



ACMPE Article Assessment:

Taking the leap to make bundled payments work
Incentives drive realities in American, Japanese healthcare systems

By Robert K. Smoldt, MBA; Denis A. Cortese, MD; Natalie Landman PhD; Sachiko Watanabe, RN, MHSA, MAE; and Aki Yoshikawa, PhD
Executive View, June 2015, Pages 22 – 26

1. Patient complications can be adversely affected by:
 - A. Long lengths of stay
 - B. Payment reform
 - C. Diagnosis Related Groups
 - D. Value-based healthcare

2. The U.S. needs to move from the DRG system because it lacks any incentive for the provider and patient relationship.
 - True
 - False

3. EDRG is defined as:
 - A. Employed diagnosis related group
 - B. Engaged diagnosis related group
 - C. Extended diagnosis related group
 - D. Electronic diagnosis related group

Page 1

ACMPE Article Assessment: Taking the leap to make bundled payments work, Executive View, June 2015
© 2015 MGMA. All rights reserved.

Advancing Leaders. Advancing Practices.™

4. One benefit of the EDRG is that it leads to better integration between the patient and the provider.

True

False

5. Patient outcomes directly correlate with the cost of care.

True

False

6. A true bundled payment with a quality withhold can generate incentive to provide the highest value care.

True

False

7. When implementing a new bundled payment approach, which one of the following needs to be taken into account:

- A. Enforce measurements across all disciplines
- B. Adjust actual payments to specific geographic areas
- C. Select hospitals with the lowest acuity
- D. Use the lowest cost diagnostic categories

Answer key:

1. Patient complications can be adversely affected by: **A. Long lengths of stay.**

The length of stay and practice variation can lead to higher rates of patient complications.

2. The U.S. needs to move from the DRG system because it lacks any incentive for the provider and patient relationship. **False.**

The United States needs to move from the DRG payment system, a bundled payment for hospital services that lacks an incentive to coordinate care between various physicians and hospitals.

3. EDRG is defined as: **C. Extended diagnosis related group**

4. One benefit of the EDRG is it leads to better integration between the patient and the provider. **False.**

The primary objective of the Extended Diagnosis Related Group (EDRG) is to encourage better integration of services among different patients and leads to better integration of services between hospitals and physicians.

5. Patient outcomes directly correlate with the cost of care. **True.**

Hospitals that get better than average patient outcomes and have lower than average cost per case are considered “high valued.”

6. A true bundled payment with a quality withhold can generate incentive to provide the highest value care. **True.**

Hospitals will benefit with greater financial incentives when patient outcomes are better and costs are lower.

7. When implementing a new bundled payment approach, which one of the following needs to be taken into account: **B. Adjust actual payments to specific geographic areas**

During implementation of new bundled payment approach, seek the diagnostic categories with the highest total cost; develop measurements for each diagnostic category; and compare similar medical centers with attention paid to specific geographic areas.

To obtain ACMPE continuing education credit for completing this assessment, go to mgma.com/myTranscript and enter your credit in the Distance Learning, Assessment category on the continuing education entry system. This assessment is worth **1 hour** of credit.

Page 3

ACMPE Article Assessment: Taking the leap to make bundled payments work, Executive View, June 2015
© 2015 MGMA. All rights reserved.

Advancing Leaders. Advancing Practices.™