

Bundled Care Toolkit

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Guidelines for Developing a Bundled Payment Process

- I. Model Selection
 - a. Model 2 or 4 of the BCPI Initiative are likely the most appropriate for Episodic Surgical Care
- II. Identify the “Trigger” for an Episode of Care (Bundle)
 - a. Professional Claim
 - i. E&M code from Physician’s office
 - ii. Scheduling of Surgical Procedure
 - b. Facility Claim
 - i. Admission to Facility-Diagnosis Code from Facility for Morbid Obesity/Co-Morbidity
 - ii. CPT Code Given at Admission or Procedure Completion
 - c. Identify Sites of Care-
 - i. Inpatient Only
 - ii. MBSAQIP Accredited center, etc.
 - d. Procedure Choice
- III. Assign Services
 - a. Timeline
 - i. Duration of Bundle. 30, 60, 90 days, etc.
 - ii. Can Initiate at Procedure or even 30 days prior to Procedure
 - iii. Define what will be included/excluded during the Episode Duration
 - iv. May be necessary to define what is not included in the Bundle
 - b. Surgeon Services
 - i. Procedure Fee
 - ii. Follow Up Care during bundled timeline
 - iii. Extended Services- Support Groups, Dietary Services, etc. from Surgeon’s Practice
 - c. Facility
 - i. Perioperative Care- Equipment, Nursing staff, medications, laboratory or additional testing/evaluations
 - ii. Operating Rooms Costs- Staffing, Equipment, Medications, Occasional Use Equipment
 - iii. Post-op Care- Nursing Services, Medications, Chemical and Mechanical DVT Prophylaxis, Respiratory Therapy Services (CPAP use, etc.)
 - iv. ICU Services
 - d. Other Provider Services
 - i. Anesthesia Services- Perioperative and Intraoperative
 - ii. Radiology Staff- Postop Imaging, Routine/Indicated Upper GI
 - iii. Hospitalist Services- Routine Consults, Indicated for Medical Management
 - iv. Role of Bariatrician

- v. Pathology
 - vi. Specialist Services- Cardiology, Pulmonary, ICU Support, Gastroenterology, etc.
- e. Pre-operative Services
 - i. Need to Address Preoperative Evaluation
 - ii. Outside/Inside Bundle
 - iii. Handling of Preoperative evaluation- EGD, Sleep study, labs, etc.
- IV. Accountability
 - a. Identify Primary Responsible Entity
 - i. Physician vs. Facility
 - ii. Health System
 - iii. Should work in Partnership
 - iv. Data Collection Responsibility
 - v. Cost Sharing Process
- V. Opportunity to Identify Costs
 - a. Define the Driving Incentives
 - b. Equipment Costs
 - c. Pathways for most efficient patient management
 - d. Decreasing LOS
 - e. Reduction in Unnecessary Services
 - f. Gainsharing Mechanism
 - i. Physicians should share in cost savings
 - ii. Quarterly, Annually, etc. adjustment
 - iii. Identify True Costs inclusive of complications, readmissions, etc.
- VI. Risk Adjusting the Bundle
 - a. Identification of Potential Outliers
 - i. High BMI >60
 - ii. Increased Risk from medical standpoint (cardiac history, previous DVT/PE, Chronic anticoagulation, etc.)
 - iii. Revision Procedures
 - iv. Previous Surgeries
 - v. Age Extremes
 - b. How to Handle Concomitant Procedures
 - i. Cholecystectomy
 - ii. Hiatal Hernia Repair (Identified Preoperative vs. Intraoperative)
 - c. High Risk Patients
 - i. Excluded (?)
 - ii. "High Risk" patient revert to claims based pathway
 - iii. Tiered Bundle for routine vs. higher risk patient
 - iv. Separate Process
- VII. Define Quality Metrics
 - a. Length of Stay
 - b. ED Visits
 - c. Readmissions
 - d. Reoperations

- e. Other Complications
 - f. Goal Definition
 - i. Targeting Decreasing LOS, Equipment Costs, Facility Costs, etc.
 - ii. Identify agreed upon metrics and area for improved quality and efficiency
 - g. Access to Care/Volume
- VIII. Other Concerns
- a. Post-operative outpatient hydration pathway
 - b. Unrelated Procedures during Bundle Timeline
 - c. Defining what complications/readmission criteria are included in this Episode of Care
 - d. ED visits unrelated to primary procedure
- IX. Revision of Bundle
- a. Tracking of Quality Metrics
 - b. Interaction of Payors, Facility and Surgeon
 - c. Patient Responsibility- Reasonable co-pay/direct patient costs
 - d. Cost Analysis
 - e. Re-Evaluate areas for Cost Savings
 - f. Determine if Bundled Payment is Meeting Agreed Upon Goals