Henry Ford Health System
Approach to MACRA

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Conflicts and Notice

- No Conflicts of Interest
- Please note that the views expressed are those of the conference speakers and do not necessarily reflect the views of the American Hospital Association and Health Forum.
Opting for NextGen APM

- Henry Ford ACO
  - 27,900 CMS lives
  - > 1,000 Physicians
  - > 800 mid-level providers
  - 5 Hospitals
  - 142 SNFs
    - 34 Inpt Stay Waiver Benefit Enhancement 3 day
  - 10 Home Health Agencies
Components of NextGen at HFHS

- Primary Care Initiative
  - Managing High Risk/High Cost Populations
  - Reducing Variation in Medical Decision Making
  - Managing Transitions of Care
- Surgical Specialty Care Initiative
  - System Service Line Councils
  - CQI Initiatives
  - Perioperative Surgical Home (PSH)
Components of NextGen at HFHS

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PSH Interplay Matrix

Process Phases
- Referral/Intake (clinic)
- Preparation/Optimization
- Intra-Op/Procedure
- Post Op/Early Restoration
- Post D/C / Reestablishment

Service Lines
- Bariatrics
- Breast
- ENT
- Hip/Knee
- Spine
- Stroke

Comorbidities
- Anemia
- CardioPulmonary
- Glucose
- HTN
- Nutritional
- OSA
- Pain
- POCD
- PONV

Functional Aspects
- Compliance
- Data Analysis
- Finance
- Quality
- Research
Good work, but I think we need just a little more detail right here!
# PSH Strategic Plan Achievements

<table>
<thead>
<tr>
<th>Patient Centered Communication</th>
<th>Clinical Pathways</th>
<th>Financial Mgmt Payment Systems</th>
<th>Metrics and Measurements</th>
<th>Auxiliary Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH Patient HUB (PERC)</td>
<td>6 Service Lines &amp; 9 Comorbidity Teams</td>
<td>Business Development Planning</td>
<td>Lead and Lag Metrics for all service lines &amp; comorbidity teams</td>
<td>PMI Research/Public Health - PSH Integration</td>
</tr>
<tr>
<td>SMSF Grant Funding</td>
<td>IT/ Helios support- 1. Procedure Pass 2. PSH Patient Flag 3. Clinical Pathways</td>
<td>Multi-disciplinary Decision Support Finance Mgmt</td>
<td>Spine (MISSIC), Hip &amp; Knee (MARQ10, etc integration)</td>
<td>Perioperative Medicine Inpatient Consult Service</td>
</tr>
<tr>
<td>IT support/ Creative Services</td>
<td>PSH Team eRoom</td>
<td>Data Collection and Analysis Improvement</td>
<td>System Councils: Anesthesia, Bariatrics, Joint, Spine</td>
<td>Periop Med Non-Accredited Fellowship</td>
</tr>
<tr>
<td>Patient/Care Giver-Educational Materials</td>
<td>OneHenry website for PSH Protocols and Plans</td>
<td>Actuarial Services</td>
<td>PSH Datamart and EDW</td>
<td>Periop Med Informatics Accredited Fellowship</td>
</tr>
<tr>
<td>Patient Surveys and Follow-up Assessments</td>
<td>Optimization Clinic redesign (PMI Research, Rad space)</td>
<td>Public &amp; Pop Health ETG data integration</td>
<td>MPOG/Aspire Benchmarking</td>
<td></td>
</tr>
<tr>
<td>Research Coordinator</td>
<td>Care Provider Education (MA, RN, CRNA, APP, MD/DO, etc)</td>
<td>Central Authorizations: Blanket Authorizations for Service Lines</td>
<td></td>
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<tr>
<td>Patient Education Website - Educational Materials</td>
<td>POC Scanning</td>
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</table>
Readmission Rate, Hip and Knee Arthroplasty, HFH Main OR

PSH development for Hips/Knees
Collaborative Methodology

ACCELERATING PERFORMANCE IMPROVEMENT

- **Measure** with defined metrics
- **Report** transparently
- **Share** best practice
- **Execute** collaboratively

“Knowing is not enough; we must apply. Willing is not enough: we must do.”

-Johann Wolfgang von Goethe

HFH PSH is HERE

Courtesy of Premier, Inc
Components of NextGen at HFHS

- **Primary Care Initiative**
  - Managing High Risk/High Cost Populations
  - Reducing Variation in Medical Decision Making
  - Managing Transitions of Care

- **Surgical Specialty Care Initiative**
  - System Service Line Councils
  - CQI Initiatives
  - Perioperative Surgical Home (PSH)
Population Health Management is Essential for Any Value or Risk-Based Arrangement

CareFirst BC/BS of Maryland (2009)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Volume-Based Management</th>
<th>Population Health Management</th>
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</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>Maximize utilization</td>
<td>Maintain health, minimize illness</td>
</tr>
<tr>
<td>Functional Orientation</td>
<td>High-cost/ high-use patients</td>
<td>At-risk populations</td>
</tr>
<tr>
<td>Context</td>
<td>Treatment of Acute Illness</td>
<td>Prevention of acute illness</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Incident</td>
<td>Anticipatory</td>
</tr>
<tr>
<td></td>
<td>Within a single organization providing medical care</td>
<td>In the community/ home</td>
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Pop Health Performance Highlights

- **A1C**
  - 10% average reduction in HbA1c (blood sugar) ~ 1200 patients (< HEDIS & CMS benchmarks)

- **Ambulatory Management**
  - 17% reduction in admits/1000 and 21% reduction in ED visits/1000 for

- **Concentrated Care Centers**
  - 26% reduction in admit/1000 and 22% reduction in ED visits/1000

- **Emergency Department Decision Support**
  - 7% reduction in admissions

- **Post Acute Care**
  - Readmissions from SNFs have dropped more than 11% in past 18 months
  - SNF LOS for ACO patients dropped from 28 days to 16 days
  - 170 3-day waivers invoked to date, saving $382,000.
Primary Care Referring Wisely

Referral Variation/Rates

HFMG Internal Referral Variation
(Standard Deviation)

HFMG Overall Referral Rates
(referrals/1000 visits)

9.8% Reduction

5.2% Reduction
Henry Ford ACO Performance – 2016

- 9% Reduction in Admits/1000 (YTD)
- 10% Increase on Quality Indicators

4th Quarter YTD Results ($ in Millions) vs Preliminary Settlement:

- Aligned Beneficiaries: $20,330
- Risk Score: $1,0122
- Benchmark Spend: $249.0
- Actual Spend (with IBNR): $244.6
- Savings/(Loss): $4.8
- Shared Savings (80%): $3.9
- Less Advanced Care Mgmt: ($1.5)
- Net Impact: $2.4

10% Reduction in Total Spend Per Beneficiary Per Year (PBPY) & Per Member Per Month (PMPM) (Not Risk Adjusted, No IBNR)