Kā ieviest vērtībā balstītu iepirkumu stratēģiju

Starptautiskā prakse: ilgtspējīga pieeja veselības aprūpes ceļam

ASV pieredze

Paula Stradiņa Klīniskās universitātes slimnīca
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Lauris Vidzis

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I. Baptist Health | ED Incentive Program

II. Henry Mayo | Hospital Quality Efficiency Program

Strategy and Growth Practice | Solutions Overview

Premier's Strategy and Growth Practice enables our clients to drive growth and performance through the reorientation of strategy, efficient asset and resource planning, and greater alignment across providers, entities, and sites of care.

1 Enterprise Strategic Planning

- Market positioning and growth strategy
- Service line strategy
- Payer strategy
- Ambulatory and site of care planning
- Partnership strategy and evaluation
- Medicare and senior strategy
- Physician recruitment and retention planning

2 Financial and Strategic Analytics

- Market future demand forecasting and growth planning
- Long-range pro forma development
- Financial forecasting by payment model and line of business
- Financial feasibility evaluations
- Scenario analysis
- Capital planning
- Partnership planning

3 Service Line Strategy and Optimization

- Growth strategy and partnership planning
- Governance and leadership model design
- Financial strategy and management
- Provider incentive model and affiliation options design
- Margin preservation and improvement
- Cross-continuum operations and workforce management
- Care model optimization
- Quality and performance improvement

4 Advanced Physician Incentives

- Enterprise incentive portfolio evaluation, design, and implementation.
  - Service line co-management models
  - Hospital quality and efficiency programs (HQEP)
  - Gainsharing models
  - Employee health plan shared savings arrangements
- Medical directorship evaluation and rationalization
- Funds flow and distribution methodology development

5 Value-Based Care Strategy & Execution

- CIN and risk-bearing entity formation and operations
- Value-based contracting strategy by line of business and payer
- Bundled payment and direct-to-employer strategy
- Care model design:
  - Ambulatory-based care management
  - Care transitions
  - Team-based primary care model
- Population health services, analytics, staffing, and technology planning

6 Margin Improvement

- Revenue enhancement and cost management via:
  - Service line portfolio growth planning and rationalization
  - Site of care optimization
  - Physician contract portfolio optimization
  - Physician compensation and incentive model redesign

Baptist Health | ED Incentive Program

BH ED HEIP PROJECT PLAN AND TIMELINE

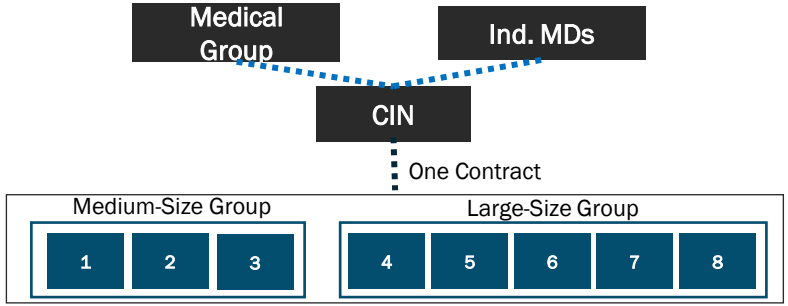
Key Activities	October				November				December				January			
	3	10	17	31	7	14	21	28	5	12	19	26	2	9	16	23
Define Program Metrics and Refresh Data			★													
Finalize physician leadership participants / governance model					★											
Finalize fixed duties																
Finalize HEIP Term Sheet							★									
Legal Team Meetings																
Engage FMV firm										★						
Pre-Launch Physician Meetings																
Launch HEIP and Facilitate Committee Meetings																

LEGEND

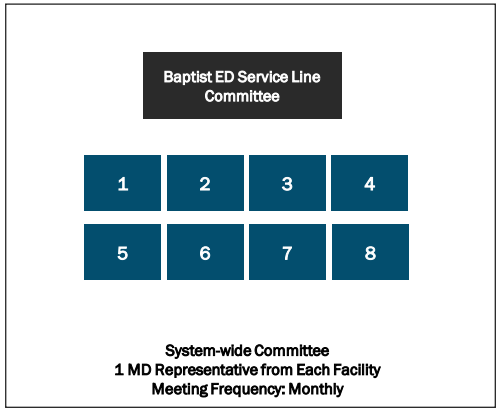
★ Physician Steering Committee Meetings

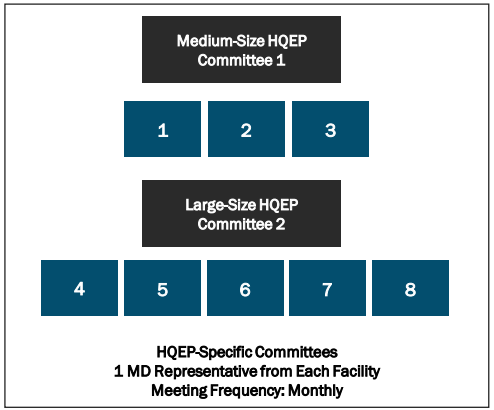
GOVERNANCE STRUCTURE

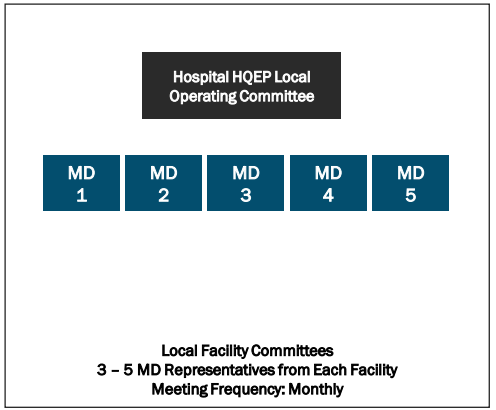
System Contracting Construct



HQEP Governance Model







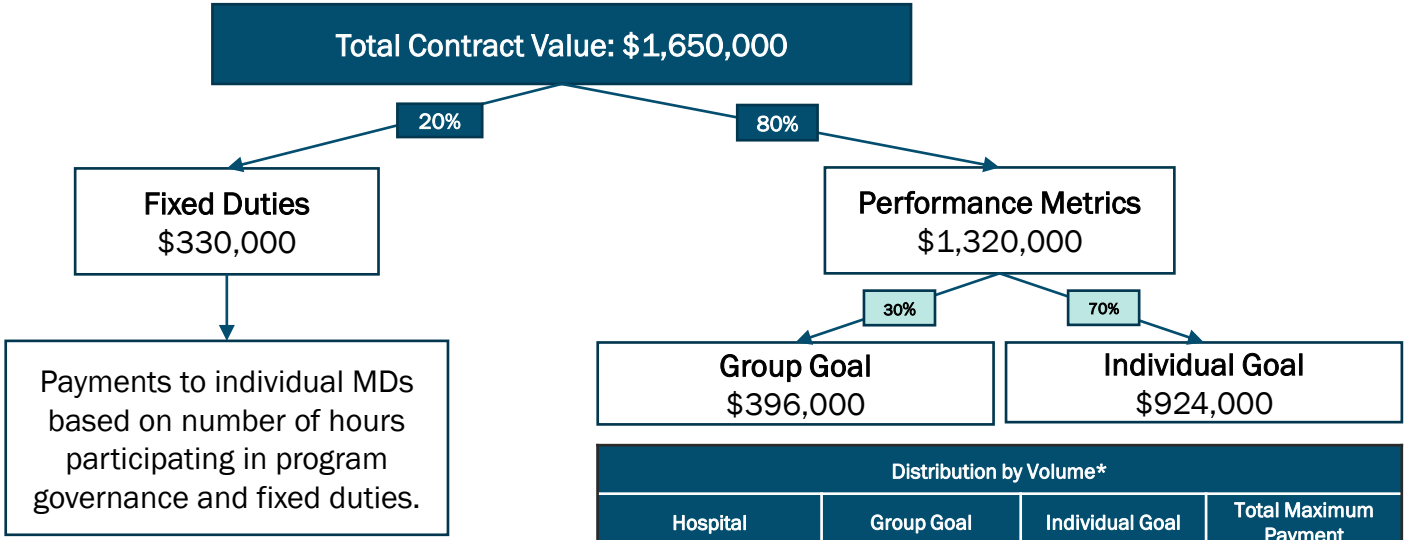
Participation Agreement HQEP Contract HQEP Participants

EXAMPLE ROLES AND RESPONSIBILITIES

Role	Estimated Hours / Month	Roles and Responsibilities	Estimated Annual Payment per Physician *
ED Service Line Committee Chair	6 Hours	• Plan, develop material, and lead the monthly ED HEIP Committee meeting with representatives from each participating hospital. • Complete a monthly review of performance metric progress. • Identify and address any underperforming facilities and provide a forum for improvement plans.	$14,040
ED HEIP Committee Chair	4 Hours	• Collaborate with health system leadership to plan, develop material and lead the monthly HEIP committee meetings with participating hospitals of a similar size. • Escalate any risks and actively participate in the Service Line Committee meetings. • Identify opportunities for best practices and collaborate across Baptist Health locations. • Monitor performance metrics for participating hospitals of a similar size and address underperformance as needed.	$9,360
ED Local Operating Committee Chair	2 Hours	• Plan, develop material and lead the monthly local operating committee meetings with all hospital physicians. • Address any areas of underperformance and deliver best practices discussed in the HEIP Committee. • Additional medical director duties, as applicable.	$4,680
Local Operating Committee Member	1 Hour	• Participate in local HEIP operating committee monthly meetings. • Provide performance feedback and bring suggestions to local operating committee chair.	$2,340
ED Service Line Committee Member / ED HEIP Committee Member	1 Hour	• Participate in the respective committee and take back any suggestions to the HEIP committee or local operating committees. • Report up any hospital-specific issues or concerns the committees for additional review.	$2,340

*Based on a $195.00 hourly bill rate as a placeholder

ILLUSTRATIVE CONTRACT FUNDS FLOW



Distribution by Volume*			
Hospital	Group Goal	Individual Goal	Total Maximum Payment
Hospital 1	$ 30,265	$ 70,619	$ 100,885
Hospital 2	$ 39,329	$ 91,769	$ 131,098
Hospital 3	$ 34,895	$ 81,422	$ 116,317
Hospital 4	$ 46,622	$ 108,784	$ 155,405
Hospital 5	$ 55,092	$ 128,548	$ 183,639
Hospital 6	$ 74,458	$ 173,736	$ 248,195
Hospital 7	$ 53,612	$ 125,094	$ 178,706
Hospital 8	$ 61,726	$ 144,028	$ 205,754

*Estimated amounts based on volumes and assuming Tier 3 performance achieved.

PERFORMANCE METRICS DASHBOARD

Performance Metric Dashboard								
Metric	**Metric Weight**	**Baseline Performance May 21-April 22**	**Tier 1 Target**	**% Improvement**	**Tier 2 Target**	**% Improvement**	**Tier 3 Target**	**% Improvement**
Left Without Being Seen Rate	**35.0%**	**3.85%**	**3.40%**	**-11.9%**	**2.94%**	**-23.8%**	**2.48%**	**-35.6%**
Madisonville		2.70%	2.35%	-13.0%	2.00%	-26.0%	1.65%	-39.0%
Paducah		4.11%	3.57%	-13.0%	3.04%	-26.0%	2.51%	-39.0%
Richmond		3.98%	3.46%	-13.0%	2.94%	-26.0%	2.43%	-39.0%
Corbin		1.99%	1.86%	-6.5%	1.73%	-13.0%	1.60%	-19.5%
Floyd		5.18%	4.51%	-13.0%	3.83%	-26.0%	3.16%	-39.0%
Hardin		4.81%	4.18%	-13.0%	3.56%	-26.0%	2.93%	-39.0%
Lexington		3.07%	2.87%	-6.5%	2.67%	-13.0%	2.47%	-19.5%
Louisville		4.10%	3.57%	-13.0%	3.03%	-26.0%	2.50%	-39.0%
Door to Doc	**35.0%**	**23.0**	**21.9**	**-5.0%**	**20.7**	**-10.0%**	**19.6**	**-15.0%**
Madisonville		22.0	20.9	-5.0%	19.8	-10.0%	18.7	-15.0%
Paducah		15.0	14.3	-5.0%	13.5	-10.0%	12.8	-15.0%
Richmond		14.0	13.3	-5.0%	12.6	-10.0%	11.9	-15.0%
Corbin		14.0	13.3	-5.0%	12.6	-10.0%	11.9	-15.0%
Floyd		22.0	20.9	-5.0%	19.8	-10.0%	18.7	-15.0%
Hardin		49.0	46.6	-5.0%	44.1	-10.0%	41.7	-15.0%
Lexington		24.0	22.8	-5.0%	21.6	-10.0%	20.4	-15.0%
Louisville		32.0	30.4	-5.0%	28.8	-10.0%	27.2	-15.0%
Batch Sign Up	**10.0%**	**16.0%**			**5%**			
Madisonville		6.8%			5%			
Paducah		15.4%			5%			
Richmond		11.6%			5%			
Corbin		5.2%			5%			
Floyd		15.7%			5%			
Hardin		46.0%			5%			
Lexington		14.1%			5%			
Louisville		5.5%			5%			
Vertical Strategy	10.0%				Criteria will be provided			
PIT Strategy	10.0%				Criteria will be provided			

Note: Performance metrics will only be measured in the final six-months of the contract period.

RESULTS

Key Results & Impact of ED and Orthopedic Co-Management Programs

Emergency Department

- **Paid out 100% of $1.65M incentive** as physicians hit every metric's stretch target (2 outcome: Left Without Being Seen (LWBS) and Door to Doc; 3 Process: Implementation of Provider in Triage (PIT strategy), Vertical 3 strategy and reduction in batch sign-ups)
- Improved **LWBS metric from 3.85% to 1.2% across the system**, resulting in **$8.5M in new system revenue** and a **4.5X return on investment** for the health system (including fees paid to Premier).
- Increased **engagement** of physicians with the Baptist Performance Improvement Office.

Orthopedics Program

- Same Day Discharge for total joints increased from 7% in CY20 to 35% in CY23
- Orders by 9am increased from 55% in CY21 to 78% in CY23
- Weekly Discharges by 9am from 4.8 patients in CY21 to 12.9 in CY23
- Door to OR for HIP Fractures from 58% in CY21 to 74% in CY23
- Consent compliance metric eliminated because of program success
- 20% MME reduction at discharge script comparing CY22 vs. CY23
- $675K yearly reduction from exparel (started in CY22)
- $125K yearly reduction in Total Ankle implant savings from 90% market share agreement (MSA) started in 2022
- $375K trauma cost reduction in CY23 from a 80% Dual Vendor MSA
- $75K reduction in 2023 Small Bone pricing starting in CY22
- $25K savings from tisseel reduction

Ability to Evolve Over Time To Increase Impact: Orthopedic Program Example

Co-Management Development & Launch

Co-Management Optimization & Success

Expanded Co-Management Agreement & gainsharing for Physician Preference items

Henry Mayo | Hospital Quality Efficiency Program

HENRY MAYO PROFILE

Henry Mayo Newhall Hospital

Mission:

To improve the health of our community through ***compassion*** and ***excellence*** in healthcare services.

Vision:

To create the ideal ***patient-centered*** environment to surpass expectations.

Core Values:

- Quality
- Teamwork
- Integrity
- Safety
- Accountability

Our hospital is on a journey to exceed expectations of those we serve, every day, every time. It's "The Henry Mayo Way," and our goal is to create the ideal experience for our patients, our employees, our partners and our community.

Honors and Accolades

- Level II Trauma Center verified by the American College of Surgeons
- Advanced Primary Stroke Center awarded by the Joint Commission
- Baby-Friendly Designation from the World Health Organization and the United Nations Children's Fund
- Community Cancer Program Accreditation by the Commission on Cancer
- STEMI Heart Attack Receiving Center

Profile

- Established: 1975
- Current Size: 238-Bed Acute Care Hospital
- Accredited by: The Joint Commission
- Dedicated Medical Staff: Over 480
- Talented Employees: Over 1,900
- Helpful Volunteers: Over 300

PHYSICIAN ALIGNMENT STRATEGY

Pluralistic partnerships with Physicians and Medical Groups

- Work with multiple entities

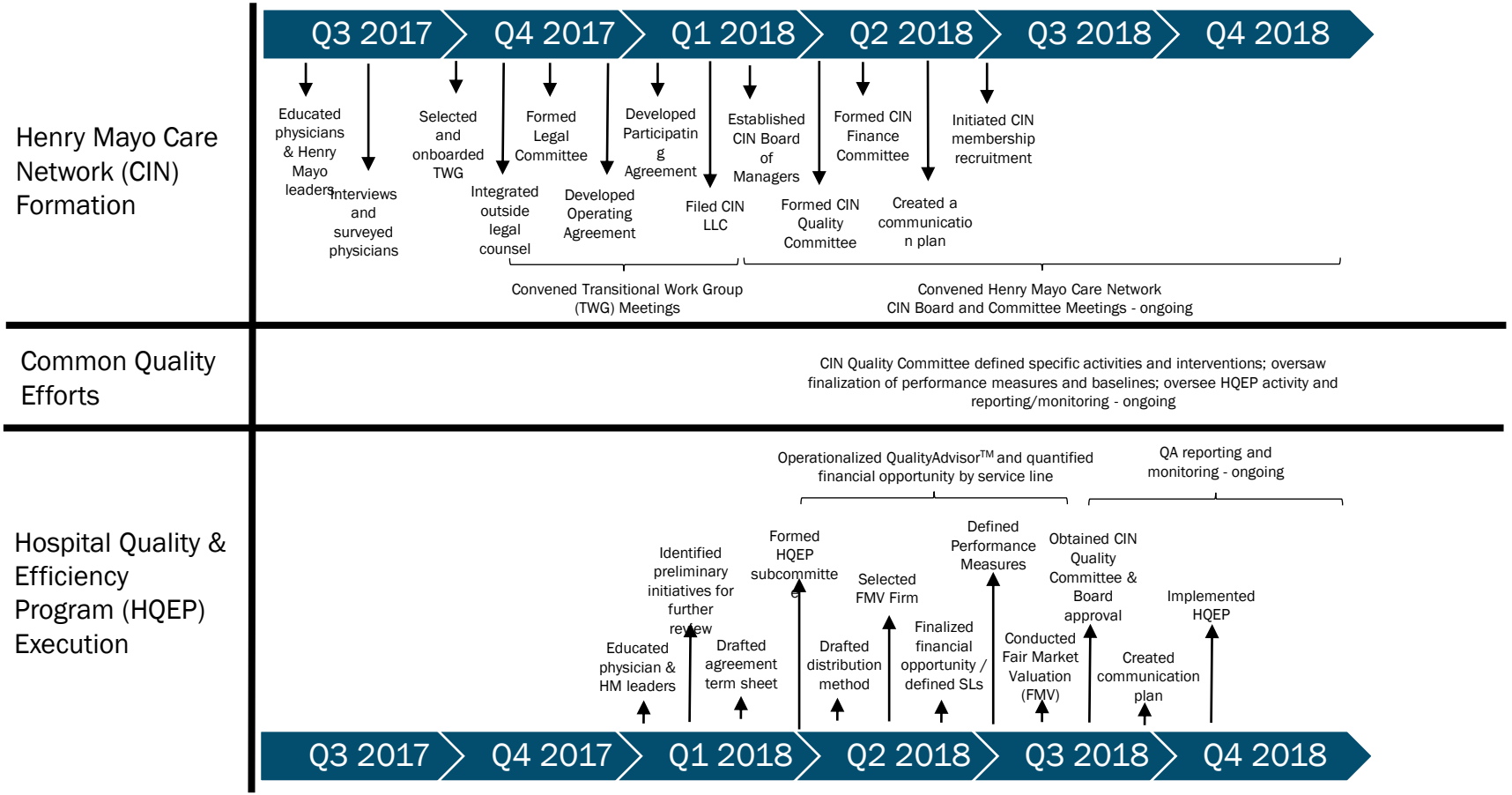
Requirements of future partnerships

- Deliver high value care
- Expand access points
- Integrated Information Technology infrastructure
- Risk-sharing and Capitation capabilities
- Grow Consumer Population Base

Deliberate physician partnerships supporting overall alignment

- Two sided risk arrangements with shared risk patient pools
- Direct to Employer Contracting
- Next Generation Bundled Payment

ENGAGEMENT TIMELINE AND MILESTONES



RESULTS

1. Organization, Culture and Alignment with Physicians

- Henry Mayo + community physicians officially **formed Henry Mayo Care Network** (HMCN) in February of 2018
- **230+** physicians joined the HMCN between May - July of 2018
- HQEP framework for current initiatives that is flexible enough to address future initiatives as the CIN matures over the next 3-5 years
- Press Ganey physician alignment scores improved significantly as a result of the CIN/HQEP collaboration
  - 2016- 27th percentile
  - 2017- 72nd percentile (during formation of CIN
  - 2018- 80th percentile (post CIN + HQEP)

2. Cost Savings = $3.6M compared to prior quarter LOS costs at DRG level

- Key activities driving cost savings
- Evidence based clinical standardization
- LOS improvement overall

RESULTS CONT'D

3. Quality Improvement - achieved improvements for 30 day readmissions for key disease states

- Global measures results at the Health System level
- 30 day readmission rates (threshold target 10%)
- 30 day Mortality % (threshold target of 1.5%)
- HCAHPS communication with physicians (target 92%)
- 30 Day Readmissions rate improvement for targeted conditions

Disease State	Pre CIN and HQEP Rate	Over Q4 Post CIN and HQEP Rate
Acute Myocardial Infarction	23%	19.3%
Coronary Artery Bypass Grafting	50%	30.0%
Congestive Heart Failure	23.6%	21.4%
Chronic obstructive pulmonary disease	21.1%	17.9%
Pneumonia	17.9%	17.3%

*Next wave of quality improvement will be focused on **evidenced based protocols*** for CHF, COPD, CABG, Pneumonia, Stroke, Craniotomies, NICU, and OB care*

* Evidence-based practice applies a data-driven, scientific approach to patient care decisions. It requires practitioners to critically evaluate evidence and compile information about events methodically.

Paldies