



- ### Key Activities
- #### Collaborative Operations
- Hosted 3 in-person National Meetings, with a 4th and final meeting planned for November 19-20
 - Convened 4 committees, as well as 20 subcommittees and cohorts
 - Provided 30 educational webinars
 - Offered 1:1 support from collaborative staff and subject matter experts through the Dedicated Partner program (e.g. monthly calls and customized implementation support offered to members' PSH teams)
 - Registered over 300 members for the PSH Community on PremierConnect (an online and mobile collaboration platform)
 - More than 180 discussion posts and replies have been posted on the community to date, enabling real-time peer-to-peer learning
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- ### Clinical & Operating Practices Committee (Art Boudreaux, Mark Schneider)
- Key resources developed include:**
- Stakeholder Identification Guide
 - Value Stream Mapping Toolkit
 - Infrastructure Checklist and Matrix
 - Critical Steps for PSH Implementation
 - Catalogue of Implementation Strategies
 - Sample Job Descriptions
 - IT Framework and Strategy
 - Protocol Repository (Case- and Disease-Specific)
 - Protocol Standardization Resources
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- ### Measurement & Performance Improvement (Zeev Kain, Rick Dutton)
- Identified and evaluated 148 potential metrics
 - Narrowed the list to the 13 Primary Metrics (133 data elements)
 - Developed specifications, a data dictionary, and a sample data file
 - Tested the feasibility of data collection for the major EMR systems
 - Revised the metrics in response to member feedback
 - Engaged Cerner and Epic in solutions to support data collection
 - Launched the data collection effort through a series of webinars
 - Successfully received data from multiple members to date, with others actively working through the process
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- ### Payment Committee (Peter Dunbar, Marc Leib)
- Cost Analysis Template and Responses
 - Value Proposition Matrix and Indicator Menu
 - Value Opportunities Tool
 - Medical Directorships Resources
 - Bundled Payment Program Resources
 - Co-Management Agreement Resources
 - MACRA/SGR Reform Resources
 - Met with representatives from CMS and multiple major commercial payors to educate them on the PSH model and value proposition
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PSH Collaborative: Pilot Programs

Pilot	Number of Pilots
Adenoidectomy - Tonsillectomy	1
Bariatrics	2
Breast	1
Cardiothoracic	4
Colorectal	8
Esophageal/Pancreatic	1
General Surgery	3
Glucose Control	1
Gyn/ Gyn Onc	3
Inflammatory Bowel Disease Surgery	1
Neurosurgery/ Neurovascular	3
Ortho (incl. joints (elective, replacement), hip/knee, shoulder, spine, trauma)	24
Spine (neurosurgery)	6
Urology (incl. cystectomy)	6
VTE Prevention	1
Total Pilot Program	65

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PSH Collaborative Case Data Submitted (so far)

Organization	Total PSH Cases Submitted	Months of Data Received
Advocate Lutheran General Hospital	10	1
Children's National Medical Center	19	4
Kansas University Medical Center	137	1
St. Charles Health System	29	1
St. Francis Health System/TeamHealth	178	1
University of California, San Francisco	573	1
Virginia Commonwealth University	192	1
Total	1,138	10

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Framework for Collaborative 2.0

Two membership levels, depending on implementation readiness, timeline, and support needs

Core Collaborative

Designed for organizations that are earlier in their journey and primarily focused on the education, building capabilities, and preparation stages of transformation.

Key activities and support services include:

- Semi-annual in-person meetings
- Monthly educational webinars
- Monthly member sharing/networking calls
- Access to the implementation toolkit
- Access to clinical protocols, resources, and other tools
- Access to the PSH Core Community on PremierConnect
- Biweekly Community Digest and other communications

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Bundled Payment Care Initiative (BPCI) Participants 2014-2015 (Round 2)

As of July 1, 2015, 2,115 participants in Phase 2

MS-DRG 468 & 470 has 153 organizations

Both Rounds ±7000

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CCJR

41198 Federal Register / Vol. 80, No. 134 / Tuesday, July 14, 2015 / Proposed Rules

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 510
(CMS-5516-P)
RIN 0938-AS64

Medicare Program; Comprehensive Care for Joint Replacement Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Proposed rule.

SUMMARY: This proposed rule proposes to implement a new Medicare Part A...

3. *By express or overnight mail.* You may send written comments via express or overnight mail to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-5516-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1830.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:

a. For delivery in Washington, DC: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

b. For delivery in Washington, DC: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

(Because access to the interior site is as soon as possible after they have been received.) <http://www.regulations.gov>. Follow the search instructions on that Web site to view public comments.

Comments received timely will also be available for public inspection, generally beginning approximately 3 weeks after publication of the rule, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, on Monday through Friday of the week beginning the week of publication.

Los Angeles Times

Medicare plans big payment changes for knee and hip replacements

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California hospitals could cut inpatient costs 25% and save \$10 billion, study says

A new report suggests California hospitals could cut inpatient costs by 25% by shortening patient stays. (Brian Van der Brugg/Los Angeles Times)

Nancy Pelosi's vineyard makes her fourth richest Californian in

Los Angeles Times | Friday, Nov 6, 2015

Demand Destruction on the Horizon?

Impact of Population Health on Specialist Demand

Specialist	Change in Number of Physicians (Moderate Care Management)*	Change in Number of Physicians (Aggressive Care Management)*
Non-invasive Cardiologists	-22.3%	-44.6%
Anesthesiologists	-17.3%	-34.5%
Diagnostic Radiologists	-20.7%	-41.4%
ED Physicians	-22.1%	-44.3%
Neurologists	-31.6%	-63.2%

An Accelerating Trend Under Population Health

"You can see the challenge, right? Better care management means fewer specialist appointments. These specialty services are our bread and butter—they drive most of our revenue—and without them I don't know what comes next."

Executive
Large Multi-Specialty Medical Group

1. Medicare refers to the shift in the number of physicians needed to manage care for 100,000 lives when utilization shifts from...
2. Aggressive care management refers to the shift in the number of physicians needed to manage care for 100,000 lives when...
3. Moderate care management refers to the shift in the number of physicians needed to manage care for 100,000 lives when...
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Source: Advisory Board Health Care Advisory Board interviews and analysis.

▶ **Timeline for the Next Iteration of the Collaborative**

Two-year timeline provides more time to collaborate, transform, and measure performance to demonstrate success

- April 1, 2016 – Launch date
- Spring 2016 - First in-person all-member meeting
- Summer 2016 - First Advanced Cohort PI sprint
- Fall 2016 - Second in-person all-member meeting
- Winter 2017 - Second Advanced Cohort PI sprint
- Spring 2017 - Third in-person all-member meeting
- Summer 2017 - Third Advanced Cohort PI sprint
- Fall 2017 - Fourth in-person all-member meeting
- Winter 2018 – Fourth Advanced Cohort PI Sprint
- March 30, 2018 – PSH 2.0 end date

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▶ **Harnessing the Transformative Power of Collaboration**

“I use not only all of the brain that I have, but the brains I can borrow.”
– Woodrow Wilson



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