

Working Together to Sustain the Arkansas Health System

ARKANSAS PAYMENT IMPROVEMENT INITIATIVE

Public webinar
September 2011

Welcome



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Objectives of this webinar

- Review the aims of the Arkansas Payment Improvement Initiative
- Explain more about what the workgroups will do and the design decisions that we will need your input on
- Share the timing, approach and logistics for the workgroup meetings

How this webinar will run

Overview of the path ahead

- We will speak for around 1 hour
 - Following the presentation, we will address a selection of representative questions submitted by you during this session
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Your questions

- During this webinar, if you have questions on anything we cover, please submit through the WebEx chat box on the right-hand side of the screen
- Questions can be submitted at any time during the presentation and will be seen only by the hosts
- If you have any problems submitting the questions through the WebEx meeting, please email them to Amy.Webb@arkansas.gov
- For more information, you can visit our website: <http://humanservices.arkansas.gov/director/Pages/APII.aspx>

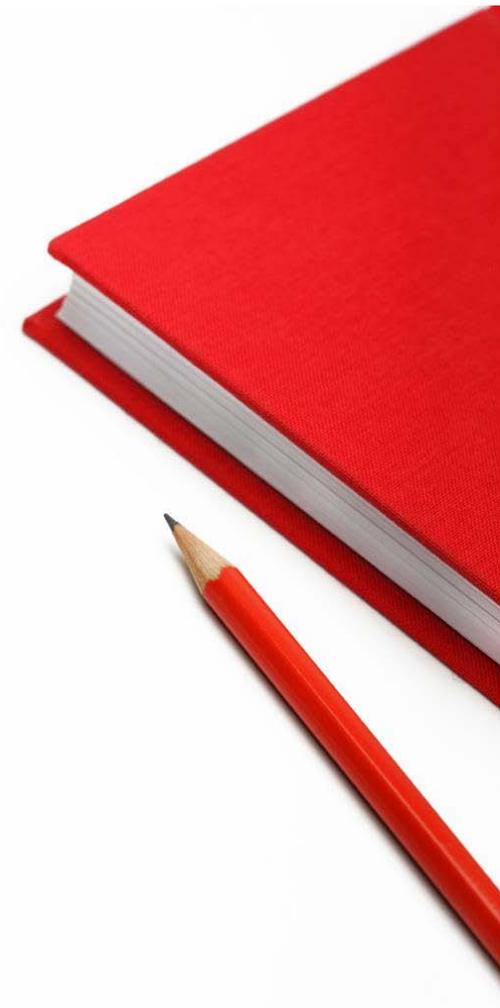
Agenda

Aims of this initiative

Patient journey and episodes

How we will work with you

Questions



Arkansas Payment Improvement Initiative

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

– Gov. Mike Beebe

9 priority areas

- Pregnancy/ delivery/ neonatal care
- Cardiovascular disease
- Musculoskeletal disease
- Primary prevention
- Ambulatory upper respiratory infections
- Diabetes Type II
- Developmental disability
- ADHD / mental health
- Long-term care

Overall timeline



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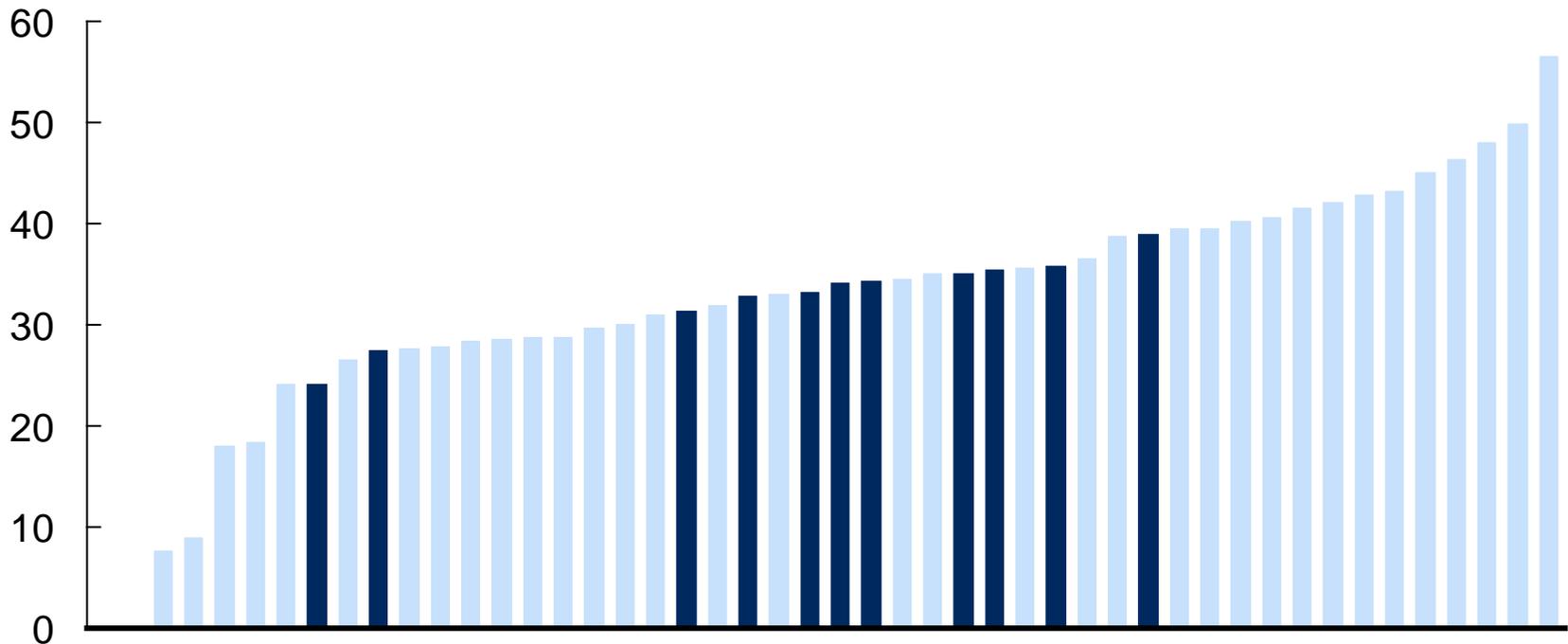
So, why move to episodes?

- Improved patient focus and experience
- Deliver coordinated, evidence-based care
- Focus on high-quality outcomes
- Avoid complications, reduce errors and redundancy
- Incentivize cost-effective care

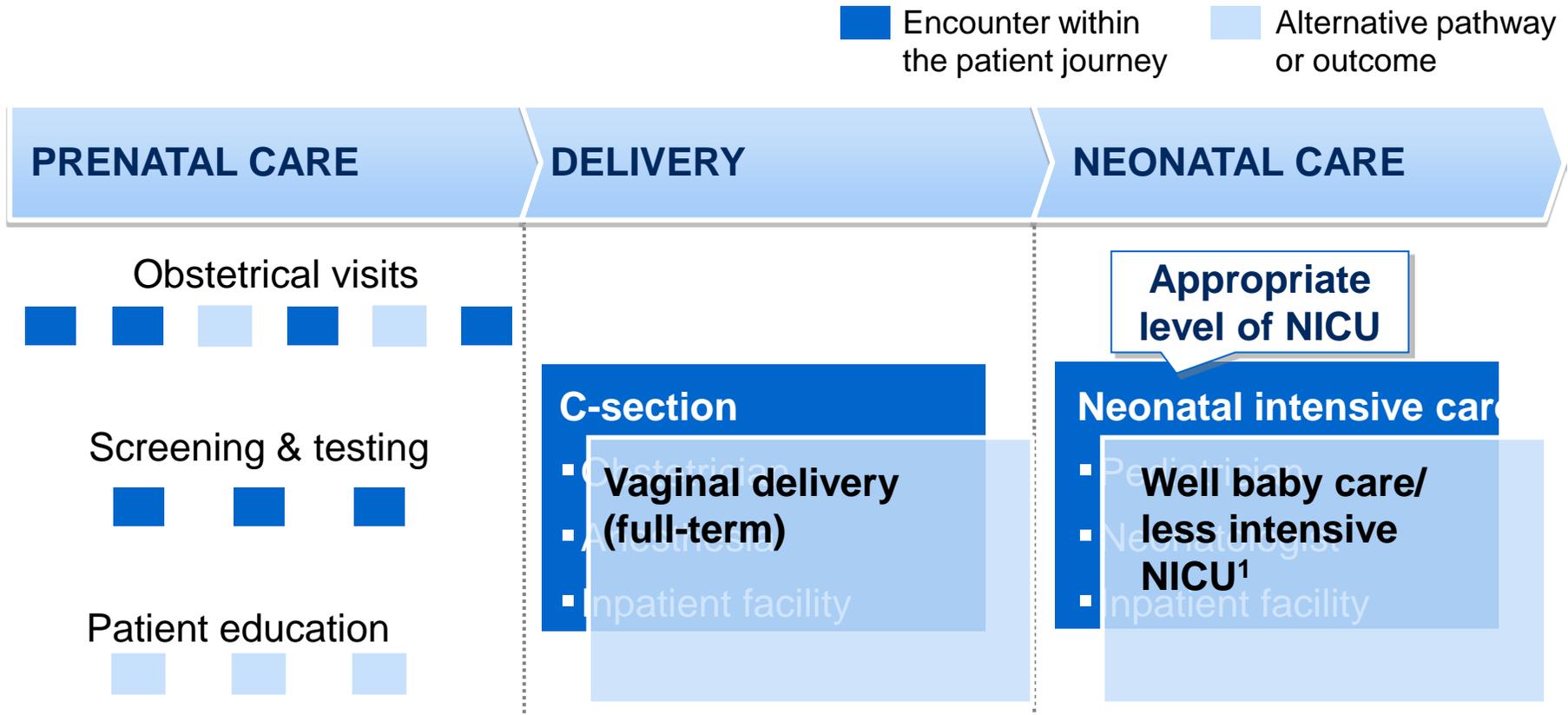
Variations in practice and outcomes today – C-section example

- 500+ Medicaid deliveries in SFY 2010
- <500 Medicaid deliveries in SFY 2010

Percent of live Medicaid deliveries by C-section in Arkansas hospitals
 (State Fiscal Year 2010, 48 hospitals representing ~17,000 deliveries)



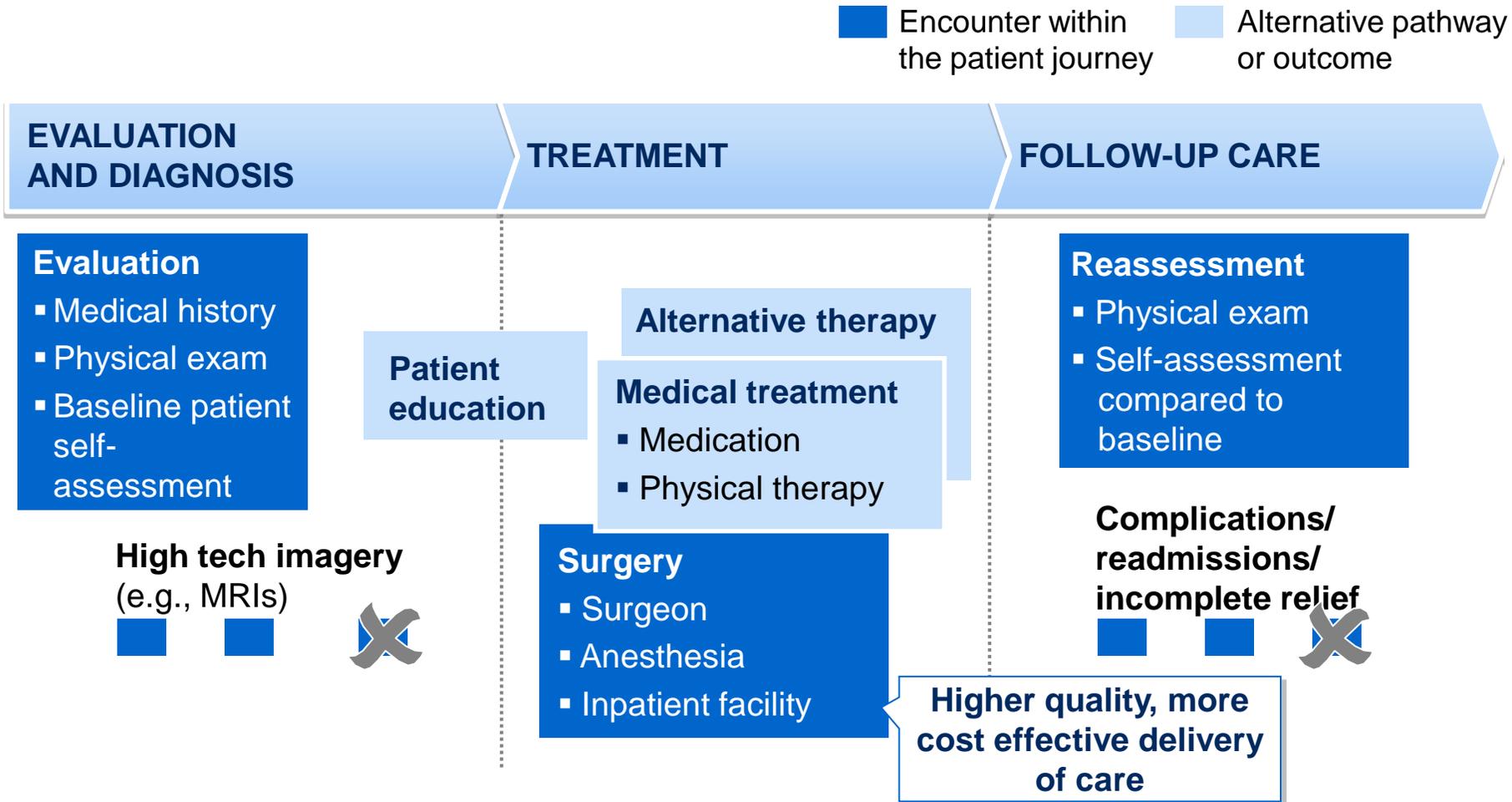
Example patient journey – pregnancy, delivery, and neonatal care



Examples of opportunities for improved quality, experience, efficiency

1. Increase prenatal care and education to identify and manage high-risk patients
2. Reduce the frequency of elective C-sections and early elective inductions
3. Favor use of NICUs appropriate for degree of prematurity

Example patient journey – low-back pain



Examples of opportunities for improved quality, experience, efficiency

1. Match use of diagnostic testing with evidence-based guidelines
2. Introduce patient education to ensure treatment matches patient preferences
3. Support higher quality, more cost effective care

Designing episode payment for Arkansas: some principles

Patient-centered	Focus on improving quality, patient experience and cost efficiency
Clinically appropriate	Evidenced-based design with close input from Arkansas patients and providers
Practical	Consider scope and complexity of implementation
Data-based	Make design decisions based on facts and data

9 priority areas broken down into 19 episode categories for evaluation

Priority area	Episode category
Pregnancy/delivery/NICU	Pregnancy/ delivery/ NICU
Cardiovascular	Coronary Artery Disease
	Congestive Heart Failure
	Stroke
	AMI
	PCI/ angioplasty
Musculoskeletal	Coronary Arterial Bypass Graft
	Hypertension
	Back pain
Primary prevention	Joint degeneration
	Hip replacement
	Knee replacement
Ambulatory URI ¹	Primary prevention
Diabetes Type II	Ambulatory URI
Developmental disability	Diabetes Type II
ADHD / mental health	Developmental disability
Long-term care	ADHD / mental health
	Long-term care

We are evaluating episode categories against a range of criteria

Key considerations

1 Potential for improvement

- Evidence indicating potential to improve:
 - **Quality of care**
 - **Patient experience**
 - **Cost efficiency**

2 Implementation complexity

- **Degree of change required**
 - Clinical processes
 - Clinical infrastructure (HIT, care coordination)
 - Patient behavior
 - Provider economics
 - Administrative processes
- **Scope of implementation**
 - Number of providers impacted
 - Number of patients impacted

3 Diversity of portfolio

- Range of **episode types** (e.g., wellness, chronic, acute, supportive care)
- Range of **payors** impacted (private health insurers, Medicaid, Medicare)

Examples of major design dimensions for the episode model

1 Episode definition

- Start / end of episode
- Services included/excluded

4 Metrics

- Quality of care
- Patient experience
- Cost efficiency

2 Patient criteria

- Age / sex
- Diagnoses, procedures
- Geographic location

5 Measurement

- Absolute or relative
- Baseline or benchmark
- Statistical/actuarial minimums
- Risk/severity adjustment

3 Provider criteria

- License / specialty
- Accreditation
- Capabilities
- Scale / volume
- Performance
- Geographic location

6 Payment model

- Prospective vs. retrospective
- Level of upside/downside risk
- Outlier / stop loss thresholds

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Workgroup approach – we want real input and collaboration from workgroups

Workgroup approach

- Over 300 workgroup signups (posted on website) and other identified experts
 - Everyone that has signed up will be a workgroup member, and workgroup sessions open to public
 - We will identify 15-20 representative members to form a core working team (for outreach and to answer specific questions as needed)
- Workgroups will be hosted in Little Rock with videoconference locations around the state
- Workgroup product posted online
- Active participatory sessions

Workgroup approach – we want real input and collaboration from workgroups

Input we need

- To ensure efficient use of workgroup time, we will bring analyses and concrete proposals for your feedback
 - Pre-reading posted online in advance
 - Expectation that participants will bring ideas + pertinent facts/data
- We are looking for multiple types of feedback:
- Clinical input on draft patient flows/ experience, identified inefficiencies and their root causes, improvement potential
- Feedback and discussion on payment model design
- Feedback on practical implementation challenges to overcome (e.g., clinical infrastructure, patient behaviors)

Workgroup timings

WORKGROUPS	MEETING DATE
Pregnancy & NICU	October 17 (Monday)
Cardiovascular	TBD
Musculoskeletal	TBD
Prevention	October 26 (Wednesday)
Ambulatory URIs	
Diabetes Type II	
Developmental Disabilities	November 1 (Tuesday)
ADHD / mental health	TBD
Long-term Care	TBD

- Initial workgroups to be scheduled for 3-5p CT on respective dates
- We are finalizing locations (in Little Rock and other videoconference sites) and will post details soon

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Your questions received during this discussion



Thank you