Keeping Your Diabetes Education Program Stable In the Era Of Health Care Reform and Accountable Care Organizations

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Objectives

- Define Accountable Care Organization (ACO)
- List Diabetes Related ACO Measures
- Provide criteria for DSME program readiness assessment
- Suggest tactics for CDE roles within an ACO environment
Annual Number of New Cases of Diagnosed Diabetes Among U.S. Adults Aged 18-79 Years, 1980-2010

2000-2010 Number of new dx almost doubled

Source: National Diabetes Surveillance System, National Health Interview Survey data.
Diabetes Education Growth

- How many of you have seen DSME programs double in staffing in the past 10 years?
Approximately 3.6 million baby boomers will age-in to Medicare every year starting in 2011.

**Medicare**
- $484 billion in 2009.
- $265 billion in 2005.

**Medicaid**

Medicare plans to reduce costs by 5% in 5 years

Source: Gorman Health Group, LLC, 2009.
Looking Ahead.....

- There are more people over 65 than there are teenagers.
- The number of seniors over 85 will grow from four million in 2009 to nine million by 2030.
- Among those baby boomers with a living parent, 41% also provide care for that parent.
History of Health Reform

- 2007 Institute for Healthcare Improvement (IHI) created The Triple Aim

- Patient Experience
- Cost
- Population Health
History of Health Reform

- 2010 the federal Patient Protection and Affordable Care Act was signed into law
  - Purpose is to foster change in patient care to accelerate progress toward The Triple Aim
An ACO is a set of providers associated with a defined population of patients, accountable for the quality and cost of care delivered to that population.

ACOs place an emphasis on:

- Quality reporting
- Patient satisfaction
- Meaningful use of health information technology
- Care coordination across the health care setting

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Accountable Care Organization

- ACOs are “accountable” for specific population spending targets and clinical outcome improvements via shared risk/reward payment models.
- Mindset shift from volume to value.
- Core of an ACO is primary care (e.g., medical home model).
ACO Models

- **Shared Savings**
  - Smaller share of upside gains – no risk of loss for 2 years, transition to risk in third year.

- **Shared Risk**
  - Organizations take on risk of upside gains and downside risk – higher proportion of shared savings from the start.

ACO Measures

In 2012 CMS released 33 individual ACO performance measures. These measures cover 4 areas of health care

- Patient/Caregiver Experience of Care
- Care Coordination/Patient Safety
- Preventive Health
- At-Risk Populations

Measure Types

- **Process Measures**
  - Screening for high BP
  - Influenza vaccinations

- **Outcomes Measures**
  - A1c <8.0
  - BP <140/90
# ACO Measures For Diabetes

## Diabetes Measures – Composite Scoring

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Status</th>
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<tbody>
<tr>
<td>A1C</td>
<td>&lt;8% (all or nothing)</td>
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</tr>
<tr>
<td>A1C</td>
<td>&gt;9% (Poor control) all or nothing</td>
<td></td>
</tr>
<tr>
<td>LDL</td>
<td>&lt;100mg/dL (all or nothing)</td>
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<tr>
<td>BP</td>
<td>&lt;140/90 (all or nothing)</td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td>Non-use (all or nothing)</td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>Use (all or nothing)</td>
<td></td>
</tr>
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</table>
ACOs Require Different Thinking

For now, it’s all about leverage and scale
Local markets focus on and scale over the next 12-24 months

Provider acquisition/consolidation will be prevalent as players jockey for clinical share to increase leverage and improve financial position

This is a chess game where you need to think three moves ahead

- It is imperative to understand the bottom line impact of key business drivers for your organization
- Playing to those initiatives is your key to success
32 Pioneer and 115 Shared Savings Program ACOs as of July 2012

- Pioneer ACOs
- Shared Savings ACOs April Cohort
- Shared Savings ACOs July Cohort

64% ACOs in MSSP are physician group only

Source: Centers for Medicare and Medicaid Services; Health Care Advisory Board interviews and analysis.
DSME Supporting The Triple Aim

Shift from a cost center to cost savings.
Align with pt. satisfaction organizationally
Coordinate with primary care

Cost
Patient Experience
Population Health
What Can You Do

- Conduct a SWOT analysis of your program
- Know your organizational goals related to quality
- Learn and use “Lean Tools”
- Develop a partnership with Quality and Care Management
- Align annual QI project to organizational goals
- Share program outcomes with Quality
- Know your organization’s community standing for diabetes measures
  - Puget Sound Healthcare Alliance (PSHA)
What Can You Do

- Partner with care managers
- Create care transitions
- Know their metrics
- Communicate successes
- Understand their tools
- Shift from “reactive” model to “proactive”
- Remove barriers for access and cross communication
- Get DSME pieces into discreet data field in your EMR
- Secure your seat at the table
Multi-Specialty Group Physician Owned, Professionally Managed

4 series group class
Gestational Class

Challenges:
1. Long wait times to see an educator.
2. Cumbersome Referral Process
3. Educator not part of the overall care team
4. Low revenue
2012 The Diabetes Improvement Journey

2012 Progress

• Engaged key stakeholders
• Exposed weaknesses through data
• Surveyed MDs and Mgmt
• Built relationships – Quality, Care Mgmt, IT, Physician Leaders
• Piloted PDSA projects
• Created a standard of care including education provision
• Improved IT tools around DSME referral process
  Served as content experts to Quality
• Conducted audits
  Aligned CQI project to strategic goals
2013 Where We Are Now

- Expanded offerings
- Part of care teams
- Integrating into Primary Care
- Responsibility for Diabetes Registry and reporting
- Coordinated visits with Endocrinology
- Open access appts for primary care
- Weekly CMO meetings
- Continued Epic workflow changes
- 2012 - 100K positive revenue variance

2013 Education model in transformation
Summary

- ACOs are here – diabetes improvement is an area of opportunity for CDEs
- Know your markets and metrics
- Align program goals with organization
- Form relationships with key leaders
- Communicate your success r/t outcomes and cost savings
“In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.”

Eric Hoffer
Questions & Answers