

Looking to the Future: Alternative Payment Models

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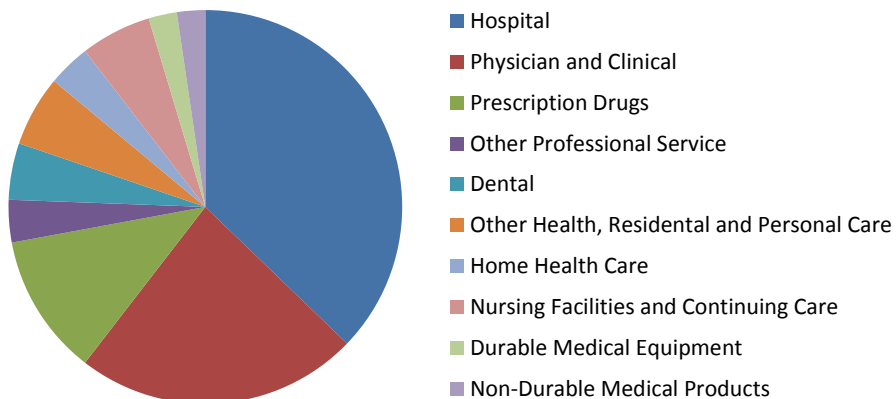
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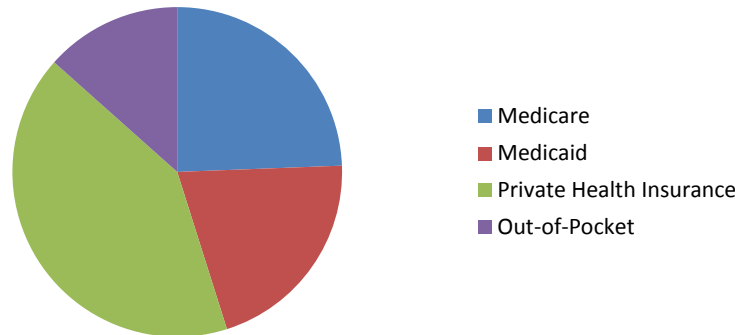
Why Alternative Payment Models

- 2017 Healthcare Spending was \$3.5 Trillion
- CMS projected costs to rise an additional 5.3% in 2018
- Expect to be 19.7% of the US Economy by 2026

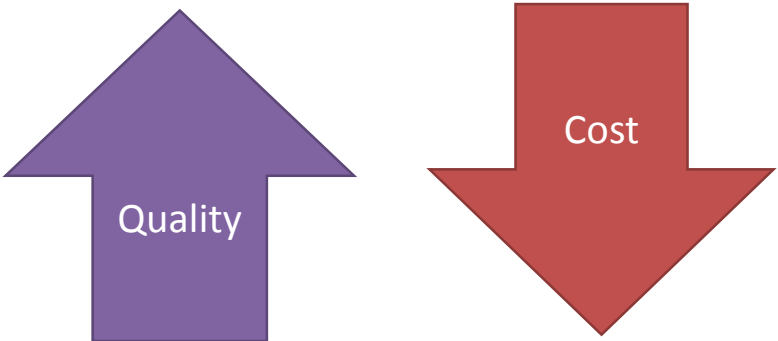
2016 Health Spending by Service



Source of Healthcare Funds



Considerations for Payment Reform



Medicare Driven Initiatives

- Hospital
 - Value-Based Purchasing Program
 - Promoting Interoperability
- Clinicians
 - Merit-Based Incentive Payment System (MIPS)
 - Alternative Payment Models

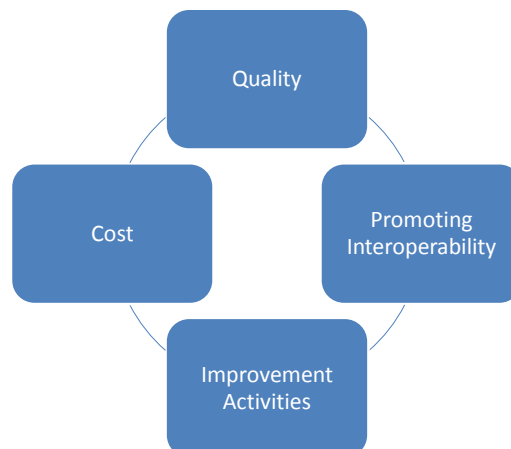
Hospital Value-Based Purchasing

- Went into effect in October 2012
- Reporting on inpatient quality measures and outpatient quality measures
- Factors into the IPPS or OPPIPS payment
- Results posted on Hospital Compare Website
<https://www.medicare.gov/hospitalcompare/search.html>

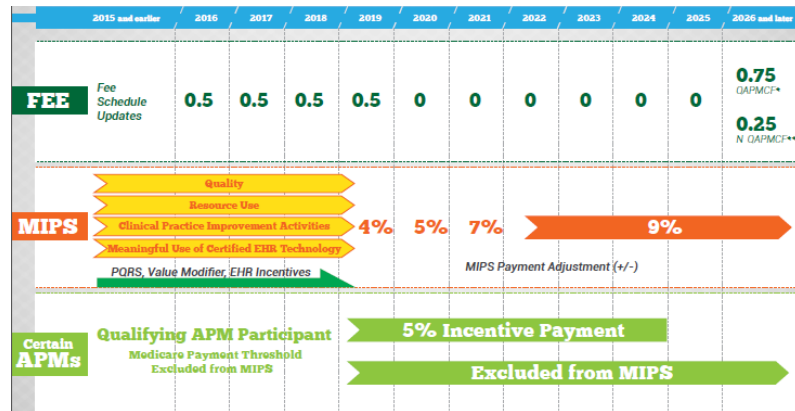
Promoting Interoperability

- Renamed meaningful use program
- Shifting the focus to interoperability, flexibility, and electronic exchange of health information
- Payment adjustment for failure to satisfy all measures

MIPS

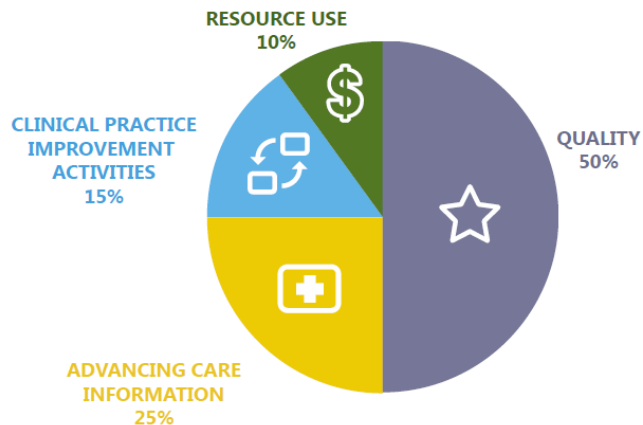


Timeline



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2019 Performance Category Weights for MIPS



1A

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Medicare Alternative Payment Models

- Bundled Models
 - Bundled Payments for Care Improvement Advanced Model (BPCI Advanced)
 - Comprehensive Care for Joint Replacement (CJR) Payment Model
- ACO Style Models
 - Comprehensive ESRD Care (CEC) - Two-Sided Risk
 - Comprehensive Primary Care Plus (CPC+)
 - Medicare Accountable Care Organization (ACO) Track 1+ Model
 - Next Generation ACO Model
 - Shared Savings Program - Track 2
 - Shared Savings Program - Track 3
- Risk-Based
 - Oncology Care Model (OCM) - Two-Sided Risk

Private Sector Models

- Patient Centered Medical Home
- Bundled Payment
- ACOs and IPAs
- Population Health
- Tiered or Narrow Networks
- Risk-Based Compensation
- Centers for Excellence

Employer Group Changes

- Non-network plans
- Telemedicine
- Wellness Programs
- Disease Case Management
- Pharmaceutical Management and Counseling

Keys to Survival

DATA

Keys to Survival

ACCESS
AND
AVAILABILITY

Keys to Survival

DATA

Keys to Survival

Case Management

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Keys to Survival

DATA

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Keys to Survival

Care Coordination

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The Master Key

Standardized
CODERS

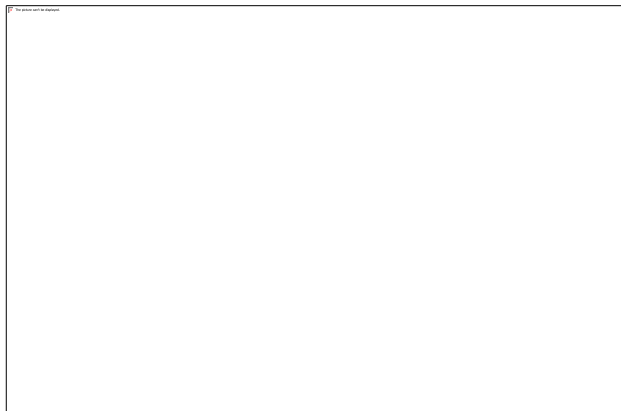
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Opioid Crisis



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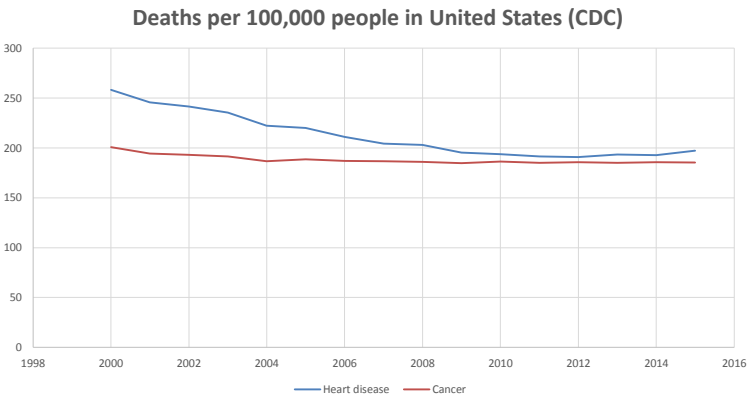
The Opioid Crisis



<https://www.cdc.gov>

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The Opioid Crisis



The Opioid Crisis



Image source: bigjoeontheego.com

The Opioid Crisis

- From 1999 to 2016, more than 630,000 people have died from a drug overdose.
- Around 66% of the more than 63,600 drug overdose deaths in 2016 involved an opioid.
- In 2016, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 5 times higher than in 1999.
- On average, 115 Americans die every day from an opioid overdose.

Source: <https://www.cdc.gov>

The Opioid Crisis

- What is an opiate?
 - Merriam Webster: a drug (such as morphine or codeine) containing or derived from opium and tending to induce sleep and alleviate pain
- What is an opioid?
 - Merriam Webster: possessing some properties characteristic of opiate narcotics but **not derived from opium**

The Opioid Crisis

- **Addiction:**
 - Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.
- **Physical dependence:**
 - Physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

Consensus Statement of the American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine

The Opioid Crisis

- Late 1800s – Access to opium and morphine
- 1914 Harrison Narcotics Tax Act – created a tax, and limited distribution and sale (although it allowed physicians to prescribe, but NOT to addicts... because it wasn't considered a disease)
- 1980s/1990s – Various organizations warning of “undertreatment of pain”, “pain as the 5th vital sign”, etc.
- 1995 – Introduction of OxyContin
- Patient Satisfaction

The Opioid Crisis

- 1980 New England Journal of Medicine
- Cited over 600 times, with an increase after 1995 (OxyContin)
- 72.2% of citations stated this as evidence that addiction was rare

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

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1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

N Engl J Med. 2017 Jun 1;376(22):2194-2195.

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The Opioid Crisis

- 2007 Purdue Pharma and three current/former executives pled guilty to criminal charges that they misled regulators, doctors and patients about the drug's risk of addiction and its potential to be abused

Meier B. In guilty plea, OxyContin maker to pay \$600 million. New York Times. May 10, 2007

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The Opioid Crisis



Picture from: <http://www.clinicalpainadvisor.com/painweek-2016/painweek-2016-keynote-address/article/521329/>

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