

Qualities of a Winning ACO with the Right Value-based Efforts

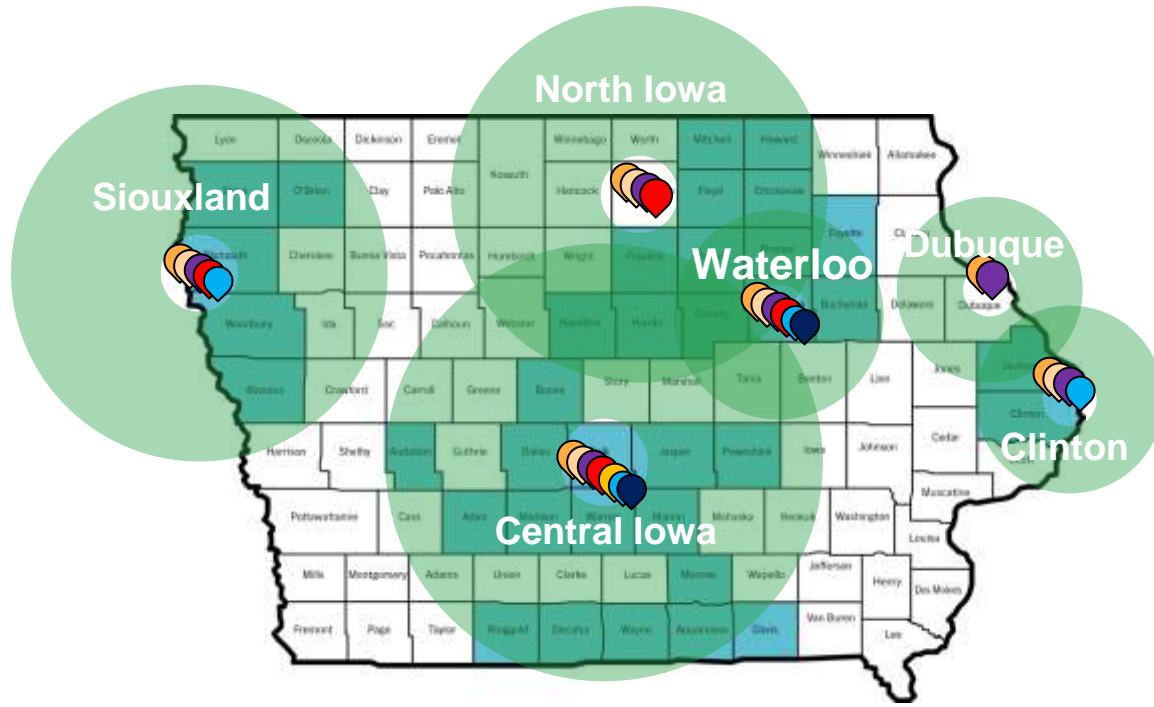
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NORTH CAROLINA *Chapter*

 **Mercy**

Mercy ACO



- Mercy Health Network as our foundation

- Mercy ACO is a subsidiary of MHN
- 6 (regional) ACO Chapters
- 67 of 99 Iowa Counties

- 2012 Track 1 MSSP “Mercy ACO”

- 2017 moved to ‘downside risk’

- (1) Track 3 MSSP (up/downside risk)
- (2) Track 1 MSSPs (Rural/Urban)
- (5) Commercial Shared Savings Programs
- Partnered On/Off Exchange Product

- Independent & Specialty Groups

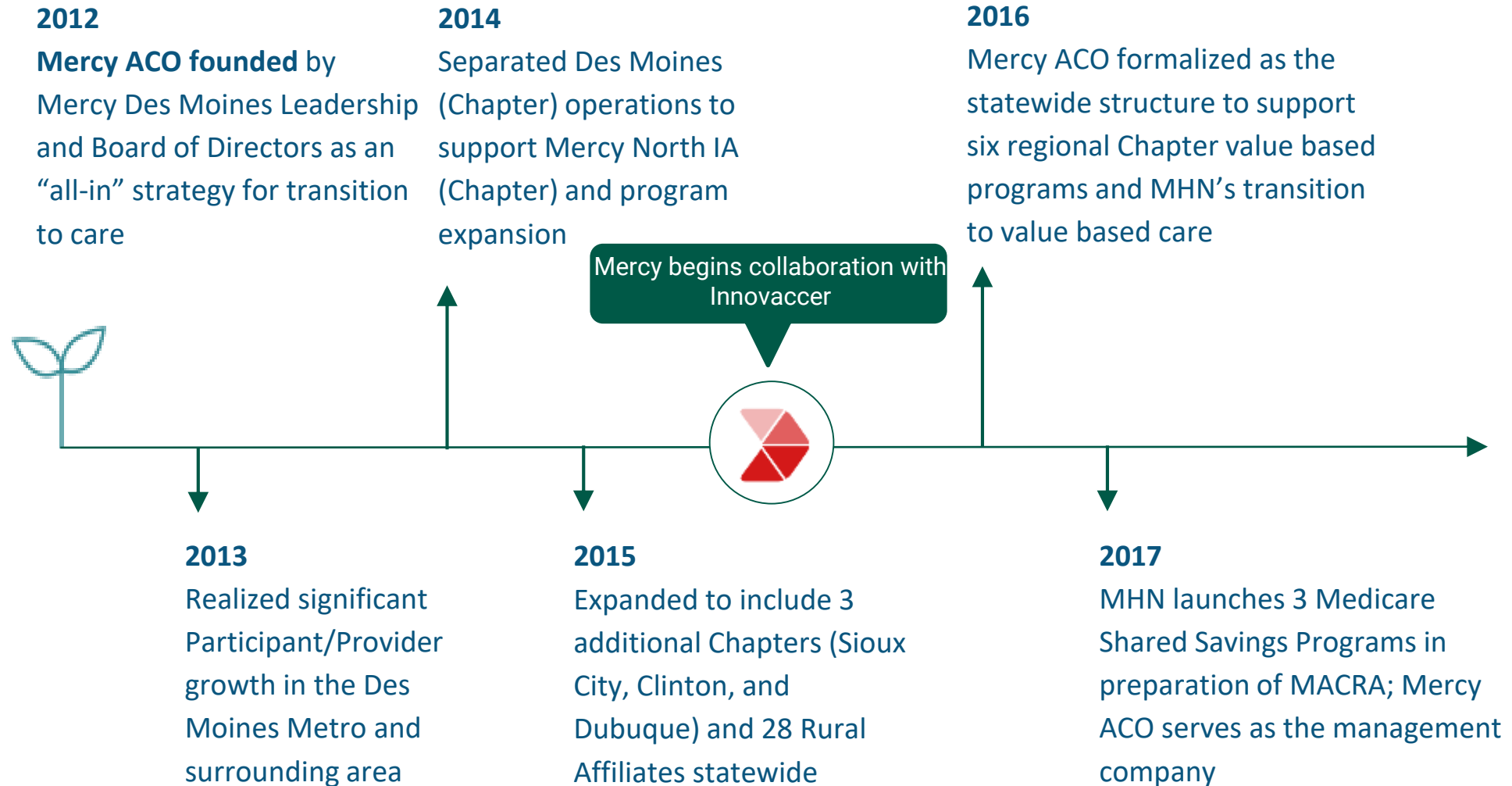
- 195+ Participant Organizations
- 3,500+ Providers

- Government & Commercial Contracts

- 310,000+ Covered Lives
- 18+ Value Based Contracts
- Track 1+ January 2018 Application
- 3D SNF Application

- Medicare Shared Savings Program
- Commercial Shared Savings
- Direct to Employer
- Medicaid
- Medicare Advantage
- Bundled Payments
- MHN/Wellmark Value

Journey of Mercy ACO



Care Delivery is rapidly changing in the United States



Payment Models are Evolving

With an increased focus on capitation and value-based care payment models, it has become paramount to improve quality to succeed.



Population is aging and more prone to risk

The increasing demands of aging population involve a steep rise in cost of care, which calls for a more patient-centric approach.



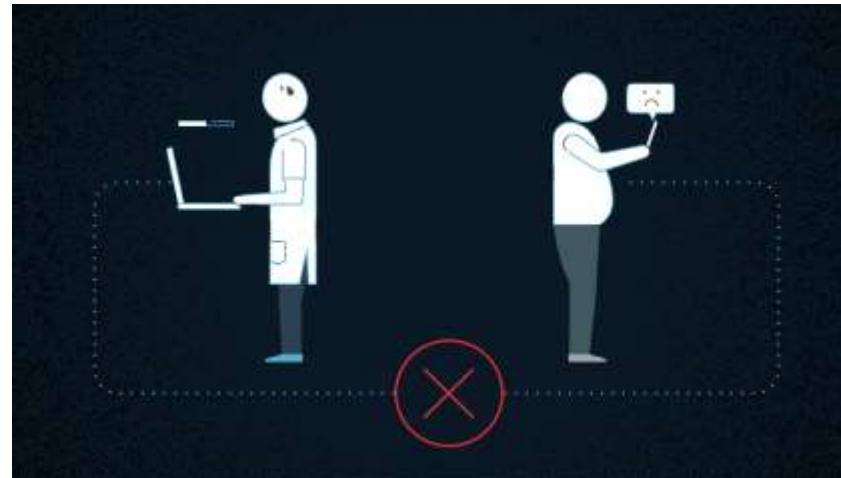
Administrative burdens are high

Along with the policy and socio-economic push there is a strong pressure created because of increasingly competitive landscape.

Non-interoperable technology is a hindrance to this change

Healthcare networks are reeling with distributed information across tens of distributed systems

Health Information systems are distributed with interoperability challenges creating an information gap



Distributed information creates roadblocks in understanding the patient holistically and managing care and risk

The problem of distributed systems is being magnified by massive consolidation that is happening at the level of healthcare networks

Mercy ACO - Mission

- Improve the health of the patients we serve
Manage population segments- not just individuals
- Lower cost of care
Healthier patients will use less healthcare resources
- Capture payment for the value we create
Shift payment from Volume to Value

Non-interoperable technology is a hindrance to this change

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- Distributed information creates roadblocks in understanding the patient holistically and managing care care and risk
- The problem of distributed systems is being magnified by massive consolidation that is happening at the level of healthcare networks

Hurdles to overcome

Mercy ACO's vision is to engage patient-centric care across the care continuum through coordination and innovation. Data-driven capabilities were paramount in making this vision a reality through the collaborative efforts between Mercy ACO and ACO Participants.

1

Healthcare Data Integration

For a seamless data exchange, Mercy ACO was looking for connecting over different types Tier 1, 2 & 3 EMRs

2

Separate Platforms

A better visibility of the network's performance was required by having data management, Reporting, and Care Management on the same platform

3

Daily updated ADT feeds

Daily update on ADT feeds was crucial for care management. A procedure for every site to absorb these feeds on a daily basis was needed

The right IT engagement model

The right IT engagement model to gain a better understanding of network should be flexible and not a 'turnkey solution' or 'ship and deliver' solution.

Build, Operate and Reiterate

It is crucial to realise the fact that needs of healthcare organization will change in approximately 1.5 years and opting for a "Build, operate and reiterate" model over "ship and deliver" model or "turnkey solution" is suitable.

Single Source of Truth

For a better visibility in healthcare and non-care operations, it is better to have care management embedded in the same data platform for better tracking and reporting.

Automated Workflows for the Staff

Automated and intelligent work queues that can set priorities for staff and match patients on various parameters are helpful in savings hours and improving efficiencies.

Data is Essential for Population Health

- Track population of patients and their health status
- Facilitate list of patients overdue for care or not meeting goals
- Ability to perform risk segmentation of the patient population
- Performance reports at the organization, Clinic, and provider levels
- Measure the effectiveness of interventions
- Care gap reports – at the point of care
- Discover new opportunities in risk-based models

For all these operations, data needs to be real-time for patient management and quality improvement.

Mercy ACO Care Delivery Vision

- **Manage patients as populations and individuals**
Planned patient visits and measure population based outcomes
- **IT systems**
Disease registries and data warehouse
- **Engage patients with Health Coaches**
Identify high risk patients most likely to benefit
- **Coordinate care**
Communication and sharing information of care plans
- **Continuous Quality Improvement**
Measurement and reduction in variation for Diabetes and HTN
- **Develop models to be reimbursed for value, not just volume**
P4P, Shared savings, Capitation

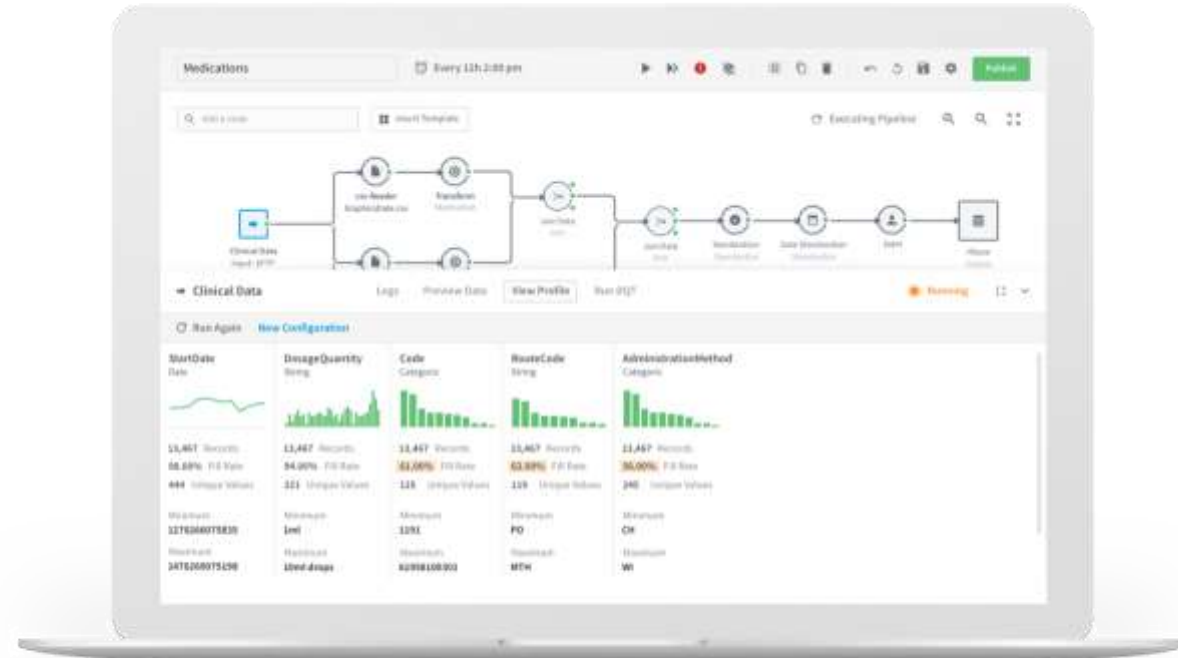
Mercy's Implementation Strategy

1 Claims-based Insights

Separate report cards with clinical, operational, or financial measure performances to keep track on every clause in all payer contracts.

2 Clinical Integration and Analytics

Reliable data streams from EMRs, labs, ADT feeds, etc. in Mercy ACO, and populate existing data lake to make it more robust and enable value-based analytics for better visibility on scope of improvements.



Mercy's Implementation Strategy

3 Automated Care Management

Automatic identification of patients through pre-defined triggers for health coaches so that they know which patients should be working with and what the right approach to care is. Later, tracking the tangible impacts of care coordination initiatives on population health.

4 Reporting and Network Optimization

GPRO reporting with custom reporting views that all report sharing with others with controlled access. Furthermore, analyze which facilities are stable to handle additional risk using sensitivity analysis.

The screenshot displays a patient care management interface for a patient named Joy Lawson. The interface includes a navigation menu on the left with options like Chart, Care Management, Timeline, Care Programs, Tasks, Goals, Consistency Services, Medication Adherence, Gaps in Care, Episodes, Risk, Billing, Profile, Manual Entry, and Documents. The main content area shows a patient profile with contact information, a 'HIGH RISK' status, and a list of tasks and goals. A red banner highlights an 'Ongoing Activity - Schedule Appointment' by Lauren P. on 01/01/2018 at 2:30pm. Below this, there is a note from a call and a 'Diabetes Care Program' section with a checklist of 'Five Contact', 'Patient Contact', and 'Barriers to Care'. The right sidebar shows 'Tasks Due' and 'Active Programs' with due dates and next steps.

How the Right IT Engagement Reduces the Cost of Care

Relatively low cost care delivery system changes can improve the health of patients

- Health coaching
- Coordination of care
- Reduction in variation

Improving the health of patients will reduce

- Hospitalizations
- ED use
- Drug costs

Denying needed care would NOT be effective



Outcomes Achieved



Over **1100 staff hours saved** per week saved



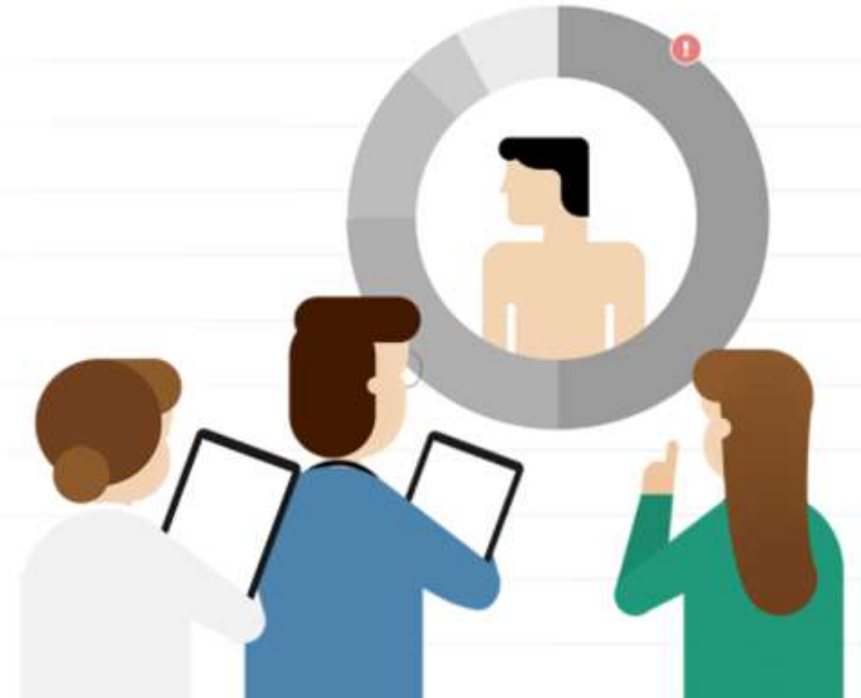
Projected **1.5 - 2x savings** in commercial contracts from last year based on better reporting and gap closure.



100% accuracy in Risk Stratification via CMS-HCC for Medicare population and HHS-HCC for commercial population.

Outcomes Achieved

- 7.14% reduction in 30d Readmit Rate (14.3%)
- 6.65% reduction in ED Utilization/1k (632/k)
- 14.26% increase in Primary Care Services/1k (8,684/k)
- 9.15% increase in Annual Wellness Rate (31%)



Recommendations

- 1 Embed care management and reporting in the same platform as that of data management for better tracking of network performances.
- 2 Instead of “ship and deliver” model or “turnkey solution” have “Build, operate and reiterate” model for the ever changing healthcare.
- 3 Clinical workflows should be automated as much as possible to improve efficiency of the operations and save valuable hours.
- 4 Identify and reduce the high-cost drivers and leakages.

Recommendations

- 5 Track the efficiency of all care and non-care operations and address the gaps in care in near real-time.
- 6 Capture custom ADT feeds to power the care management team in the most autonomous way possible even in rural areas.
- 7 Automating workflows and setting priorities for health coaches will help in saving care coordination hours.
- 8 ACOs align the reimbursement system with a mission to deliver quality care at a reduced cost.