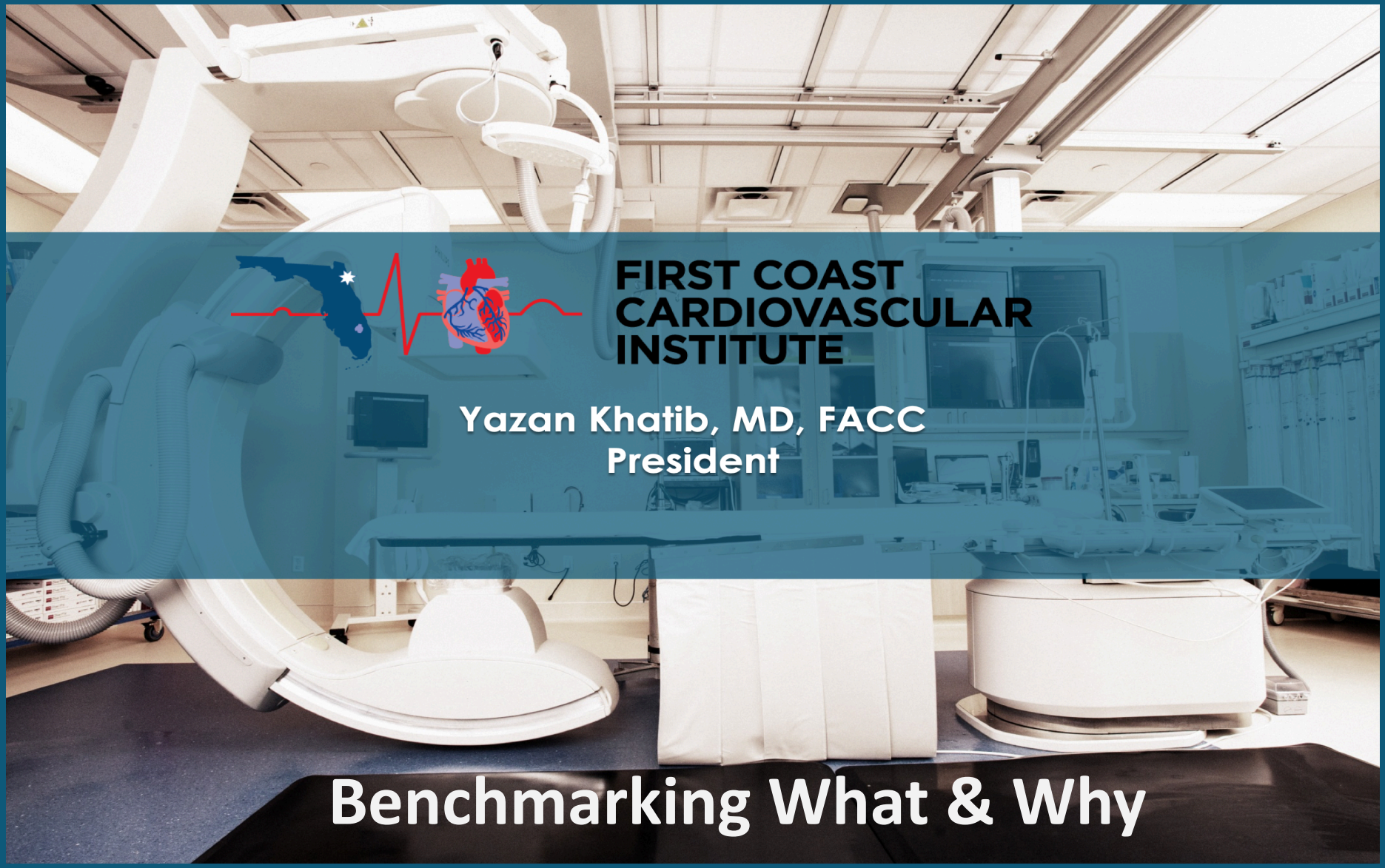


FIRST COAST CARDIOVASCULAR INSTITUTE

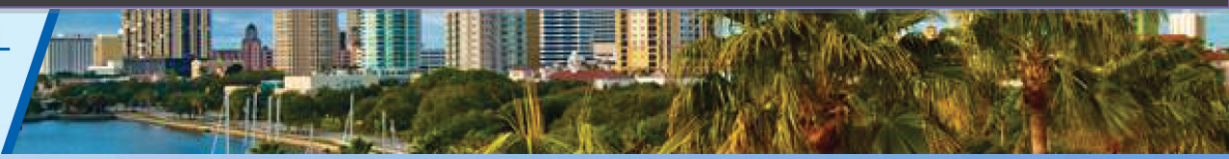
Yazan Khatib, MD, FACC
President

Benchmarking What & Why

www.firstcoastcardio.com | 904.493.3333

OEIS OUTPATIENT ENDOVASCULAR AND INTERVENTIONAL SOCIETY

OEIS 6TH ANNUAL NATIONAL SCIENTIFIC MEETING
April 4-6, 2019
St. Petersburg, Florida



Benchmarking: What It is & Why It's Important

https://en.wikipedia.org/wiki/Benchmarking

Benchmarking is the practice of comparing business processes and performance metrics to industry bests and best practices from other companies. Dimensions typically measured are quality, time and cost.

Value =

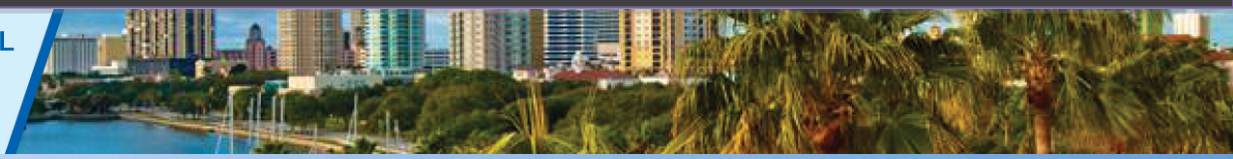
Quality and Outcome/Cost

Population Health Management =

Value at a Populattion level

Benchmarking

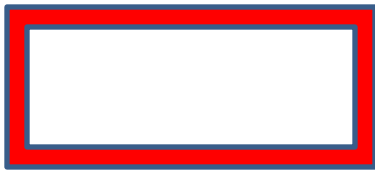
The Scale with which Value is measured



Why???

- Because resources are limited
- And getting more limited

Demographics	D-RAF
82 y/o Woman	0.557
Medicaid eligible	0.179
Total RAF score	0.736
PMPM payment	$454
Approx. amount available for care	$5,500



How

Independent Credible Body

Collects uniform datasets from different stake holders

Willing Practices Submitting

Reliably collectable data

The Government i.e. Medicare
&
Employers i.e. Commercial Payors

Becoming Much More Proactive on finding the

Best Value

Growing activity in the self-insured employer market

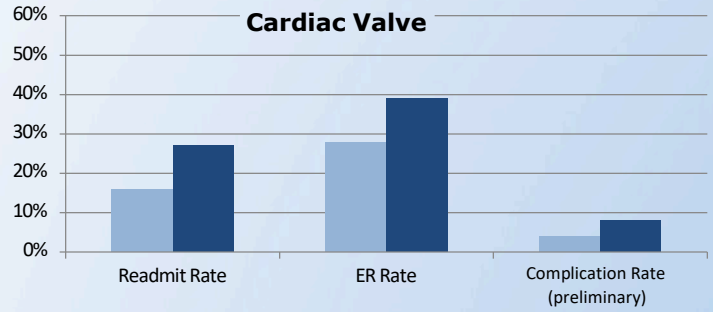
- Wal-Mart
- GE
- Lowe's
- Amazon – Berkshire Hathaway – JP Morgan
- Washington State Health Care Authority

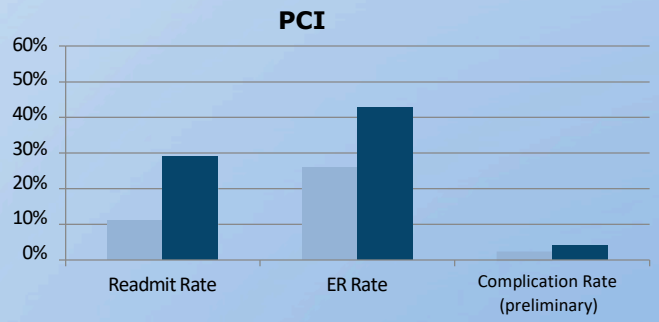
Employer Goals

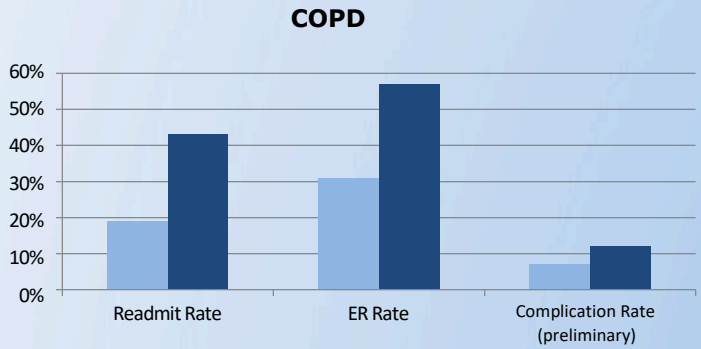
1. Help their employees find the right doctor – primarily specialists
2. Help ensure their employees have a good experience
   - Accurate diagnosis
   - Quality outcome
   - Good customer service
   - Low cost
3. Trust that someone is paying attention to the total cost of care
   - For employer and employee

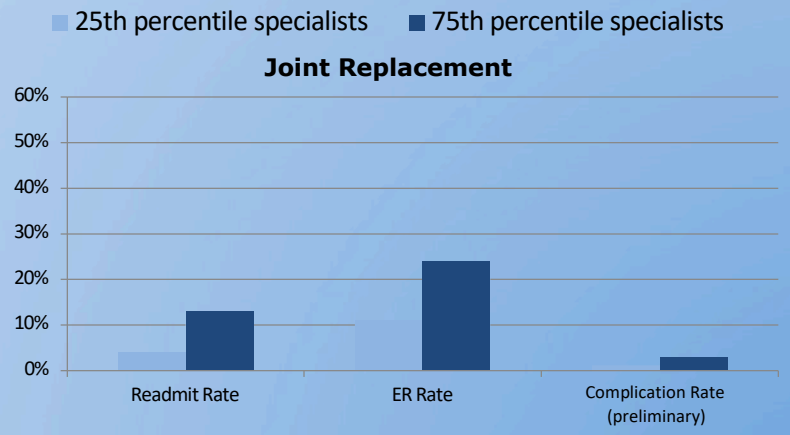
CV TRANSFORUM
SPONSORED BY Cardiovascular Business

Find the Best Specialists









CV TRANSFORUM
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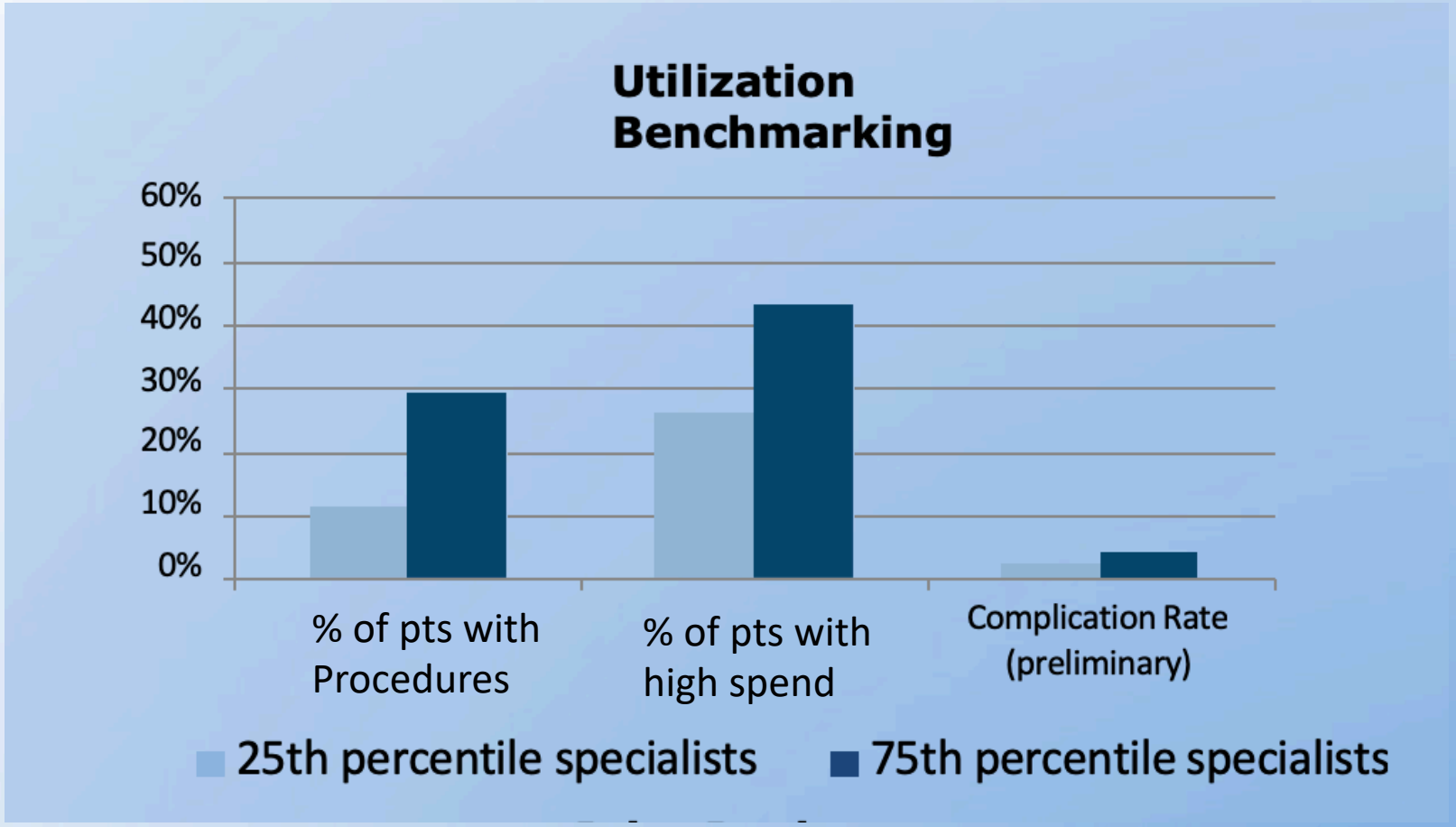
Manage for Value

Healthcare Event	Lo price	Hi Price	Hi/Lo Ratio	Hi-Lo Diff
			Boston	
MRI of Lower Back	$312	$2,544	**8.2**	***$2,232***
Hernia – Facility Fee	$4,241	$12,840	**3.0**	***$8,599***
Hip Replacement – Facility Fee	$9,645	$62,570	**6.5**	***$52,925***
			New York	
MRI of Lower Back	$262	$2,294	**8.8**	***$2,032***
Hernia – Facility Fee	$4,631	$11,738	**2.5**	***$7,107***
Hip Replacement – Facility Fee	$18,104	$32,666	**1.8**	***$14,562***
			Seattle	
MRI of Lower Back	$541	$2,738	**5.1**	***$2,197***
Hernia – Facility Fee	$5,510	$13,252	**2.4**	***$7,742***
Hip Replacement – Facility Fee	$15,107	$59,772	**4.0**	***$44,665***


Utilization Benchmarking
60%
50%
40%
30%
20%
10%
0%
% of pts with Procedures
% of pts with high spend
Complication Rate (preliminary)
25th percentile specialists
75th percentile specialists

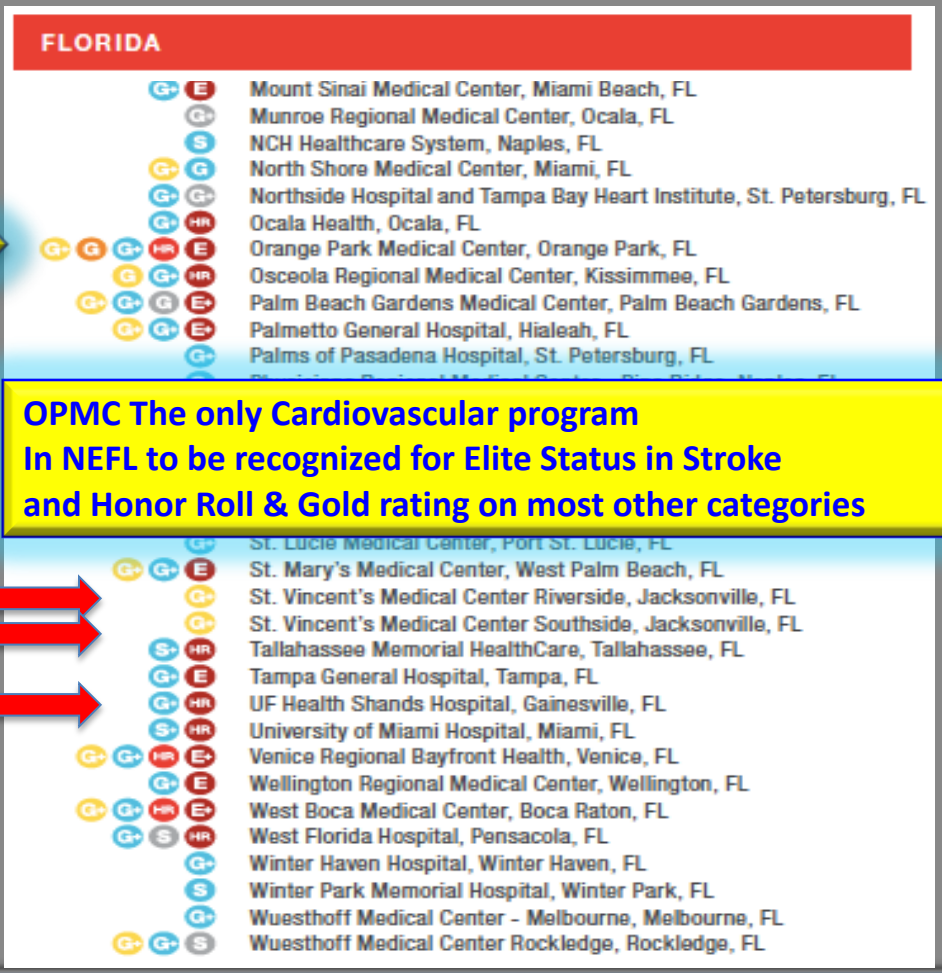
Benchmarking is helpful for marketing

Especially when done by a highly credible organization

First Coast Cardiovascular Institute
at
Orange Park Medical Center

www.firstcoastcardio.com

First Coast Cardiovascular Institute at Orange Park Medical Center



OPMC The only Cardiovascular program
In NEFL to be recognized for Elite Status in Stroke
and Honor Roll & Gold rating on most other categories

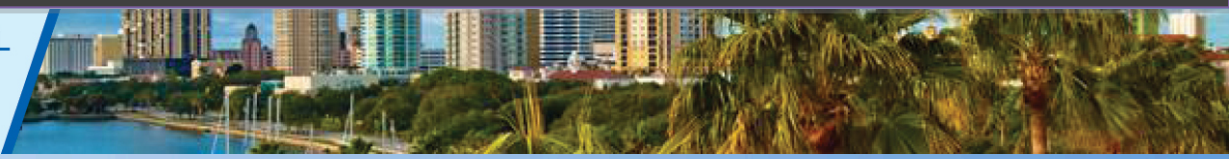
NE FL Hospital

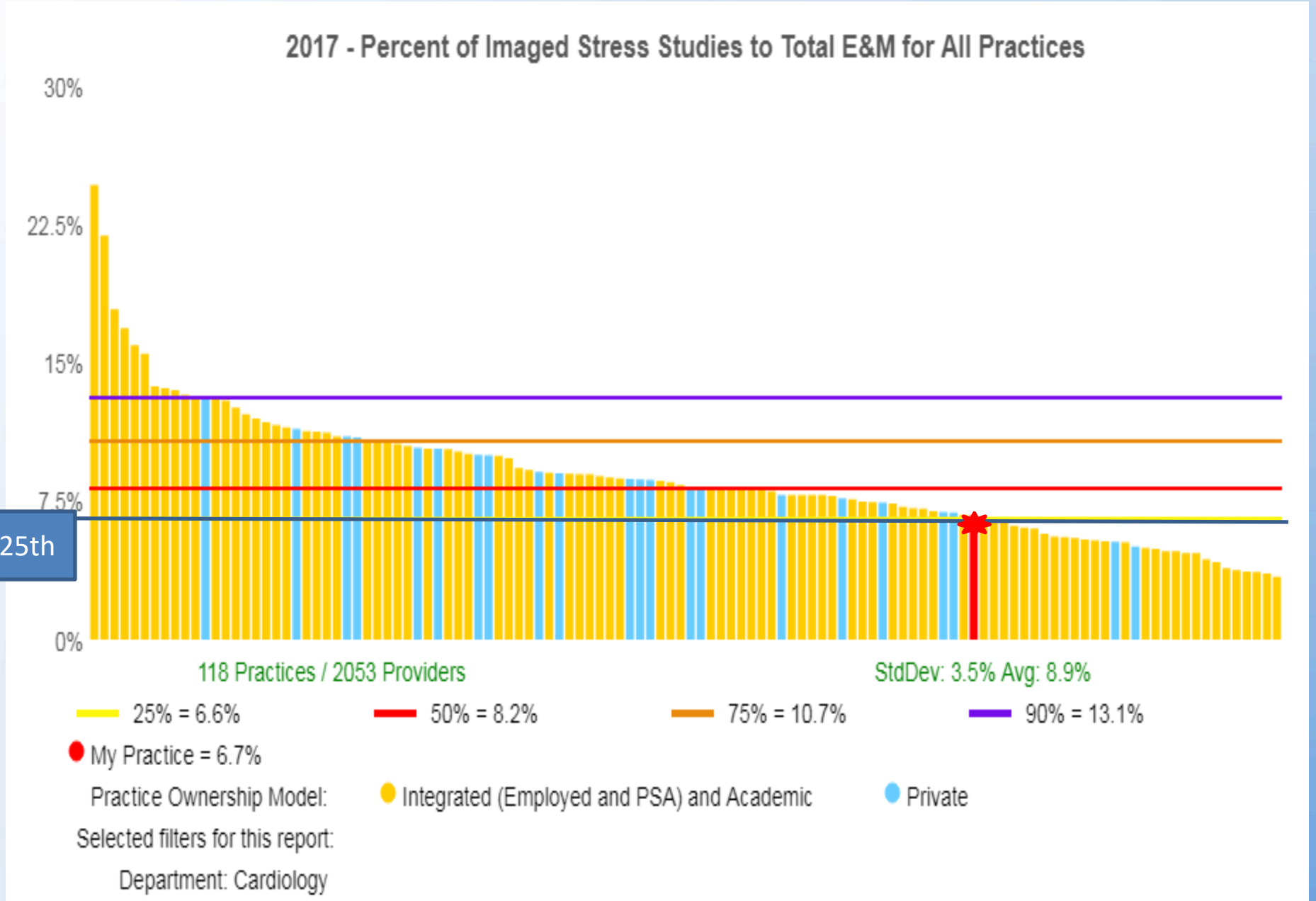
Benchmarking is helpful with payor and ACO discussions and negotiations

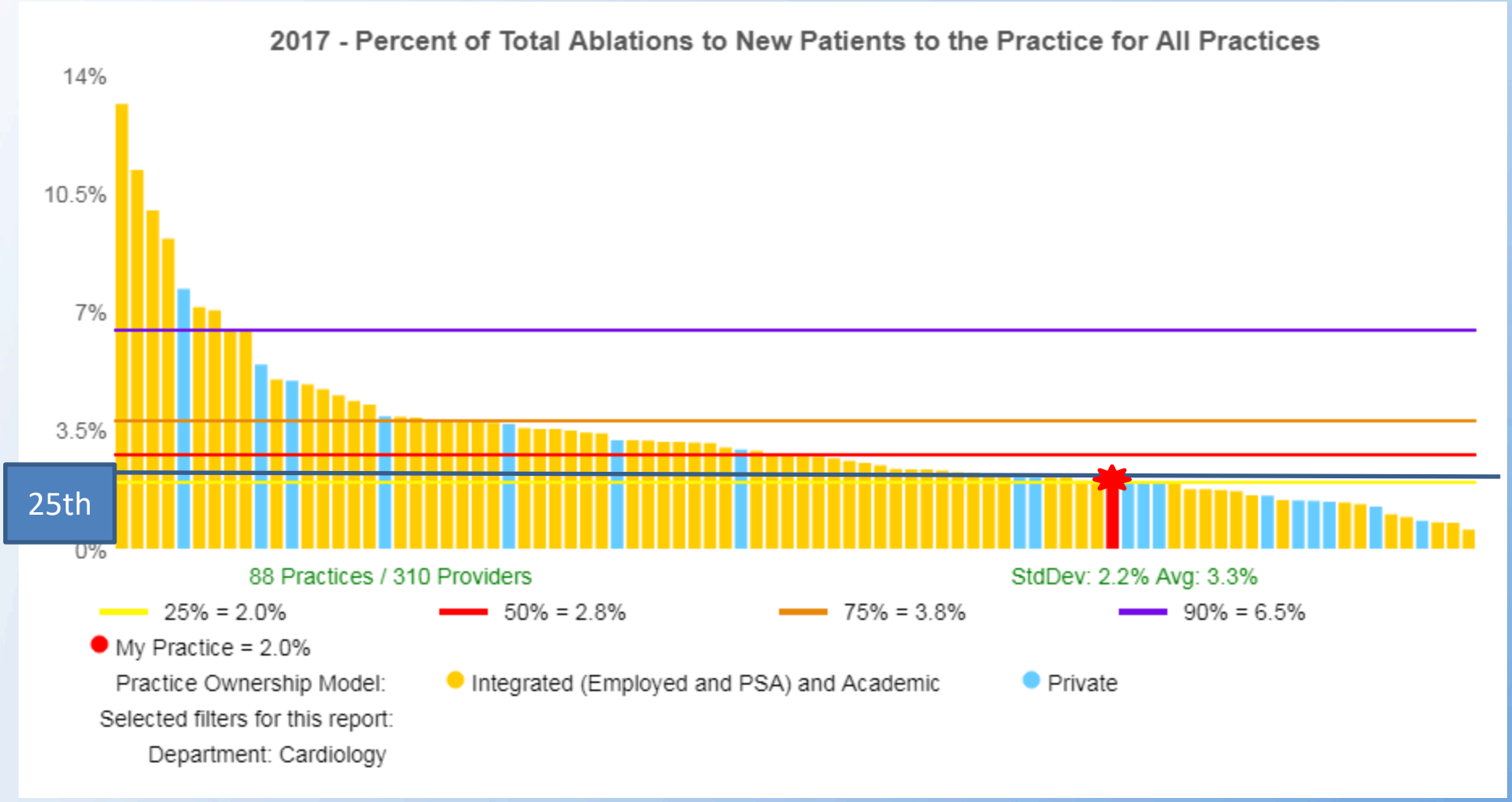
Payors and ACOs assume that you do not know where you stand on utilization

And frequently just come with the one size fits all approach
Of accusing the specialist of overutilizing

If you have your own data, the converstation is more honest




2017 - Percent of Imaged Stress Studies to Total E&M for All Practices
30%
22.5%
15%
7.5%
0%
25th
118 Practices / 2053 Providers
StdDev: 3.5% Avg: 8.9%
25% = 6.6%
50% = 8.2%
75% = 10.7%
90% = 13.1%
My Practice = 6.7%
Practice Ownership Model:
Integrated (Employed and PSA) and Academic
Private
Selected filters for this report:
Department: Cardiology


2017 - Percent of Total Ablations to New Patients to the Practice for All Practices
14%
10.5%
7%
3.5%
0%
25th
88 Practices / 310 Providers
StdDev: 2.2% Avg: 3.3%
25% = 2.0%
50% = 2.8%
75% = 3.8%
90% = 6.5%
My Practice = 2.0%
Practice Ownership Model:
Integrated (Employed and PSA) and Academic
Private
Selected filters for this report:
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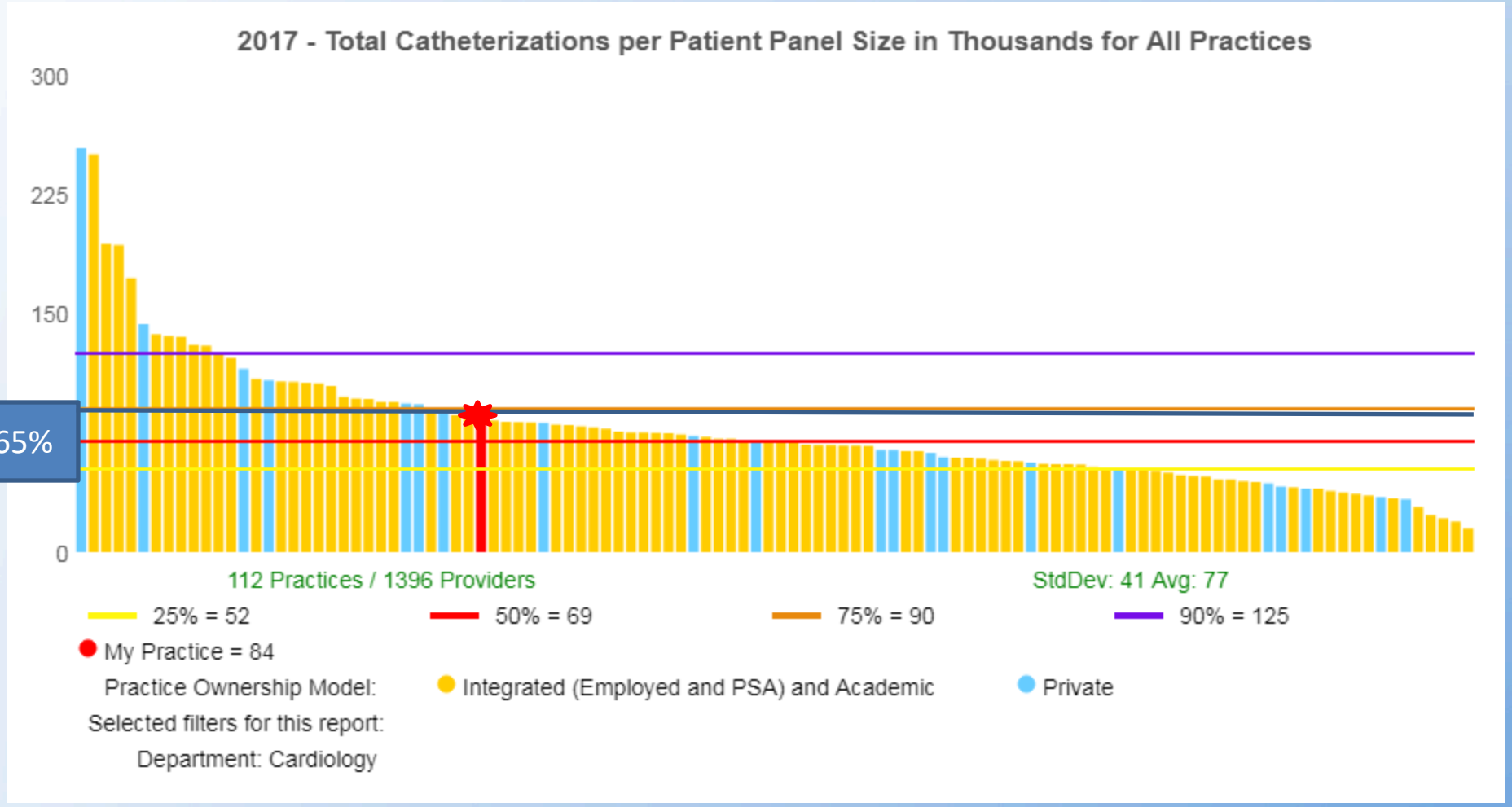

2017 - Total Catheterizations per Patient Panel Size in Thousands for All Practices
300
225
150
0
65%
112 Practices / 1396 Providers
StdDev: 41 Avg: 77
25% = 52
50% = 69
75% = 90
90% = 125
My Practice = 84
Practice Ownership Model:
Integrated (Employed and PSA) and Academic
Private
Selected filters for this report:
Department: Cardiology

Benchmarking is already Happening

If We do not **actively participate** we are bound to be judged with means we did not approve

CMS Quality performance
2017 MIPS Scores

Quality Category:

Highest score : 60/60

- The submission achieved a performance score higher than the 60 quality points allowed for the program.
- Quality Category Score = 48 Points from quality measures + 12 Bonus Points

Advancing Care Information (ACI) Category:

Highest score : 100/100

Improvement Activities (IA) Category:

Highest score : 40/40

MIPS Total Score: 100 Points

- 10% of the MIPS score in 2018 and
- 15% in 2019 will be based on cost.

- Physicians will be either incented or mandated into BUNDLED Payments Participation

- Giving the Right care in The Right Setting for the lowest cost will be a mandate Very SOON

How will you know though

Where do you stand ??

QRUR

What you …

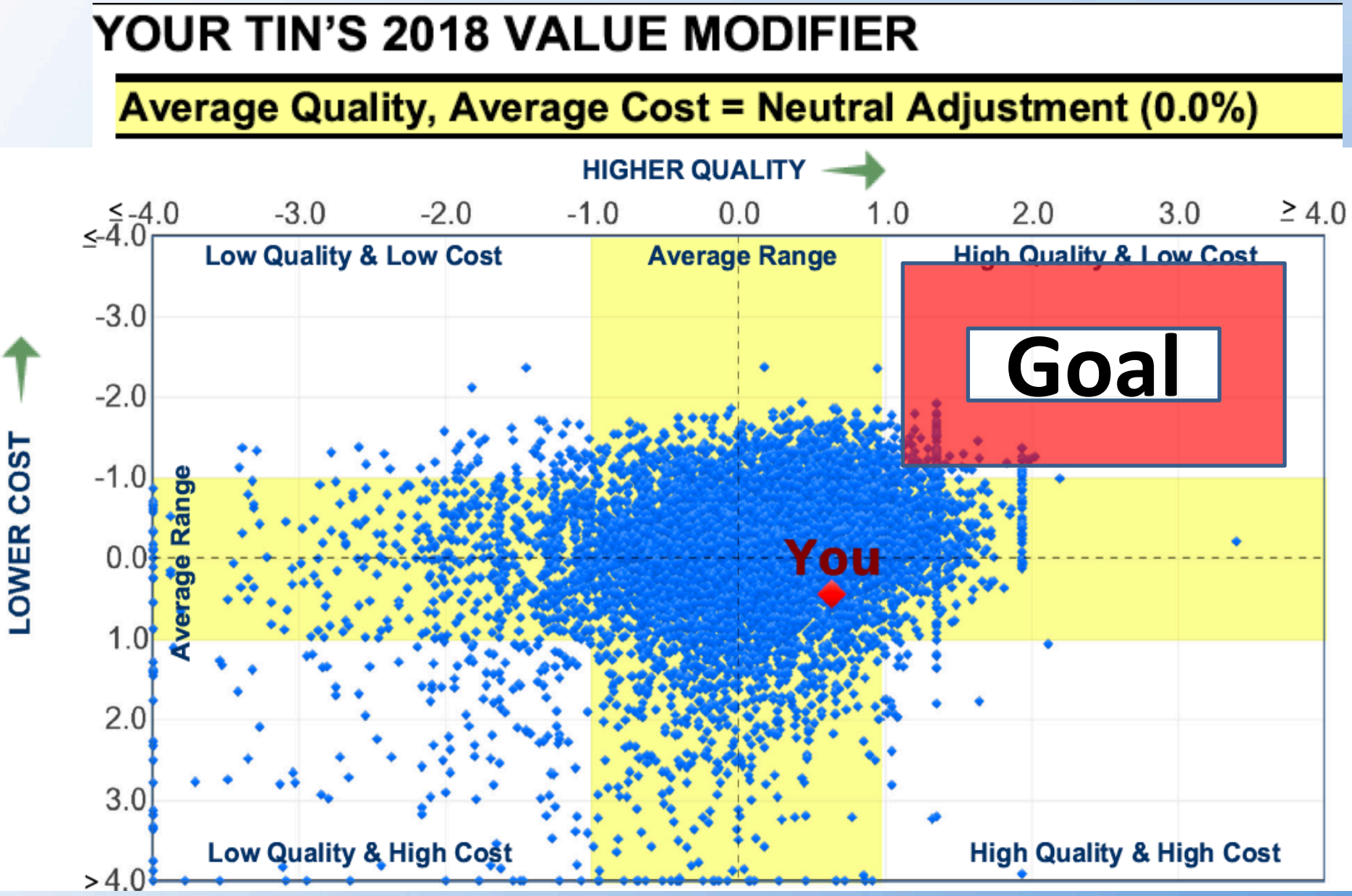
And

<u>more importantly your referring doctor</u> will see

on an annual basis

From Medicare

QRUR


YOUR TIN'S 2018 VALUE MODIFIER
Average Quality, Average Cost = Neutral Adjustment (0.0%)
HIGHER QUALITY
LOWER COST
≤ -4.0
-3.0
-2.0
-1.0
0.0
1.0
2.0
3.0
≥ 4.0
Low Quality & Low Cost
Average Range
High Quality & Low Cost
Average Range
Goal
You
Low Quality & High Cost
High Quality & High Cost

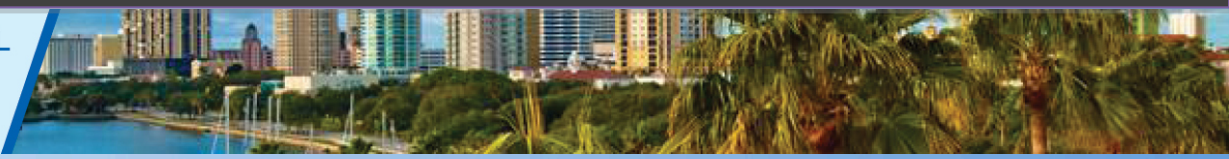
- Simply this equals =

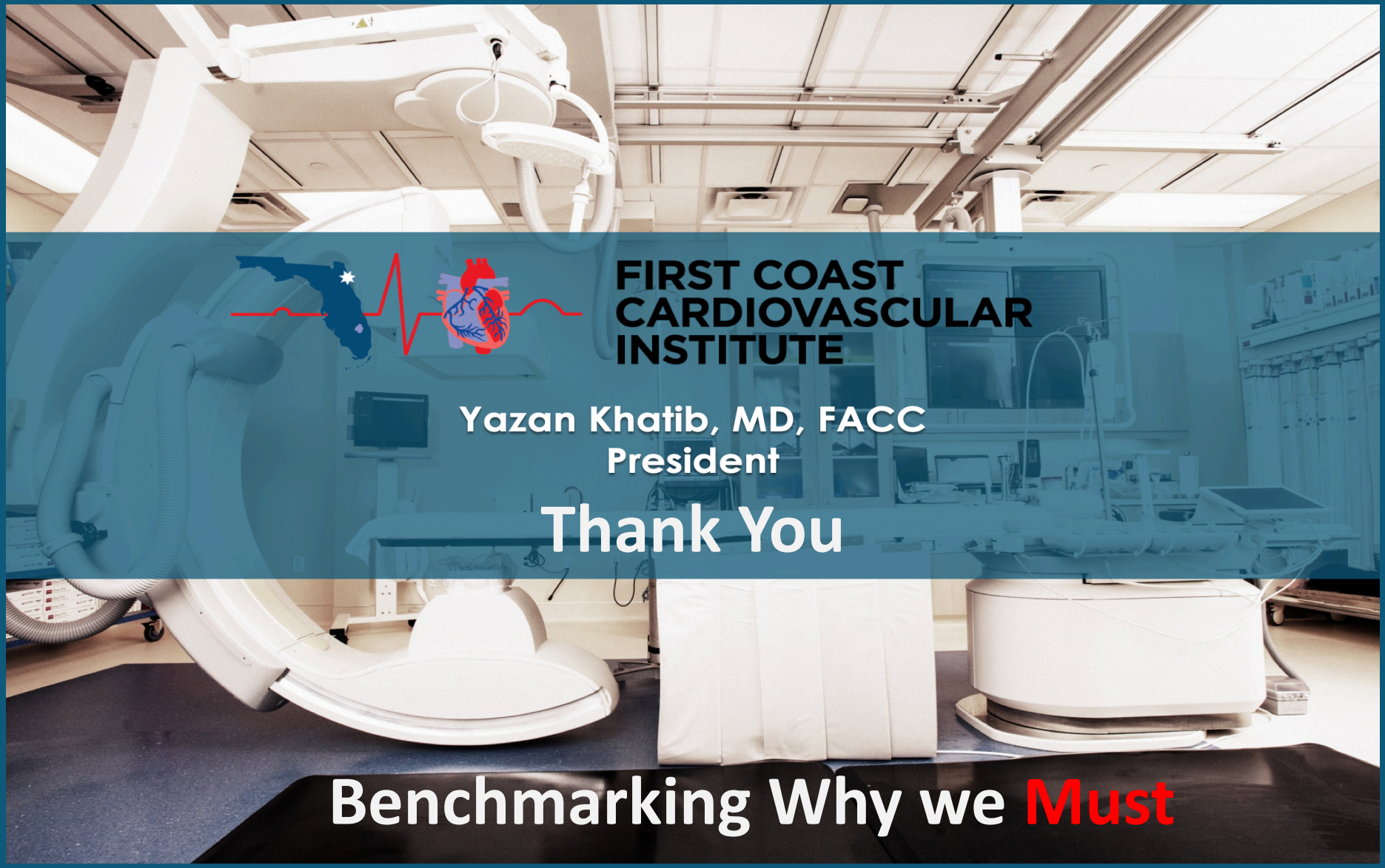
- Cost per episode of care & per year /
  - How Sick the patient is =

- How much hospital & expensive procedure spend /
  - how specific ICD 10 code was

Summary

- Benchmarking is already happening by CMS and The Commercial Payors
- Leading to higher or lower fee schedule with Medicare through MIPS
- Leading to inclusion or exclusion from Commercial Payor Networks
- High Quality is important but not adequate
- Successful Practices should strive to be in the 25th percentile preferred specialist.
- Independence from the hospital yields value only if coupled with responsible utilization, especially in the Medicare advantage beneficiaries
- **Call to action Join OEIS to enable our own benchmarking. In a data driven era we must own our own benchmarking data.**





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