



# The Changing Health Care Payment and Reporting Landscape

What's Happening Nationally and How Are Employers Reacting?

# PBGH Members

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- Federal policy update—actual facts?
- Where are we in MACRA implementation?
- What do major employers want?

# Repeal and Replace is About Public Coverage

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- Most people remember this...



# Repeal and Replace is About Public Coverage

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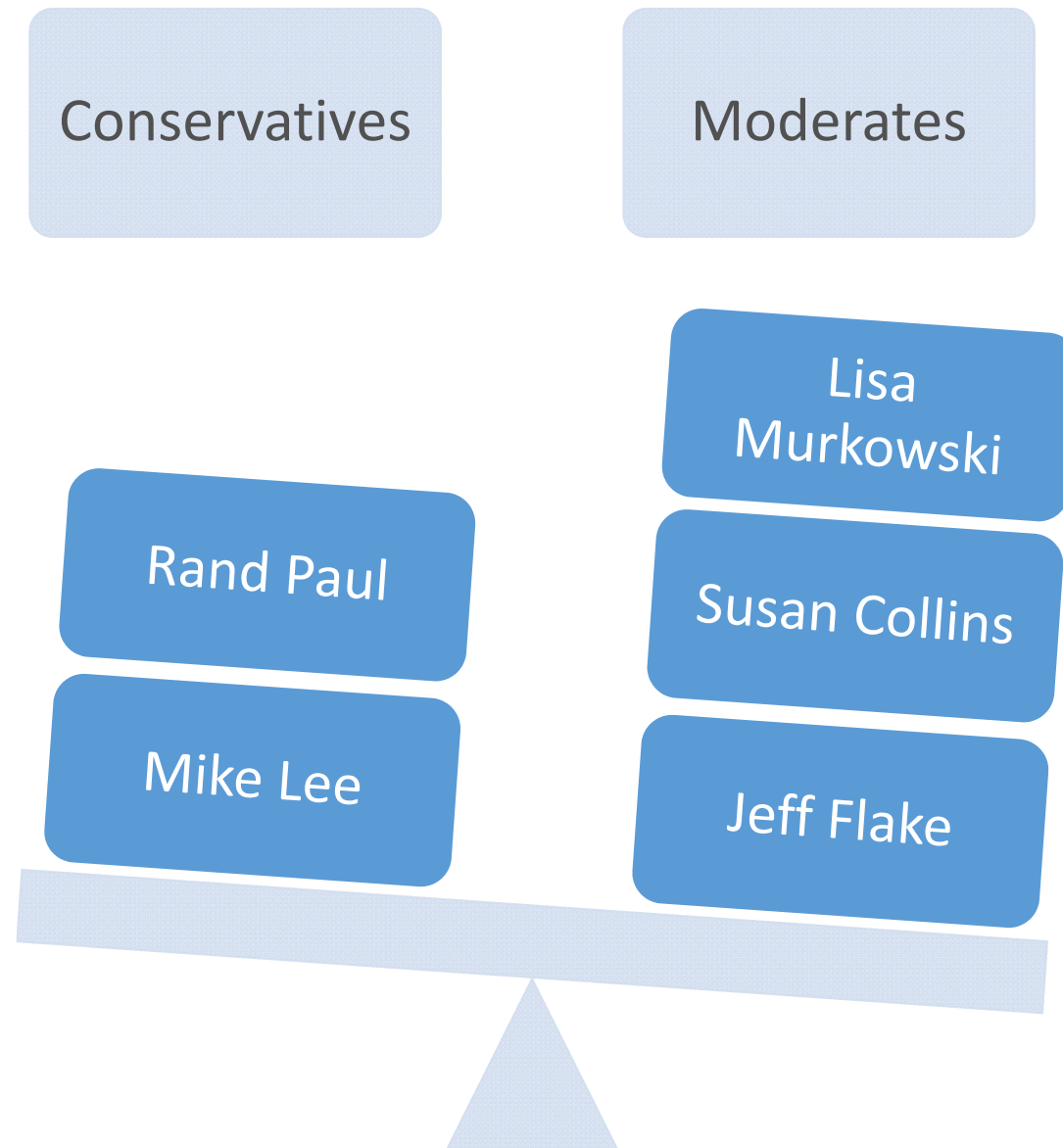
- But not this...



- “Real and replace” (AHCA) only focuses on Title I of the ACA
  - Medicaid financing
  - Exchange tax credits
  - Some insurance market rules
  - Some taxes
- The political math is difficult
- Republicans and President Trump really need a win
- MACRA continues to enjoy strong bipartisan support

# Republicans Can Lose Two Votes in the Senate

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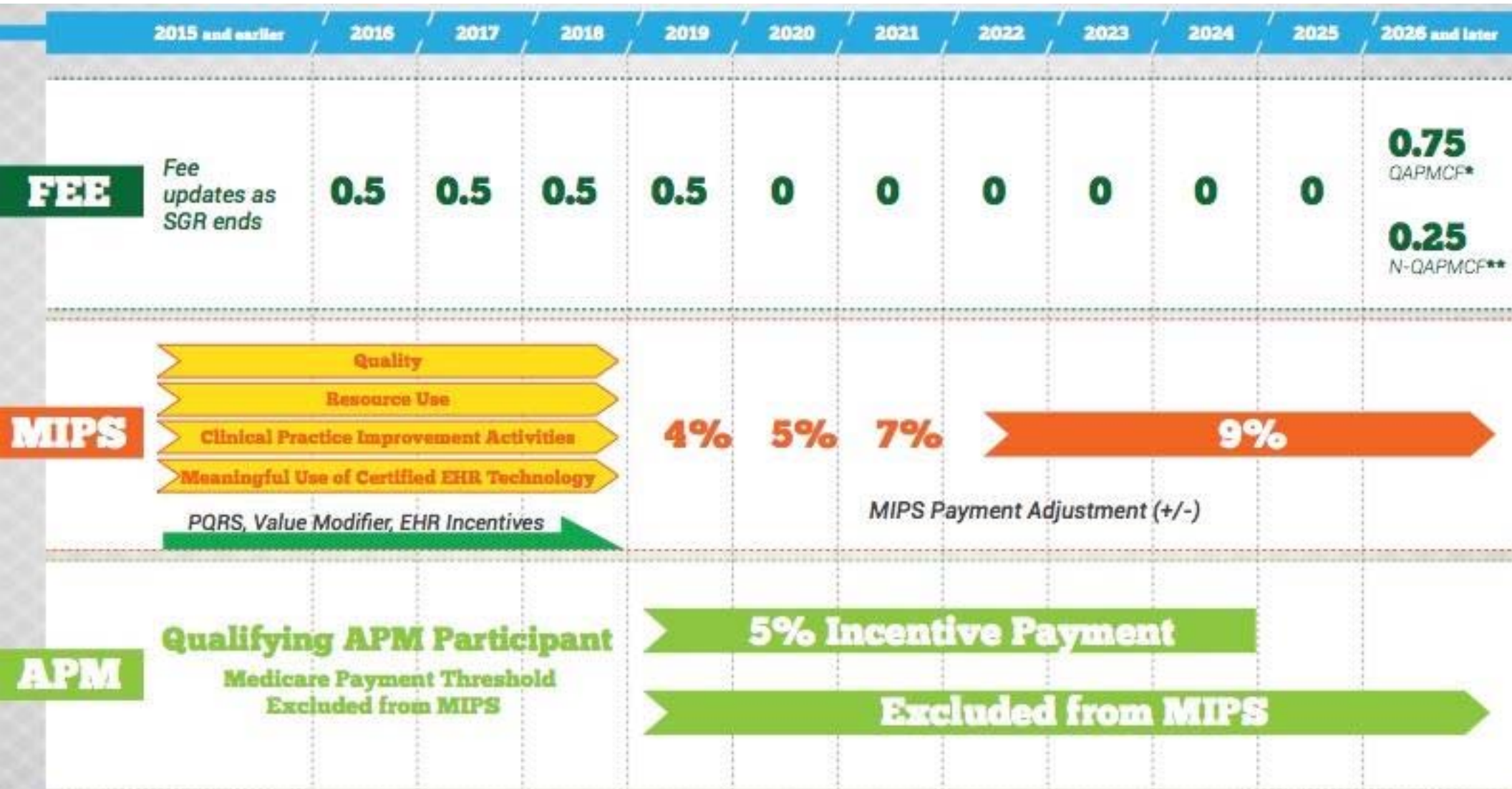
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- ✓ Insurance market rules
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**BUT: One Vote Away from  
“Repealing” the ACA...**

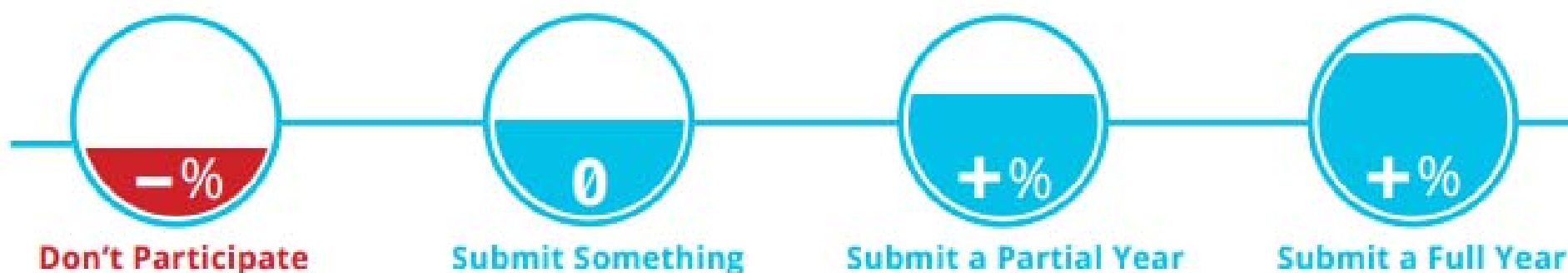
# MACRA Implementation: Where Are We?

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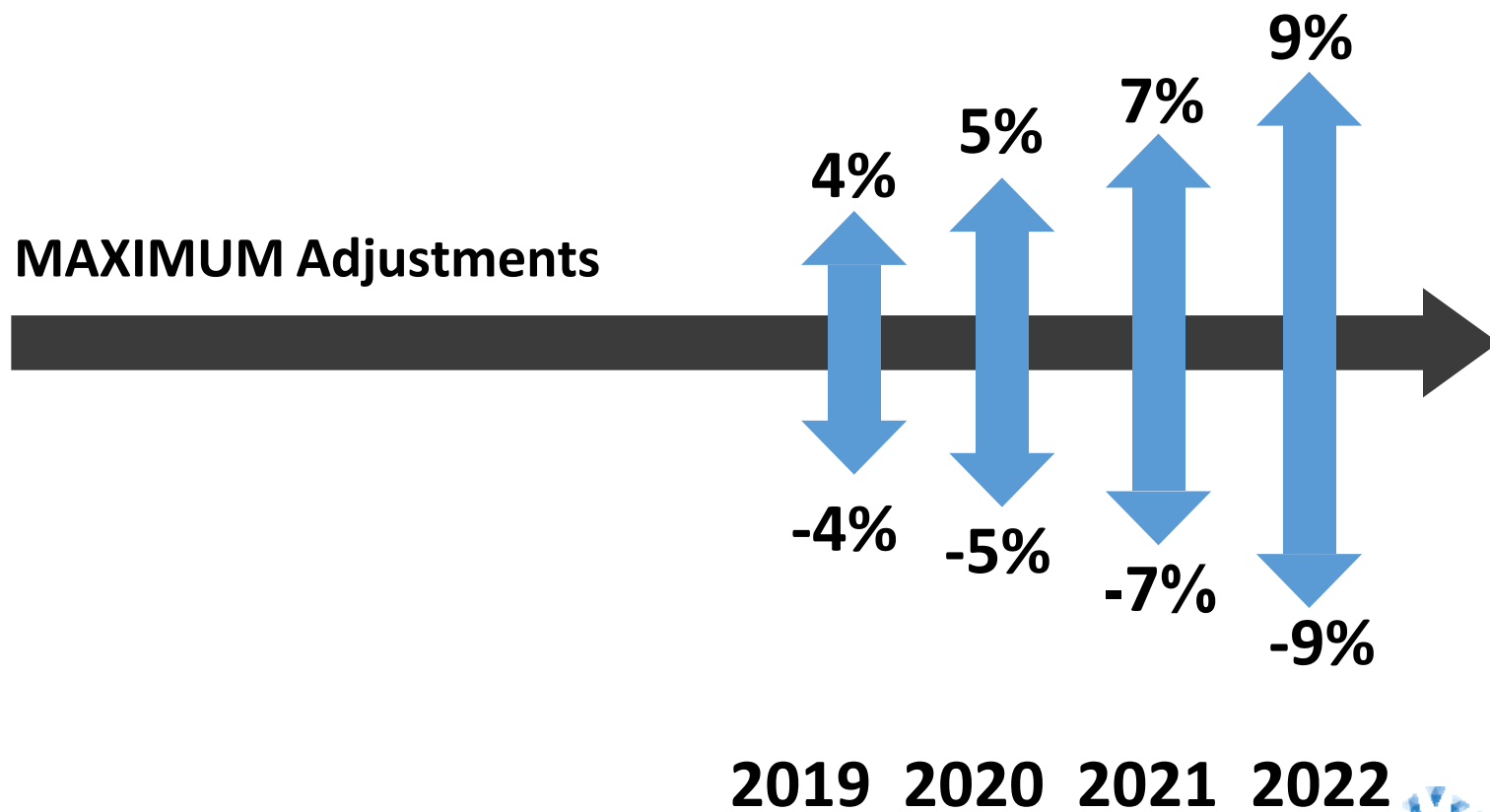
# The MIPS road—“Pick your pace” reporting in 2017...

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... leading to payment changes in 2019.

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# What to submit in 2017?

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**Quality**

6 measures,  
including an  
outcome, for a  
minimum of 90  
days\*



**Improvement  
Activities**

Up to 4 activities  
for a minimum  
of 90 days



**Advancing Care  
Information**

5 required  
measures, up to  
9 for additional  
credit



**Cost**

Not required  
until 2018

- Replaces Physician Quality Reporting System (PQRS)
- Report 6 measures (15 on web portal) for a minimum of 90 days
- Include at least one outcome or high-value measures (appropriate use; patient safety; efficiency; patient experience; care coordination) if n/a
- Specialty-specific or general measure set
- Report as an individual or group

- Clinicians select from 90+ proposed activities in 2019, and new categories and activities may be added in future years
- Performance period is 90 days, not full calendar year
- Complete four medium-weighted or two high-weighted activities to receive full credit in CY 2017
- Lower bar for small and rural practices

- Replace MU for clinicians
- Does not apply to eligible hospitals and Medicaid professionals and hospitals, which remain in MU
- Eligible clinicians expanded to include PAs, NPs, nurse specialists, nurse anesthetists, hospital-based providers
- Five required measures (security, e-Prescribe, patient access, send care summary, request/accept care summary), 9 for additional credit
- Bonus points for public health reporting (5%) and reporting a CPIA using CEHRT

- 5% payment incentive from 2019-2024
- Requirements:
  - CMS Innovation Center models, Shared Savings Program tracks, or certain federal demonstration programs
  - Certified EHR
  - Quality measures comparable to MIPS
  - PCMH or more than “nominal” financial risk
  - Lower level risk Track 1 model coming in 2018

If you don't like something,

**CHANGE IT.**

If you can't change it,

**CHANGE YOUR ATTITUDE**

*~ Maya Angelou*

- Under review at OMB (as of 6/12/2017)
- Opportunities under Sec. Price
  - Another “transition” year (i.e., partial reporting)
  - More models for APM track
  - Smaller and solo practices in “virtual groups”
- Threats under Sec. Price
  - Smaller bonus pool for larger hospitals and integrated systems (federal budget neutral)

# What Do Employers Look For?

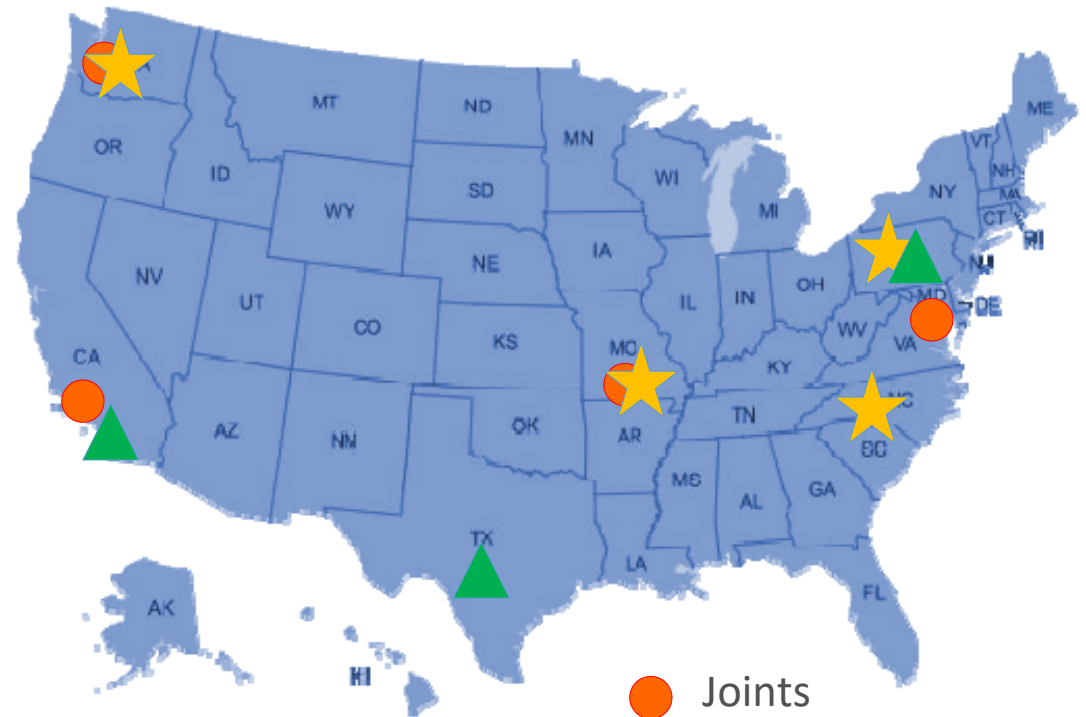
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# ECEN CoE Locations

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- ★ ● Virginia Mason Medical Center  
*Seattle, WA*
- ★ ● Mercy Hospital, Springfield  
*Springfield, MO*
- Kaiser Permanente  
Irvine Medical Center  
*Irvine, CA*
- Johns Hopkins Bayview  
Medical Center  
*Baltimore, MD*
- ★ ▲ Geisinger Medical Center  
*Danville, PA*
- ▲ Scripps Mercy Hospital  
*San Diego, CA*



- Joints
- ★ Spines
- ▲ Bariatrics



# Preliminary Results

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## Improve Quality

- Improvement in most metrics
- Better controlling Blood Pressure, Diabetes, Cholesterol
- Increased Screening Rates
- Performance Improving on Depression Management
- Higher Generic Fill Rates

## Enhance Member Experience

- 15% - 35% employees enrolled
- Rating of 8.5 out of 10

## Reduce Cost

- Results available later in 2017
- Partner Commitment
- Long term Investment



## Preferred Partnership

A new approach to health care

### Puget Sound employee

Boeing has entered into an innovative partnership with leading health care providers offering health plan options designed to improve quality, provide a better experience for you and your family, and be more affordable.



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More



Find  
Providers



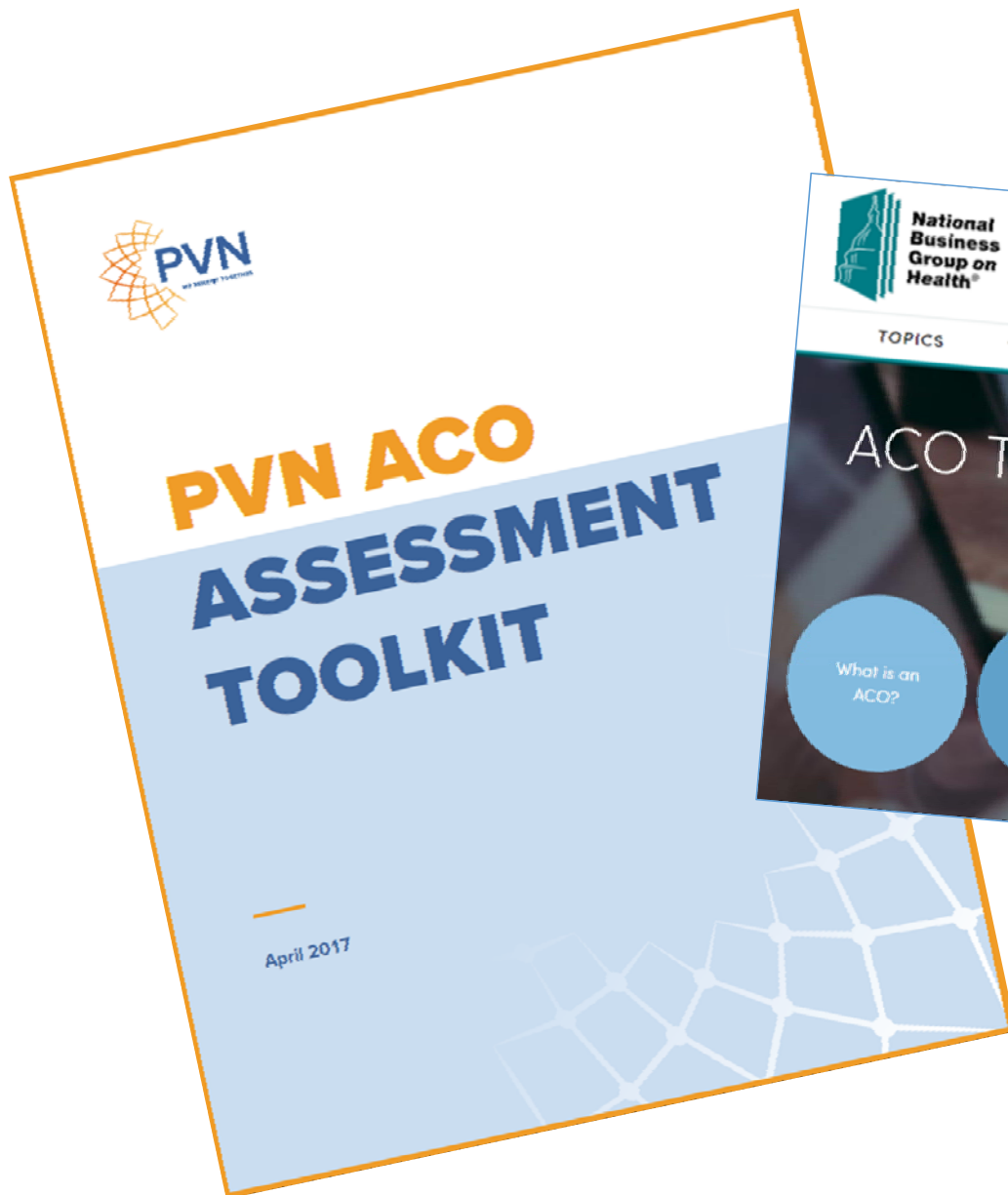
Decide  
For Yourself



- Working directly with plans and providers, embedding within ACO contracts, integrated into onsite/near site medical clinics
- Identification: prospective risk modeling and retrospective identification
- Structure: NCQA Level III starting point, enhanced access, interoperable HIT
- Model: dedicated coordinator, face-to-face, referral to vetted community supports
- Payment: Two-sided risk, P4P on specific CCM measures
- Measures: Process and Outcome (member experience, evidenced-based care, activation and engagement—referred to and using services)

# Employers looking “under the hood”

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1. Leadership and governance
2. Member identification and engagement
3. Provider engagement and feedback
- 4. Quality measurement and improvement**
5. Care management and population health
6. Network management and financial model
7. Prescription drug management
- 8. Health IT, data integration, and reporting**

**Definition:** Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups (e.g., PDSA, FADE, DMAIC, CQI).

- ACOs are accountable for a high-value measures across all levels.
- Total cost of care, patient experience and clinical outcomes instead of process
- A path to patient-reported outcomes.

**Definition:** Health IT infrastructure and degree of data integration and exchange with providers.

- Point-of-care clinical decision support integrated with care coordinator notes
- Analytics include risk stratification, predictive modeling, outcome variation and physician level TCOC/utilization analysis
- Participation in information exchange networks supports portable/shared clinical information and comparative effectiveness research.

If You  
**CHANGE** Nothing  
Nothing  
**WILL** Change!