SHSMD25 CONNECTIONS
Health Care Strategy & Market Development
October 12-14 ★ Dallas

Preparing for Value-Based Care:

Advancing the Definition of Patient Population

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Anne Ponsor, Manager of Data & Analytics for Strategic Planning, MaineHealth

AHA Events

Agenda and Learning Objectives

Agenda

- Introduction to Value-Based Care
- Case Vignettes
- Applications (breakout groups)
- Case Study:
  - MaineHealth Strategic Planning
  - Uncovering Data
- Key Takeaways

Learning Objectives

- Understand how value-based care arrangements influence care.
- Identify opportunities, risks and benefits of expanding care based on participant's system/organizational structure.
- Learn how to identify new or expanded populations suitable for value-based care arrangements, considering specialty, disease state or level of care.
- Know which specialties and locations of service represent key starting places to implement new strategies, including tactics to get started and finding willing service line/specialty partners.

Carol

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Introduction to Value-Based Care

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U.S. healthcare is twice as expensive than peer countries . . .

Source: https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries

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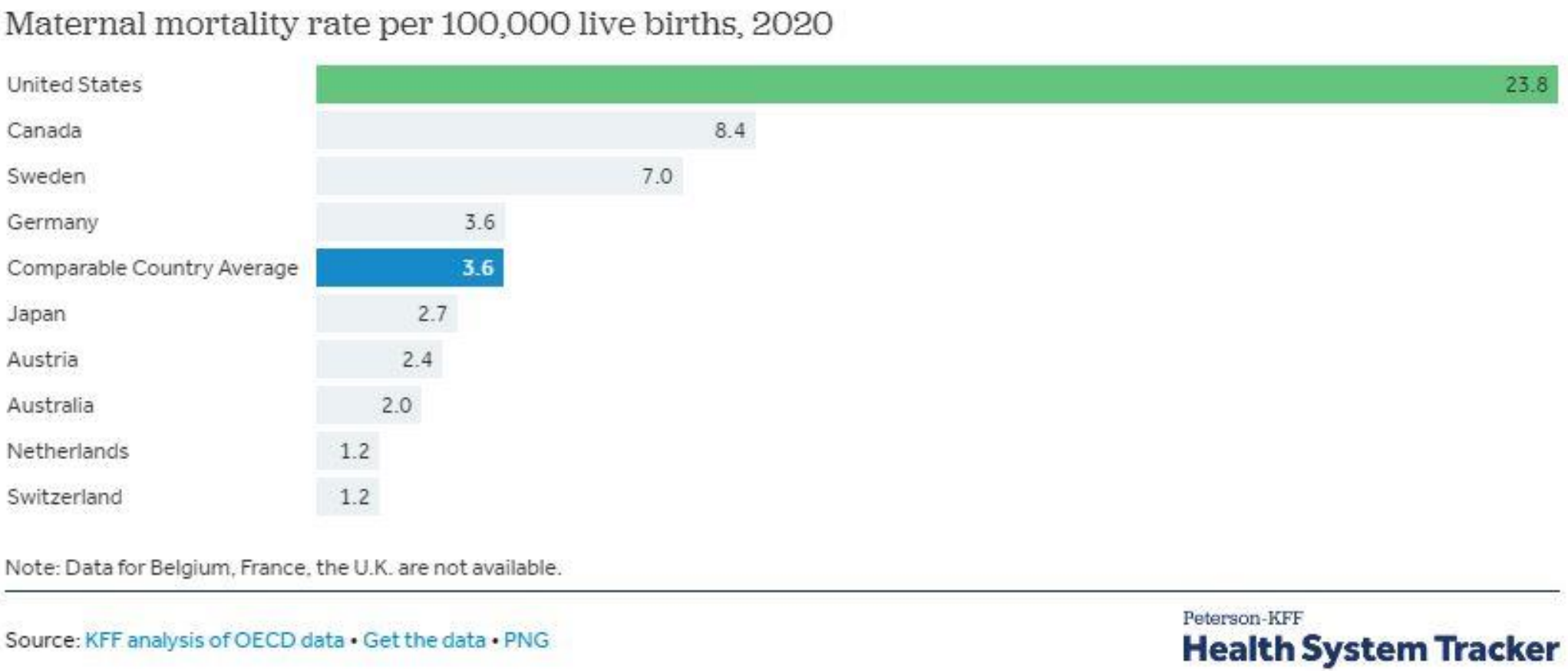
. . . and our outcomes are often worse



Source: https://www.healthsystemtracker.org/chart-collection/quality-u-s-healthcare-system-compare-countries

Carol’s journey in the traditional medical system

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Our Working Definition

Value-Based Care is a spectrum of health care delivery models designed to realign financial incentives and other aspects of the health care system to hold providers accountable for improving patient outcomes while giving them greater flexibility to deliver the right care at the right time.

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Key Concept: The Value Equation

$$V = \frac{Q}{\$}$$

New Priorities Emerge

DISEASE PREVENTION

PRIMARY CARE

POPULATION HEALTH

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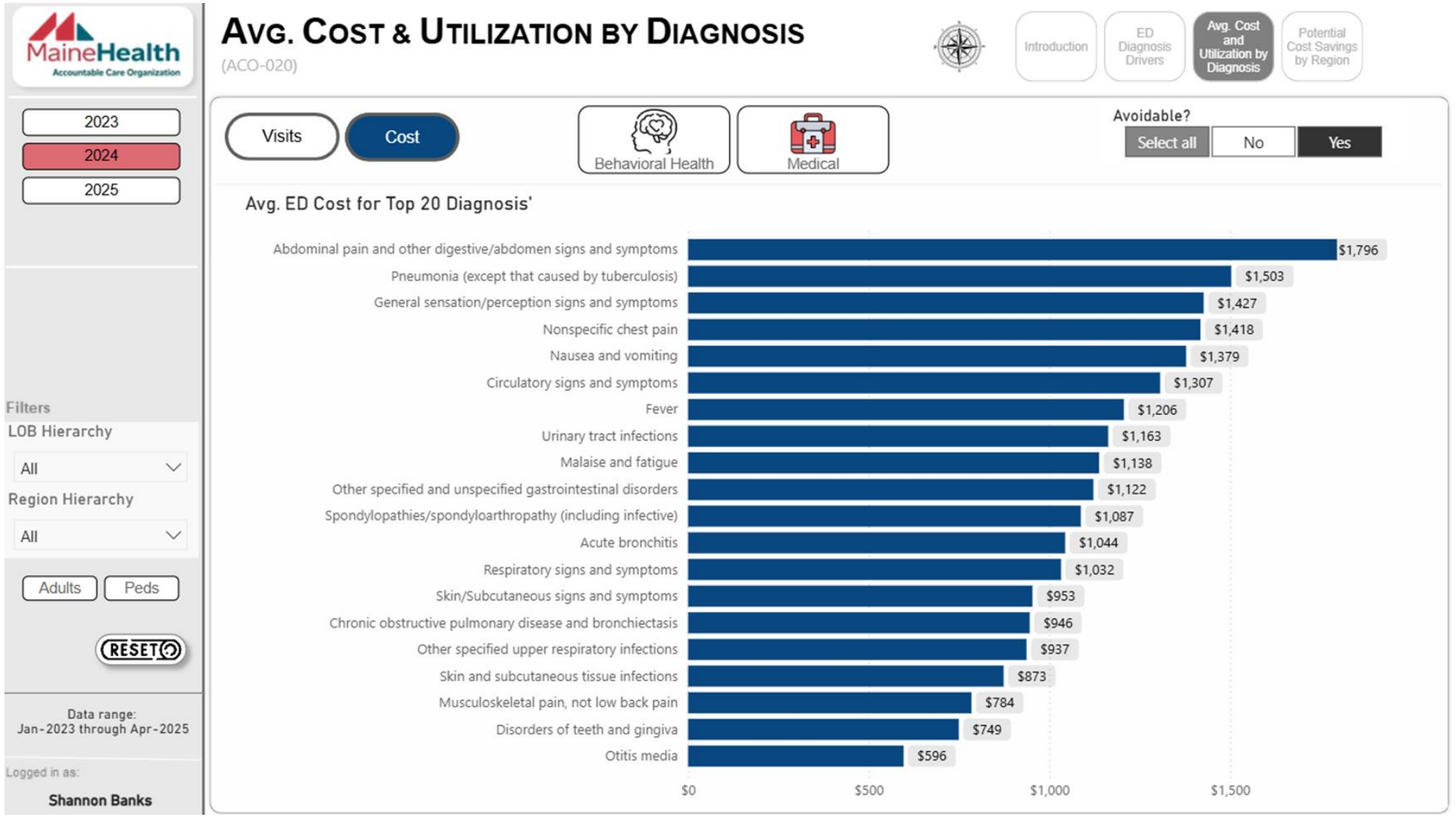
Avoidable ED Costs by Diagnosis



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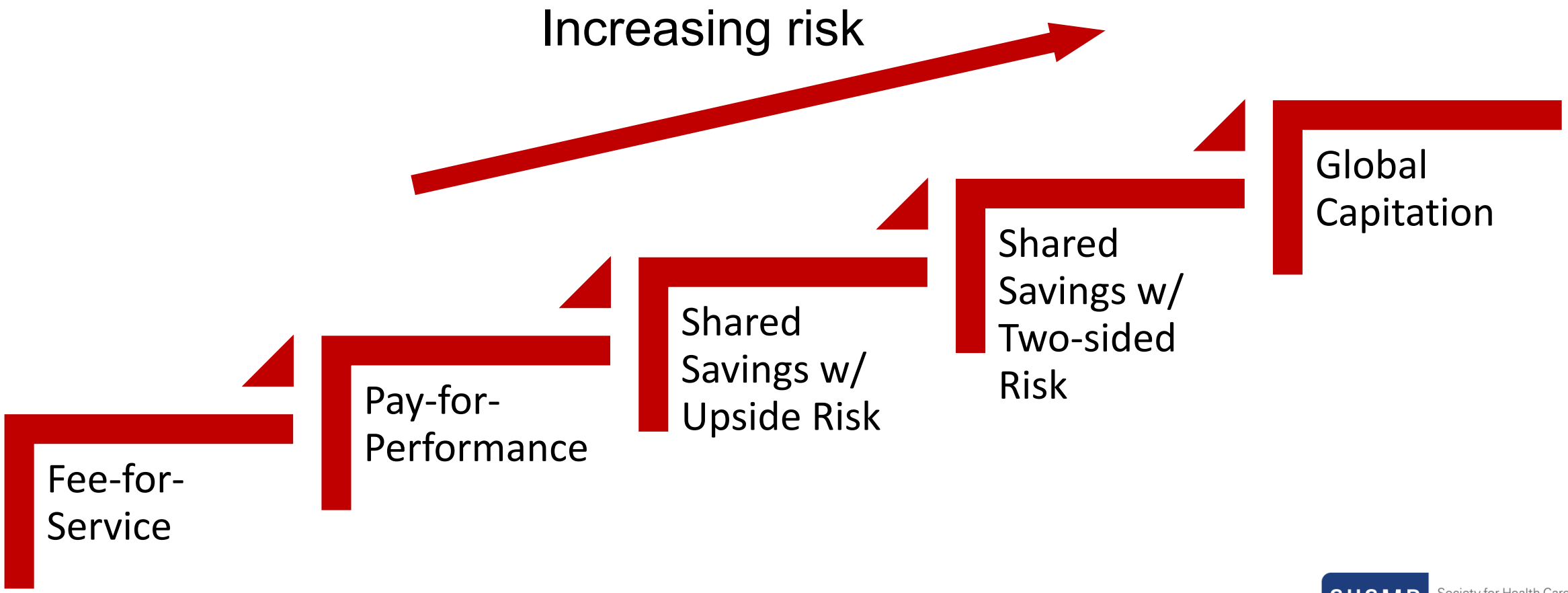
Payment Model by Level of Risk



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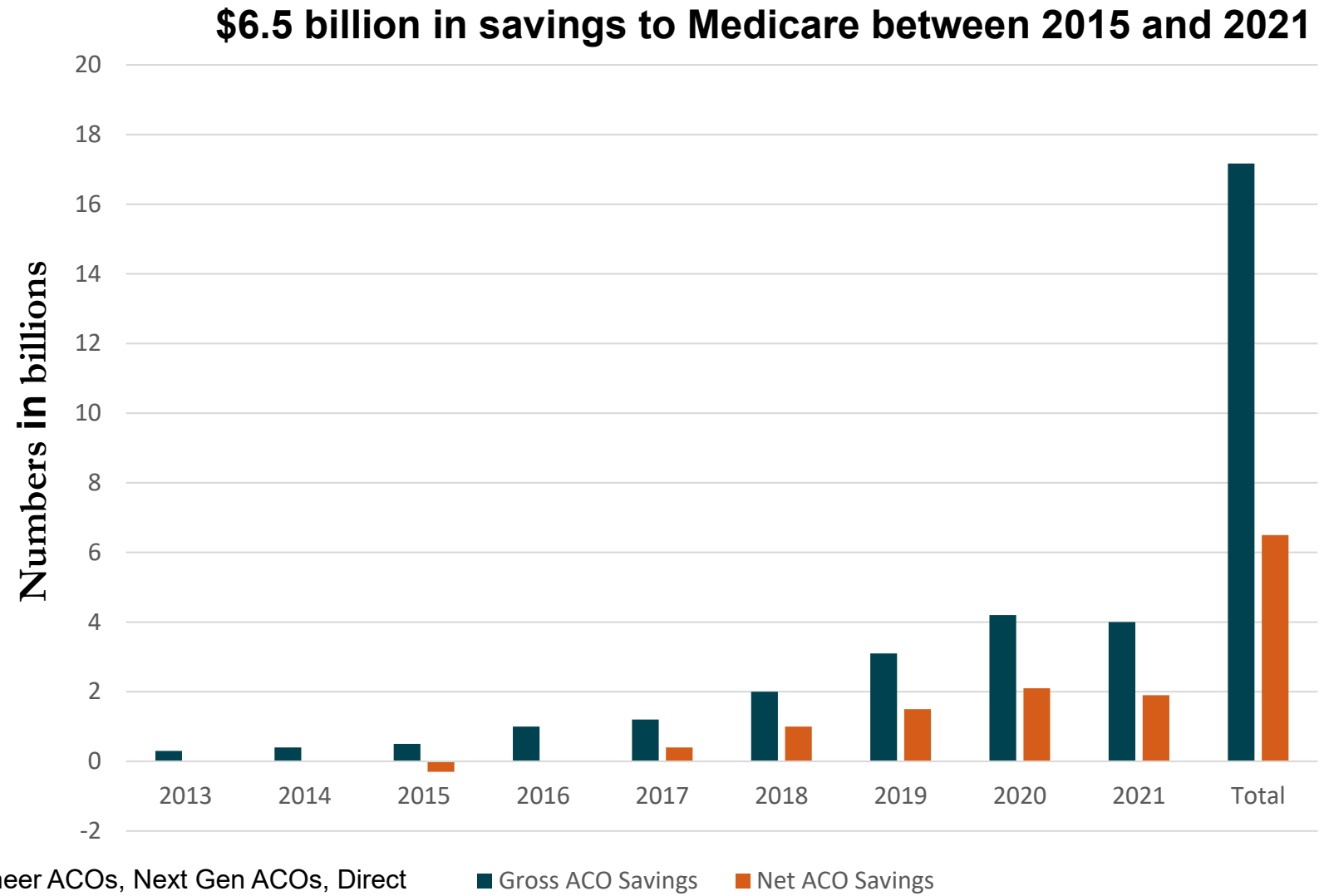
Value-Based Care Saves Money



Includes savings for Pioneer ACOs, Next Gen ACOs, Direct Contracting and MSSP ACOs

Source: National Association of Accountable Care Organizations

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Carol’s journey in the “value-based” medical system

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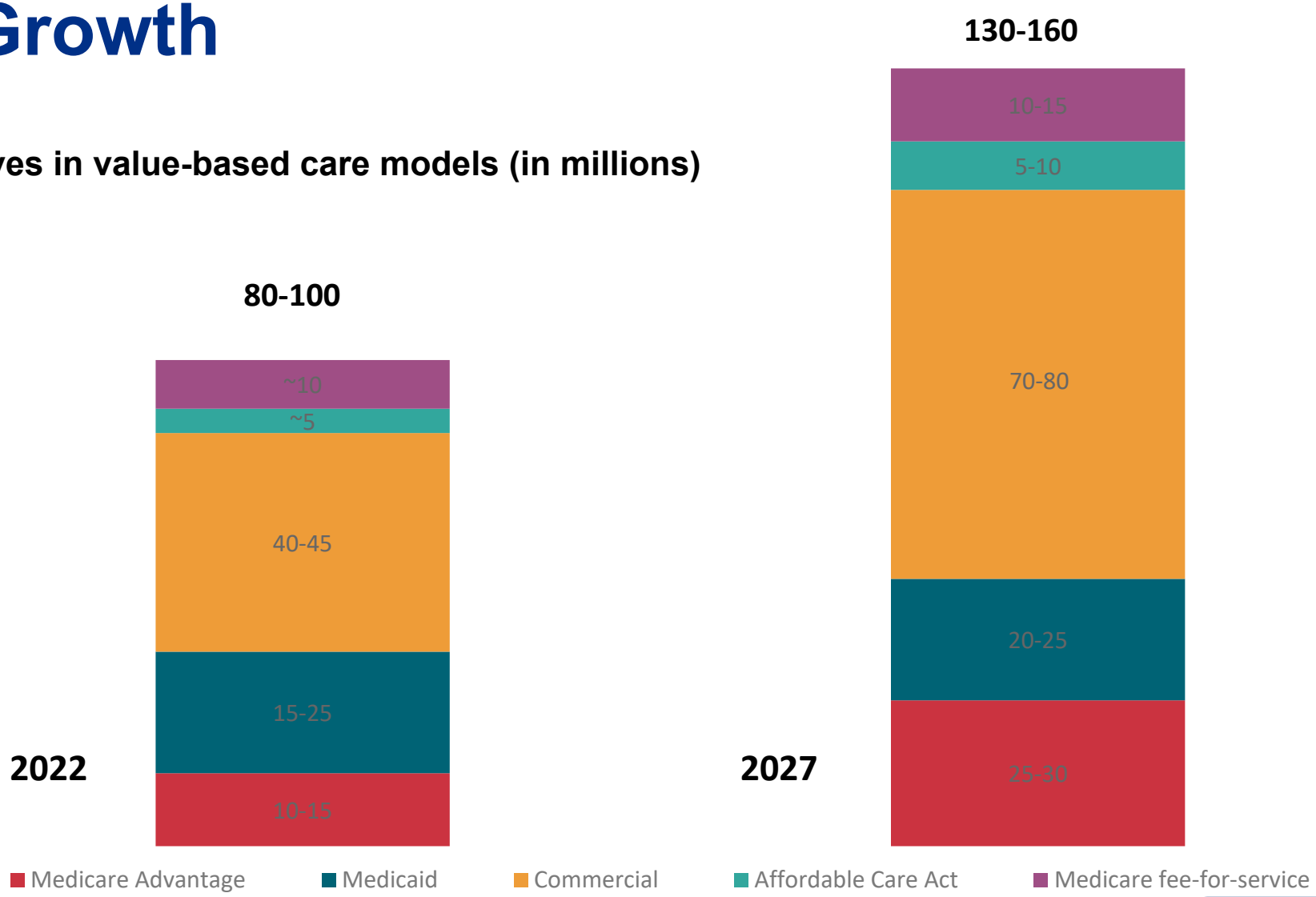
Predicted Growth



Source: https://www.mckinsey.com/industries/healthcare/our-insights/investing-in-the-new-era-of-value-based-care

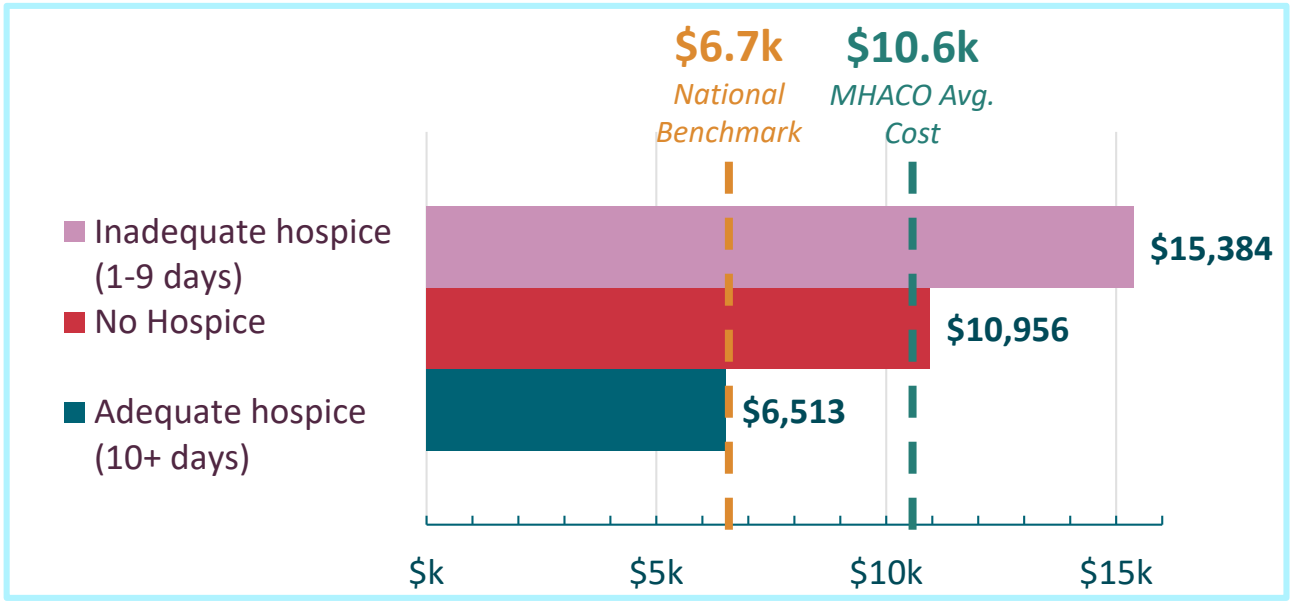
Adequate Hospice Care is a Key Predictor of Cost and Quality of Care

Hospice Adequacy of Deceased MHACO Patients

Inadequate Hospice	No Hospice	Adequate Hospice
16.5%	60.0%	26.2%
1-9 days		*10+ days*

**Numbers may not add up to 100%*

MHACO Cost Per Person (30-day period before death)



Drivers of Cost: Key Quality Measures for All Specialties

	No hospice	Inadequate hospice	Adequate hospice
IP Admit in Last 30 days	33.3%	56.5%	13.2%
ICU Admit in Last 30 days	21.3%	20.1%	4.5%
Deaths in hospital	13.6%	13.5%	0.9%

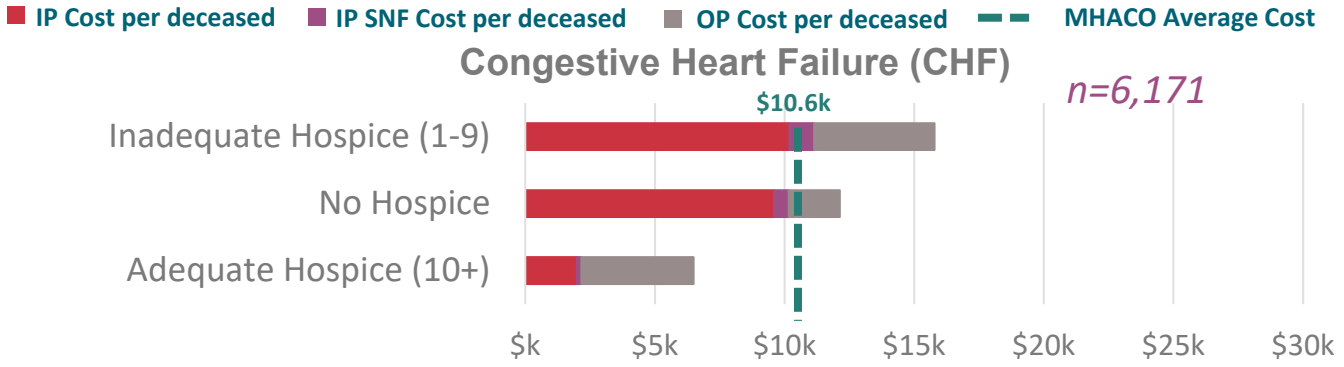
Significant opportunity to increase savings and reduce painful and unnecessary end-of-life interventions and hospitalizations by increasing the percentage of patients with adequate hospice care.

Source: TCOC EOL ACO Dashboard 2023

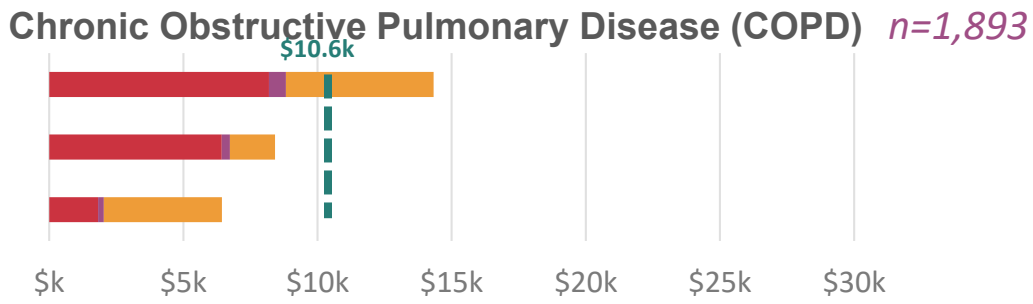
**Figures represent Medicare Advantage, Medicare, and Medicaid populations.

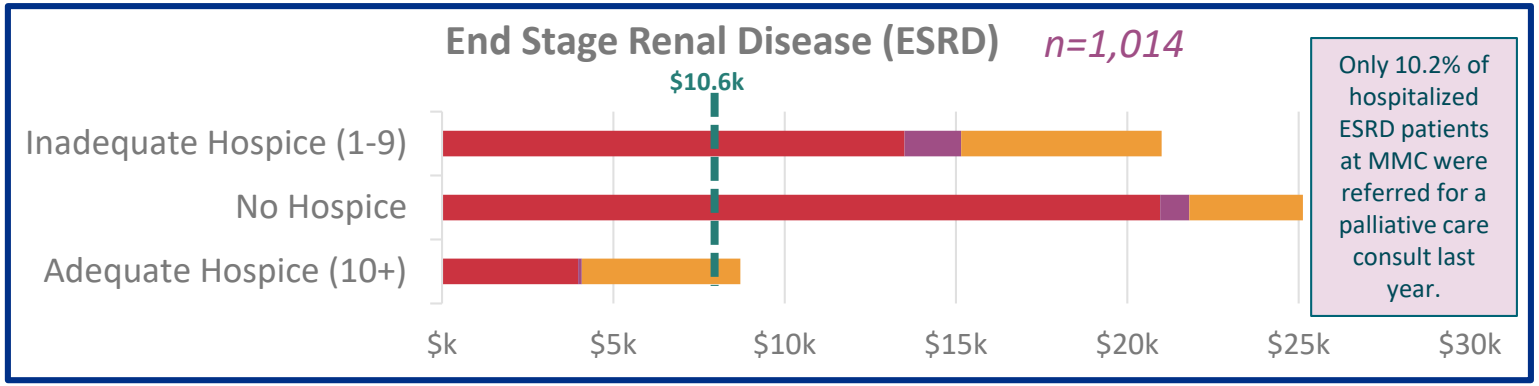
Improving Adequacy of Hospice Care Yields Significant Savings Potential – Data points different strategies, both SL-specific and population focused

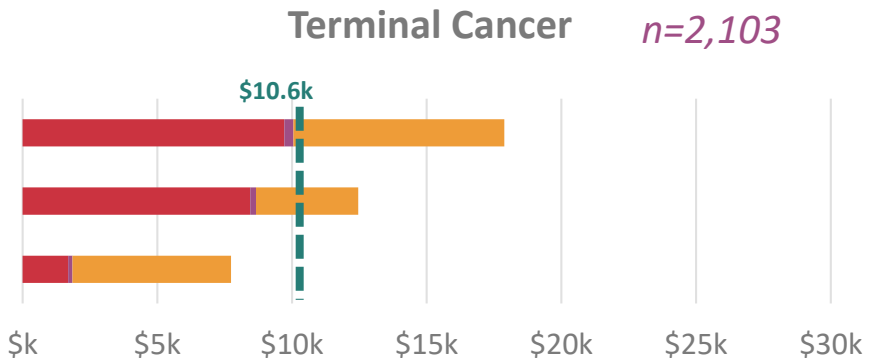
- Some care conditions are associated with significantly higher costs despite lower volume, pointing to a condition-specific approach to change.
- High volume opportunities in cardiology, pulmonary/critical care and cancer suggest cross SL planning may be a priority.



Represented as Cost Per Person







Source: TCOC EOL ACO Dashboard 2023, MMC Outcomes Dashboard 2019-2023

**Figures represent Medicare Advantage, Medicare, and Medicaid populations.

Carol’s journey continued…

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Meet Mark

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Applications:
Breakout Groups

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Breakout Group Toolkit

Health system description

Patient profile

Population profile

- Estimated patient volume
- Current cost per patient/year – both nationally and within the mock system
- Avoidable admissions %, Readmission rate
- Payor mix

Strategic levers

- Choose at least 2, may choose more.
- Expand home-based care – palliative, primary, etc.
- Hire an embedded care manager
- Add virtual primary care check-ins
- Increase advance care planning outreach
- Develop predictive analytics dashboard

- ➢ *Which levers would bring the most value?*
- ➢ *What are the key risks or assumptions?*

3-minute group report outs on your choice of levers:

- What data did you lean on?
- What risks did you identify?
- How will this scale?

- ➢ *How might this reduce total cost of care?*
- ➢ *What impact could it have on LOS or ED use?*
- ➢ *Could it shift care to lower-cost settings?*
- ➢ *Identify obstacles or roadblocks. Solution to your top obstacle?*

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Brief Breakout Group Review

- *What actions would bring the most value?*
- *What are the key risks or assumptions?*
- *How might this reduce total cost of care?*
- *What impact could it have on LOS or ED use?*
- *Could it shift care to lower-cost settings?*
- *Identify obstacles or roadblocks. What is the solution to your top obstacle?*

3-minute group report outs on your choice of levers and next steps

- What data did you lean on?
- What risks did you identify?
- How will this scale?

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Case Study: MaineHealth Strategic Planning

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Palliative Care Strategic Planning

Leveraging our Planning Process to Evolve Our Approach

- **Develop clear, compelling direction to align work toward a shared vision.**
- Coordinate with specialty activities and regional planning to stay connected and consistent across the system.

- **Anchor the plan in MaineHealth priorities:**

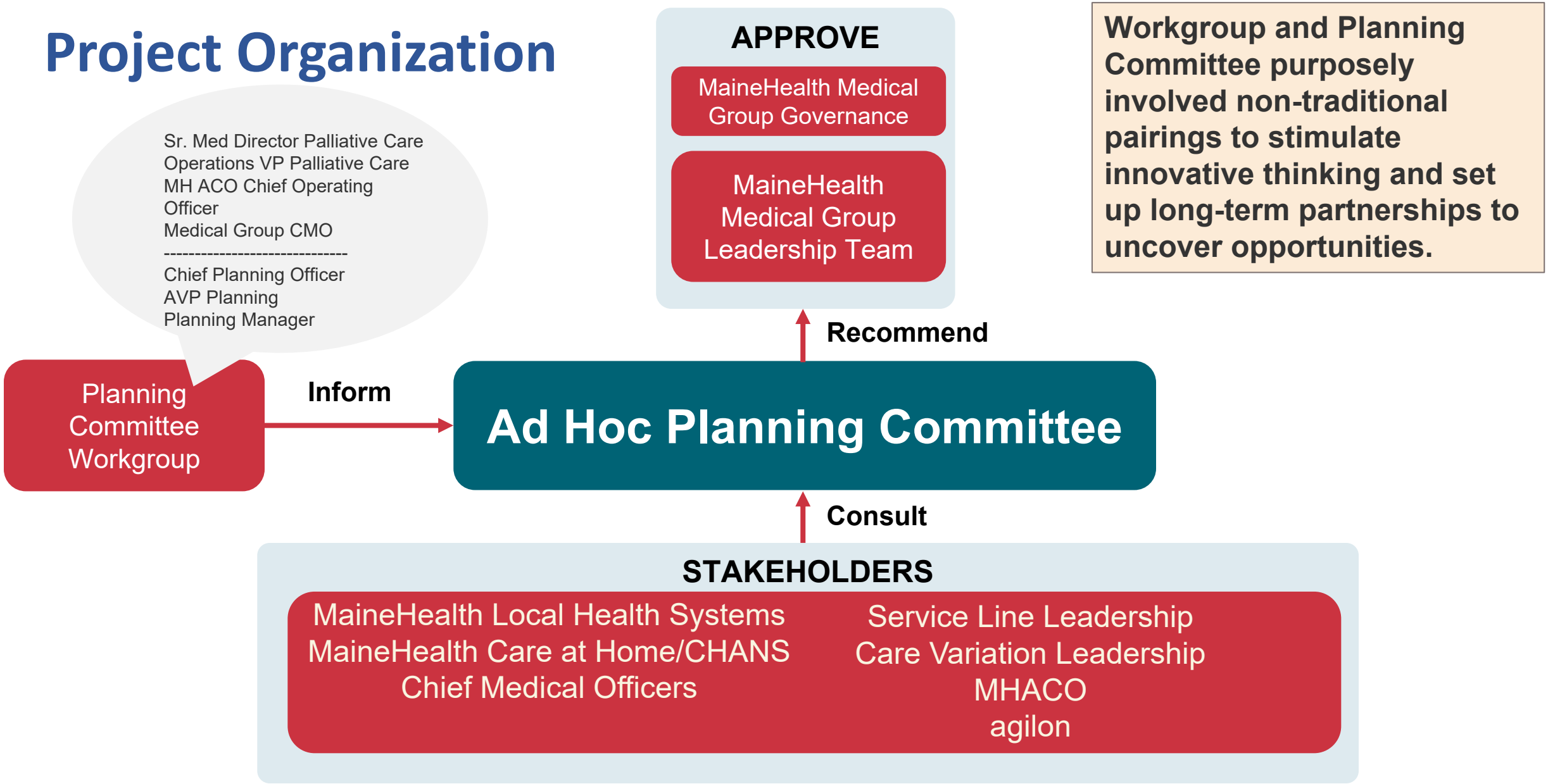
- **Define system-wide scope and expectations for a sustainable care model.**
- Consider value-based care opportunities, regional delivery structures, and patient journey trends.

- **Develop a system-wide management structure**
- Assess workforce development needs & promote provider and care team well-being

Extending Beyond Traditional Activities and Objectives:

- ✓ **Built strong cross-functional partnerships** between ACO and clinical teams
- ✓ **Shifted focus** from revenue capture to long-term, patient-centered value
- ✓ **Learned value-based care (VBC) principles** and crafted a new narrative to engage leadership, including CFOs

Project Organization



Workgroup and Planning Committee purposely involved non-traditional pairings to stimulate innovative thinking and set up long-term partnerships to uncover opportunities.

Digging Deeper Using Our Traditional Strategic Planning

*A **culture shift** is needed to rethink how we approach planning:*

- **Evolving planning templates** unlock new insights, drive innovation, and strengthen collaboration.
- **Partnering across teams** leverages expertise. The team collaborated with the ACO to model impact—aligning data with the patient journey to shift focus from revenue capture to long-term value.

- Project mobilization
- Group role clarification
- **National trends**
- Review MaineHealth Strategic Plan
- **Assessment of past planning**

- Market dynamics and industry trends
- Environmental assessment
- **Stakeholder interview findings**
- Assess other environmental context for long- term planning

- **Gain consensus on the ideal state in 5 years within program priorities**
- **Translate the ideal state to program goals**

- **Define specific goals and objectives to achieve vision**

- Finalization of goals & objectives
- Implementation planning
- Medical Group approval
- MaineHealth Communication
- Monitor progress and outcomes

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Palliative Care System-wide Strategic Plan FY25-29

AT A GLANCE

PATIENTS

ACCESS

- Develop a growth strategy.
- Ambulatory service development.
- Home-based program.
- Sustainable palliative care delivery model, including rural care.

QUALITY

- Specialty alignment on end-of-life quality metrics.
- Community-based services dashboard.

PATIENT EXPERIENCE

- Expand capabilities to center care planning on patient values.

PROCESSES

LEARNING HEALTH SYSTEM

- Optimal referral management
- Study expansion impact on quality measures and total cost of care.

DIGITAL EXPERIENCE

- Artificial intelligence and EPIC tools.

HIGH RELIABILITY

- Transfer/share protocols in partnership with specialties.
- Service utilization and outcomes review.

FINANCIAL HEALTH

FINANCIAL PERFORMANCE & EARNINGS DIVERSIFICATION

- Link specialty care expansion and palliative care funding.
- Leverage existing resources to coordinate care.
- Develop business model and measurement methods for value-based care financial impact.
- Philanthropic opportunities.

CARE VARIATION REDUCTION

- Operating dashboard.
- Standardize operational structure, including hospice.

PEOPLE

CULTURE & ENGAGEMENT

- Optimal team development and growth.
- Well-being program.
- Certification plan.
- Fellowship opportunities.

LEADERSHIP DEVELOPMENT

- Knowledge base and communication.
- Champion support in multiple specialties.

COMMUNITY

EMPLOYER ENGAGEMENT

- Explore direct to employer opportunity.

HEALTH EQUITY & SDOH

- External marketing and branding strategy.
- Patient and family member education.
- Health disparities for underinsured and rural patients.

Case Study: MaineHealth
Uncovering Data

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Roadmap: Defining our Palliative Patient Population

There is limited methodology for defining a potential palliative patient population. We worked with Sg2, the nation's largest provider-driven healthcare performance improvement company, to identify key diagnosis-related groups that could be high utilizers of palliative care. In the next several slides, we will break down current and historical internal volumes. Then we will forecast on anticipated program growth using those diagnostic-related groups, "CARE families".

1

Illustrate current palliative population

We have defined our current population by using EMR data to identify patient volume based off CPT codes within specified palliative departments

2

Review current referral data

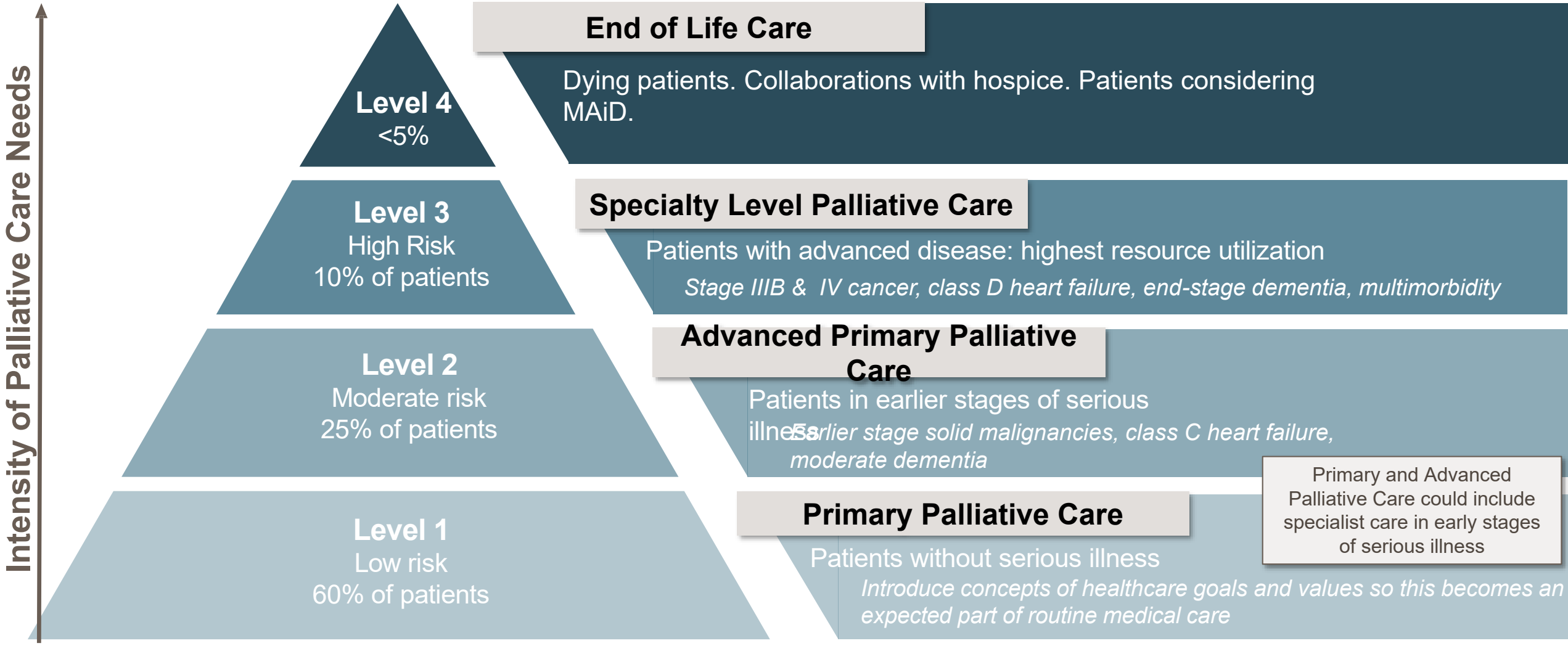
Using a referral tool developed by our internal Medical Group Analytics Team, as well as and external consulting partner, we looked at current referral trends and discuss areas for growth.

3

Forecasting on our potential patient population.

We used diagnosis groups that are high utilizers of palliative care and shaped our potential patient population from them.

Schema Influencing Considerations Re: Patient Need For Palliative Care



Bowman, 2023

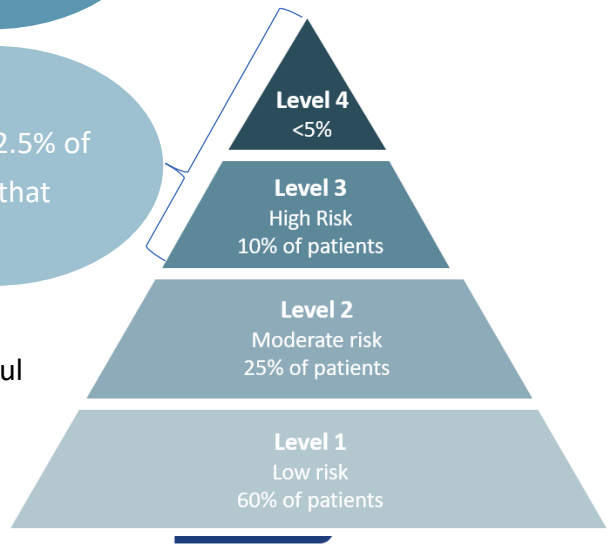
Overall, The Need for Palliative Care Far Outstrips What MaineHealth is Providing Today

Patients Today: Actual MaineHealth Palliative Care visit trend based on the last 3 years grouped by diagnoses for 5 year forecast

Potential Inpatients: Through literature review/research we determined the percentage of inpatients within the key disease groups likely to need palliative care

Potential Outpatients: We took 12.5% of total actual outpatient visits for key disease groups knowing that volumes represented visits across the continuum.

We understand that 12.5% may be more appropriate for some CARE Families, and less for others – refining this will be a helpful next step as the service line moves forward.



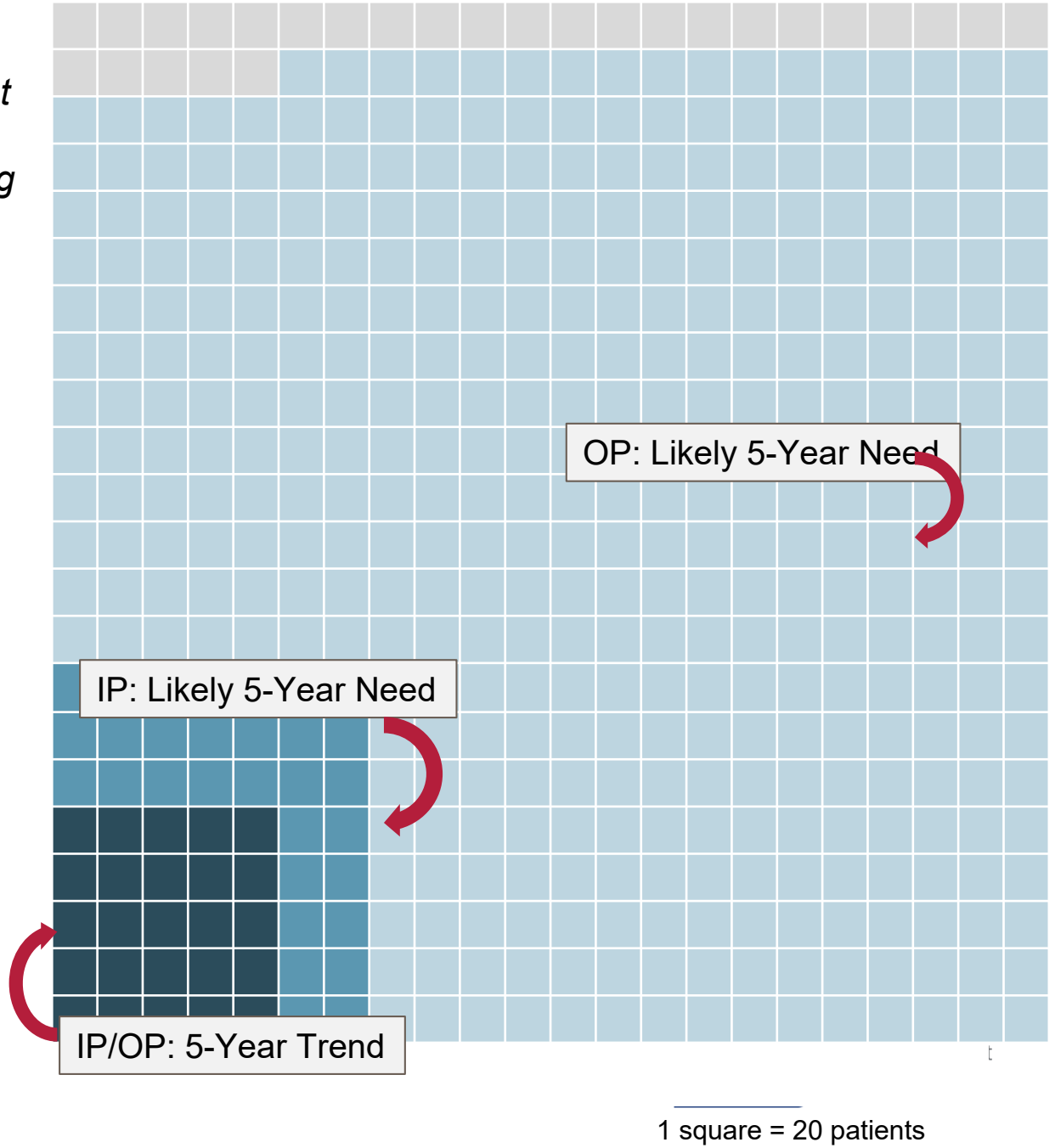
Cancer Forecast

Currently 17.4% of Inpatient Cancer patients see Palliative Care at MaineHealth, however it's estimated that 80% of cancer patients have moderate to severe pain near the end of their lives, indicating Palliative Care would be appropriate.

Data Depicted	FY21	FY22	FY23	**Forecast Applied** (Observed change + Sg2 Forecast)	FY27
Actual inpatients who had Cancer and a visit with MH Palliative Care	183	207	222	+21.3%	269
Actual outpatients who had Cancer and a visit with MH Palliative Care	144	95	183	+27.1%	233
MH Inpatients with Cancer who likely need Palliative Care (80% of total IP CARE Family Vol)	1,105	929	1,018	-0.6%	1,012
MH Outpatients with Cancer who likely need Palliative Care (12.5% of total OP CARE Fam vol)	6,060	6,357	7,144	+4.9%	8,111

Including inpatient and outpatient care, over the next five years, cancer palliative patients could reach: **9,123**

Source: WHO Palliative care (who.int)



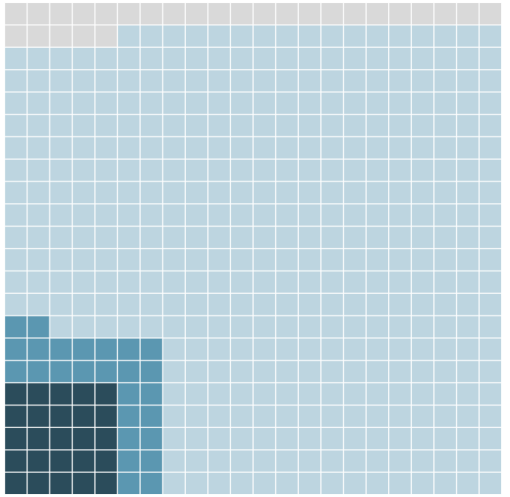
The Highest Opportunity to Serve Large Number of Patients is in Congestive Heart Failure and Oncology

Key: 1 square = 20 patients

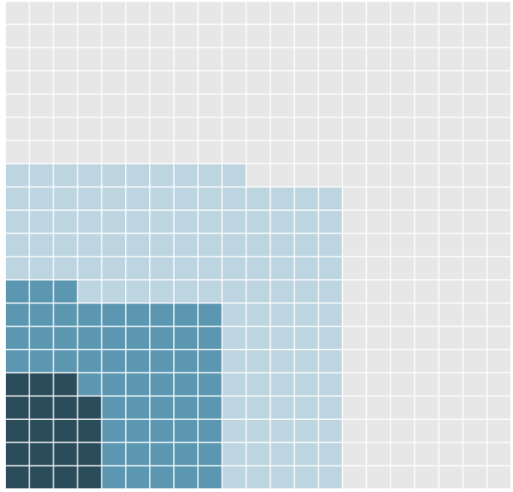
Palliative Patients (Inpatient & Outpatient) 5-Year Forecast based on Actual MaineHealth Trend

Inpatients at MaineHealth who *could* be served

Outpatients at MaineHealth who *could* be served



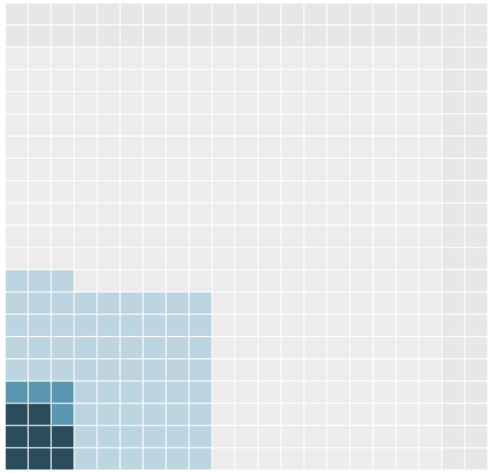
Cancer



CHF

Detailed analyses are included in the appendix

1 square = 20 patients
Gray squares allow a relativity comparison to other CARE families (22x22 squares)



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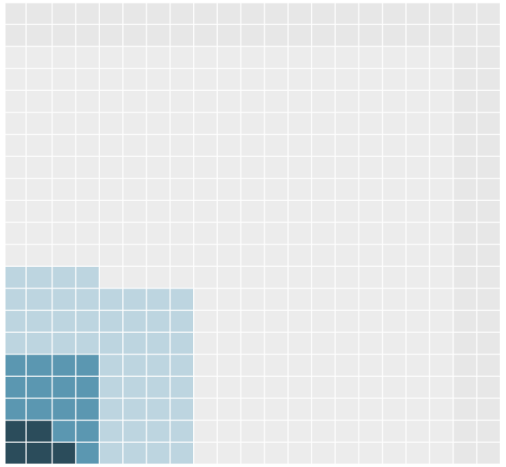
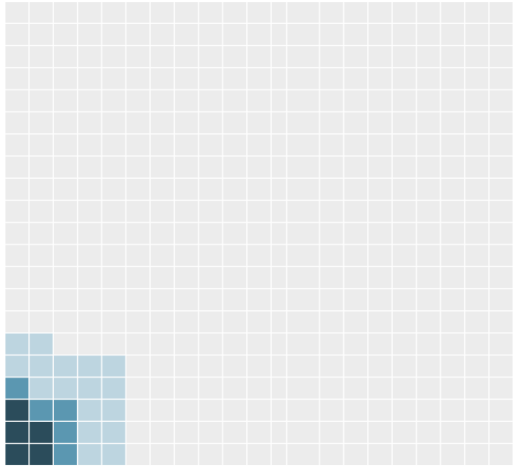


ESRD



Liver Disease

Key Take-Aways

1. Care and quality challenges facing healthcare systems are resolved with greater use of value-based care strategies. You have patients who could benefit – discover them in your data.
2. Value-based strategies are applicable to both competitive and non-competitive markets. Talk with your leaders about which priorities would be most suitable to the culture and market in which you operate.
3. Educate your colleagues on how VBC strategies could assist in problem solving. Explore opportunities to partner across service lines and specialties.

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Questions?

Please be sure to complete the session evaluation on the mobile app!

AHA Events

Speaker Biography

Shannon Banks is COO at the MaineHealth ACO in Portland, Maine. Prior to joining MaineHealth in 2020, Shannon consulted to health care and social service organizations, providing strategic planning and organization development. She has held senior leadership roles at Martin's Point Health Care and Central Maine Health Care. Her experience includes strategy development and execution, measurement systems, care variation reduction, change management and healthcare operations. Shannon also teaches at Bates College and the University of Southern Maine. Shannon holds an M.S. in Organization and Management from Antioch University and a B.A. from Bates College.

MaineHealth

Speaker Biography

Dr. Becca Hutchinson is Senior Medical Director for Palliative Care at MaineHealth and Division Chief at Maine Medical Center. She earned her MD from the University of Pennsylvania and her MPH from Harvard University. After completing her internal medicine residency at Brigham and Women's Hospital, she worked as a hospitalist before pursuing fellowship training in hospice and palliative medicine at Maine Medical Center. For the past five years, she has led system-wide palliative care efforts across MaineHealth. Dr. Hutchinson is passionate about improving access to palliative care for all people living with serious illness and is proud that these services are now available across the MaineHealth system.

MaineHealth

Speaker Biography

Melania Turgelsky has more than 25 years' experience as a clinician and an executive in the health field. She is currently Associate Vice President of Planning at MaineHealth, providing strategic oversight and support for system entity services provided by the MaineHealth Medical Group, Maine Behavioral Healthcare, MaineHealth Care at Home and NorDx. Former roles include Chief Operating Officer, Vice President of Operations and Vice President of Quality & Strategic Initiatives at Community Counseling Center and Vice President of Strategy and Business Development and Vice President of Quality and Performance Improvement at Maine Behavioral Healthcare. She holds a B.A. from Yale University and a M.S.W. from Smith College School for Social Work.

MaineHealth

Speaker Biography

Anne Ponsor is the Manager of Data and Analytics for Strategic Planning at MaineHealth in Portland Maine. With a background in public health and a Master of Public Health (MPH) from the University of New England, Anne specializes in leveraging data to drive strategic decision-making. Anne's expertise lies in extracting actionable insights from complex data sets and crafting compelling narratives to support and advance organizational goals. Prior to joining MaineHealth, Anne worked on initiatives aimed at using data surveillance to improve community health outcomes and address public health challenges.

MaineHealth

Sources

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