

Burn the Boats The Value Journey

Geisinger

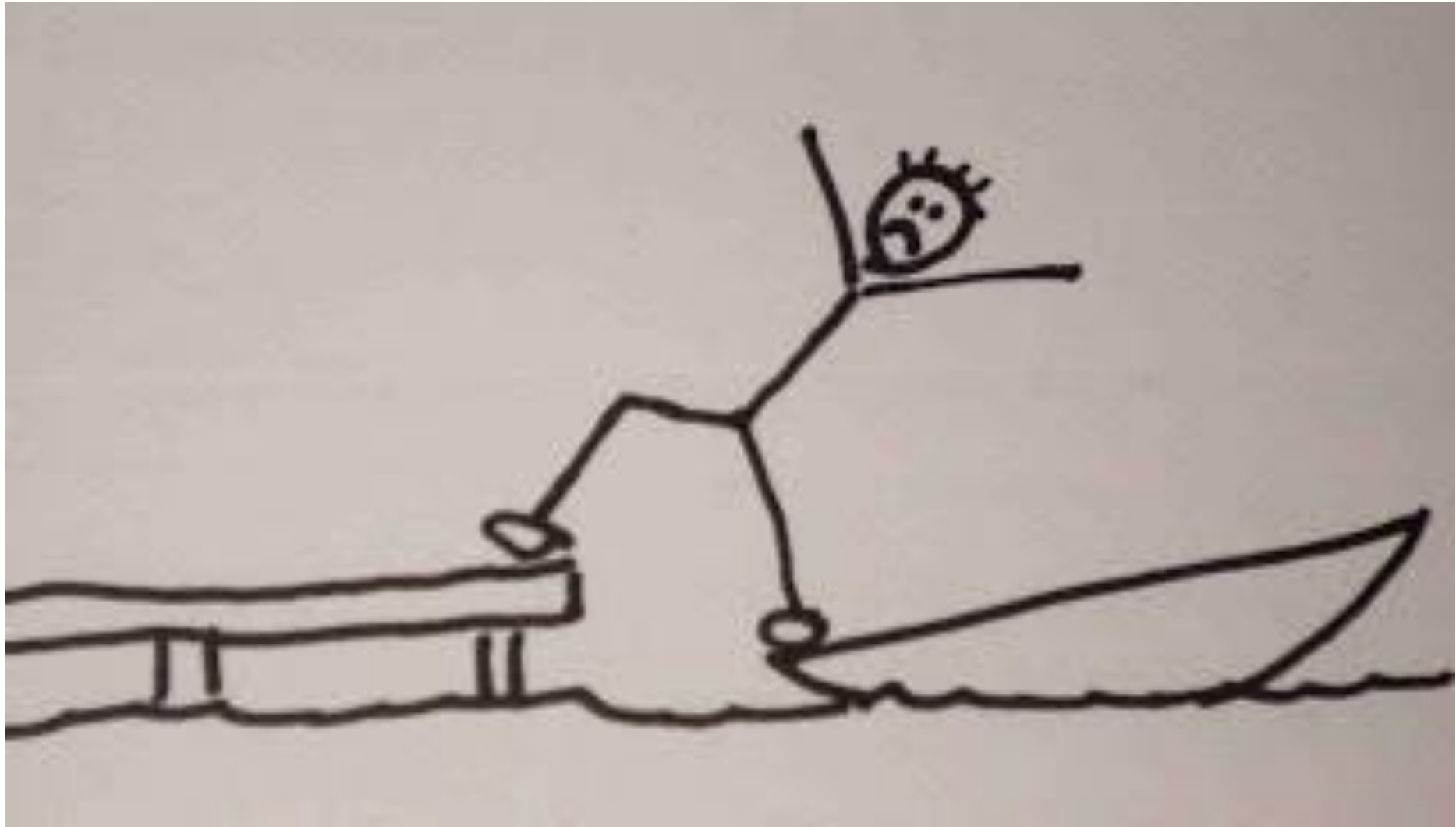
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Insurance Operations and
Strategic Partnerships

Disclosures

- No disclosures to report

Objectives

- Describe the current value-based care context
- Define value
- Highlight the importance of teams
- Understand the power of information
- Explain patient-centered care redesign
- Discuss the impact of social factors



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Burn the Boats



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TRADITION

JUST BECAUSE YOU'VE ALWAYS DONE IT THAT WAY
DOESN'T MEAN IT'S NOT INCREDIBLY STUPID.

www.despair.com

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Value

Prof. M. Porter (Harvard Business School) has set up a clear framework that centers patient value as the critical driver of quality and performance improvement, while minimizing costs.

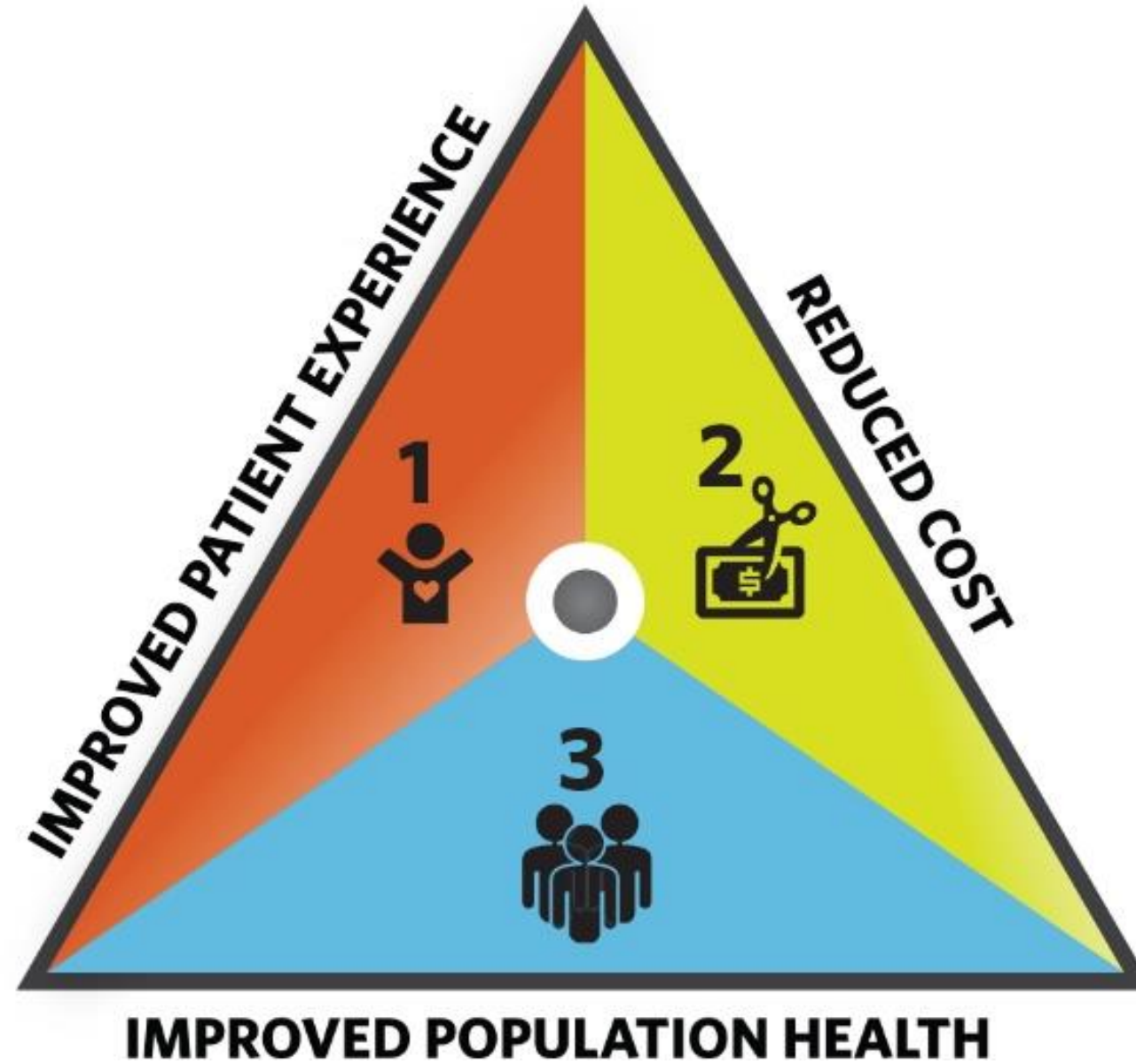


THE VALUE EQUATION RECONSIDERED FOR HEALTH CARE

$$\text{Value} = \frac{\text{Quality}^*}{\text{Payment}^\dagger}$$

* A composite of patient outcomes, safety, and experiences

† The cost to all purchasers of purchasing care





Teamwork

TEAM



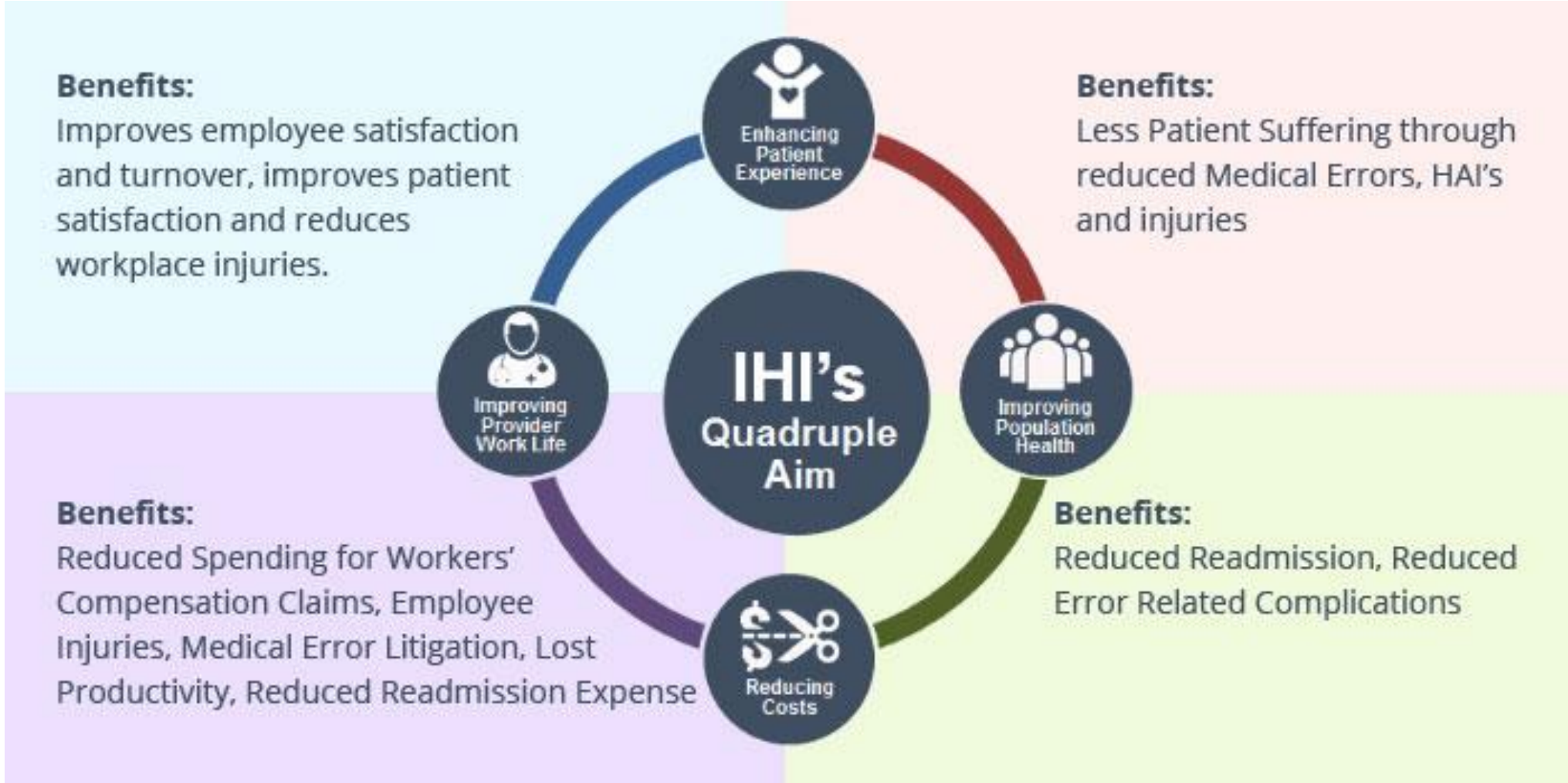
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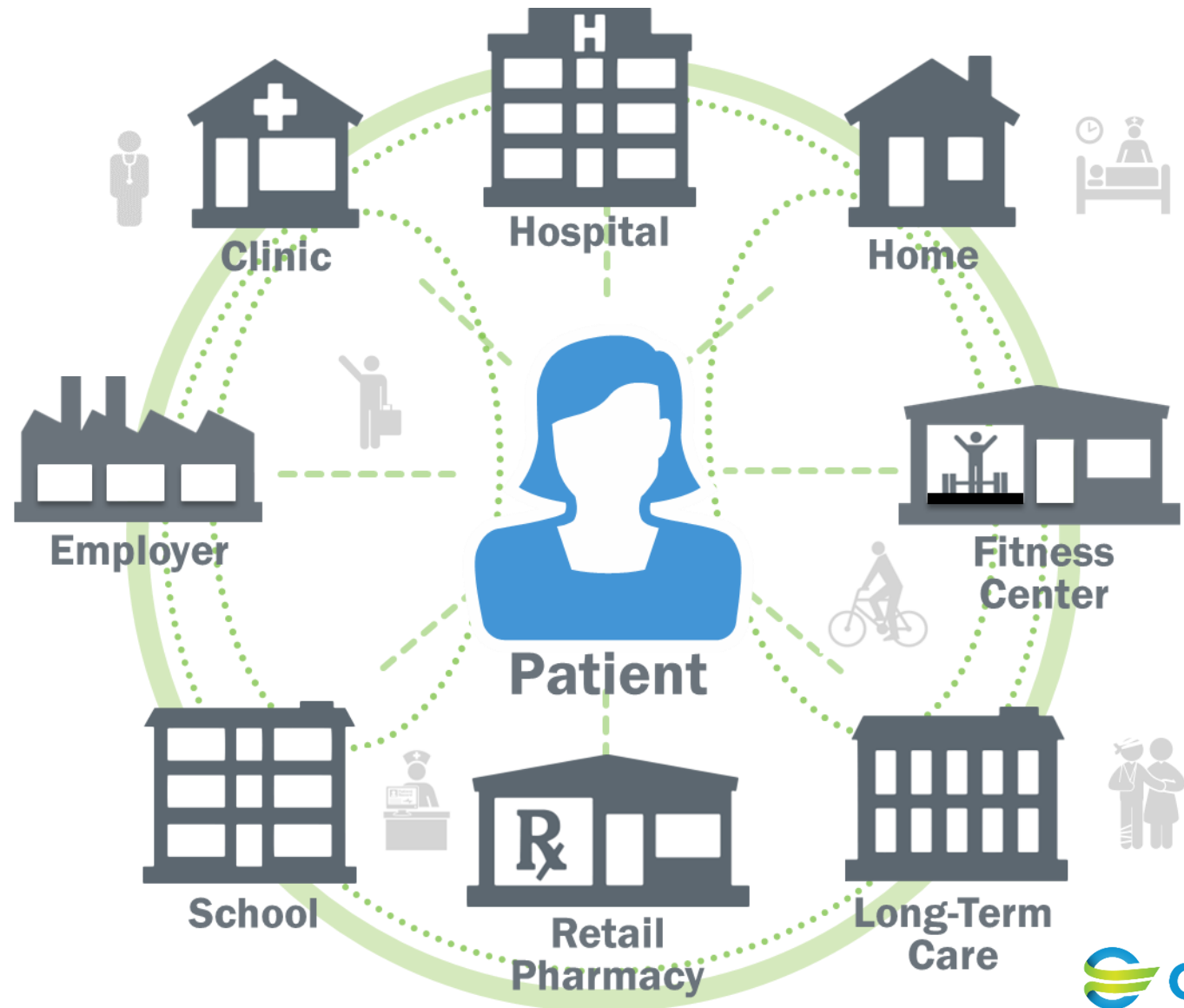


A teal chevron graphic pointing to the right, composed of two lines meeting at a point on the left side.

Information

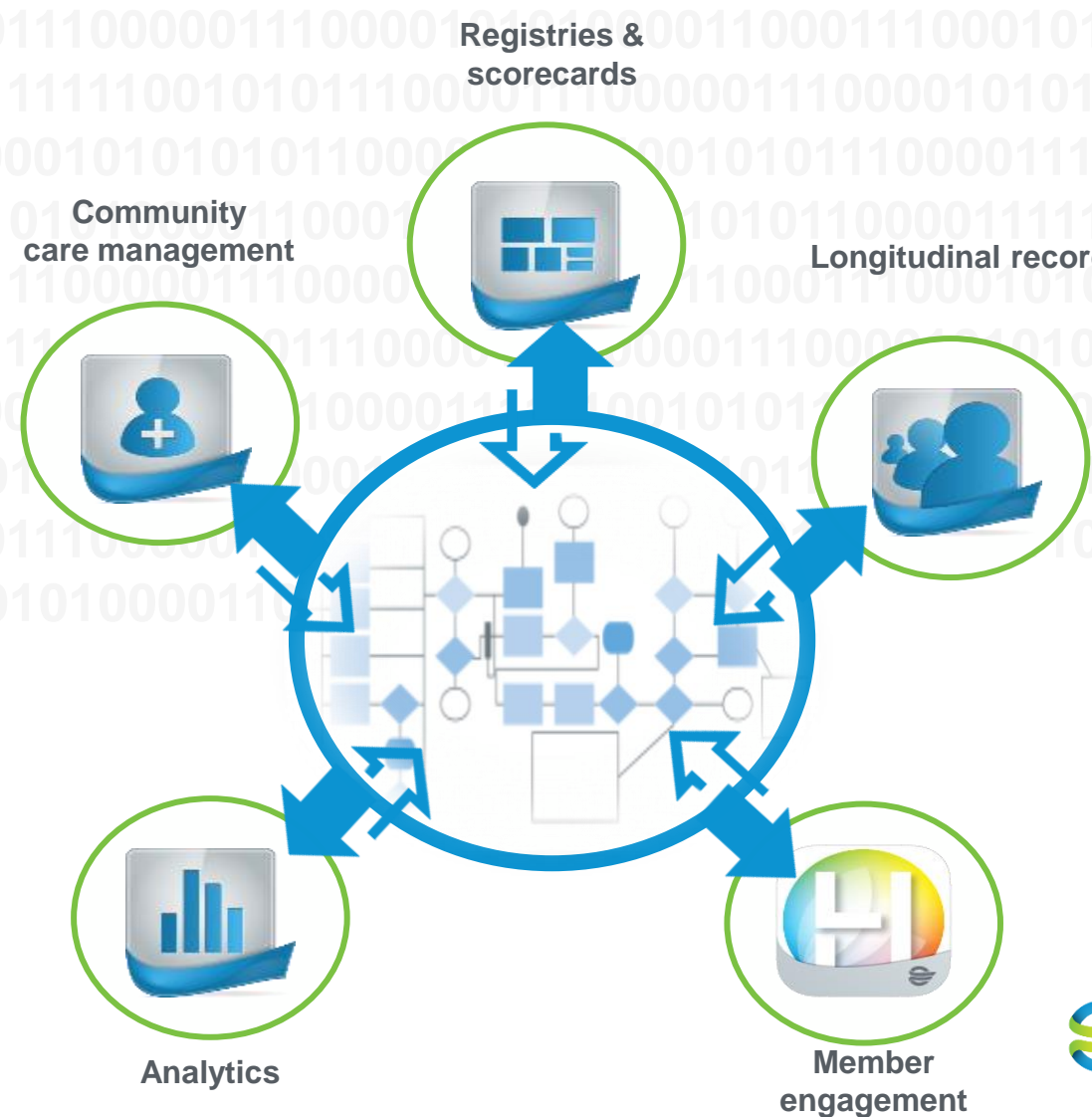
Caring for People

- Connect the continuum
- Manage the Population one individual at a time
- Move from reactive care to Proactive health



Data is King

- Attribution
 - Patient level
 - Population level
 - Provider level
- Prediction
- Management
- Process, and
- Outcomes



Integrating claims and clinical data

The screenshot displays a dashboard for Geisinger, showing a 'Registries' view. The top navigation bar includes 'Scorecards', 'Registries', and 'Administration'. The user 'Greg Strevig' is logged in. The main content area is divided into a left sidebar and a main panel.

Left Sidebar (Registries):

- Organizations: Search Organizations, Sort By: Quality Score
- Population:
 - FAM PRAC MT PLEASANT: 37%
 - FAM PRAC MILTON: 38%
 - VASCULAR SURG HFAM DANVILLE: 38%
 - CARDIOLOGY HFAM DANVILLE: 40%
 - ENDOCRINOLOGY DANVILLE: 41%
 - THORACIC MED DANVILLE GP4: 43%
 - NEPHROLOGY DANVILLE: 46%
 - FAM PRAC BELLEFONTE: 46%
 - RHEUMATOLOGY AGC5 DANVILLE: --

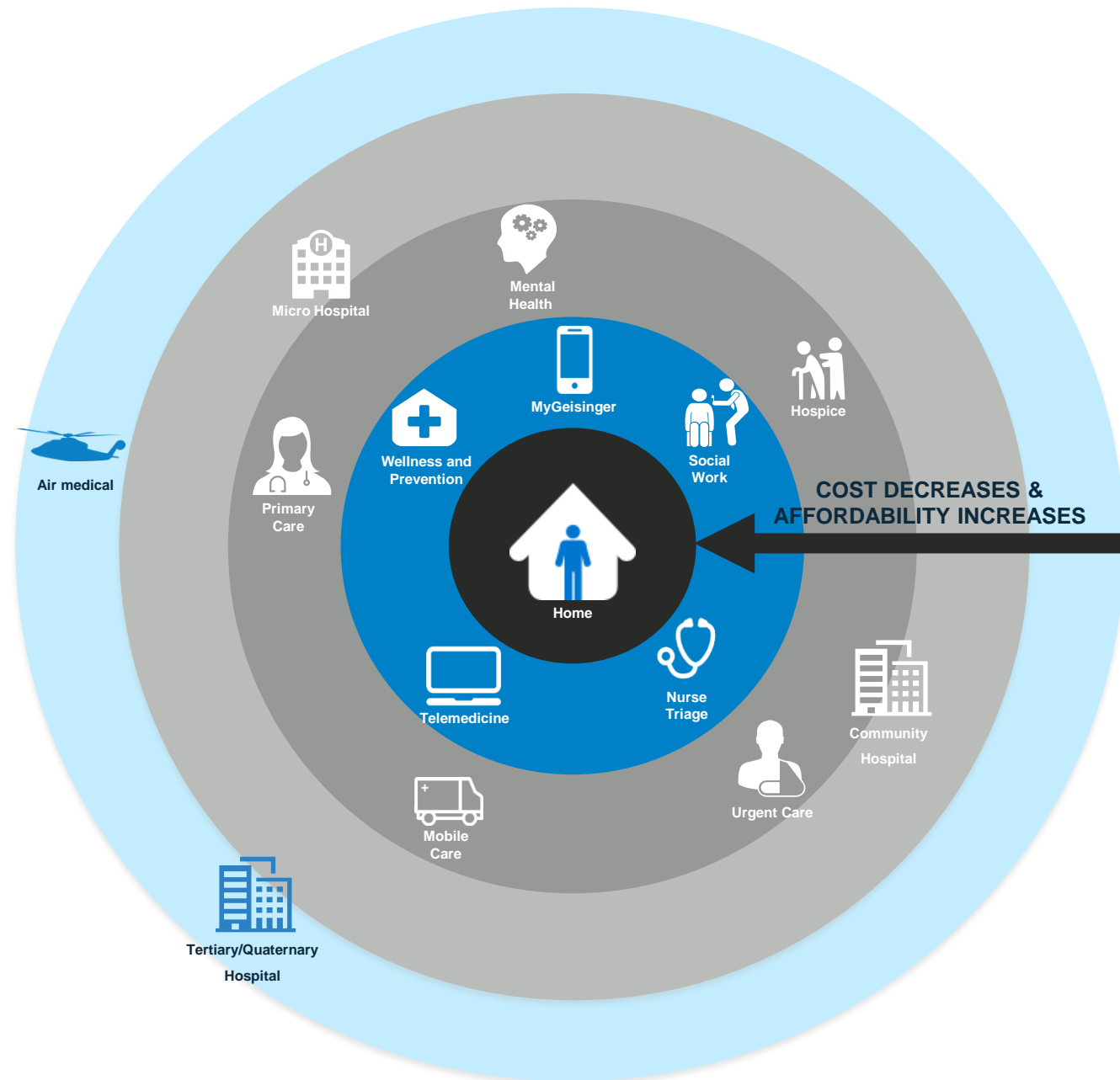
Main Panel (Population):

- Population Summary:** 34,715 Persons, 1,851,393 Unassigned Persons, 49% Complete
- Quality Score:** 41.06%
- Filters:** All Registries, Met %
- Condition Details:**
 - Chronic Kidney Disease:** 62% Met, 4,207 Persons Qualified, 66% Completed
 - Chronic Obstructive Pulmonary Disease:** 35% Completed, 4,088 Persons Qualified
 - Diabetes:** 42% Met, 6,220 Persons Qualified, 51% Completed
 - Heart Failure:** 49% Met, 3,368 Persons Qualified, 52% Completed

A red chevron graphic pointing to the right, consisting of two lines meeting at a point on the left side.

Care redesign

Our future is value-based care...



Volume to value: Primary care redesign

	Before	After
Visit approach	Rushing through visits favored increased volume and RVU productivity	Longer visits allow for more comprehensive care approach
Quality	Production driven mentality prioritizes tasks over coordinating care Solid foundation in HEDIS	Care coordination, in-basket Panel management (ED/admission rates, total cost of care, risk adjusted outcomes)
Patient experience	Hurried access	Smart access
Staff experience	Hamster wheel feeling and burnout	Team-based care More time to care for patient needs
Cost of care	Lack of time leads to unmet needs and additional visits	Goal of less spillover of care into ED and IP environments



**Choosing
Wisely[®]**

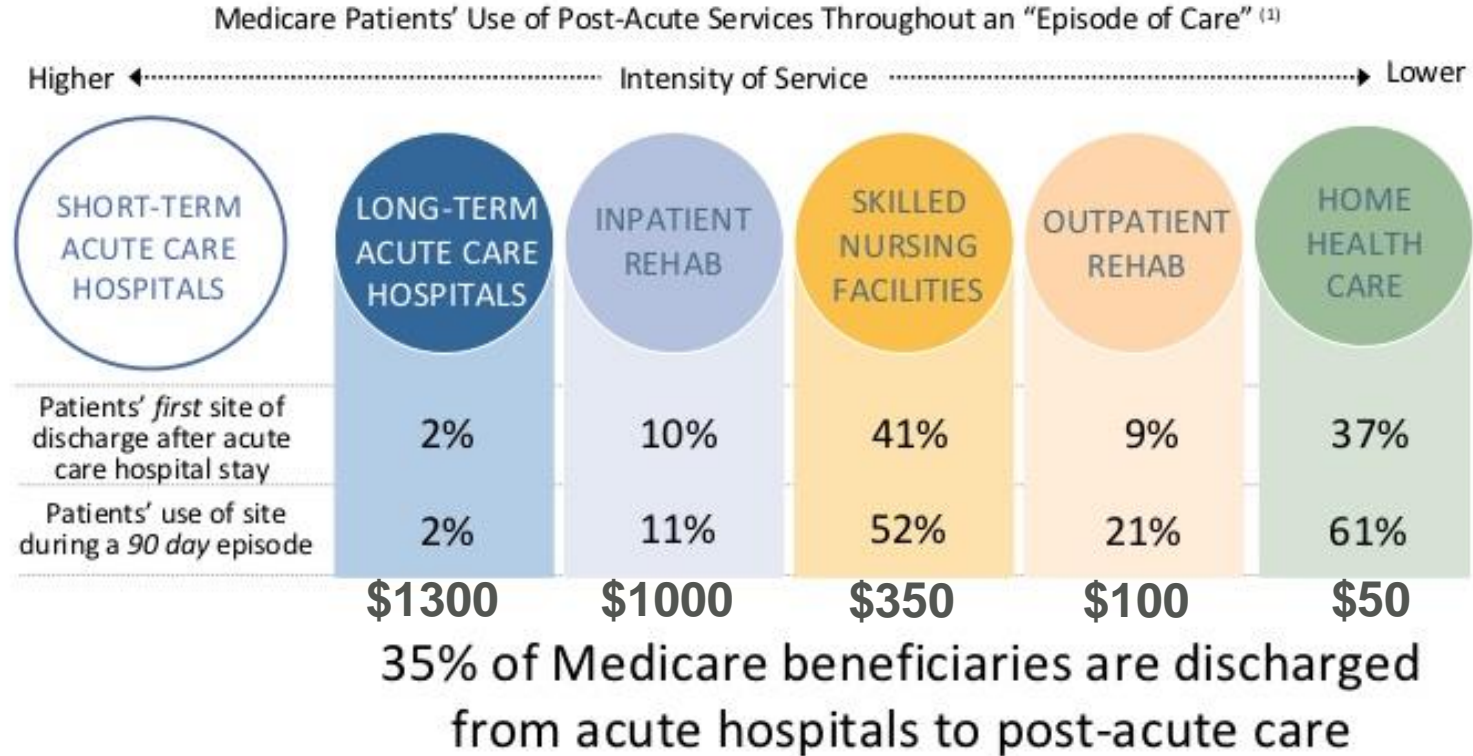
An initiative of the ABIM Foundation

<http://www.choosingwisely.org>

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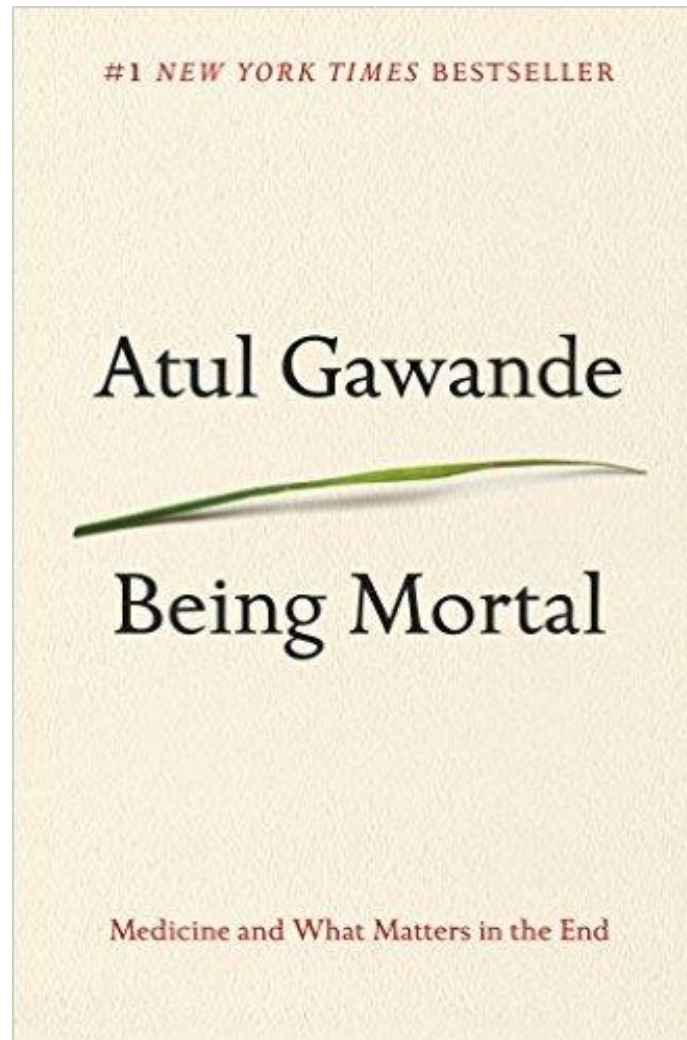


Tremendous Opportunities Exist to Better Manage Patient Care for Patients Discharged to Post-Acute



⁽¹⁾ Source: RTI, 2009: Examining Post Acute Care Relationships in an Integrated Hospital System





<http://www.amazon.com/Being-Mortal-Medicine-What-Matters/dp/0805095152>

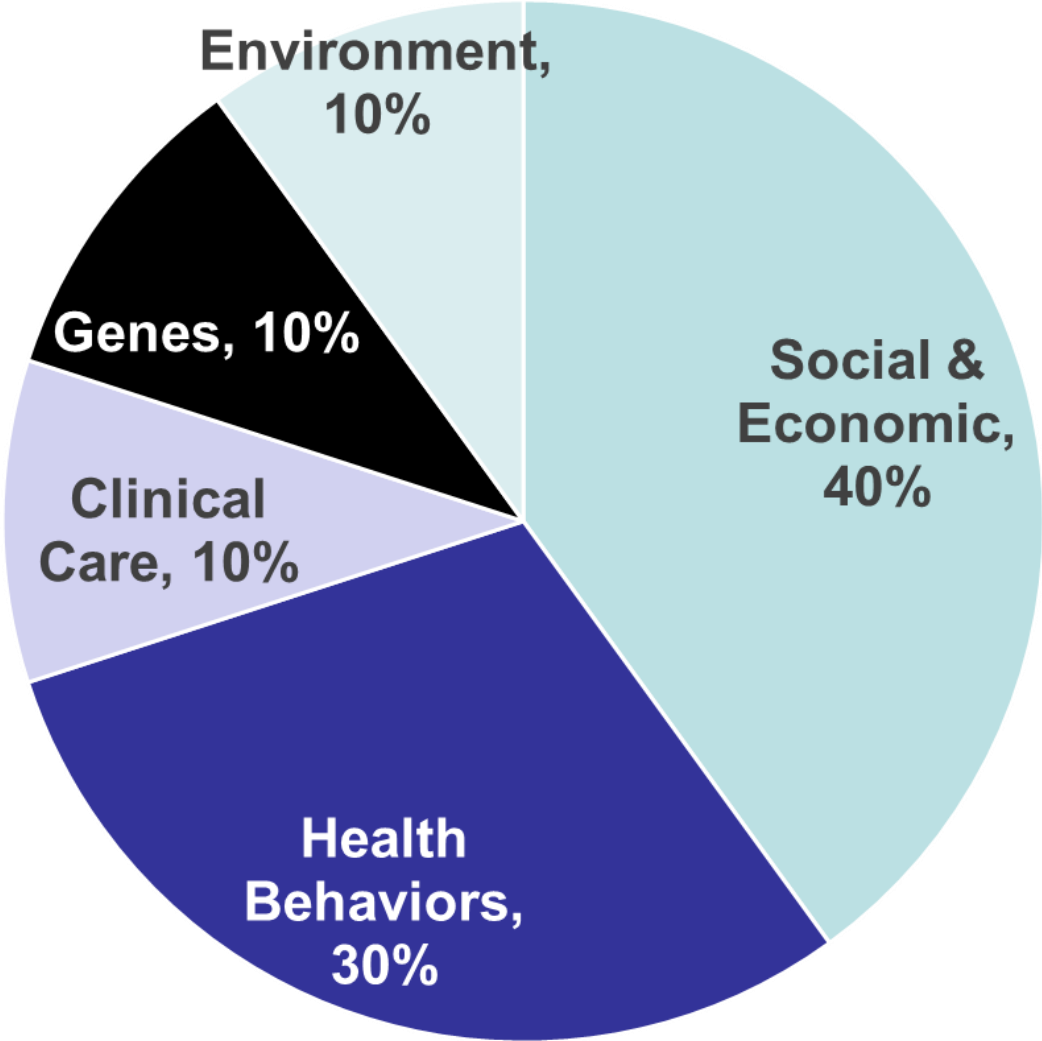


Societal Factors



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Determinants of Health



Where did we start?

- Fresh Food Pharmacy program
 - Kulpmont pilot - July 2016
 - Program expansion in March 2017 to serve 250+ patients/families
- Food-as-medicine approach
 - Addresses both medical and SDOH
- Starting with patients with DM, & then expand to obesity, pre-diabetes and other chronic conditions



How the program works

- Identified patients with A1c levels > 8.0% who are food insecure
- Geisinger provides clinical intervention:
 - Health management / diabetes education
 - Nutrition consult
 - Pharmacy
 - Healthy food prescription and delivery each week of healthy food for patient and family
- Food provided for 2 meals per day, 5 days per week for the patient and his/her family

Where are we now?

- Adding a rigorous evaluation component to prove outcomes
 - Will make it easier for funders to support the program and its expansion
 - Will help the program become scalable and sustainable
- Looking at different models
 - Geisinger Shamokin Area Community Hospital – food pantry on campus
 - Geisinger Community Medical Center—developing new community model
 - Geisinger Lewistown Hospital – using an established food pantry



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Case Study



Keystone ACO, LLC

Supporting attributed Medicare Fee-for-Service (FFS) Beneficiaries within the guidelines of the MSSP Basic Track E risk arrangement

- **5.0%** better than cost benchmarks in 2020
- **\$38M** Medicare dollar net savings generated in 2020
- **97%** overall quality score in 2020
- **33%** decrease in IRF cost (**39%** utilization decrease) 2017 to 2020, while maintaining SNF cost below national norms and decreasing overall LOS
- Over **400** SNF waivers utilized in 2019
- **30%** decrease in ED visits 2017-2020

Keystone ACO SNF 3-day waiver was credited with saving a 105-year-old patient's life by Dr. Laurie Cox as the patient broke her knee but did not have a qualifying hospital stay. If it had not been for the KACO waiver, Ms. Evelyn S. would like not have recently celebrated her 106th birthday.

January, 2020 KACO Newsletter



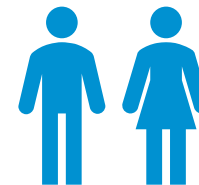
Formed in 2013



4,500+ Providers



17 physician practices groups and 8 hospitals



75,000 Medicare beneficiaries in central and northeast PA

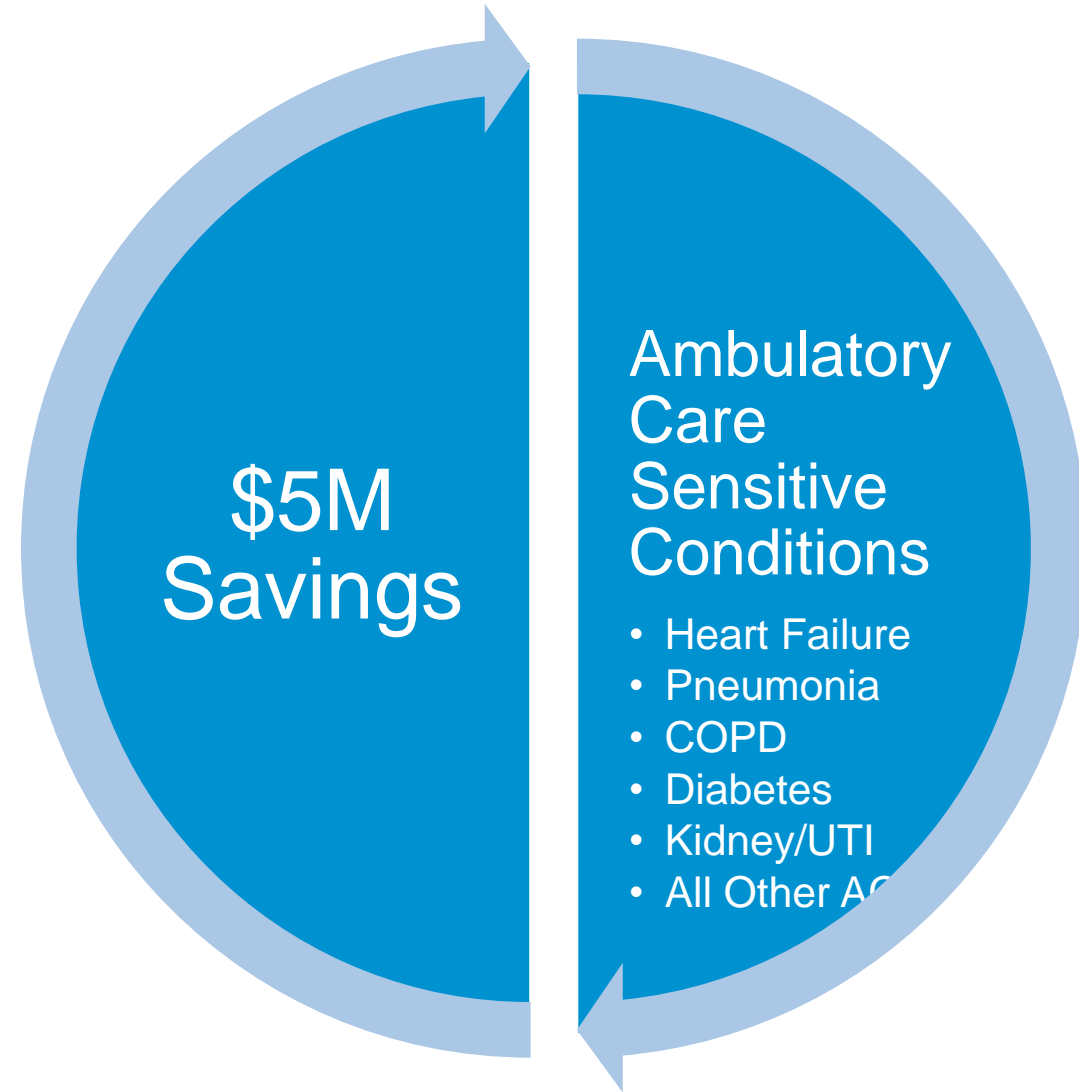
**Reduce
Ambulatory
Care Sensitive
Conditions
ED visits or 1-
day stays**

Ambulatory Care Sensitive Conditions
Reduce Low Acuity Admissions by 50%
“Lower acuity” = ED visits or 1-day
admissions

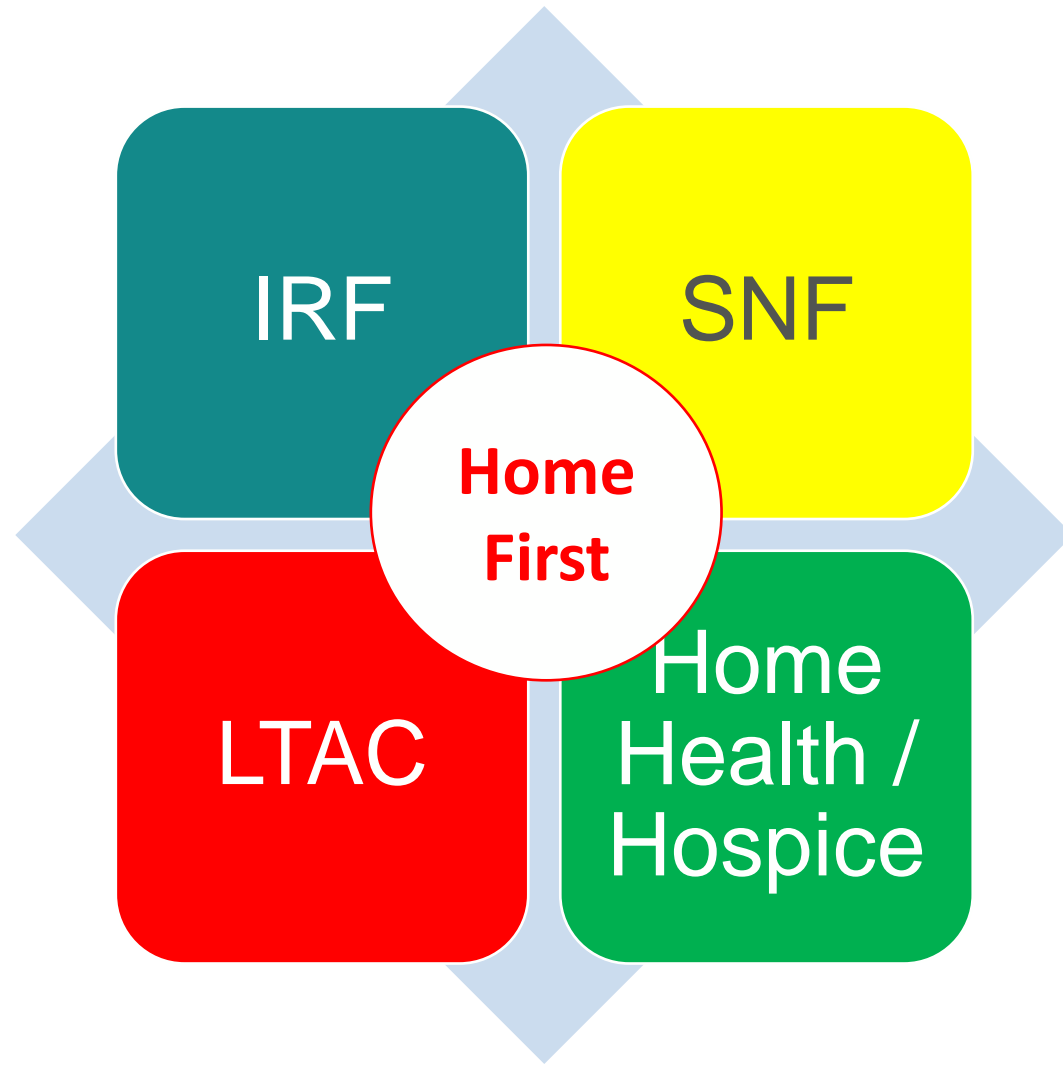
Kidney/ UTI	Diabetes	Heart Failure	Pneum- onia	COPD	All Other ACSC
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\$ 1.65M Savings

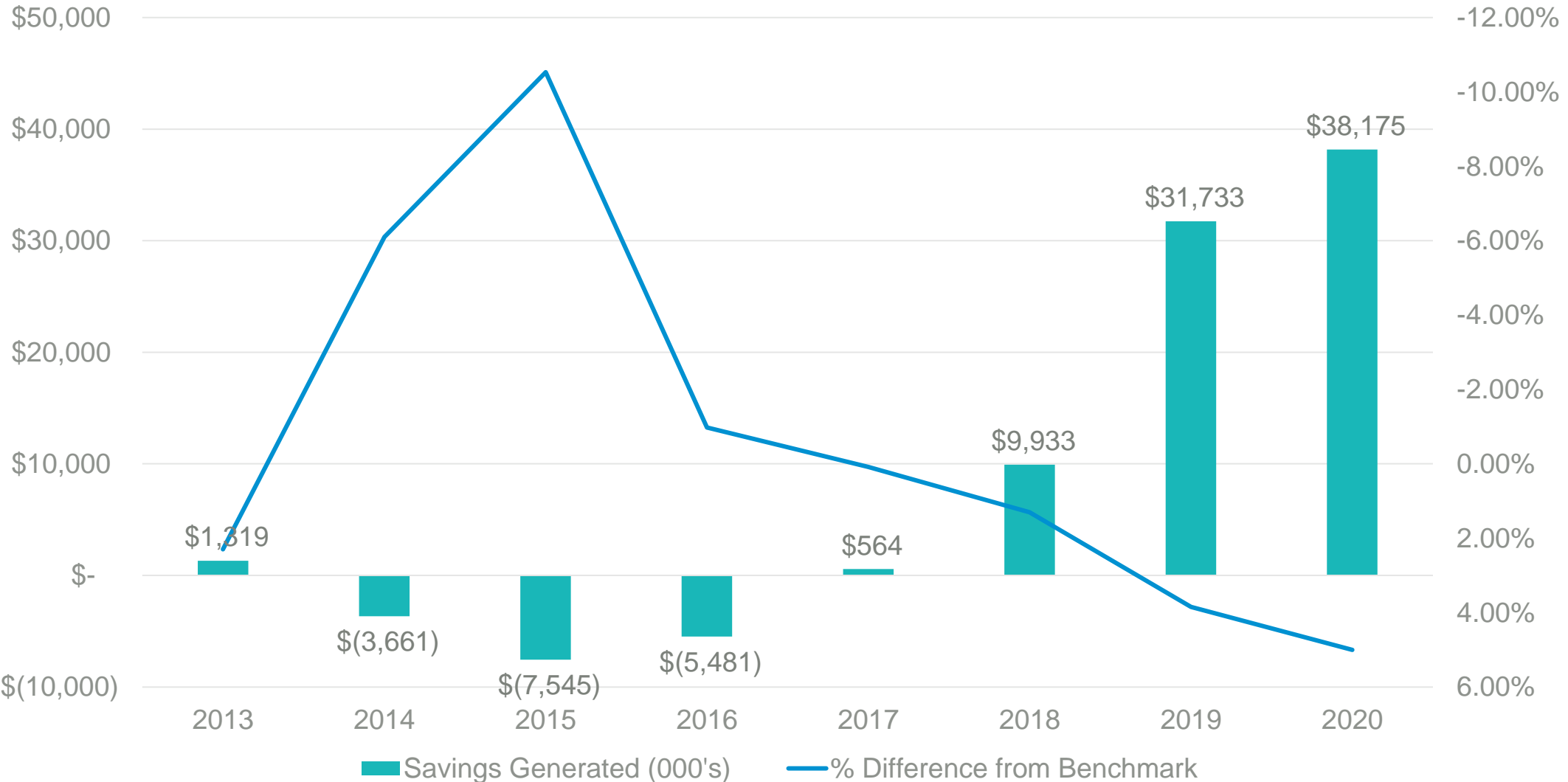
**Reduce
Ambulatory
Care Sensitive
Conditions
2+ day
admissions**



Post Acute Destination of Care



Keystone ACO Financial Performance (2013-2020)



Review

- ✓ Burn the Boats
- ✓ Understand the Value Proposition
- ✓ Build Adaptable Teams
- ✓ Democratize Information
- ✓ Redesign Care with Patients' in Mind
- ✓ Address Social Implications

Burn the Boats



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Discussion



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