# 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

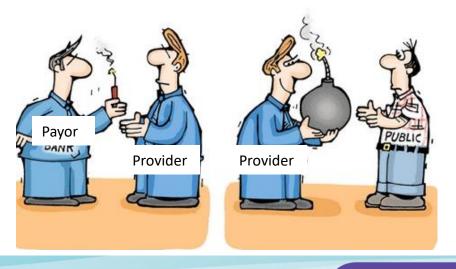
## **UAB Value Based Payment Program Experience**



#### 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**



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



- 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**

attributed to another facility, or (c) not

have any E&M visits for attribution

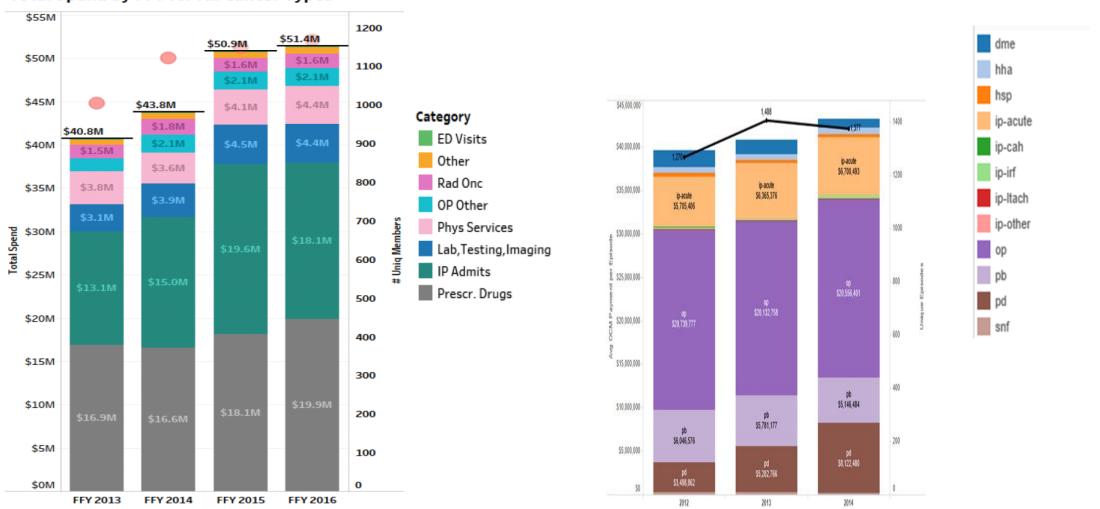
	Patients with Medical Oncology Infusions at UAB			Patients with Episode Triggers at UAB			# of Infusion Episodes Attributed to UAB*
	Professional	Facility	Total	Professional	Facility	Total	Total
2015	776	203	926	442	126	568	609
2016	804	172	945	456	86	542	579
~60% of Patients who receive medical							~6% of UAB-attributed
oncology treatment at UAB generate an episode trigger. The other ~40% may (a) not have a cancer diagnosis, (b) be							episodes were initiated at a facility other than UAB

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

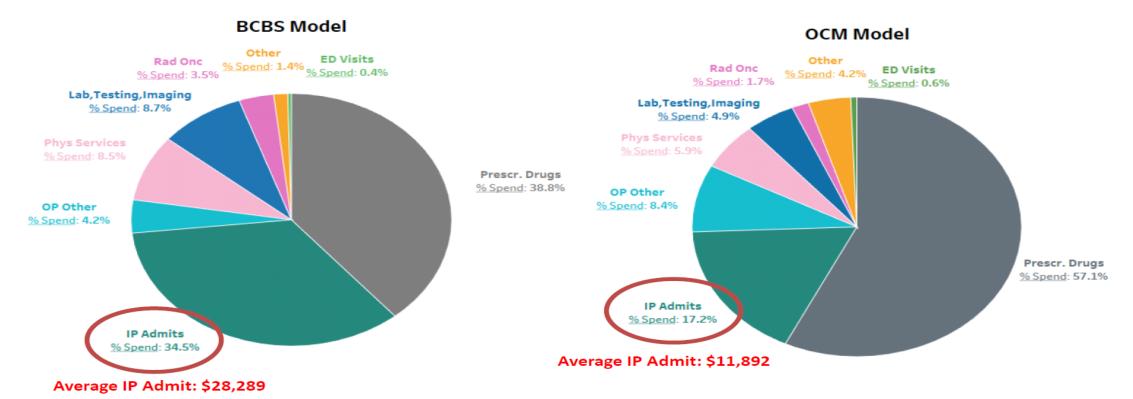


# BCBS Spend by Category Compared to OCM

#### **Total Spend by FFY for All Cancer Types**



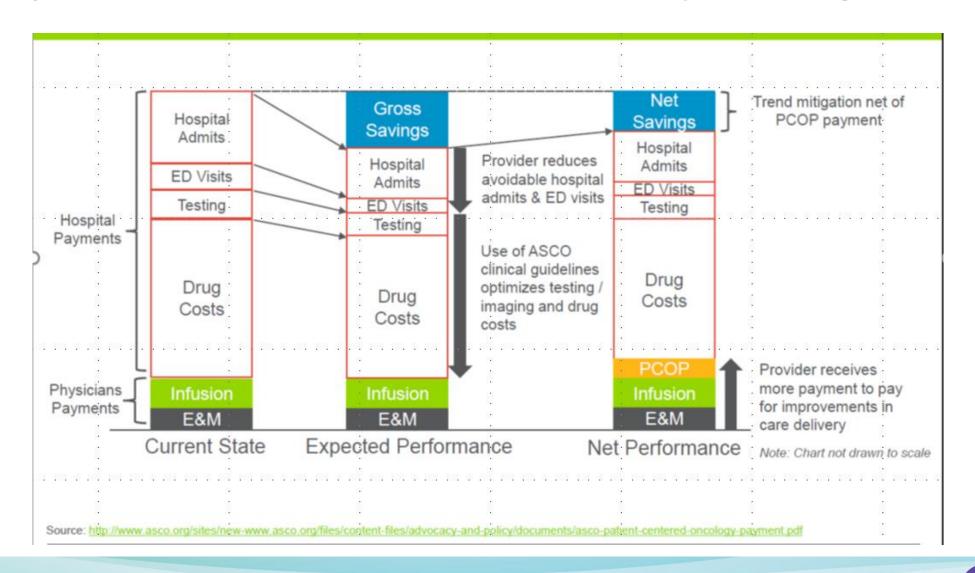
# **Comparative Spend by Category: BCBS/CMS**



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

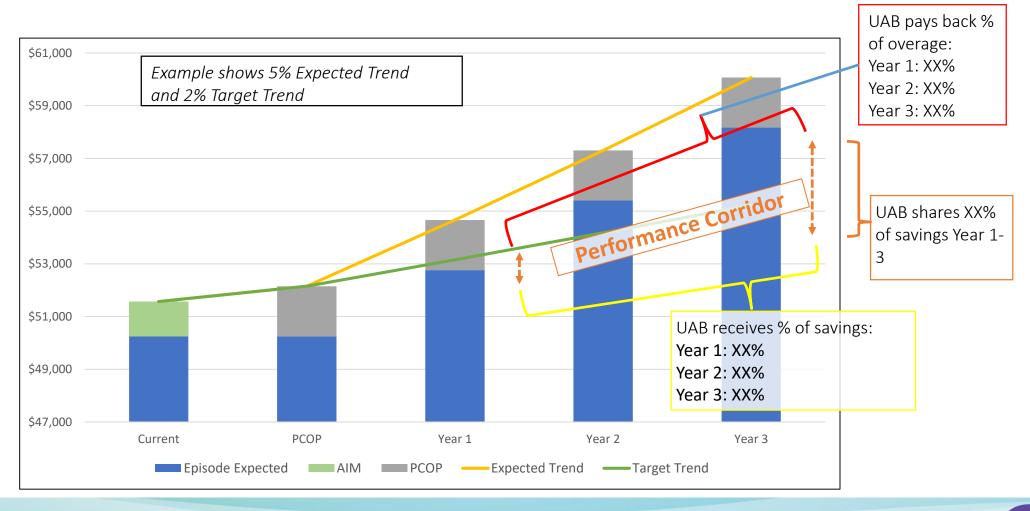


## **Projected Modest Reduction in Spending**



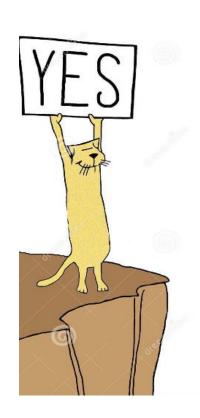
## **Establishing Performance Targets**

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

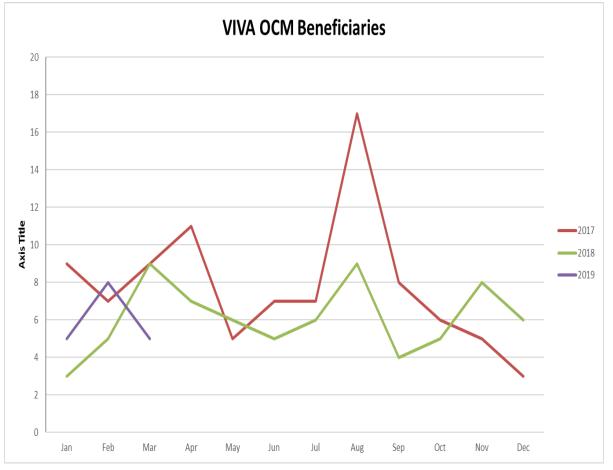
- ER/Hospitalizations
- Depression Screening
- Pain Management
- Treatment Care Planning

#### Shared savings

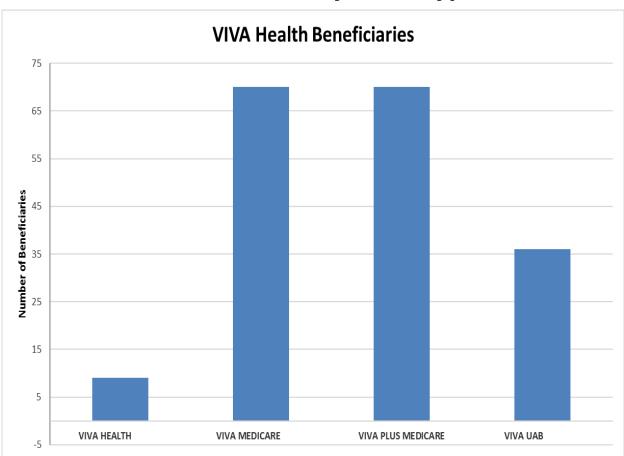
- Measured against benchmarks for hospital cost
- Benchmark/cancer type-Actual cost
- No risk adjustment

## VIVA Health Beneficiaries

#### **Attributed Patient Volume**

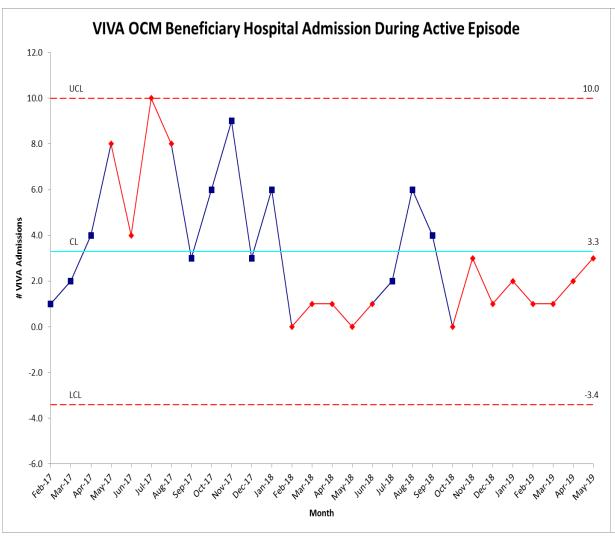


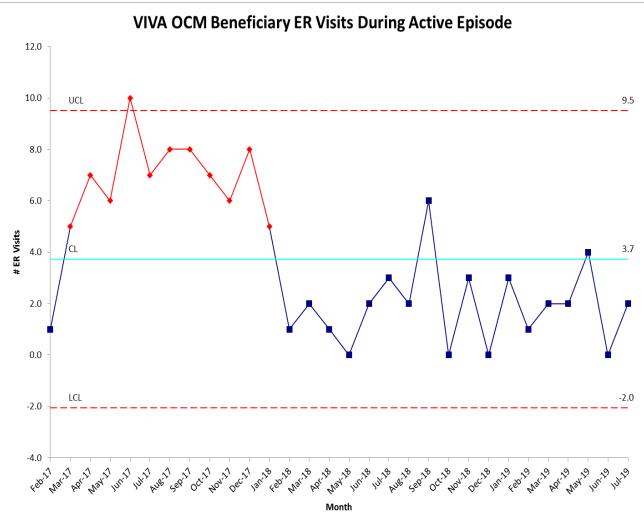
#### **Total Beneficiaries by Plan Type**





# 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**

