Understanding Co-Management Opportunities and Other Physician Alignment Strategies for Orthopaedic Surgeons

Nicholas Colyvas MD

COA 2017

GOLDEN GATE SPORTS MEDICINE
& ORTHOPAEDIC SURGERY

Disclosures

- none

Outline and Objectives

- The background environment
- Define co-management opportunities and where they fall in the alignment spectrum
- Discuss the legality of co-management agreements
- Discuss formation of Comanagement agreements
- Discuss mature co-management arrangements and future directions

Background Environment

Healthcare Today

Complex, Confounding, Challenging and Definitely Changing

Healthcare Systems
GOVERNANCE
ACO
Telemedicine
PATIENT SATISFACTIC
Comparative Effecti
Medical I
Joint Venture
Group Practice
He
Health Navigators
Physician Em
PHO
Service Li
Market Share
Private Equity
Supply Chain
Evidence Based Medicine

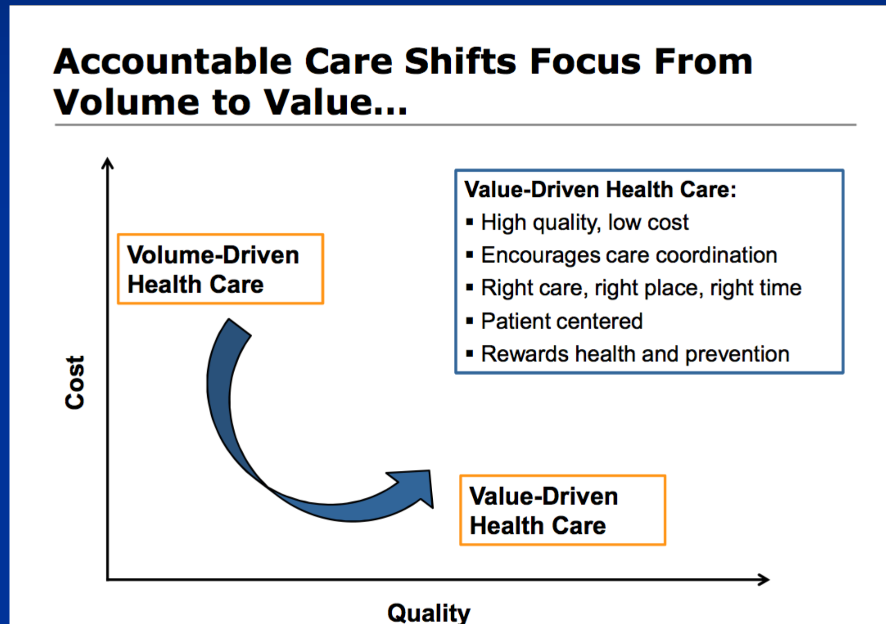
Fraud & Abuse
Quality
Medical Education
People
Medicaid
MSO
ent
cian Extenders
adership
Networks
Health Insurance Exchanges
Patient Safety
Care Organization
Health Management
ulatory Centers
Bond Rating
Industry Consolid...
Regional Health Information Organizations
Centers of Excellence
Clinical Integration
EMR
IT
P4P
Mergers
Readmissions
Volume
Gainsharing
Revenue Cycle
CAPITAL
Competition
Payment Reform
Care Redesign

Shift to Value based payments

- The current administration wants 30% of payments for traditional Medicare benefits to be tied to value based payment models such by the end of 2016.
- The administration also has set a goal of hitting 50% by the end of 2018.

HHS announcement Jan 2015

Needed for this to happen:



Physician Leaders !

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Co-management

- Co-management agreements -often referred to as "Service Line Agreements"- continue to be more common nationwide.
- A popular way for Orthopaedists to integrate with Hospitals, without becoming their employees

History

- Started gaining popularity in mid 2000's
- Became very popular in late 2000's and continue to grow rapidly nationwide.

Co-management Agreement

- An agreement between a Hospital and a group of Orthopaedic Surgeons, to co-manage the Orthopaedic Service line at that Hospital

- Physicians are compensated for their time spent assisting in the management of the service line

What can be achieved

- Improved Quality of care / lower cost
- Reduce Costs to the Hospital
- Improve Surgeon experience
- Compensation for time spent assisting hospital improving the service line

Co-management

- Typically have fixed, plus incentive based compensation model

- Typically contract term one to three years, renewed by mutual consent, compensation adjusted annually.

Compensation

- – Base fee – a fixed annual base fee that is consistent with the fair market value of the time and efforts participating physicians dedicate to the service line development, management, and oversight process

- – "At risk" fee – a series of pre-determined payment amounts contingent on achievement of specified, mutually agreed, objectively measurable, program development, quality improvement and efficiency goals

Alignment Models

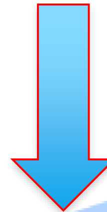
Low Integration

High Integration

Traditional Medical Staff Model	Paid Positions	Equity and Contractual Relationships	Expansion of Hospital-Based Staff	Employment
	▪ Medical directors ▪ Committee participation ▪ Call coverage stipends	▪ Joint ventures ▪ Comanagement agreements	▪ Hospitalists, intensivists ▪ Employed and contracted	▪ Select specialists ▪ Multispecialty clinics

SG2: 2012

Alignment Models



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SG2: 2011

What about Risk?

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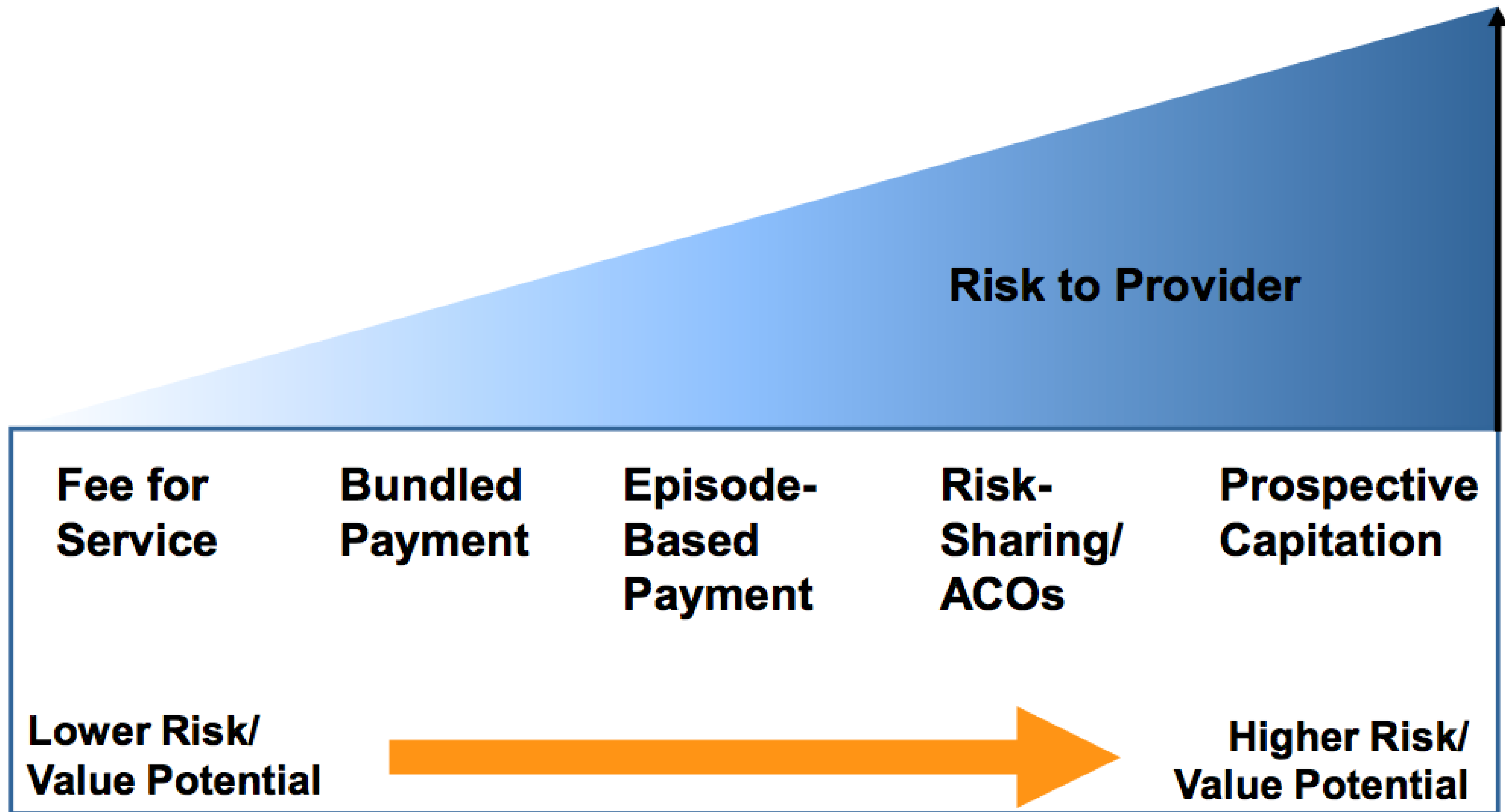
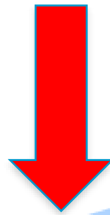


ASSUMPTON OF RISK

Comanagement



Risk to Provider

Fee for Service	Bundled Payment	Episode-Based Payment	Risk-Sharing/ ACOs	Prospective Capitation

Lower Risk/ Value Potential

Higher Risk/ Value Potential

SG2

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2011

Report on MEDICARE COMPLIANCE

Volume 20, Number 12 • April 4, 2011

Weekly News and Analysis on New Enforcement Initiatives and Billing/Documentation Strategies

Contents

4 Use Adult-Learning Ideas to Make Compliance Training More Effective

5 Court Dismisses Case Against GSK Lawyer, But Feds Can Try Again

7 *News Briefs*

New Proposed HHS Regulation Outlines Fraud-and-Abuse Waivers for ACOs

CMS and the HHS Office of Inspector General on March 31 floated a proposal to clear the fraud-and-abuse path for accountable care organizations (ACOs). The proposed "notice," which is not a regulation but will have the force of law when finalized, establishes waivers of the Stark, anti-kickback and civil monetary penalty laws so ACOs can move forward without fear of enforcement.

The waivers were unveiled on the same day that CMS proposed the sweeping regulation spelling out the Medicare shared savings program created by the health reform law. The rule sets the parameters for ACOs, which give providers incentives to work together to treat patients across care settings, including doctors' offices, hospitals, and long-term care facilities.

ACOs may include "ACO professionals" (physicians and hospitals) in group practice arrangements; networks of individual practices of ACO professionals; partnerships or joint ventures between hospitals and ACO professionals; and hospitals employing ACO professionals. CMS says ACOs, which should be clinically integrated, are designed to improve patient outcomes and reduce costs.

Because ACO development could have been impeded by the fraud-and-abuse laws, the health reform law authorized HHS to develop Stark, anti-kickback and civil monetary penalty (CMP) waivers. The Stark law bans Medicare payments to entities for services referred by physicians who have a financial relationship with the entity unless an exception applies, and the anti-kickback law criminalizes payment of remuneration for patient referrals.

continued on p. 6

Co-Management Is a Hot New Trend in Physician Ventures, But Beware Stark Risks

Hospitals are jumping all over co-management agreements, which allow them to pay physicians to run a department and improve its quality and efficiency. With CMS effectively killing under arrangements through Stark regulations and some physicians balking at hospital employment, co-management opens a new door to physician-hospital alignment. Because money changes hands, however, hospitals entering into these arrangements need to navigate a fraud-and-abuse minefield.

"Co-management agreements are a hot venture," says Pittsburgh attorney Bill Maruca, with Fox Rothschild. "Physicians are happy with co-management agreements because they don't have to sell their souls and become employees. They can remain independent but get their expertise reimbursed."

Co-management agreements are set up around inpatient and/or outpatient service lines (e.g., cardiovascular services, orthopedic services, gastroenterology, neurosurgery). No two deals are alike, but basically they break down into two types, says Ann Brandt, senior director of HealthCare Appraisers:

continued

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Key Legal Issues

- Federal Anti-Kickback Statute
- Stark Law
- Civil Monetary Penalty Statute
- Tax Exempt Issues
- Provider-based Status Rules

OIG Advisory Opinion 12-22

- On December 31, 2012, the OIG issued a favorable review of co-management arrangement between a rural hospital and 18-member cardiology group

Advisory Opinion 12-22

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

[*We redact certain identifying information and certain potentially privileged, confidential, or proprietary information associated with the individual or entity, unless otherwise approved by the requestor.*]

Issued: December 31, 2012

Posted: January 7, 2013

[Name and address redacted]

Re: OIG Advisory Opinion No. 12-22

Key Concepts/Takeaways from AO 12-22

- Base compensation on FMV for specifically defined set of services
- Utilize specific and objective performance-based measures supported by nationally recognized standards
- Compensation conditioned on physicians' certification that downstream distribution of compensation will be pro rata based on ownership rather than individual participation in the arrangement

Key Concepts/Takeaways from AO 12-22

- Cost-savings through implementation of better management practices rather than limitations/restrictions on ability to request devices or address unique patient needs

- Incentivize improvements, not the status quo

Co-management Agreements

- What's involved in starting and running one at your hospital ?

Co-Management

- Need to have a group of Orthopaedic surgeons and a Hospital Group, willing to engage
- Consultants, Attorneys, FMV evaluators
- A negotiation process

Co-management

- Can’t be one sided
- Both parties will see significant benefits if done correctly

Initial steps

- Physician side
- Hospital side

Workplan

________________ **Health System of** ________________

Orthopedic Co-Management Workplan

ID	Task	Responsible Committee	Start Date	End Date	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Month 25	Month 26	Month 27	Month 28	Month 29	Month 30	Month 31	Month 32	Month 33	Month 34	Month 35	Month 36
1.0	**Executive Committee - Purpose is to provide oversight, direction and management of Service Area**																																							
1.1	Establish Executive Committee meeting schedule	Executive																																						
1.1a	Meetings of Executive Committee (proposed)	Executive																																						
1.2	Appoint Executive Operations Director	Executive																																						
1.2a	Complete performance evaluation - Executive Operations Director	Executive																																						
1.3	Appoint Executive Medical Director	Executive																																						
1.3a	Complete performance evaluation - Executive Medical Director	Executive																																						
1.4	Appoint Specialty Physician Liaison Committee Chair	Executive																																						
1.4a	Establish schedule for Specialty Physician Liaison Committee meetings	Executive																																						
1.5	Appoint Operations Committee Chair	Executive																																						
1.5a	Establish schedule for Operations Committee meetings	Executive																																						
1.6	Workplan refinement for upcoming 6-month period	Executive / Operations																																						
1.7	Review existing budgets and departmental statements in order to prepare to assist in operational and financial planning within the Service Area, including capital and operating budgets	Executive / Operations																																						
1.8	Identify opportunities for revenue enhancement and expense reduction	Executive / Operations / Specialty	Ongoing																																					
1.9	Establish monthly monitoring process to review financial performance in comparison to budget and prior year performance; report as necessary	Executive / Operations	Ongoing																																					
1.10	Develop introduction to co-management for employees	Executive																																						
1.11	Review staffing plans and productivity measurements for Service Area	Operations																																						
1.12	Review job descriptions for employees within Service Area	Operations																																						
1.13	Provide oversight in performance evaluation process and staff development process	Operations																																						
1.14	Review existing marketing plan for Service Area; develop ongoing plan	Executive																																						
1.15	Oversee development of concierge program	Operations																																						
1.16	Review existing facilities management, equipment purchasing/maintenance and supplies management plans for Service Area	Executive / Operations																																						
1.17	Evaluate delivery of care processes	Operations																																						
1.18	Review existing patient care protocols; make recommendations for improvement; document all processes	Operations																																						
1.19	Establish productivity standards and develop performance metrics/dashboard for Service Area	Executive																																						
1.19a	Establish monitoring process for targeted performance levels established	Executive / Operations	Ongoing																																					
1.20	Establish Press Ganey monitoring process; implement actions plans to follow up on comments	Executive / Operations																																						
1.21	Establish physician satisfaction measurement tool; obtain baseline and subsequent periodic surveys	Executive																																						
1.22	Become familiar with billing and collections process at hospital in order to better assist when called upon.	Executive / Operations / Specialty																																						
1.23	Establish process to review new equipment evaluation, best practices implementation, standardization, materials management, etc.	Executive / Operations / Specialty	Ongoing																																					
1.24	Become familiar with HIM policies, procedures and processes in order to best assist the hospital	Executive / Operations / Specialty																																						
1.25	Establish regular communications with hospital-based physicians to ensure the needs of the Service Area are met	Executive																																						
1.26	Review process for collection of clinical data in order to assist Hospital with coding / quality assurance as requested	Executive / Operations	Ongoing																																					
1.27	Participate in Hospital research initiatives	Executive	Ongoing																																					

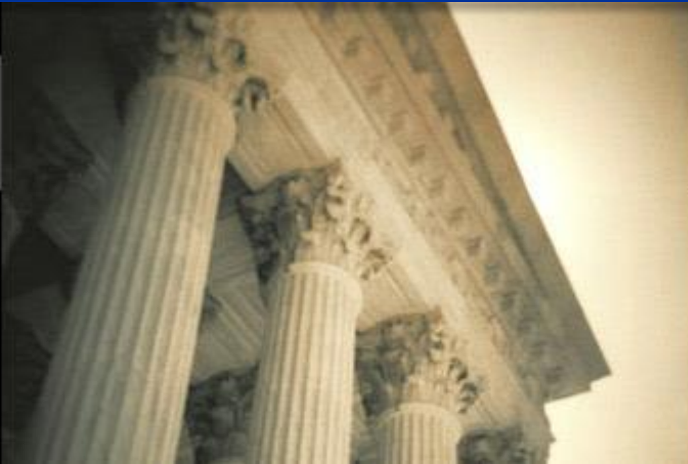
Phase I
Physician Side

- Come together as a group.
- Decide on a steering committee/leadership structure
- Form an "entity" (LLC)

Phase I
LLC formation

- Typically all physicians equal members
- Typically 100% Physician owned
- Relatively inexpensive to form

Legal Representation



Attorneys

Management LLC

- Funded by capital contributions from members- $2000 to $4000 per member
- Operating agreement and corporate governance developed
- Subscription agreement and offering deadline

Management LLC

- Needs a managing member-typically the lead physician
- Needs administrator
- Insurance and ongoing accounting and legal costs: $5000 to $10,000 per year

Hospital side

- Engage legal counsel to create Co-management Agreement
- Engage FMV firm, evaluate members of LLC
- Financial analysis of Orthopaedic Service line
- Draft Co-management agreement
- Negotiate with Physicians on services to be provided

Co-management Agreements

- Direct participation in development of clinical strategies, clinical care guidelines, and in-service education
- Operations management
- Medical technology evaluation
- Vendor selection
- Drug formulary assessment and management
- Direct participation in development/implementation of business plans
- Direct participation in capital/operating budget formation and review
- Physician recruiting, mentoring, specialized training
- Referral source development and management
- Measurement of patient satisfaction
- Development of clinical outreach programs

Workplan

MANAGEMENT SERVICES

Clinical Manager shall perform, and shall cause Participating Members to perform, the following Management Services:

Management Services	Estimated Physician Hours	Estimated Payment Amount
INITIAL ASSESSMENT & WORK PLAN		
Develop work plan for utilization of orthopedic services space.	10	
CLINICAL RELATED SERVICES		
Assist Hospital in the program development of a Level 2 Trauma Center.	100	
Participate in multi-disciplinary committee with mandate to optimize hip fracture care for the geriatric patient. (i.e. trauma committee approach)	25	
Assist Hospital personnel in negotiating the selection of one implant vendor.	25	
Provide preceptorship hours for RN's attending RNFA (Registered Nurse First Assistant) program.	25	
Collaboratively identify with other clinicians clinical pathways that create a seamless care delivery process from PCP office through post-acute care.	20	
Develop patient educational programs, and review and enhance existing patient educational programs as needed.	20	
Evaluate, monitor, and make recommendations with respect to patient relations, satisfaction, and needs.	10	
Provide administrative coordination of all daily patient care activities and identify methods to expedite patient intake and surgeon access.	25	
Participate in staff training and development for all personnel involved in providing care to promote orthopedic specialization to improve patient care and outcomes for patients.	25	
Collaboratively establish systems to support clinical excellence from pre- through post-op care (*e.g.*, referral forms and communications, care pathways and guidelines, standardization of processes, equipment, and assessment tools, room turnover, bed utilization, etc.).	25	
Collaborate in the development of an integrated and timely discharge process.	35	

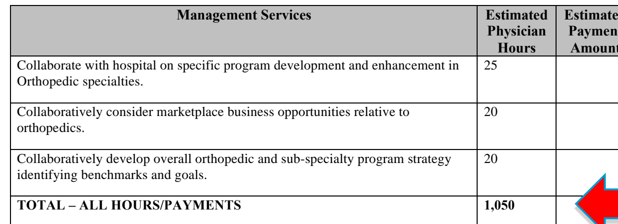
Workplan

Management Services	Estimated Physician Hours	Estimated Payment Amount
Meet or exceed Hospital QI Targets and industry targets for orthopedic patients on SCIP-1, SCIP-2, SCIP-3, VTE-1, and CARD-2 and Foley Catheter	20	
Assist with block time scheduling, back to back cases, marking surgical site in fifteen (20) minutes before first-case start and similar future quality indicators measured by individual orthopedic provider and others as indentified.	15	
Participate as a member of a block scheduling process improvement team.	25	
Achieve and maintain target post-operative complication rates and other mortality and morbidity indicators.	15	
Develop and implement a strategic operational assessment plan.	15	
Develop and manage steering committees and assist in the management of specific operational processes within the Service Line.	25	
Support the Service Line in a manner that results in appropriate revenue tracking and maintain quality standards.	15	
Target expense reduction while maintaining benchmark quality standards.	20	
Provide input with the strategic, financial, and operational planning for future services as well as the development and operation of capital and operating budgets.	20	
Assist in marketing and guest relations efforts by developing an annual marketing plan, associated budget and tactical plans, and working with both the Service Line Administrator and assigned marketing personnel to support activities.	15	
Assist in marketing and guest relations efforts by actively participating in Hospital activities to brand/enhance relationships.	15	
Assist in marketing and guest relations efforts by assisting Hospital routinely on evaluating new concepts and programs (which may include travel) as necessary.	15	
Assist in marketing and guest relations efforts by assisting in development of concierge programs and protocols in response to clinical best practices and quality programs of third-party payors, including Medicare and Medicaid.	10	
Co-manage growth in market share of orthopedic service line.	25	

Workplan

Management Services	Estimated Physician Hours	Estimated Payment Amount
Assist in the implementation and management of budgets by managing productivity levels in accordance with budgetary parameters and performance targets.	10	
Assist in the implementation and management of budgets by overseeing utilization management activities in Orthopedic Service Line clinical areas including OT & PT.	25	
Monitor and make recommendations regarding changes in Service Line policies and procedures, including developing and monitoring mutually agreed upon quality metrics.	15	
Monitor and make recommendations regarding changes in Service Line policies and procedures, including developing clinical performance targets, associated monitoring and quality improvement initiatives and monitoring outcomes and developing strategies to improve outcomes.	15	
Monitor and make recommendations regarding changes in Service Line policies and procedures, including setting quality standards and guidelines for new technologies and procedures.	15	
Assist Hospital in the development of provider and community relationships.	15	
Perform such other services related to the efficient and effective delivery of quality patient care by the Service Line as may be reasonably requested by Hospital.	25	
Develop preventive medicine and rehabilitative programs to assist patients in achieving enhanced quality of life.	20	
Provide a researcher to Hospital to track outcomes data for all orthopedic programs.	20	
Support research and education in orthopedic services, including teaching of employees and community outreach programs.	20	
Work to promote a climate in which physicians, administration, nursing and ancillary staff work together to form an organization adhering to the goals and the charitable mission of Hospital.	25	
Develop methods and strategies to support program growth and quality, and to respond to improvements in medical practices, technological advances, reimbursement changes, and other environmental changes.	25	

Workplan



Management Services	Estimated Physician Hours	Estimated Payment Amount
Collaborate with hospital on specific program development and enhancement in Orthopedic specialties.	25	
Collaboratively consider marketplace business opportunities relative to orthopedics.	20	
Collaboratively develop overall orthopedic and sub-specialty program strategy identifying benchmarks and goals.	20	
TOTAL – ALL HOURS/PAYMENTS	**1,050**	

Workplan

- Sent to FMV firm
- Hourly rate (range) determined by qualifications of Physicians
- Re-evaluation by Hospital and Physicians

Contract signed when:

- Offering closed
- Non-Compete Approved
- Workplan Approved

Example Structure

- Management LLC
  - 3 Board members, one of whom is President

- Co-management Executive Board
  - 6 Board members
  - 3 surgeons
  - 3 hospital representatives

Meeting Schedule

- Typically monthly meetings
- Set up subcommittees
  - Total Joint
  - Spine
  - Other
- Establish Calendar

Operations

- Orthopaedic "Dashboard" established
- Bonus criteria measured
- Time Sheets submitted

Dashboard: example

Inpatient Surgeries		
SCIP VTE Prophylaxis Ordered: # Ortho Misses	Top 10%	CMS National
SCIP DC FC Day 1-2: # Ortho Misses	Top 10%	CMS National
Service		
HCAHPS # Ortho Responses		
HCAHPS Inpatient (Ortho) - Overall Rating	Top 25%	CMS National
HCAHPS Inpatient (Ortho) - Physician Communication Composite	Top 25%	CMS National
HCAHPS Inpatient (Ortho) - Pain Mgmt	Top 25%	CMS National
Financial		
Volume - Hip		
Volume - Knees		
Total Joint Contribution Margin Per Case		
Total Net Income per Case		
Total Joint Cost / Discharge		
Total Joint Supply Cost per Case (SIS)		
OP Case volume		
OP Contrib Margin per case		
Efficiency		
Orthopedic OR TAT		
Avg Length of Stay - TKS		
Avg Length of Stay - THS		

Operations

- Monthly time sheets submitted to the hospital
- Hospital billed monthly for 1/12 of total compensation
- Yearly reconciliation of hours and payments

Physician Compensation

- Can be a Mix of Distributions and position payments or purely hourly
- Position payments may be commensurate with surgeons level of participation in the LLC
- Must not and cannot be tied to surgical volume alone

Bonus measurement

- Parameters are tracked monthly on Dashboard throughout the year
- Can include
  - SCIP parameters
  - quality measures
  - Patient satisfaction
  - Operational efficiencies

Next

- Contract re-negotiation
- Set new goals
- Determine bonus criteria

Future directions

- Comanagement of Orthopaedic Institutes/Centers/Surgery Centers /Specialty Hospitals
- Involvement in ACOs, bundled payment structures
- Management, not just co-management

Reasons to Love Co-management Agreements

- They are quality- and performance-driven: improve the care of patients and the physician experience
- They are acceptable legally, meeting all the restrictive covenants and regulations currently required.
- They build trust between physicians and hospital, as well as between physicians
- They allow physicians to participate in an accountable care setting with minimal risk and overall investment.

Thank You

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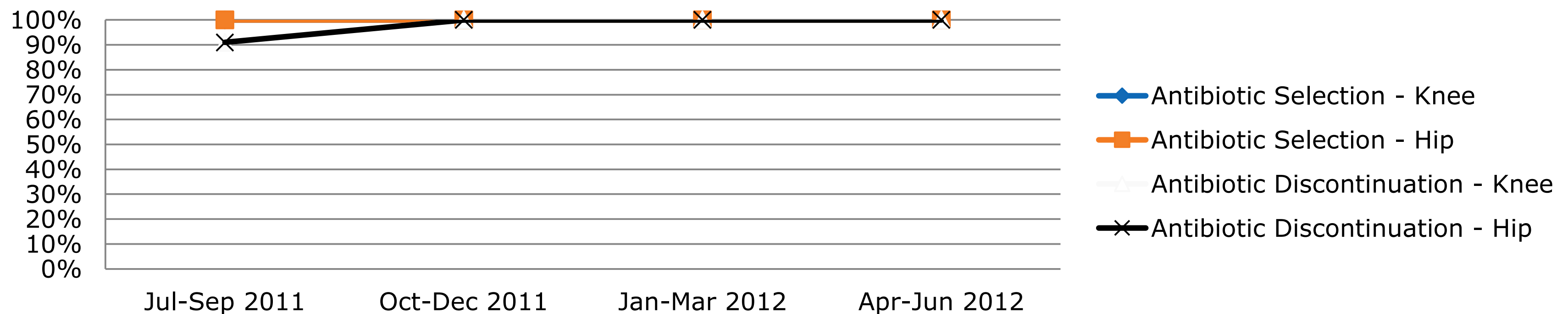
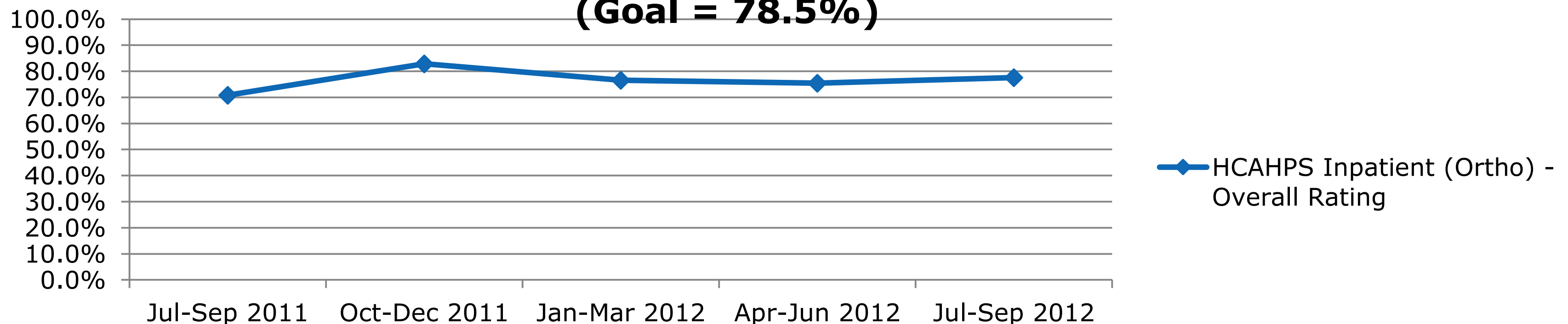
Example 1

- California Hospital

Quality and Service Metrics

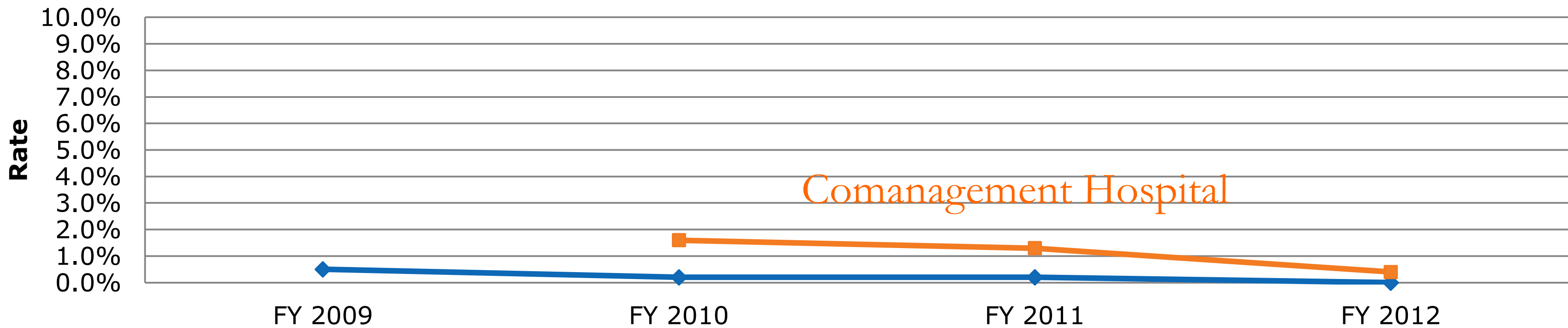
Total Joint Replacement

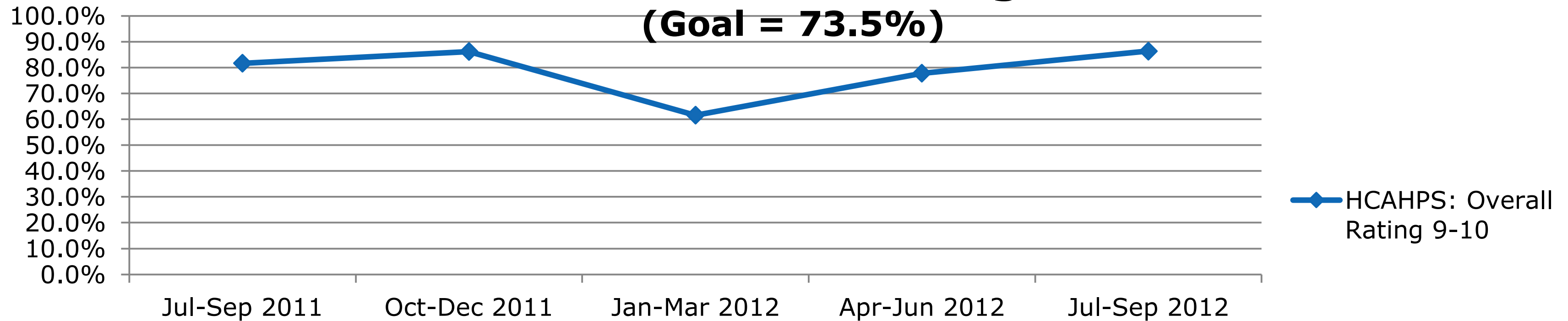




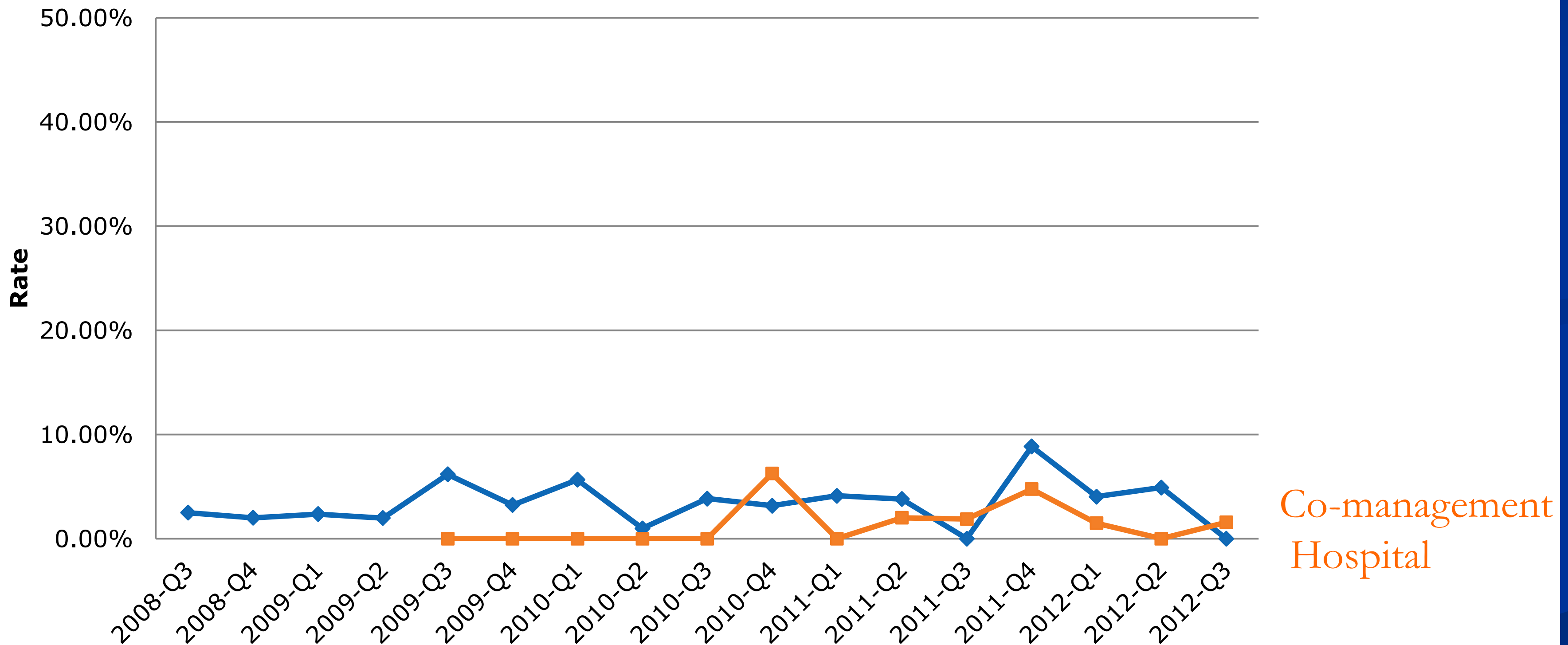
Quality and Service Metrics

Spine Surgery





Readmission Rate



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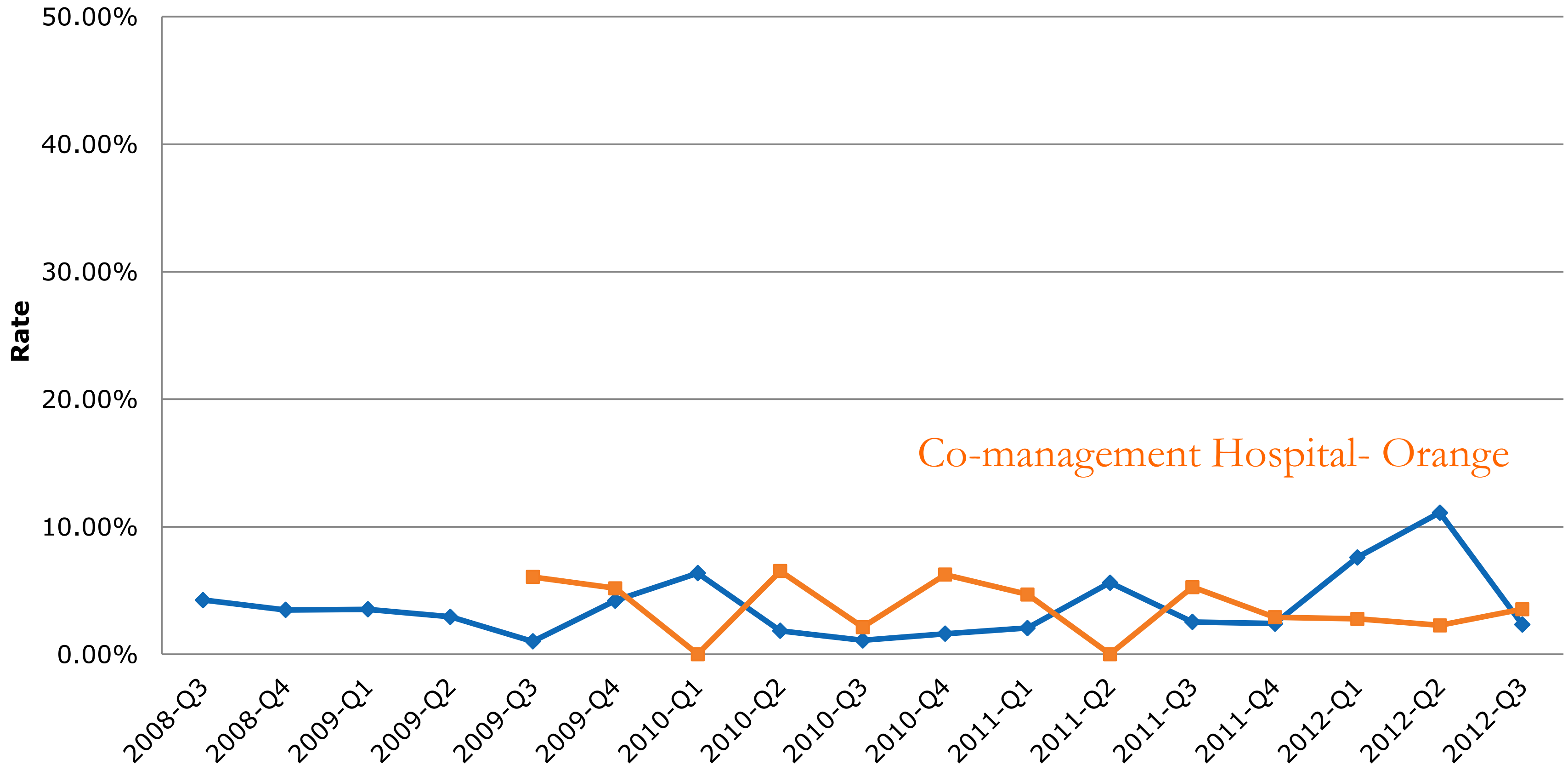

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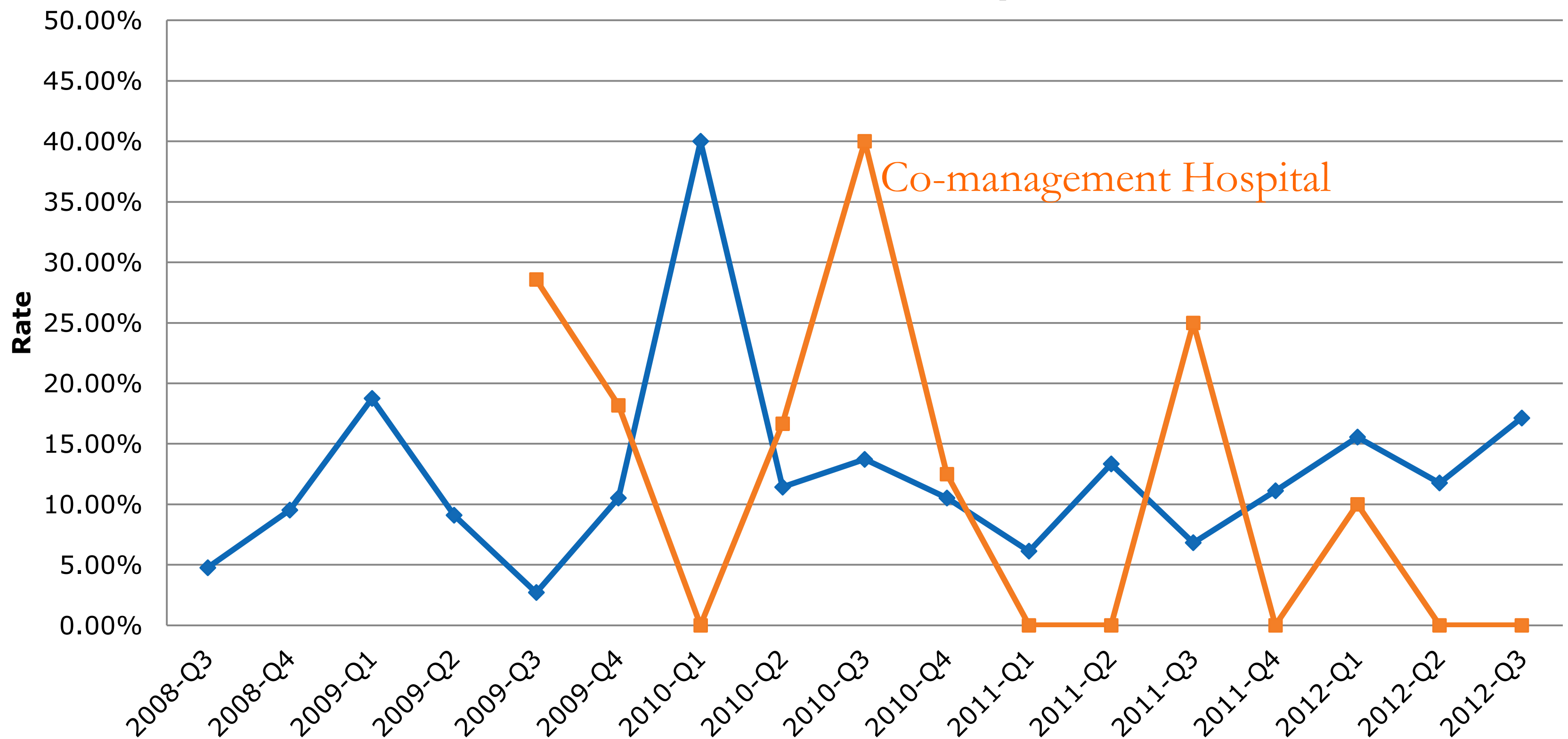
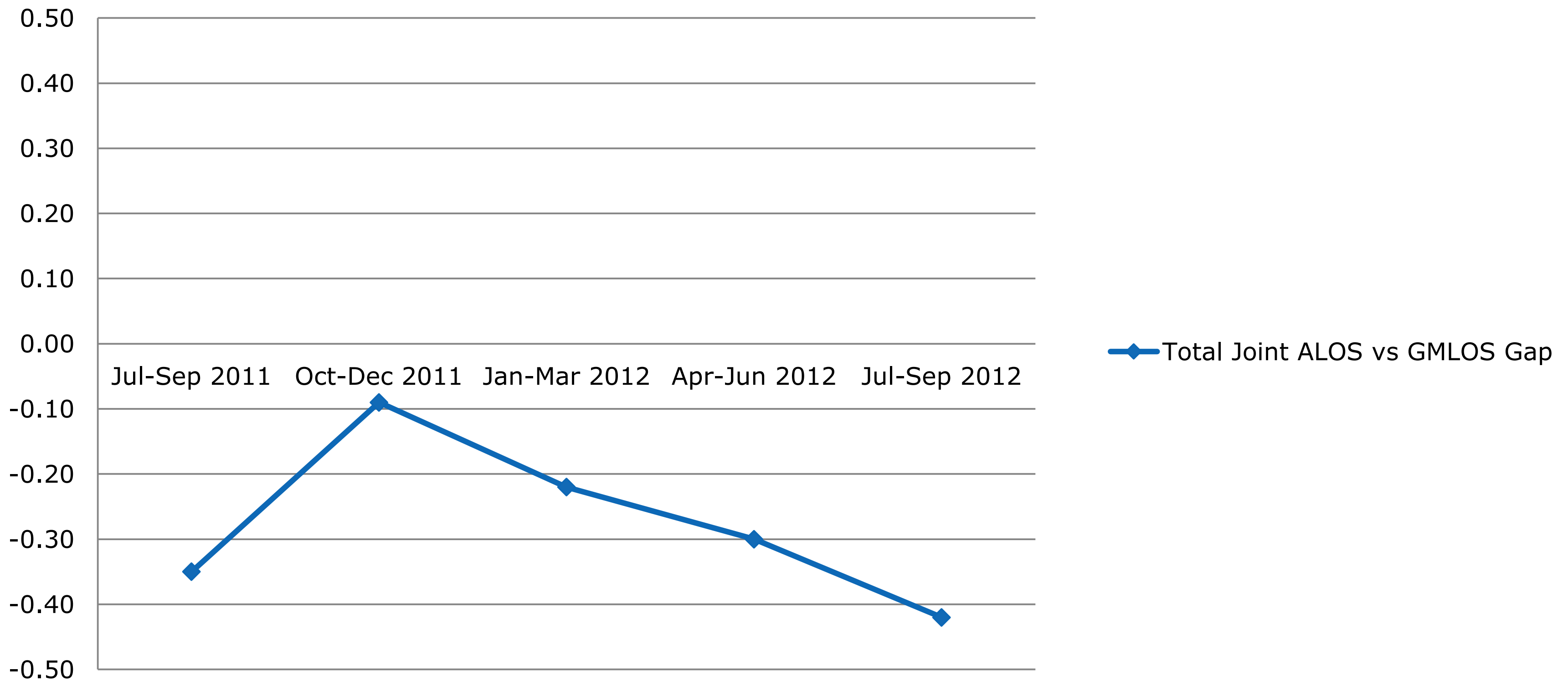
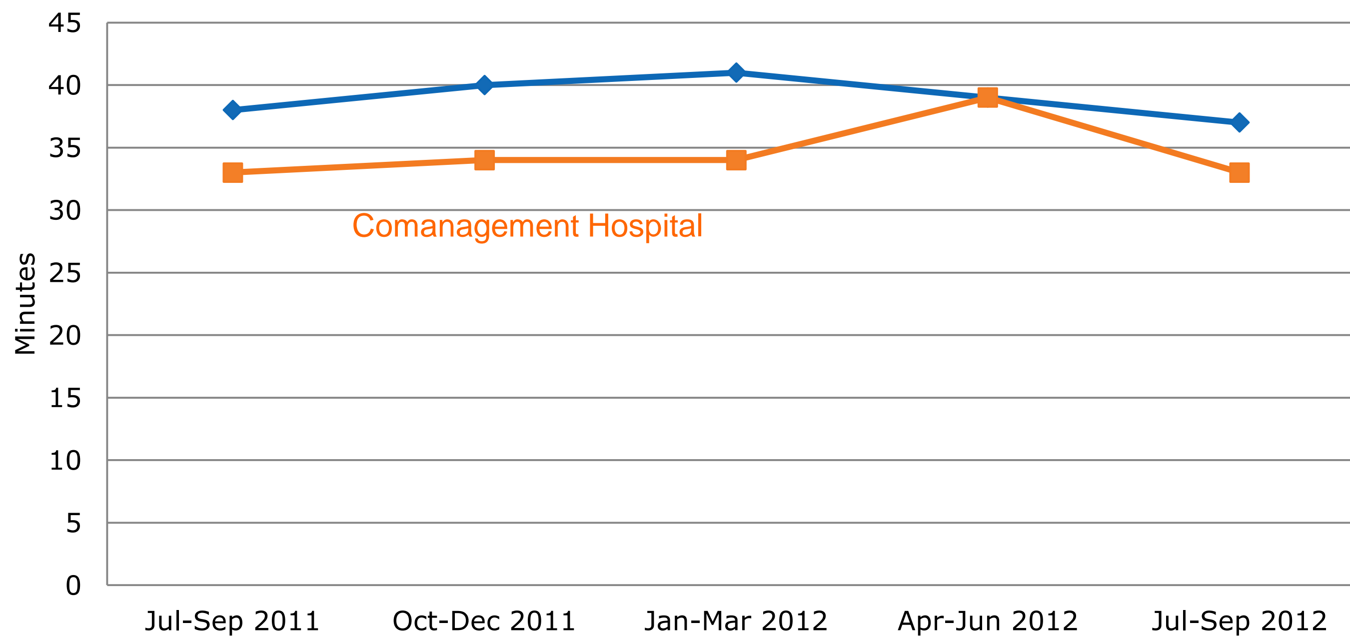


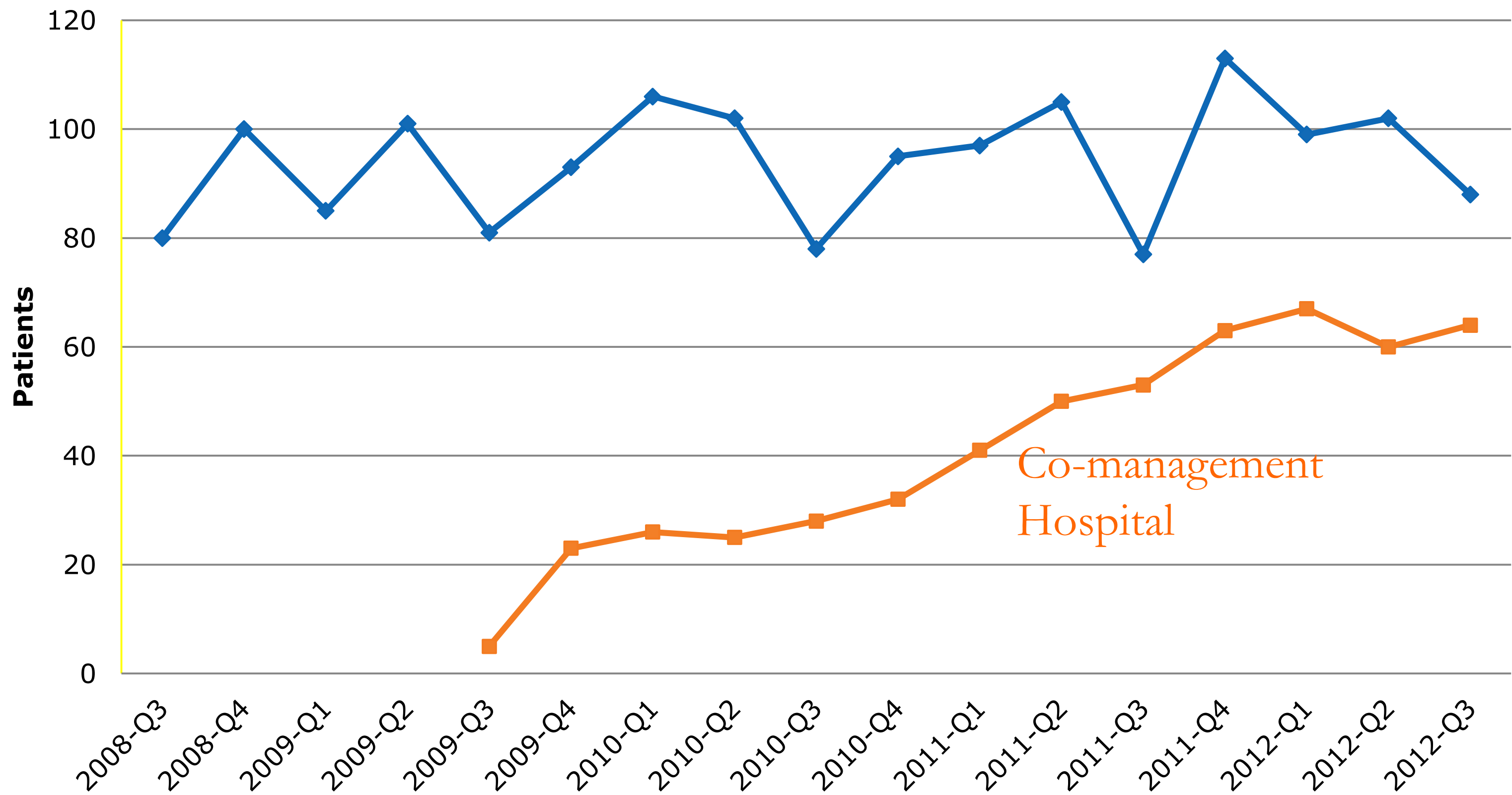
Length of Stay



Service Efficiency



Surgical Cases



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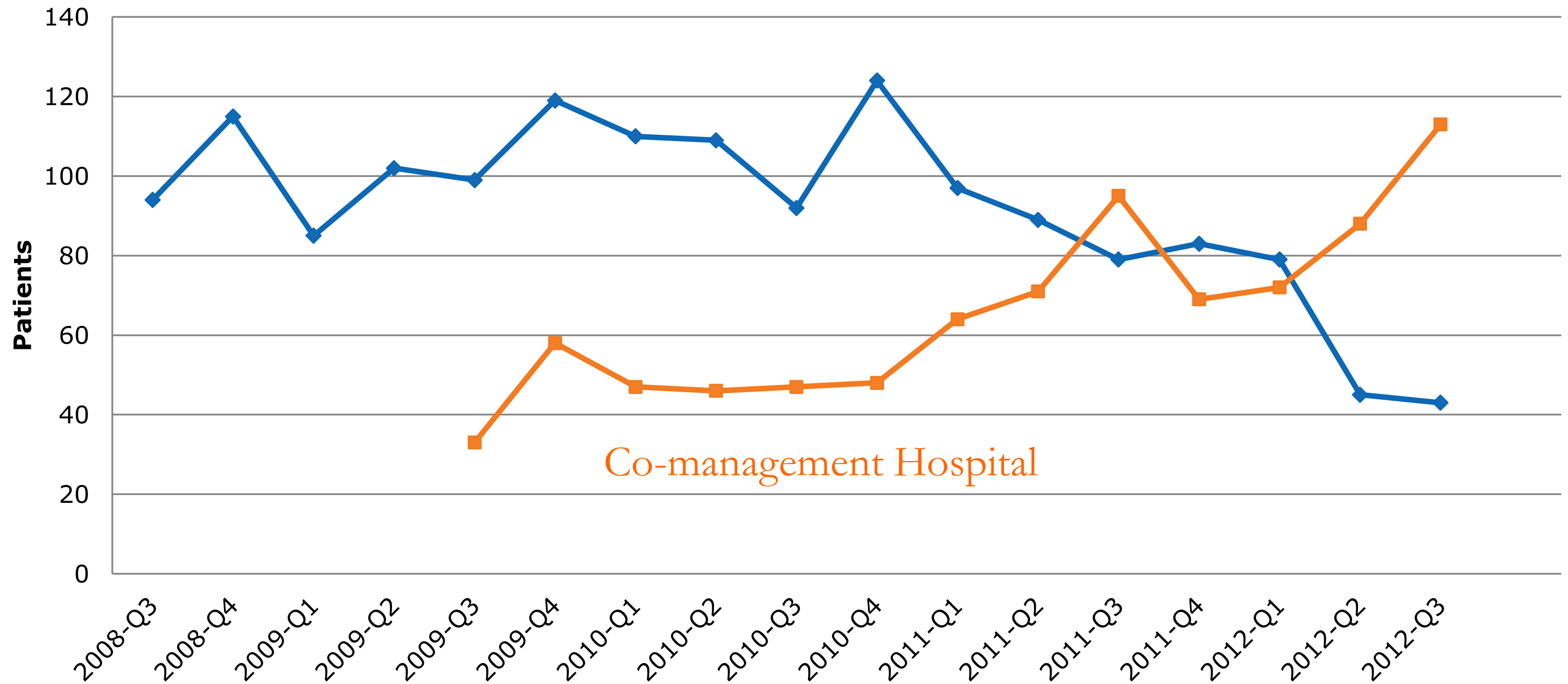
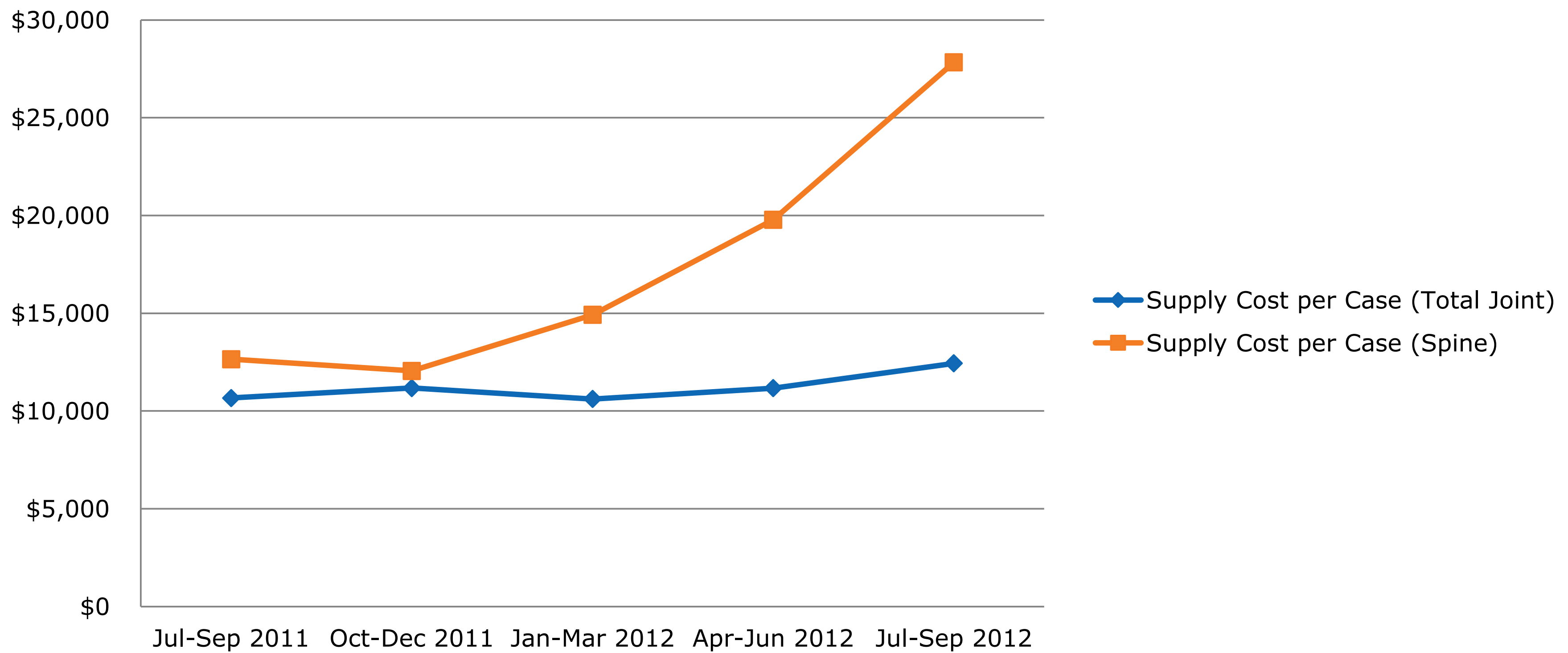


Affordability



Orthopaedic Implant costs

- Implant cost savings since programs have been initiated system wide:
- **Spine = $470,000.00**
- **Total Joints= $955,532.52**

50 YEARS AND GOING STRONG
A half-century of forward thinking.

OUR ORTHO PROS HAVE YOU COVERED
FROM PREVENTION TO DIAGNOSIS TO
TREATMENT AND REHABILITATION.

COMPREHENSIVE CARE TO KEEP YOU MOVING TOWARD A MORE ACTIVE LIFE.

If joint and spine pain are keeping you from a more active lifestyle, make the move to visit one of the experts at El Camino Hospital's Orthopedic Institute. Our collaborative program is large and experienced, and our physicians are primarily board-certified and fellowship-trained. So whether you need preventive care for bone health or sophisticated diagnosis, treatment, and rehab, we have you covered from head to toe. Of course, we offer the most advanced orthopedic treatments, including the latest minimally invasive surgeries for joints and spine. And our program size enables us to offer subspecialty expertise for every major joint (hip, knee) and extremity (hand, shoulder, ankle). Don't let mobility problems sideline you from an active life. Contact our ortho pros today.

Just a few of our orthopedic experts, from left: Jeffrey Coe, MD, orthopedic spine surgeon; Julia Kahan, MD, orthopedic surgeon; Rodney Wong, MD, chief of orthopedic surgery and orthopedic surgeon; Nancy Zyrkowski, MS, MSA, program director, rehabilitation center; and Jeffrey Kliman, MD, orthopedic surgeon.

For a referral to one of our orthopedic experts, call or visit our Web site today.

Orthopaedic Pavilion

Orthopaedic Pavilion

Orthopedic Institute – Recognition

Blue Distinction Center

Spine Surgery

Knee and Hip Replacement

Healthgrades

“ Five Star Recipient for Total Hip replacement” 2010, 2011, 2012, 2013.

Aetna Institute of Quality

Total Joint Replacement

Spine Surgery

Orthopedic Pavillion– Consumer Feedback

“A better staff could not be handpicked”

“I credit my swift recovery on my skilled surgeon and on the excellent care given from all of you. You are most wonderful”

“Fantastic care and friendliness. You spoil the patients. Very special people”

“The high standard of care, acts of compassion and kindness were evident from the time I entered your floor to the time I left. I have been fortunate to travel through the United States and other countries and I have never been surrounded by a collective group of people that truly care.”

“Everyone was extremely positive, competent and friendly. I highly recommend this hospital”

Example 2

Tuscon Orthopaedic Institute

MY HEALTH RECORD
patient login

PAY MY BILL

REQUEST AN APPOINTMENT

SEARCH THE SITE...

GO!

HOME | REFERRING PHYSICIANS RESOURCES | CAREERS | CONTACT | ABOUT US

OUR SPECIALTIES | MEET OUR PHYSICIANS | TOI OFFICE LOCATIONS | PATIENT RESOURCES | PATIENT EDUCATION

What Hurts?

Access information on customized care for every concern. No matter where it hurts, we have the expertise to treat your unique issues. Start below then click on the body part where you have pain to learn more.

START

Welcome to Tucson Orthopaedic Institute

Tucson Orthopaedic Institute

- Thirty-five doctors own the co-management company, HMH Clinical Management, and two primary-care and two specialty-care physicians sit on its governing board.

HMH Clinical Management

- Ownership Breakdown:
  - The Tucson Orthopaedic Institute owns 45%
  - Tucson Medical Center owns 32.5%
  - Center for Neurosciences owns 22.5%.

Tuscon Orthopaedic Institute

- Started Comanagement in 2008
- Resulted in $20 million savings over 4 yrs