

Bundled Payments for Care Improvement Advanced (BPCI-A): An Analysis of Public Communications During the Application Period

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Objective

- To analyze trends in public online communications regarding the Bundled Payments for Care Improvement Advanced (BPCI-A) payment model and identify how these may have impacted hospitals' and physicians' willingness to participate in the model.

Background

- BPCI-A is a retrospective, voluntary bundled payment model administered by the Centers for Medicare and Medicaid Services (CMS), which expands on earlier US payment models designed to improve healthcare quality and reduce costs.
- BPCI-A was announced in January 2018; hospitals and physicians then had until March 2018 to register their interest in participating.
- During this time, various online communications regarding the model were published, many of which were from independent organizations not formally affiliated with CMS.

WHAT IS BPCI-A?¹

- BPCI-A encompasses 29 inpatient and 3 outpatient clinical episodes (e.g. cervical spinal fusion, stroke, sepsis).
- Clinical episodes span 90 days and model participants are responsible for "bundled" healthcare costs incurred during that time period, with certain exclusions.
- Acute care hospitals and physician group practices can choose to participate independently and bear financial risk as "episode initiators", or they can partner with larger "convener" organizations which bear financial risk and coordinate participation on behalf of multiple episode initiators.
- Model participants are evaluated based on financial measures and quality outcomes, which factor into their reconciliation payments.

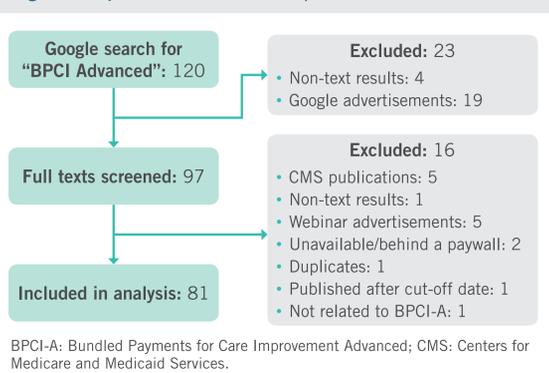
Methods

- A Google search (www.google.com) of the term "BPCI Advanced" was conducted in November 2018 (Figure 1).
- Search results were limited to communications published between January 9–March 12, 2018, the period between the announcement of the model and the application deadline.
- Any Google advertisements, CMS publications, duplicate records, publications behind paywalls, event advertisements (e.g. webinars) and non-text results (e.g. videos) were excluded.
- Included publications were subsequently assessed for tone, source type, target audience, inclusion of a sales pitch, and content themes.
- Each publication was assessed by a single reviewer; any uncertainty was discussed with a second reviewer.

Results

- Of 97 search results, 16 were excluded, only 5 of which were from CMS (Figure 1).
- It was possible for multiple different groups to be targeted by a single publication; however, the majority of included publications (86%) targeted potential model participants. Post-acute care providers and policymakers were targeted by 10% and 4% of the publications, respectively; 11% of included publications were directed at the public.
- Nearly half (48%) of the included results were published by for-profit organizations, often seeking to partner with potential model participants; 26% of all included publications included a sales pitch.
- Overall 37% of publications were categorized as positive in tone and 10% were negative.

Figure 1 | Identification of publications



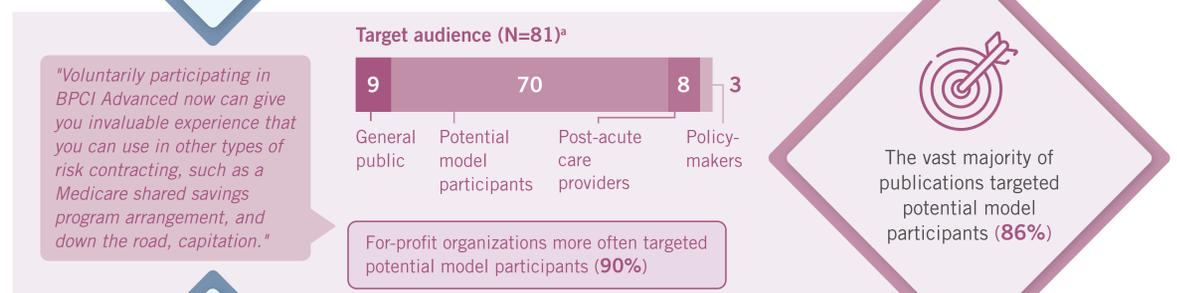
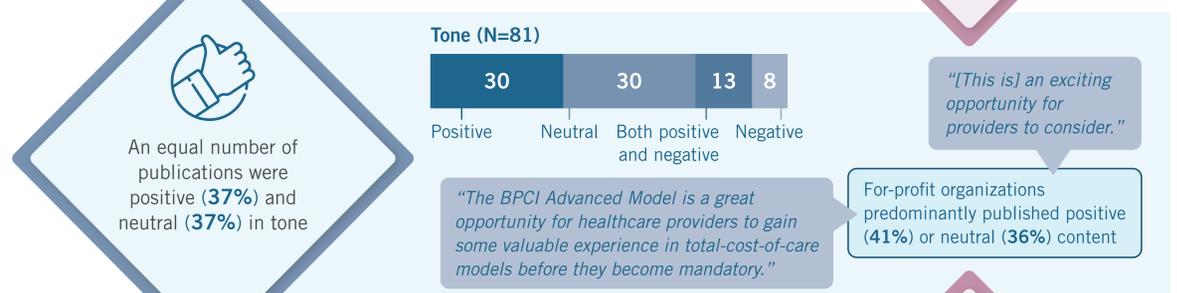
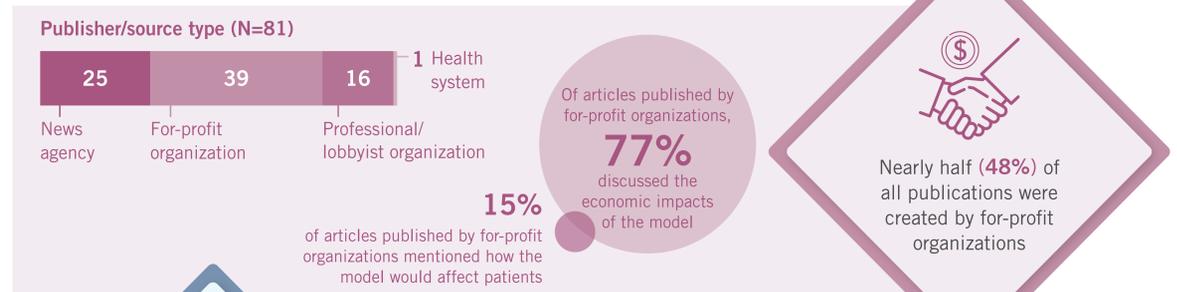
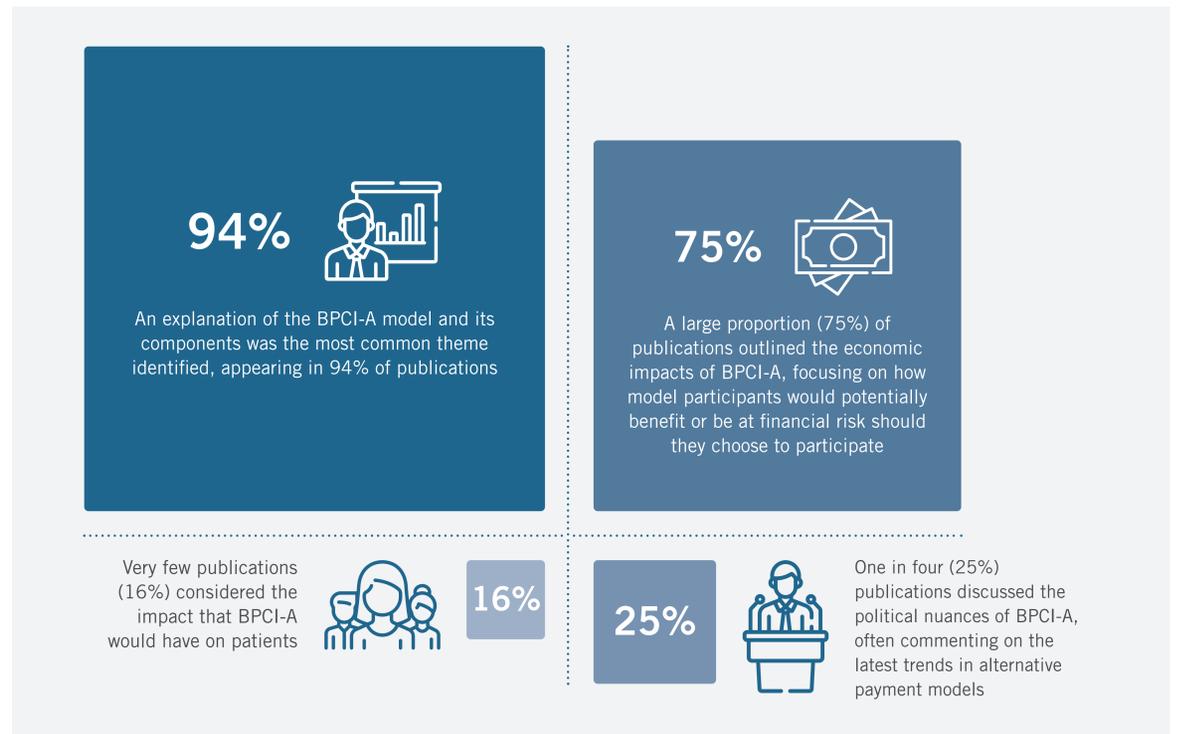
References

1. CMS. BPCI Advanced. 2019. Available at: <https://innovation.cms.gov/initiatives/bpci-advanced>. [Last accessed: April 23, 2019].

Acknowledgements

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Analysis of Identified Publications



*Publications could target more than one audience and therefore will sum to more than 81. BPCI-A: Bundled Payments for Care Improvement Advanced.

Conclusions

- Limited information about BPCI-A was publicly available online during the application period. Of this information, for-profit organizations published the most content and predominantly targeted potential model participants.
- Potential model participants would benefit from unbiased, comprehensive information about the patient experience and expected quality outcomes of BPCI-A during the application period.
- Despite one aim of BPCI-A being to improve patient outcomes, most publications focused on how the model would financially impact participants; few mentioned how the model might affect patients.
- CMS might consider publicizing additional information to help potential model participants make more educated decisions regarding BPCI-A participation, decreasing their reliance on external organizations and encouraging model participation by emphasizing potential quality improvement benefits.