



# Quality and Efficiency: Applying Success in the Medicare Shared Savings Program to Drive Healthcare Savings for Employers

Lehigh Valley Business Coalition on Health

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# Speakers



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# St. Luke's Care Network



- 9 Counties, PA & NJ
- 12 Acute Care Hospitals
- >1900 Physicians, Advanced Practitioners
- 300+ Outpatient Sites
- 24 Urgent Care Centers
- Surgical Centers
- Home Health Care
- Retail Pharmacies
- DME Supplier
- SNF High Performing Network



# National Quality Recognition



- Fortune/Merative ® (formerly IBM Watson Health™) 100 Top Hospitals (2022 - 2015, 2003, 1997)
- Fortune/Merative ® 15 Top Health Systems
- Many organizations have recognized St. Luke's for Excellent Quality, Safety & Service
  - Newsweek- Top 1000 World's Best Hospitals
  - U.S. News & World Report
  - Consumer Report
  - American Heart Association
  - HAP Achievement Awards
  - American College of Thoracic Surgeons
  - Women's Choice Awards
  - Leapfrog
  - CMS 5 Star Rating
  - National Cancer Institute
  - HIMSS Stage 7 (highest stage)
  - NJHA Excellence in Quality Achievement Award



transforming healthcare through IT

June 2023



# Medicare Shared Savings Program



Total Cost of Care

Achieving better health  
for the community

Press release

## Medicare Shared Savings Program Saves Medicare More Than \$1.8 Billion in 2022 and Continues to Deliver High-quality Care

Aug 24, 2023 | Medicare Parts A & B

Share    

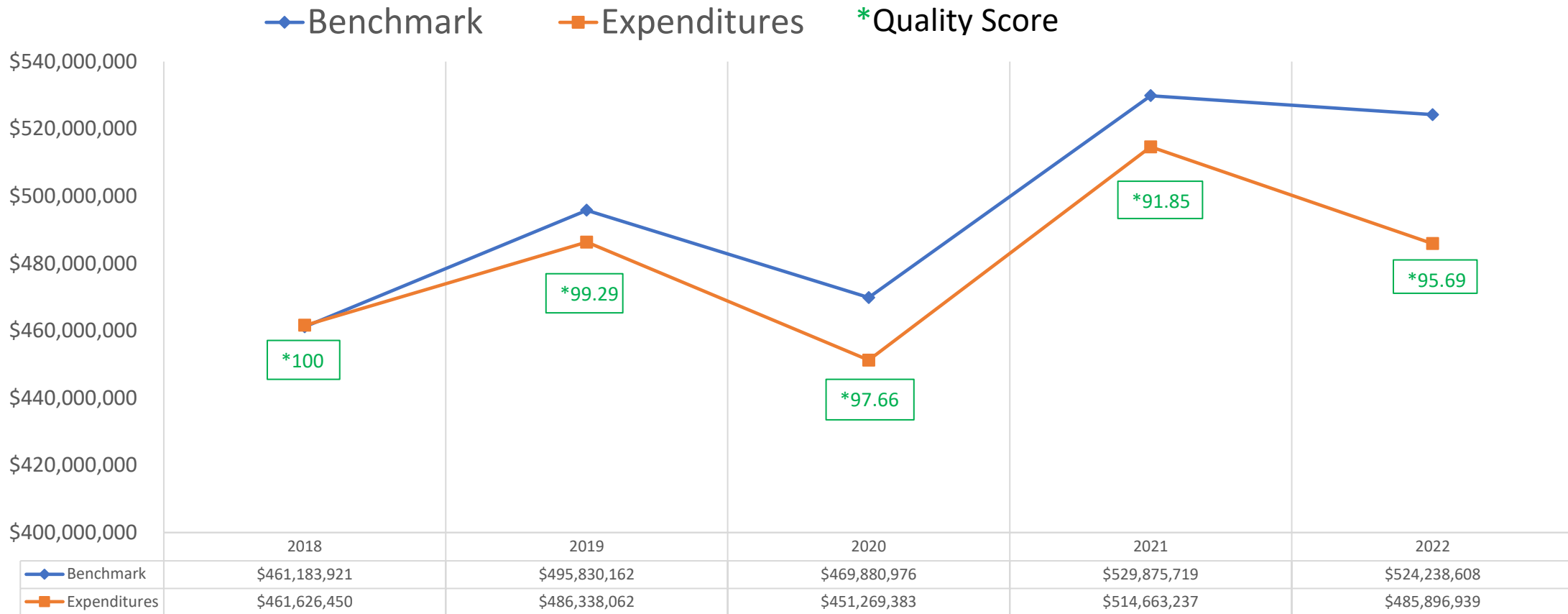
The Centers for Medicare & Medicaid Services (CMS) announced today that the Medicare Shared Savings Program saved money for Medicare while continuing to support high-quality care. Specifically, the program saved Medicare \$1.8 billion in 2022 compared to spending targets for the year. This marks the sixth consecutive year the program has generated overall savings and high-quality performance results. This represents the second-highest annual savings accrued for Medicare since the program's inception more than ten years ago.



# St. Luke's Medicare ACO



## Average of 43,000 Medicare beneficiaries





# Value as a Care Model





# Service

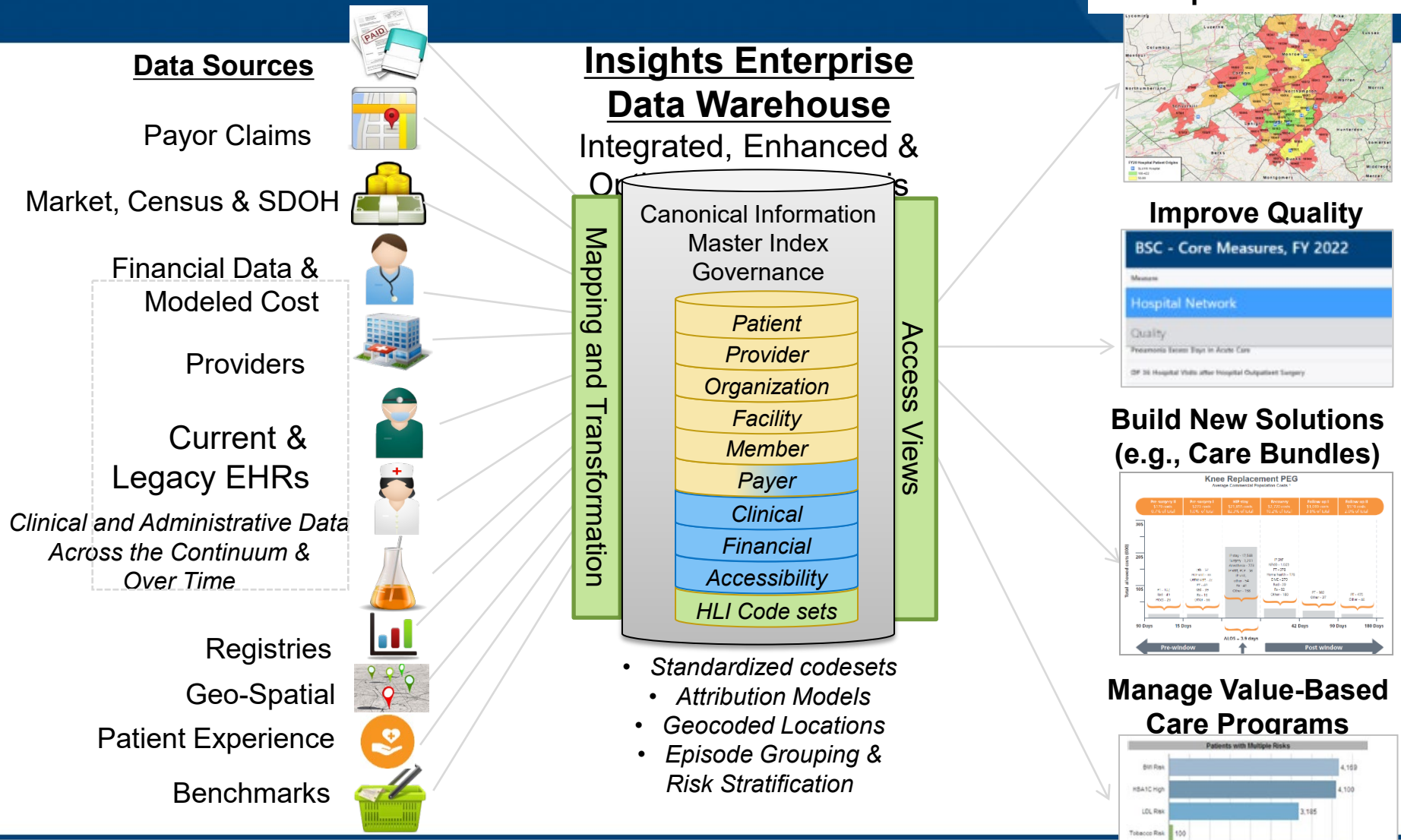


- Optimizing availability for Physicians and Advanced Practitioners
- Redesigning patient/practice communication pathways
- Improving accessibility to address scheduling and clinical triage needs





# Leveraging Data for Strategic Value



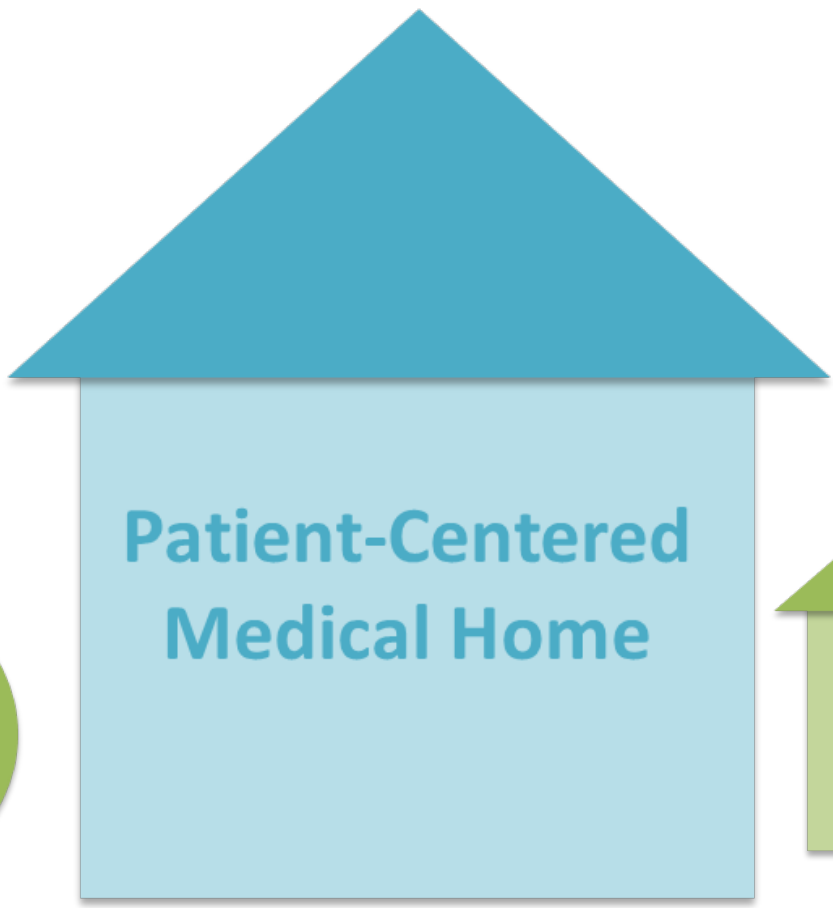


# Value as a Care Model





# Patient Centered Medical Home ♥ of Our Medical Neighborhood



Community Organizations

Health Care Delivery Organizations



# Our Approach



## Person-Centered

Supports patients and families in managing decisions and care plans

## Comprehensive

Whole-person care provided by a team

## Coordinated

Care is organized across the 'medical neighborhood'

## Committed to Quality and Safety

Maximizes use of health IT, decision support and other tools

## Accessible

Care is delivered with short waiting times, 24/7 access and extended in-person hours





# *Our Approach: Identify and Manage* High-risk, High-Need populations



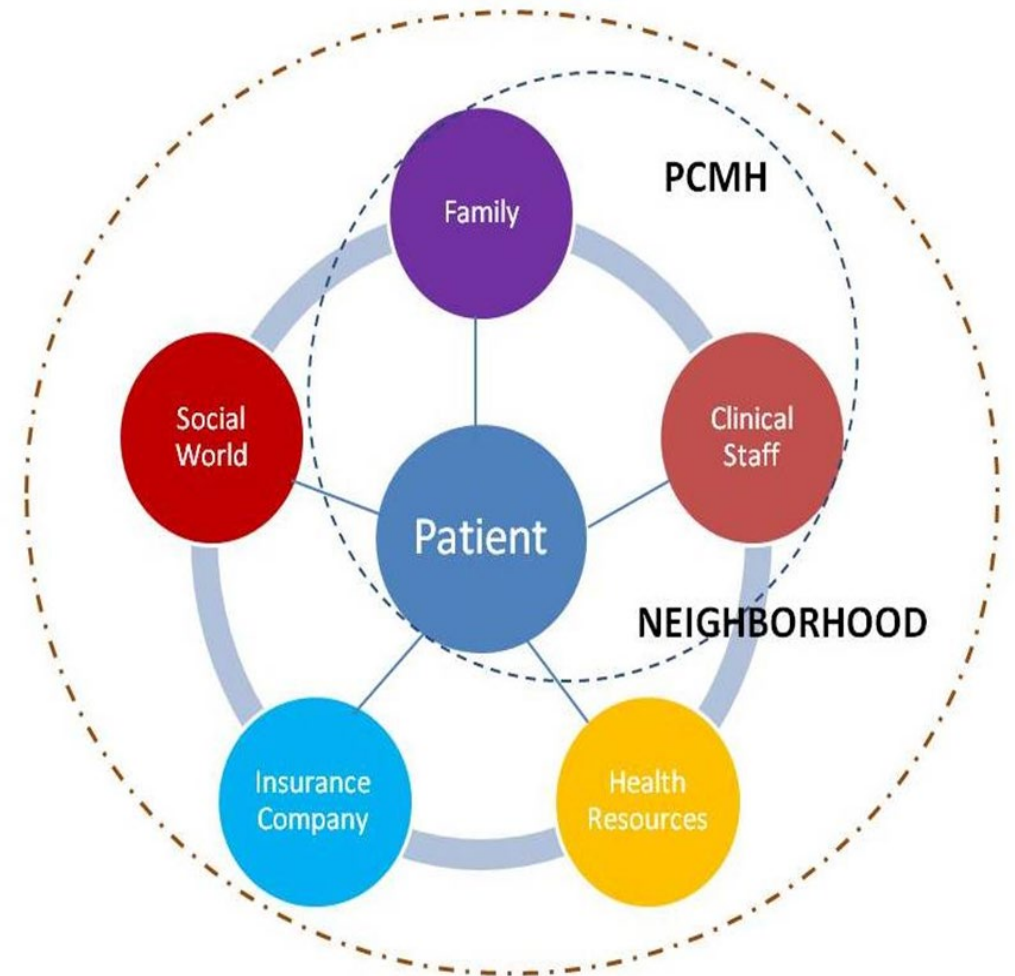
- Risk stratification and diligent monitoring for all patients
- Track care plans and medication adherence
- Proactive outreach from care team with collaboration among specialists and primary care
- Patient engagement and activation





# Our Approach: Diverse, Empowered Care Teams

- Care coordinators
- Patient navigators
- Community Health Workers
- Health coaches
- Peer support
- Care managers
- Integrated behavioral health/Mental health in Primary Care
- Community supports and social workers
- Pharmacists
- Patients, families & caregivers





# *Our Approach: Care is documented and shared electronically*



- Shared with **patients** through electronic records, portals, mobile apps, email
  - Includes patient-generated data
- Shared across **providers and institutions** through health information exchanges
- Shared across **public and private** payers



# *Our Approach: Improved Access to Care and Patient Experience*



- 24/7 access to care team
- Alternatives to traditional face-to-face visits, including telemedicine, e-consults
- St. Luke's MyChart
- Access to electronic health records and patient portals





# *Our Approach: Patients, Families & Caregivers* Included in the Care Team



- Consider experience of care from the patient's perspective
- Patients with multiple chronic conditions (and/or their caregivers) often in best position to advise care team on challenges/opportunities to improve care
- Through their feedback, patients can energize and encourage team to provide better care





# Our Approach Results



## Improved Patient Engagement

- 82% of Patients have an active My Chart Account
- Ability for patients to self schedule appointments
- Send and receive electronic messages to/ from Providers
- Access to medical chart including test results
- Self-refer to Community Resources
- Obtain medical education materials
- Save patients time by allowing them to pre-register, update information prior to visit



## Increased Preventive Services

- Over 450,000 Preventive Visits performed annually
- Outreach made by care team to patients who are overdue for services
- Control of Diabetic patient's blood sugar (A1c) improved by 18%
- Eye examination for diabetic patients increased by 19%
- 11% increase in Breast Cancer screening
- 23% increase in Colorectal Cancer screening
- 51% increase in Osteoporosis screening



One the largest networks receiving recognition Nationwide



With 80 Patient-Centered Medical Home practices and 75 Patient-Centered Specialty Practice sites earning recognition by the National Committee on Quality Assurance (NCQA)



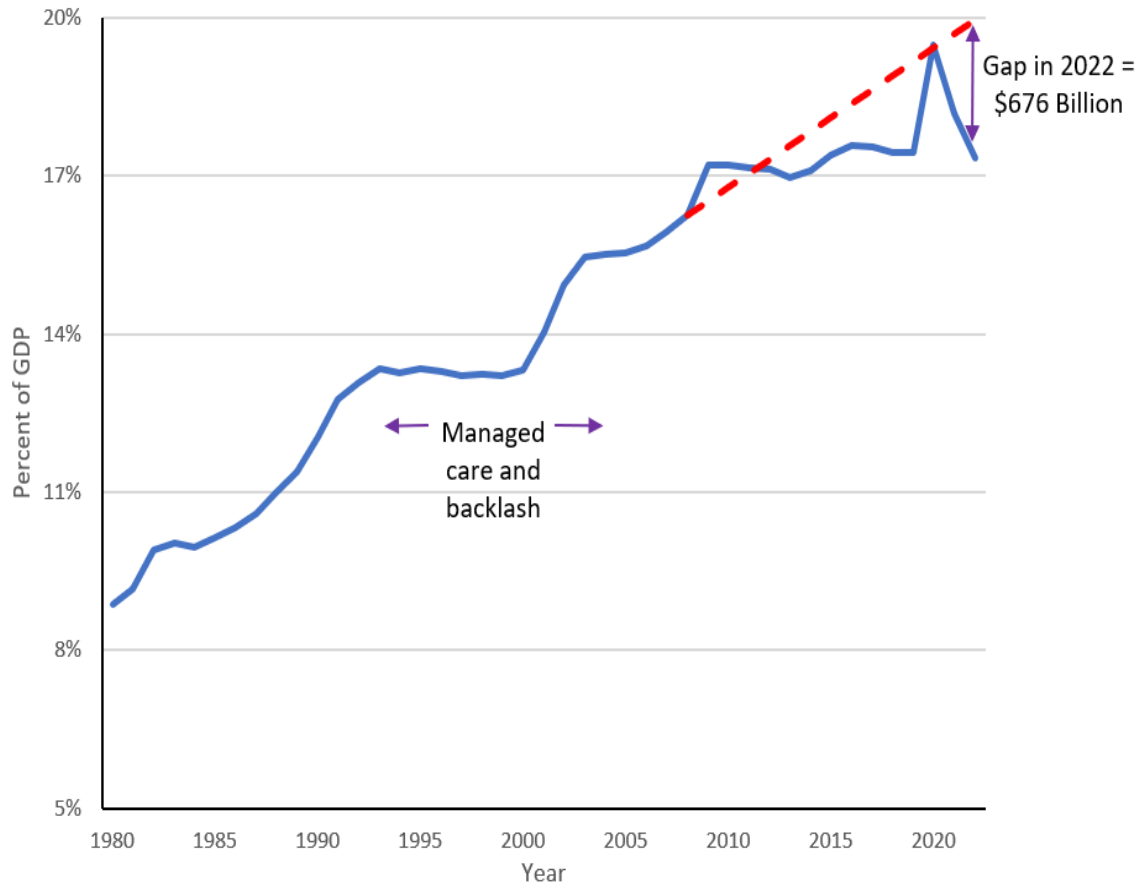


# Value as a Care Model



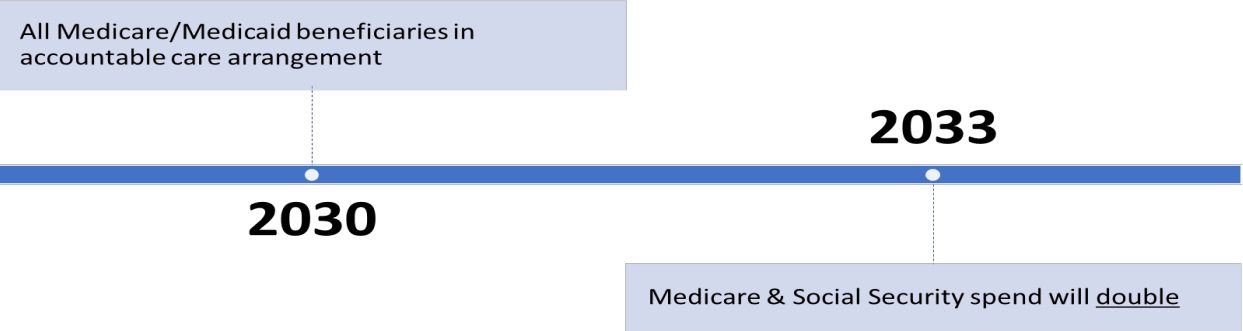


# Cost of Healthcare in the US



	<u>2022</u>	<u>2021</u>
<b>NHE</b>	<b>4.5 T</b>	<b>4.3 T</b>
<b>% GDP = Healthcare</b>	<b>17.3</b>	<b>18.3</b>
<b>% GDP Increase</b>	<b>9.2%</b>	<b>10.7%</b>
<b>Household HE Increase</b>	<b>6.9%</b>	<b>6.8%</b>
<b>Health Spend by Private Business</b>	<b>6.0%</b>	<b>7.6%</b>

**Private Health Insurance Spending**  
 29% of Total Healthcare Expenditure





# US Healthcare: 4.5 Trillion/17% of GDP



## The U.S. Has the Lowest Life Expectancy Among Large, Wealthy Countries While Far Outspending Them on Health Care

Life expectancy (2021) and per capita healthcare spending (2021 or nearest year)

Country	Life expectancy	Health spending, per capita
United States	76.1	\$12,318
United Kingdom	80.8	\$5,387
Germany	80.9	\$7,383
Austria	81.3	\$6,693
Netherlands	81.5	\$6,190
Belgium	81.9	\$5,274
Comparable Country Average	82.4	\$6,003
France	82.5	\$5,468
Sweden	83.2	\$6,262
Australia	83.4	\$5,627
Switzerland	84.0	\$7,179
Japan	84.5	\$4,666

Peterson-KFF  
**Health System Tracker**



# Financial Toxicity: 3<sup>rd</sup> leading cause of death



In one study, **42%** of participants reported a **SIGNIFICANT FINANCIAL BURDEN**

As a result:

- partially filled a prescription **19%**
- took less than the prescribed amount of medication **20%**
- avoided filling prescriptions **24%**
- used their savings to help cover out-of-pocket expenses **46%**
- reduced spending on food & clothing **46%**
- cut back on leisure activities **68%**

(Zafara 2013)



## **MONEYWATCH**

**Nearly 40% of Americans skipped medical care in 2022 because of cost concerns, poll finds**

## **KFF: Americans' Challenges with Health Care Costs**

**About half of U.S. adults say they have difficulty affording health care costs**

**We All Need to Demand Value for Health Care Consumers**



# Focused on Value



## Traditional

Individual

Volume based

Reactive / Episodic/ Sick care

Not coordinated / No team leader

Inadequate data

Reimbursement not tied to quality

## Value

Population

Outcomes based

Proactive

Coordinated care team

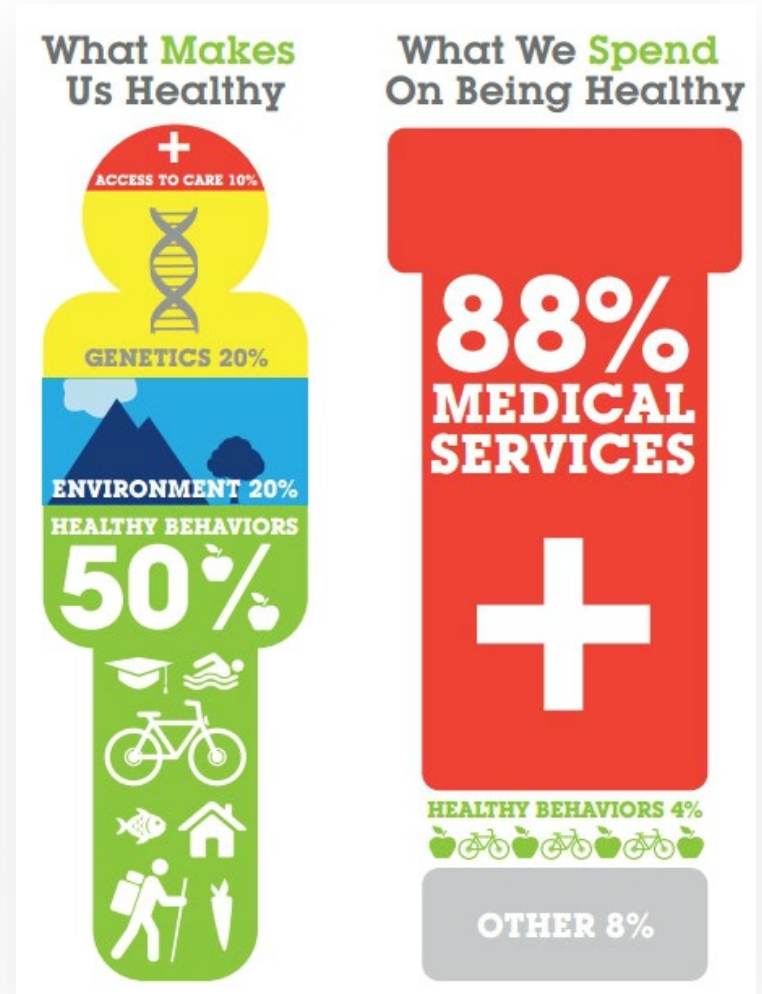
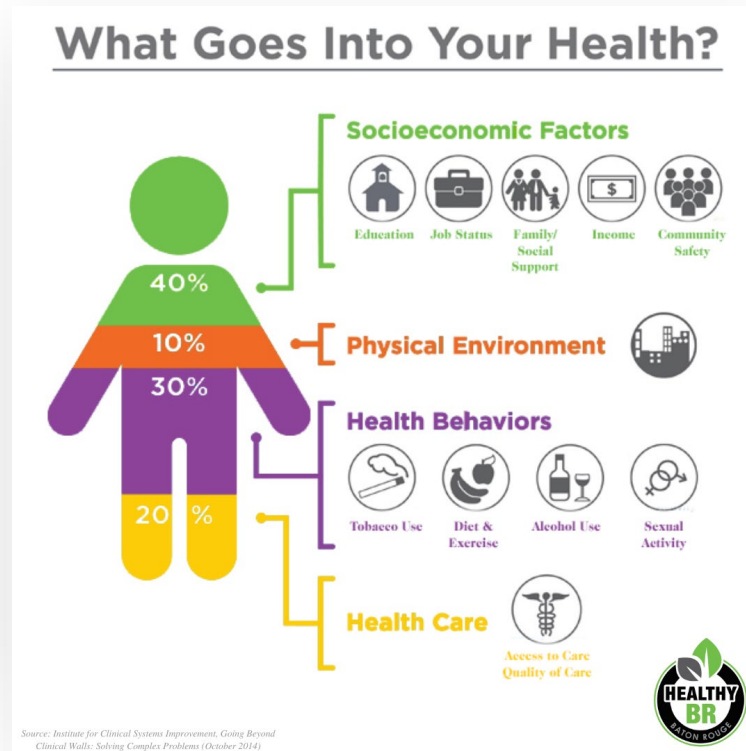
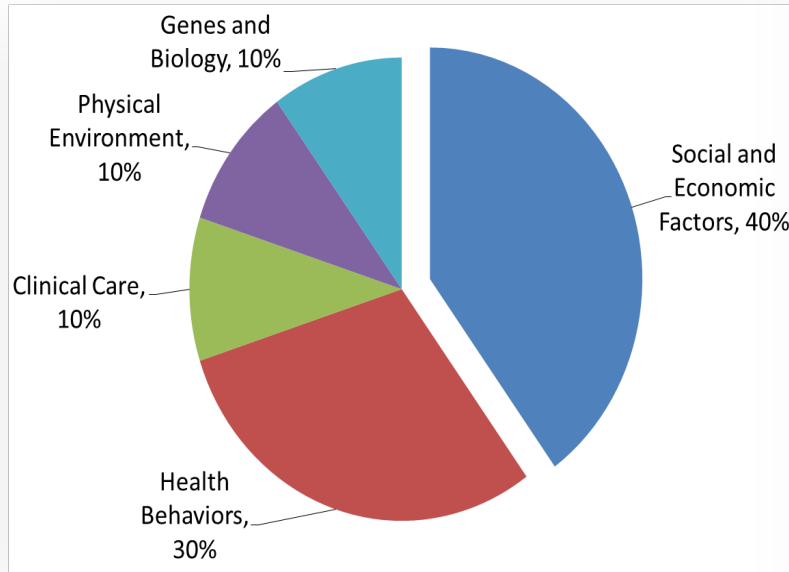
Enhanced data and analytics

Quality threshold for reimbursement





# What Makes Up Health? Where Do We Spend?



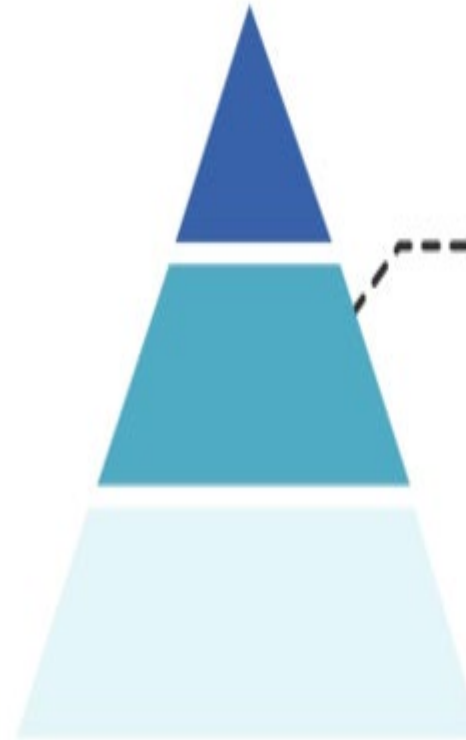


# “Cost Bloomers” – Rising Risk



## HIGHEST COST PATIENTS

- I. **Healthy – One time event**
- II. **Chronic End Stage**
- III. **Chronic – Cost Bloomer**



### Rising Risk Chronic Disease Patients:

- Average 4 chronic conditions and 9 meds
- 3 medication gaps/patient
- 17% lacking PCP care
- 20% tobacco users
- 50% w/ mental health comorbidity

Johns Hopkins data, Patient Need Groups in Working Age Population, July 2020

Predicting patient “cost blooms”.....Tamang S. BMJ Open  
2017;7:e011580



# St. Luke's Population Health



Elective Surgery—Prevention of Complications

Chronic Disease – Kidney Disease

Avoiding Rehospitalizations – Keeping patients home

Behavioral Health Services



# Orthopedic Elective Surgery Acute Kidney Injury “Healthy Cost Bloomers”



- Surgical patients = Potential “cost bloomers”
- Elective Orthopedic Acute Kidney Injury (AKI) rate = 15%
- AKI significantly increases short term and long term complications as well as cost
- St. Luke’s AKI rate pre-intervention = 9%
  - National Top Decile = 2% (lower is better)



# Standardized Approach



- Surgical Optimization Clinic
- Coordinated management - Preoperative/Intraoperative and Postoperative care

↓

**Referrals/Next Steps**

Hgb < 11    Hematology

HgA1c > 7    PCP/Endocrine

*\*Case postponed up to 90 days for repeat HgA1c*

GFR < 45    Nephrology

GFR 45-60    PCP or SOC

BMI > 40    Weight Management

MAR Report

Summary: ALL Scheduled PRN Continuous Respiratory Due/Overdue Meds Override Pulls Chem

Chart Review: Go to Now or Select Date: Overdue Not Scanned Show Med Education Show All

Results Rev... Monday July 09, 2018

Work List: 1300 1400 1500 1600 1700 1800

**metoprolol tartrate (LOPRESSOR) tablet 25 mg** : Dose 25 mg : Oral : Every 12 hours scheduled

Admin Instructions: Hold for heart rate less than 50 beats per minute.

Product Instructions: LOOK ALIKE SOUND ALIKE MED

Ordered Admin Amount: 1 tablet (1 x 25 mg tablet)

Order Questions/Answers: Hold for systolic blood pressure less than 110 (mmHg)

Anesthesia, Screen Four

Responsible Provider: (none)

Alert: The Mean BP is Less than 55mmHg

BestPractice Advisory - Anesthesia, Screen Four

Patient Safety (1)

The Mean BP is Less than 55mmHg

Trauma

BestPractice Advisory

Patient Safety (Advisory: 1)

!! Patient has GFR less than 60. Collaborate with provider before administering NSAID.

Acknowledge Reason

Administration approved by provider (ent...)

Enter comment

Accept Cancel

## Orthopedic Total Joint Hypotension Protocol for Nursing

### For Any SBP < 80 mmHg Page Orthopedic Surgery

- SLUHN POST-OP AKI PREVENTION POCKET CARD

#### Step 1

##### Repeat BP in Opposite Arm

SBP < 100 mmHg: Confirm

- Nursing communication Step 1: Repeat BP in opposite arm to confirm
- Routine, Once First occurrence Today at 1201
- Step 1: Repeat BP in opposite arm to confirm

#### Step 2

##### Confirmed SBP < 100 mmHg

- Give 1000 ml LR bolus over 30 minutes and recheck BP one hour after completed
- Give 1000 mL LR over 30 minutes and recheck BP one hour after completed

#### Step 3

##### 1 hour re-check: if SBP < 100mmHg:

- Give 1000 ml LR bolus over 30 minutes and recheck BP one hour after completed
- Give 1000 mL LR over 30 minutes and recheck BP one hour after completed

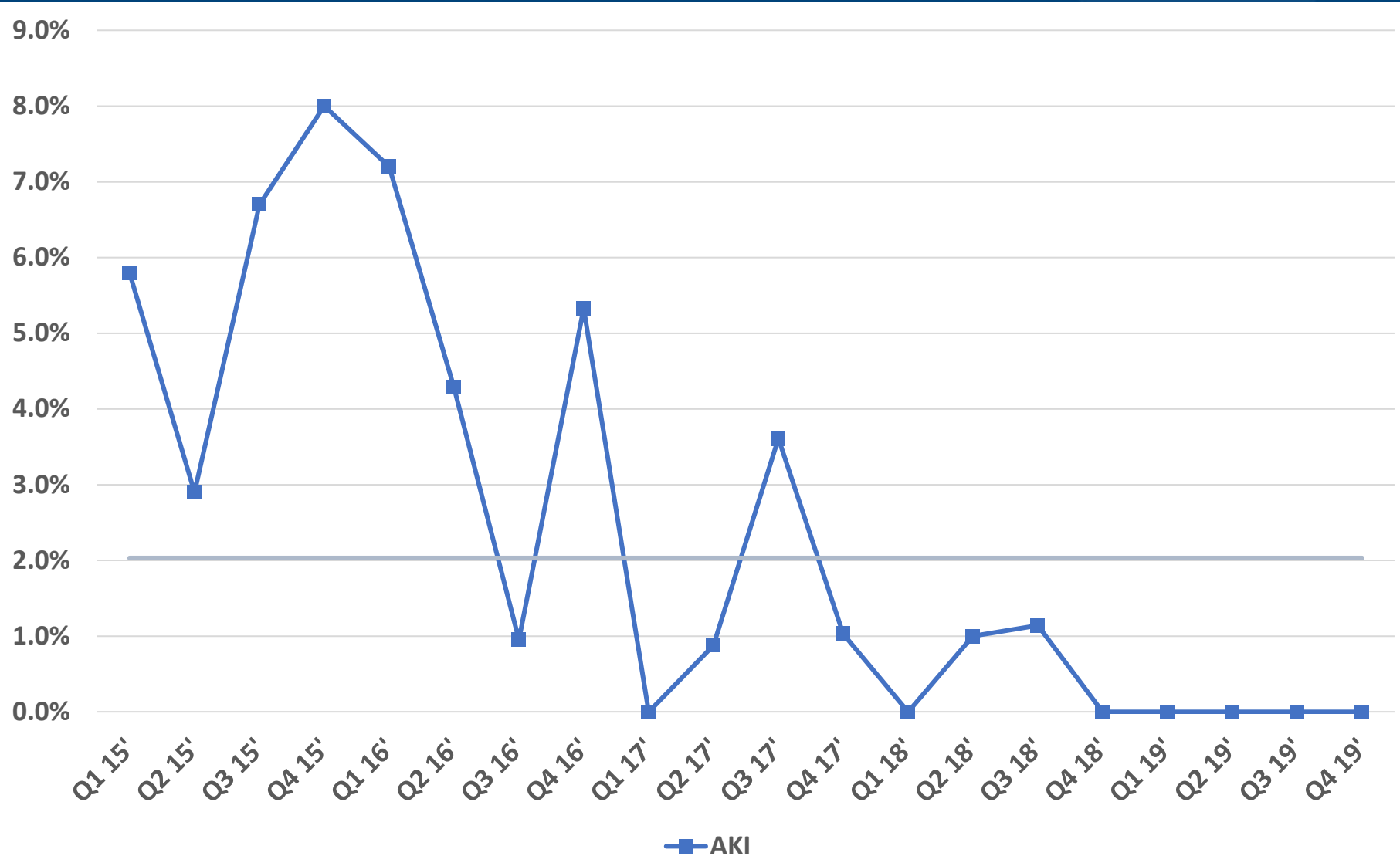
#### Step 4

##### 2 hour re-check: if SBP < 100 mmHg:

- Call Orthopedic Surgery
- Step 4: If SBP still less than 100 mmHg, page orthopedic surgery
- Routine, Once, Starting 4/28/17, Step 4: If SBP still less than 100 mmHg, page orthopedic surgery



# AKI Quarterly Progress





# Chronic Kidney Disease



> 37 million U.S. adults have CKD

- 1 in 7 prevalence

Silent Killer

- 90% of people living with CKD are unaware that they have CKD

High Cost

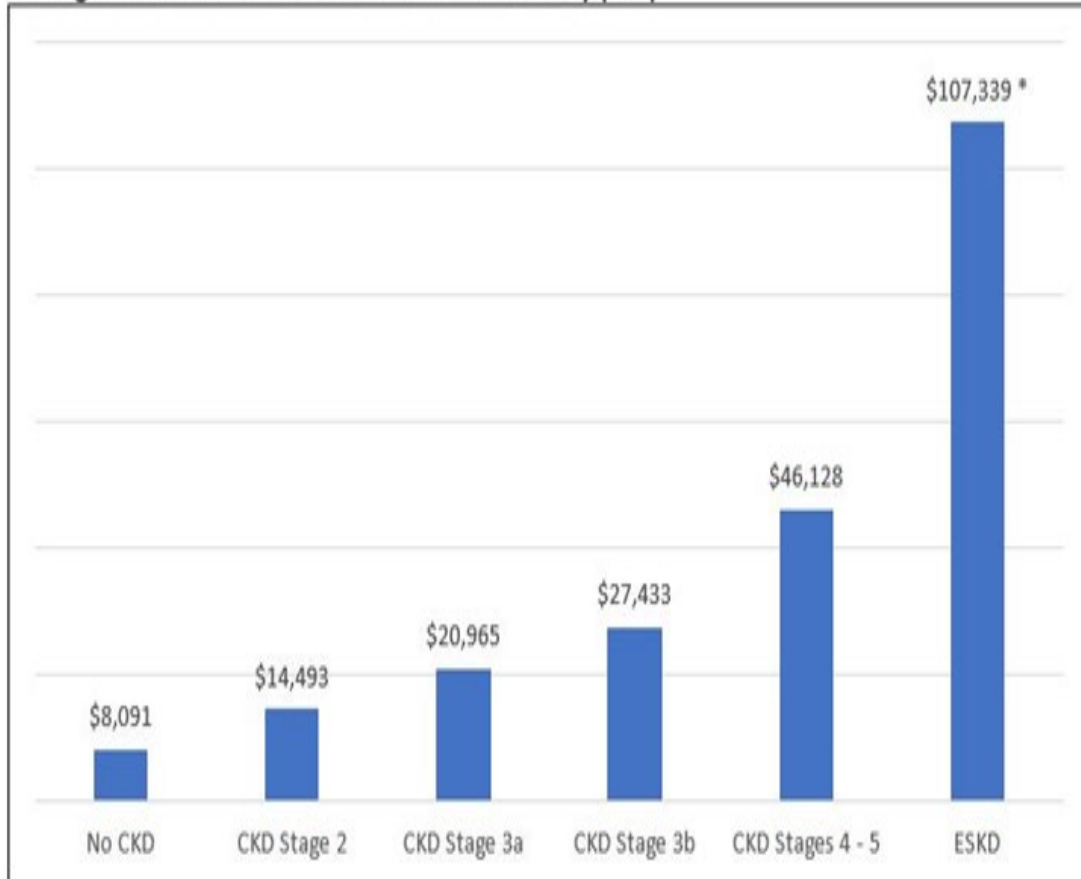
- CKD significantly increases cost of healthcare



# CKD Cost of Care



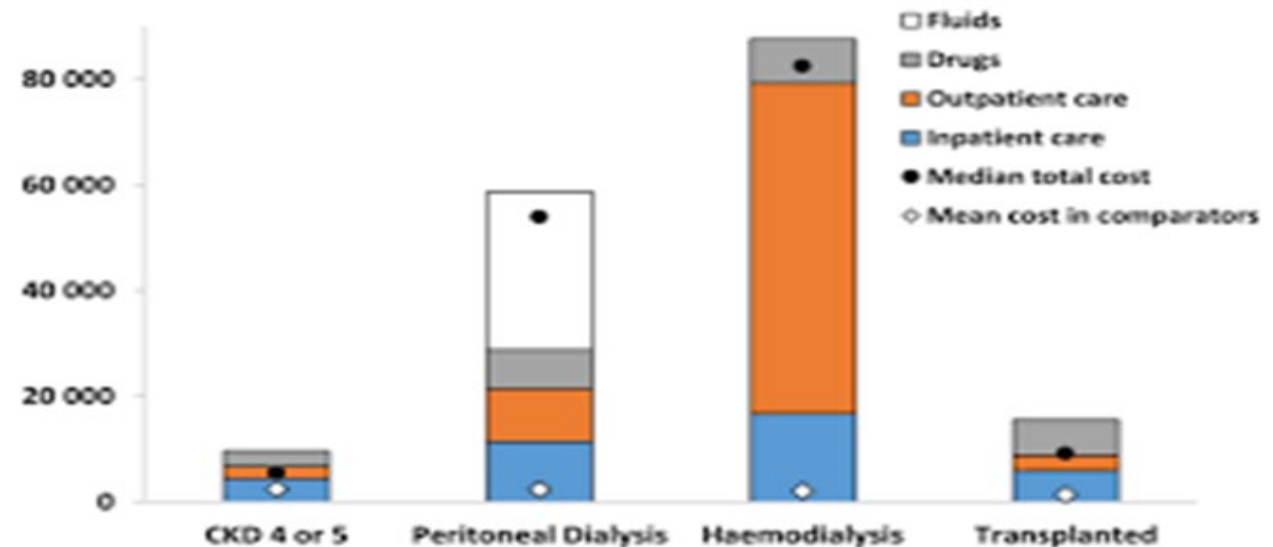
Average Annual Cost Per CKD Medicare Beneficiary (>65)



"All-Cause Costs Increase Exponentially with Increased Chronic Kidney Disease Stage," *American Journal of Managed Care*, June 2017.

\*Includes dialysis costs, based on Strive internal analysis.

Cost [€]/year







# Focused Care on Chronic Disease = Results



## Utilization

**ER** – decreased 17%

**Admissions** – decreased 24%

**Re-admissions** – decreased 22%

**Advanced Care Planning directives** -  
increased 750%



## CKD Education

**#1 nationally** for % of CKD  
patients educated



# Leveraging Technology to Impact Care



- **Virtual Remote Monitoring Center**

- Staffed 24/7 with RN
- Support network hospital and home monitoring programs
  - ✓ Maternal Fetal Monitoring high risk post-partum patients at home

- **Enterprise Virtual Visit Platform for Individual and Group Visits**

- Transition of Care - Chronic Care
- Acute/Urgent Care
- Specialty Follow Up
- Care Navigation
- Smoking Cessation
- Diabetic Education

- **Digital Education Platform**

- Care pathways that will deploy education at the appropriately timed intervals during a patient journey



The NEW ENGLAND  
JOURNAL of MEDICINE

## Treatment for Mild Chronic Hypertension during Pregnancy

- Alan T. Tita, M.D., Ph.D., eff M. Szychowski, Ph.D., Kim Boggess, .D.,
- Lorraine Dugoff, M.D., Baha Sibai, M.D., Kirsten Lawrence, M.D., Brenna L. Hughes, M.D., **Joseph Bell, M.D.**, Kjersti Aagaard, M.D., Ph.D., Rodney K. Edwards, M.D., Kelly Gibson, M.D., David M. Haas, M.D.,  
**For the Chronic Hypertension and Pregnancy (CHAP) Trial Consortium<sup>2</sup>**



# Heal at Home



## Goal: Reduce 30-day readmission



Advanced Practitioner



Multidisciplinary team approach Primary and Specialty Providers, Care Managers, Home Care



Address social determinants



Identify high risk patients



# Heal At Home

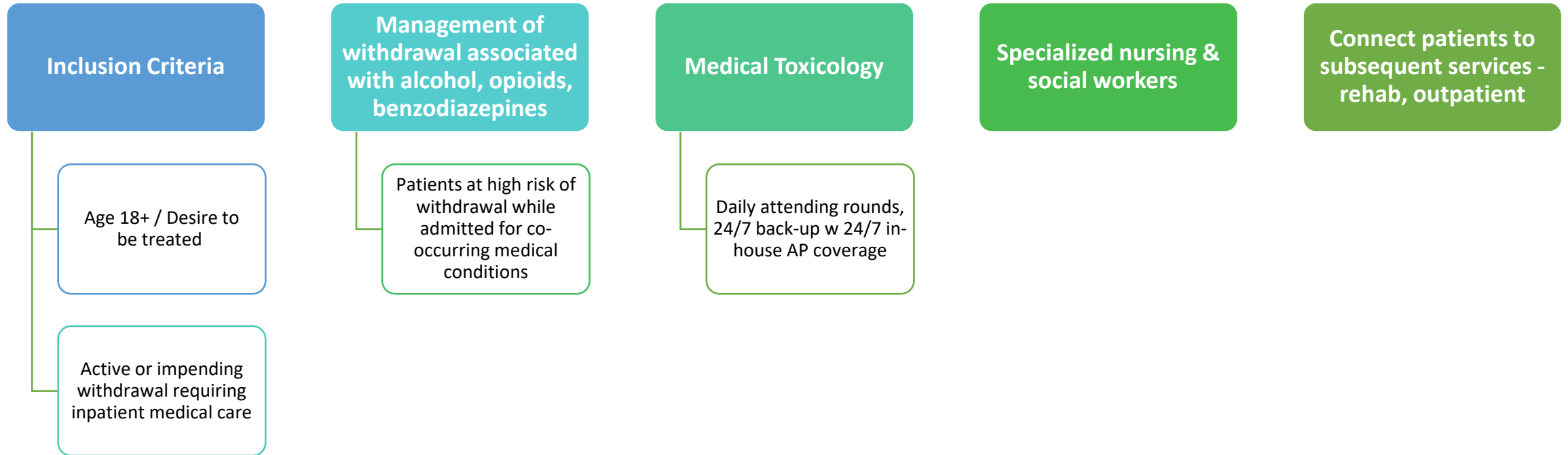
30-day Readmission Reduced by 26%



- Weekly virtual AP visits
- Medication reconciliation
- Manage chronic and acute conditions
- Psychosocial and cognitive assessment
- Patient and caregiver education
- Multidisciplinary weekly clinical meetings

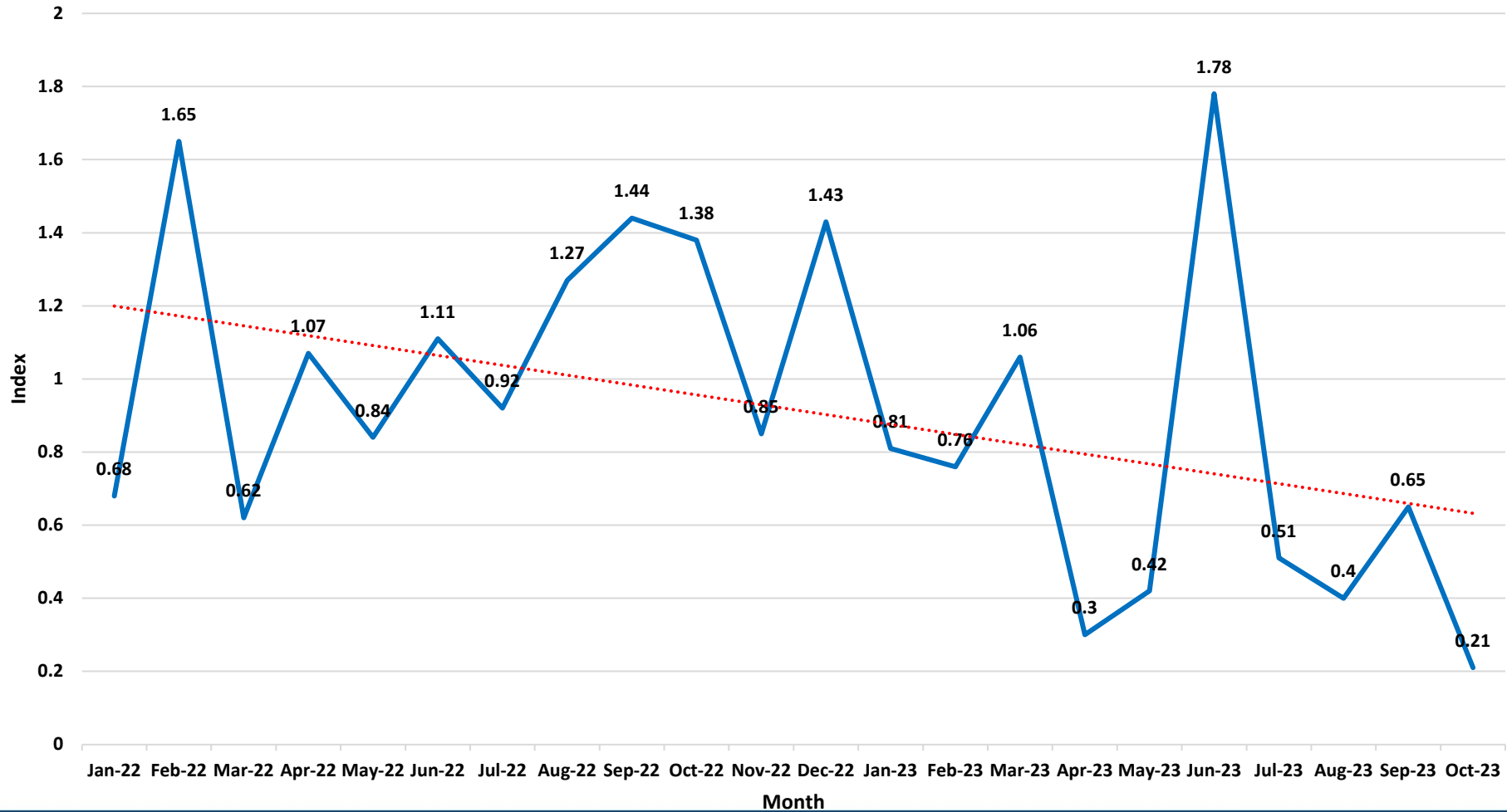


# Medical Withdrawal Management Unit





# Medical Withdrawal Readmissions Index





# Access to Behavioral Health



## St. Luke's Lehighton

- Inpatient Unit – Adult / Older Adult
- Acute Partial Hospital/Adult
- Outpatient Psychiatry
- Walk In Center

## St. Luke's Sacred Heart

- Adult Inpatient Unit
- Older Adult Inpatient Unit
- Extended Acute Care
- Acute Partial Hospital/Adult and Adolescent
- Outpatient Psychiatry
- Substance Use Disorder Recovery
- TMS
- ECT



## Network

Crisis Intervention located within Emergency Rooms  
Psychiatric Consultation  
Services offered 24/7

## Inpatient Unit

- ✓ Older adult
- ✓ Adult
- ✓ Adolescent
- Acute Partial Hospital Walk-in center
- Extended acute care
- Substance use Detox
- Recovery Center
- Community based services
- ER Crisis Intervention
- 24/7 consultation
- Children's services

## St. Luke's Easton

- Adolescent Inpatient Unit

## St. Luke's Quakertown

- Adult Inpatient Unit

## St. Luke's Penn Foundation

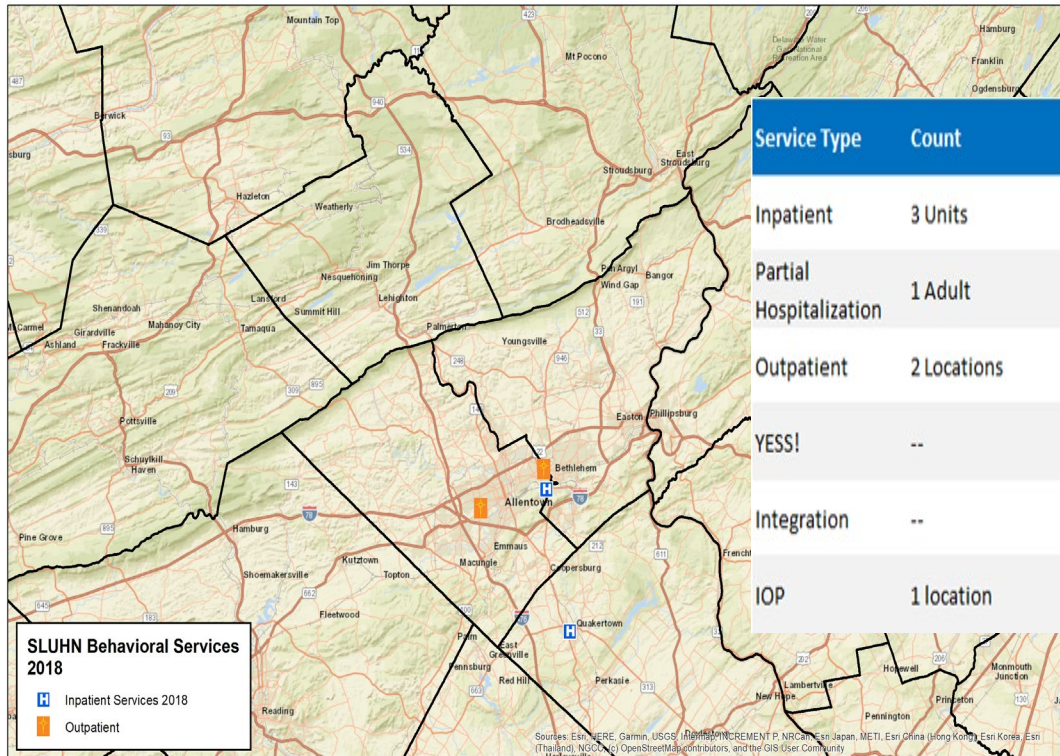
- Recovery Center
- Assertive Community Treatment
- Outpatient Psychiatry
- Outpatient SUD
- Children's Services
- Psychiatric Rehabilitation
- Community-based services
  - Peer
  - Case Management
  - Navigation
  - COE/MES

## St. Luke's Psychiatric Associates

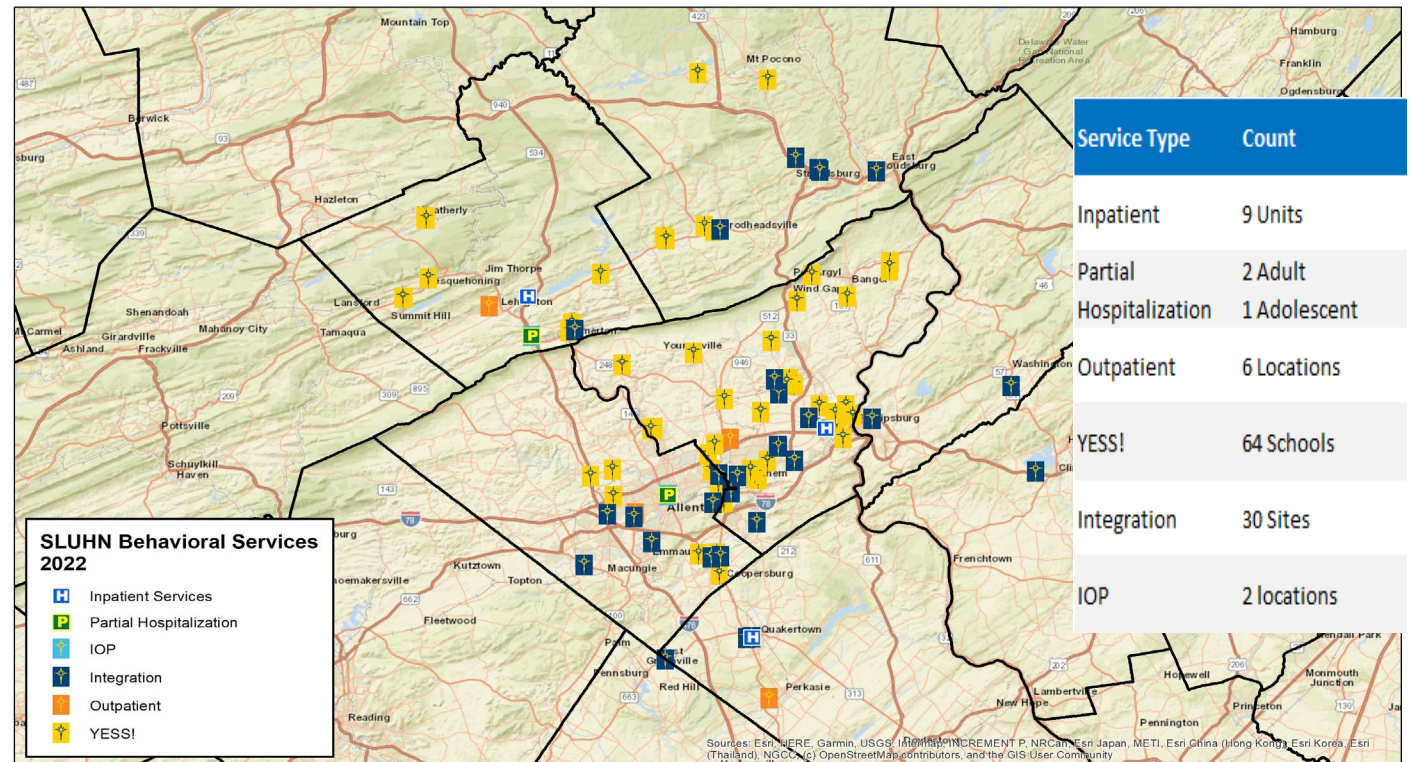
- YES!
- Integrated Behavioral Health  
Moravian University  
SLPA Outpatient
- Allentown
  - Center Valley
  - Bethlehem
  - Phillipsburg, NJ



# Behavioral Service Locations- 2018



Ψ Beds – 56  
 Detox Beds - 0



Ψ Beds - 199  
 Detox Beds-55

- Psychiatric Residency
  - Rural Residency
- Therapy Anywhere  
 VA





# St. Luke's University Health Network



**The care you trust.**  
Now more than ever.

