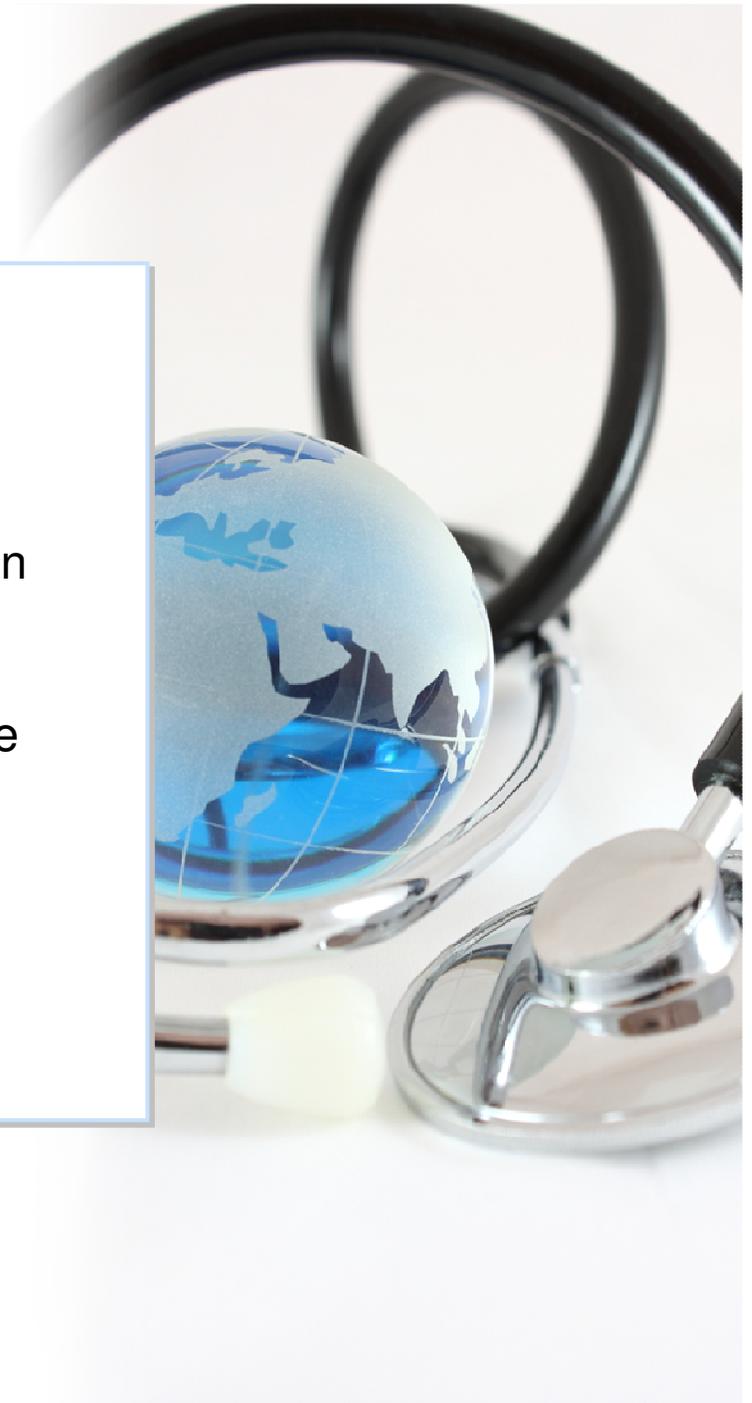


Objectives – Wednesday, October 26 (3-5p)

- Introductions
- Describe role of this workgroup
- Outline cardiovascular episodes to be examined in the coming months
- Review patient journey for congestive heart failure
- Discuss opportunities to improve quality, costs, patient experience for congestive heart failure
- Next steps



Arkansas Healthcare Payment Improvement Initiative: A statewide, multi-payor effort

“Our goal is to align payment incentives to eliminate inefficiencies and improve coordination and effectiveness of care delivery.”

– Gov. Mike Beebe

Episodes have the potential to ...

Deliver coordinated, **evidence-based** care

Focus on **high-quality** outcomes

Improve **patient focus** and **experience**

Avoid **complications**, reduce **errors** and **redundancy**

Incentivize **cost-efficient** care

Role of workgroup: we want real input and collaboration from workgroups

Workgroups: we are looking for...

- Clinical input on the patient journey and experience
- Clinical input on inefficiencies in the system and improvement potential
- Feedback and discussion on payment model design
- Feedback on practical implementation challenges to overcome

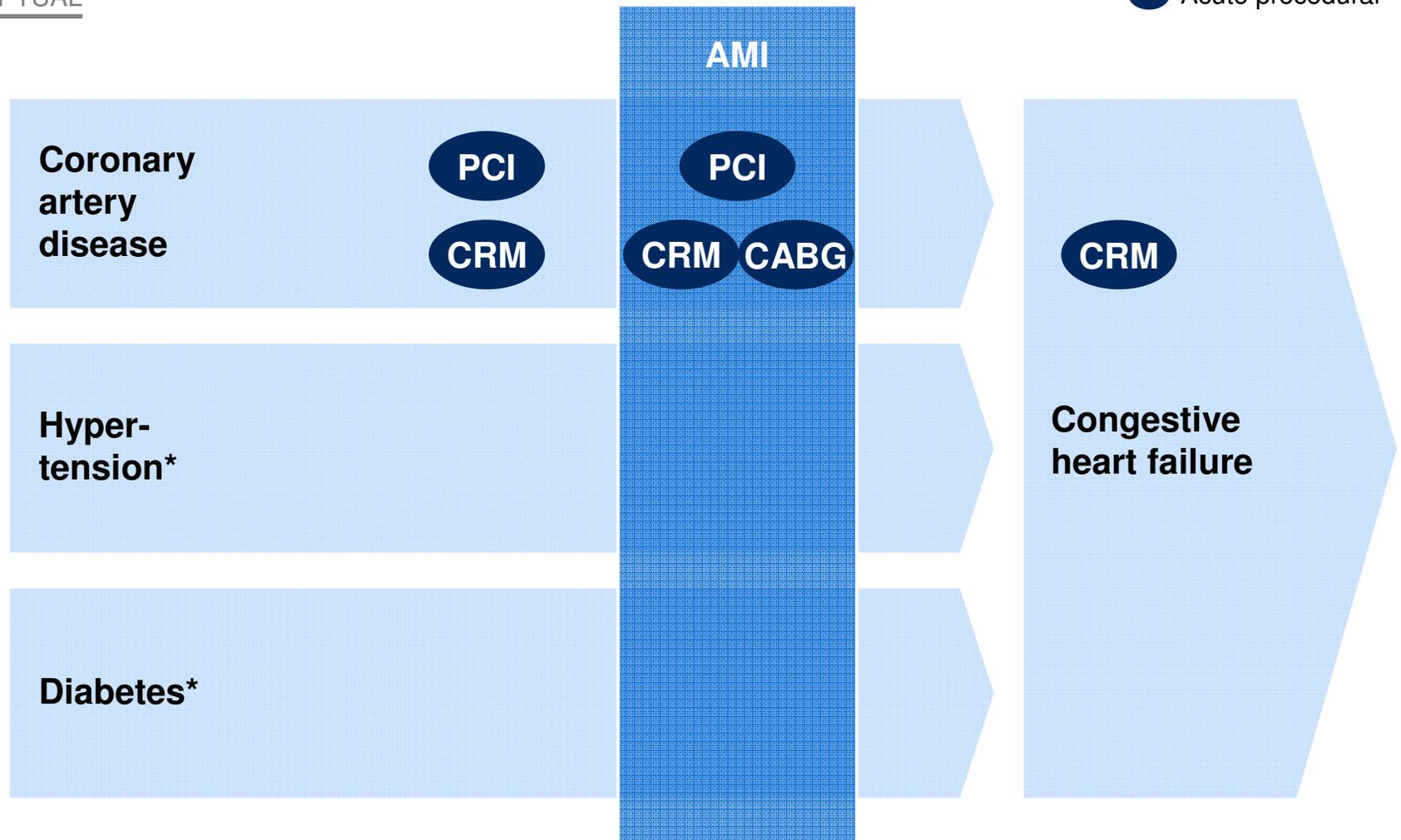
Format for today

- We want your active participation and feedback
- Flow: we will present some materials (for example, a draft “patient journey”) and will then turn to group discussion and comments
- Videoconference participants should feel free to speak up (we will also pause at points to ask for input from other sites)
- Please always speak directly into the microphone so that those at other sites can hear your comments

Over time, we will examine several inter-related chronic, acute medical, and acute procedural episodes

CONCEPTUAL

- Chronic condition
- Acute medical
- Acute procedural



*Hypertension and Diabetes to be addressed by another Workgroup

CABG: coronary artery bypass graft

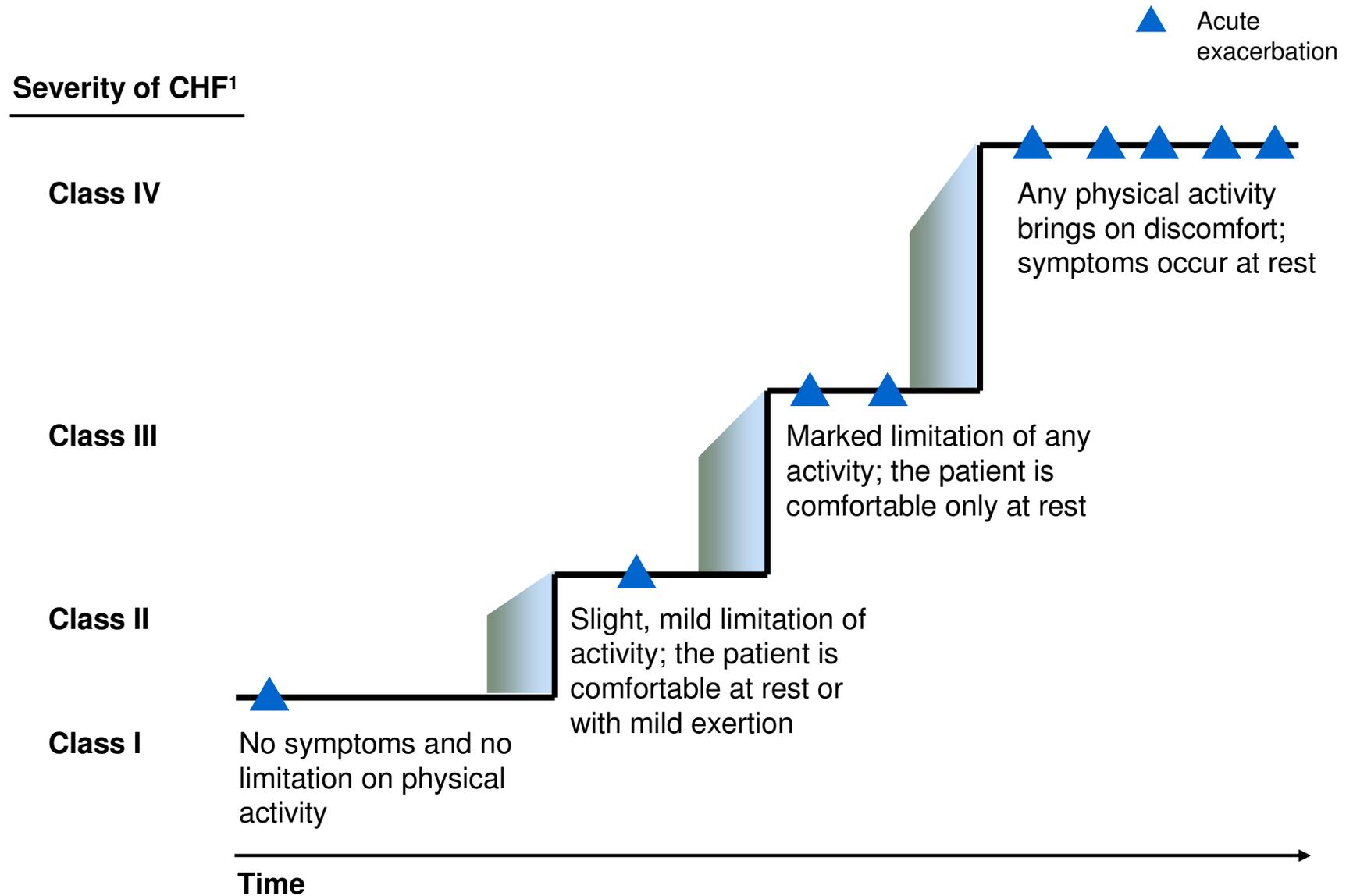
CRM: cardiac rhythm management (e.g., pacemaker, defibrillator implantation);

PCI: percutaneous coronary intervention (i.e., angioplasty)

We will begin with congestive heart failure for several reasons

- Affects large number of Arkansans at considerable cost to Medicare and Commercial insurers
 - Important to apply episode concept to a chronic condition, given that chronic conditions account for about 70% of spending
 - Significant opportunity to improve quality and patient experience associated with handoffs/transitions between providers; Arkansas has high rate of CHF readmissions
 - Aligned with Medicare initiative focused on CHF readmissions, slated to begin in 2012
-

Congestive heart failure: Disease progression over time

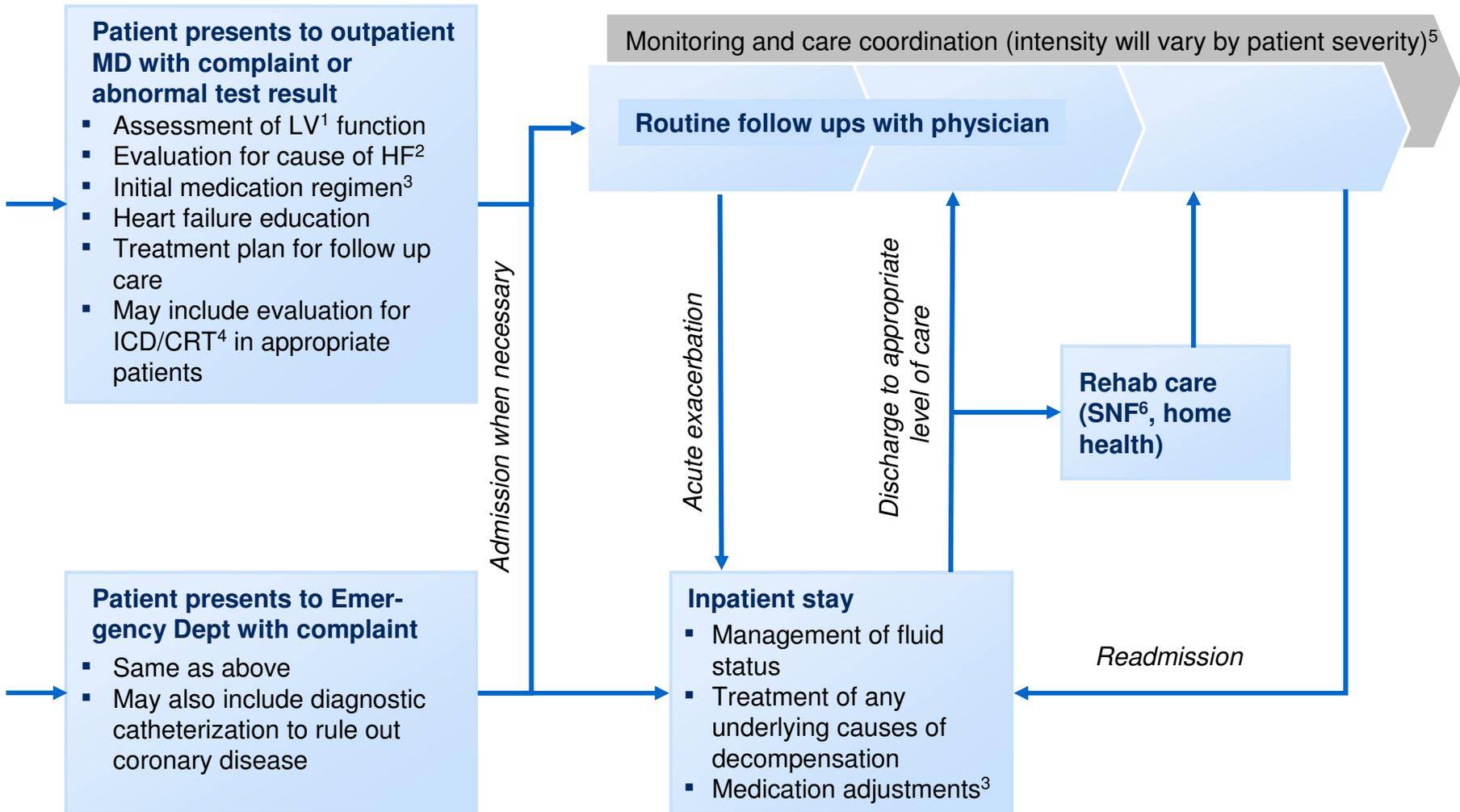


¹ Based widely-used NYHA classification system



Congestive heart failure: Patient journey

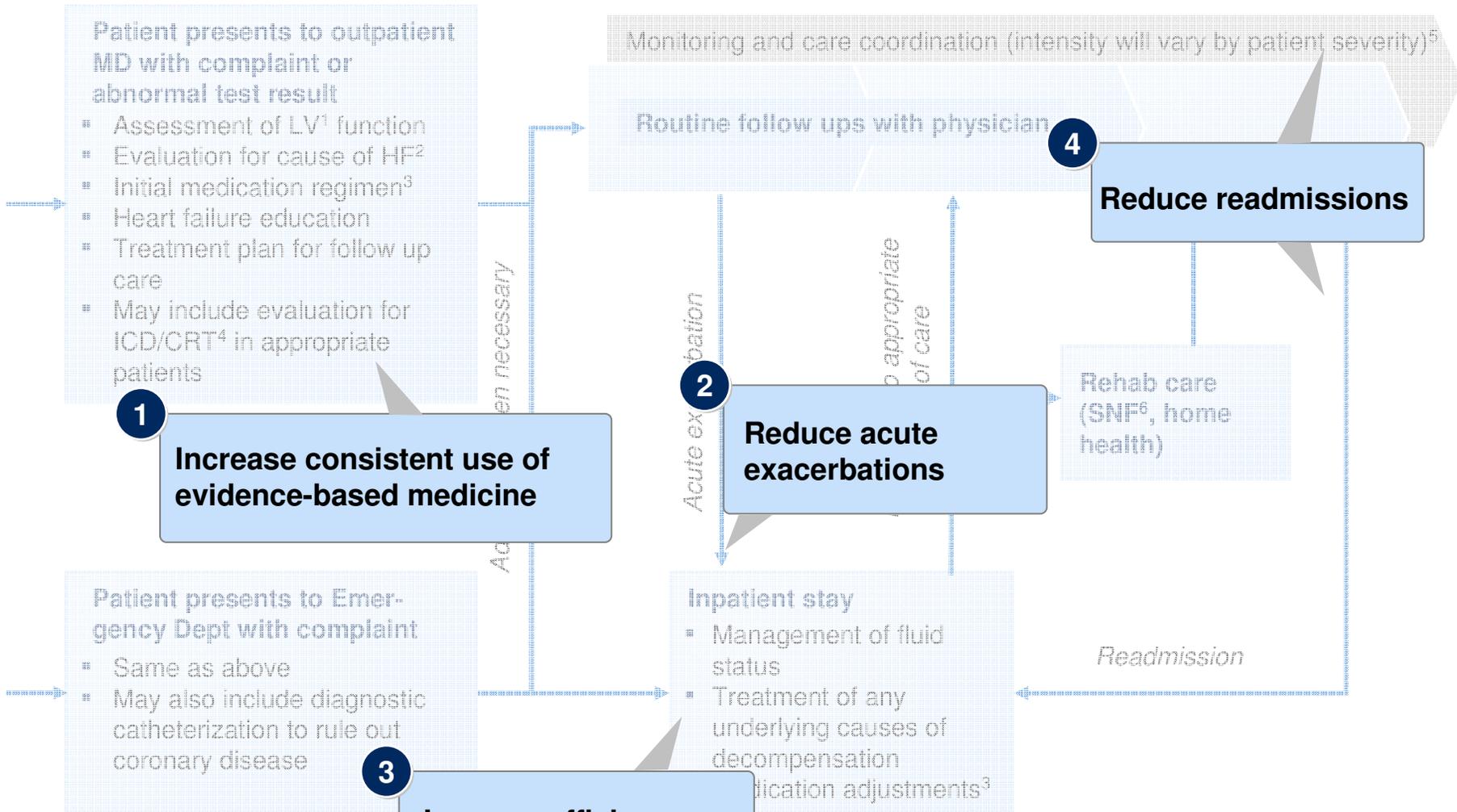
Where patient enters the system



1 Left ventricular; 2 Heart failure; 3 Medication regimen differs for patients with systolic v. diastolic heart failure; 4 Implantable cardioverter defibrillator/cardiac resynchronization therapy; 5 May include third-party payor disease management, PBM medication management, wellness programs, remote monitoring; 6 Skilled nursing facility

Opportunities to ensure effective care delivery, quality, and patient experience for congestive heart failure

Where patient enters the system

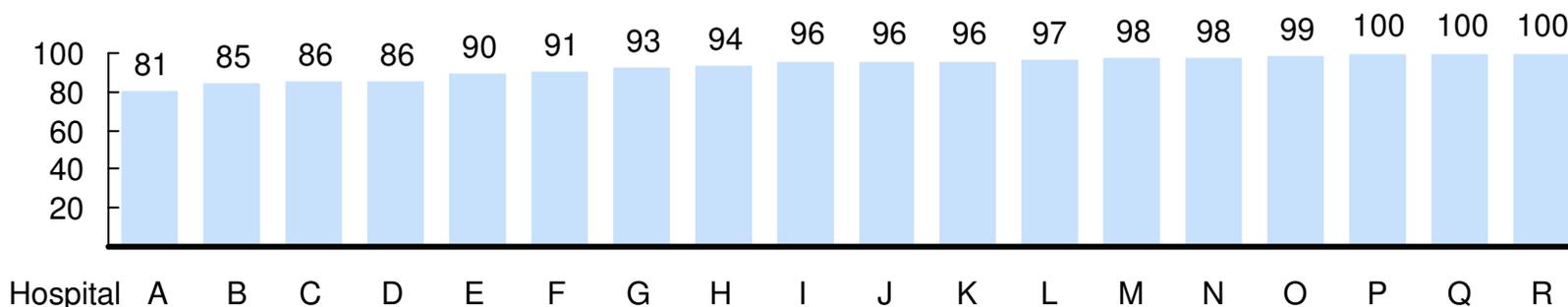


1 Left ventricular; 2 Heart failure; 3 Medication management, wellness programs, remote monitoring; 4 Implantable cardioverter defibrillator/cardiac resynchronization therapy; 5 Systolic v. diastolic heart failure; 6 Skilled nursing facility

1 Evidence-based medicine: Two process measures across 18 hospitals in Arkansas

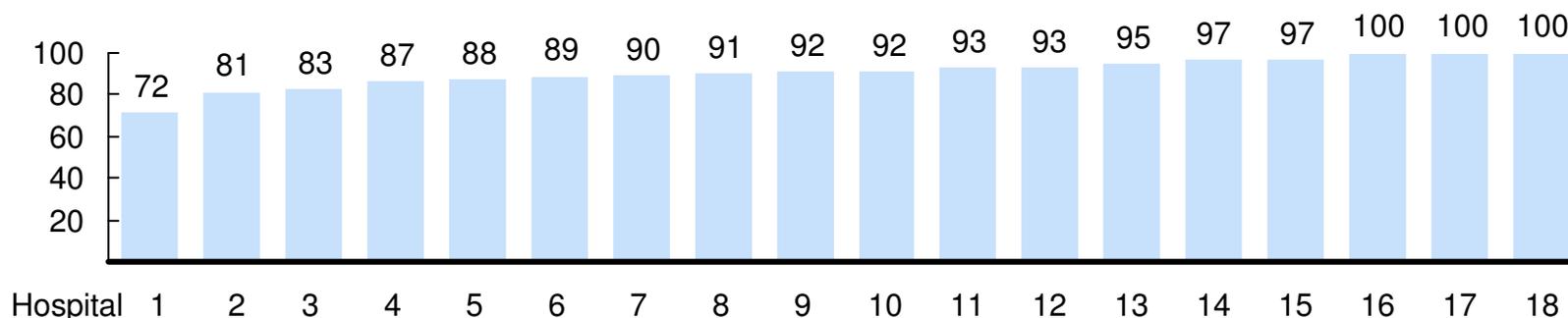
Use of ACE inhibitor or ARB for left ventricular systolic dysfunction (LVSD) at discharge¹

Percent of heart failure patients (18 hospitals with sufficient volume² available in Hospital Compare)



Heart failure patients given discharge instructions

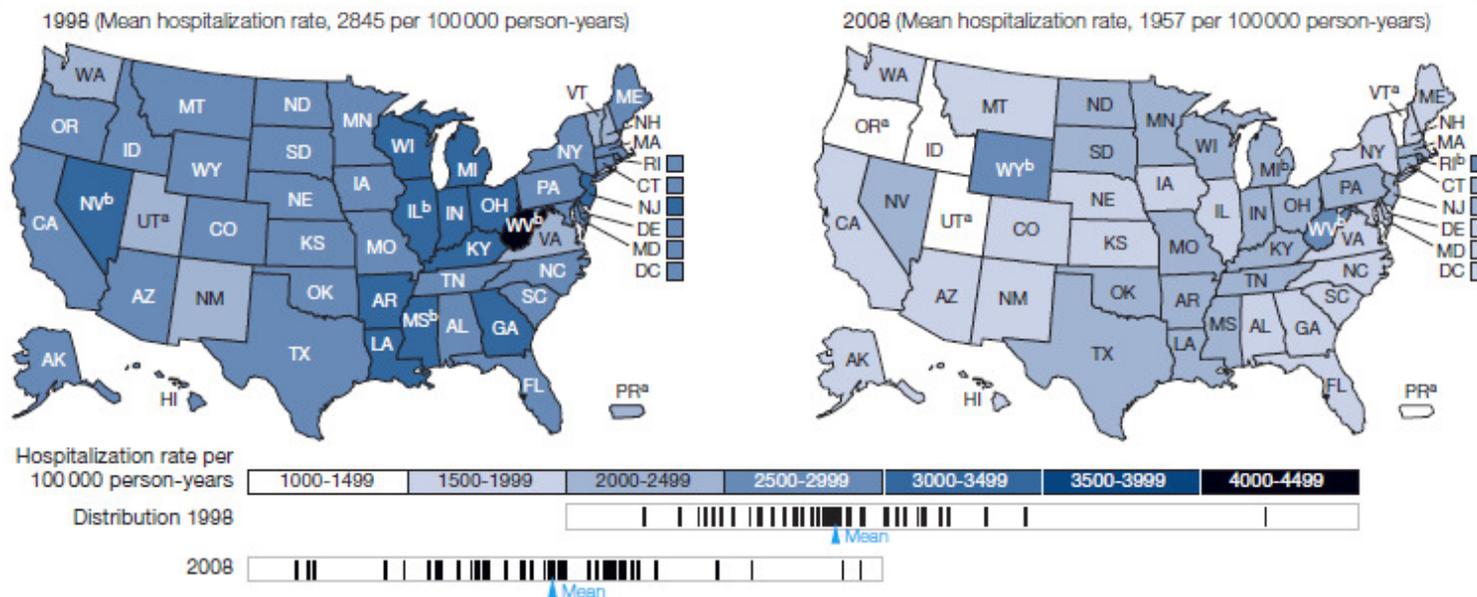
Percent of heart failure patients (18 hospitals with sufficient volume available in Hospital Compare)



1 Heart failure patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACE inhibitor) contraindications or angiotensin receptor blocker (ARB) contraindications who are prescribed an ACE inhibitor or an ARB at hospital discharge
 2 Must have at least 25 cases to be included in published data set

2 Reduce hospitalizations / acute exacerbations: hospitalizations are on the decline, including in Arkansas

Figure 1. Risk-Standardized Heart Failure Hospitalization Rate by State In 1998 and 2008



- CHF hospitalizations have declined nationally over last decade
- Authors hypothesize reasons include fewer incident CHF cases, increased use of medications that prevent hospitalization, and changing clinical practice patterns toward outpatient management
- Degree of decrease varies across states
- Arkansas absolute improvement is 34th among states

a Significantly lower than national mean (2-sided $P < .05$) based on bootstrapped 95% CIs

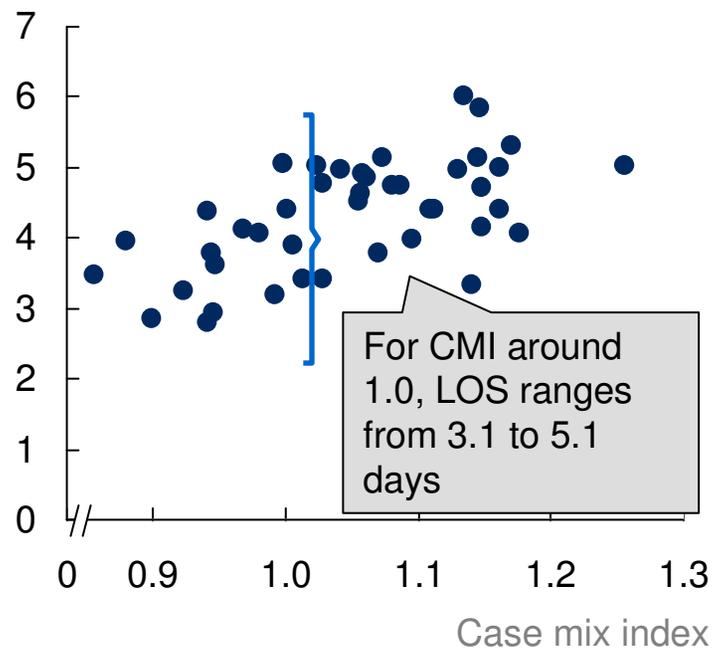
b Significantly higher than national mean (2-sided $P < .05$) based on bootstrapped 95% CIs

SOURCE: Chen, J, SLT Normand, Y Wang et al. National and regional trends in heart failure hospitalization and mortality rates for Medicare beneficiaries, 1998-2008. *JAMA*. 2011;306(15):1669-1678.

3 Efficiency of inpatient care: average length of stay and cost per case v. case mix index

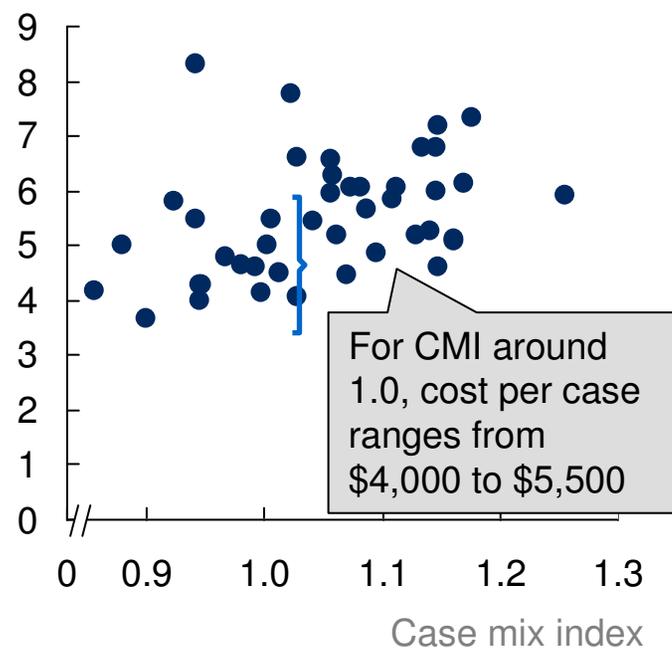
Hospital average length of stay

Medicare heart failure patients¹



Hospital average cost per case

Medicare heart failure patients¹, \$Thousands



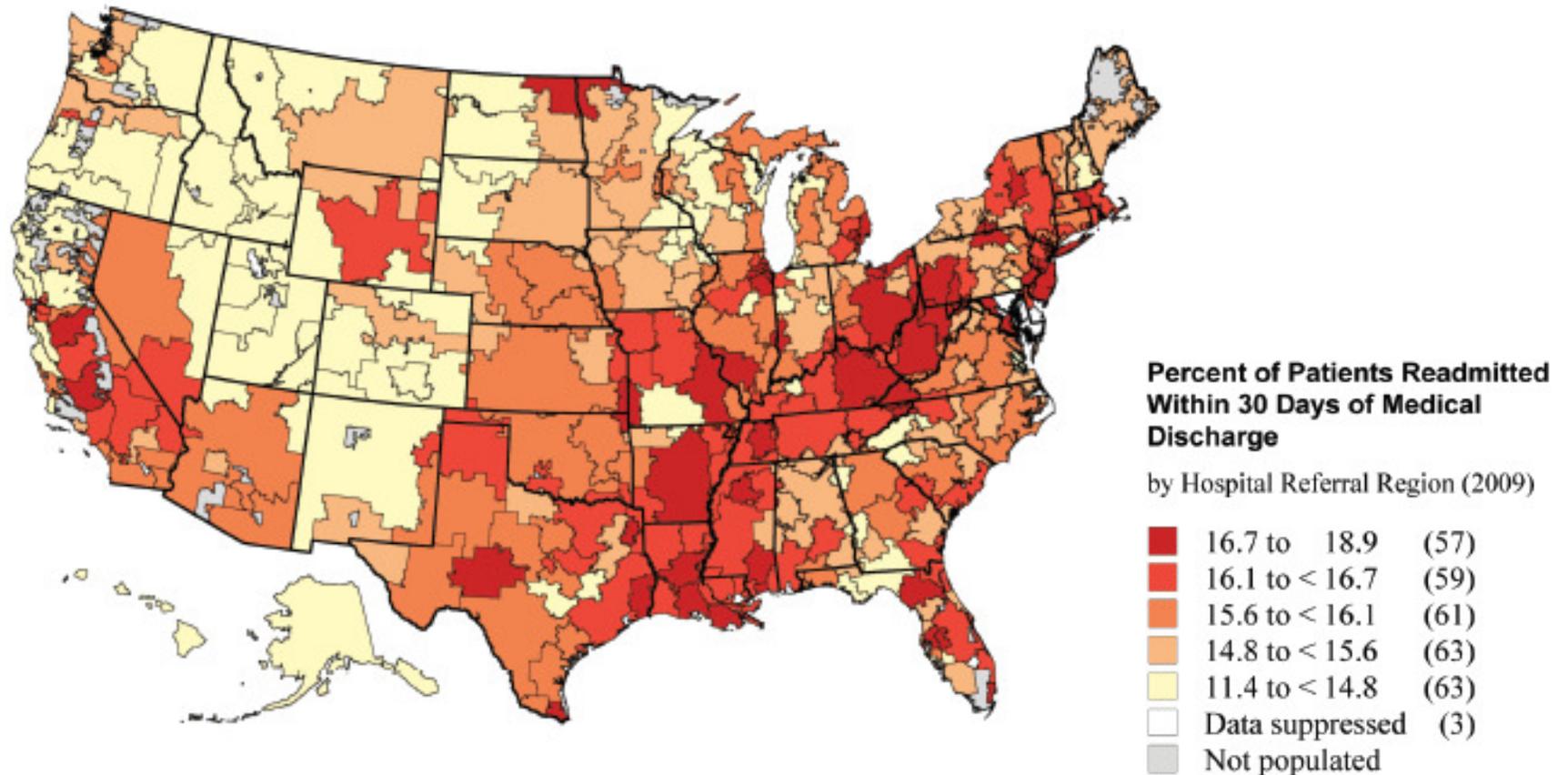
Even within a band of case mix index, there is variability in length of stay and in cost per case. For a case mix index around 1.0, length of stay varies from 3.1 to 5.1 days and cost per case ranges from \$4,000 to \$5,500

¹ Case mix index specific to heart failure MS-DRG (291, 292, 293) for Arkansas hospitals with >50 HF cases per year (n=43)

SOURCE: American Hospital Directory, based on Medicare Cost Reports via Healthcare Cost Report Information System (HCRIS) and Medicare Provider Analysis and Review (MedPAR) data, 2010 data

4 Readmissions: Readmissions within 30 days of discharge

30 day readmissions rate for CHF, pneumonia, MI
Percent of patients discharged¹

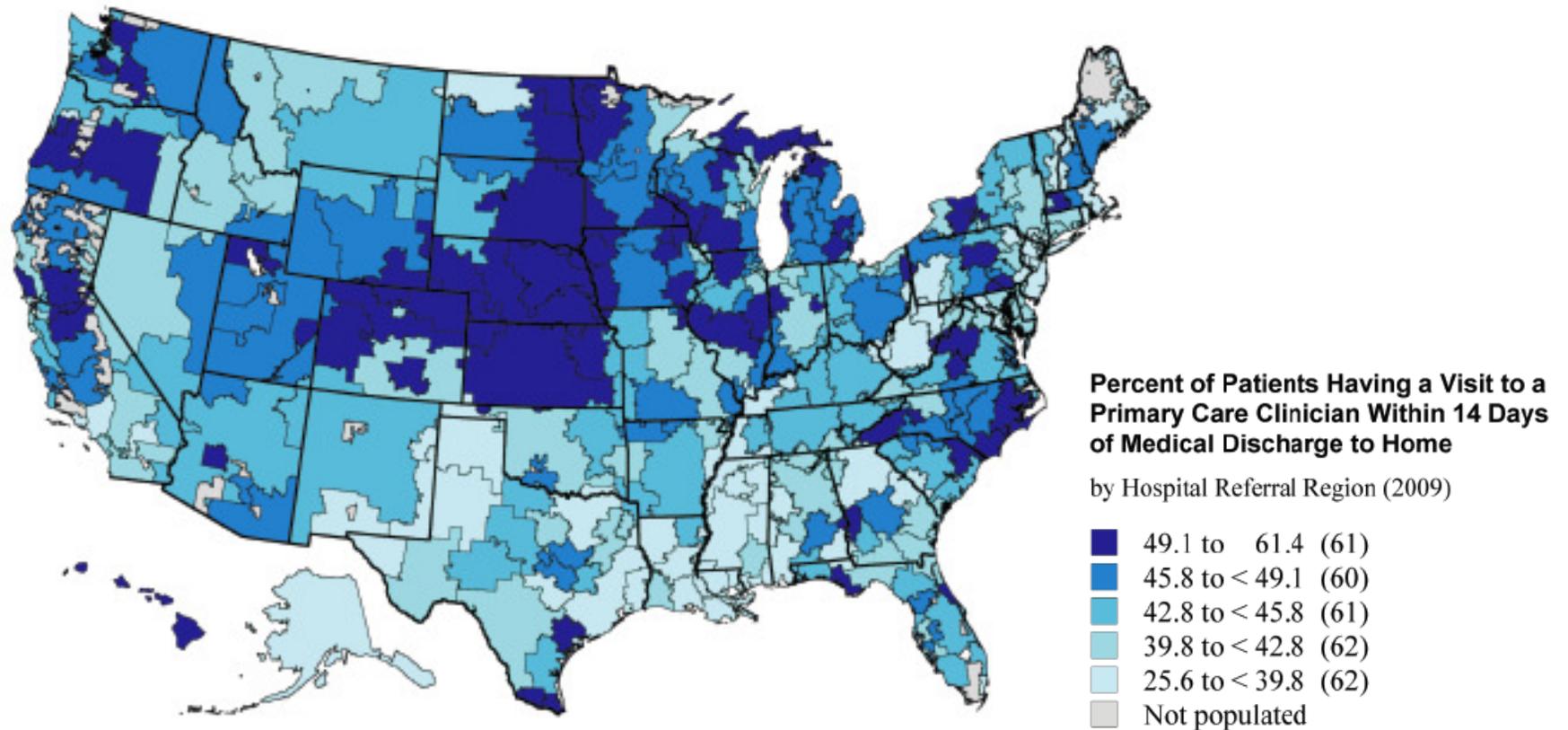


¹ Includes heart failure, pneumonia, and myocardial infarction

SOURCE: Goodman, DC, ES Fisher, CH Chang. After Hospitalization: A Dartmouth Atlas Report on Post-Acute Care for Medicare Beneficiaries, 28 September 2011.

4 Readmissions: Rate of follow up within 14 days of discharge

14 day follow up rate to a primary care clinician for CHF, pneumonia, MI
Percent of patients discharged¹

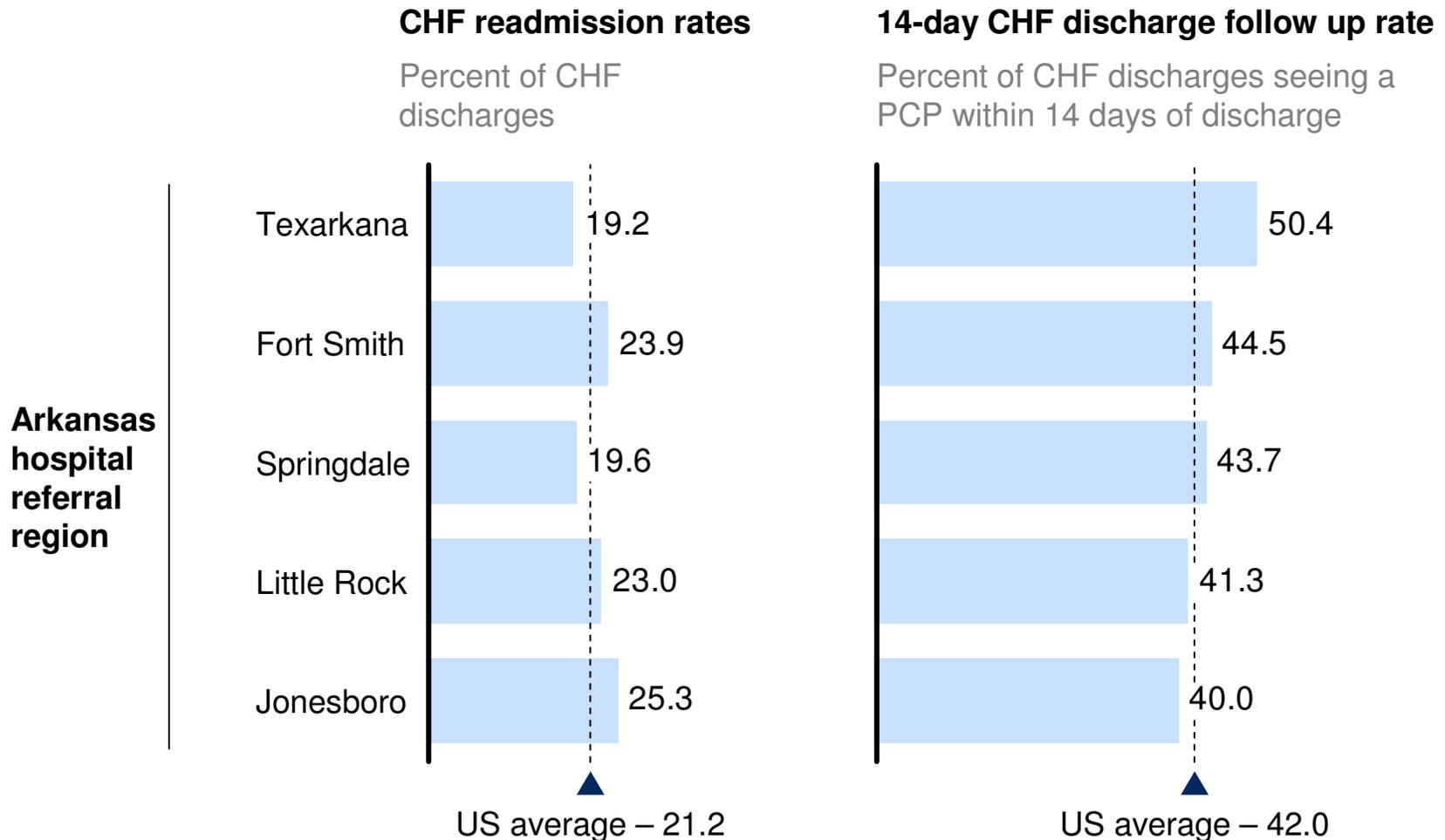


¹ Includes heart failure, pneumonia, and myocardial infarction

SOURCE: Goodman, DC, ES Fisher, CH Chang. After Hospitalization: A Dartmouth Atlas Report on Post-Acute Care for Medicare Beneficiaries, 28 September 2011.

4 Readmissions: Discharge follow up and readmission rates for CHF across AR hospital referral regions

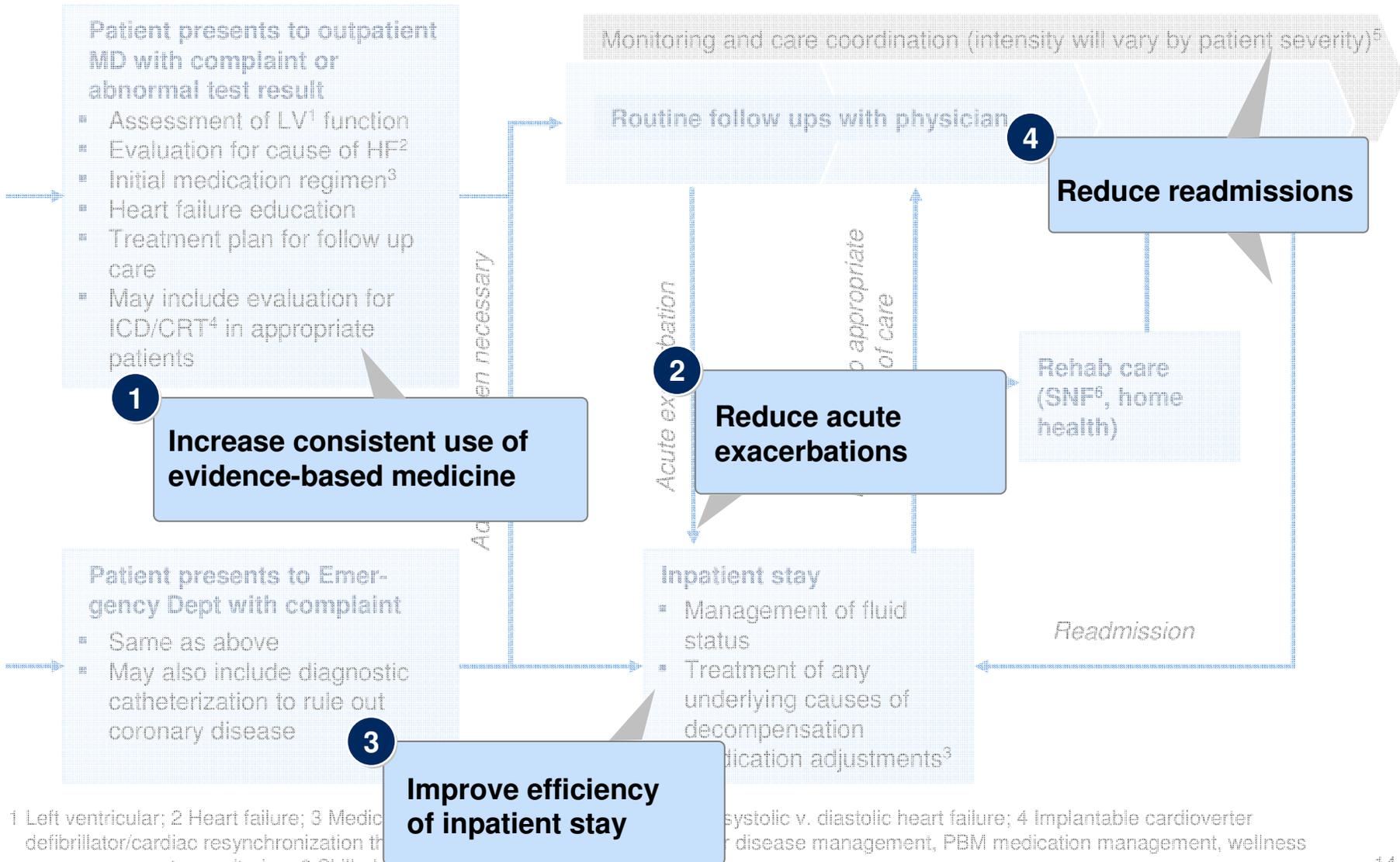
2009



SOURCE: Goodman, DC, ES Fisher, CH Chang. After Hospitalization: A Dartmouth Atlas Report on Post-Acute Care for Medicare Beneficiaries, 28 September 2011.

Opportunities to ensure effective care delivery, quality, and patient experience for congestive heart failure

Where patient enters the system



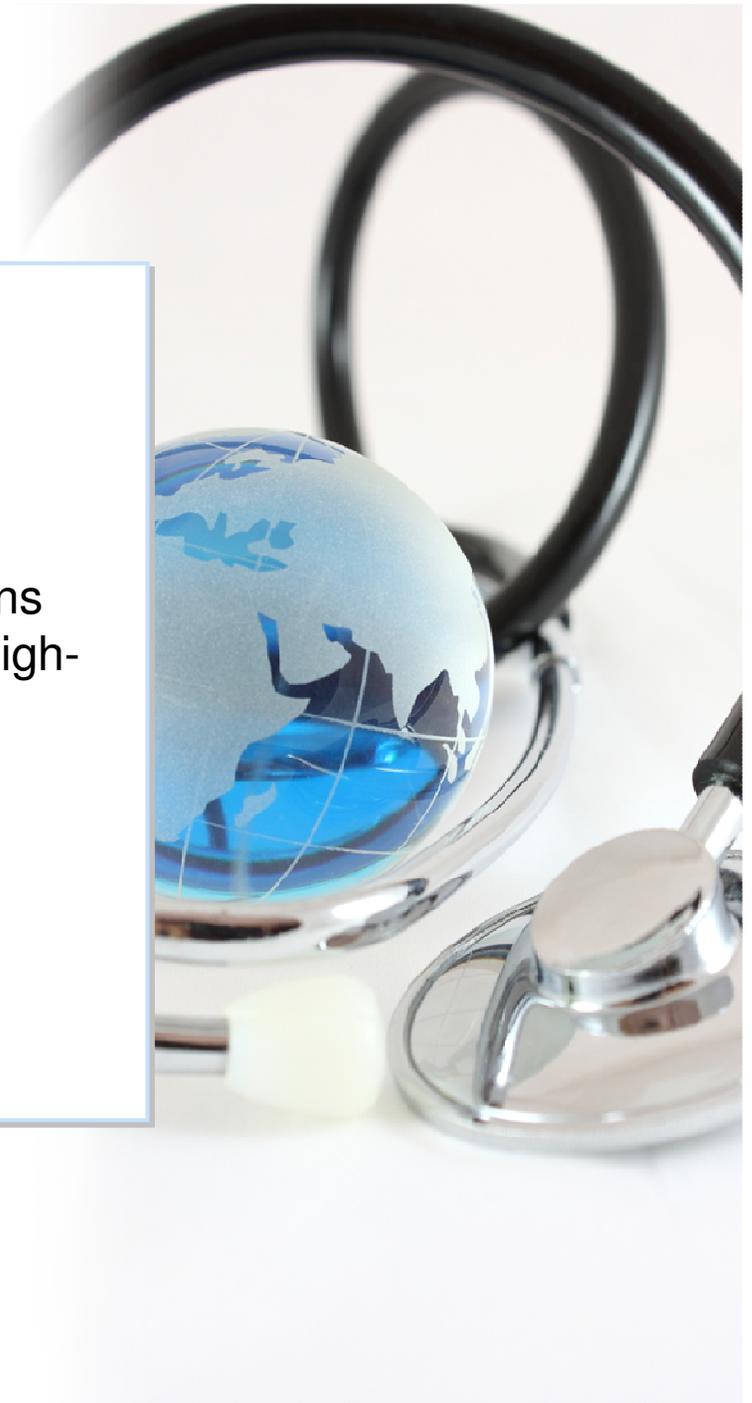
1 Left ventricular; 2 Heart failure; 3 Medication management, PBM medication management, wellness programs, remote monitoring; 6 Skilled nursing facility

4 Implantable cardioverter defibrillator; 5 Systolic v. diastolic heart failure; 6 Skilled nursing facility

Discussion

Areas of opportunity

- Which of these opportunities to improve quality, patient experience and cost effectiveness are greatest potential?
- What other opportunities exist to ensure Arkansans with congestive heart failure receive consistent, high-quality, cost-effective care?
- What has been tried in the past to capture these opportunities? What has worked?
- What are the challenges to addressing these opportunities?



Next steps

- **Synthesize** and post online the feedback and input from today's discussion
- Circulate **follow up questions**
- **Schedule** next workgroup meetings