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Value-based Care and the Geriatric ED

Expert Panel Webinar

Monday, August 8, 2022

3:00–4:00 EST

Moderated by:



Don Melady, MD, MSc(Ed)

Emergency Physician

Mount Sinai Hospital, Toronto, Canada

GEDC Faculty

EXPERT PANEL



Megan Donovan, MBA

Principal Consultant,

Megan Donovan Consulting LLC



Kevin Biese, MD, MAT

Emergency Physician

University of North Carolina

West Health Consultant



Adam Perry, MD

Geriatrician and Community ED Physician

Regional Medical Director, Dispatch Health

What would be helpful to you to get complex older patients home from the ED without admission?

Options for patients that don't have a medical need for admission but are not safe to go back home without assistance

Thorough screening and referrals at ED

Multidisciplinary acute care follow-up at the home, for example, Hospital in Home programs

Concise discharge planning

Doctors who specialize in Geriatrics in the ED

In-house resources: Social work, PT, Geriatric consults

Pre-discharge linkage to social services

Access to robust transparent home health services

How to establish a safe discharge to home health services



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Our Vision

A world where all emergency departments provide the highest quality of care for older patients

Our Mission

We bring best practice into action.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

GEDC Partners

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Partnership

GEDC Partners work together to transform ED care of older adults; catalyze action at local and national levels to support these care transformations; and evaluate the impact of these new models of care for older people.

Join the GEDC

- Access to GEDC community
- Share best Geri ED practices
- Access to education tools
- Implementation tools and training
- Evaluation resources

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Value-based Care and the Geriatric ED

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The Geriatric Emergency Department Collaborative
August 8, 2022

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What question do you have for our panelists?



Does your health care system participate in value-based care contracting?



Meet Your Expert Panel



Megan Donovan, MBA



Kevin Biese, MD, MAT



Adam Perry, MD

Value-based care in the real world

You're working in your local ED.

Mrs. Cado has had a fall and has broken her wrist. She lives independently but uses a walker for mobility

Two possibilities:

1. Emerg doc: "let's just admit her and they'll figure out what to do with her upstairs."
2. Mrs. Cado: "Can you call my primary care team? They told me I was supposed to do that. The number is in my purse."



Value Based Care: An Overview

Megan Donovan
MBA



What is Value-Based Care?

Value-Based Care is a healthcare reimbursement model that is based on **quality** of care rather than **quantity** of care.

When did the idea of Value-Based Care begin?

2006

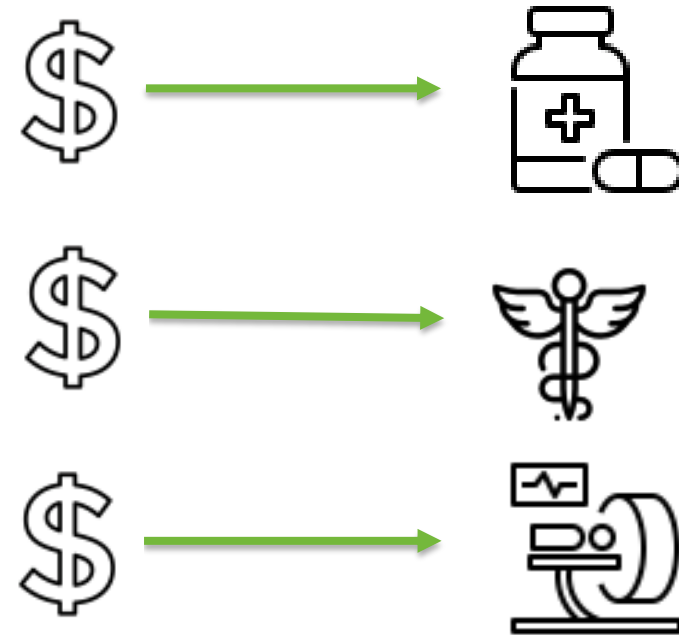
Michael Porter and Elizabeth Teisberg introduced the phrase “value-based care” in their book, *Redefining Health Care*.

They argued that healthcare systems should be organized in a way that compensates providers for delivering value to patients.

Fee-for-Service is the traditional reimbursement model for doctors and hospitals

FEE FOR SERVICE

Care	Quantity
Payment	Tied to the amount of services provided
Incentivizes	Utilization of healthcare services, such as MRIs, ultrasounds, hospital admissions, etc.



Value-Based Care is a fundamentally different reimbursement model from Fee-for-Service.

VALUE BASED CARE

Care	Quality
Payment	Tied to positive patient outcomes
Incentivizes	Reducing spending; decrease avoidable hospitalizations; increase outpatient resources



Why Value-Based Care?



The U.S. aging population has grown by over a third (34.2%, 13,787,044) since 2010.¹²

As of 2014, 60% of American adults had at least one chronic condition and 42% had more than one.¹³

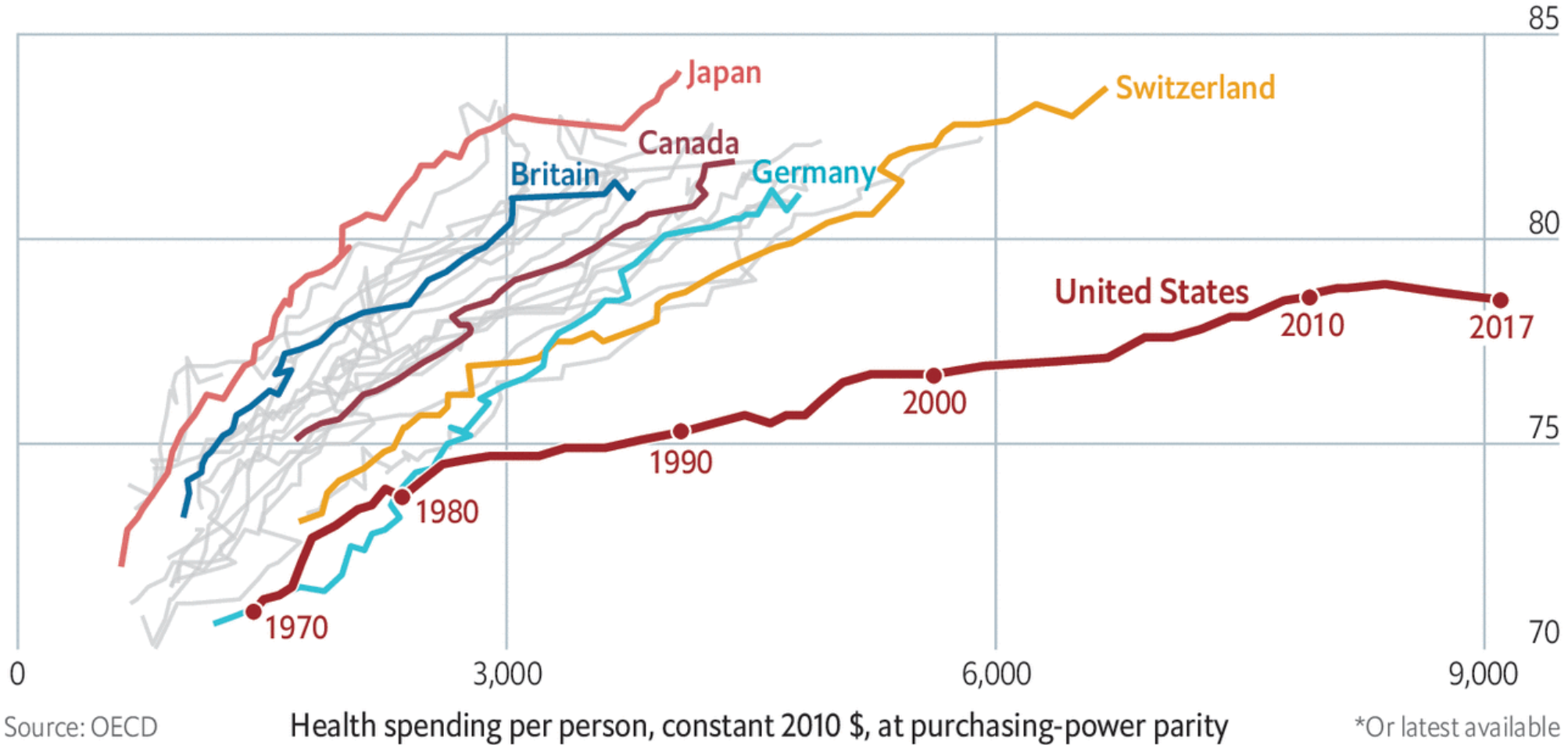
90% of the nation's \$4.1 trillion in annual health care expenditures are for people with chronic and mental health conditions.¹⁴

High cost does not lead to better outcomes.

The U.S. does less with more.

Health spending and life expectancy, 1970-2017*, selected OECD countries

Life expectancy at birth, years



Source: OECD

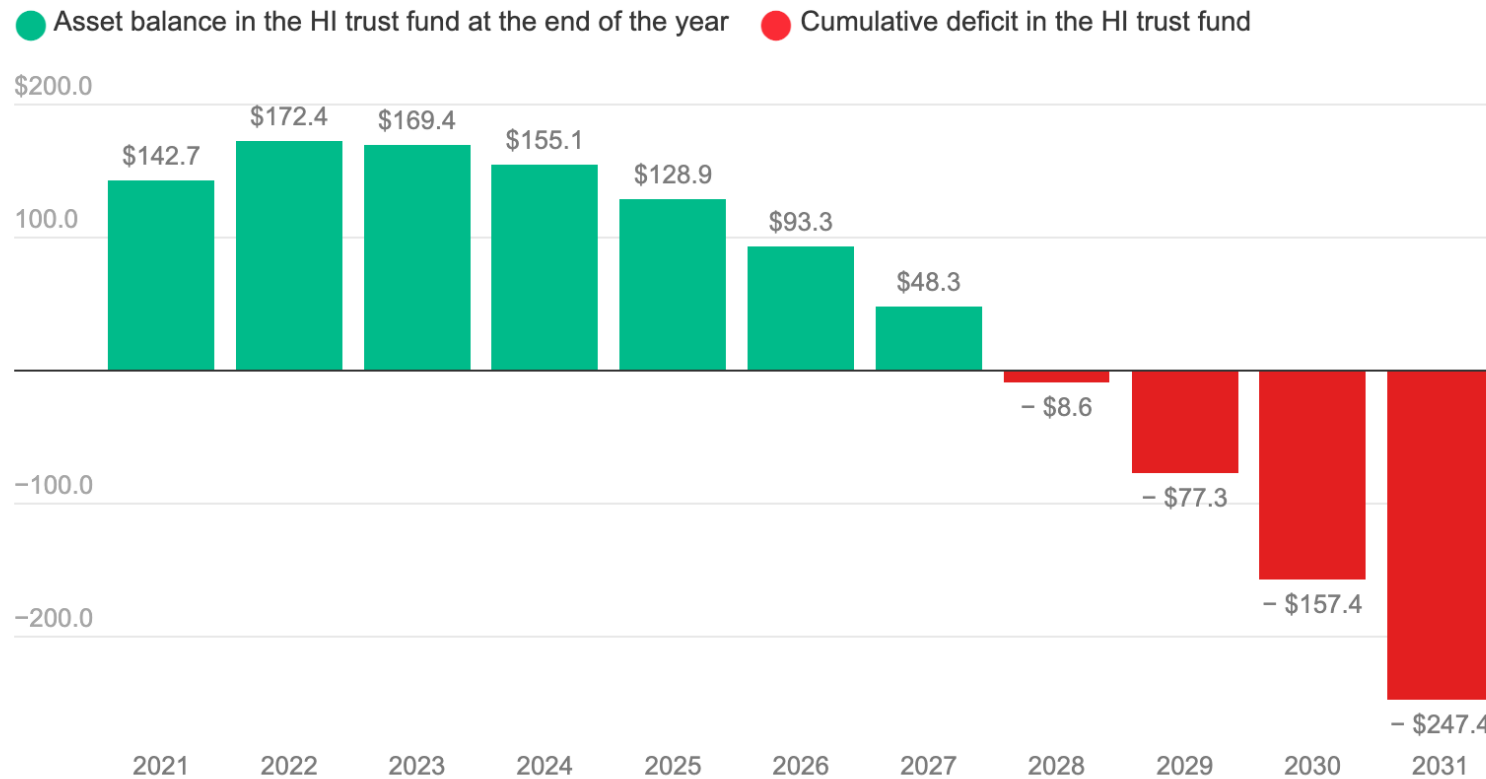
Health spending per person, constant 2010 \$, at purchasing-power parity

*Or latest available

High cost is not sustainable for Medicare, the U.S. insurance program for people >65

Figure 5

Based on Medicare Trustees' Projections, the Cumulative Deficit in the Medicare Hospital Insurance Trust Fund Totals \$247 Billion Between 2028 and 2031



NOTE: HI is Hospital Insurance. Amounts in billions. Actual data for 2021 and projected data for 2022-2031.

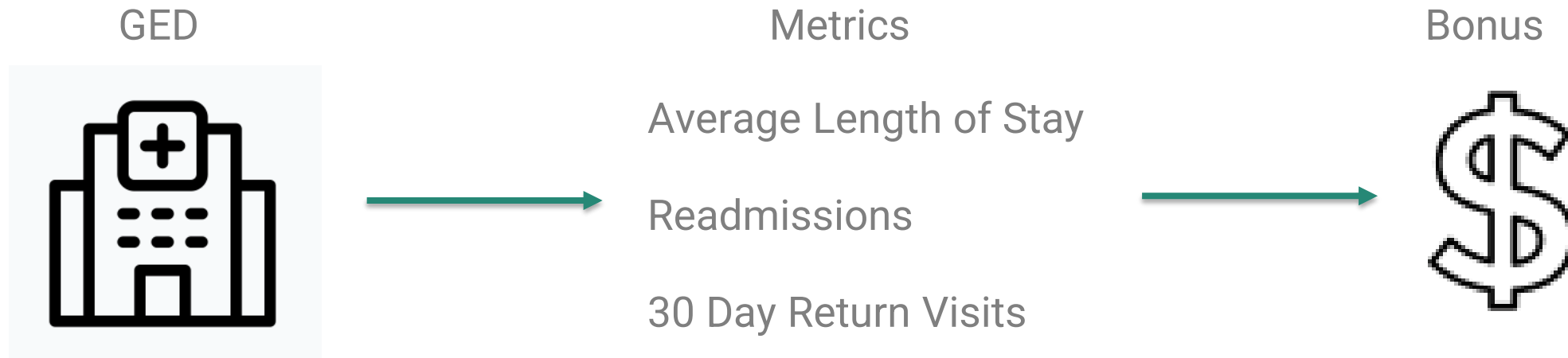
SOURCE: KFF analysis of data from the 2022 Annual Report of the Boards of Trustees, Federal Hospital Insurance and Federal Supplementary Medical Trust Funds, June 2022. • PNG

KFF

There are four main types of Value-Based Care payment models.

PERFORMANCE-BASED PAYMENT

Payment based on achievement of certain quality metrics or completion of specific activities.



There are four main types of Value-Based Care payment models.

BUNDLED PAYMENT

Instead of paying for each individual service, (such as a hospital stay, an office visit, physical therapy), payments are lumped together (i.e., “bundled”)

Hip Replacement



Related Healthcare Services



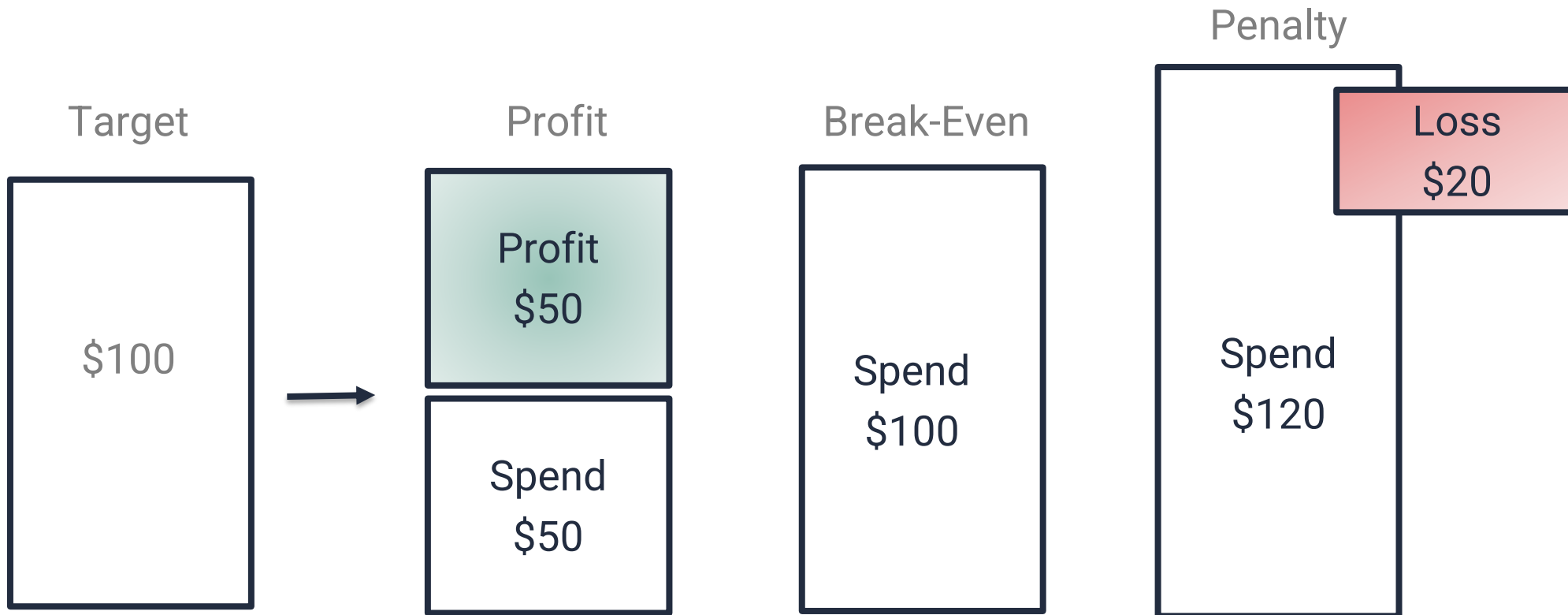
Bundled Payment



There are four main types of Value-Based Care payment models.

SHARED SAVINGS & RISK

Provider organization paid using the traditional fee-for-service model but at year's end, total spending is compared against a target. If spending is below target, provider keeps the difference. If spending is above the target, provider must pay a penalty.



There are four main types of Value-Based Care payment models.

CAPITATION

Provider organization receives a fixed payment (i.e., “per member, per month”), intended to pay for all individuals' care, regardless of what healthcare services they use.

Patient Population



Per Member
Per Month
of \$3,000



Mr. Smith



Mrs. Smith

- Calls 911
- Ambulance Ride
- Long ED LOS
- Delirium
- Admitted, CAUTI
- Skilled Nursing Facility

\$10,000

- Calls Primary Care Team
- Geri ED Telehealth Consult
- Pharmacy Delivery
- Home health Visit

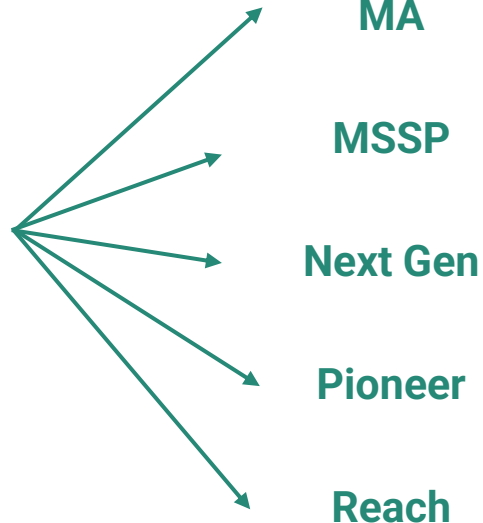
\$2,500

Value-Based Care is an overarching goal that can be implemented in two primary ways.



ACCOUNTABLE CARE ORGANIZATIONS

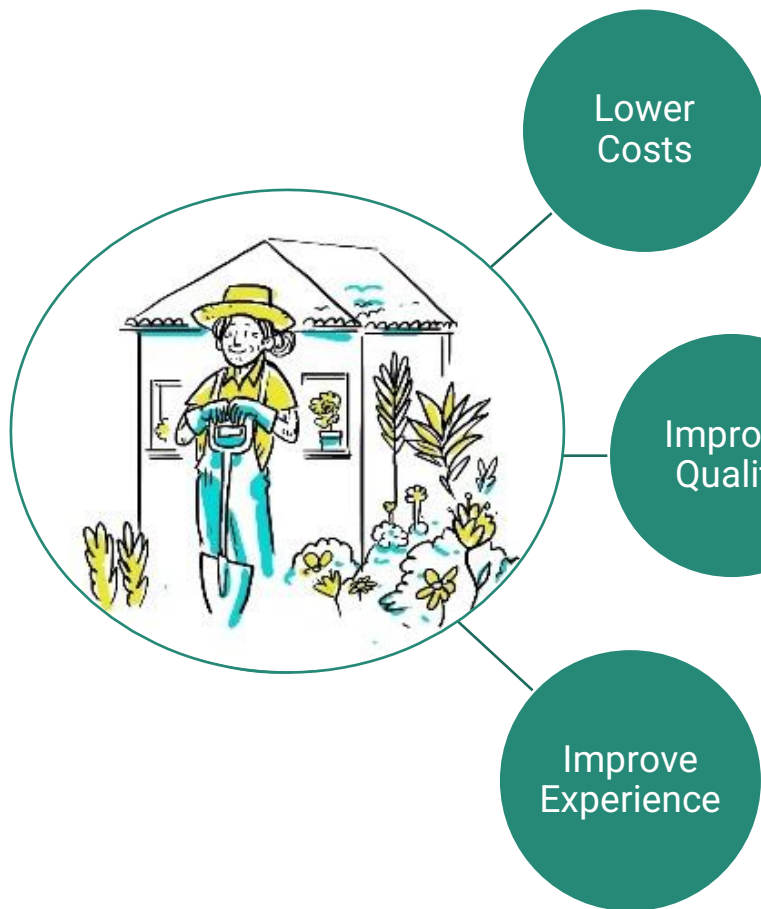
Groups of healthcare organizations, physicians and other providers that work together in a network. Often created by the federal government.



MEDICAL HOME

A care delivery model in which patient care is provided through a primary care physician.

Geriatric Emergency Departments and VBC organizations are working towards the same goals.



Lower Costs

Up to 16.5% reduced risk of hospital admission⁶ and 17.3% of readmission⁷

\$3,202 savings per Medicare beneficiary after 60 days⁸

Improve Quality

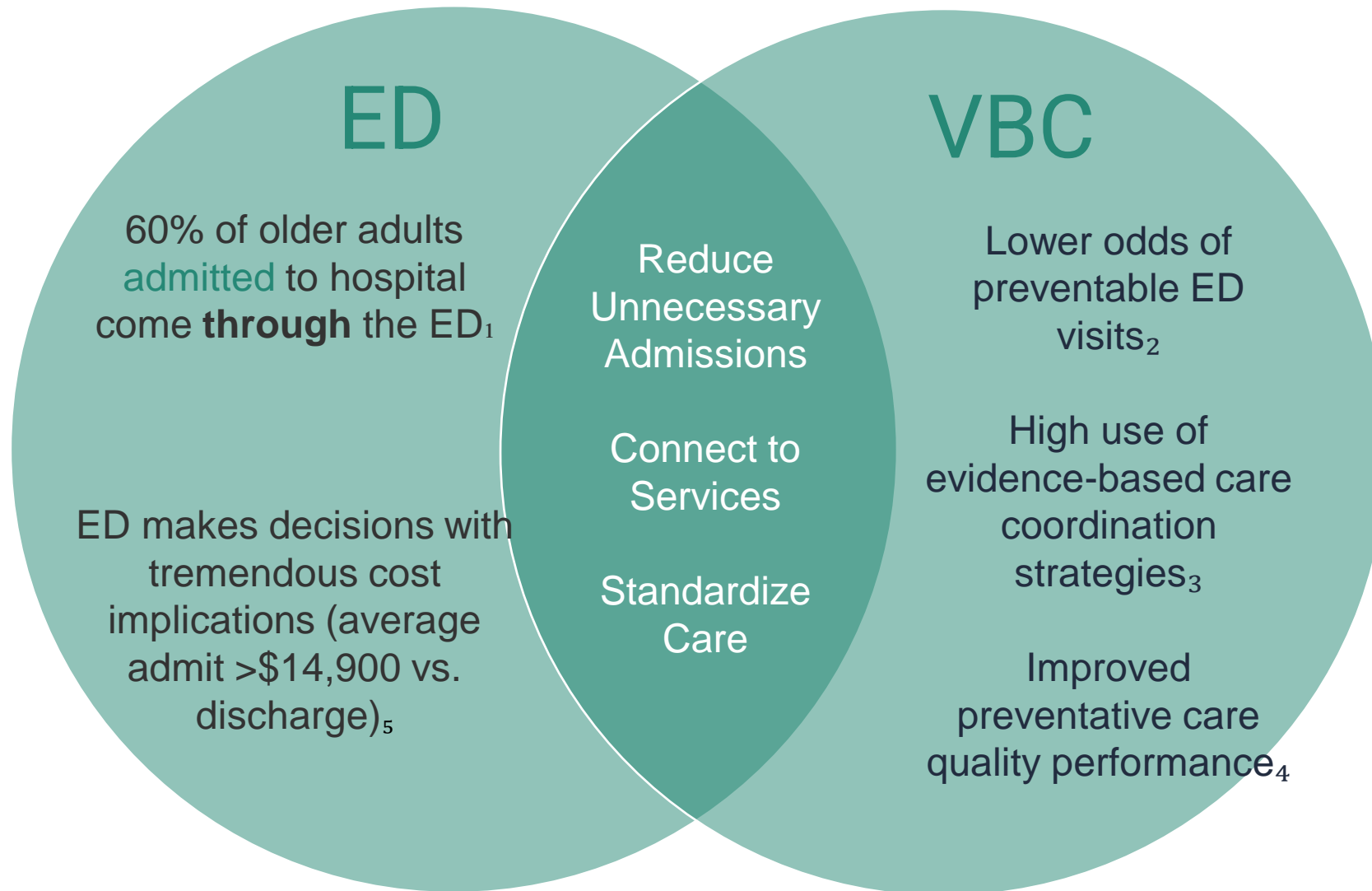
Decreased odds of 30- and 60-day fall-related ED revisit with PT services⁹

Improve Experience

87.3% satisfaction with the clarity of discharge information and perceived wellbeing¹⁰

21 studies showcasing improved experience across a variety of interventions¹¹

One role of the ED in VBC is to reduce *unnecessary* admissions.



How will the move towards VBC impact you as an ED clinician?

1. Growing pressure to not admit
2. Discharge to alternative settings of care
3. Work in multidisciplinary teams
4. Identify VBC beneficiaries & collaborate
5. Reorient physician and hospital compensation

< Regs & Eggs



May 19, 2022



NEW BLOG SERIES: Value based Care in Emergency Medicine-- an Overview

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Emergency Department Care Transition Programs—Value-Based Care Interventions That Need System-Level Support

Kevin Biese, MD, MAT^{1,2}; Timothy A. Lash, MBA^{2,3}; Maura Kennedy, MD, MPH⁴

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Emergency Department Care Transition Programs—Value-Based Care Interventions That Need System-Level Support

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Main Messages



Value-based care is an increasingly important part of how healthcare is delivered – including in the ED.



There are four main models of Value-based care: performance-based payment; bundled payment; shared savings and risk; capitation.



EDs need to find their value-based care partners and establish strategies for easy connectivity.

**Any change in healthcare requires leadership and advocacy.
This is your time to lead!**

Creating a Geriatric Emergency Department

A Practical Guide

John G. Schumacher and Don Melady



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Q & A

Ask your questions
in the CHAT

We will try to get to everyone



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