



EXCERPTS OF RECENT MEDIA COVERAGE

HEALTHCARE PRACTICE

A SAMPLING OF BDO THOUGHT LEADERSHIP IN THE MEDIA FOR Q1 2014

▶ LONG-TERM LIVING MAGAZINE

HOW TO REDUCE VARIATIONS IN POST-ACUTE CARE

By **David Friend, MD, MBA**, and **Patrick Pilch, MBA, CPA**



Variations in treatments for those in post-acute care (PAC) settings with similar medical conditions have caught the eye of the Centers for Medicare & Medicaid Services (CMS), which recently announced that it will be concentrating more intensely on this issue...several strategies can help operators increase consistency in care and costs...

THE FOUR Rs

The differences in outcomes and costs to patients and residents are highly correlated to deviations from proven treatment regimens for clinical care...

The Geisinger Health System in Pennsylvania launched its ProvenCare system...to closely track outcomes so that

healthcare delivery can be continuously adjusted and advanced...

A PAC equivalent to Geisinger's program could be constructed with a focus on the "four Rs"—the right care at the right place for the right amount of time at the right cost.

STRATEGIC CHANGES

...Operators of LT/PAC facilities must begin to implement strategies to address this issue now in the following ways:

System implementation: As...LT/PAC providers partner with hospital systems to care for patients and residents, operators will need to put in place clinical, financial, clinical information technology (IT), operating and human resources systems to actively reduce clinical variation levels.

System, protocol and staff sharing: LT/PAC providers will need to be able to share clinical IT systems and treatment protocols as well as use the same physicians and nursing staffs...

Redefinition and alignment with hospitals: LT/PAC providers will need to begin to redefine themselves as "step-down units" of hospital systems and provide clinical levels of variation, quality and outcomes that are similar to those provided by their partner hospitals.



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► PHYSICIAN'S MONEY DIGEST

THE BENEFITS OF INTEGRATING BEHAVIORAL HEALTH CARE

By Ed Rabinowitz

The Agency for Healthcare Research and Quality...released its Atlas of Integrated Behavioral Health Care Quality Measures... to assist physicians and primary care medical practices in benchmarking and integrating behavioral healthcare into their system.

David Friend, MD, managing director at BDO USA, and a partner in the firm's health care practice, says that integrating behavioral health care into a medical practice makes perfect sense on multiple levels.

"If...I'm providing a better experience for my customers, if I'm treating them more rapidly, getting to the problem efficiently, helping my patients feel better faster...I'm providing a better medical service," Friend explains. "If my patients have better outcomes because I treat them better... there's going to be more demand for my services...we're moving into a world where more and more physician reimbursement will be contingent on producing better outcomes..."

Starting point

Friend suggests that the first step physicians need to take in integrating behavioral health care into their practice is to understand their own patient population...

"Doctors should be thinking about the underlying population that they're being asked to manage or treat," Friend says. "The whole health care system is driving in that direction — reimbursement, and the way we think about managing care."

► REIT.COM

HEALTH CARE REITS PURSUE QUALITY ASSETS ABROAD

By Sarah Borchersen-Keto

A number of recent foreign acquisitions by U.S. health care REITs underscores the sector's pursuit of geographic diversity, high quality core assets, and access to prosperous, well-established markets, according to industry watchers...



Jeff Walraven, assurance partner in the Real Estate Practice at BDO USA, LLP, notes that total health care assets in the U.S. that are owned by REITs account for about

8 to 10 percent of all available health care assets.

"The REITs are always striving for the top end of those assets, for the Class A portion," he said. And while the pool of Class A assets in the U.S. is by no means exhausted, according to Walraven, a lot of exploratory work is being done to find attractive assets outside of the country.

"As far as the size of the transactions they need, the quality of the transactions, to be able to show solid, continued growth, it's just kind of natural for them to seek assets elsewhere, in addition to the ones that are here," Walraven said. He added that health care REITs are also continuing to enjoy "substantial amounts" of capital...

Walraven at BDO USA explained... both the private and public sectors in Germany have invested heavily in the health care industry, while the country also guarantees its citizens health insurance coverage. "The importance and quality of German health care assets creates an appealing landscape for U.S. health care REITs looking to generate returns for their investors," he said...

Meanwhile, Walraven highlighted some of the difficulties of working outside of Europe and Canada. He noted that in order for healthcare REITs to enter the Chinese market they need strong local relationships that can ensure access to the central

government. In India, meanwhile, the difficulty of working with the government has stymied REITs' interest in that country, despite its significant need for healthcare facilities.

► PART B NEWS

MEANINGFUL USE

CMS pledges 'flexibility' on meaningful use — if your vendor is the problem

By Roy Edroso

Some practices could get a break on meaningful use penalties this year if vendor unreadiness is what's holding up their compliance — and they can prove it...



"A lot of EHR vendors just aren't ready," says **Dr. William Bithoney, managing director at BDO Consulting, LLC, New York**. "It's hard especially for the smaller companies to

get up to speed. For one thing, they haven't moved to the cloud, which would make changes easier..."

Not ready vs. too expensive

Sometimes the transition from stage 1 to stage 2 is not impossible, just expensive — particularly if your vendor contract requires you to pay for upgrades (PBN 7/29/13).

"When you ask a vendor to deliver something that's not in the contract, it's always a challenge," says Bithoney. "A lot of people are going to have to cancel contracts." But CMS has said it won't interpret your financial challenge as a hardship for regulatory purposes (PBN 7/1/13)...

If that's your issue, rather than plead with CMS, negotiate with your vendor to make the financial burden less daunting — and enlist some help from other providers to do so, Bithoney suggests.

"You can identify other clients of your EHR vendor and get together with them to negotiate with the vendor," he says. "That's the thing I'd try after complaining and not getting results."

► **MULTIBRIEFS**

ONC AIMS TO EXPAND BLUE BUTTON REACH

By Pamela Lewis Dolan

...The Blue Button Connector...is a way for patients to access, download, print or share records with a mouse click on the trademarked Blue Button logo, which is embedded in health IT systems such as electronic health records or patient portals...

While the ONC goes on a publicity campaign for the Blue Button, **Dr. Bill Bithoney** says physicians also should be promoting it within their practices...

Several EHR vendors are embedding the Blue Button technology in their systems as a way of helping their clients satisfy the meaningful use requirements, said Bithoney, managing director of New York-based BDO Consulting's healthcare team and a board-certified pediatrician.

Beyond meaningful use, Bithoney said, Blue Button technology is a powerful tool for helping physicians deliver the "five rights of healthcare": delivering the right care, at the right time, at the right cost, from the right provider, in the right setting. When patients use the technology, it can save physicians time, he added.

With the Blue Button, patients can download their medication and problem lists, even those created by other physicians, and share the information with anyone on their care team.

"When patients have access to their health information, such as medication lists, allergies and the like, many phone calls to physicians and their support staff are eliminated," he said.

► **MANAGED HEALTHCARE EXECUTIVE**

SOTU LIGHT ON HEALTHCARE

By Tracey Walker and Julia Tasma and Julie Miller

Obama praised his signature healthcare reform legislation and its progress in his State of Union address yesterday, as expected. However, it was not his leading topic...

Get covered

Obama also encouraged every American to help out anyone they knew who didn't have health insurance to sign up and get coverage by the deadline of March 31...

"Regardless of the speech last night, managed care is going to continue to evolve," said **David Friend, MD, Managing Director at BDO USA**. "The quality of information that is flowing to managed care health plans and executives will need to improve in order for the system to handle the increased number of patients. We expect that improvement to continue over time and for the system to continue to develop at an even faster pace."

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