

TOWN OF GREENWICH  
BOARD OF ESTIMATE AND TAXATION  
NATHANIEL WITHERELL STRATEGIC PLANNING COMMITTEE

MINUTES – Mazza Room, Town Hall

Monday, July 18, 2016

Committee: Arthur D. Norton, Elizabeth K. Krumeich, Jill Oberlander; Nancy Weissler

BET: William Drake

Others: Peter Mynarski, Comptroller; Larry Simon, Nathaniel Witherell Board Chair; Olga Shikhman, Remedy Partners Northeast Operations Market Representative

The meeting was called to order at 8:45 A.M.

### **1. Discussion with Remedy Partners**

Ms. Olga Shikhman, Market Representative for Remedy Partners, provided an overview of the Centers for Medicare & Medicaid Services (CMS) Bundled Payments for Care Improvement Initiative (BPCI). BPCI is a CMS pilot program that was initiated in 2013 and aims to encourage appropriate care for the best clinical outcomes at the most efficient cost. The pilot was extended to 2018. Remedy Partners anticipates that the pilot will inform adoption of a formal program and predicts that fifty percent (50%) of Medicare reimbursement will be through value-based programs by 2020-2025.

The CMS pilot program includes 4 models of bundled payments for care delivery. Remedy Partners is working on 2 of the 4 models (model 2 and model 3). Currently, all care providers receive reimbursement under a “fee-for-service” payment plan. The model 2 pilot collects cost data for care provided for an entire episode of care (defined as care provided as an inpatient in an acute-care hospital, plus post-acute care and all related services up to 90 days following hospitalization) and compares it to the participant’s historical cost data for similar diagnoses (based on cost data from 2009-2012). To achieve cost savings, bundled payments will encourage care at the right location and for the right amount of time. Hospitals will be looking at data on a patient’s length of stay and re-hospitalization rates as a measure of clinical outcomes.

Remedy has relationships with several area hospitals and is advising them on data metrics for target lengths of stay and clinical outcomes of referral partners (alternative care providers, such as skilled nursing facilities (SNFs) and home-care providers). Remedy assists its hospital partners by focusing attention on individual treatment plans as compared to the target metrics, recognizing that each individual presents their own specific case management. Ms. Shikhman advised that SNFs, including TNW, should ensure they are included on the hospitals’ post-acute care provider lists that are provided to patients ready for discharge.

Ms. Shikhman commented on Nathaniel Witherell’s metrics: it has good clinical outcomes; it does not keep patients longer than clinically necessary; and it offers

physical therapy every day. E.g. If a patient is admitted on a Friday and does not receive physical therapy services until the following Monday, there is a two-day lag in treatment and slower improvement. To improve market placement, TNW needs to establish relationships across the marketplace, including hospitals and referring doctors. TNW also needs to preserve the quality of care.

Despite the increasing number of baby boomers, Ms. Shikhman opines that the demand for skilled nursing will decline because a more tailored approach to care coupled with an increase in home health options will enable people to return home either directly from the hospital or sooner thereafter. People also are staying healthier longer.

## **2. Discussion of Nathaniel Witherell Business and Financial Model**

The Committee asked Mr. Simon to provide a profit and loss statement for TNW's business models.

## **3. Items for Future Committee Meetings**

The next meetings are scheduled for: August 11<sup>th</sup> at 8:30 A.M. in the Mazza Room; and September 9<sup>th</sup> at 8:30 A.M. in a location to be determined.

## **4. Adjournment**

On a motion duly made by Ms. Weissler and seconded by Ms. Oberlander, the Committee voted 4 to 0 to adjourn the meeting at 10:37 A.M.

  
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Jill Oberlander, Recording Secretary

  
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Arthur D. Norton, Chairman