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WHERE THE WORLD CONNECTS FOR HEALTH

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Disrupt Advocacy: Put What You Know to Work for Patients

Session # 185, March 7, 2018

Jeff Coughlin

Senior Director, Federal & State Affairs, HIMSS

ENGAGED

www.himssconference.org

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Conflict of Interest

Jeffrey R. Coughlin, MPP

Has no real or apparent conflicts of interest to report

Agenda

- Becoming an Advocate
- The Shift Underway to Value-Based Care
- The Steps to Building your own Internal Advocacy Program
- Preparing for any Engagement
- Key Principles
- Case Study #1: Wearable Devices
- Case Study #2: Data Exchange
- Q & A

Learning Objectives

- Recognize the value that a sustained advocacy program can provide to your facility or patients in your community
- Formulate how to assemble data and additional resources that support your cause and broader plans
- Analyze the steps needed to build and grow an advocacy program that supports health IT's expanded significance
- Develop the core competencies necessary for health IT professionals to become advocates for delivery system reform and healthcare transformation efforts

Why Consider Becoming an Advocate?

- Advocacy opportunities are critically important
  - Focus on harnessing your internal assets
  - Share your knowledge to benefit your facility/practice, and ultimately to benefit patients
  - Your responsibility to share what you know to help sustain delivery system reform efforts
  - Highlight innovative practices and research/pilots that you have underway

What Issues are You Passionate About?

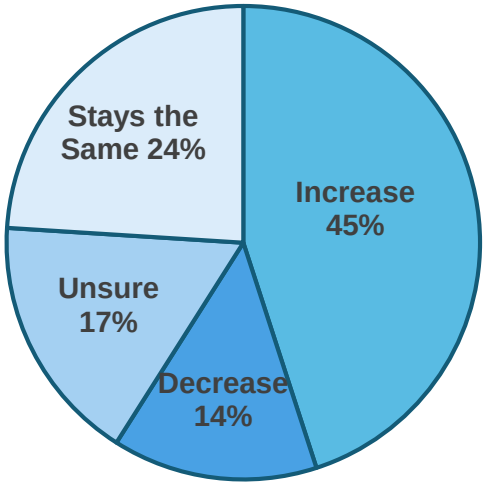
- Recognize the value that a sustained advocacy program can provide to your facility or patients in your community
  - Significant untapped potential out there—great things happening across the community
  - You will prove your facility/practice as more beneficial to patients and the community overall
  - Set yourself up as a resource for future policy discussions

Healthcare Transformation is Happening

- Shift to Value-Based Care is Underway
  - Transition is occurring
    - Topic is so broad and all-encompassing that policymakers need guidance on path forward
      - What are the model practices?
      - What are the lessons learned?
      - How should policies be revised?

Transformation is Occurring

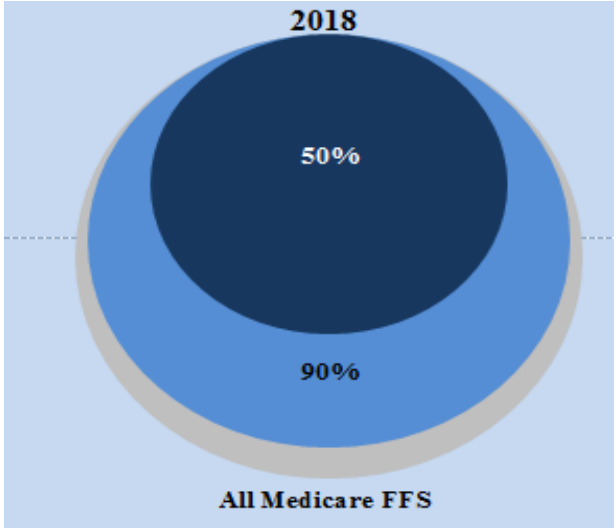
In 2018, Do You Expect Value/Quality-Based Reimbursement to:



Source: MGMA Stat, December 5, 2017 Poll (n=1,083)

HHS Set Firm Goals for the Move to Value-Based Care

- Payment Results in 2016
  - 43% of health care dollars in Category 1 (e.g., traditional FFS or other legacy payments not linked to quality)
  - 28% of health care dollars in Category 2 (e.g., pay-for-performance or care coordination fees)
  - 29% of health care dollars in a composite of Categories 3 and 4 (e.g., shared savings, shared risk, bundled payment, or population-based payments)



Policymakers Need Better Understanding of VBC Objectives

- What are the new parameters around value-based care and how they should be pushing the transformation forward?
  - Government Officials want to
    - Review new ideas/research/innovative ways of addressing challenges
    - Be good stewards of federal funds
    - Demonstrate the effectiveness of public payment
    - Do the right thing

Use of Technology Will be Key

- IT will likely be critical to realizing any advances
  - Necessary but not sufficient
- Workflow and process changes also important
- Need to find ways to better integrate technology
  - Look at how you are delivering care
    - Higher quality
    - Lower cost
    - More patient-centered
- You have the knowledge to make a difference

Poll Question

- Have you ever joined a meeting with a federal or state government official?
  - 1 = Yes
  - 2 = No

Get Your Ideas in Front of Policymakers

- Is your idea worthwhile?
- Choosing the right issue to bring forward
  - What are national officials talking about?
  - What are your “local” elected representatives focused on in the healthcare realm?
- Harness data on an advance/process/practice where your facility is excelling
  - Have lessons learned and information to share
- Want data to help tell your story
  - Do not need double-blind randomized controlled trial to assemble data

Develop an Ask

- Use data
  - Let it guide you
- Keep it simple and actionable
- Briefly describe how it is going to help patients or the broader community
  - Have others made the same ask/collected the same data?
    - Do a google search or a public comment search
    - What's your new spin?

Who Should You Be Meeting With?

- Depends on the topic/issue
- Different opportunities exist for legislative (Congress) and regulatory (Agency) changes
  - Existing Program that may need tweaking? → Agency
  - New way of looking at/overcoming/addressing challenges encountered in course of care delivery? → Agency
  - New care delivery model idea that would require new authority/funding? → Congress

Federal Register Provides Answers

52976 Federal Register / Vol. 82, No. 219 / Wednesday, November 15, 2017 / Rules and Regulations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 410, 414, 424, and 425

[CMS–1676–F]

RIN 0938–AT02

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program

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

ACTION: Final rule.

SUMMARY: This major final rule addresses changes to the Medicare physician fee schedule (PFS) and other Medicare Part B payment policies such as changes to the Medicare Shared Savings Program, to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services, as well as changes in the statute. In addition, this final rule includes policies necessary to begin offering the expanded Medicare Diabetes Prevention Program model.

DATES: These regulations are effective on January 1, 2018.

FOR FURTHER INFORMATION CONTACT: Jessica Bruton, (410) 786–5991, for any physician payment issues not identified below.

Lindsey Baldwin, (410) 786–1694, and Emily Yoder, (410) 786–1804, for issues related to telehealth services and primary care.

Roberta Epps, (410) 786–4503, for issues related to PAMA section 218(a) policy and transition from traditional X-ray imaging to digital radiography.

Isadora Gil, (410) 786–4532, for issues related to the valuation of cardiovascular services, bone marrow services, surgical respiratory services, dermatological procedures, and payment rates for nonexcepted items and services furnished by nonexcepted off-campus provider-based departments of a hospital.

Donta Henson, (410) 786–1947, for issues related to ophthalmology services.

Jamie Hermansen, (410) 786–2064, for issues related to the valuation of anesthesia services.

Tourette Jackson, (410) 786–4735, for issues related to the valuation of musculoskeletal services, allergy and clinical immunology services, endocrinology services, genital surgical services, nervous system services, INR monitoring services, injections and infusions, and chemotherapy services.

Ann Marshall, (410) 786–3059, for issues related to primary care, chronic care management (CCM), and evaluation and management (E/M) services.

Geri Mondowney, (410) 786–1172, for issues related to malpractice RVUs.

Patrick Sartini, (410) 786–9252, for issues related to the valuation of imaging services and malpractice RVUs.

Michael Soracoe, (410) 786–6312, for issues related to the practice expense methodology, impacts, conversion factor, and valuation of pathology and surgical procedures.

Pamela West, (410) 786–2302, for issues related to therapy services.

Corinne Axelrod, (410) 786–5620, for issues related to rural health clinics or federally qualified health centers.

Felicia Eggleston, (410) 786–9287, for issues related to DME infusion drugs.

Rasheeda Johnson, (410) 786–3434, for issues related to initial data collection and reporting periods for the clinical laboratory fee schedule.

Edmund Kasaitis, (410) 786–0477, for issues related to biosimilars.

JoAnna Baldwin, (410) 786–7205, or Sarah Fulton, (410) 786–2749, for issues related to appropriate use criteria for advanced diagnostic imaging services.

Crystal Kellam, (410) 786–7970, for issues related to physician quality reporting system.

Alesia Hovatter, (410) 786–6861, for issues related to Physician Compare.

Alexandra Mugge, (410) 786–4457, for issues related to the EHR incentive program.

Kari Vandegrift, (410) 786–4008, or *ACO@cms.hhs.gov*, for issues related to the Medicare Shared Savings Program.

Kimberly Spalding Bush, (410) 786–3232, or Fiona Larbi, (410) 786–7224, for issues related to Value-based Payment Modifier and Physician Feedback Program.

Wilfred Agbenyikey, (410) 786–4399, for issues related to MACRA patient relationship categories and codes.

Carlye Burd, (410) 786–1972, or Albert Wesley, (410) 786–4594, for issues related to the Medicare Diabetes Prevention Program expanded model.

SUPPLEMENTARY INFORMATION:

Table of Contents

Acronyms

In addition, because of the many organizations and terms to which we refer by acronym in this final rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

A1c Hemoglobin A1c
AAA Abdominal aortic aneurysms
ABLE Achieving a Better Life Experience Act of 2014 (Pub. L. 113–295)
ACI Advancing Care Information
ACO Accountable care organization
AMA American Medical Association
APM Alternative Payment Model
ASC Ambulatory surgical center
ATA American Telehealth Association
ATRA American Taxpayer Relief Act (Pub. L. 112–240)
AUC Appropriate Use Criteria

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Final rule.
SUMMARY: This major final rule addresses changes to the Medicare physician fee schedule (PFS) and other Medicare Part B payment policies such as changes to the Medicare Shared Savings Program, to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services, as well as changes in the statute. In addition, this final rule includes policies necessary to begin offering the expanded Medicare Diabetes Prevention Program model.
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Seek Internal Buy-In and Help

- Who are the appropriate people in your organization that should know about your efforts?
  - Legal?
  - C-Suite?
  - Government Affairs Team or consultant?
- Leverage Communications Team for help
  - Outreach to local media
  - Potential op-eds

Preparing for a Meeting

- Know your audience
  - Junior staffer or SME?
  - Long-term government employee or new to the agency?
- Expect a brief meeting, but plan for a longer presentation
- Set your meeting agenda
  - Review your talking points and supporting materials
  - Make the Ask
  - Ask about next steps
  - Plan to follow-up

Key Points to Remember in Any Engagement

- Describe why you are focused on this issue
  - Do you need to implement on a broader scale?
  - Are incremental steps possible rather than making a wholesale change?
- Don't exaggerate/lie
- Make the Ask
- You will need to follow-up
- Likely to require a process to initiate change

Look for Strategic Opportunities to Follow-Up

- Be prepared to re-engage with policymaker
  - When new supporting research comes out
  - Agency/Department Head/Elected Official makes statement that is related to your ask
  - Public comment opportunity presents itself
- Continue your research/data collection
- Become a resource to the policymaker on this topic

Leverage Other Influencers

- Professional and membership organizations
  - They can help amplify your message
    - Incorporate your information/ideas in broader advocacy campaign
  - Take advantage of public comment letter process
    - Contribute to your member organization's letters and response processes
- Local media

Seven Principles to Apply

Ask is Straightforward and Actionable
Outreach is Focused
Internal Approval Received
Meeting Materials Suitable for Audience
Follow-Up Plan Established
Other Partners Brought on Board
In Position for Long-Term Relationship

Case Study #1: Wearable Devices

- Prevention/early intervention efforts bolstered by use of wearable devices
  - Data show that patients that spent more time using wearable devices had higher survival rates and better outcomes
    - Were lower-cost patients overall
- Higher-risk patients that could not afford to buy a device would have really benefited
- IDEA: subsidize or purchase wearable device outright for patients
  - Target patients in ACO that could benefit most from use
- Potentially controversial topic

Case Study #1: Wearable Devices

- Mid-sized federally-recognized Accountable Care Organization
  - Headquartered in North Reading, MA
  - Serves the North Shore of Boston
- Has driven great outcomes through patient use of wearable devices
  - Track exercise
  - Detect arrhythmias
- Patient-purchased and owned devices used thus far

Case Study #1: Wearable Devices

- Ask: CMS should fund a project to test allowing ACOs to purchase device for patients
- Regulatory and Legislative outreach (informational) approach
- CMS Staff
  - ACO Team (most recent Shared Savings Program Final Rule)
  - RPM Team (most recent PFS Final Rule)
  - CMMI Team (most recent ACO Program announcement)
- Congressional Delegation and Relevant Committees
  - Health LAs for Senators Markey and Warren, Rep. Moulton

Case Study #1: Wearable Devices

- ACO Leadership is informed about effort and committed
- Meeting materials
  - Outcomes from patients reporting device data compared to other patient outcomes over previous 12 months
  - Scholarly research on paying patients for adherence
  - Plans to look for additional patient comorbidity applications
- Follow-up letter under development with other ACOs as co-signers, NAACOs, and other stakeholder groups
- In position to be resource to CMS on this issue as well as ACO policy more generally

Principles vs. Case Study #1

Ask is Straightforward and Actionable	✓
Outreach is Focused	✓
Internal Approval Received	✓
Meeting Materials Suitable for Audience	✓
Follow-Up Plan Established	✓
Other Partners Brought on Board	✓
In Position for Long-Term Relationship Building	✓

Case Study #2: Data Exchange

- Greater data sharing can result in enhanced care coordination, improved outcomes, and ultimately lower costs across the system
  - Largely eliminates duplicative testing
- Acute care hospitals that view each other as competitors are not compelled to share data across systems
- Medicare patients that seek care at both facilities do not receive coordinated services and drive up out-of-pocket and broader costs
- IDEA: competitor hospitals should work together by sharing data to benefit the community's health and lower Medicare costs
  - Hospitals should compete on services they provide, not by hoarding data

Case Study #2: Data Exchange

- Neighboring acute care hospitals based in Olympia, WA
  - Not compelled to share data with each other
- Medicare patients that sought care at both facilities out of convenience did not receive coordinated services and drove up costs
- Hospital A produced an analysis of costs generated over 6-month period for chronic disease patients in their facility
  - Interviewed patients for visit information and other costs generated in hospital B
  - Compared cost data, determined duplicative testing and extra system-wide costs incurred

Case Study #2: Data Exchange

- Ask: HHS should compel hospitals to share data at the request of the patient to lower out-of-pocket and broader Medicare costs
- Primarily a regulatory approach, but informational for legislators
- ONC and CMS Staff
  - TEFCA Effort (recent guidance document)
  - Information Blocking Proposed Rule (recent release)
  - IPPS Proposed Rule (released annually)
- Congressional Staff and Relevant Committees
  - Health LAs for Senators Cantwell and Murray, Rep. Heck

Case Study #2: Data Exchange

- Hospital A Leadership receptive to outreach efforts; Hospital B not
- Meeting materials
  - Combining cost data from hospital A and patient-reported info from hospital B to generate overall cost estimates and potential savings
  - Research on care coordination and eliminating duplicative testing
  - Plans to explore additional hospital agreement opportunities to benefit community health
- Use Info Blocking Proposed Rule comment letter to drive points home
- In position to be resource to ONC/CMS, and on broader information sharing policy positions

Principles vs. Case Study #2

Ask is Straightforward and Actionable	✓
Outreach is Focused	✓
Internal Approval Received	✓
Meeting Materials Suitable for Audience	✓
Follow-Up Plan Established	✓
Other Partners Brought on Board	✓
In Position for Long-Term Relationship Building	✓

Questions?

Thank You!

Jeffrey R. Coughlin, MPP
Senior Director, Federal & State Affairs
HIMSS
Phone: 703.562.8824
E-mail: jcoughlin@himss.org
@jeffrcoughlin

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