

10.11.22

V SUMMIT NEAD

ATENÇÃO DOMICILIAR

GERANDO VALOR EM SAÚDE

REALIZAÇÃO



PARCEIROS EDUCACIONAIS



Atenção Domiciliar

Baseada em Valor

Dr. Rafael Dea Bruzamolín

Gerente Médico da Home Doctor

Waste in the US Health Care System

Estimated Costs and Potential for Savings

William H. Shrank, MD, MSHS; Teresa L. Rogstad, MPH; Natasha Parekh, MD, MS

IMPORTANCE The United States spends more on health care than any other country, with costs approaching 18% of the gross domestic product (GDP). Prior studies estimated that approximately 30% of health care spending may be considered waste. Despite efforts to reduce overtreatment, improve care, and address overpayment, it is likely that substantial waste in US health care spending remains.

CONCLUSIONS AND RELEVANCE In this review based on 6 previously identified domains of health care waste, the estimated cost of waste in the US health care system ranged from \$760 billion to \$935 billion, accounting for approximately 25% of total health care spending, and the projected potential savings from interventions that reduce waste, excluding savings from administrative complexity, ranged from \$191 billion to \$282 billion, representing a potential 25% reduction in the total cost of waste. Implementation of effective measures to eliminate waste represents an opportunity to reduce the continued increases in US health care expenditures.

Fonte: JAMA. doi:10.1001/jama.2019.13978



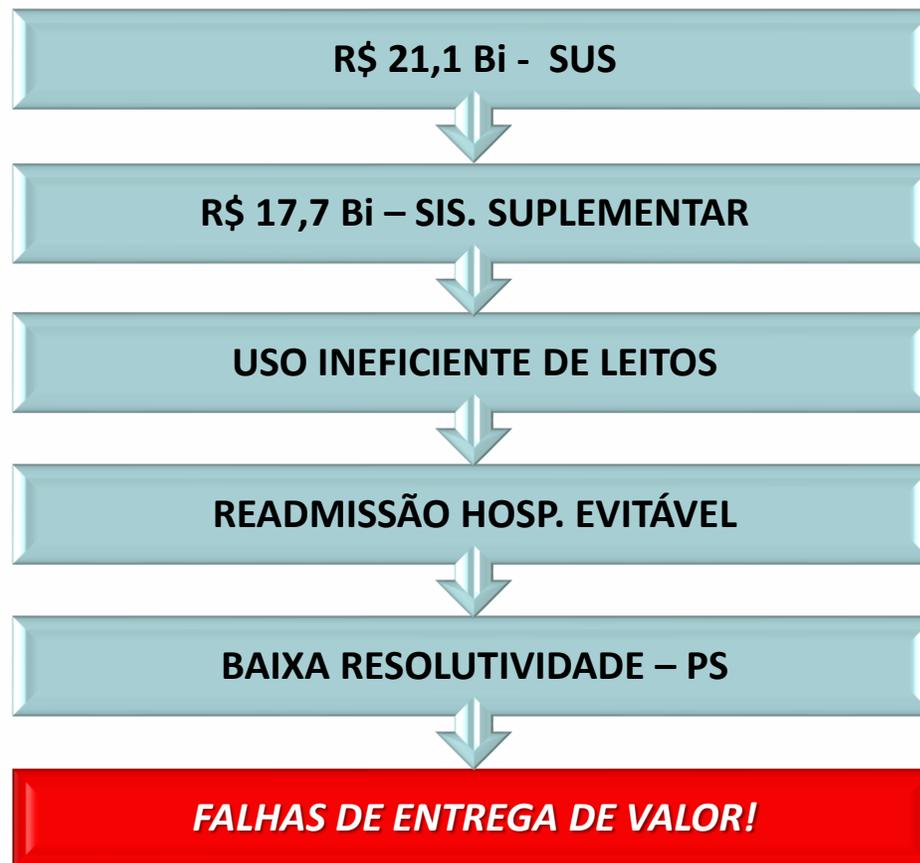
Controle de desperdícios pode gerar R\$ 38,9 bilhões em ganhos assistenciais

ANÁLISE  22/12/2021 

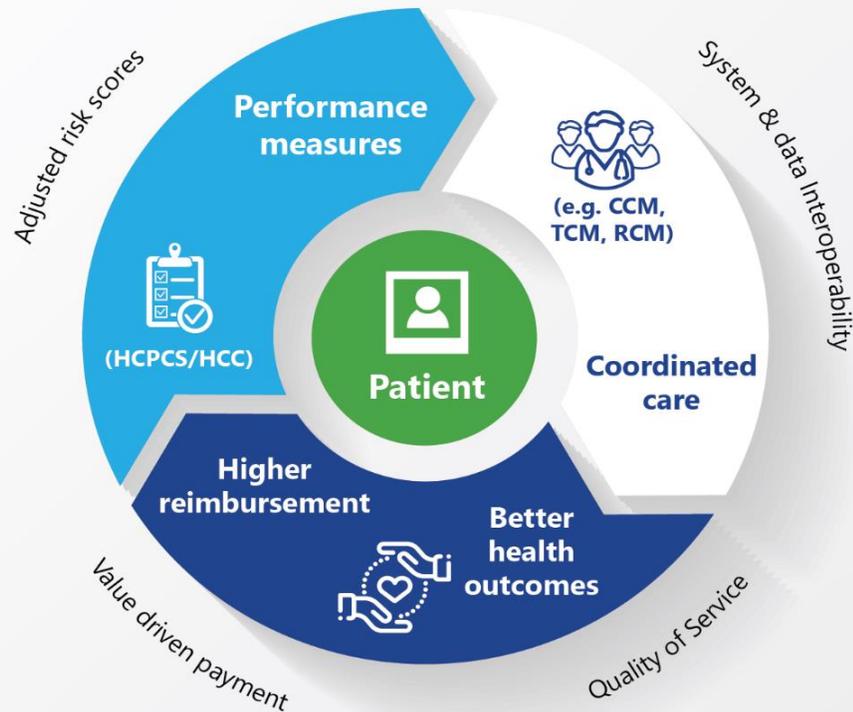
A **Planisa** e a Plataforma **Valor Saúde DRG Brasil** uniram as bases de informação disponibilizadas por seus clientes para pesquisa acadêmica, para definir qual o potencial econômico do controle de desperdício no sistema de saúde brasileiro. O levantamento aponta que 53% das despesas hospitalares brasileiras são desperdícios possíveis de se controlar e, ao corrigir determinadas falhas, as oportunidades de ganhos assistenciais chegam a R\$ 38,9 bilhões.

As bases assistenciais são de hospitais da **saúde suplementar** e do **SUS**, distribuídas em todo

Fonte: <https://medicinasa.com.br/ganhos-assistenciais/>



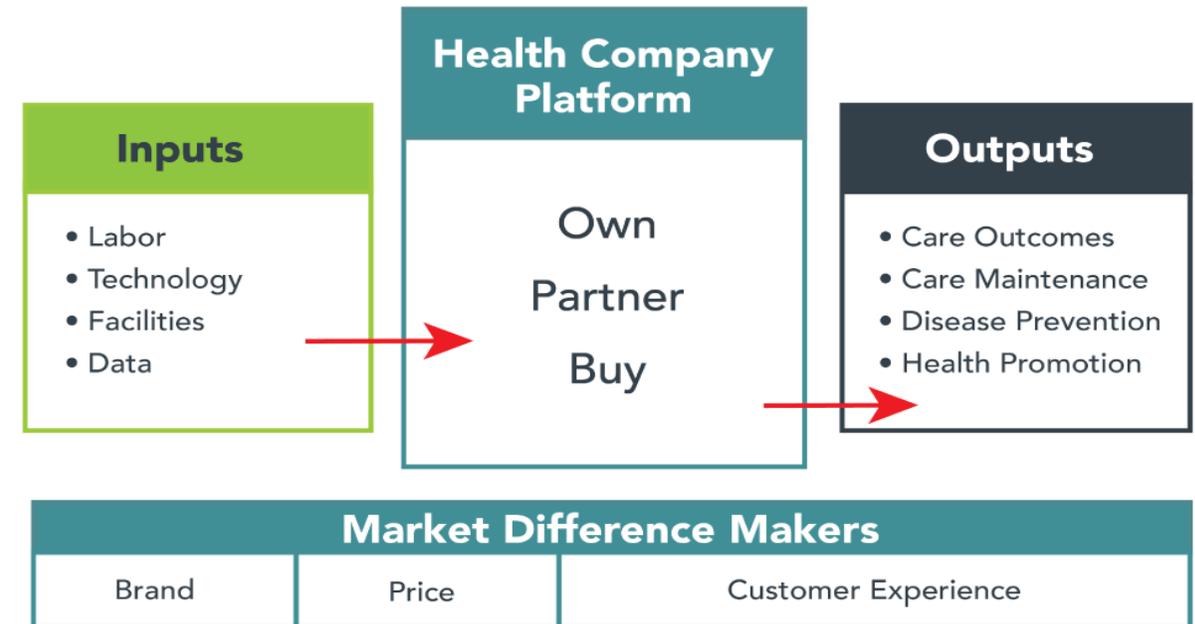
Value-based Care Model



Platforming Healthcare Operations

Consumer-Driven Healthcare

Business-Minded Optimizations



Source: The Authors

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Fonte: <https://acehealthcaresolutions.com/value-based-care-model-benefits/>

MERCADO BRASILEIRO



FATURAMENTO
ESTIMADO 2019
R\$10,6 Bi

TICKET MÉDIO
DIÁRIO ID
R\$742,84

CUSTO MÉDIO ID
R\$614,96

TICKET MÉDIO
DIÁRIO AD
R\$212,48

CUSTO MÉDIO AD
R\$141,92

Fonte: NÚCLEO NACIONAL DAS EMPRESAS DE SERVIÇOS DE ATENÇÃO DOMICILIAR (NEAD). Censo NEAD-FIPE de Atenção Domiciliar 2019-2020, São Paulo, 2020.

ATENÇÃO DOMICILIAR BASEADA EM VALOR

Figure 1.
Presence of enabling elements for value-based healthcare (Indicator 1.3)

Country	Outcomes-based care, patient-centred care	Bundled / block payments; Payment for performance / linked to quality	Quality standardisation
Australia	✓		✓
Brazil			



Fonte: THE ECONOMIST. Value-Based Healthcare: a global assessment. The Economist Intelligence Unit. Londres, p. 01-31. 2016.

United States Home Healthcare Market Trends/Analysis Report 2022: A \$250+ Billion Industry by 2030 - ResearchAndMarkets.com

August 30, 2022 08:00 AM Eastern Daylight Time

DUBLIN--(BUSINESS WIRE)--The "U.S. Home Healthcare Market Size, Share & Trends Analysis Report by Component (Equipment, Service), and Segment Forecasts, 2022-2030" report has been added to **ResearchAndMarkets.com's** offering.

"U.S. Home Healthcare Market Size, Share & Trends Analysis Report by Component (Equipment, Service), and Segment Forecasts, 2022-2030"

 [Tweet this](#)

The U.S. home healthcare market size is expected to reach USD 253.6 billion by 2030, expanding at a CAGR of 7.49%

The growing incidences of chronic conditions such as diabetes, cancer, cardiovascular diseases, etc., and the rising geriatric population is expected to fuel the market over the next few years.

According to American Heart Association, about 83.6 million adults in the U.S. suffer from one or more types of cardiovascular diseases, of which, about 42.2 million adults are estimated to be more than 60 years of age. As patients prefer to stay at home due to reduced cost of care, as compared to a healthcare facility, the disease prevalence positively impacts the demand for home healthcare services and equipment.

Fonte: <https://www.businesswire.com/news/home/20220830005611/en/United-States-Home-Healthcare-Market-TrendsAnalysis-Report-2022-A-250-Billion-Industry-by-2030---ResearchAndMarkets.com>

TRANSIÇÃO
DEMOGRÁFICA

TRANSIÇÃO
EPIDEMIOLÓGICA

TECNOLOGIA

CUSTO-
EFETIVIDADE

Home Health Value-Based Purchasing (HHVBP)

HHVBP Model Expansion 101
February 10, 2022



This material was prepared by Lewin Group under the HHVBP Technical Assistance contract (HHSM-500-2014-00331.) with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.



2016



FFS+P4P



9 ESTADOS



2018-2021



PERFORMANCE



ECONOMIA MÉDIA
ANUAL US\$ 141 Mi



↑ MÉDIO DE 4,6%
Total Performance
Score (TPS)



NACIONAL 2022

Fonte: <https://innovation.cms.gov/innovation-models/home-health-value-based-purchasing-model>

Table 2. Original HHVBP Model Maximum Payment Adjustment Amounts for Payment Years 1 Through 4 by Calendar Year

Calendar year	Payment adjustment?	Maximum payment adjustment
2016	No	NA
2017	No	NA
2018	Yes, based on 2016 TPS	±3%
2019	Yes, based on 2017 TPS	±5%
2020	Yes, based on 2018 TPS	±6%
2021	Yes, based on 2019 TPS	±7%

Fonte: JAMA Health Forum. 2022;3(9):e222723.doi:10.1001/jamahealthforum.2022.2723

HOME HEALTH VALUE-BASED PURCHASING MODEL – INDICADORES DE PERFORMANCE

Table 1. HHVBP Performance Measures for 2020

Measure name	Measure type	Data source
ED use without hospitalization among first HH episodes	Utilization outcome	Medicare claims
Unplanned acute care hospitalization among first HH episodes	Utilization outcome	Medicare claims
Discharged to community	Outcome	OASIS
Improvement in dyspnea	Outcome	OASIS
Improvement in management of oral medications	Outcome	OASIS
Improvement in pain interfering with activity	Outcome	OASIS
TNC change in self-care ^a	Composite outcome	OASIS
TNC change in mobility ^a	Composite outcome	OASIS
How often the home health team gave care in a professional way (professional care)	Patient experience outcome	HHCAHPS
How well did the home health team communicate with patients (communication)?	Patient experience outcome	HHCAHPS
Did the home health team discuss medicines, pain, and home safety with patients (discussion of care)?	Patient experience outcome	HHCAHPS
How do patients rate the overall care from the home health agency (overall care)?	Patient experience outcome	HHCAHPS
Would patients recommend the home health agency to friends and family (likely to recommend)?	Patient experience outcome	HHCAHPS
Influenza vaccination coverage for home health care personnel ^b	Process	Agency self-report
Herpes Zoster (shingles) vaccination for patient ^b	Process	Agency self-report
Advance care plan ^b	Process	Agency self-report

Fonte: JAMA Health Forum. 2022;3(9):e222723.doi:10.1001/jamahealthforum.2022.2723

Total Performance Scoring Methodology: Overview



Fonte: <https://innovation.cms.gov/innovation-models/home-health-value-based-purchasing-model>

Original Investigation

Association of the Home Health Value-Based Purchasing Model With Quality, Utilization, and Medicare Payments After the First 5 Years

Alyssa Pozniak, PhD; Eric Lammers, PhD; Purna Mukhopadhyay, PhD; Chad Cogan, MS; Zhechen Ding, MS; Rashmi Goyat, PhD; Katherine Hanslits, MS; Nan Ji, MS; Yan Jin, PhD; Kaitlyn Repeck, MS; Jillian Schrager, MS; Eric Young, MD; Marc Turenne, PhD

Key Points

Question How did quality, utilization, and Medicare payments differ after the 5 years of the Home Health Value-Based Purchasing (HHVBP) model?

Findings In this cohort study of US patients who received care at a home health agency between 2013 and 2020 in 9 original HHVBP states compared with those in comparison states, a difference-in-differences analysis found the HHVBP model was associated with lower Medicare payments that were associated with lower utilization of inpatient and skilled nursing facility services. Quality was better or similar.

Meaning The study results suggest that financial incentives for home health agency quality performance were associated with reduced Medicare payments and utilization while improving or maintaining quality.

VALUE-BASED CARE NEWS

Home Healthcare Providers Share Thoughts on Value-Based Care

Home healthcare providers reported that better client outcomes and increased patient satisfaction were among the top benefits of value-based care.

PBV ↓ % \$\$\$
ATUAL

PBV ↑ % \$\$\$
3 A 5 ANOS

↑
SATISFAÇÃO
USUÁRIOS



INFORM.
INTEGRADA

↓
READMISSÃO
HOSPITALAR



METAS CICLO
DE CUIDADO



BENCHMARKING
COMPETITIVO



Fonte: <https://revcycleintelligence.com/news/home-healthcare-providers-share-thoughts-on-value-based-care>

POR ONDE COMEÇAR?

a) Como a liderança da sua organização identifica valor no comportamento atual de prestação de serviços, orientado pela política de remuneração retrospectiva FFS e pela maximização do volume de serviços ofertados?

a)

d) Como a gestão da sua organização se comporta diante da atual qualidade dos desfechos clínicos e de experiência dos usuários de seus serviços?

d)

b) Como a estratégia atual de entrega do cuidado, standard de remuneração, custeio e modelo de negócio vigente permitem à sua empresa contribuir para a construção de programas de pagamento baseado em valor (custo-efetividade do cuidado) no médio e longo prazo?

b)

e) Como a sua companhia é capaz de gerar valor, compartilhando governança clínica e financeira, responsabilidades, riscos e benefícios com as fontes pagadoras?

e)

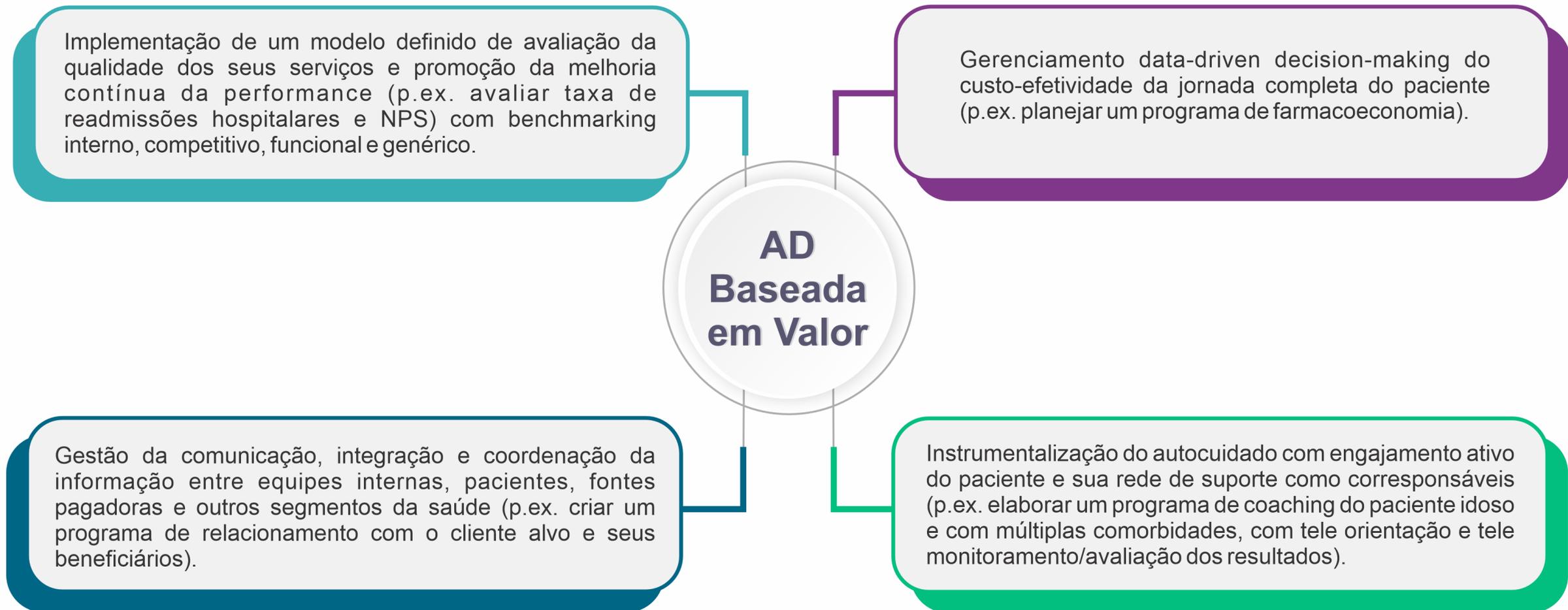
c) Como a sua instituição, em sua área de abrangência geográfica e escopo de serviços, está estruturada para gerenciar atendimento qualificado, seguro e baseado nas melhores práticas assistenciais centradas no paciente, que resultem em geração de valor?

c)

f) Como a sua organização pode evidenciar hoje sua geração de valor aos clientes?

f)

SUGESTÃO DE “KIT DE FERRAMENTAS” AO SAD



SUGESTÃO DE “KIT DE FERRAMENTAS” AO SAD

Sistematização de melhores práticas para manejo das condições de saúde mais prevalentes (conforme perfil epidemiológico), centradas no paciente e baseadas na melhor evidência existente (p.ex. desenvolver um protocolo de atendimento domiciliar às intercorrências mais incidentes).

Vacinação da população de risco contra influenza, pneumococo e COVID-19 (p.ex. formular um programa de vacinação domiciliar próprio ou em parceria com as unidades do Sistema Único de Saúde).

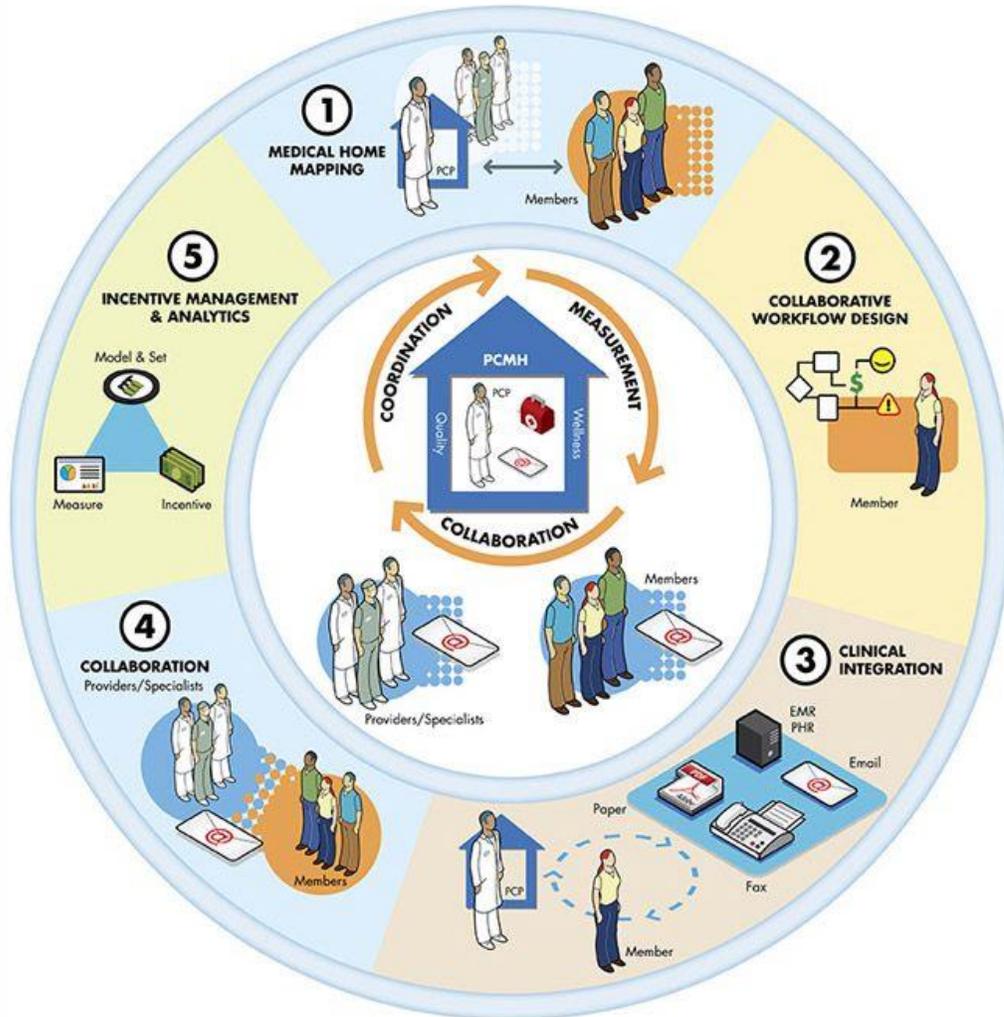
AD Baseada em Valor

Capacitação técnica científica em valor em saúde da Equipe Multidisciplinar em Atenção Domiciliar (EMAD), com retenção de profissionais especializados através de um programa de incentivos que recompense financeiramente o seu sucesso (p.ex. elaborar um programa de educação continuada da EMAD e remuneração no modelo P4P).

Emprego da Telemedicina e Telessaúde como instrumental complementar do gerenciamento clínico, capacitação da EMAD, educação do paciente e vigilância (p.ex. adotar um programa de tele monitoramento da ventilação mecânica invasiva).

MELHORES PRÁTICAS PARA CONSTRUÇÃO DE PROGRAMAS DE AD BASEADA EM VALOR

Patient-Centered Medical Home Management



**EMPENHO MULTISSETORIAL BILATERAL
TÉC./ADM./FINAN./COM./GQT**



**DEFINIÇÃO DAS CONDIÇÕES DE SAÚDE GERENCIADAS
(CICLOS DE CUIDADO C/ CUSTOS TOTAIS, PROMs E
PREMs)**



CENTRALIDADE DO CUIDADO NO PACIENTE



**GESTÃO DA COMUNICAÇÃO E INTEGRAÇÃO DA
INFORM.**



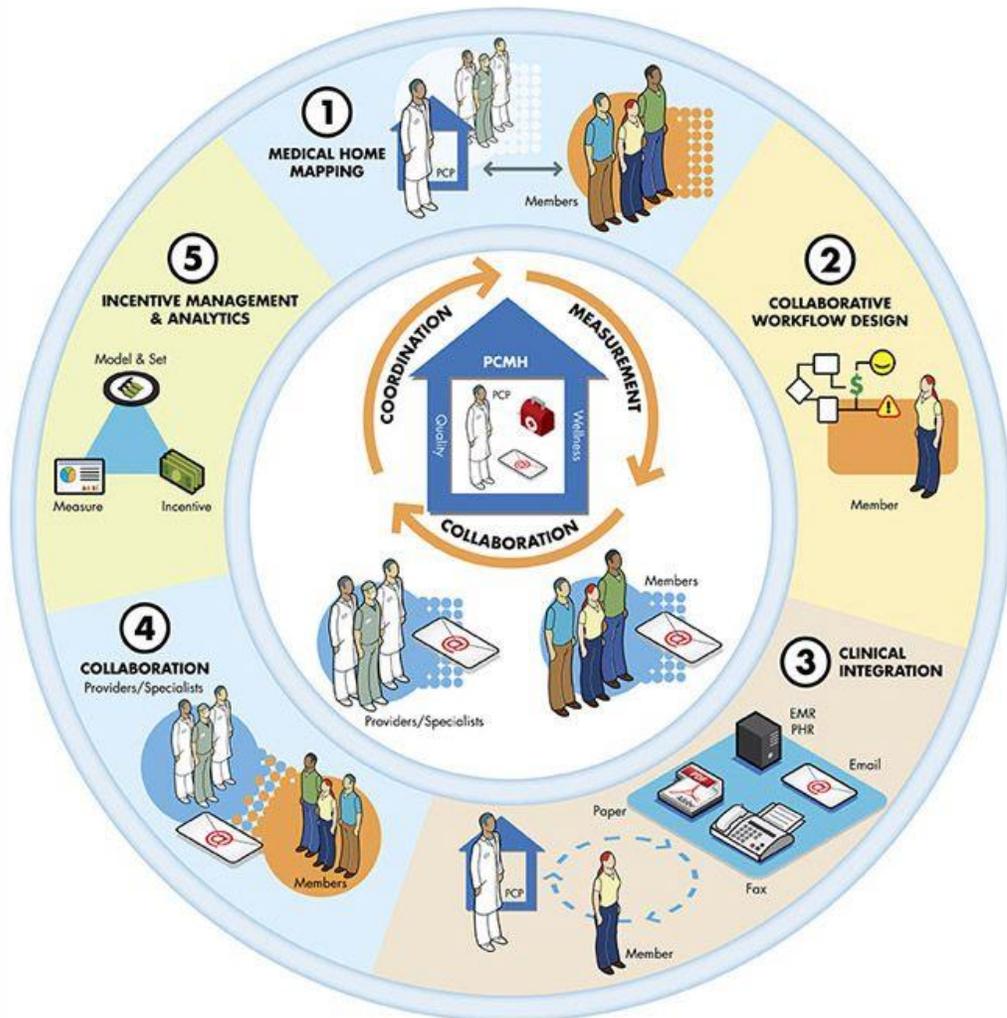
**COORDENAÇÃO DA NAVEGAÇÃO DA TRAJETÓRIA DO
PACIENTE**



**GERENCIAMENTO DE INDICADORES DE PERFORMANCE
COM LINHAS DE BASE E REFERENCIAIS DEFINIDOS**

MELHORES PRÁTICAS PARA CONSTRUÇÃO DE PROGRAMAS DE AD BASEADA EM VALOR

Patient-Centered Medical Home Management



INCENTIVOS \$\$ CORRELACIONADOS COM SITUAÇÕES CONCRETAS QUE MELHOREM DESFECHOS



AJUSTES PGTO. DE ACORDO COM OS RISCOS E RECONHECIMENTO DAS LIMITAÇÕES DOS PROGRAMAS



PRAZO PARA ADEQUAÇÃO E ADAPTAÇÃO AO MODELO DEFINIDO



INCENTIVOS \$\$ PROPORCIONAIS AO CUSTO INCREMENTAL PARA PROMOÇÃO DE INFRAESTRUTURA GERADORA DE VALOR

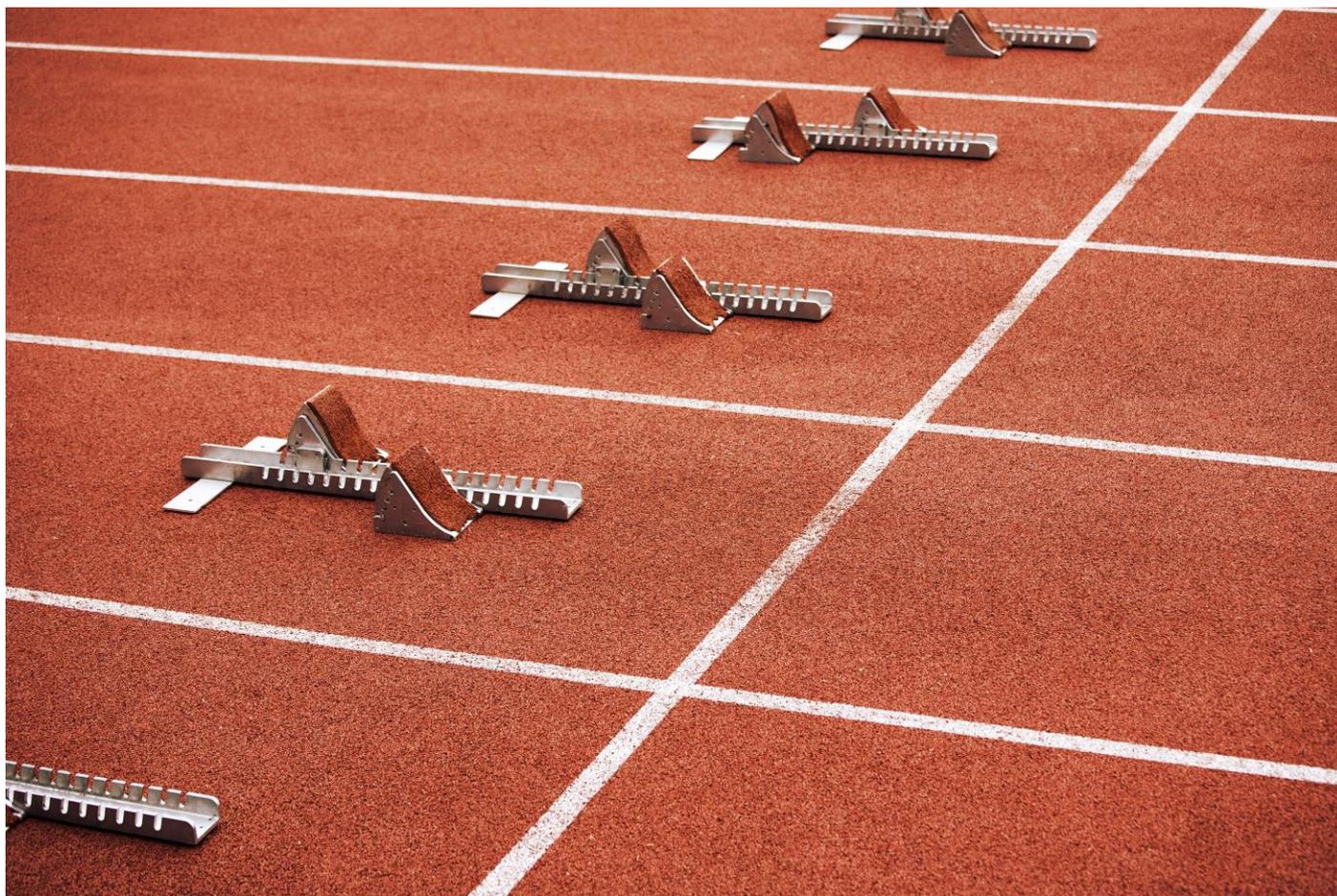


RECOMPENSAS E PENALIDADES CLARAS



PRESTAÇÃO DE CONTAS TRANSPARENTE E REGULAR AOS STAKEHOLDERS

Fonte: http://www.porticosys.com/porticosys/medical_home



rafael.bruzamolin@homedoctor.com.br



<https://www.linkedin.com/in/bruza/>



Muito obrigado!