

Malaz Boustani, MD, MPH - Principal Investigator Nadia Adams, MHA - Chief Operating Officer

Agenda

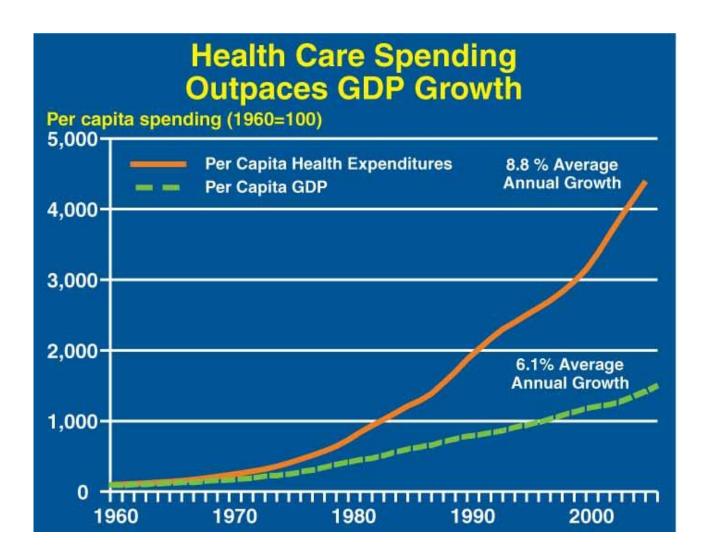
Problem: Current Health System Landscape

 Solution: Great Lakes Practice Transformation Network

How we can support you: Giving You Control of Your Practice



The Problem: Increasing Healthcare Costs





CMS shifting to value-based payments

Medicare Fee-for-Service

GOAL 1:

Medicare payments are tied to quality or value through alternative payment models where the provider is accountable for quality and total cost of care by the end of 2016, and 50% by the end

30%



GOAL 2:

of 2018

Medicare fee-for-service payments are tied to quality or value by the end of 2016, and 90% by the end of 2018

85% **§**





Consumers | Businesses Payers | Providers **State Partners**



Set internal goals for HHS



Invite **private sector players** to match or exceeed HHS goals





Testing of new models and expansion of existing models will be critical to reaching incentive goals

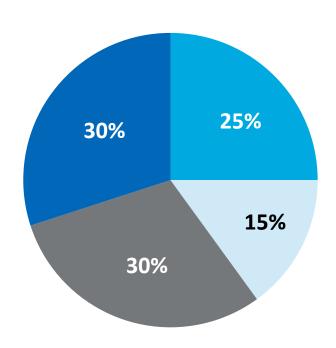
Creation of a Health Care Payment Learning and Action Network to align incentives between public and private sector players



3 major changes to payment regulations

Three important changes to how Medicare pays those who give care to Medicare beneficiaries

- 1. Ending the Sustainable Growth Rate (SGR) formula for determining fee-for-service
- Making a new framework for rewarding health care providers for giving better care not just more care (Clinical Process Improvement)
- 3. Combining existing quality reporting programs (MU, PQRS, VBM) into one new system called Merit-Based Incentive Payment System (MIPS) Begins 2017 with payment adjustments beginning 2019



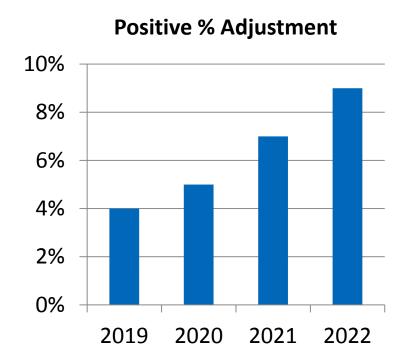
- EHR Meaningful Use
- Clinical Practice Improvement
- Resource Use
- Quality

Physicians are measured in four performance categories scored 0-100

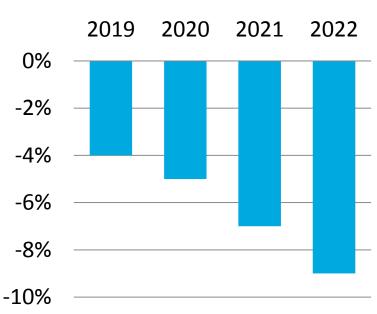


Impact of payment changes

Performance against a threshold will determine the payment adjustment, which will increase over time







This means that the highest performers get an extra adjustment of up to 10% through 2024



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Problem: Current Health System Landscape

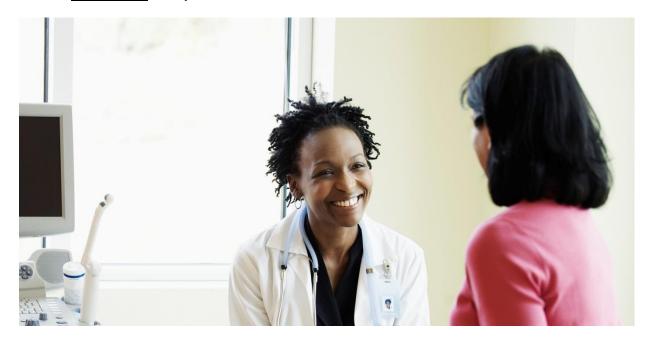
Solution: Great Lakes Practice Transformation
 Network

How we can support you: Giving You Control of Your Practice



The Solution: GLPTN

- Part of Transforming Clinical Practices Initiative (TCPI), a 4-year, nationwide, federally-funded effort by Centers for Medicare and Medicaid Services (CMS)
- Goal: To help doctors, nurses, pharmacists, and others advance their practices, lower healthcare costs, and improve the health of patients in Michigan, Indiana, and Illinois
- Outcome: Healthier patients, better coordinated care, and greater financial success – at <u>no cost</u> to providers





TCPI Five Phases of Practice Transformation





6 Clinical Quality Measures



Medication Management

- Controlling high blood pressure
- Anticoagulation therapy in patients with atrial fibrillation



Unnecessary Testing

- Advanced diagnostic imaging
- Esophageal-gastric-duodenoscopy (EGD)
- Colonoscopy



Prevention

•Influenza vaccination rates



Behavioral Health

Depression screening and follow-up



Chronic Disease Management

- Diabetes
- •Chronic Obstructive Pulmonary Disorder (COPD)
- Congestive Heart Failure (CHF)



Reducing Preventable Hospitalizations



TCPI Key Indicators of Success



- 1. Partner with 11,500 clinicians to transform to value-based care
- Improve health outcomes for 10 million patients
- 3. Reduce unnecessary hospitalizations
- 4. Generate at least \$1B in cost savings to payers
- 5. Reduce unnecessary testing and procedures to improve efficiency
- 6. Build evidence base to scale effective solutions



GLPTN: Who We Are

GLPTN formed as part of the **Transforming Clinical Practices Initiative (TCPI)** to help clinicians achieve large-scale health transformations through collaborative and peer-based learning networks

- One of 29 practice transformation networks (PTNs) awarded
- 10 support and alignment networks (SANs) awarded to support PTNs
- Awarded \$46.4 million of \$685 million total

Lead organizations:

- Indiana University (primary grant recipient)
- Purdue Healthcare Advisors (Indiana)
- Northwestern University (Illinois)
- Altarum Institute (Michigan)













GLPTN Key Facts

- 33 healthcare partners
- 8 universities





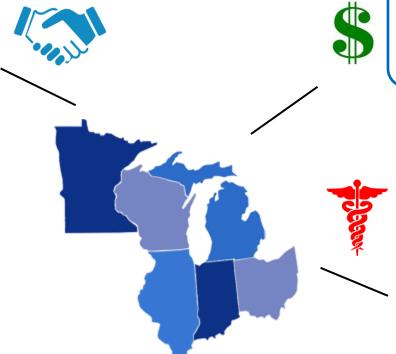




RUSH UNIVERSITY









\$1B in cost savings

- Indiana, Michigan, Illinois
- 11,500 clinicians
- 10 million lives impacted

52 on-site, on-demand Quality Improvement Advisors



Our Transformation Toolkit

We offer a **four-part change package** to help you shape your practice for the future of healthcare delivery and compensation.

- Implementation Science: Learn how to identify practice areas that could benefit most from improvement, and those that should get immediate attention
- Lean and Six Sigma: Improve the flow of your workplace, so you can make changes to your processes as soon as you see the need for them
- Personalized Population Health: Help with reporting data for patient groups with certain core conditions so treatments that benefit them become clear
- CMS Compliance: Prepare you to get ready for new performance-based compliance standards, and qualify for incentives under MIPS.





Our Personalized Approach to Transformation

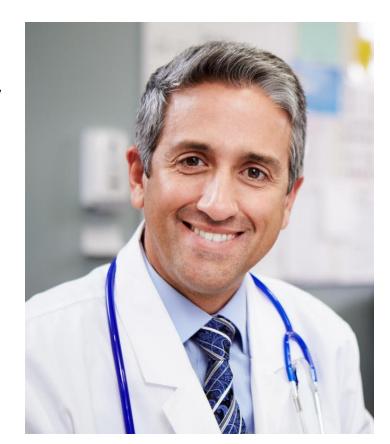
- Team of professionals trained in quality improvement, process improvement, clinical informatics and data analytics
- Complimentary readiness assessment and realistic personalized action plan to identify areas of improvement and help create your roadmap to better outcomes and efficiency
- Training and implementation support
- Regular reporting detailing your practice's progress and milestones
- Lessons learned from other practices





What We Offer

- Choose your improvement priorities, beyond the core measures
- Learn how to run your practice more efficiently and generate more revenue
- Participate in MOC and CME credits most of which are free
- On-site, on-demand Quality Improvement
 Advisors (QIAs) support providers through 5
 phases of transformation by:
 - Enhance participation in PQRS
 - Establish Chronic Care Management program and leverage new Medicare billable care coordination changes
 - Understand upcoming MIPS 2019 reimbursement changes





Support and Alignment Networks

10 Support and Alignment Networks (SANs) offer personalized resources and best practices to help clinicians integrate evidence-based care to improve value for patients.









AMERICAN

PSYCHIATRIC ASSOCIATION

















GLPTN Team

Board of Directors

- Principal Investigator Malaz Boustani
- State Program Directors Abel Kho (IL), Randy Hountz (IN), Anya Day (MI)
- State Health Information Exchange Leaders (IL, IN, MI)
- Network and State Program Managers

Central Network Operations Team

- · Principal Investigator Malaz Boustani
- Chief Operating Officer Nadia Adams
- Quality Improvement Lead Allison Bryan-Jungels
- Clinical Lead Tara Hatfield
- Network Data Director Tierra Pinkins

Stakeholder Advisory Board

- Partner organization representatives
- · State Departments of Health
- State Areas on Aging, Behavioral health, patient and/or patient advocate

IL Operations
Team

IN Operations
Team

MI Operations
Team

Network Faculty Advisory Group

- Decision Support Core led by Dr. Persell
- Clinician Engagement Core led by Drs. Nazir and Hickner
- Clinical Pharmacy Core led by Dr. Paul Kilgore and Anne Bobbe
- Reduction of Unnecessary Imaging led by Dr. Larry Cowsill
- QI Experts (lead by Shannon Sims): Heart Failure, Diabetes, Asthma, Geriatrics & Pediatrics Health Services Research (Jane Holls),
- Implementation Science (Donna Woods)
- Lean Six Sigma led by Kathy Dale



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Problem: Current Health System Landscape

 Solution: Great Lakes Practice Transformation Network

How we can support you: Giving You Control of Your Practice





1. Exclusive and personalized access to CMS

- We connect you to a broad network of resources to ensure that your practice prospers – all at no cost to you.
- Get access to virtual and face-to-face networks of experts, peers, and QIAs.
- We offer exclusive access to Healthcare Communities to share lessons learned with other practices.





2. Greater efficiency for higher revenue

We offer technical assistance to help our clinicians leverage new financial incentives and reimbursement changes by aligning with:

- Meaningful Use
- Patient Quality Reporting System (PQRS)
- Merit-Based Incentive Payment System (MIPS 2019)
- Quality improvement programs, including Value-based Modifier (VBM)



3. More time seeing patients

- Our personalized QIAs guide you to achieve goals you choose so you can focus on what you do best – providing excellent care to patients.
- QIAs will work with clinicians and staff to integrate new tools and methods with your existing quality improvement initiatives.
- See measureable improvements in patient satisfaction and outcomes.



