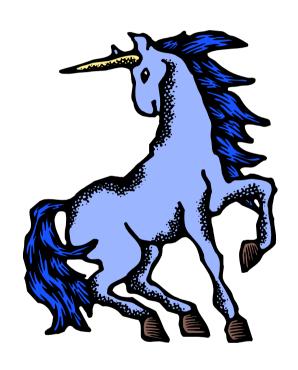
Urology in 2013: Unicorns and Barbarians at the Gate!





Disclosures

- 1) Regrettably for my grandchild's college fund, I have none.
- 2) Regrettably for you, I must disclose this may be a depressing talk.

Objectives - Understanding

- 1) Understand the problems easy
- Understand the government's solutions challenging
- 3) Understand the impact on your practice good luck!

Problem #1 The Jones Family

The financial picture of the Jones Family (husband/wife and 2 kids)

• Income \$24,220

• Expenses \$35,520

>>Shortfall \$11,290

Credit Card Balance \$163,917

But wait there is more....

Needed for Retirement \$540,000

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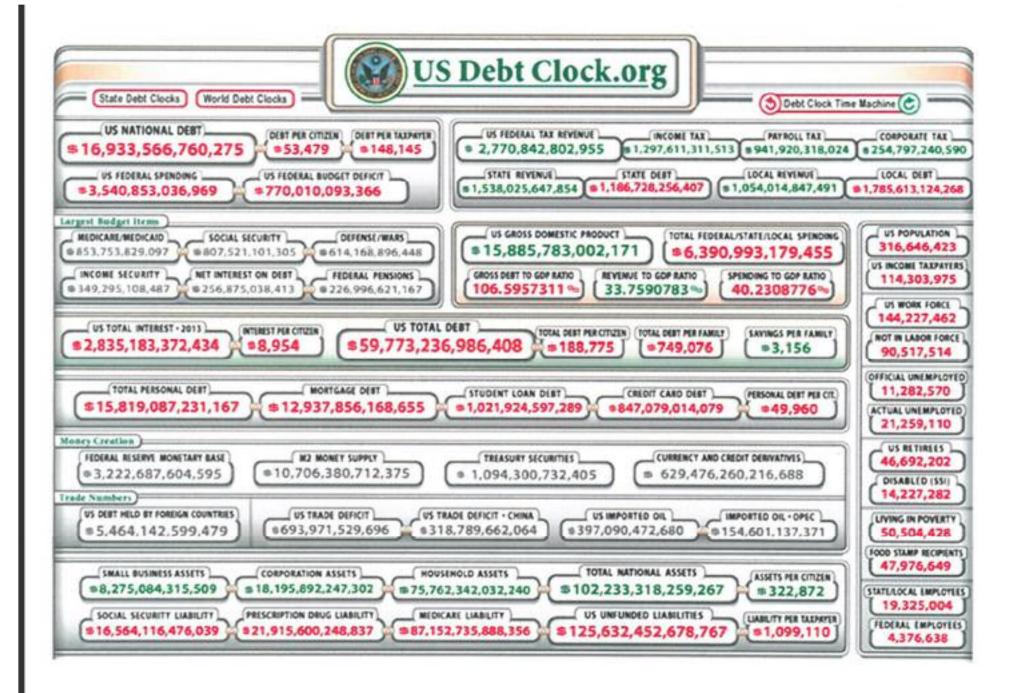
>>Shortfall \$11,290

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But wait there is more....

Needed for Retirement \$540,000

Now multiple by \$100 million and you have our Federal Budget.



How much is a trillion?

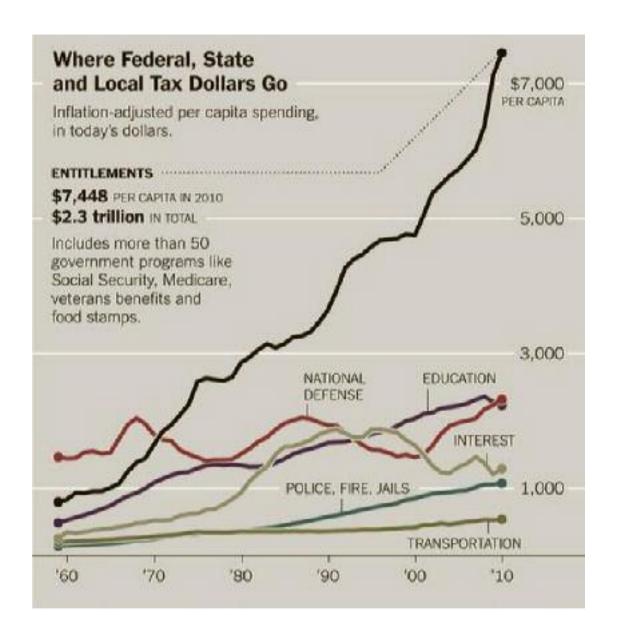
Assume \$1 = 1 second

\$1 Million = 12 days

\$1 Trillion = 31,709 years

\$16.9 Trillion = 535,895 years

\$53,479/capita



Source: New York Times January 2012

The Problem: My Mom's knees

- Look ugly
- TKR
- Cost \$20,000
- Medicare cost to Mom = \$147 deductible, \$104/month (Part B)
- 20 median workers Medicare payroll deduction/TKR
- 10 million workers payroll tax covers all U.S. TKRs for 1 year
- 1960's 6 workers support a Granny
- 2012 2.4 workers support a Granny

The Sink Hole of Health Care



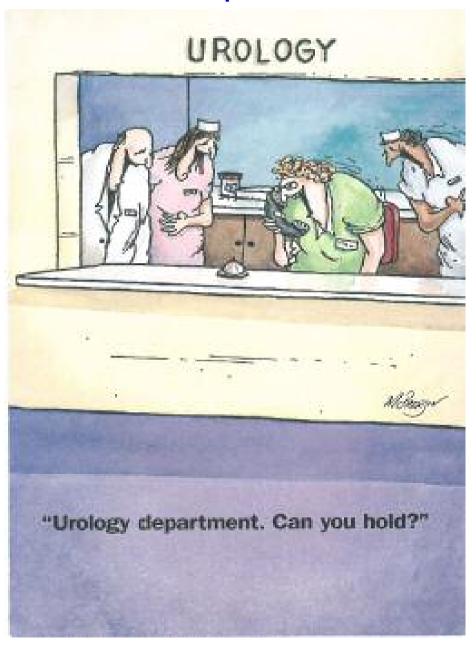
2008 - \$2.4 Trillion 2018 - \$4.4 Trillion 20.3% GDP

Problem #2

Outcomes and Quality

	Life Expectancy	% GDP
Australia	81.4	8.5
Canada	81.4	10.0
France	81.0	11.0
Germany	79.8	10.4
Italy	80.5	8.7
Japan	82.6	8.2
Norway	80.0	8.9
Sweden	81.0	8.9
UK	80.1	8.4
USA	78.1	16.0

Problem #3 - Patient Experience



Patient Experience of Care Dimensions Report – FY2014 "Achievement Threshold" for Value Based Purchasing

Communication with RN	75.79%
Communication with MD	79.57%
Communication about Medicine	59.85%
Pain Management	68.99%



I cannot say whether things will get better if we change; what I can say is they must change if they are to get better.

George C. Lichtenberg 1742 - 1799

The Triple Aim

- 1. Improve Patient Experience
- 2. Reduce costs of caring for a population
- 3. Improve quality individual & population health



Three Phases of Federal Health Policy (Building an airplane while flying)

- Shared Savings (MSSP)
- Value Based Purchasing (VBP)
- Meaningful Use





The Unicorn



- An extremely wild beast
- Can only be captured by a virgin
- An animal with mythological properties that no one has ever seen

Accountable Care Organizations (The Unicorn)

- Goal: Achieve the "triple aim" in an attributed population
- Focus on Population Health
- Maintain quality 33 metrics
- Share in savings that exceed a threshold (2-3%)
- No Risk Arm Shared Savings Program (MSSP)
- Risk Arm Pioneer

Challenges in Chasing the ACO Unicorn

- Patient has "no skin in the game"
- No restriction on choice or site of care
- Fee-for-service for providers
- Cut revenue \$1.00 get \$.48 back
- Gain Sharing Program transitory
- Bundled payment pilots 2013
- Capitation-?
- No one has really done it "Building an airplane while flying."

ACO and Urologists

- Data will rule! it will be about the Triple Aim
 - 1) outcomes
 - 2) patient satisfaction
 - 3) minimizing cost in a FFS world
- Participation vs. Joining
 - many ACOs vs. one ACO
 - FFS vs. risk sharing
 - commodity vs. protection

The Barbarians at the Gate



- Value Based Purchasing
- Meaningful Use
- HIE
- SGR
- RAC Audits
- OIG \$60 Billion
- IPAB
- ICD-10
- Promoting Integrity in Medicare Act 2013
- False Claims Act

Danger Barbarians! Value Based Purchasing

- Established by PPACA 2010
- Hospitals 2012, Providers & Groups 2014
- Patient Experience (CG-HCAHPS)
- Clinical Process of Care (PQRS)
 - Self-select from 200 measures
 - Core measures in future
- VBM: Quality & Resource Use Reports (QRURs) 2014
- 2014 non-ACO practices > 100 physicians
- 2017 All physicians



Value Based Purchasing Patient Experience: CG-HCAHPS

n = 263,737

		<u>Always</u>
Q6	Got appointment for urgent care as soon as needed	65%
Q10	Got answer to phone question during regular office hours	
	on same day	60%
Q13	Wait time to be seen within 15 minutes of appointment time	46%
Q18	Doctor explained things clearly	91%
Q28	Office staff was helpful	88 %

2015: Incentive payment or 2% reduction in Medicare reimbursement

More Barbarians! Meaningful Use (MU)

- ARRA HITECH 2009
- \$41,000 bonus over 5 years
- Penalties 2015 1%, 2017 3%



- Stage 1 (2011) Data Captive & Sharing
- Stage 2 (2013) Advanced Clinical Process
- Stage 3 (2015) Improved Outcomes

Meaningful Use

- Certified EMR products only
- Achieve 15 "core" objectives
- 5/10 "menu" objectives
- EVS, Patient Portal, CPOE, etc.
- Integration of different systems (\$)
- Talent and time to manage

ARRA Project Timeline

	TV303							vana.		-	-	4					470			
Outpatient Projects	41	Un-	74.	Duy	-34	Tu-	Mar	40	We	des	418	44	ing	U-da		pa.	-	to	No	4.
Patient Portal Upgrade #1	1	Corner I	- 11							COX CST		1000		94			1	3.000	1000	1.00
Automated Clinical Messenger														3						
NR 9.8 upgrade (MU2)														e					_	
Patient Portel Upgardo #2														9						
CPCE - 60% of meds, 30% of labelted			_											100						
prescribing - 50% - EP only														Switte						
cline demographics - 62%														D						
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mokinis Shitra - 80%														0						
CDS rates plus drug drug, esc														_						
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office visit Summary -50% RP only									-											
rotect electronic hoults info																				
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Attentation Stage 2 yr 1 - EP - 90 days												teal 10 ee	in.	ie	est Cities		ecus.			



Still More Barbarians! Health Insurance Exchanges

- PPACA 2010
- Sign up October 1, 2013
- Start January, 2014
- Employer Mandate delayed
- Personal Mandate "Pay or Play"
 - \$95 to 1% AGI penalty (only if audited)
- Platinum, Gold, Silver, and Bronze Plans
- Subsidized up to 300% FPL (tax credit)
 - \$34,470 individual, \$70,650 family of 4



Health Insurance Exchange - NH

40 y.o. with no subsidy

	<u>Premium</u>	Deductible/Co-Pays				
Individual	\$227/month	\$ 5,750 / 10%				
Family	\$679/month	\$11,500 / 10%				

Health Insurance Exchange

- Lower reimbursement to providers
- Shift from employer-based to HIE?
- How to collect the deductibles?
- Tiered networks, narrow networks
- No insurance, no appointment?
- Small groups (<50) no penalties
- Estimate: 36% shift (17-63%) (Kaufman Hall)

ICD - 10

(A barbarian that won't go away)

1979: ICD-9 (14K codes)

1990: Int. approval ICD-10 (68K codes)

1999: US adopts ICD-10

2009: HIPAA Mandates

Oct., 2013: Delayed

Oct., 2014: Barbarians will swarm over the wall!

ICD-10 goes live!





ICD-10

Prostate ICD-9 (600.x) 21 codes

ICD-10 26 codes

Fractured Finger ICD-9
 8 codes

ICD-10 64 codes

- Implementation Costs:
 - Small Practice \$83,290
 - Medium Practice \$285,195
 - Large Practice \$2,728,780

Urology in 2013: Unicorns and Barbarians at the Gate!

- Debt is the burning platform
- We are building an airplane while flying
- Embrace change docs included
- Size will matter align, affiliate, join
- Data will rule
- Compliance can't be ignored
- Eliminate cost & waste (supplies & time)
- APs, RNs, MAs practice to full scope
- True patient centeredness is critical
- Pressure on in-office ancillaries
- Negotiating skills/understanding risk score of patients

A Transformative Time

"We can always count on the Americans to do the right thing, after they have exhausted all the other possibilities."



W. Churchill





Nothing is over until we decide it is! Was it over when the Germans bombed Pearl Harbor? Hell, no!

"Bluto" Blutarsky



	<u>W</u>	<u>L</u>	<u>GB</u>			
BOS	95	62				
NYY	82	74	12.5			

