Collaborative Payor-Provider Partnerships

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Objectives

- Describe UAB's APM Experience
- Define Drivers for UAB Value Based Partnerships
- Review Process and Model Development
- Describe Challenges and Successes to Support Alternative Reimbursement Models for all Parties



UAB Value Based Payment Program Experience



CMS:

- Oncology Payment Model
- 3 BPCI Bundles:
- BPCI-A
- Formed Clinically Integrated Network
 - ACO Track One

• VIVA

- Currently risk sharing: Prime Care
- BCBS:
 - Currently risk- sharing: Inpatient
- Medicaid RCOs:
 - UAB 2/5, MCI 1/5 regions





UAB Drivers for Payor Engagement

- Physician Champions Pursuit of CIN
- Be a leader as providers, help define the model
- Opportunity to transform our healthcare delivery system for all patients
- UAB navigation program results
- Experience with bundled payment programs

The right thing to do for the patient



Negotiating Challenges with Commercial Payors

- Aligning hospital and physician financial incentives
- Claims Adjudication Process and System limitations
- Negotiating "win-win" commercial payor financial arrangements
- Measuring program success
- Self-insured contracts



UAB Payor Partnerships

• VIVA HEALTH[®]

- Licensed in Alabama
- Commercial covered lives: 28,000+
- VIVA Medicare covered lives: 45,000+



BlueCross BlueShield of Alabama

- 3 million total covered lives
 - 2.1 million covered lives in Alabama
- 23,000 employer groups



BCBS Models: PCOP or OCM

• The PCOP model outlines higher, flexible payments to support patient care while creating accountability for delivering highquality ,appropriate care.

- Variable Care Management Fee
 - Recognizes Intensity of Provider Efforts During Cancer Care
 - **Diagnostic,** treatment, monitoring, and clinical trials



Claims Analysis: Evaluating Attribution

	Patients with Medical Oncology Infusions at UAB			Patients with Episode Triggers at UAB			# of Infusion Episodes Attributed to UAB*
	Professional	Facility	Total	Professional	Facility	Total	Total
2015	776	203	926	442	126	568	609
2016	804	172	945	456	86	542	579
	All Cancers, Primary Claims Only, No C						
~60% of Patients who receive medical oncology treatment at UAB generate an episode trigger. The other ~40% may (a) not have a cancer diagnosis, (b) be attributed to another facility, or (c) not have any E&M visits for attribution							~6% of UAB-attributed episodes were initiated at a facility other than UAB

*Includes episodes with HCPCS (J Code) triggers only. There are an additional 161 NDC-triggered episodes in 2015 and 145 in 2016



BCBS Spend by Category Compared to OCM

Total Spend by FFY for All Cancer Types





#ACCCNO

Comparative Spend by Category: BCBS/CMS



BCBS reimbursement rates put an even larger focus on IP Admits. IP Admits make up 34% of spend in BCBS Oncology spending vs 17% in the OCM model within similar IP utilization



Projected Modest Reduction in Spending





Establishing Performance Targets

Given oncology spend variability, we have preliminary agreement to create a "**performance corridor**" rather than a specific price target. Shared savings / risk depend on performance relative to the corridor.





Why we didn't move forward BCBS

- Failed buy-in from Leadership
- Financial risk to Health System
- Shared savings distribution model





VIVA Health Plan Oncology Model

- Program duration: episode start dates: 11/1/16-3/31/19
- Single episode Care Management Fee
- Limited eligible beneficiaries
 - Breast, Prostate, Lung, Gyn (ovarian, cervical, uterine)
 - Newly diagnosed
 - Treatment imitated at UAB



VIVA Health Plan Model: Quality Metrics

Reported by UAB

- ER/Hospitalizations
- Depression Screening
- Pain Management
- Treatment Care Planning
- Shared savings
 - Measured against benchmarks for hospital cost
 - Benchmark/cancer type-Actual cost
 - No risk adjustment



VIVA Health Beneficiaries





VIVA Health Care-ER Visits/Hospital Admissions





VIVA Health Care-UAB Shared Savings



Reduced hospital expenditures Achieved Shared Saving Savings

- Health System as Employer
- Health System Cost (CAP Plan)
- Health Plan



ER and Admission Trends



