

Presenter disclosure information

- Chandra Lingisetty
- Financial considerations for providing care to heart failure patients

- Financial Disclosure:

I have no financial interests or relationships to disclose

- UNLABELED/UNAPPROVED USES DISCLOSURE

None to disclose



Financial considerations for providing care to heart failure patients

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In Healthcare – Costs and Wastes matter!

Healthcare costs harm individual patients

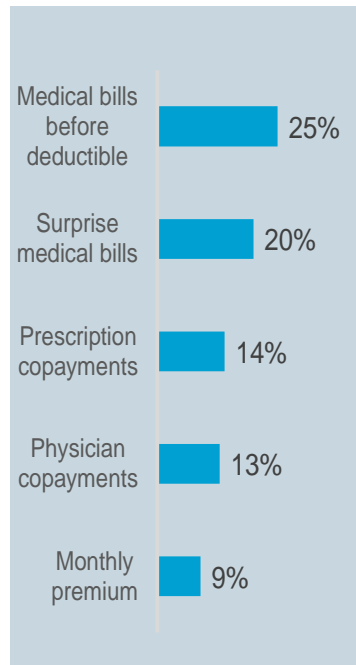
- Lack of money to pay for medical bills and prescriptions forces >50% adults to put off their medical care
- Medical costs force >700,000 Americans go bankrupt every year

Healthcare wastes harm the Nation

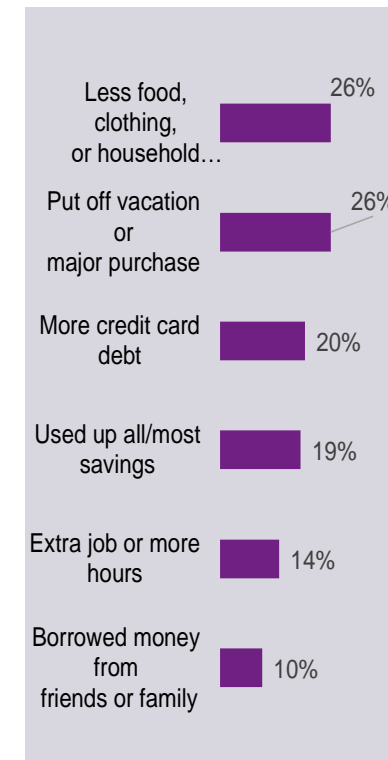
- 30% of healthcare \$ are wasted
- The wasted \$ could have been spent on domestic priorities (education, infrastructure, basic research, and other public goods)

Financial insecurity due to health care costs is widespread

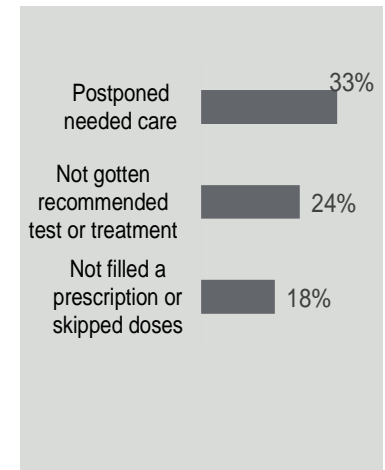
Struggling to Pay



Sacrificing for Care



Delaying Care



Source: LA Times/KFF Nationwide Survey, 5/19 [LINK](#)

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Do we spend enough on healthcare in USA ?

Yes! A lot of Bucks, not a lot of Bang!

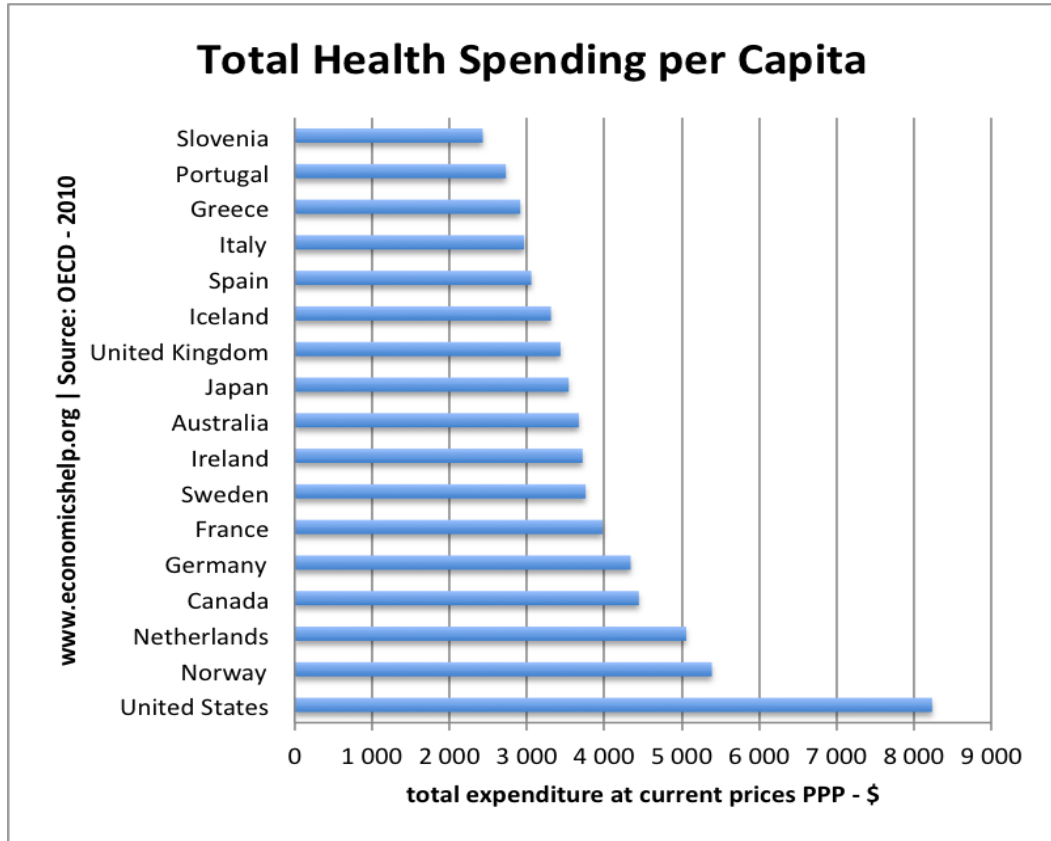
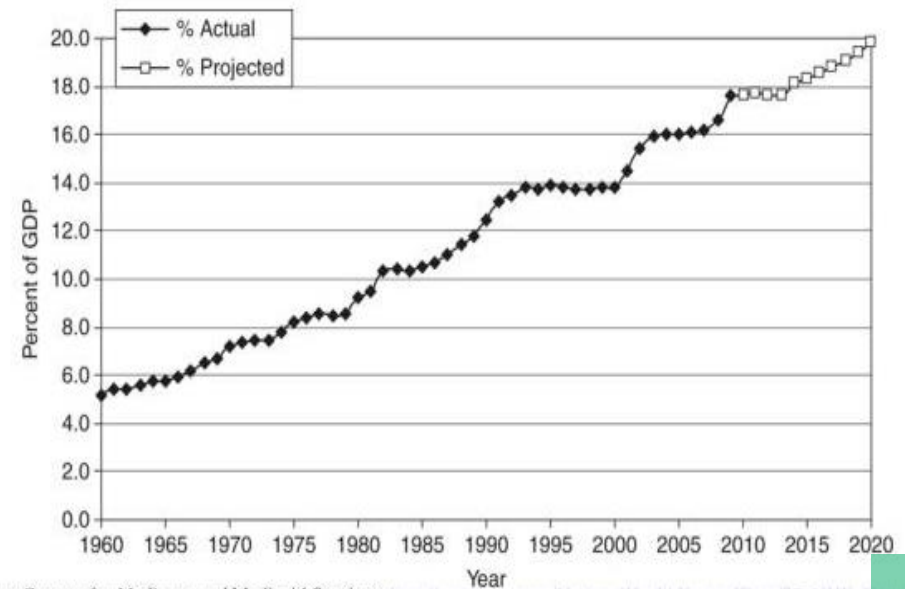


Figure 1-1 U.S. Health Expenditure Shares, 1960 – 2020



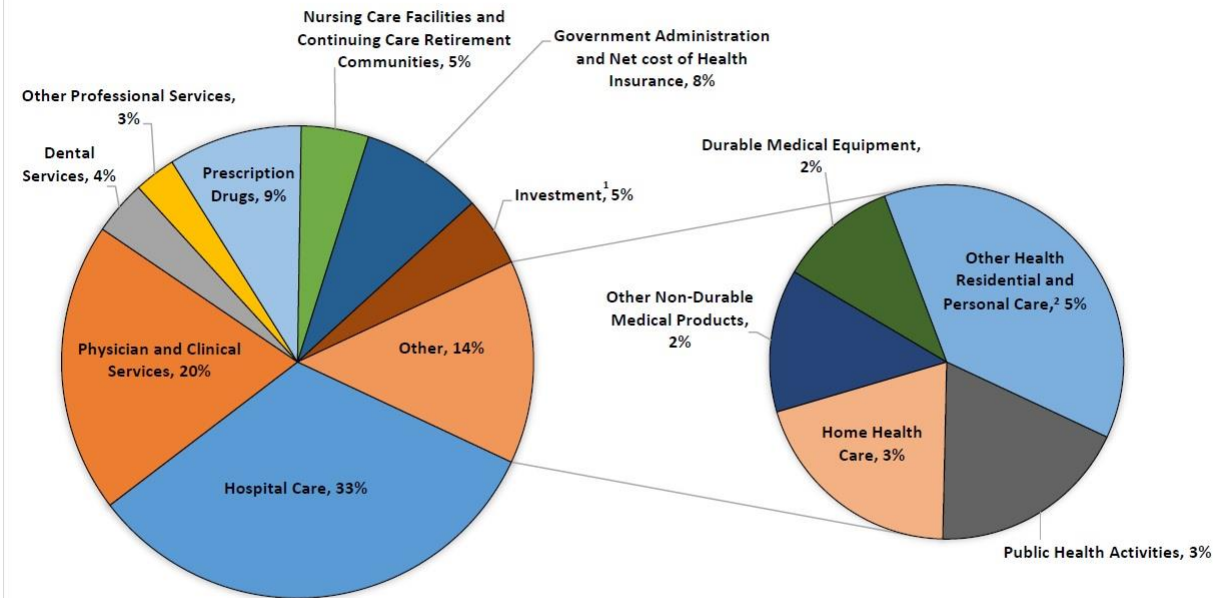
Source: Centers for Medicare and Medicaid Services: http://www.cms.gov/NationalHealthExpendData/25_NHE_Fact_Sheets.asp, accessed August 8, 2011.



How do we spend it?



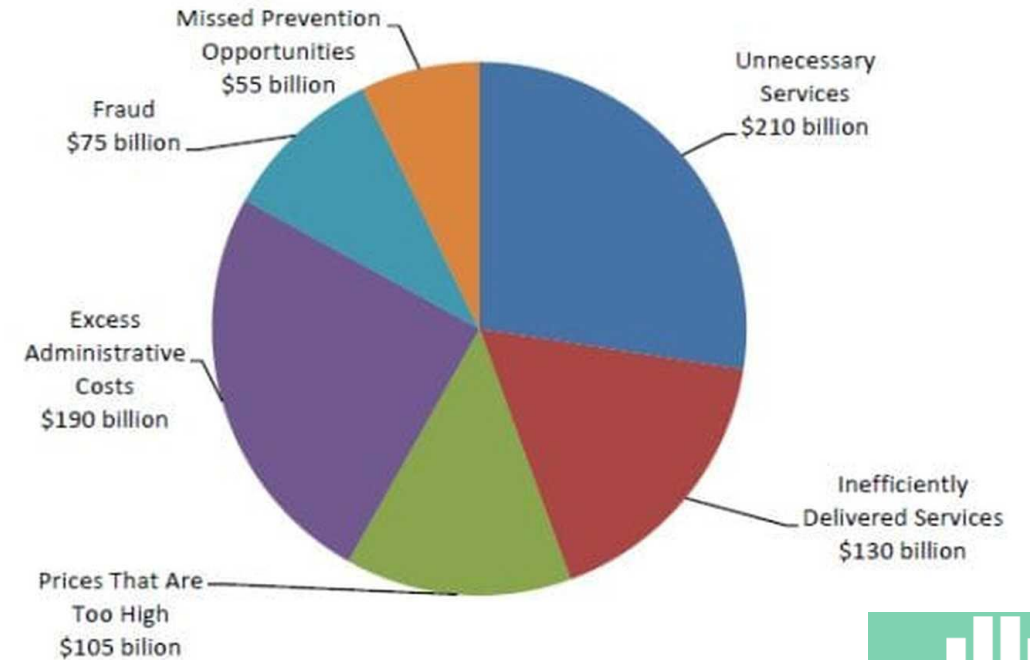
THE NATION'S HEALTH DOLLAR (\$3.6 TRILLION), CALENDAR YEAR 2018, WHERE IT WENT



¹ Includes Noncommercial Research and Structures and Equipment.

² Includes expenditures for residential care facilities, ambulance providers, medical care delivered in non-traditional settings (such as community centers, senior citizens centers, schools, and military field stations), and expenditures for Home and Community Waiver programs under Medicaid. Note: Sum of pieces may not equal 100% due to rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.



Source: 'Institute of Medicine 2009 report'



Heart failure burden?



About 6.5 million adults in the United States have heart failure (Data from NHANES 2013 to 2016)

And the number is going up..



Heart failure was a contributing cause of 1 in 8 deaths in 2017



In 2014
1 068 412 ED visits,
978 135 hospitalizations,
and
83 705 deaths with primary HF



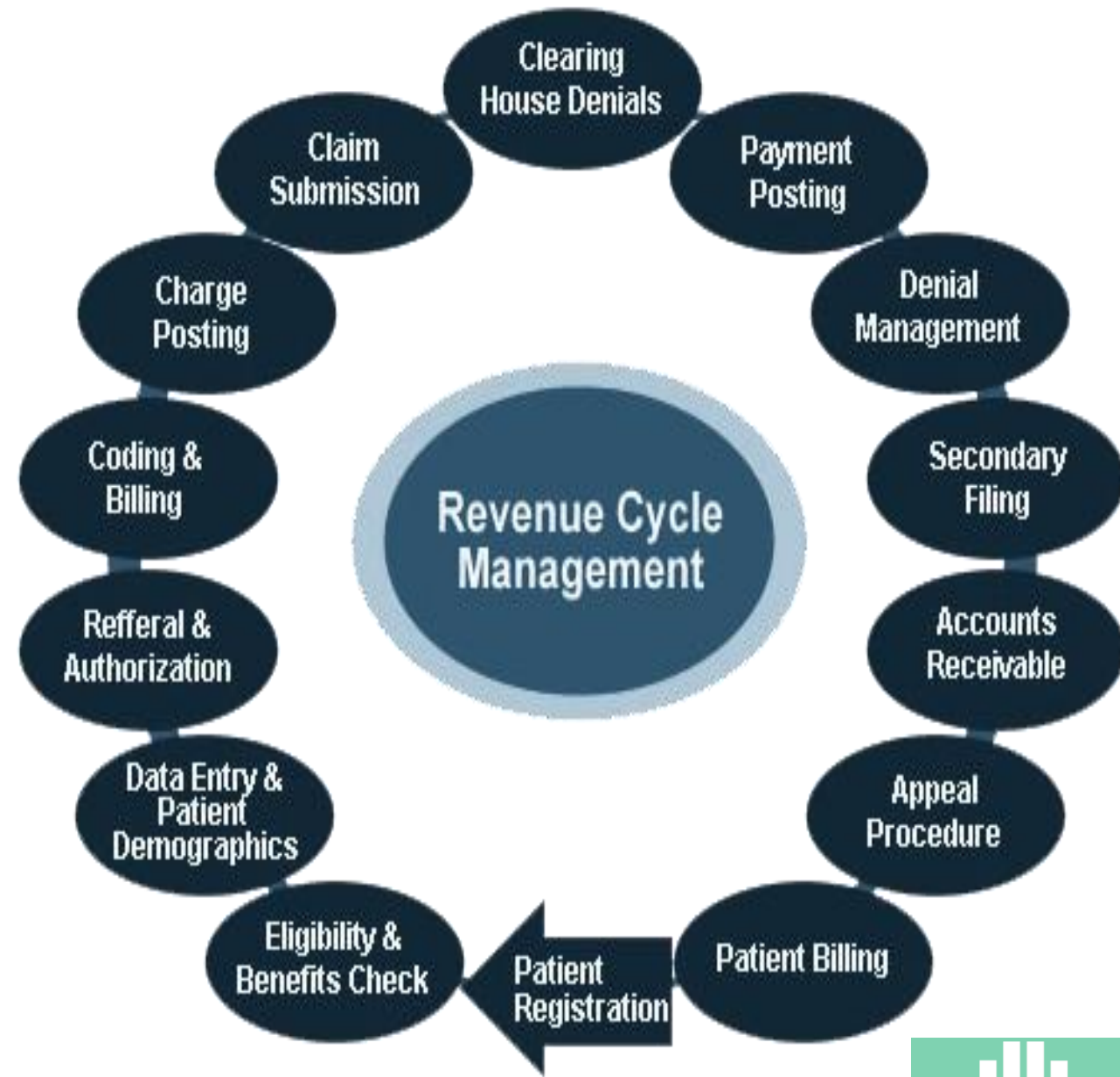
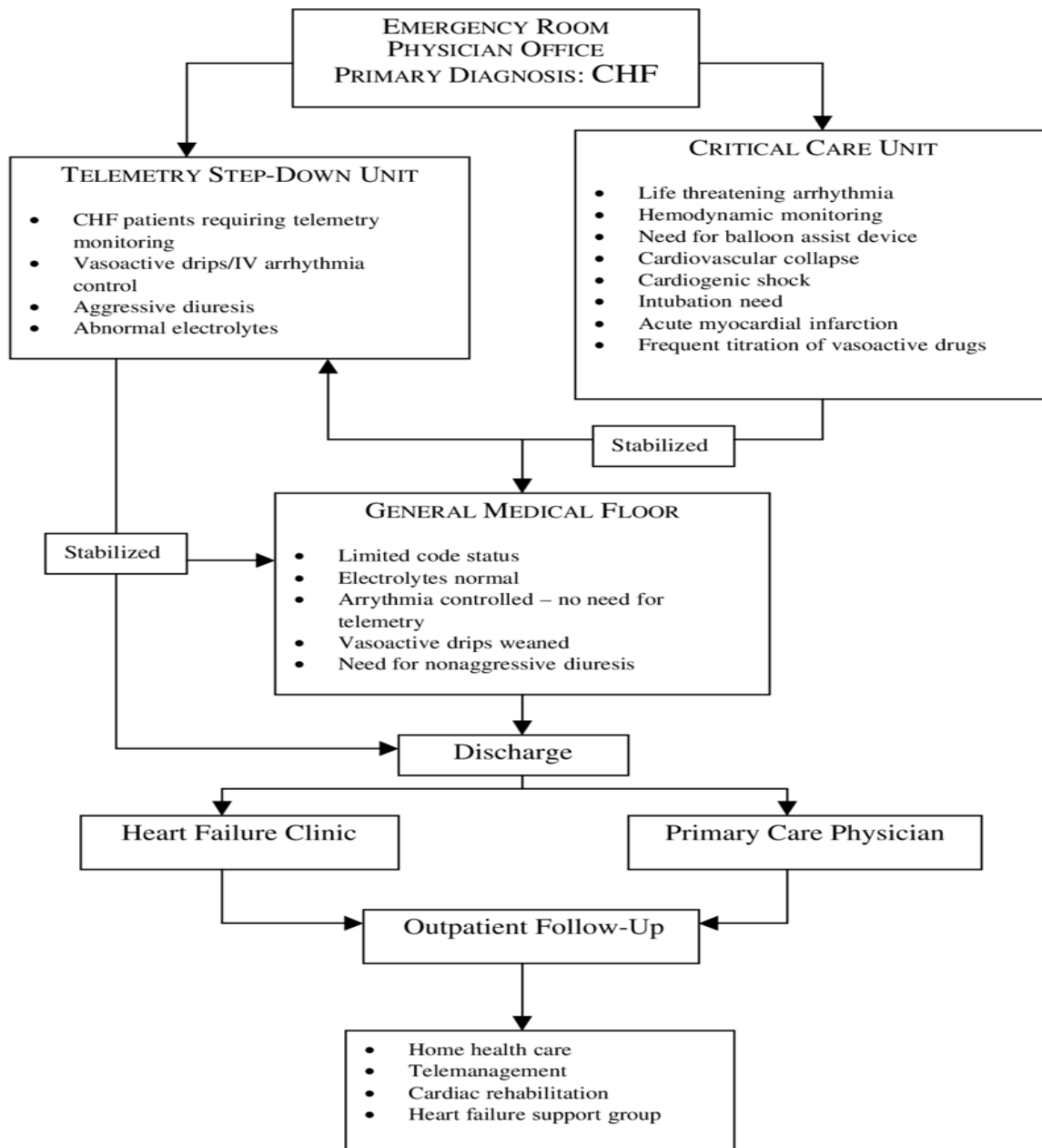
In 2014
4 071 546 ED visits,
3 370 856 hospitalizations,
and
230 963 deaths with comorbid HF



Cost burden due to Heart Failure ?

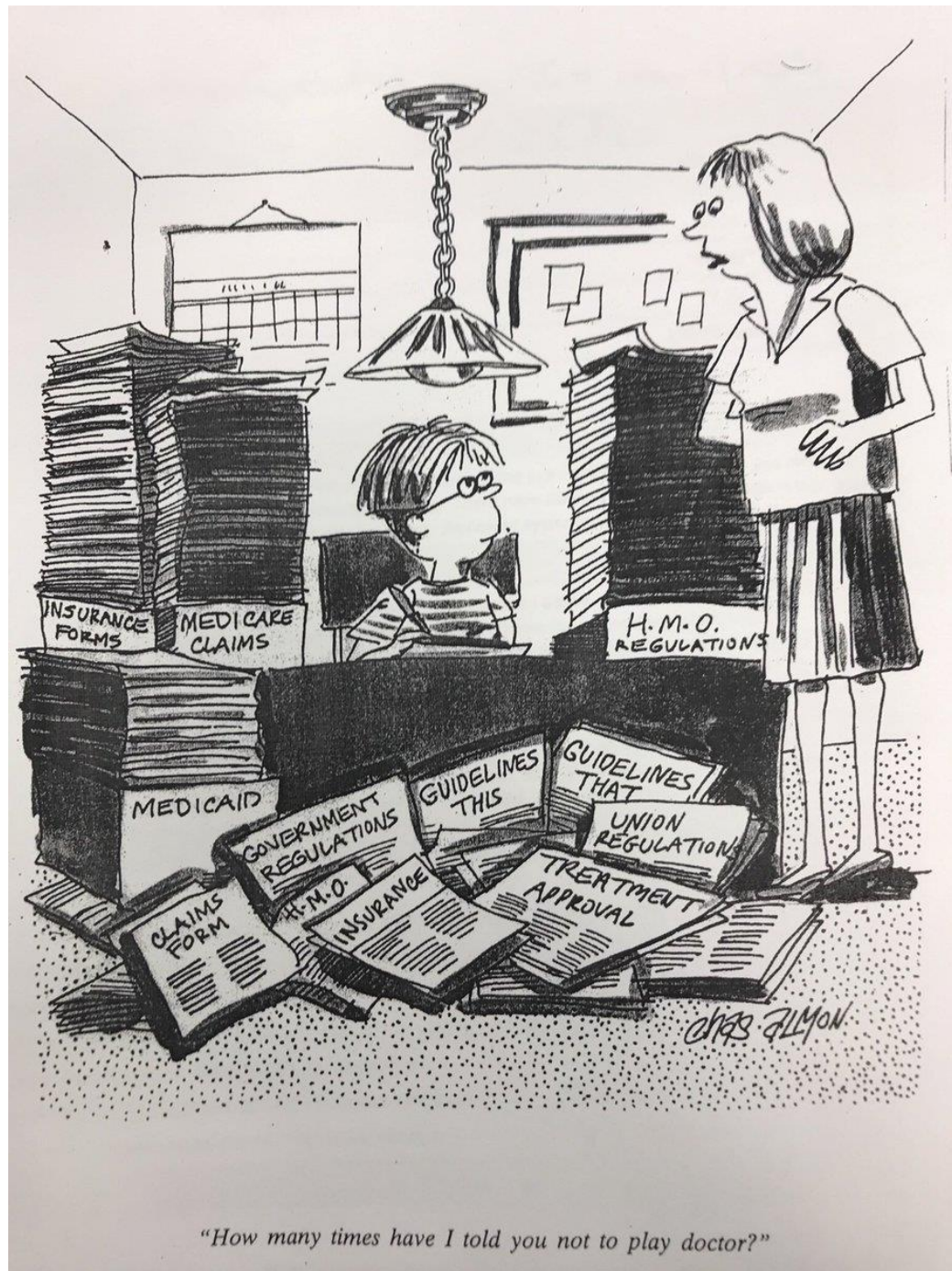
- Heart failure costs the nation an estimated \$30.7 billion in 2012. This total includes the cost of health care services, medicines to treat heart failure, and missed days of work.
- **In the United States, heart failure consumes more Medicare dollars than any other diagnosis.**
- Over two thirds was attributable to direct medical costs.
- For hospitalizations with primary HF, the estimated mean cost was \$11 552 in 2014, totaling an estimated \$11 billion.
- Projections suggest that by 2030, the total cost of HF will increase by 127%, to \$69.8 billion.
- (AHA data)





Processes : Treatment and Payment





"How many times have I told you not to play doctor?"

Source : WSJ



Heart Failure : Cost drivers and Key strategies

- Bimodal : Early and Late in lifetime of CHF



Hospitalizations

- 77% of lifetime costs –hospitalizations
- 43% room and board 32% - procedures, lab testing, imaging
- Heart Failure exacerbations -:
- High acuity admits
- Resource intensive
- National, 4 years, multi payer, retro- study , 48,000 cases
- **A 3-fold increase** - all cause total cost due to hospitalizations in advanced stages of heart failure, esp last **24 months of life**.
- Higher risk- advanced in age, with CAD and **untreated CHF**



Readmissions

- 50% preventable
- High rate of readmissions among HF



Others

- Patient factors:
- Male, COPD, DM (25% increase in lifetime cost, 53% inc in hospitalization risk) , Anemia and Renal Failure
- Mortality : The 30-day and 1-year mortality rates after HF-related hospitalizations are 10% and 22%
- Because of the high mortality associated with HF, health care at the end of life must strike a balance between patients' preferred quality of life, prolonged survival, and appropriate resource use/cost burden.



Opportunities for improvement

Aim for Triple Aim

CMS - CMMI - Care Improvement Initiatives

- 'For better coordinated, low cost, high quality care'
- Bundle payments initiative – Advanced

Integrated Population Health Management

- Proactive approach
- Better coordinated care
- Leverage technology, data, predictive approach
- Low cost
- High Quality

Reducing readmissions/Mortality

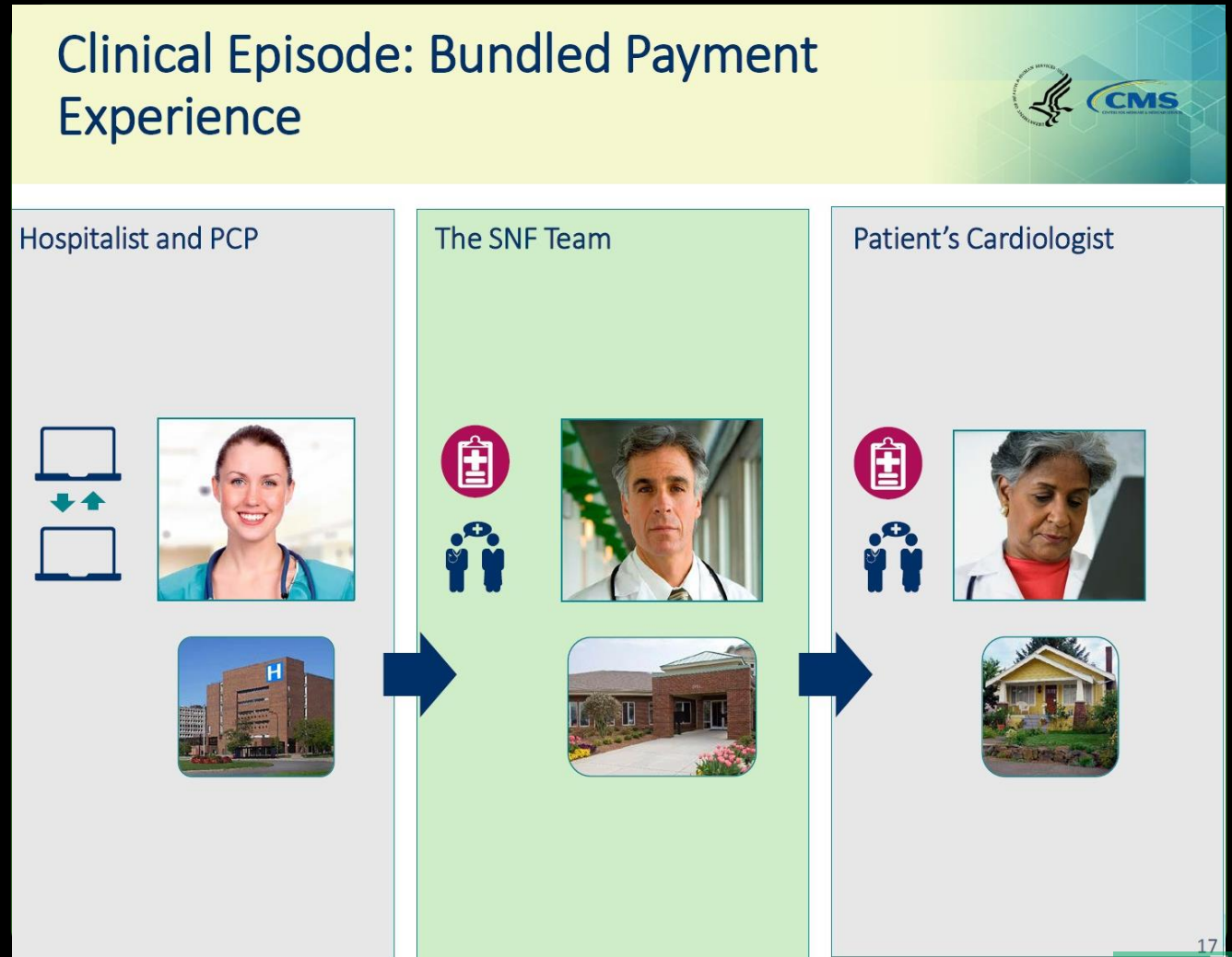
- Reduced Cost burden
- High Quality
- Reduced Mortality



BPCI – Advanced – general info

- Available bundles include 33 inpatient clinical episodes and 4 outpatient clinical episodes starting in Y3, including AMI, HF and Stroke
- Single retrospective payment and risk track with a 90-day episode duration
- Target prices are set using an established formula and provided prior to each model year
- Participants bear financial risk for total cost of care for all Medicare FFS services and items provided during a clinical episode.
- Payment tied to performance on quality measures
- Claims for an inpatient stay (Anchor Stay) or an outpatient procedure (Anchor Procedure) at an acute care hospital trigger clinical episodes.

(Source : CMS- CMMI)



BPCI – Advanced , Our experience at Baptist Health

Strategies for Success



Patient Education



Data and Dashboards



Care Navigation



Multidisciplinary Steering Committees



Changing or Standardizing Care Protocols



Post-Acute Care Preferred Provider Networks

BPCI-Advanced Model at Baptist: A Quick Fact Sheet

What? is Bundle Payments for Care Improvement – Advanced?

'A new voluntary bundled payment model that ties both physician and hospital payments to the quality and cost of services provided under a clinical episode "bundle" for a period of 90 days'

Who?

Baptist (with management by BHPP) has taken "responsibility" for coordinating high quality, efficient healthcare.

What? have we implemented?

- Identification of Bundle patients within 24hrs of Admission
- Education and routine communication with hospital care managers
- Proper selection of post-acute care level
- High expectations of post-acute facilities
- Utilization of CareMosaic patient tracker to monitor and manage performance

What? do MD's need to do?

Direct special attention to opportunities in reducing the spending on Post-acute care, Readmissions, ED utilization, PT, Rehabilitation, and Advanced imaging.

BPCI-A at Baptist Health
Since Oct 1, 2018 - To date

NLR - CHF, Cardiac Arrhythmia, THR/TKR, Hip/Femur fractures

LR - Cardiac Arrhythmia, THR/TKR, Hip/Femur fractures

Streamlined and Coordinated Care Episodes

Better patient experience

Decrease costs

Improve outcomes

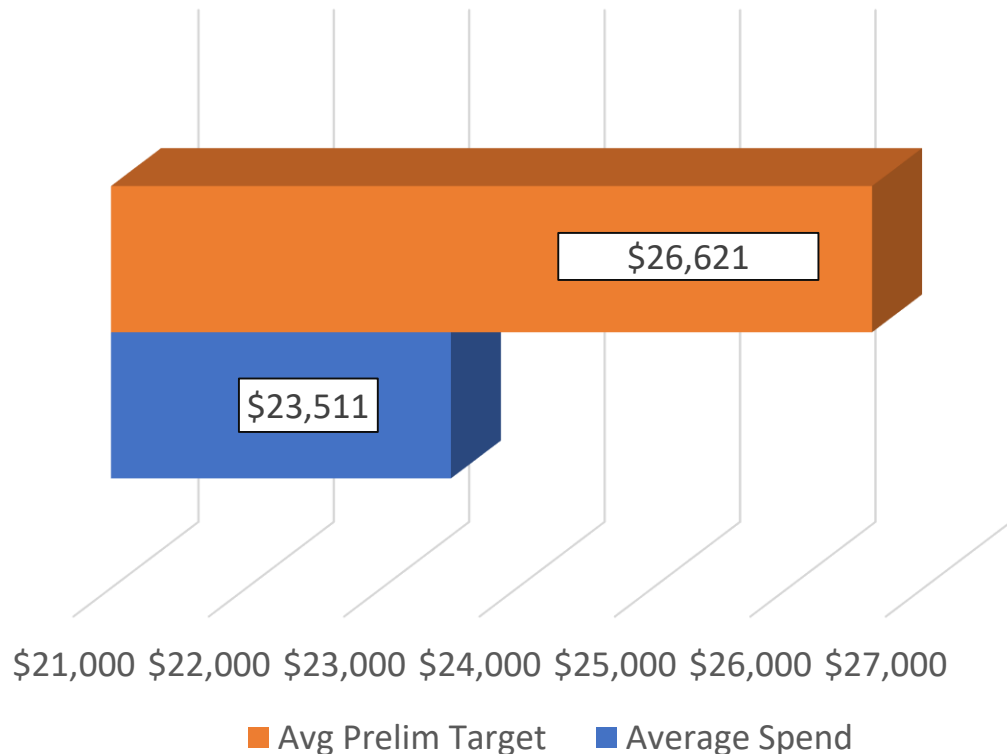
Potential financial incentives and Advanced Payment Model benefits to MD's



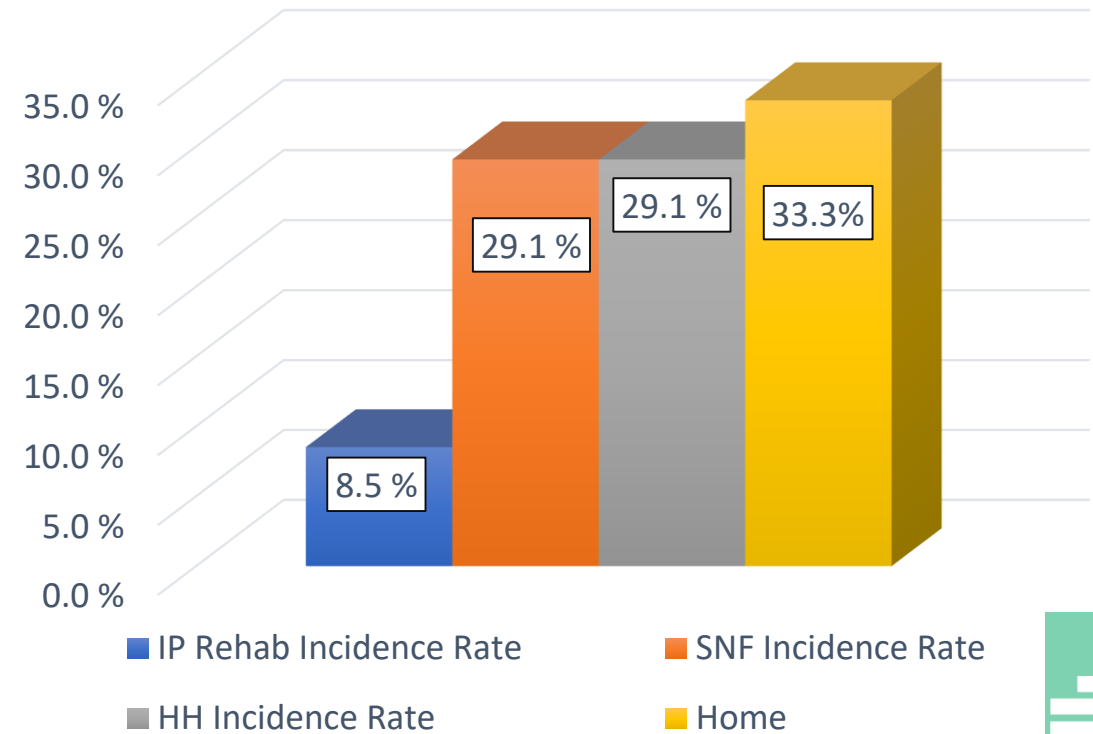
BPCI – A ‘Heart Failure bundle ‘ at Baptist Health

- 12 months data, Successful implementation with positive results
- Average spend lower than target
- High quality care continuum – Patient centered

Average Costs

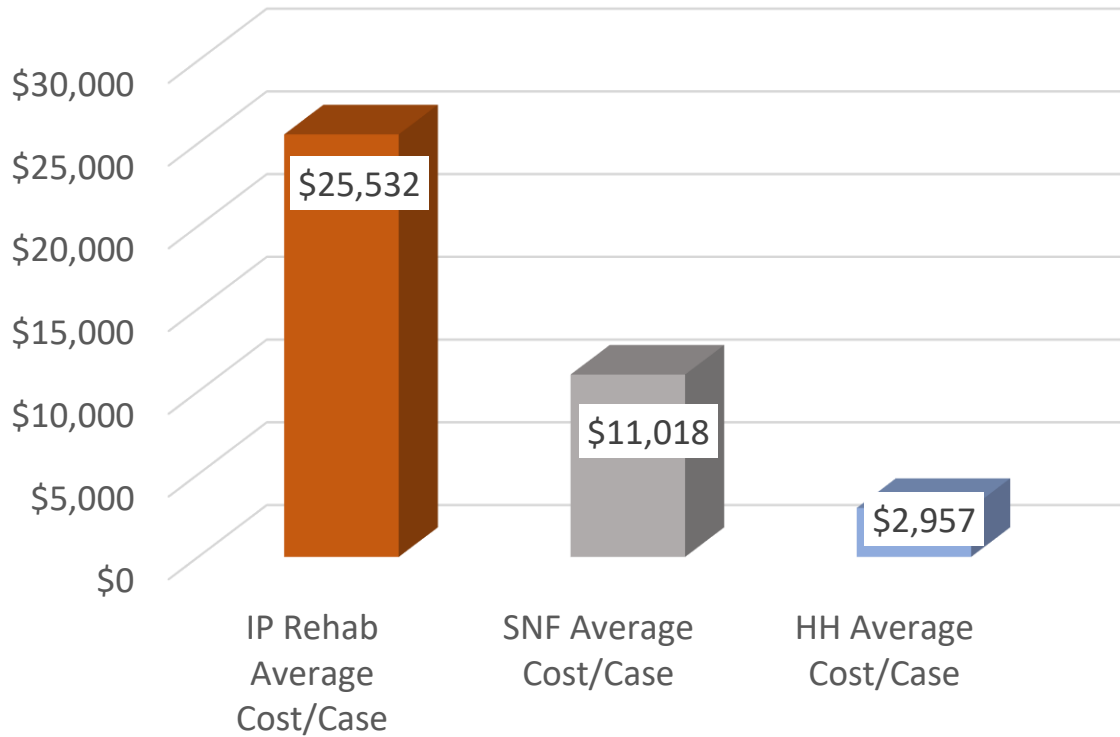


Disposition

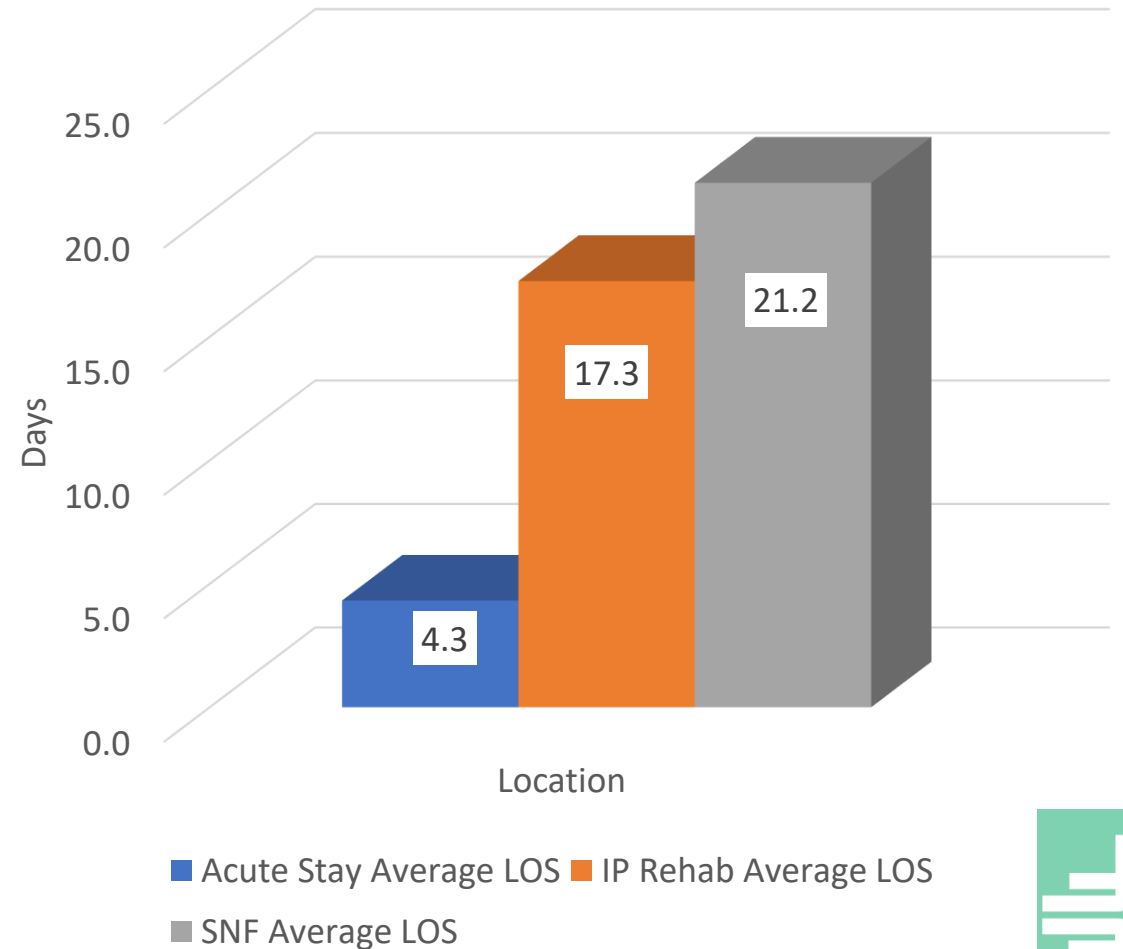


BPCI – A 'Heart Failure bundle' at Baptist Health – Our experience

Average cost per case (non home dc's)

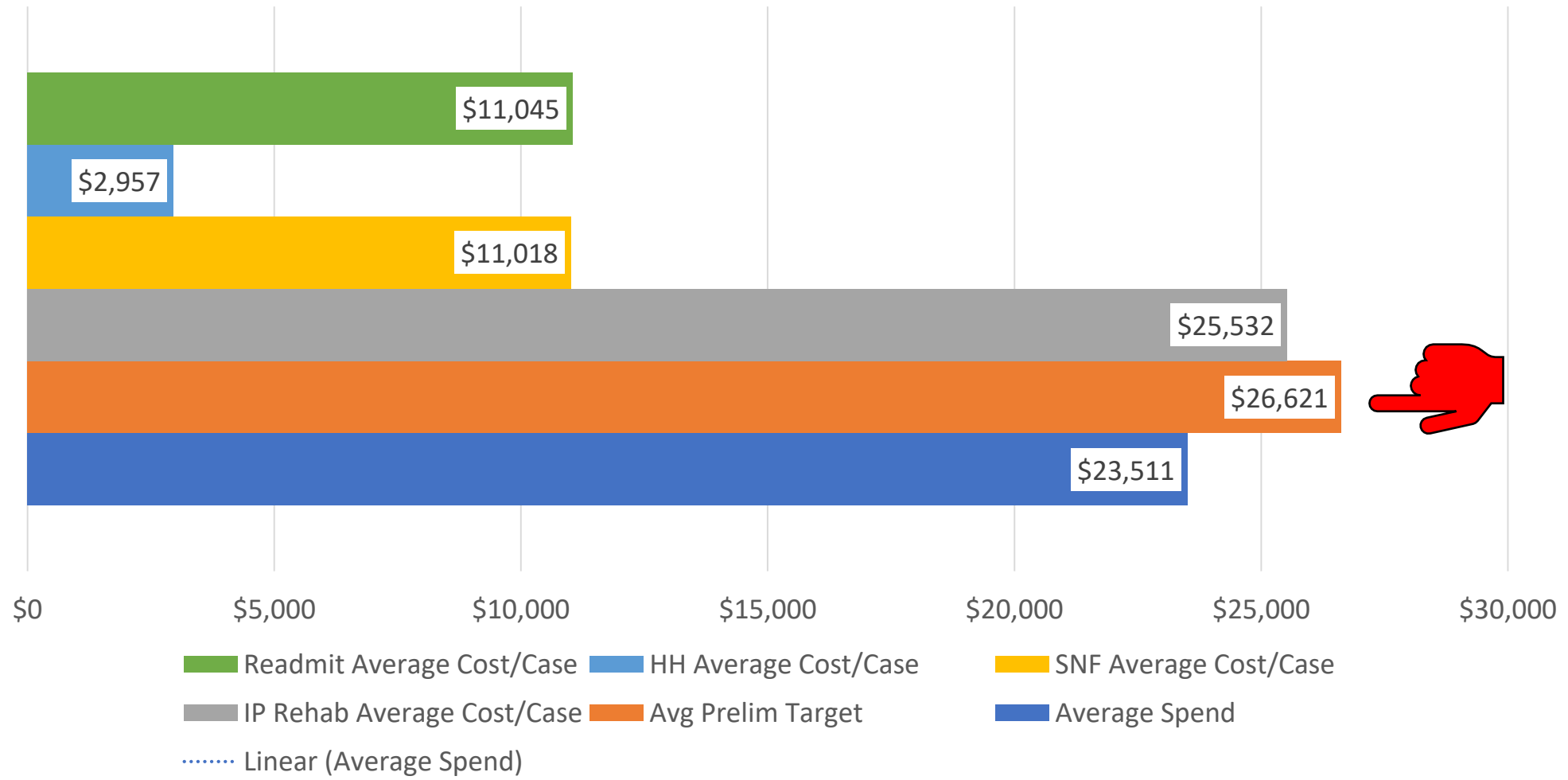


Average LOS



BPCI – A 'Heart Failure bundle' at Baptist Health – Our experience

All costs- Compared



Heart Failure Task Force for Reducing Readmissions at Baptist Health

Pharmacy Initiatives-

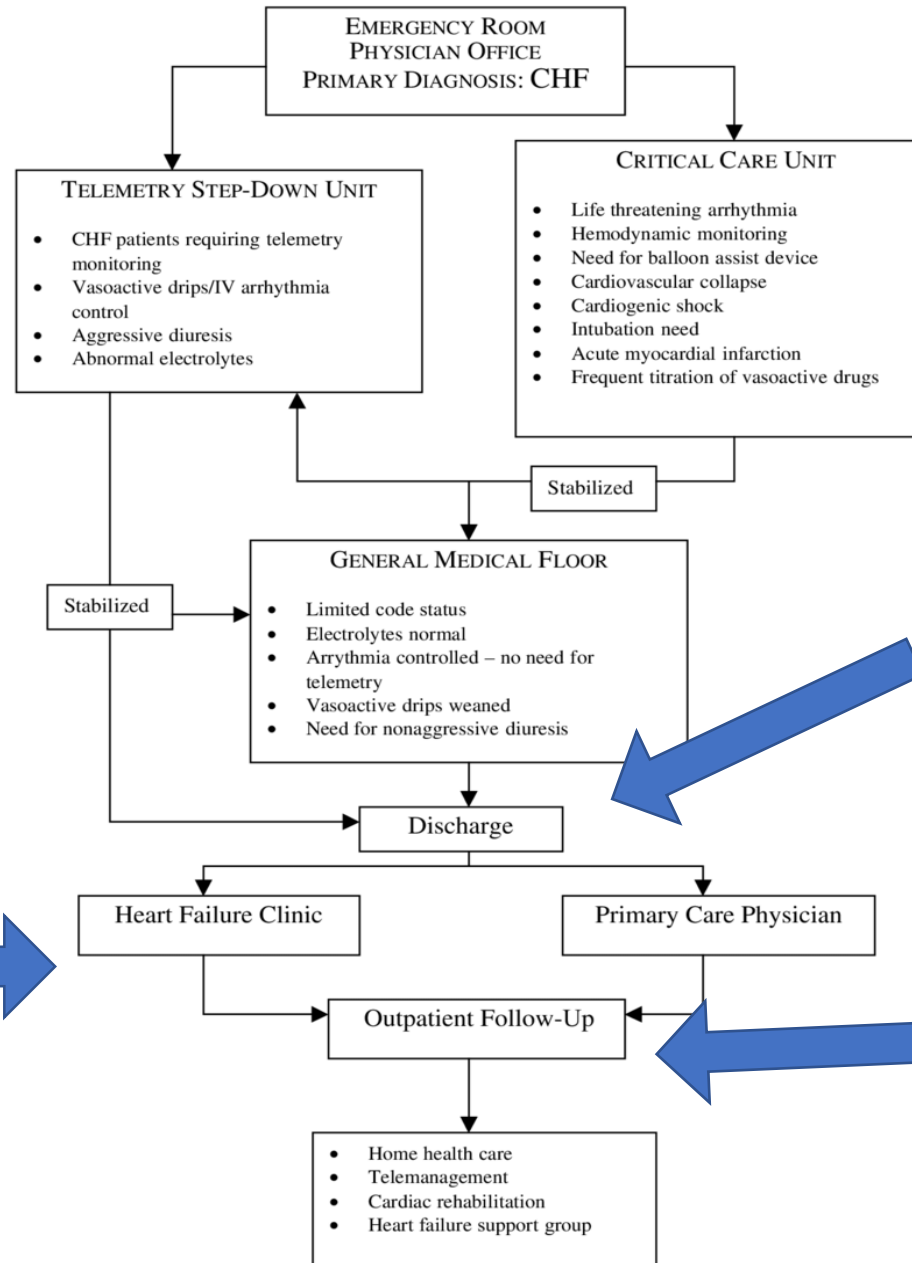
- Admissions-ED pharmacy staff perform med rec
- Discharges-IP pharmacy consults for all HF patients
- Med to Bed Referrals for all eligible patients on Telemetry

Diuretic infusions

Alternatives for IV Lasix administration

IV Push- Home Health

IV Push or Infusions -Home Infusion



Create a HF Discharge Order set

Optimize HF medications prescribed at discharge

Educate patients

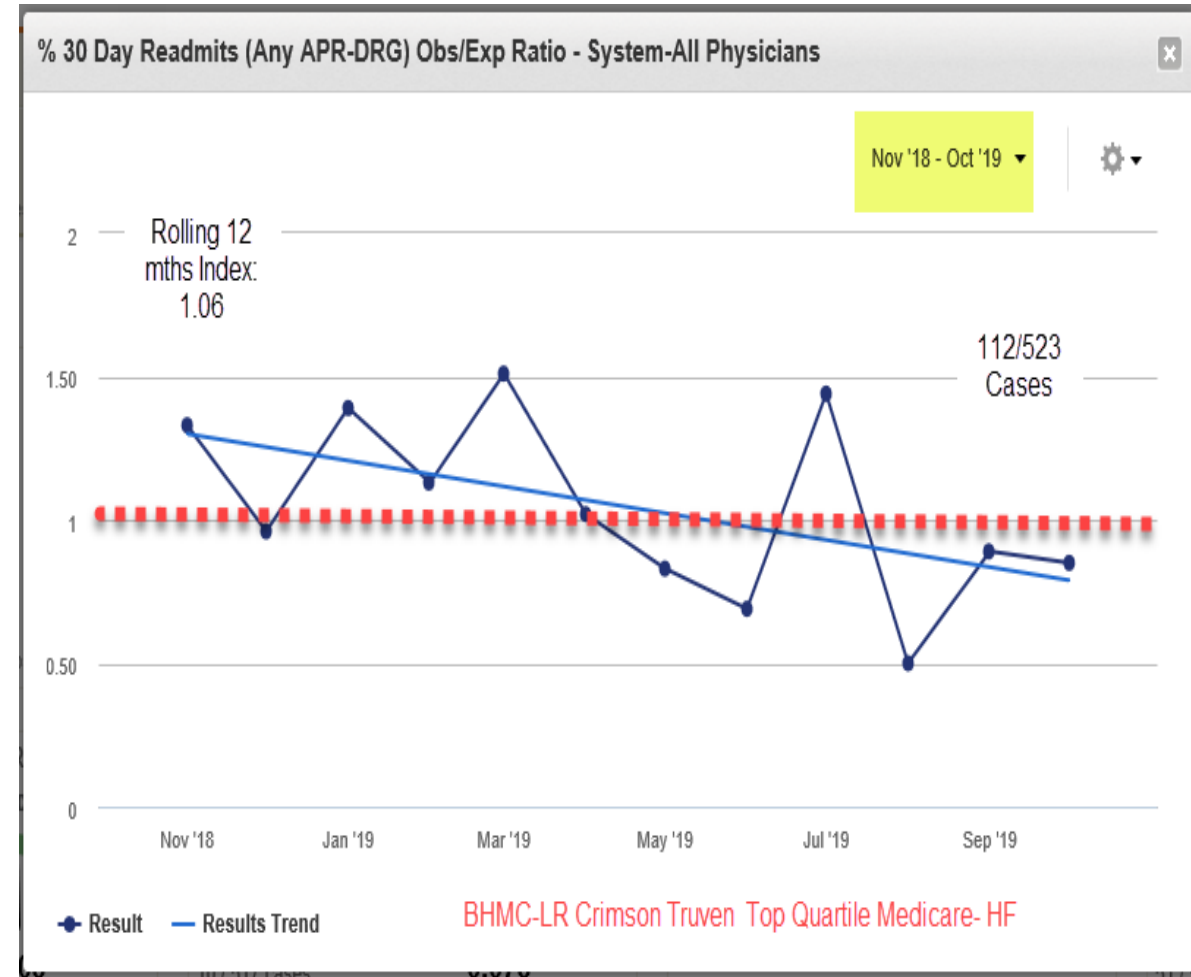
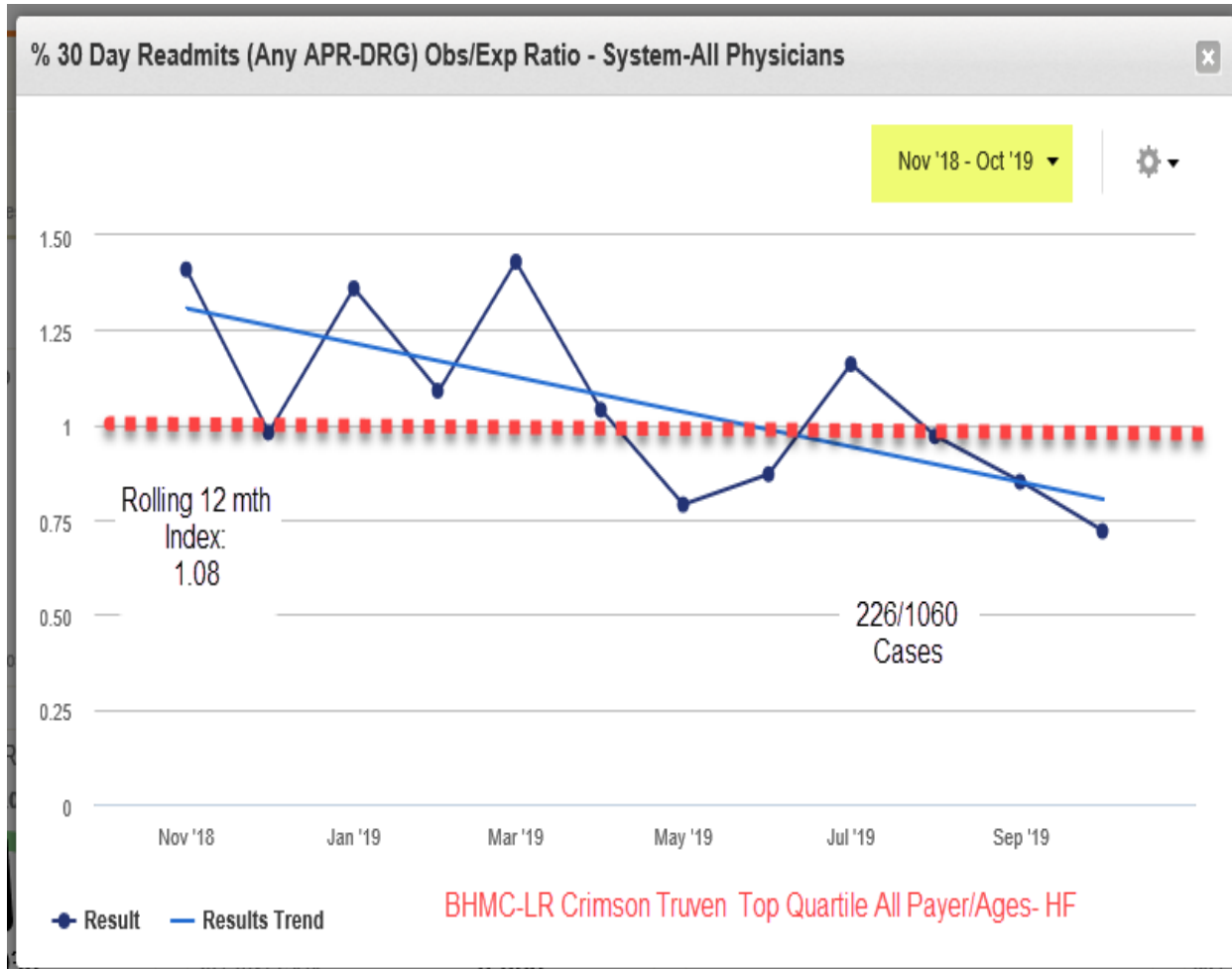
Sliding scale or prn diuretics post d/c

F/U visits within 7 to 10 days with cardiologist

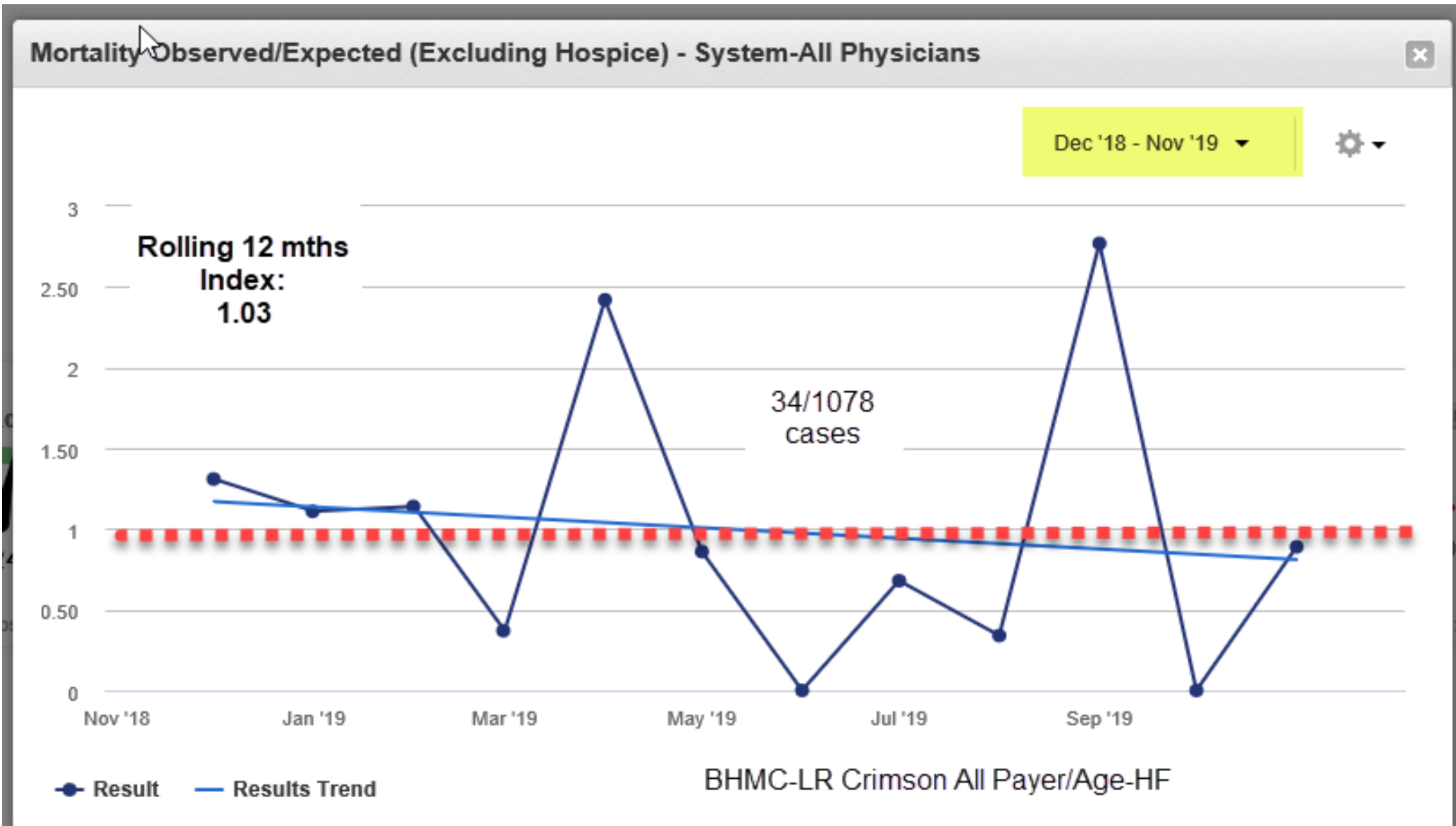
F/U phone calls to patients

Identify and utilize post- acute services that have HF programs (Home Health, Home Infusion, SNFs)

Reducing Readmissions in 'Heart Failure patients' at Baptist Health – Our experience (Improved 30 day re-admits)



Heart Failure Task Force for Improving quality of care at Baptist Health (Mortality improved)



References:

- 1. Benjamin EJ, Muntner P, Alonso A, Bittencourt MS, Callaway CW, Carson AP, et al. Heart disease and stroke statistics—2019 update: a report from the American Heart Association. *Circulation*. 2019;139(10):e56–528
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- 3. Loehr LR, Rosamond WD, Chang PP, Folsom AR, Chambless LE. Heart failure incidence and survival (from the Atherosclerosis Risk in Communities study). *Am J Cardiol*. 2008;101(7):1016-22.
- 4. Obi EN, Swindle JP, Turner SJ, Russo PA, Altan A. Health Care Costs for Patients with Heart Failure Escalate Nearly 3-Fold in Final Months of Life. *J Manag Care Spec Pharm*. 2016 Dec;22(12):1446-1456.
- Various online data sources from CMS, DOH, Kaiser foundation, AHA, ACC, AAHF
- Project information graciously provided and approved by the competent authorities at Baptist Health, for discussion and review only.



Questions ?

Thank you

