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# Good-bye Volume; Hello Value

presented by Irving L. Stackpole







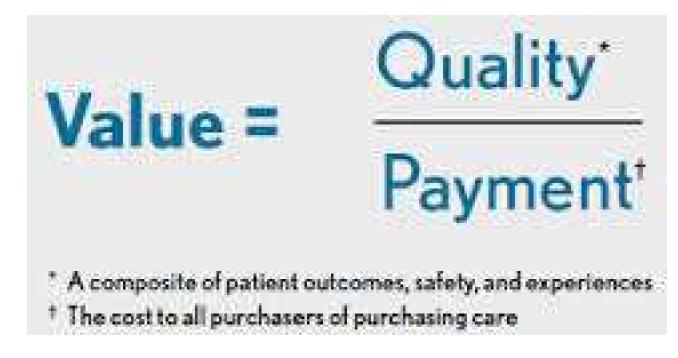


"Time for Lesson 1 in our new language."



#### **Volume to Value**

- Volume Fee for Service
- Value





## CMS Transition

- Total Performance Score and Rank
- 2016 Funded by 1.75% **\Pin DRG**
- ■2017 Funded by 2% **\Pin DRG**
- FY 2018 new measures, performance periods, performance standards and domain weighting
- Better Score = higher payment
- Poor score = lower payment



#### More about "VALUE"

- Quality / Payment
- "Quality" =
  - The degree to which service is free of controllable defects\*
  - Who determines "defect"?
- Manage the Measures!



# The Challenges

- Profound changes
  - Consumers' & Intermediaries'
- Poor performance
- Labor
- Lower payments
- The "system"

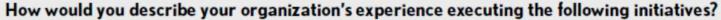


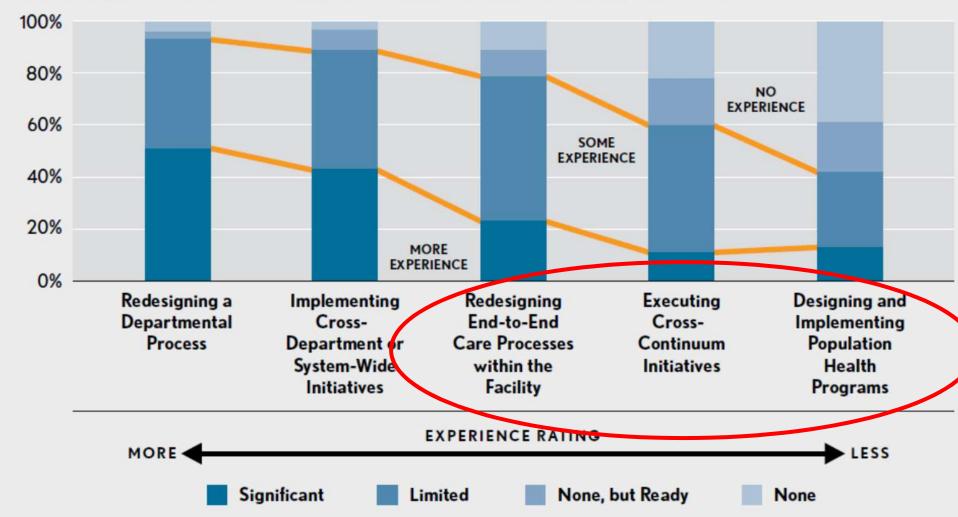
# STACKPOLE & Associates, Inc. Efficiency

## Technical, Productive, Allocative

- Technical
- -Maximum improvement from resources
  - Productive
- -Best health outcome for given costs or reduction in cost for the same outcome
  - Allocative
- -Best outcomes for society Palmer, 1999

#### EXPERIENCE WITH PERFORMANCE IMPROVEMENT ACROSS THE CONTINUUM





Source: HFMA Value Project Current State Survey, January 2011.



# Engagement s Markeling Engagement

- Culture of Volume v. Value
  - Inside
    - Leadership what's being measured
    - Employees
      - Doing "more" v. "correct"
  - Consumers
    - Do you have the time?
  - Intermediaries
    - •Adversaries or collaborators?



#### Collaboration – the New Frontier

- Cross-Continuum Collaboration
- Organizations ("actors") with
  - Different missions
  - Different perspectives on "care"
  - Different orientations (for profit, not for profit)
  - Different idioms (Tower of Babel)
  - Different information systems



## Good Bye Volume: "Hello" New Rulest

- Leadership
- Trust
- Walk with me
- Start small → succeed fast
- Engage vs. exclude
- Data, Data, Data
- Patient / consumer centered

<sup>†</sup> Loehrer, 2015



# **Leadership / Convener**

- Dedicated Role
- Wide range
  - Hospitals
  - Physicians groups
  - -QIOs
  - -AAAs



#### **Trust**

- Many times, this is the first time!
- Orientation
- Taking time for the long term
- Shared benefits -> goals



#### **Visits**

- Site visits & tours between & among providers, agencies – "actors"
  - Walk a mile in my shoes
- Personal observation often leads to breakthrough cooperation



### Start small

- Small wins reinforce efforts
- Issues at "modest" scale can lead to scalable solutions



#### **Inclusive teams**

- Expand teams to include
  - Knowledge
  - Experience
  - Perspectives
  - Capacity
- Team tools / skills / capabilities



# Data, Data, Data

- Both quantitative and qualitative
- Opportunity
- Progress
- Skills





#### Patient & consumer focus

- Keep the focus on the end user
- Families and "related parties"
  - What's working
  - What's in the way



# Differentiation

- In the "post volume" world, how will YOU stand out?
  - Efficiency
    - DATA / OUTCOMES / RESULTS
  - Innovation
  - Engagement



# Conclusions

- Transitions → Collaboration
- Engage v. Bunker
- "New Rules"



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### M'care Spending per Beneficiary (MSPB)

2014 USA National Average Medicare Spending per Beneficiary										
Provider Type	1 - 3 days prior to admission		During hospital admission		1 - 30 days after discharge		Complete Episode		Percent of Average	Rank
Inpatient	\$	5	\$	9,108	\$	2,665	\$	11,778	58.8%	1
Skilled Nursing Facility	\$	2	\$	-	\$	3,251	\$	3,253	16.2%	2
Carrier	\$	532	\$	1,514	\$	1,083	\$	3,129	15.6%	3
Outpatient	\$	117	\$	-	\$	710	\$	827	4.1%	4
ННА	\$	13	\$	-	\$	771	\$	784	3.9%	5
DME	\$	9	\$	24	\$	101	\$	134	0.7%	6
Hospice	\$	1	\$	-	\$	118	\$	119	0.6%	7
Total	\$	679	\$	10,646	\$	8,699	\$	20,024		
Percent of Average		3.4%		53.2%		43.4%				