

Frequently Asked Questions

What are the key benefits of participating in the PSH Learning Collaborative?

- Access to PSH, population health and value-based contracting subject-matter experts (SMEs)
- Peer-to-peer networking and shared learning opportunities (both in-person and virtual)
- Educational resources and tools designed to support successful implementation and expansion

What are the key differences between the Core Collaborative and Advanced Cohort?

The PSH Learning Collaborative features two participation levels, a Core Collaborative and an Advanced Cohort, each designed to meet the specific needs of organizations in different stages of their journey to value-based care.

The Core Collaborative is designed for organizations that are in the early stages of transformation and therefore primarily focused on learning, building capabilities and preparing for implementation. Key activities and services available to Core Collaborative members include:

- National meetings (semiannual)
- Educational webinars (monthly)
- Member sharing and networking calls (monthly)
- Collaborative updates via email (biweekly)
- Meetings with a dedicated staff member to provide one-on-one support (up to four per year)
- Access to a clinical protocol repository (ongoing)
- Access to implementation best practices and tools (ongoing)
- Access to payment model resources and templates (ongoing)
- Access to an online collaboration community (ongoing)
- Access to SMEs in pertinent topics (ongoing)

The Advanced Cohort is intended for organizations that have already launched PSH or PSH-like pilots. Key activities and services available to Advanced Cohort members will include all those offered to the Core Collaborative (see above), as well as the following additional features:

- Focused performance optimization sprints and webinars (semiannual)
- Meetings with a dedicated staff member to provide one-on-one support (up to eight per year)
- Access to a separate section of the online collaboration community (ongoing)
- Access to the economic impact of bundles participation analysis tool (ongoing)

What are the expectations for participants of the Core Collaborative?

In joining the Core Collaborative, organizations must commit to:

- Identifying an anesthesiologist champion and securing time for active participation
- Identifying a surgeon champion and securing time for active participation
- Identifying an administrative champion and securing time for active participation
- Attending and actively participating in semiannual national meetings
- Attending and actively participating in monthly educational webinars
- Attending and actively participating in monthly member-sharing/networking calls
- Responding to requests for help and guidance from fellow collaborative members
- Responding to requests for feedback and input from collaborative staff
- Proactively sharing best business and clinical practices with collaborative members and staff
- Regularly reviewing resources available on the online PSH Community
- Identifying a time for calls with collaborative staff and participating in the calls as a team

What are the expectations for participants of the Advanced Cohort?

In joining the Advanced Cohort, organizations must commit to (in addition to the items listed above):

- Actively participating in Advanced Cohort calls and meetings
- Providing input on topic selection for the performance optimization sprints
- Actively participating in performance optimization sprints (optional)

What is the Bundles Payment Add-on option and who can purchase?

In addition to the Core Collaborative and Advanced Cohort participation categories, the PSH Learning Collaborative recognizes the need to support its Advanced Cohort members as they participate in various public and private bundle programs. As such, a new add-on option is being offered to Advanced Cohort members, the Bundles Payment Add-on option. This add-on option will allow institutions to not only assess their benefits and risks in participating in various bundle payment programs, but also grants access to Premier's Bundled Payment Collaborative, including the claims analytics platform and benchmarking reports. The Bundles Payment Add-on option will also provide access to a Dedicated Partner who will help guide their organization to success in the 2018 CMS Bundled Payment program.

Who from my organization should participate in the Collaborative?

Member organizations should convene multidisciplinary PSH teams that include:

- Administrative champion(s)
- Anesthesiology champion(s)
- IT champion(s)
- Project management champion(s)
- Surgeon champion(s)

What is the expected time commitment?

Participants of the first and second PSH Learning Collaborative indicated that those who allocated more time to actively participating in the Collaborative received the most benefit and value out of their membership. In fact, when asked what their advice they would give to members of the next round of the Collaborative, the most common response was allocate sufficient time to keep up with all of the activities offered and all of the resources available!

As a result, we recommend that all members of your multidisciplinary PSH team be prepared to:

- Attend the monthly hour-long educational webinars (or listen to the recordings)
- Attend the monthly hour-long member sharing and networking calls (or listen to the recordings)
- Log in to the online collaboration platform weekly to review materials and post/respond to questions
- Read the biweekly collaborative update emails and other communications and review all included materials

In addition, the two or three lead members of the multidisciplinary PSH team should be prepared to:

- Attend the semiannual in-person national meetings
- Respond to requests from fellow collaborative members or staff in a timely manner
- Actively participate in calls with collaborative staff
- Actively participate in performance optimization sprints (optional, Advanced Cohort only)

How many educational webinars will be offered?

At least one educational webinar will be offered each month, except during months in which the national meetings are held (when the in-person meeting will take place in lieu of a webinar). More than one webinar may be offered during certain months, depending on the activities underway across the collaborative and the educational needs of the participants.

What kinds of topics are covered during the educational webinars?

Webinars will cover a variety of topics related to the PSH model, population health and value-based contracting. Topics may be clinical, financial, operational or strategic in nature. The webinars will feature member presenters, as well as subject-matter experts from the ASA, Premier and other organizations (as needed).

Are the educational webinars only available live?

All sessions will be recorded and posted on the online collaboration site for future playback. Slide decks and ancillary materials will also be posted and available to download and review at your convenience.

How does the online PSH Community work and how active is it?

The PSH Community is dedicated space for participants of the collaborative to access resources and interact with each other to facilitate real-time collaboration and shared learning. The community is hosted on Premier's online collaboration platform PremierConnect and is accessible from any internet-enabled computer.

Across the 57-member organizations that participated in the second iteration of the PSH Learning Collaborative, more than 827 individuals registered for the online community. Throughout the collaborative, the site received almost 30,000 unique page views and more than 800 documents were posted to the community, driving much of the shared learning that occurred across the group

How do I pose questions to fellow Collaborative participants?

Questions can be posted on the online PSH Community and shared with all participants of the Collaborative with a few quick clicks. Participants can then respond to your question, sharing documents and links to resources.

What organizational capabilities are associated with success in the Collaborative?

Successful participation in the Collaborative will require a variety of organizational capabilities, including:

- Ability to collect data to assess performance
- Ability to gather support and resources from beyond the immediate project team
- Ability to implement evidence-based clinical protocols and pathways
- Ability to monitor compliance with evidence-based protocols and pathways
- Access to financial decision support and expertise
- Access to performance improvement support and expertise
- Familiarity with clinical registries (e.g., AJRR, NSQIP, NACOR, STS)

What value-based payment models are available to support the PSH model?

A variety of payments models can be used to support implementation of the PSH model at your organization, including:

- CMS Bundled Payment for Care Improvement (BPCI) Program
- CMS Comprehensive Care for Joint Replacement (CJR) Program (mandatory in select markets)
- CMS Medicare Shared Savings Program (MSSP)
- Co-management agreements
- Commercial payer bundled payment programs
- Commercial payer Accountable Care Organizations (ACOs) or shared savings programs
- Medicaid bundled payment programs (available in select states)
- Medicaid ACOs or shared savings programs (available in select states)
- Medical directorships

What are examples of the results that participants of the first Collaborative achieved?

Participation in the PSH Learning Collaborative does not require members to implement any specific changes within their organizations. Rather, the intent is to provide a variety of educational resources, best practices, implementation tools and opportunities for shared learning that participants can adapt for use within their organizations, depending on their unique needs and goals.

Across the first and second Collaboratives, participants took a number of different approaches to implementing the PSH. For example, some decided to start with selecting one element of the model (e.g., pre-op risk assessment) to implement across multiple procedures/service lines (i.e., a modular approach). While others decided to redesign the entire surgical process for a single procedure or service line – from the decision for surgery to 90 days post-discharge – to incorporate PSH principles and capabilities across the entire surgical continuum of care.

As a result, the outcomes and impact of these efforts varied, depending on the implementation approach selected and the specific changes implemented. Below are some examples of outcomes from members of the second collaborative:

Length of Stay (LOS)

- Midwest Academic Center reduced LOS for total joints from 4.6 to 2.1 days
- Community Hospital reduced LOS for colorectal surgery from 5.2 to 3.8 days
- Southeast Community Hospital reduced LOS for total joints from 3.0 to 1.8 days
- West Coast Academic Center reduced LOS for urology surgery by 1.3 days

30-Day Readmission Rate

- Pediatric Hospital reduced rate for laryngeal cleft patients from 8.3% to 7.5%
- West Coast Academic Center reduced rate for urology patients to less than 10%
- Southeast Community Hospital reduced rate for orthopedic patients by 35%
- Midwest Academic Center reduced readmissions for orthopedic patients by 50%

Post-Discharge Care

- West Coast Academic Center increased patients discharged to home by 38%
- Southeast Academic Center increased patients discharged to home by 18%
- Southeast Community Hospital reduced admissions for orthopedic patients to SNF by 22% and admissions to home health by 34%
- Midwest Academic Center reduced readmissions for orthopedic patients by 50%

Cost of Case Reduction

- Southeast Regional Center reduced total joint cost per case by \$1,816 and colorectal cost per case by \$1,046
- West Coast Academic Center reduced operational costs for laparoscopic nephrectomies and open nephrectomies cases by 50%
- Southeast Community Hospital demonstrated an average savings of over \$4,000 per orthopedic case