness of care decisions
 - Appropriateness of pharmaceutical choices
 - Admitting patterns

“A specialist’s ratings will be shared with primary care physicians because each PCP’s value rating will be impacted by the value rating of the referral specialist selected.”

Arkansas Blue Cross Blue Shield Value-Based Compensation Initiative (VBCI)

- **Hospital Value Pool**
 - Quality and efficiency ratings
 - Appropriateness of admissions
 - Elimination of preventable admissions, readmissions, and emergency room episodes
 - Hospital performance ratings will impact the value ratings of admitting physicians, making admission patterns more important than in the past.

How do we manage our patients together?

Discharge Management

- Identification of the PCP is **CRITICALLY IMPORTANT** during the hospitalization
 - Discharge Summary
 - Medication Reconciliation
 - Procedure/Operative Reports
- Transition of Care (TOC) Visits

Transition of Care (TOC)

- Admitted and Discharged *Medicare* Patients
- Physicians, Nurse Practitioners, or Physician Assistants may bill for TOC care.
- Interactive Contact within 2 business days of discharge by email, phone or in-person. Can be performed by clinical staff (TOC Hospital Nurse)
- In person visit:
 - 99495 Moderate Complexity within 14 business days of discharge
 - 99496 High Complexity within 7 business days of discharge.
 - Telemedicine Eligible Coverage
- Document Medication Reconciliation at visit.
- Bill at 30 days post discharge

2018 MIPS: Cardiovascular Quality Measures

467 Total Measurements

- #5. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- #6. Coronary Artery Disease (CAD): Antiplatelet Therapy
- #7. Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- #8. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- #118. Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- #204. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- #236. Controlling High Blood Pressure Outcome

2018 MIPS: Cardiovascular Quality Measures

- #243. Cardiac Rehabilitation Patient Referral from an Outpatient Setting High Priority
- #257. Statin Therapy at Discharge after Lower Extremity Bypass (LEB)
- #322. Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients High Priority
- #323. Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI) High Priority
- #324. Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients High Priority
- #326. Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
- #374. Closing the Referral Loop: Receipt of Specialist Report Outcome
- #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- #442: Persistence of Beta-Blocker Treatment After a Heart Attack

Cardiac Episodes of Care: Quality

- **Systolic CHF (LVEF<40%)**
 - ACE I or ARB
 - Beta Blocker
- **CAD**
 - **Antiplatelet Medication: Aspirin and/or ticagrelor/clopidogrel bisulfate/prasugrel**
 - ACE I or ARB if diabetic or LVEF <40%
 - Beta Blocker if prior MI (at least a year) or LVEF <40%

Cardiac Episodes of Care: Quality

- **Ischemic Vascular Disease: CAD, PAD, Carotid Artery Disease**
 - **Antiplatelet Medication: aspirin/clopidogrel bisulfate/ticagrelor/prasugrel**
- **Statin Therapy for Secondary Prevention**
 - **For patients with known CAD, PAD, Carotid Disease, CVA, Prior PCI, peripheral bypass or CABG**
- **Anticoagulation in Chronic Atrial Fibrillation and Flutter**

Cardiac Episodes of Care: Quality

- **Appropriateness of Stress Testing**
 - **Not in asymptomatic, low risk patients**
 - **Not in Low Risk Surgery Pre-Op (Non-Vascular)**
 - **Not in routine, asymptomatic Post PCI patients**
- **Referral for Cardiac Rehab post PCI, post CABG**

Hospital Readmission

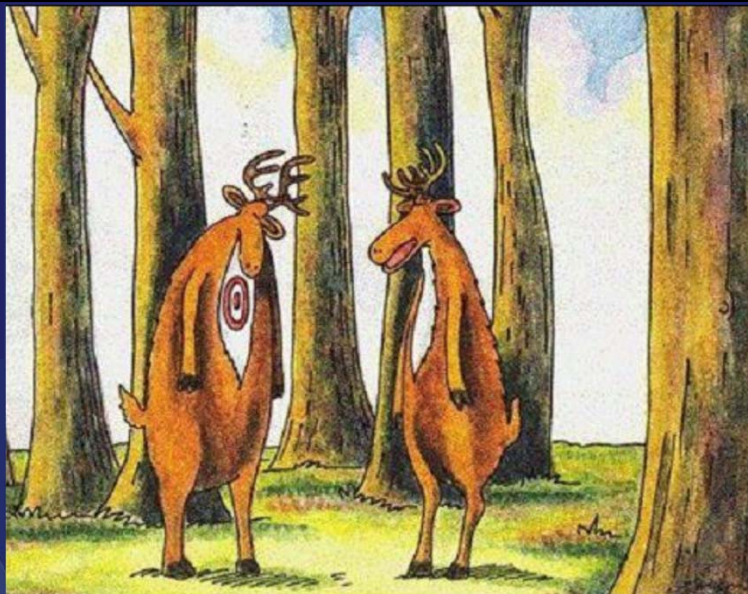
- Admission within 30 days
 - Systolic CHF (LVEF<40%)
 - Post CABG
 - Post MI
 - Post PCI
- Pneumonia (including aspiration and sepsis), COPD, post hip and knee surgery
- No payment for hospital for readmission within 30 days + yearly penalties for excess readmissions.

Hospital Readmission

- Hospital To Specialist To PCP
 - Poor performance at the hospital level leads to poor performance for both specialist and PCP in a value-based market.

How Do We Manage Our Patients Together?

- Communicate
- Understand Our Common Goals For Episodes of Care
- Understand Our Integrated Interests Medically and Financially
- Utilize Our Technology
 - EPIC EMR Integration
 - Telemedicine Appointments and Consults:
 - The Arkansas Telemedicine Act 203 makes direct to patient telemedicine appointments reimbursed. The originating site of service can be the patient's home as of Jan 1, 2018.
 - Patient-Collected Data Integration



"Bummer of a birthmark. Hal."

Thank You