

FIRST COAST CARDIOVASCULAR INSTITUTE

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Benchmarking What & Why

www.firstcoastcardio.com | 904.493.3333



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 Population level

Benchmarking

The Scale with which Value is measured



Why???

- Because resources are limited
- And getting more limited

How

Independent Credible Body

Collects uniform datasets from different stake holders

Willing Practices Submitting

Reliably collectable data



Demographics	D-RAF	HCC – limited specificity	D-RAF + HCC-RAF	HCC – full specificity	D-RAF + HCC-RAF
82 y/o Woman	0.557	82 y/o Woman	0.557	82 y/o Woman	0.557
Medicaid eligible	0.179	Medicaid eligible	0.179	Medicaid eligible	0.179
		Diabetes: no manifestations	0.188	Diabetes: vascular manifestations	0.368
		Vascular disease; no complications	0.299	Vascular disease with complications	0.410
		CHF not coded		CHF	0.368
		No disease interaction		Disease interaction = Bonus factor (DM/CHF)	0.182
Total RAF score	0.736		1.153		2.064
PMPM payment	\$454		\$745		\$1,383
Approx. amount available for care	\$5,500		\$8,900		\$16,600

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

Becoming Much More Proactive on finding the Best Value

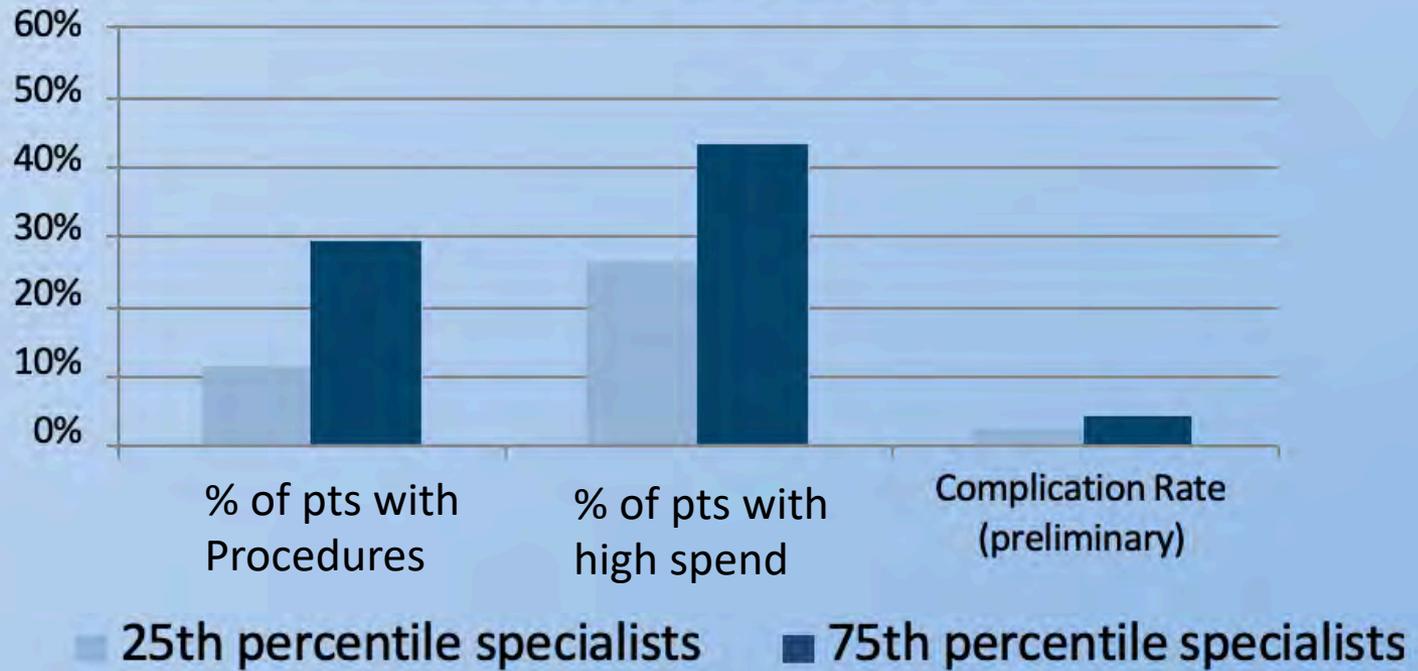
Growing activity in the self-insured employer market

- Wal-Mart -→>> EMBOLD HEALTH
- GE
- Lowe's
- Amazon – Berkshire Hathaway – JP Morgan

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

Utilization Benchmarking



Manage for Value

	Lo price	Hi Price	Hi/Lo Ratio	Hi-Lo Diff
Boston				
Healthcare Event				
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

First Coast Cardiovascular Institute
at
Orange Park Medical Center



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FLORIDA		
G+	E	Mount Sinai Medical Center, Miami Beach, FL
G+		Munroe Regional Medical Center, Ocala, FL
S		NCH Healthcare System, Naples, FL
G+	G	North Shore Medical Center, Miami, FL
G+	G+	Northside Hospital and Tampa Bay Heart Institute, St. Petersburg, FL
G+	HR	Ocala Health, Ocala, FL
G+	G	Orange Park Medical Center, Orange Park, FL
G	G+	Osceola Regional Medical Center, Kissimmee, FL
G+	G	Palm Beach Gardens Medical Center, Palm Beach Gardens, FL
G+	G+	Palmetto General Hospital, Hialeah, FL
G+	G+	Palms of Pasadena Hospital, St. Petersburg, FL



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



G+	G+	St. Lucie Medical Center, Port St. Lucie, FL
G+	E	St. Mary's Medical Center, West Palm Beach, FL
G+		St. Vincent's Medical Center Riverside, Jacksonville, FL
G+		St. Vincent's Medical Center Southside, Jacksonville, FL
S+	HR	Tallahassee Memorial HealthCare, Tallahassee, FL
G+	E	Tampa General Hospital, Tampa, FL
G+	HR	UF Health Shands Hospital, Gainesville, FL
S+	HR	University of Miami Hospital, Miami, FL
G+	G+	Venice Regional Bayfront Health, Venice, FL
G+	E	Wellington Regional Medical Center, Wellington, FL
G+	G+	West Boca Medical Center, Boca Raton, FL
G+	E	West Florida Hospital, Pensacola, FL
G+		Winter Haven Hospital, Winter Haven, FL
S		Winter Park Memorial Hospital, Winter Park, FL
G+		Wuesthoff Medical Center - Melbourne, Melbourne, FL
G+	S	Wuesthoff Medical Center Rockledge, Rockledge, FL

NE FL Hospital

Benchmarking is helpful with payor and ACO discussions and negotiations

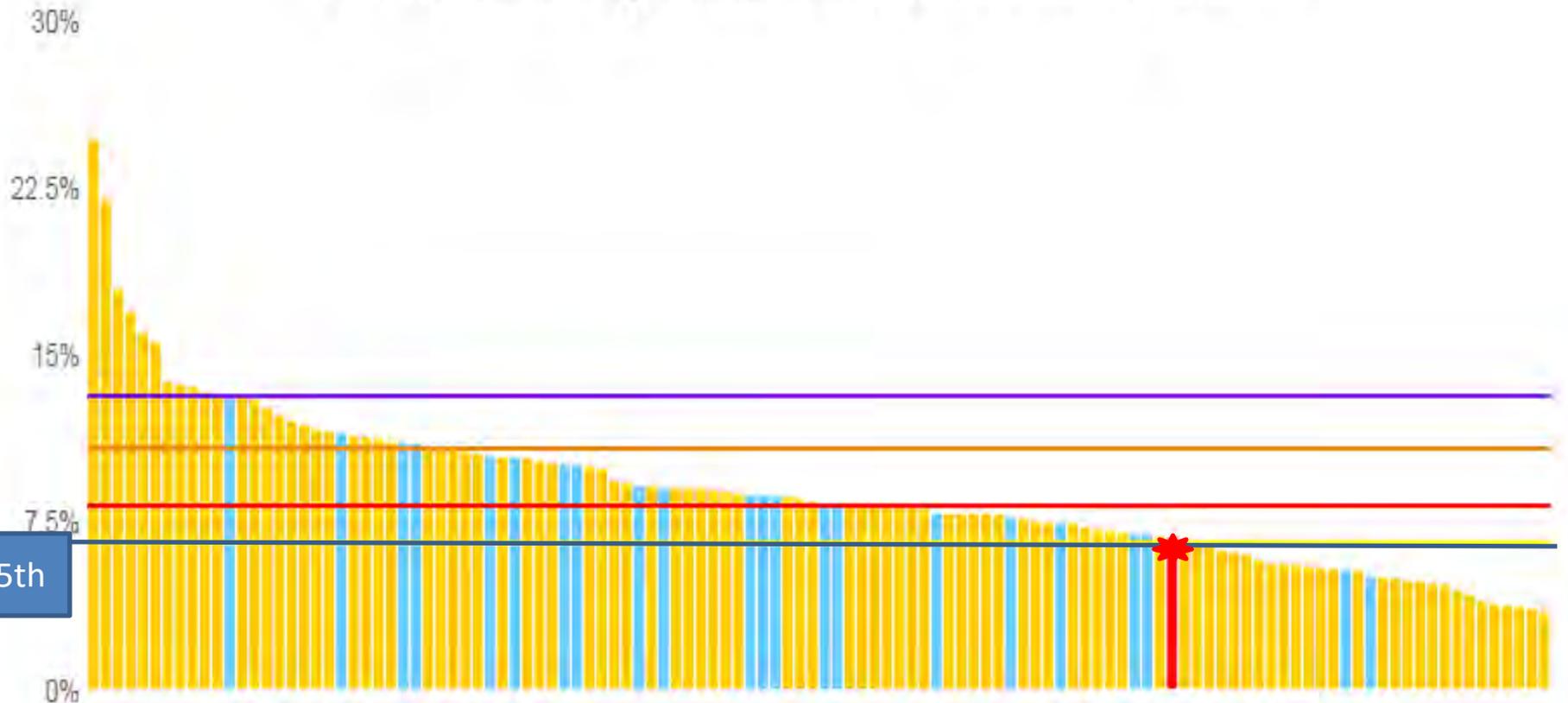
Payors and ACOs assume that you do not know where you stand on utilization

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

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



2017 - Percent of Imaged Stress Studies to Total E&M for All Practices



118 Practices / 2053 Providers

StdDev: 3.5% Avg: 8.9%

25% = 6.6% 50% = 8.2% 75% = 10.7% 90% = 13.1%

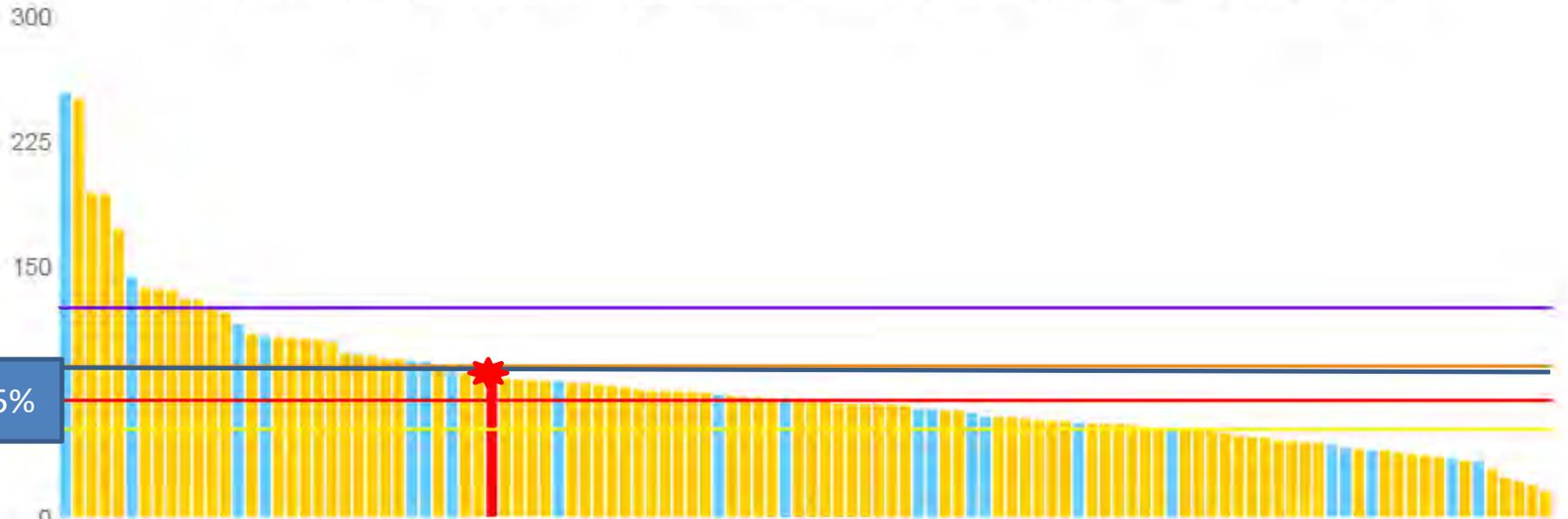
● My Practice = 6.7%

Practice Ownership Model: ● Integrated (Employed and PSA) and Academic ● Private

Selected filters for this report:

Department: Cardiology

2017 - Total Catheterizations per Patient Panel Size in Thousands for All Practices



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

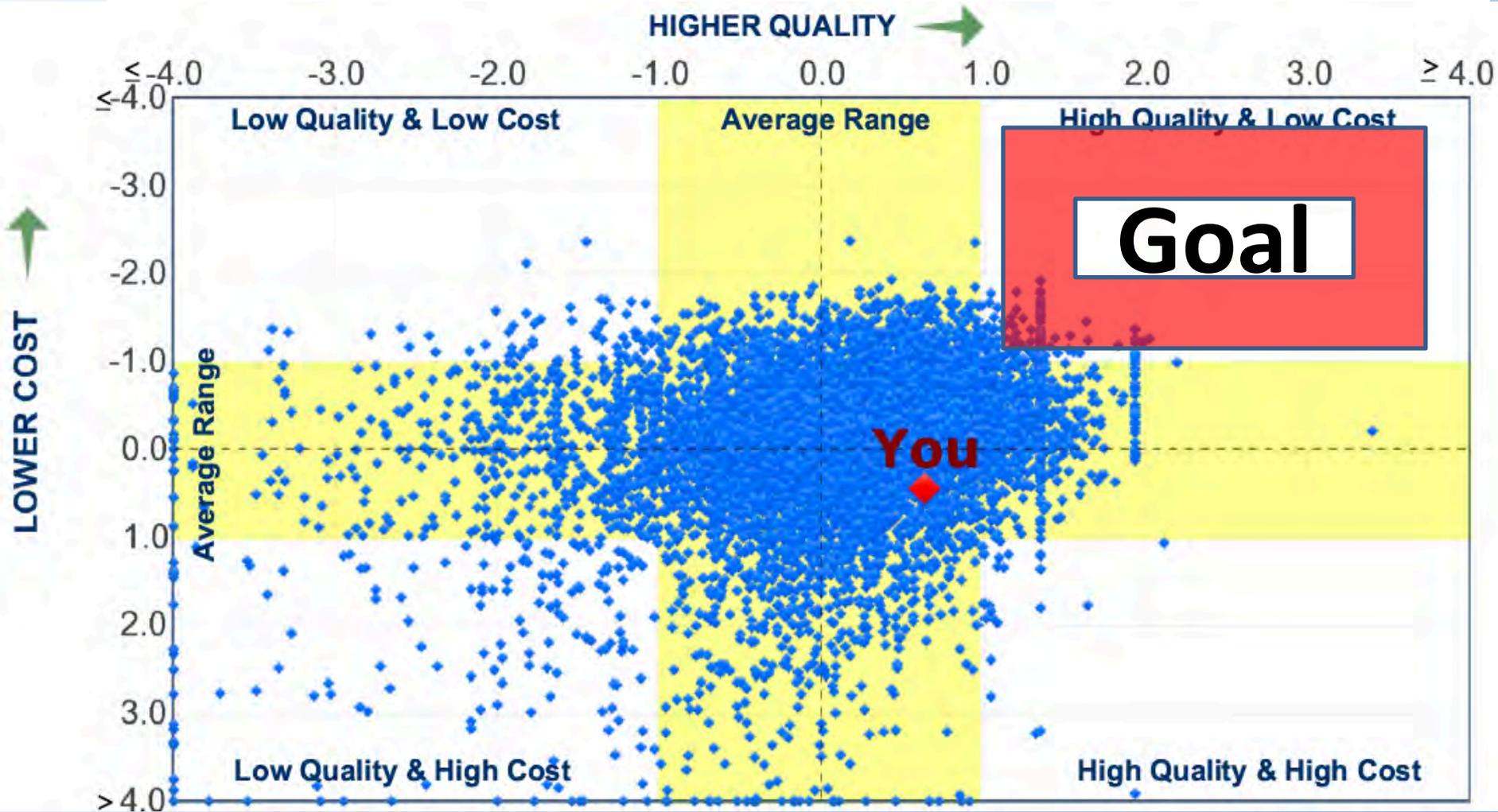
If We do not **actively participate** we are bound to be judged with means we did not approve



QRUR

YOUR TIN'S 2018 VALUE MODIFIER

Average Quality, Average Cost = Neutral Adjustment (0.0%)

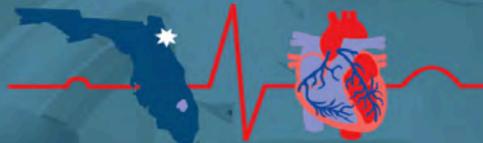


- Simply this equals =
 - Cost per episode of care & per year /
 - **How Sick the patient is =**
- How much hospital & expensive procedure spend /
 - **how specific ICD 10 code was**

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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Thank You

Benchmarking Why we **Must**

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