

Roundtable Panel Discussion: *Stakeholder Perspectives on Best Practices for Measuring Spending and Quality Outcomes in PB-TCOC Models*

Panelists:

Subject Matter Experts

- [Danielle A. Whitacre, MD, CMD](#) - Chief Medical Officer, Bloom Healthcare
- [Brian Smith, MD, MPH](#) - Family Physician, Versailles Family Medicine
- [Adrian F. Hernandez, MD, MHS](#) - Executive Director, Duke Clinical Research Institute, and Vice Dean, Duke University School of Medicine
- [Moon Leung, PhD](#) - Senior Vice President, Chief Informatics Officer, SCAN Health Plan

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for Measuring Spending and Quality Outcomes in PB-TCOC Models*

Danielle A. Whitacre, MD, CMD

Chief Medical Officer, Bloom Healthcare



- Chief Medical Officer of Bloom Healthcare
- 10 years Home-based Primary Care
- 3 years Rural Medicine Clinic and Critical Access Hospital
- 2020 American Academy of Home Care Medicine House Call Physician of the Year

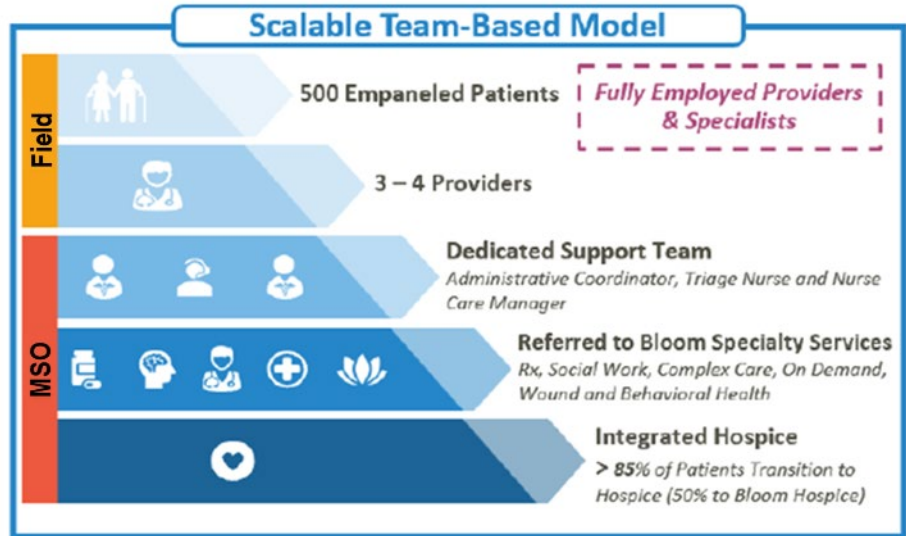
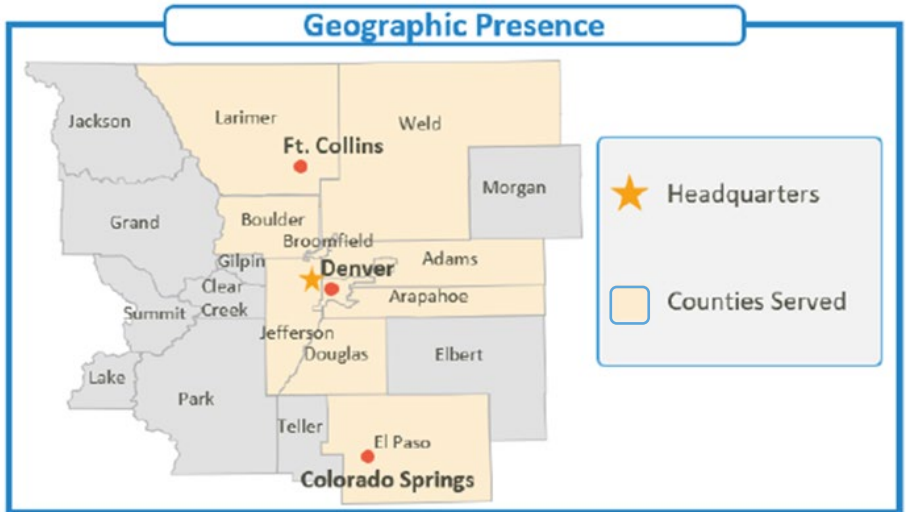
The Practice and Bloom's ACO

- Bloom Healthcare provides in-home primary care and hospice
- Bloom owns and operates its own High Needs ACO
- Employed Participating Providers ensuring alignment between care provided and incentive structures
- ACO allows the practice to invest in a robust interdisciplinary team approach

Our Patients

- Touching 10,000 patients a year
- 1,200 in High Needs ACO REACH
- Average age 87 (range 18-106)
- 5+ Chronic Conditions
- Needing assistance with ADLs/IADLs
- 70% in congregate care (no nursing homes)
- 30% private residence

Mission: Help high needs patients age in place



What Went Well

- Claims based quality metrics that are aligned and efficient!
- Concurrent risk score
- Claims alignment with quarterly voluntary alignment
- Benefit enhancements
- Ability to invest in patient care outside of fee for service
- Access to data
- Reasonable patient minimum participation (1500 vs 5000 in MSSP)
- Primary care capitation and payment
- Multiple risk options (professional vs global)

What Needs Improvement

- Expanded inclusion criteria
- Benchmark predictability/stability
- Patient experience survey designed for high needs patients
- Faster access to data
- Attribution, expanded ability to voluntary align in the home setting

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Brian Smith, MD, MPH

Family Physician, Versailles Family Medicine

Brian Smith, MD, MPH

Owner, Versailles Family Medicine

Member of Evolent Healthcare ACO

More than 10 years of ACO experience

Service area is rural/suburban Kentucky near Lexington and
Frankfort

Newborns to nursing homes

Improving AND Easing the Burden of Quality Reporting

- More time spent tracking down reports (colonoscopies, eye exams, mammograms, etc.) than scheduling or educating patients.
- CMS pays for the tests/consults, why do we have to report they were done?
- Can CMS coordinate with national labs/facilities to integrate results instead of using a slew of CPT2 codes?
- The most effective measures are objective measures that a provider can control both improving and reporting.

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Adrian F. Hernandez, MD, MHS

Executive Director, Duke Clinical Research Institute, and Vice Dean,
Duke University School of Medicine

Integrating Patient Reported Outcomes: Everyday, Everywhere

Adrian Hernandez, MD, MHS

Vice Dean and Executive Director

Duke Clinical Research Institute

Duke University School of Medicine



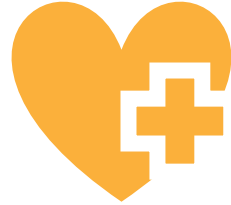
Opportunities and Challenges

Research



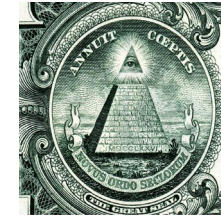
- Most patient reported outcomes designed for research
- High interest in using patient preferences for evidence generation
- Data used for discovery of benefit and unmet needs
- Enables opportunities for precision health and population health

Health System



- Patient reported outcomes may accelerate prevention, diagnosis, and treatment
- Improve safety and quality through focused treatment pathways
- Diversity of measures = complexity
- But rarely reimbursed or rewarded

Regulatory & Payer



- Address the needs for precision-payment models
- Develop new treatment paradigms
- Facilitate long-term safety and effectiveness evaluation
- Potential to address value of care

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Moon Leung, PhD

Senior Vice President, Chief Informatics Officer
SCAN Health Plan

Moon Leung, PhD SCAN Health Plan

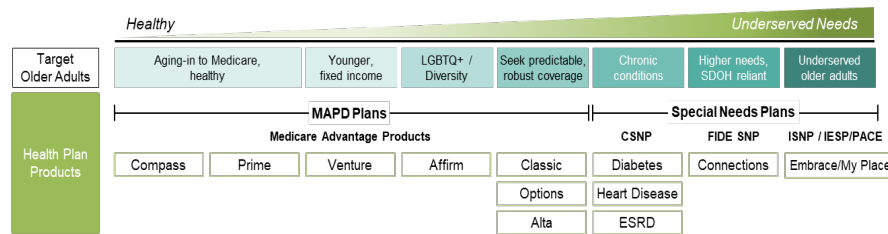
Serving as the Chief Informatics Officer at SCAN Health Plan.

Background includes leading high-performance teams of researchers and data scientists dedicated to providing analytical supports and insights for continuous quality improvements.

Dr. Leung has over two decades of experience in value-based care, particularly in developing and overseeing performance management programs with provider groups and providers.

SCAN's mission: Keeping Seniors Healthy and Independent

Our health plan product portfolio continues to evolve to balance the needs of our members' experience and serve more diverse members



SCAN Health Plan Reach

5	33K	287K
States	Providers	Members
Operating in 5 states	Over 33,000 contracted/affiliated providers	Serving 287,000 members



Take Aways

- Valued Based Care models with sufficient incentives on quality give risk-bearing entities flexibility to manage total cost of care while delivering quality of care
- Balanced measurement set encompassing all aspects of care - ranging from patient experiences to clinical outcomes
- Incentives and measures should include three components: Performance (meet or exceed target level), Improvement (year over year improvement) and Excellent (reward and recognize best performers)
- Performance Measures should be case-mix adjusted if possible
- Transparency and consistency in definitions and methodologies for assessing performance measures is vital
- Supporting providers with actionable data, sharing best practices, and management programs catalyzes the achievement of a win-win outcome in improving performance metrics

Take Aways, Continued

Other performance measures to consider:

- True measure of access to care - strong negative correlation between access to care (primary care and specialist utilization/ patient experience) and acute care utilization
- Access-related never event such as Initial oncology appointment more than 14 days after a new cancer diagnosis
- A negative correlation between mental health measures and total cost of care underscores the need for specialized quality measures in mental health
- Promote and expand health equity. Health Equity should go beyond income (dual/LIS) and disability. In our study*, we identified that language concordance is also a key factor. A first step is to have a robust and consistent method to collect health equity/SDOH data
- Not enough focus on acute care reduction such as preventable ER and hospitalization in performance measures

Appendix

Founded by seniors, for seniors

In 1977, a group of “twelve angry seniors” in Long Beach, California got together to improve care and services for older adults. These pioneers had the simple desire to remain healthy and to age independently. So they consulted with experts in medicine and social services and formed the not-for-profit Senior Care Action Network, now known as SCAN.

Since those early days, SCAN has been a loose-knit group of activists, a federally recognized Social HMO, and an award-winning Medicare Advantage Plan. But through it all we have remained steadfastly committed to our original mission:

TO KEEP SENIORS HEALTHY AND INDEPENDENT.

About SCAN

SCAN is one of the largest not-for-profit Medicare Advantage Prescription Drug plans in the country, serving more than 287,000 members in California, Arizona, Nevada, Texas and New Mexico. Our mission is to keep seniors healthy and independent.

All SCAN plans build upon the strong foundation built over 45 years of senior-focused service, recognized in California with:



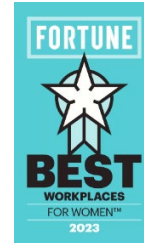
“Best” MAPD in CA
Five years in a row!



#1 Medicare Advantage
Provider for Member
Satisfaction in California



Great Place to Work
Certified



Fortune Best Places to
Work for Women