Mission
SCHA’s mission is to support its member hospitals in creating a world-class health care delivery system for the people of South Carolina by fostering high quality patient care and serving as effective advocates for the hospital community.

Vision
South Carolina's hospitals will be national leaders in improving the quality and safety of patient care, and SCHA will be a national leader in advocacy.

Credo
We are stronger together than apart.
Quality healthcare is in jeopardy!

National Expenditures
Insurance Coverage
Aging Population

Healthcare has become complex
Many doctors are struggling to find the right formula.
The Old Hierarchy

THE RESULT

$750 Billion In Inefficient Health Care Spending

With physicians, hospital administrators and insurance companies on often diverging building plans, the idea that the health care system could fall apart like a badly built house is not surprising.

- Kaiser Health News
Can physicians be held accountable for patient outcomes?

Are we drowning in a sea of untested regulations, processes and expectations?
Can we expect our physicians to face these challenges alone?

Can hospitals survive alone?

Are we spending valuable time and resources in the right place?

... or are struggling to create a better yesterday?
The healthcare environment we practice in today is a world apart from what medicine used to be.

The bygone era of healthcare... a fascinating perspective!
A solution oriented approach...

Population Health Management
Physician Integration
Achieving high quality is no longer an option!

How do we define quality outcomes?

- Health Measures
- Safety Measures
- Care Gaps
- Readmissions
- Patient Experiences
- Expenditures
Every physician must evolve into a player coach with a new game plan.
SGR FIX

Quality Metrics

Resource Use (efficiency)

Meaningful Use (EHR)

Clinical Improvement Activities

MIPS

Merit-Based Incentive System

Evolution of Federal Quality Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Base</th>
<th>EHR</th>
<th>PQRS</th>
<th>VM</th>
<th>MIPS</th>
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<td>2015</td>
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<td>2021</td>
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<td>+/-7% MIPS</td>
<td>+/-9% MIPS</td>
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</tr>
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</table>

PQRS – Physician Quality Reporting System

VM – Value Modifier

EHR – Meaningful Use of EHR
MIPS
Value Modifier

The Affordable Care Act mandated that, by 2015, CMS begin applying a Value Modifier (VM) under the Medicare PFS.

- The VM in 2015 is based on performance in 2013 for groups of 100 or more eligible professionals (EPs).
- In 2016, it applies to physicians with 10 or more EPs based on 2014 performance.
- In 2017, it includes all EPs.

MIPS
Value Modifier

The VM includes hospital admissions for the following:
- CMS-1 acute conditions
  - Bacterial Pneumonia
  - Urinary Tract Infection
  - Dehydration
- CMS-2 chronic conditions
  - Short-Term Complications from Diabetes
  - Long-Term Complications from Diabetes
  - Uncontrolled Diabetes
  - Lower Extremity Amputation among Patients with Diabetes
  - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults
MIPS
Value Modifier

One last factor...

VM includes
READMISSIONS.

For 2015 and 2016, VM does not apply to groups of physicians in which any of the group’s physicians participate in the Medicare Shared Savings Program, the Pioneer ACO Model, or the Comprehensive Primary Care initiative during 2013 and 2014.

A Radical Transformation

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Before</th>
<th>Now</th>
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<tbody>
<tr>
<td>Time</td>
<td>Patient &gt; Documentation</td>
<td>Documentation &gt; Patient</td>
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<tr>
<td>Accountability</td>
<td>Licensure – Credentialing</td>
<td>System and Payor</td>
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<tr>
<td>Practice</td>
<td>Hospital and Office</td>
<td>Office</td>
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<td>Responsibility</td>
<td>Hospital and Office Care</td>
<td>Continuous Care</td>
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<td>Quality and Safety</td>
<td>Process</td>
<td>Outcomes</td>
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<td>Remuneration</td>
<td>Volume-based</td>
<td>FFS + Value-based</td>
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<td>Economics</td>
<td>Enterprise</td>
<td>Shared Savings</td>
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A Greater Transformation

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<th>Role</th>
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<th>Tomorrow</th>
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<td>Focus</td>
<td>Care</td>
<td>Care Coordination</td>
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<tr>
<td>Practice</td>
<td>Office</td>
<td>System - Community</td>
</tr>
<tr>
<td>Time</td>
<td>Documentation &gt; Patient</td>
<td>Leadership &amp; Select Patient Care</td>
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<tr>
<td>Priorities</td>
<td>Volume, gap closure, outcomes</td>
<td>Risk Stratification – Prioritization</td>
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<tr>
<td>Efficiency</td>
<td>Practice Performance</td>
<td>System Performance</td>
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<tr>
<td>Quality &amp; Safety</td>
<td>Point of Service</td>
<td>Registries/Analytics</td>
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<tr>
<td>Finance</td>
<td>Revenue &amp; Office Overhead</td>
<td>Total Medical Expense (TME)</td>
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</tbody>
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Four Key Strategies
Hospitalists

Who are our physician leaders?
Your health.
Your Care.
Our priority.

Community Care NETWORK

medications appointments prevention awareness inspiration understanding education doctor visits

HEALTH COACH choices engagement hope activity exercise motivation adherence support friendship trust nutrition stress reduction
Working together...

AS A COMMUNITY

Let’s break down the silos between docs!
Real World Experience

10 Solution-Oriented Approaches

1. Envision your practice as a population health management enterprise.
2. Embrace the continuum of care beyond your walls.
3. Risk stratify your patients - prioritize the needs of the highest utilizers.
4. Redesign your office workflow – perform at the top of your game.
5. Raise the bar for your support staff – incentivize advancement.
6. Align yourself with the hospital and dominant payors.
7. Devote time each day to connecting with hospitalists and hospital staff.
8. Engage in value-based contracts and programs whenever feasible.
9. Build synergy, efficiency and transparency through data sharing.
10. Create a PCMH or a Patient Centered Medical Condominium – CCN!
Thank You
For more information:
bbittman@iihealthcare.org