The Meaningful Care Organization – Patient-Centered Strategies for the Intersection of MU and ACOs

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CAHIMA Meeting
"HIM Everywhere – Celebrating the Diversity of Health Information Management"
October 19, 2012

MU and ACOs
(Meaningful Use and Accountable Care Organizations)
Meaningful Use

Meaningful Use (MU)

American Recovery and Reinvestment Act of 2009

HITECH Act

Meaningful Use

Meaningful Use

Meaningful Use (MU)

- $36 billion will be spent on the implementation of Electronic Health Records (EHRs)\(^1\)
  - $6.9 billion paid through August\(^2\)
  - 3,884 hospitals have registered to receive incentive payments through the end of July
  - Medicare EHR incentive payments end in 2016 (Medicaid payments end in 2021)


Accountable Care Organizations

Accountable Care Organizations (ACOs)
Patient Protection and Affordable Care Act of 2010

Medicare Shared Savings Program

Accountable Care Organizations

Accountable Care Organizations (ACOs)

- Voluntary groups of physicians, hospitals and other healthcare providers:
  - Responsible for care of a clearly defined Medicare population
  - Designed to foster patient-centered, coordinated care
  - If it succeeds in providing high-quality care while reducing cost, it shares in savings achieved for Medicare

Accountable Care Organizations

Accountable Care Organizations (ACOs)

- 32 Pioneer ACOs\(^1\)
- 115 Medicare Shared Savings ACOs\(^1\)
- 20 Advanced Payment Model ACOs\(^1\)
- 221 total ACOs identified through the end of May\(^2\)
  - 118 are hospital-sponsored ACOs


Accountable Care Organizations

Accountable Care Organizations (ACOs)

Currently part of an ACO?
- Yes - 11%
- No - 89%

Plan to implement or join an ACO?
- Yes - 61%
- No - 39%

Source: January 2012 survey of hospitals, physician organizations and health systems reported in: Tocknell MD. The Unsettled State of the ACO. HealthLeaders Media Intelligence Report. April 2012.
Accountable Care Organizations

Accountable Care Organizations (ACOs)

- $510 million in estimated Medicare savings in the first three years (2012-2014)
  - $560 million to $1.13 billion in bonuses paid to those ACOs over that period
- Top Driver for the organization creating an ACO – To engage physicians (56 percent of the respondents that are or plan to be part of an ACO)

1Section III.F. of the Preamble to the ACO Regulations. Federal Register Vol. 76(67):19640.
2Section III.C.3. of the Preamble to the ACO Regulations. Federal Register Vol. 76(67):19639.
3Tocknell MD. The Unsettled State of the ACO. HealthLeaders Media Intelligence Report. April 2012.

MU and ACOs

Intersection of MU and ACOs

MU Goals
- Improve caregiver decisions
- Better outcomes

ACO Goals
- Better care for individuals
- Better health for populations
- Slower growth in costs through improvements in care

Meaningful Use Objectives

Stage 1 Objectives for Hospitals
- 14 Core Objectives, 10 Menu Objectives (attain 5)
- First eligible payment year: 2011

Stage 2 Objectives for Hospitals
- 16 Core Objectives, 6 Menu Objectives (attain 3)
- First eligible payment year: 2014
- Effectively incorporate all of the Stage 1 objectives, along with additional objectives and higher measurement thresholds
### Stage 2 Meaningful Use Objectives

<table>
<thead>
<tr>
<th>Core Objectives</th>
<th>Patient Input</th>
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<th>Patient Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>Input</td>
<td>Generate Patient Lists</td>
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<tr>
<td>Vital Signs</td>
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<td>Immunization Registries</td>
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<tr>
<td>Clinical Decision Support</td>
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<td>Lab Results to Public Health Agencies</td>
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<td>CPOE</td>
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<td>Syndromic Surveillance</td>
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<td>Transitions of Care</td>
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<tr>
<td><strong>View, Download and Transmit to Third Party</strong></td>
<td><strong>Output</strong></td>
<td>Menu Objectives</td>
<td></td>
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<tr>
<td>Privacy and Security</td>
<td></td>
<td>Imaging Results</td>
<td></td>
</tr>
<tr>
<td>Smoking Status</td>
<td>Input</td>
<td>Advance Directives</td>
<td>Input</td>
</tr>
<tr>
<td>Lab Results into EHR</td>
<td></td>
<td>ePrescribing</td>
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<tr>
<td><strong>Patient-Specific Education</strong></td>
<td><strong>Output</strong></td>
<td>Electronic Notes</td>
<td></td>
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<tr>
<td>Medication Reconciliation</td>
<td>Input</td>
<td>Electronic Lab Results</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Family Health History</td>
<td>Input</td>
</tr>
</tbody>
</table>

### Why Focus on Patient-Centered Strategies that are “Output Oriented”?
"Output Oriented" Strategies

Patient Satisfaction

- Effective October, 1 percent of Medicare payments are being withheld for payment to hospitals with above average patient satisfaction scores.
  - $850 million in incentive payments


"Output Oriented" Strategies

Patient Satisfaction

- Survey metric: Nurses “always” communicated well
  - Top 3 states
    - Louisiana – 81%
    - South Dakota – 81%
    - Maine – 80%
  - Bottom 3 states
    - Washington DC – 68%
    - Nevada – 69%
    - California – 70%

Source: Hospital Compare hhs.gov
“Output Oriented” Strategies

Patient Satisfaction

- Survey metric: **Doctors “always” communicated well**
  - Top 3 states
    - Alabama – 86%
    - Louisiana – 86%
    - Mississippi – 85%
  - Bottom 3 states
    - Nevada – 73%
    - Washington DC – 76%
    - New York – 76%

Source: Hospital Compare  hhs.gov

- Survey metric: **Given information for recovery**
  - Top 3 states
    - New Hampshire – 87%
    - Vermont – 87%
    - Utah – 87%
  - Bottom 3 states
    - Washington DC – 77%
    - New Jersey – 78%
    - Mississippi – 78%

Source: Hospital Compare  hhs.gov
“Output Oriented” Strategies

Patient Satisfaction

- These metrics are moving beyond the government sites to mainstream, consumer sites

Source: Kelly T. HIStalk, August 8, 2012

“Output Oriented” Meaningful Use Objectives
“Output Oriented” MU Objectives

Patient-Specific Education

Patients who are provided patient-specific education resources

\[
\text{Number of unique patients admitted to the hospital's inpatient or emergency departments during the reporting period} > 10\% 
\]

“Output Oriented” MU Objectives

View, Download and Transmit to Third Party

- 2 Measures for this Meaningful Use objective
- Both must be satisfied in order to meet the objective
"Output Oriented" MU Objectives

View, Download and Transmit to Third Party

Patients whose information is available online within 36 hours of discharge

Number of unique patients discharged from the hospital’s inpatient or emergency department during the reporting period

> 50%

Patients who view, download or transmit to a third party the information provided online

Number of unique patients discharged from the hospital’s inpatient or emergency department during the reporting period

> 5%*

*This measure was 10% in the Proposed Stage 2 Rule

Best Practices for Patient-Specific Education Materials
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Best Practices

American College of Surgeons

The informed consent discussion conducted by the surgeon should include:

1. The nature of the illness and the natural consequences of no treatment.
2. The nature of the proposed operation, including the estimated risks of mortality and morbidity.
3. The more common known complications, which should be described and discussed. The patient should understand the risks as well as the benefits of the proposed operation. The discussion should include a description of what to expect during the hospitalization and post hospital convalescence.
4. Alternative forms of treatment, including nonoperative techniques.


Best Practices

Argument for Informed Consent

- **Only 39%** of 3,269 closed claims against anesthesiologists were judged to have **adequate** informed consent¹
- Inadequate informed consent was pursued as a **secondary cause** in more than **90%** of ophthalmologic malpractice cases²
- Lack of informed consent is one of the **top 10** reasons for hospital malpractice claims³

Best Practices

Argument for Informed Consent

- Needs to be electronic
- Can’t be a “Medical Miranda Warning”


CAHIMA Meeting
Shriners Hospitals for Children – Chicago
October 19, 2012
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Best Practices

WHO Surgical Safety Checklist

Surgical Safety Checklist

Before induction of anesthesia

Before skin incision

Before patient leaves operating room

Argument for Informed Consent

For Confirmation and Cross-Check

Procedure listed on the consent form: Finger - Trigger Finger Release (Trigger Finger Release)

Anatomical location/surgical site listed on the consent form: Left hand - ring finger.
Best Practices

Pre-Procedure Instructions

❖ Reduce the risk of potentially life-threatening perioperative complications.


Best Practices

Pre-Procedure Instructions

❖ Lower the incidence of preventable surgery cancellations.


Best Practices for Viewing, Downloading and Transmitting Patient Information

Best Practices

Discharge Instructions

- Providing patients with incomplete information at discharge can result in patient harm.


Courtesy of the Portland VA Medical Center
Best Practices

Hospital Readmissions Reduction Program

- HRRP was created under the PPACA
- Effective October 1, 2012
- Establishes penalties for excessive readmissions with maximum payment reductions of:
  - 1 percent in 2013
  - 2 percent in 2014
  - 3 percent in 2015 and beyond

Source: Section 3025 of the Patient Protection and Affordable Care Act added section 1886(q) to the Social Security Act. 42 CFR part 412 (§412.150 through §412.154).

Best Practices

Hospital Readmissions Reduction Program

- Anticipating $280 million in penalties in 2013
- 2,211 hospitals are projected to forfeit Medicare funds
  - 278 hospitals are projected to lose the maximum of 1% of their base Medicare reimbursements

Best Practices

Discharge Instructions

- Reduced the 14-day readmission rate three-fold by employing procedure-specific discharge instructions (4.1 per 1,000 outpatient procedures to 1.5 per 1,000).


Best Practices

Discharge Instructions

- Most valuable if they are sent well prior to the 36-hour threshold
  - Provided prior to admission
  - Paper as well as electronic

Courtesy of the Portland VA Medical Center
Developing Initiatives in Your Own “Meaningful Care Organization”

Resources


- Meaningful Use – The Whiteboard Story – Stage 1 Final Rule Meaningful Use Objectives and Measures Compared to Stage 2 Final Objectives and Measures... Created as a reference tool for public use and convenience by The Advisory Board Company.
### Stage 1

#### “Meaningful Care” Checklist

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the initiative patient-centered?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Does it reduce risk?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Does it enhance safety?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Does it leverage the patient?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Can you utilize HIT (EHR or other systems)?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Does it support Stage 1 or Stage 2 Meaningful Objectives?</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Questions?