

CALUSA
Saturday, Nov 12
Data and Registry Evaluations

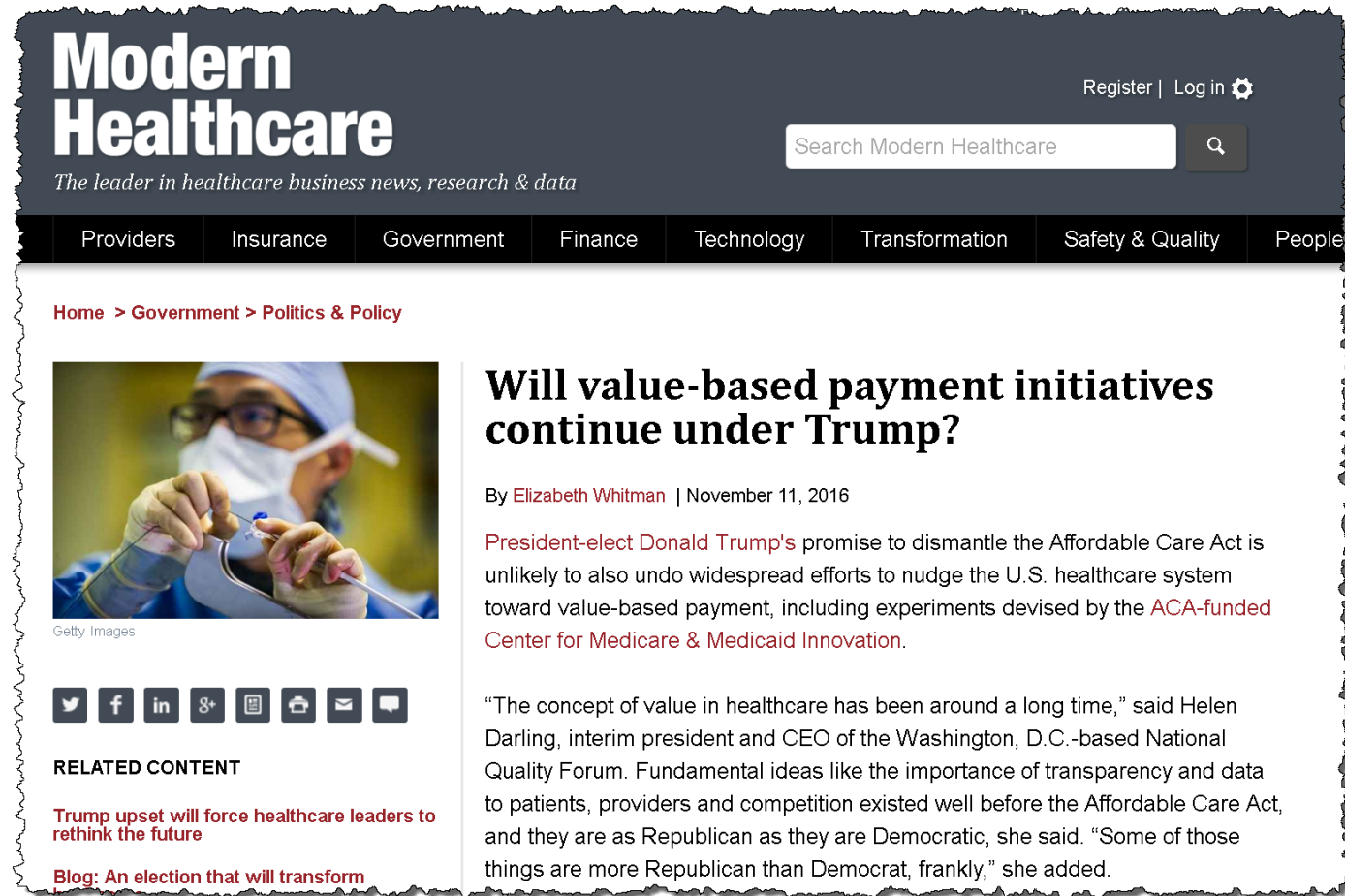
Jeff Dunkel

Disclosures:

- Strategic Vice President/Executive Board for Titan Spine
- Executive Operations Board: FDA's MD EpiNet
- White House Population Health Council:
 - End Stage Renal Disease
 - Chronic Pain and Narcotic Opioid Abuse

The Political Picture is Quickly Coming into Focus

- Trump Appoints Andrew Bremberg to lead HHS (who worked at the agency under President George W. Bush) and Paula Stannard to reportedly concentrate on healthcare reform measures. Stannard is a former deputy general counsel and acting general counsel of the HHS.
- ACA Repeal is an insurance and financial focus.
- **No proposed changes to ranking or evidence based medicine.**
- The House has a long history of passing legislation to repeal the ACA in one fashion or another. So far, those bills – more than 60 of them – ultimately died on the Senate floor.



The screenshot shows the Modern Healthcare website interface. At the top, the logo "Modern Healthcare" is displayed in white on a dark background, with the tagline "The leader in healthcare business news, research & data" below it. To the right of the logo are links for "Register" and "Log in" with a gear icon. A search bar with the placeholder text "Search Modern Healthcare" and a magnifying glass icon is also present. Below the header is a navigation menu with categories: "Providers", "Insurance", "Government", "Finance", "Technology", "Transformation", "Safety & Quality", and "People". The main content area features a breadcrumb trail: "Home > Government > Politics & Policy". The article title is "Will value-based payment initiatives continue under Trump?". The author is "Elizabeth Whitman" and the date is "November 11, 2016". The article text discusses President-elect Donald Trump's promise to dismantle the Affordable Care Act and mentions the "ACA-funded Center for Medicare & Medicaid Innovation". A quote from Helen Darling is included. Below the article is a "RELATED CONTENT" section with two links: "Trump upset will force healthcare leaders to rethink the future" and "Blog: An election that will transform". A social media sharing bar with icons for Twitter, Facebook, LinkedIn, Google+, Print, Home, Email, and Comment is located above the related content.

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Home > Government > Politics & Policy

Will value-based payment initiatives continue under Trump?

By Elizabeth Whitman | November 11, 2016

President-elect Donald Trump's promise to dismantle the Affordable Care Act is unlikely to also undo widespread efforts to nudge the U.S. healthcare system toward value-based payment, including experiments devised by the ACA-funded Center for Medicare & Medicaid Innovation.

"The concept of value in healthcare has been around a long time," said Helen Darling, interim president and CEO of the Washington, D.C.-based National Quality Forum. Fundamental ideas like the importance of transparency and data to patients, providers and competition existed well before the Affordable Care Act, and they are as Republican as they are Democratic, she said. "Some of those things are more Republican than Democrat, frankly," she added.

RELATED CONTENT

Trump upset will force healthcare leaders to rethink the future

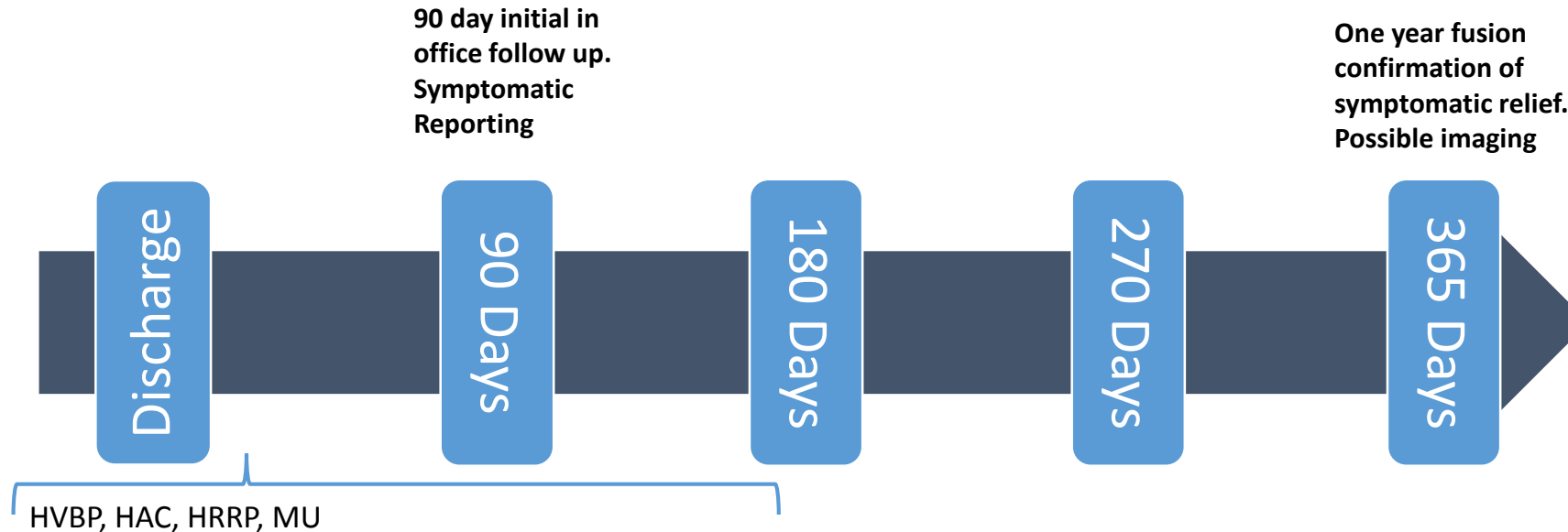
Blog: An election that will transform

Trumps Health Care Plan

1. Repeal the Affordable Care Act, as no citizen should be forced to buy health insurance.
2. Use Congress to remove insurance state barriers
3. Make individuals health care premiums tax deductible just like companies.
4. Ensure Medicaid options are affordable.
4. Establish individual estate tax-free Health Savings Accounts, which could become part of an individual's estate and passed on to heirs without an estate penalty.
5. Create price transparency from providers and hospital organizations, to allow individuals to shop for the best prices on treatments.
6. Medicaid should be handled on the state level.
7. Remove barriers that prevent drug providers of less expensive, safe products from entering the free market. Allow consumers access to safe, imported drugs from overseas.

“The reforms will lower healthcare costs for all Americans. They are simply a place to start. There are other reforms that might be considered if they serve to lower costs, remove uncertainty and provide financial security for all Americans,” Trump noted in his plan. “And we must also take actions in other policy areas to lower healthcare costs and burdens.”

Changing The Success Bias: New Model of Success



- Complications
- Communication
- Pain Reduction
- Time to Discharge
- Reporting of data
- Mortality
- Readmissions
- Revisions
- Surgical Infections
- Pain Reduction Immediate & Over Time
- Progress on Back to Work / Quality of Life
- Improvement in patient reportable outcomes
- Reduction in medical severity
- Reduction in medical costs
- Reporting of data

Changing Focus: ACA Review Hospitals Top ACA Priority is to Protect Revenue

1.00% - HAC

3.00% - HRRP

2.00% - HVBP (increases to 2.0% in 2016)

HCAHPS - 25%

Efficiency - 25%

Clinical Process - 10%

Outcomes (includes Surgical Site infection) - 40%

2.00% Meaningful Use

Phase 1 - Data Capture

Phase 2 - Advance Clinical Process

Phase 3 - Improved Outcomes

Standard \$1B Facility has \$40M on the line

Who is Generating Data?

- You
- Insurance Companies / CMS
- Patients
- Electronic Medical Records

Consider What Data You Generate
That is What Is Used to Evaluate You.

Who Is Compiling and Reporting and Data?

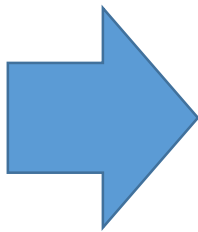
NEST

(National Evaluation System for Health Technology)

Behind the Scenes

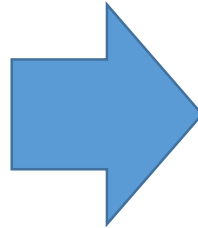
- Medical Device Epidemiology Network (MD EpiNET)
- High Integrated Virtual Environment (HIVE)
- Data Extraction and Longitudinal Trend Analysis System (DELTA)
- Patient-Centered Outcomes Research Institute's (PCORI)
- Clinical Data Research Networks (CDRN)
- International Consortium of Orthopaedic Registries (ICOR) public-private partnership, with over 30 registries & 4.5 million implants involved
- Claims Based Research Initiative (CBRI) program evaluates well established and new/innovative devices and device-based interventions in medicine.

Publically Available



Health Grades

- Launched October, 2014
- No malpractice claims found
- No sanctions found
- No board actions found
- Patient satisfaction (online response)
- Years of Practice
- Insurance carriers
- Languages
- Procedures
- Conditions
- Hospitals
- 17 Million Unique Online Visitors Monthly



Propublica Surgeon Scorecard

- Launched July , 2015
- CMS patient data for 2.3 million procedures: hip and knee replacements, three types of spinal fusion, gallbladder removals, prostate removals and prostate resections
- 16,019 Surgeons rated in Propublica analysis
- 30 Day Complications
- 30 Day Readmissions (over 63,000 reported)
- 30 Day Mortality (over 3,400 reported)

Hospital.gov

- Launched Jan 2016
- Government Ranking of Hospitals for procedure type

Surgeonratings.org

- Launched July 2015
- Analysis of over 4 million surgeries done for hospital inpatients by more than 50,000 surgeons
- Rewards high surgical volumes
- Reports any inpatient adverse outcome (death or prolonged length-of-stay)
- Death within 90 days of discharge
- Any adverse within 90 days after discharge
- Readmission within 90 days after discharge

CMS Comparisons for Quarterly Compensation

Medicare.gov | Hospital Compare
The Official U.S. Government Site for Medicare

Hospital Compare Home About Hospital Compare About the data Resources Help

Home → Hospital Results → Compare Hospitals

Compare Hospitals

Back to Results

General Information Survey of patients' experiences Timely & effective care Complications Readmissions & deaths Use of medical imaging Payment & value of care

Survey of patients' experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on 11 important hospital quality topics.

- Find out why these measures and the star ratings are important.
- Learn more about the data and star ratings.
- Get the current data collection period.
- Get tips for printing star images.

Show Tables Show All Graphs Hide All Graphs View More Details

Hospital	Distance	Actions
COMMUNITY HOSPITAL 901 MACARTHUR BLVD MUNSTER, IN 46321 (219) 836-1600 Distance: 1.3 miles Add to My Favorites Map and directions	PALOS COMMUNITY HOSPITAL 12251 SOUTH 80TH AVENUE PALOS HEIGHTS, IL 60463 (708) 923-4000 Distance: 20.4 miles Add to My Favorites Map and directions	ROSELAND COMMUNITY HOSPITAL 45 W 111TH STREET CHICAGO, IL 60628 (773) 995-3000 Distance: 13.2 miles Add to My Favorites Map and directions

Patients who reported that their nurses "Always" communicated well

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	84.0%
PALOS COMMUNITY	78.0%
ROSELAND COMMUNITY	63.0%
Indiana (Average for all)	82.0%
National (Average for all)	78.0%

Patients who reported that their doctors "Always" communicated well

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	81.0%
PALOS COMMUNITY	81.0%
ROSELAND COMMUNITY	70.0%
Indiana (Average for all)	83.0%
National (Average for all)	82.0%

Patients who reported that their pain was "Always" well controlled

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	74.0%
PALOS COMMUNITY	73.0%
ROSELAND COMMUNITY	57.0%
Indiana (Average for all)	73.0%
National (Average for all)	71.0%

Patients who reported that staff "Always" explained about medicines before giving it to them

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	68.0%
PALOS COMMUNITY	63.0%
ROSELAND COMMUNITY	50.0%
Indiana (Average for all)	66.0%
National (Average for all)	65.0%

Patients who reported that their room and bathroom were "Always" clean

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	78.0%
PALOS COMMUNITY	69.0%
ROSELAND COMMUNITY	66.0%
Indiana (Average for all)	76.0%
National (Average for all)	74.0%

Patients who reported that their room was "Always" quiet at night

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	57.0%
PALOS COMMUNITY	54.0%
ROSELAND COMMUNITY	60.0%
Indiana (Average for all)	62.0%
National (Average for all)	62.0%

Patients who reported that YES, they were given information about what to do during their recovery at home

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	87.0%
PALOS COMMUNITY	85.0%
ROSELAND COMMUNITY	61.0%
Indiana (Average for all)	88.0%
National (Average for all)	85.0%

Patients who "Strongly Agree" they understood their care when they left the hospital

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	58.0%
PALOS COMMUNITY	56.0%
ROSELAND COMMUNITY	28.0%
Indiana (Average for all)	54.0%
National (Average for all)	52.0%

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	80.0%
PALOS COMMUNITY	73.0%
ROSELAND COMMUNITY	40.0%
Indiana (Average for all)	75.0%
National (Average for all)	71.0%

Patients who reported YES, they would definitely recommend the hospital

Why is this important?
Hide Graph

Entity	Percentage
COMMUNITY	80.0%
PALOS COMMUNITY	76.0%
ROSELAND COMMUNITY	29.0%
Indiana (Average for all)	73.0%
National (Average for all)	71.0%

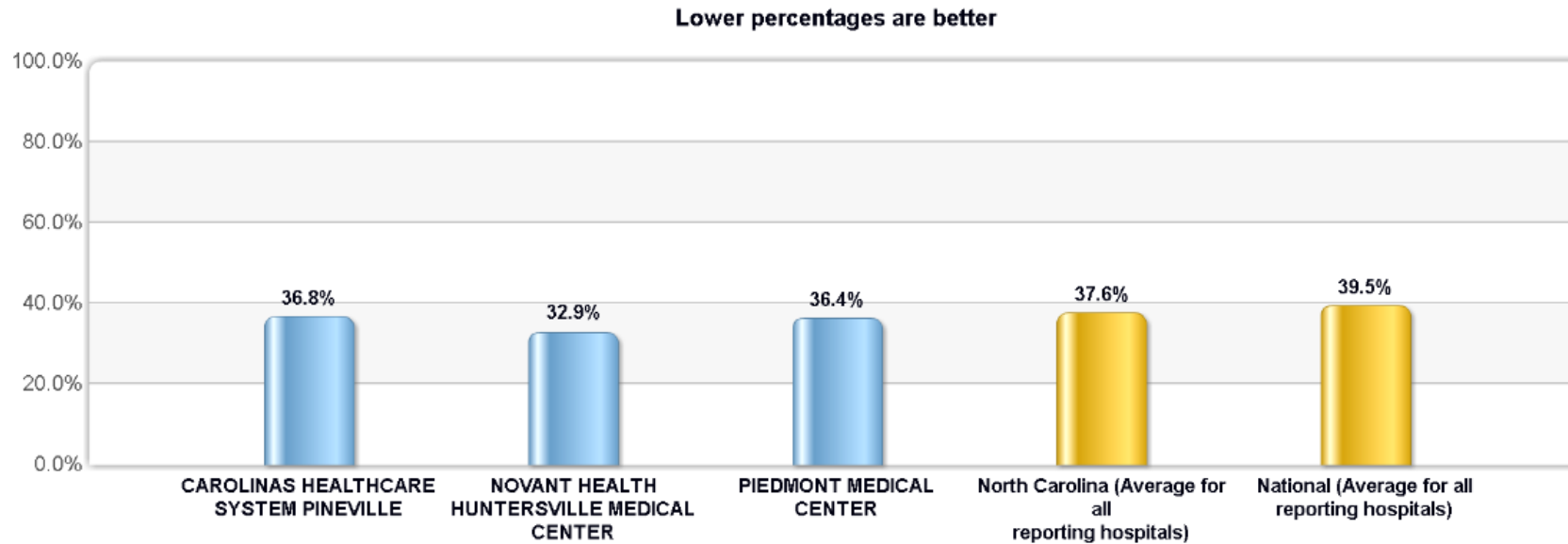
If footnotes appear in the table, hover over the number to get more details. View more footnote details.

CMS Protocol / Efficiency

Outpatients with low-back pain who had an MRI without trying recommended treatments first, such as physical therapy If a number is high, it may mean the facility is doing too many unnecessary MRIs for low-back pain.

[Why is this important?](#)

[Hide Graph](#)

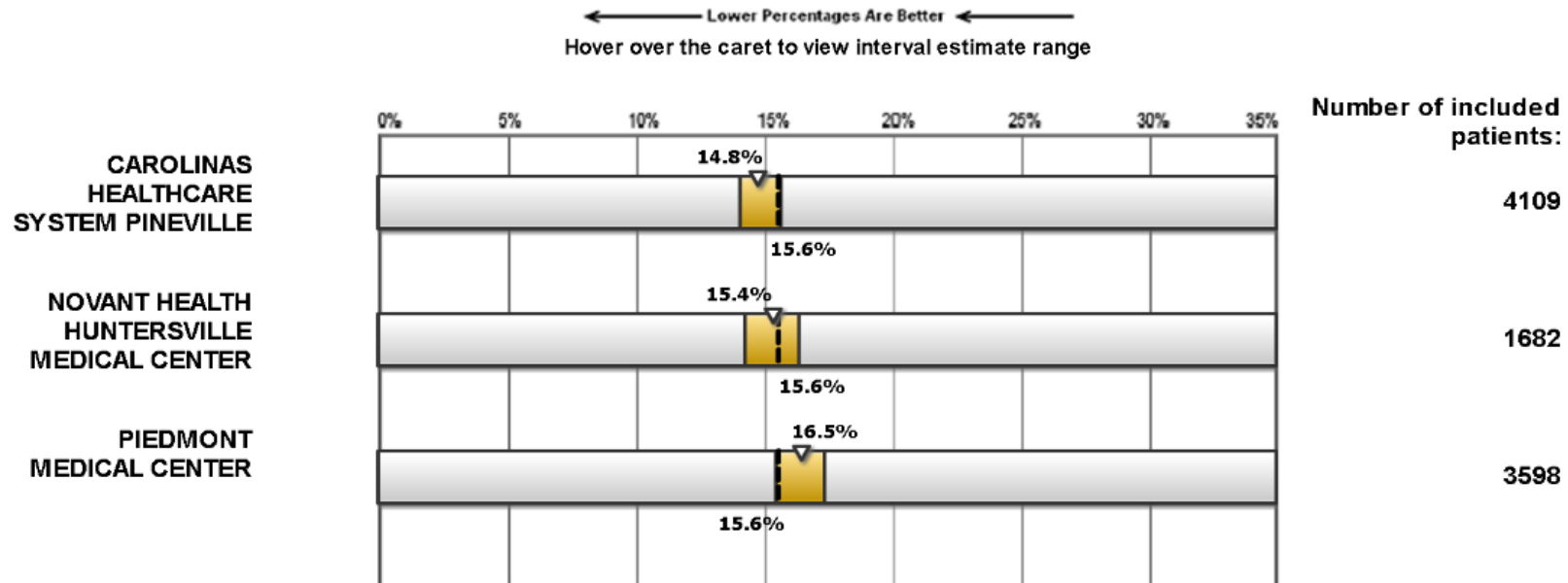


CMS Readmissions

Rate of readmission after discharge from hospital (hospital-wide)

[Why is this important?](#)

[Hide Graph](#)



National rate of all cause hospital-wide readmission = 15.6%

30 days = Rankings (Payments)

PROCEDURE SELECTED

Lumbar Spinal Fusion, Posterior Column and Approach Performance at Hospitals Within 25 Miles

The fusing of two or more vertebrae in the lower back, performed on the back portion of the spine. One of the most common reasons is the narrowing of the space between the vertebrae, which puts pressure on the spinal cord and nerves, causing pain. It can also be done because of disc degeneration or a condition where one bone in the back slides forward over the bone below it. [More information »](#)

17

nearby hospitals performed this procedure on Medicare patients

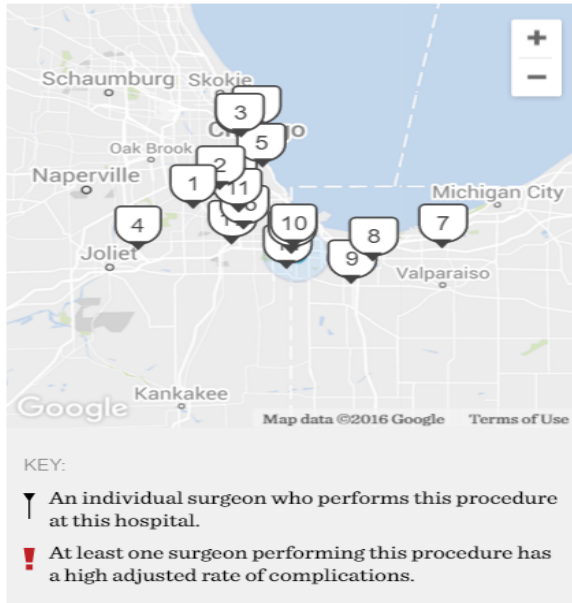
2 (12%)

have at least one surgeon with a low adjusted complication rate

! 3 (18%)

have at least one surgeon with a high adjusted complication rate

Sorted by the surgeon with the lowest adjusted rate of complications at each hospital, along with a measure representing the combined performance of surgeons and hospitals for these procedures.



1		PALOS COMMUNITY HOSPITAL, PALOS HEIGHTS
2		ADVOCATE CHRIST HOSPITAL & MEDICAL CENTER, OAK LAWN
3		RUSH UNIVERSITY MEDICAL CENTER, CHICAGO
4		SILVER CROSS HOSPITAL AND MEDICAL CENTERS, NEW LENOX
5		THE UNIVERSITY OF CHICAGO MEDICAL CENTER, CHICAGO
6		NORTHWESTERN MEMORIAL HOSPITAL, CHICAGO
7		PORTER REGIONAL HOSPITAL, VALPARAISO
8		ST MARY MEDICAL CENTER INC, HOBART
9		PINNACLE HOSPITAL, CROWN POINT
10		COMMUNITY HOSPITAL, MUNSTER
11		METROSOUTH MEDICAL CENTER, BLUE ISLAND
12		UNIVERSITY OF ILLINOIS HOSPITAL, CHICAGO
13		FRANCISCAN PHYSICIANS HOSPITAL LLC, MUNSTER
14		FRANCISCAN ST MARGARET HEALTH - DYER, DYER
15		LITTLE COMPANY OF MARY HOSPITAL, EVERGREEN PARK
16		INGALLS MEMORIAL HOSPITAL, HARVEY
17		ADVOCATE SOUTH SUBURBAN HOSPITAL, HAZEL CREST

Lumbar Spinal Fusion, Posterior Column and Approach

Fusing two or more vertebrae in the lower back; performed on the back of the spine, incision in the back (ICD-9-CM code 81.07)

The fusing of two or more vertebrae in the lower back, performed on the back portion of the spine. One of the most common reasons is the narrowing of the space between the vertebrae, which puts pressure on the spinal cord and nerves, causing pain. It can also be done because of disc degeneration or a condition where one bone in the back slides forward over the bone below it. [More information](#)

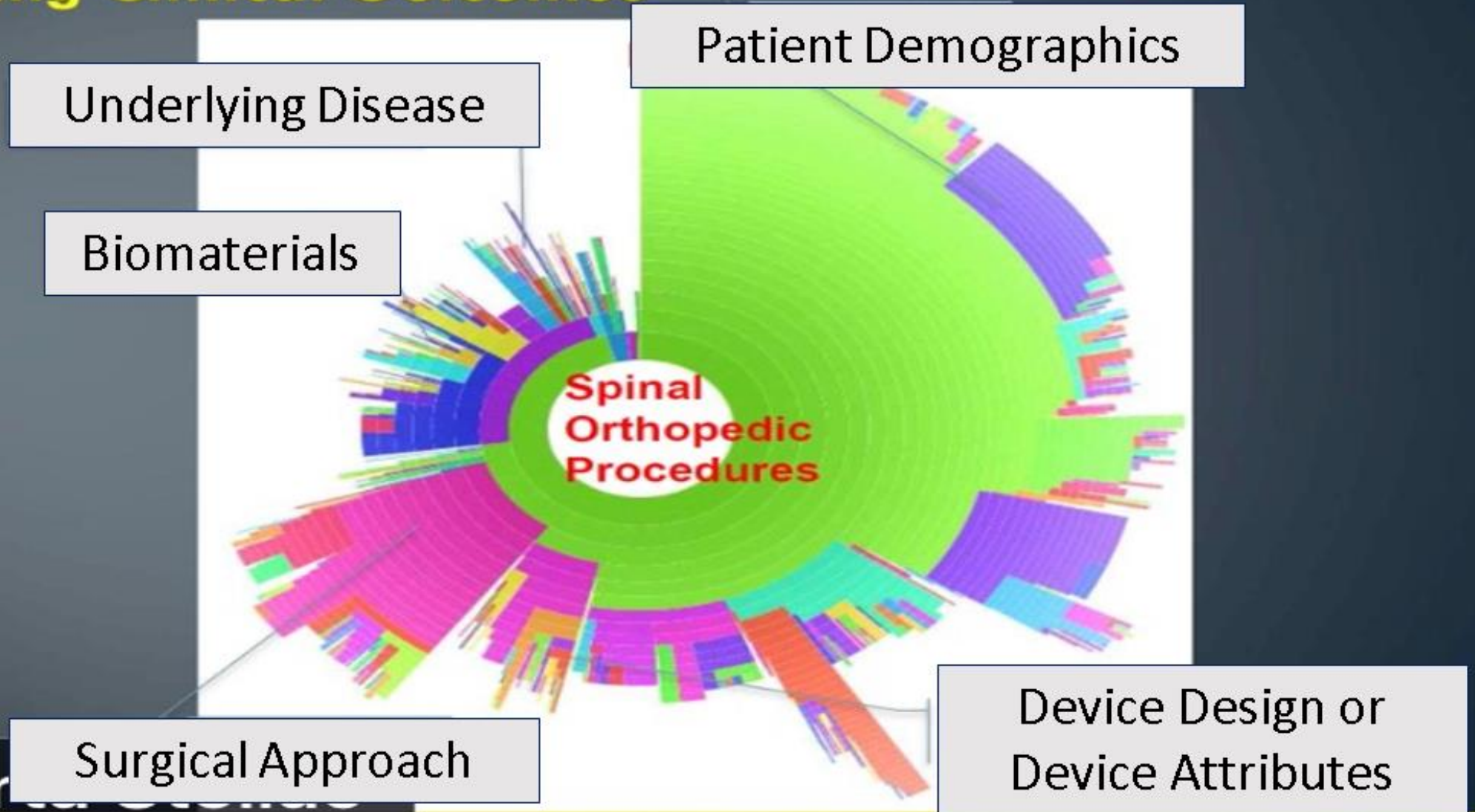
PERFORMED PROCEDURE	COMPLICATIONS	RAW COMPLICATION RATE	ADJUSTED COMPLICATION RATE
220 times	1-10	Redacted	2.7%
46 times	0	0	3.0%
38 times	1-10	Redacted	4.1%
24 times	1-10	Redacted	5.3%
44 times	1-10	Redacted	5.4%
71 times	11	15.5%	8.4%

The following surgeons perform this procedure less than 20 times in Medicare, lower than our threshold for display:

ALLAN HELLER, IAN ROSS, IGOR FINEMAN

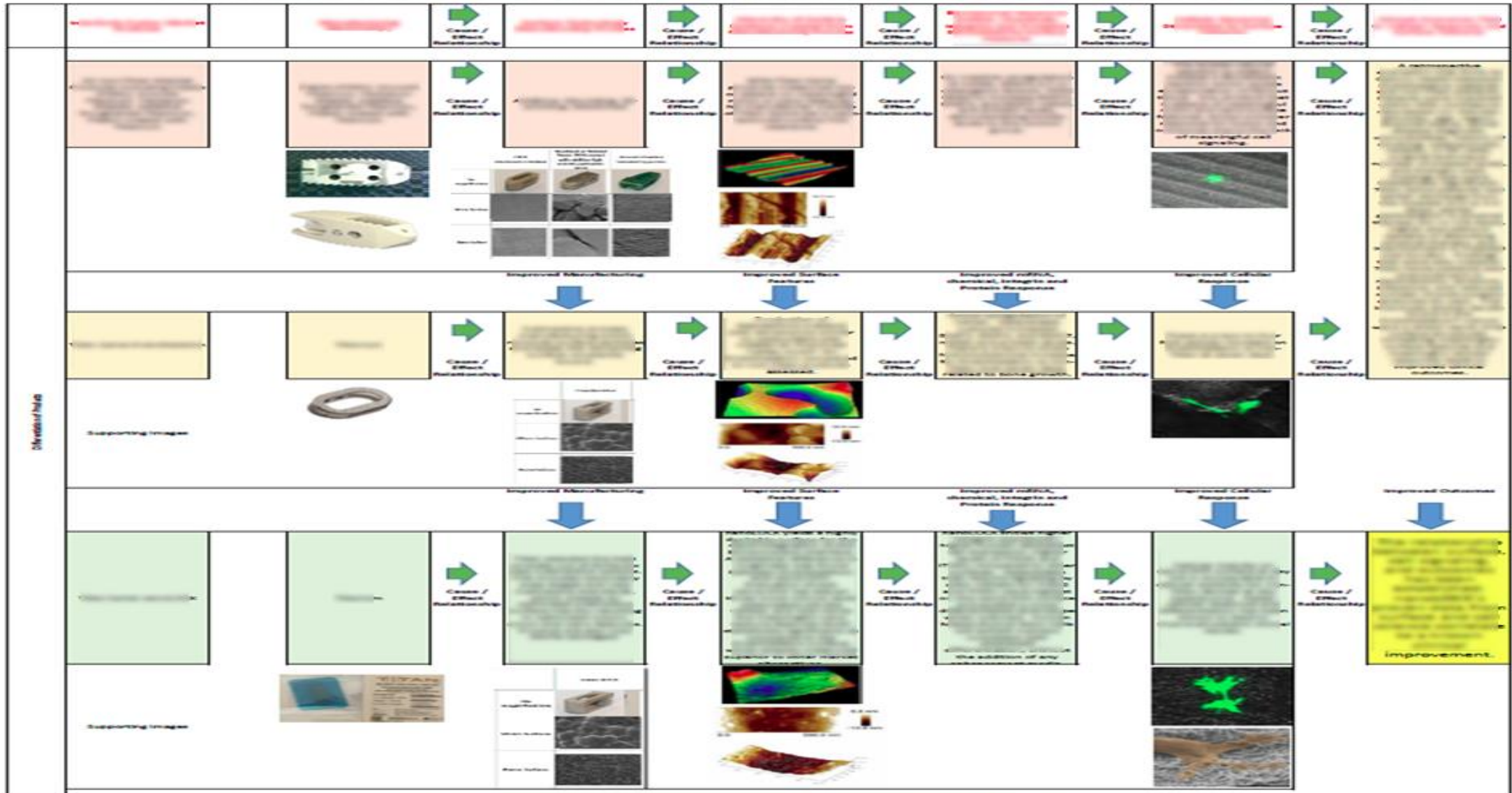
[Compare to other nearby hospitals performing this procedure »](#)

Simulated Visualization of Patient Subgroups and Identification of Patient/Procedure/Device Characteristics Impacting Clinical Outcomes



Power of Data – Differentiate and Improve

Surface technologies based on the substrate, surface stress, stress relief, surface energy, and adhesion. The resulting surface properties are characterized by surface energy, wettability, and adhesion. Below is a conceptual flow chart demonstrating the relationship between the manufacturing process, surface energy, and stress relief.



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Notes: Details Help You

ODI

- 0 to 20: Minimal disability
 - 21-40: Moderate Disability
 - 41-60: Severe Disability
 - 61-80: Crippling back pain
 - 81-100: These patients are either bed-bound or have an exaggeration of their symptoms.
- VAS is a continuous scale comprised of a horizontal (HVAS) or vertical (VVAS) line, usually 10 centimeters (100 mm) in length, anchored by 2 verbal descriptors, one for each symptom extremity

VAS

- **Response options/scale.**
- For pain intensity, the scale is most commonly anchored by “no pain” (score of 0) and “pain as bad as it could be” or “worst imaginable pain” (score of 100 [100-mm scale])
 - To avoid clustering of scores around a preferred numeric value, numbers or verbal descriptors at intermediate points are not recommended