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