

TOWER HEALTH
BPCI ADVANCED

KEY DISCUSSION POINTS FOR PHYSICIANS

I. What is BPCI Advanced?

BPCI Advanced began on October 1, 2018. This is a voluntary bundled payment program that incentivizes hospitals and physicians to work together to improve quality and costs for any of the selected 33 clinical episodes or “bundles.” The bundle includes the acute care episode or procedure and the 90-day post-acute period. The hospital takes responsibility for coordinating the care and has financial risk for the quality and cost of care. If financial performance is better than the CMS targets, hospitals may receive additional payments from CMS; if not, hospitals will owe money to CMS.

II. Why is the hospital participating?

Tower Health maintains its commitment to being innovative with a focus on alternative payment models such as bundled payments. If successful, the model will result in streamlined, coordinated care episodes that improve quality and the patient experience and reduce costs (defined as what Medicare pays for services). As both commercial and government payors transition away from paying for volume and move toward paying for value, experience with value-driven care such as bundled payments will become ever more essential.

Several hospitals, including Brandywine, Phoenixville, and Pottstown, previously participated in a similar bundled payment model with CMS and successfully demonstrated their ability to achieve savings while maintaining quality of care over a five-year period between 2013 and 2018. In 2016, Reading Hospital began participating in Comprehensive Care for Joint Replacement (CJR), a mandatory Medicare bundled payment program focused on total joint replacement. Reading’s success under CJR encouraged Tower Health to pursue a broader system-wide bundled payment strategy. This strategy now encompasses CJR, commercial bundles, and BPCI Advanced.

III. What bundles has this hospital selected?

Current hospital selections are outlined in appendix A of this document. The table has been updated to reflect the episodes continued (maintained), added (new) and/or dropped (withdrawn) for Model Year (MY) 3, starting January 1, 2020.

IV. Which patients are part of BPCI Advanced?

BPCI Advanced applies to traditional Medicare patients only, whose admission or procedure places them in one of the selected 33 bundles. Commercial and Medicare Advantage payors are not participating in this model.

V. Is there a financial opportunity for me as a physician?

Yes; the bundled payment program allows for gainsharing with physicians. If the actual cost of the bundle (Medicare payments) is less than the CMS established target price, the bundle will have a financial surplus, which can be shared with physicians.

The hospital will share savings with eligible physicians who have signed gainsharing agreements. Savings are determined based on a retrospective reconciliation calculation. Only after hospitals receive the additional payment from CMS will they be able to determine which physicians were involved and how much they are eligible to receive. CMS has capped the physician payments at 50% of their professional fees for the services provided to patients in the bundle.

VI. Does this impact my payment from Medicare?

No. Items and services included in a clinical episode under BPCI Advanced will be paid through the existing Medicare fee-for-service (FFS) mechanisms and will not result in any changes to the billing processes or FFS payment amounts.

VII. How are the gainsharing dollars calculated for the physicians?

In the Tower Health model, any financial savings will be shared at a 50% rate with the physicians. CMS does cap the maximum payment to the physicians at 50% of your professional fees. If your bundles generate a positive financial amount for the hospital, those dollars will flow into a general physician funding pool for distribution to the individual physicians or physician group. Then, there are quality and financial incentives, where each component represents 50% of the payment opportunity. Quality and financial performance will “stand alone” and be measured as two separate opportunities. Appendix B outlines chosen MY 3 Physician Gainsharing Metrics as well as the individual Hospital’s determined Physician attribution listed by specialty category.

VIII. Are there any quality metrics involved with BPCI-Advanced?

Yes; a hospital can earn $\pm 10\%$ based upon program quality metrics. Also, the physician gainsharing agreement will contain quality metrics. Episode-specific metrics are included in Appendix B.

IX. How much financial risk will I have?

None. Physicians do not hold any financial risk under this model. The hospital assumes all responsibility if money is owed to CMS. Financial opportunity for physicians will take the form of incentive-based payments.

X. When will I receive my first payment?

The hospital will receive its initial reconciliation payment from CMS in fall 2019 for episodes completed from October 1, 2018, through July 1, 2019. Once payment is received, hospitals will administer any financial surplus in accordance with the funds flow model, and preliminary results will be shared with physicians/physician groups within 90 days. Payments will be distributed to physicians/physician groups 60 days after results are finalized.

XI. What is expected of me?

Tower Health has rolled out operating committees and Clinical Effectiveness Teams (CETs) to all clinical episodes that fall under BPCI Advanced, CJR, and commercial bundles. Appendix C provides a visual which speaks to the Governance Structure. The operating committees will be responsible for setting strategic direction and accountability to the overarching Tower Health Bundled Payment Steering Committee, while the Clinical Redesign CETs will be responsible for operationalizing care redesign initiatives. Each group will have one system-level clinical and administration lead. Appendix C identifies the designated leads for each committee. You may be asked to participate in a Clinical Redesign CET or implement new processes or procedures developed by the Clinical Redesign CETs.

A. Understand the Program

- » Are you comfortable with your understanding of the program?
- » Do you have additional questions regarding this program?

B. Do you understand the gainsharing agreement?

- » Have you had a chance to review the agreement?
- » Do you have any questions about the funds flow, including the 50/50 split?
- » Do you have any questions about the attribution model (Appendix B)?

C. Have you been participating in any of the CET meetings?

- » Are you aware that these meetings have been occurring?
- » Can you attend more meetings in the future?
- » If you have attended, have you found these meetings to be beneficial? If not, what changes would you suggest?

D. Care Process Improvement

- » Have you actively been participating in any care redesign and standardization initiatives?
- » Do you feel there is an opportunity to minimize the use of SNFs and Rehab for your patient population?
- » Do you feel that you have the data needed to help drive any necessary changes?

E. Systemwide Collaboration

- » How well do you know your peers at the other Tower Health hospitals and facilities?
- » Do you think you could benefit for increased collaboration, particularly as it relates to the care management objectives that are part of the bundles programs?
- » What can we do to help facilitate collaboration?

XII. What other questions can I help answer?

- » I am here as a resource to help answer your questions and identify solutions to any barriers you believe may exist in making this program a success.
- » Do not hesitate to also reach out the leads identified in appendix D with any questions or feedback you may have.
- » Other technical experts are also available to help answer questions and navigate solutions.

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APPENDIX A: EPISODE SELECTION BY HOSPITAL

Hospital	Episode Selections	Status for MY 3
Brandywine Hospital (BH)	» Stroke	New
	» COPD	Withdraw
	» Sepsis	Maintain
Chestnut Hill Hospital (CHH)	» Sepsis	Maintain
	» MJRLE	Withdraw
Phoenixville Hospital (PHX)	» Sepsis	Maintain
Pottstown Hospital (POH)	» Simple pneumonia	Maintain
	» COPD	Maintain
	» Sepsis	New
Reading Hospital (RH)	» Sepsis	Maintain
	» PCI (OP)	Maintain
	» PCI (IP)	New
	» Acute myocardial infarction	Maintain
	» TAVR	New
	» COPD	New
	» Stroke	New
	» Spinal Fusion	Withdraw

Jennersville Hospital, although eligible to participate in BPCI-A, has elected to not enter the program as a participant at this time.

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**APPENDIX B: PHYSICIAN GAINSHARING METRICS &
 ATTRIBUTION BY HOSPITAL**

BPCI-A Model Year 3 – Tower Health Episode Participation		
Hospital / Episodes	Physician GS Metrics	Attribution
Brandywine		
Sepsis	» 30 day all cause readmission rate » Mortality rate	Hospitalists
Stroke	» 30 day all cause readmission rate » Statin on discharge	Hospitalists Neurologist – Brian Kelly, MD
Chestnut Hill		
Sepsis	» 30 day all cause readmission rate » Mortality rate	Hospitalists, ED physicians
Phoenixville		
Sepsis	» 30 day all cause readmission rate » Mortality rate	Hospitalists, ED physicians, Infectious Disease, ICU Intensivists
Pottstown		
Sepsis	» 30 day all cause readmission rate » Mortality rate	Hospitalists, ED physicians, Infectious Disease
COPD	» 30 day all cause readmission rate » COPD admission order set utilization	Hospitalist, ED physicians, Pulmonology
Pneumonia	» 30 day all cause readmission rate » Discharge Summary completed within 24	Hospitalist, ED physicians, Pulmonology
Reading		
AMI	» 30 day all cause readmission rate » Excess days in acute care	Cardiology, Hospitalists
OP PCI	» 30 day all cause readmission rate » Dual anti-platelet therapy at discharge	Cardiology, Family Medicine, Internal Medicine
IP PCI	» 30 day all cause readmission rate » Dual anti-platelet therapy at discharge	Cardiology, Hospitalists
TAVR	» 30 day all cause readmission rate » Advanced Care Planning	Cardiothoracic Surgery, Interventional Cardiology: Christine McCarty, MD; Uday Dasika, MD; Matthew Nolan, MD; Michael Macciocca, MD; Eric Elgin, MD
Sepsis	» 30 day all cause readmission rate » Mortality rate	Hospitalist, ED, ICU Intensivists, Infectious Disease, Family Med, Internal Med
COPD	» 30 day all cause readmission rate » COPD admission order set utilization	Hospitalists, Pulmonary, Family Medicine, Internal Medicine
Stroke	» 30 day all cause readmission rate » Advanced Care Planning	ED, Hospitalists, Neurology, Neuro Intensivist, Post-Acute Hospitalists, PM&R (Physiatry/rehab Physicians)

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APPENDIX C: Clinical and Administrative Leads

III. Implementation

Governance Structure



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APPENDIX D: Clinical and Administrative Leads

IV. Implementation

Leadership Designations

	Leadership	
	Clinical	Administrative
Program CETs		
Funds Flow CET	n/a	<ul style="list-style-type: none"> • Gary Conner • Rob Ehinger
Quality, Data, and IT CET	n/a	<ul style="list-style-type: none"> • David Schlappy • Michelle Trupp
Provider Engagement CET	<ul style="list-style-type: none"> • George Jenckes, MD • Suzanne Wenderoth, MD 	<ul style="list-style-type: none"> • Therese Sucher • Luis Rosa
PAC Redesign CET	<ul style="list-style-type: none"> • Kelley Crozier, MD • Walter Bohnenblust, MD 	<ul style="list-style-type: none"> • Carl Seidl • Dawn Dreibelbis
Clinical Redesign CETs		
<ul style="list-style-type: none"> • RH MJRLE Clinical Redesign 	<ul style="list-style-type: none"> • John Casey, MD 	<ul style="list-style-type: none"> • Carl Seidl • Lynn Burkett
<ul style="list-style-type: none"> • RH Cardiac Clinical Redesign 	<ul style="list-style-type: none"> • Eric Elgin, MD • Christine McCarty, MD 	<ul style="list-style-type: none"> • Jim Toth • Thea Burke
<ul style="list-style-type: none"> • RH Stroke Clinical Redesign 	<ul style="list-style-type: none"> • Lisa Leschek-Gelman, MD 	<ul style="list-style-type: none"> • Carl Seidl
<ul style="list-style-type: none"> • Sepsis Clinical Redesign for Each TH Hospital: BH, CHH, PHX, RH, POH, JH 	<ul style="list-style-type: none"> • Debra Powell, MD 	<ul style="list-style-type: none"> • Marie Keim
<ul style="list-style-type: none"> • POH Pulmonary Clinical Redesign • RH Pulmonary Clinical Redesign • BH Pulmonary Clinical Redesign 	<ul style="list-style-type: none"> • James Kim, MD 	<ul style="list-style-type: none"> • Carl Seidl

Table updated: March 12th 2020



Kristen Klopp, Manager of Bundled Alternative Reimbursement for Tower Health, can also be contacted for any General BPCI-A program questions