HSPRN Update: Integrated Funding Models (early) Comparative-Effectiveness Results

Health Achieve

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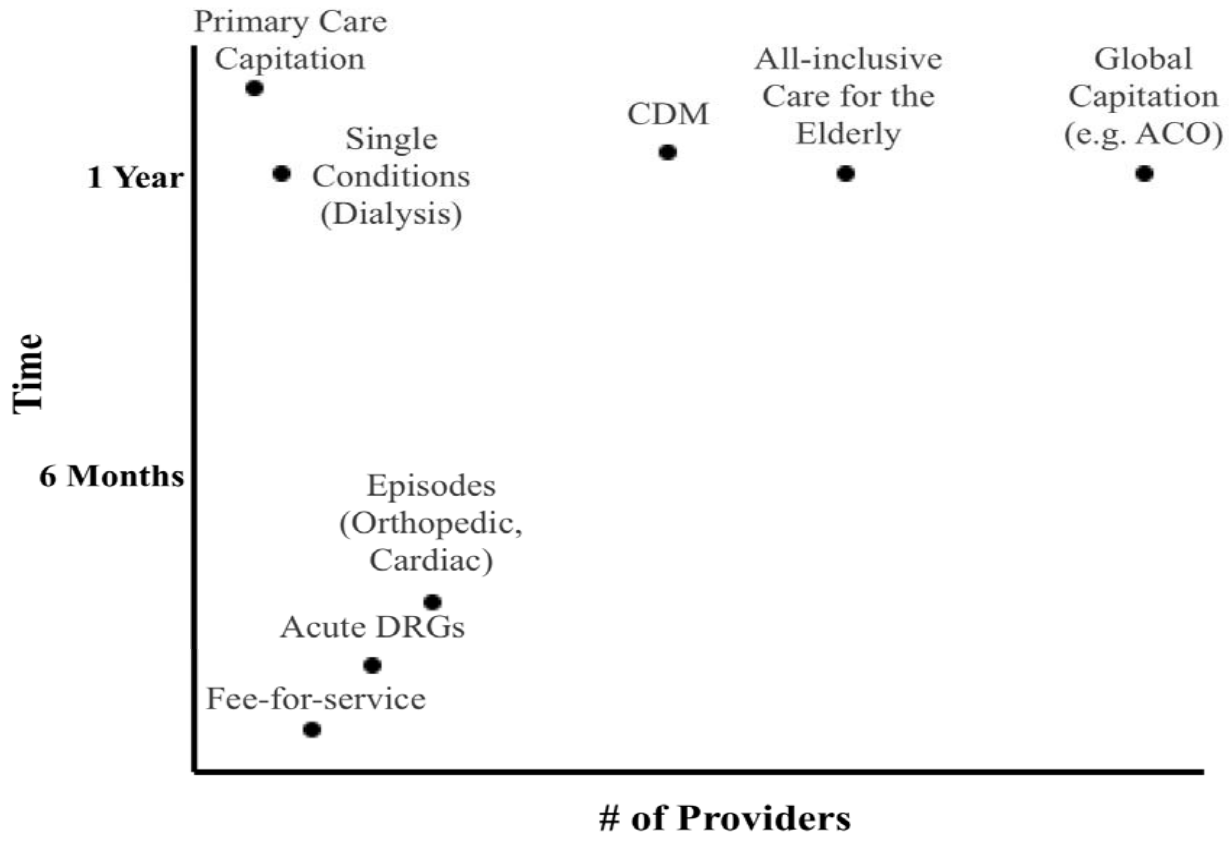
What bundles for what purpose?

Figure 1: Continuum of Bundled Services



(Note: DRG Diagnostic Related Group payment for inpatient hospital care; CDM Chronic disease management payment for a single condition (e.g. renal disease, COPD); ACO Accountable Care Organizations that assume all or nearly all care required for an individual.)

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Integrated Funding Model

6 Programs : 4 patient groups

1. Cardiac Surgery @ Trillium (PPATH)
2. COPD/CHF in 3 (London, North York, HNHB)
3. Stroke (North York & Sunnybrook)
4. Infections (Osler)

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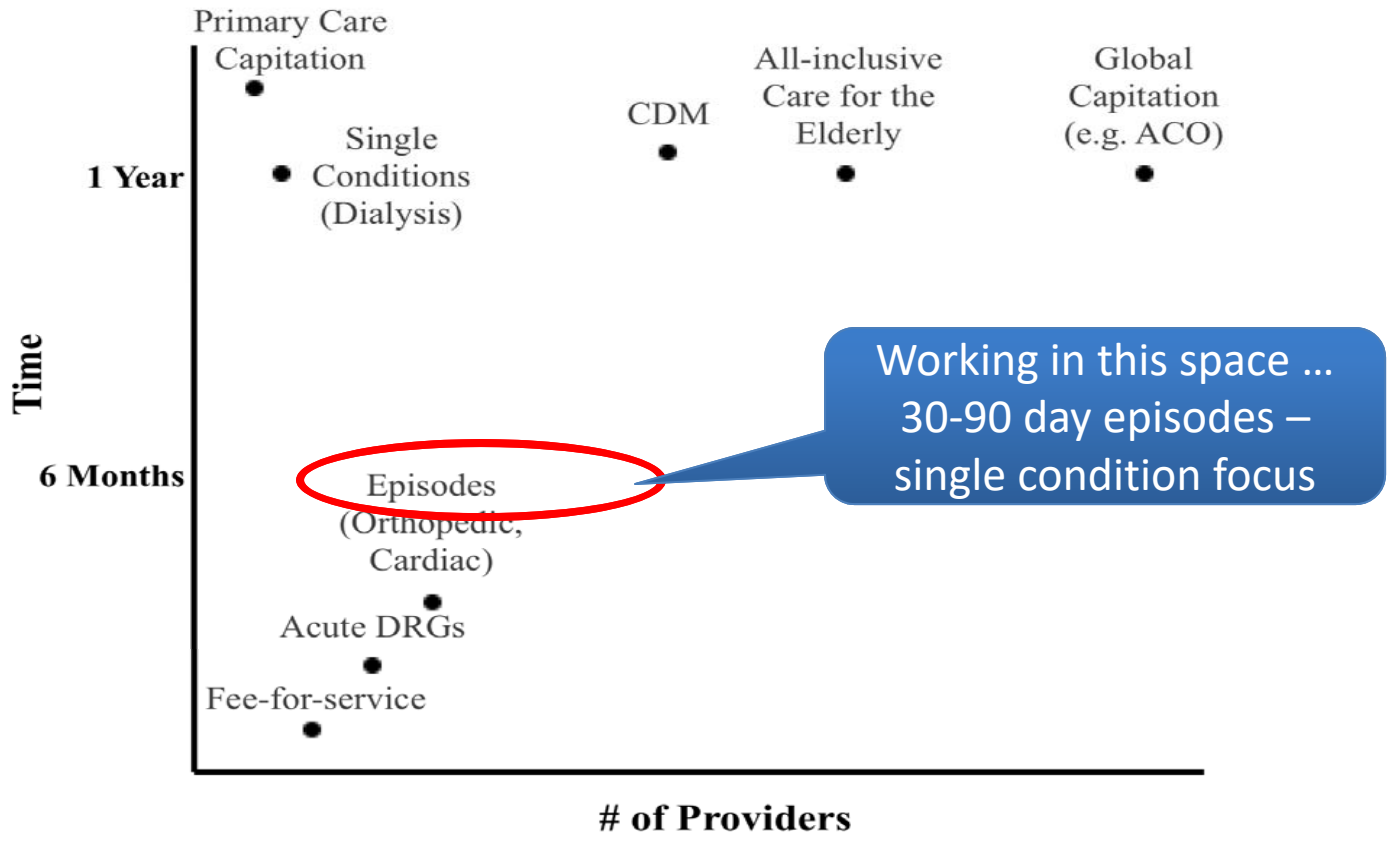

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Integrated Funding Model

Health System Performance Research Network has been engaged since the outset of IFM as the central evaluator for the program.

Today:

1. Some Example Results
2. Some Lessons for Implementation
3. Some Impressions

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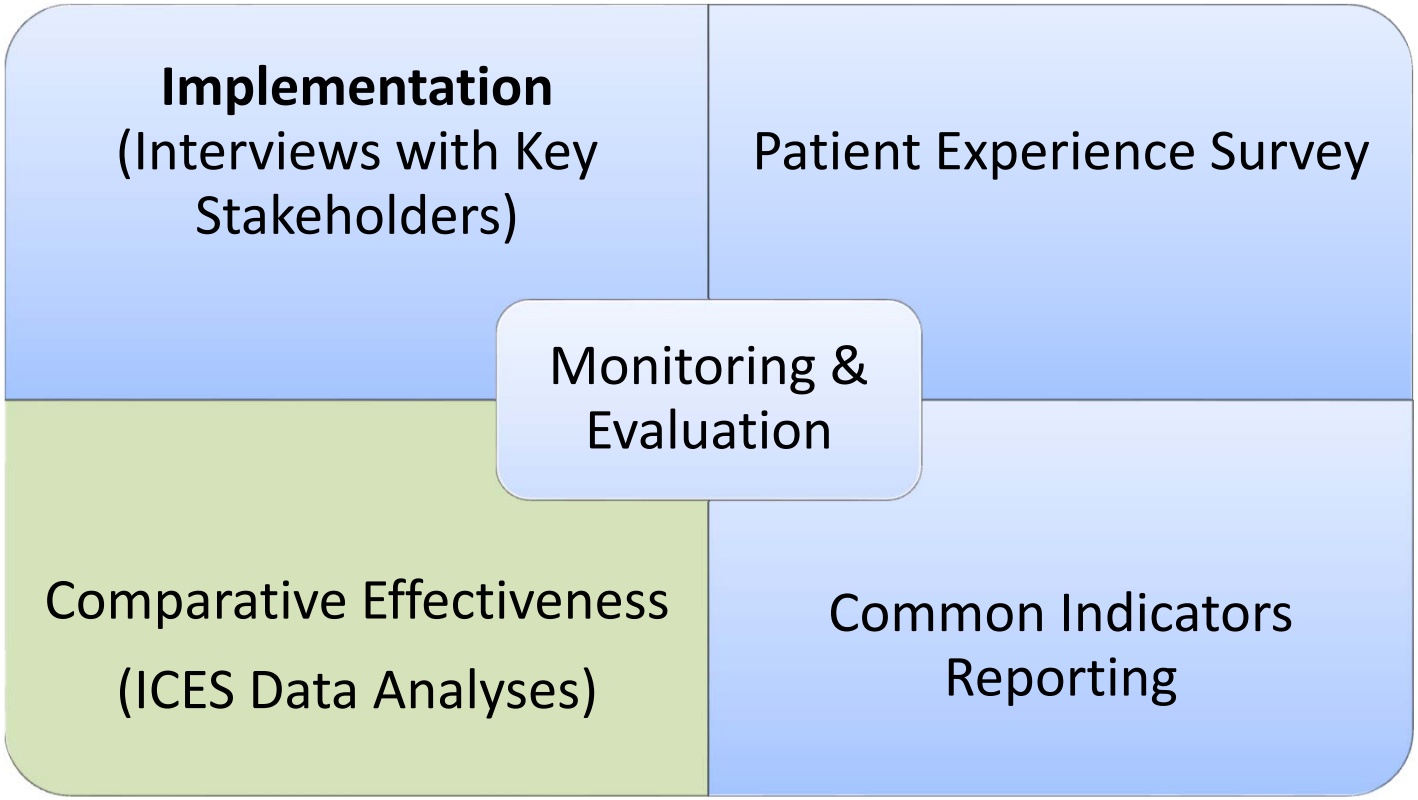
Integrated Funding Model Evaluation

HSPRN Evaluation Framework



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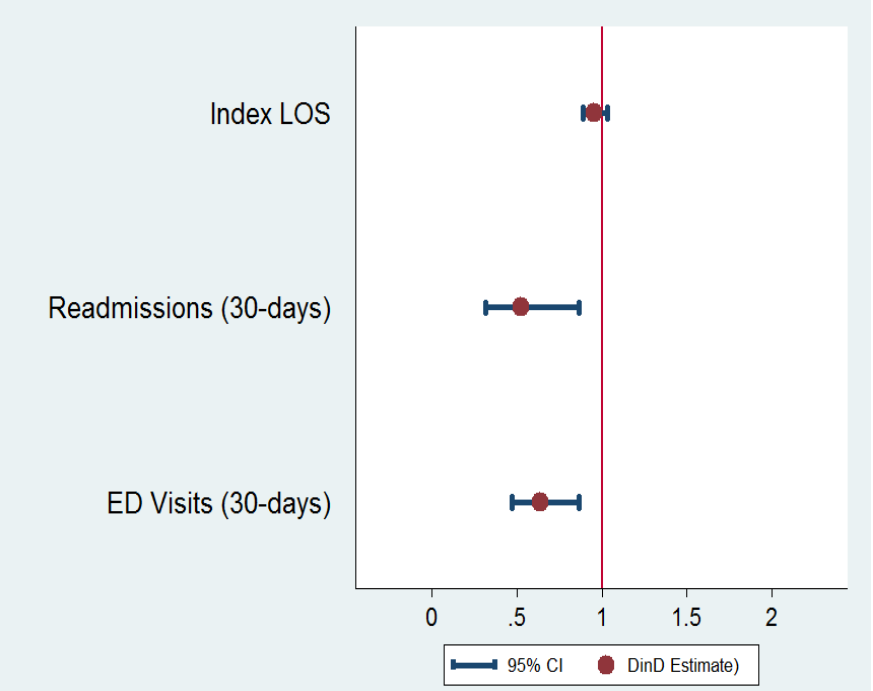
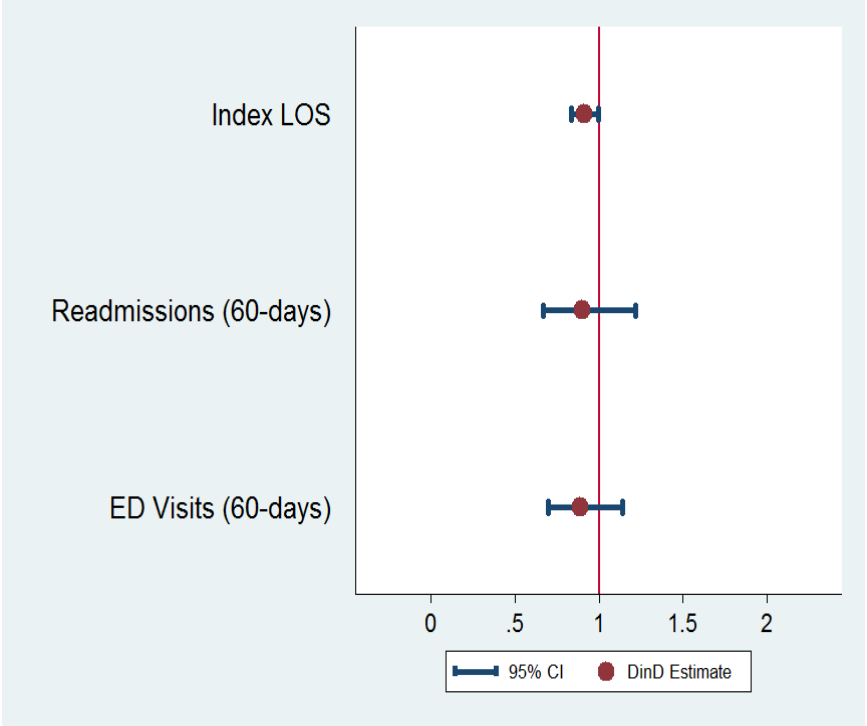
Cardiac-Putting Patients At The Heart

Indicator	Group	Pre (Oct 2012-Sept 2014)	Post (IFM Start-Present)	Difference (Post vs Pre RR)	p-value	DiD (RR)	p-value
Index LOS	IFM	8.5	8.1	0.96	0.11	0.96	0.25
	Comparator	8.2	8.3	1.00	0.91		
Readmissions	IFM	0.10	0.06	0.61	0.01	0.52	0.01
	Comparator	0.08	0.10	1.16	0.40		
ED Visits	IFM	0.29	0.21	0.73	0.00	0.64	0.00
	Comparator	0.28	0.32	1.14	0.22		



Heart Failure/COPD. ICC 2.0 in HNHB

Indicator	Group	Pre (Oct 2012-Sept 2014)	Post (IFM Start-Present)	Difference (Post vs Pre RR)	p-value	DiD (RR)	p-value
Index LOS	IFM	8.0	6.4	0.79	<.0001	0.91	0.04
	Comparator	8.2	7.2	0.87	<.0001		
Readmissions	IFM	0.41	0.39	0.95	0.61	0.90	0.50
	Comparator	0.44	0.47	1.05	0.64		
ED Visits	IFM	0.71	0.66	0.93	0.44	0.89	0.35
	Comparator	0.81	0.85	1.04	0.60		



Lessons and Impressions

Lessons for Success:

- ✧ Good relationships/trust among partners

  (Building on existing partnerships & priorities)

- ✧ Strong leadership; belief in model (including LHIN)
- ✧ Physician engagement & 24/7 patient call-in line

Impressions:

- ✧ For narrow care (surgical procedures): Go Fast !
- ✧ For complex medical conditions: Go Slow !

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Implications for Scale & Spread

1. For surgical procedures: Go Fast !
   - Can implement wide-scale adoption
   - Monitor and evaluate Scale and Spread

2. For medical conditions: Go Slow!
   - Lots still to figure out here
   - Engagement of community primary care physicians is essential to program success
   - Need to resolve integration with on-going community (home care) services

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Gaps in Understanding

- How do episodes overlay with and increase utilization relative to ongoing care?
- How do different types of episodes interact and inter-relate over individual and population trajectories of health?
- How can primary care physicians be engaged ‘at scale’ to improve post-acute care for patients with unstable medical conditions?

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