

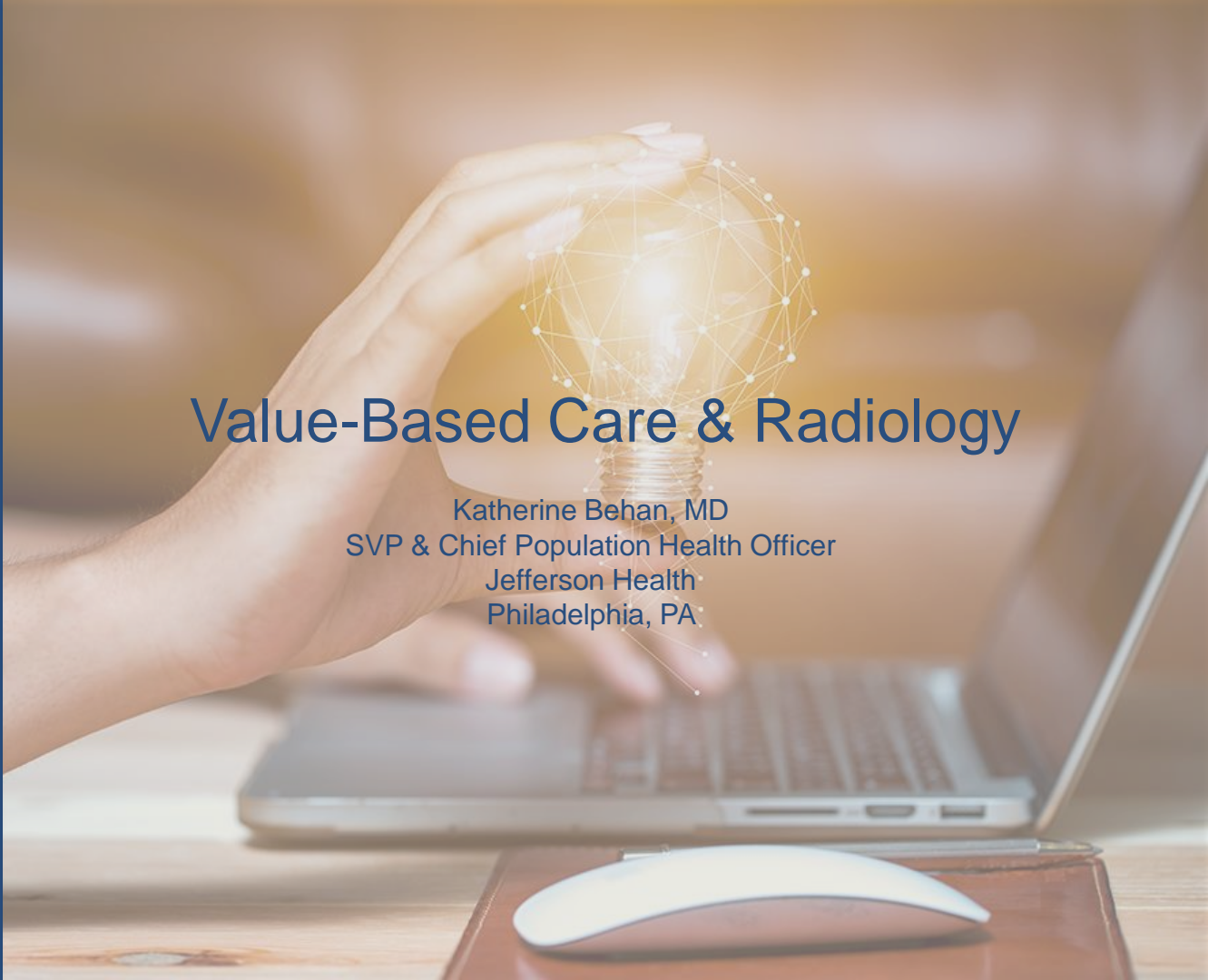


RLI Power Hour

Wednesday, May 18, 2022

Value-Based Care & Radiology

Katherine Behan, MD
SVP & Chief Population Health Officer
Jefferson Health
Philadelphia, PA



Objectives

1. Gain an Understanding of Value-Based Care
2. Learn How Value-Based Payments are Increasing
3. Learn How Value-Based Care Impacts Care
4. Learn How Radiologists Can Participate in Value-Based Care

What is Value-Based Care?

- Providers reimbursed on the quality of care instead of the volume of services... *Volume to Value*
- Providers incentivized for helping patients improve their health, reduce effects and incidence of chronic disease, and live healthier lives.
- In Value-Based arrangements, providers contract with payers such Medicare, Medicaid, and commercial insurance to care for a set of defined patients (attributed).
- Population Health Management enables success in Value-Based Care





**VALUE
BASED
CARE**



Value Based Care Models of Contracting

- **Shared savings:**
Payers reimburse providers the same as in fee-for-service models, and a set amount is available based on quality performance and meeting medical costs targets
- **Shared risk:**
Also known as downside risk models, provider is financially accountable. The potential for financial rewards is increased, but so are the risks.
- **Bundles:**
In a bundled payment system, healthcare provider receives a fixed amount for services per episode of care. The amount doesn't change even if multiple providers treat the patient. Goal is to encourage collaboration, reduce redundant testing.
- **Global capitation:**
Provider takes on 100% of the risk. Providers paid a designated amount per patient and can keep savings from cost reduction. Providers also cover any losses.

Moving From Volume to Value

			
<p>CATEGORY 1 FEE FOR SERVICE – NO LINK TO QUALITY & VALUE</p>	<p>CATEGORY 2 FEE FOR SERVICE – LINK TO QUALITY & VALUE</p>	<p>CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p>	<p>CATEGORY 4 POPULATION – BASED PAYMENT</p>
	<p>A</p>	<p>A</p>	<p>A</p>
	<p>Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)</p>	<p>APMs with Shared Savings (e.g., shared savings with upside risk only)</p>	<p>Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</p>
	<p>B</p>	<p>B</p>	<p>B</p>
	<p>Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</p>	<p>APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p>Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</p>
	<p>C</p>		<p>C</p>
	<p>Pay-for-Performance (e.g., bonuses for quality performance)</p>		<p>Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p>3N</p>	<p>4N</p>
		<p>Risk Based Payments NOT Linked to Quality</p>	<p>Capitated Payments NOT Linked to Quality</p>

Health Care Payment Learning Action Network; <https://hcp-lan.org/apm-framework>

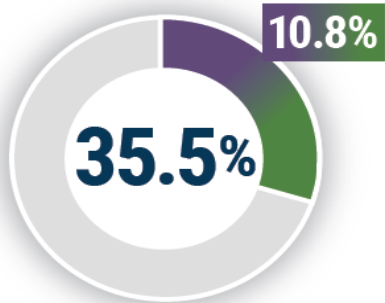


Moving from Volume to Value

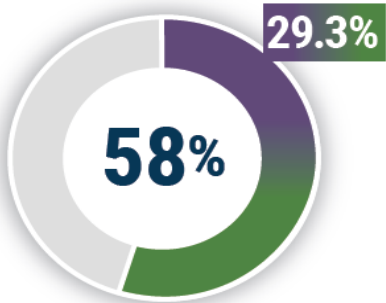
In **2020**,

40.9% of U.S. health care payments, representing approximately **238.8 million** Americans and **80.2%** of the covered population, flowed through Categories 3&4 models.

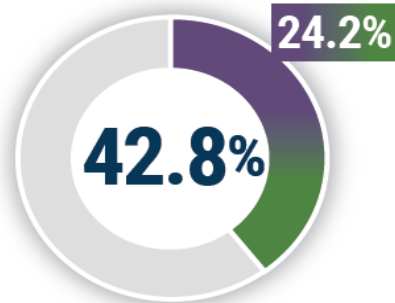
In each market, Categories 3&4 payments accounted for:



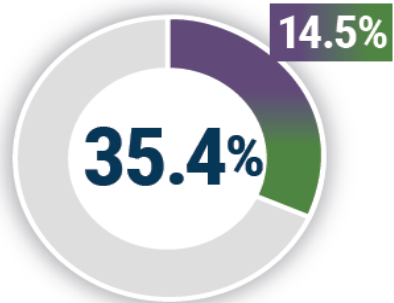
COMMERCIAL



**MEDICARE
ADVANTAGE**



**TRADITIONAL
MEDICARE**



MEDICAID

% *Combination of Categories 3B, 4A, 4B, & 4C
Represents Two-Sided Risk APMs

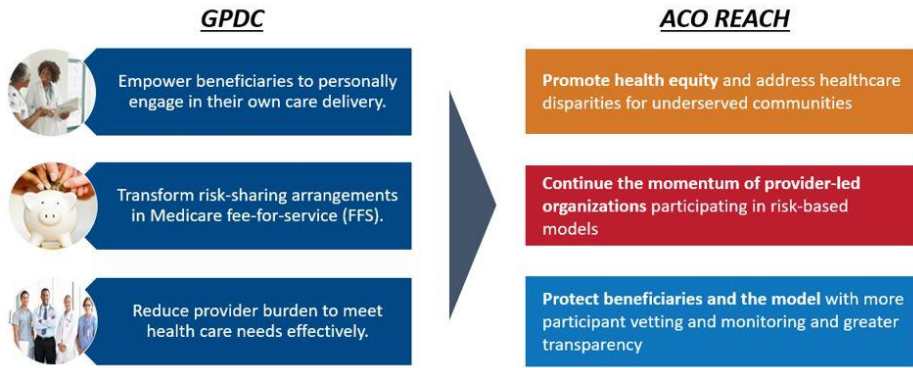
Representativeness of covered lives: Commercial - 62%;
Medicare Advantage - 67%; Traditional Medicare - 100%; Medicaid - 64%

Health Care Payment Learning Action Network; <https://hcp-lan.org/apm-measurement-effort/>



Health Equity--Value-Based Care Must Address Health Disparities

“Reaching” Beyond GPDC: ACO REACH Model Goals



<https://innovation.cms.gov/innovation-models/aco-reach>

Payers' perspectives

HEALTH EQUITY

Is your Plan leveraging value-based provider arrangements to incent the reduction of health disparities?

- 58% Collect standardized sociodemographic data
- 47% Improve the quality and completeness of sociodemographic data
- 41% Measure health disparities by stratifying along sociodemographic factors
- 30% Improve patient consumer experience for targeted populations
- 19% Improve performance on measures stratified by sociodemographic data
- 23% No, my organization is not currently leveraging value-based provider arrangements to incentivize the reduction of health disparities

If incentives are included in your value-based provider arrangements to improve health disparities, what specific Social Determinants of Health (SDoH) or delivery strategies are targeted for improvement or enhancement?

- 55% Referrals to community-based organizations to address socioeconomic barriers
- 55% Care coordination for services that address socioeconomic barriers
- 53% Screening for socioeconomic barriers to health
- 47% Food insecurity (e.g., offering resources for access to nutritious food)
- 45% Data that tracks whether services were received (e.g., closed loop referrals)
- 43% Safe transportation (e.g., incentives or partnerships in ride sharing programs)
- 42% Housing insecurity (e.g., provider sponsored housing after a hospital discharge)
- 35% Economic insecurity (e.g., connections to job placement or training services)
- 33% Social isolation and loneliness (e.g., peer connection programs, group meetings, etc.)
- 33% Other basic needs (e.g., providing clothing, diapers, or gift cards; helping with utilities or childcare; providing digital devices such as phones to access telehealth and thrive in new digital world, etc.)
- 30% Multidisciplinary team models (e.g., social worker, community health worker, medical staff, doulas, etc.)
- 28% Other

HCPLAN | www.HCPLAN.ORG | hcplan@networkofradiology.org | @Payment_Network | /Payment_Network | Search HCPLAN



Value-Based Care Impact

- Eliminating or reducing adverse events (healthcare errors resulting in patient harm)
- Adopting evidence-based care standards and protocols that promote the best outcomes for the most patients
- Focused resource allocation for highest risk patients
- Team Based Care Model
- Care Coordination and more holistic care for patients
- Improved access and increase in preventive care

Volume to Value, Why is It Taking So Long?

- Regulations and reporting complexities
- Competing and overlapping models
- Requires investment in resources to succeed
- Low to No Reimbursement for non-direct care
- Measurements complicated & sustained continuous improvement difficult in some models
- Provider willingness and readiness
- Largely historically limited to Primary Care Specialty Participation

Getting Engaged

The Choosing Wisely Initiative of the American Board of Internal Medicine Foundation: What Will Its Impact Be on Radiology Practice?

Vijay M. Rao¹
David C. Levin^{1,2}

OBJECTIVE. The *Choosing Wisely* initiative is a large-scale effort to reduce the use of unnecessary tests and procedures, many of which involve imaging.

CONCLUSION. By identifying specific tests and procedures that are often overused, unnecessary, inappropriate, or ineffective, *Choosing Wisely* places the onus on physicians to reduce their use.

It is generally accepted that one of the causes of the high cost of medical care in the United States is the excessive and often unnecessary use of imaging. Radiologists themselves have often been criticized for tests that they thought are overutilized. To make the list, a test had to be chosen unanimously. The resulting list contained 37 tests, of which approximately half were imaging.

American Journal of Roentgenology, January, Vol. 218, No. 1 : pp. 7-18
[Radiologists' Increasing Role in Population Health Management: AJR Expert Panel Narrative Review](#)
[Jessica H. Porembka, Ryan K. Lee, Lucy B. Spalluto, Judy Yee ... Show all](#)
<https://doi.org/10.2214/AJR.21.26030>

ABSTRACT :Population health management (PHM) is the holistic process of improving health outcomes of groups of individuals through the support of appropriate financial and care models. Radiologists' presence at the intersection of many aspects of health care, including screening, diagnostic imaging, and image-guided therapies, provides the opportunity for increased radiologist engagement in PHM. Furthermore, innovations in artificial intelligence and imaging informatics will serve as critical tools to improve value in health care through evidence-based and equitable approaches. Given radiologists' limited engagement in PHM to date, it is imperative to define the PHM priorities of the specialty so that radiologists' full value in improving population health is realized. The purpose of this expert review is to explore programs and future directions for radiologists in PHM.

ACR Appropriateness Criteria® Methodology

David A. Kurth, MA, MPH⁹, Boaz K. Karmazyn, MD⁹, Christine A. Waldrip, RN, MHA⁵, Mythreyi Chatfield, PhD⁷, Mark E. Lockhart, MD, MPH⁸

Abstract

The ACR Appropriateness Criteria® (AC) are evidence-based guidelines that guide physicians on appropriate image ordering. The AC development and revision process follows a transparent methodology that includes the systematic analysis of current medical literature from peer-reviewed journals and the application of well-established guidelines standards (the Institute of Medicine's *Clinical Practice Guidelines We Can Trust*) and methodologies (the RAND/UCLA Appropriateness Method and Grading of Recommendations Assessment, Development and Evaluation) to rate the benefits and potential risks, or appropriateness, of imaging and treatment procedures for specific clinical scenarios. In the October 2020 release, the methodology is applied in the development of 198 AC documents covering 1,760 clinical scenarios to make more than 8,815 recommendations, authored by more than 600 members representing multiple expert societies, and using more than 6,200 references. The ACR is recognized as a qualified provider-led entity by CMS for the development of appropriate use criteria. This paper describes the methodology and illustrates adherence to the process in the development of the AC.

Key Words: Appropriateness Criteria, appropriate use criteria, AUC, methodology, clinical practice guidelines

VIEWPOINT

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American College of Radiology, Reston, Virginia; International

Radiology and Value-Based Health Care

Because health care usage and expenditures have continued to increase in most countries, well in excess of cost-of-living inflation, value-based health care has become an increasingly important concept, aimed at improving patient outcomes without increasing costs. The value-based health care model is founded on the effort to encourage adoption of practices that optimize the ratio between health gained and costs incurred and will inevitably lead to greater scrutiny of how resources are deployed and expended.

Third, clinicians referring patients for radiologic studies impose costs without incurring them directly (using services that are paid for by patients or third-party payers); they should have accountability for their effect on the cost of medical imaging and for ensuring resource use is optimized.

Fourth, managers who plan and provide resources for health care services must understand the potential costs of undersupplying shared services such as radiol-

Radiology in the Era of Value-based Healthcare: A Multi-Society Expert Statement from the ACR, CAR, ESR, IS3R, RANZCR, and RSNA

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¹Deceased.
Radiology 2021; 298:486-491 • <https://doi.org/10.1148/radiol.2020209027> • Content code: DT



Radiology: Value Based Care Programs

- CMS MIPS program*: FFS payment adjustments (up or down) based on performance in outcomes, quality, safety based metrics

Radiology

Interventional Radiology

Radiation Oncology

- Bundles---Accountable for care and cost in episodes of care with set cost and quality targets

- CMS Radiation Oncology*
- Episodic and Surgical Based
- Chronic and Longitudinal**

- Radiologist can participate in ACOs and other programs as part of the care team
- Independent groups may have opportunities to collaborate with provider groups in value based care agreements

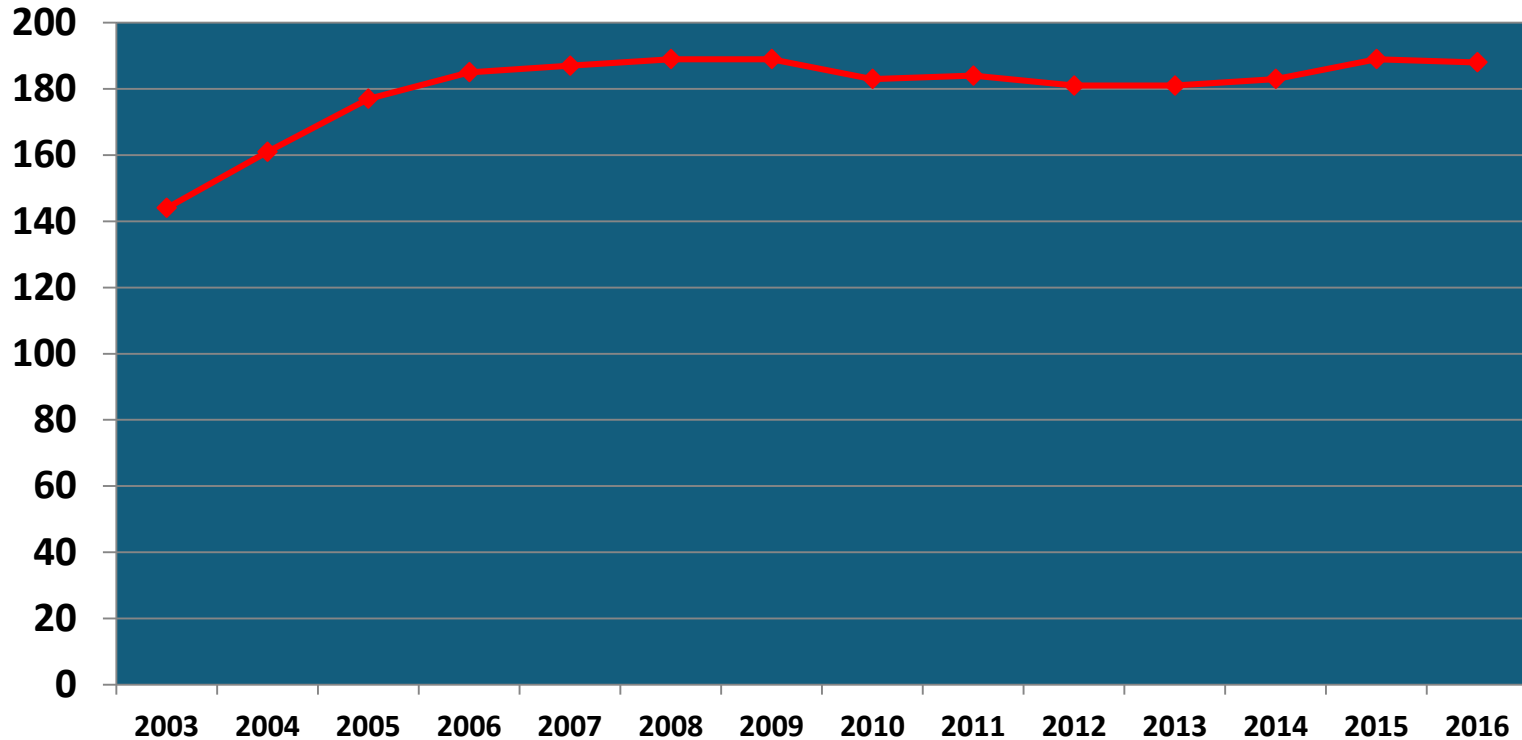
Radiology Areas of Impact in VBC

- **Preventive Care Screenings**
- **Coordination of Care**
 - Patients-direct access to their results – verbally or by an electronic portal.
 - Communication with Referring Physicians and Providers
 - available to consult with referring physicians
- **Improving Access:** Right Care at the Right time at the right place
 - Avoidable Acute Care
- **Guiding and Managing Imaging Utilization**
 - Clinical Decision Support System (CDS) that is linked to order entry to provide guidance
 - Improving Appropriateness of Imaging and Reducing Duplicate Imaging
 - Evidence-Based Management of Incidental Findings
 - Opportunistic Imaging

Radiology Areas of Impact in VBC

- Multi-disciplinary team activity
 - Areas of 'opportunity' for care that involves Imaging, and other radiology services
- Leveraging Artificial intelligence (AI)
 - Appropriateness of studies powered by smart CDS
 - Radiologist decision support system (evidence based standardized recommendations)
 - Faster, efficient high value image creation
 - Automated image quality control
 - Imaging triage based on urgent, critical findings moved to the top of list
 - Screening for lung nodules, fractures , breast cancer etc.

Jefferson Radiology-Reducing Medicare MRI Utilization Rate



Data from CRUISE , TJU: Levin, Parker, Rao

Computerized Clinical Decision Support System

Suggestion (1)

Appropriateness rankings for a 55 year old female

Indications: Focal neuro deficit, > 6 hrs, stroke suspected

Appropriateness	Procedure
Selected Procedure	
3	CT HEAD W CONTRAST
Alternate Procedures to Consider	
8	CT ANGIOGRAM HEAD NECK W CONTRAST
8	CT HEAD WO CONTRAST
8	MRI BRAIN W WO CONTRAST

[Click here for ACR Appropriateness Criteria reference information](#)

Remove the following orders?

Remove	Keep
--------	------

Apply the following?

Order	Do Not Order	Score 8 (CT angiogram head neck with contrast)
Order	Do Not Order	Score 8 (CT head without contrast)
Order	Do Not Order	Score 8 (MRI brain with and without contrast)
Order	Do Not Order	Score 8 (MRI brain without contrast)
Order	Do Not Order	Score 8 (MRI pituitary without contrast)
Order	Do Not Order	Score 8 (MRI skull base with and without contrast)
Order	Do Not Order	Score 8 (MRI skull base without contrast)
Order	Do Not Order	Score 7 (CT brain perfusion with contrast)
Order	Do Not Order	Score 5 (MRI head-brain perfusion with contrast)

Acknowledge Reason

Keep original order | Other options... ▾

Accept | Cancel

Jefferson Health Mammography Screening “Nudge” Pilot

❖ Inclusion criteria:

Female patients with NJ ZIP code

Zip code criteria driven by capacity

Active MyChart status

Allow text messaging

Last screening mammography T – 395 days

No future screening mammography scheduled

The radiology recommendation status = OPEN

Breast tissue density meets clinical criteria

Jefferson Health: Our records indicate that you are overdue for your screening mammogram. We are reaching out to make it easier for you schedule an appointment. Please schedule online through MyJeffersonHealth or reply to one of the following options

“1” - Send me a link now to schedule via MyJeffersonHealth

“2” – Remind me next month

“3” – I had my screening done elsewhere

“4” Decline mammogram scheduling

6:10 ◀

K Schedule Appointment Close

Screening Mammogram

Covid Vaccine (Dose 1) →

A COUPLE OF QUESTIONS

*Do you have any breast symptoms or concerns?

Yes No

*Is this exam to follow-up on any prior abnormal imaging findings?

Yes No

*Do you have a personal history of breast cancer?

Yes No

Continue

WHAT TIME WORKS FOR YOU?

Search options ▾

Saturday November 27, 2021

JWT OPIC MAMMO 1

NJ, Sewell - 900 Medical Center Drive - Jefferson Washington Township
900 Medical Center Drive Sewell NJ 08080

8:30 AM 9:00 AM 9:15 AM

9:30 AM 9:45 AM 10:15 AM

10:30 AM 10:45 AM 11:00 AM

11:15 AM 11:30 AM 11:45 AM

12:00 PM 12:15 PM 12:30 PM

Thank you !



"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."