

What's Next for Allergy Practice?

AAAAI Practice Management Workshop
July 24, 2016
Hyatt Regency – Capitol Hill
Owen J. Dahl, MBA, FACHE, CHBC, LSSMBB

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Objectives

- A high level overview of alternative payment models and their impact on allergy practices
- How allergists are going to be paid for quality
- ACO and alternative payment models (APM)

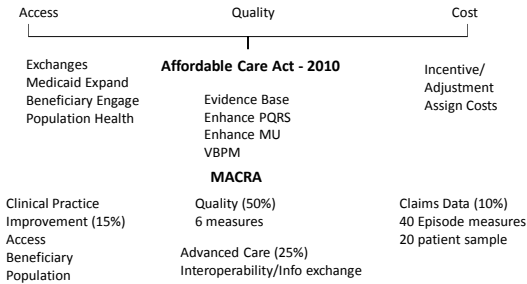
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MGMA Member Challenges

1. Value Based Payments
 2. Rising operating costs
 3. Reimbursement model changes
 4. MU and other incentive programs
 5. Managing finances
 6. Patient balances
 7. Collect/report non-standardized quality measures
 8. Understanding payer criteria for performance ratings
- } MIPS/APM
- } Quality ratings

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System Overview



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MACRA

- No SGR
- Payment options – MIPS or APM
- NO more MU or PQRS ... but

MIPS – Composite Score

- 10 – Cost – use of resources
- 15 – Clinical Practice Improvements
- 50 – Quality - PQRS
- 25 – Advancing care - MU

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MIPS Incent v Adjust

- Based on the MIPS composite performance score, physicians and practitioners will receive positive, negative, or neutral adjustments up to the percentages below.
- MIPS adjustments are budget neutral. A scaling factor may be applied to upward adjustments to make total upward and downward adjustments equal.

2019 - +/- 4%
 2020 - +/- 5%
 2021 - +/- 7%
 2022 = +/- 9%

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APM

APMs give us new ways to pay health care providers for the care they give Medicare beneficiaries. For example:

- From 2019-2024, pay some participating health care providers a lump-sum incentive payment.
- Increased transparency of physician-focused payment models.
- Starting in 2026, offers some participating health care providers higher annual payments.

Accountable Care Organizations (ACOs), Patient Centered Medical Homes, and bundled payment models are some examples of APMs.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

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Payment Models

Model		Who controls
FFS – Quantity – MIPS	Transition Chronic Readmits ED Utilization	Payer
Capitation – risk – APM	Coverage Population Reduce services	Internal Management
Bundled – DX/TX – APM	Individual Co-morbidities	Organization

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Analytics & Health Care

- Increased patient demand
- EMR
- Tele/Mobile health
- P4P incentive
- Shared decision making
- More collaboration, transparency

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YOUR Cost

- How much does it cost to see a patient?
 - New patient
 - Established patient
 - Injection
 - Orals
 - Imaging

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The Big Issues

- How do you truly measure outcomes – real outcomes – not just enter the means to achieve some interim goal?
- How do you deal with the new drugs and their very high cost? For that matter any cost!
- How do you deal the the patient who knows it all? Can't access? Won't follow the treatment plan?
- Population health
- Erosion of our specialty turf- integrate or ???

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Now let's get real

- Do you have issues in your practice?
 - Problems
 - Opportunities
- What are you doing about them?
 - Too busy
 - Too many external issues
 - Need more resources

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Opportunities

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Pre ... Outside the office

- Strategy/culture/relationships
- Screening – why are they coming to the office?
- Evidence based guidelines
- Insurance coverage/relationships
- Patient and the Internet – what is their “plan”

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In office

- What do you do that brings value to the patient?
- Patient satisfaction/expectations/engagement
- Drug and supply purchasing/prices/options
- EMR – flow, interface, reporting, referrals
- Financial – revenue/cost/reporting
- Psycho/social – navigator –
- Quality

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Post Visit/Treatment

- Transition
- Chronic care
- Supportive/palliative care
- Registry

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More Challenges

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Scenarios to Consider

HI	As Is	Grow – acquisition, geography, or diversify
Stable	Sell - Fold	Grow fully integrated
LO	LO	Grow HI

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Change vs. Transition

Change

- Unfreeze
- Freeze
- Re-freeze

Transition

- End
- Neutral zone
- Beginning

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Change vs. Transition

- Change - situational
 - Move to new location
 - Reorganization of the roles
 - Revision of benefit
- Transition – psychological
 - Phases one goes through in coming to terms with the details of a new situation that the change brings about

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Culture of Transition

- Use *symbols* which can help remind you of a change in the way things are done or in an attitude. Toyota uses a rope (called Andon Cord) to “stop” the assembly line when something is wrong.
- Do a daily or weekly *huddle*, again open communication, but use this time to review what happened yesterday and what may be the bottle necks for the day ahead.
- Instead of donuts, try *fruit* for your morning snack!
- *Share positive stories*, successful events with patients
- *Recognize each other* with a friendly greeting in the morning, thank each other for a job well done, find ways to reinforce the behavior that you want and expect.
- *Talk and think positive*, it is easier to draw on strengths rather than remove barriers

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Innovate Your Model

- Stop planning and start preparing
 - Have to move forward at some point, bite the bullet
- Think about how you create, deliver and capture value
 - What does the customer need
- Produce a viable product, small wins
 - Can we support - infrastructure
- Scale smart –
 - Easy to create an employee handbook, not so easy to involve all in the process
- Try – don’t be afraid to fail – learn
 - Don’t need to be all things to all people but do need to survive

<http://www.forbes.com/sites/regsatell/2014/03/01/how-to-innovate-your-business-model-in-5-not-so-easy-steps/#1cc20390137b>

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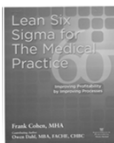
Summary Steps From Here

- Volume of Medicare
- Age of providers – and patients
- Infrastructure – Practice and ACO
- QRUR – other reporting
- Payment models
- Try something new, innovate - fail

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Contact Information

Owen J. Dahl
odahl@owendahlconsulting.com
832-260-4455



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