

# Accountable Care Organizations: What Are They and Why Should I Care?

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# Roadmap

- Accountable Care Basics
  - What, Why, Who, How & Where
- Accountable Care Programs at UCSF
  - Partners, Interventions, Metrics and Outcomes
- Impact for Hospitalists

# The “Triple Aim” for health care calls for:

- a. A new medication that includes a beta blocker, a statin and aspirin
- b. Health care that provides improved quality and patient experience at a lower cost
- c. Discharges to include a follow up appointment, post-discharge phone call and communication with the PCP
- d. Healthcare that includes primary care medical homes, ACOs and integrated IT systems

# Important Terminology

- Accountable Care Organization
- Primary Care Medical Home (PCMH)
- Population Health
- Bundled Payments
- Shared Savings/Upside
- Shared Risk
  - One sided/Upside
  - Two sided/Upside and Downside

# What are Accountable Care Organizations?

A partnership or organization that manages a population of patients in a way that maintains or improves quality of care while decreasing costs by caring for patients across the continuum of health care services.

# Why do we need Accountable Care Organizations?

*17.3%*

Despite High Costs:

- ◆ Quality can be mediocre and inconsistent
- ◆ Patients are frequently dissatisfied

Why:

- ◆ Fee For Service Payment
- ◆ Individual Providers without incentives for integrated services
- ◆ Higher reimbursement for specialty care, procedural services
- ◆ Rewarded for treating illness, not promoting wellness

# Current Fragmented System

## Cost Bearers

- Employers/Members
- Tax Payers

## Payors

- Commercial**
- 19+ in CA
- Government**
- Medicare
- Medicaid

## Providers

### Physician Groups

- Primary Care
- Specialty Care

### Hospitals

- Tertiary/Quaternary Care
- Community Based
- Secondary/Tertiary Care

### Ambulatory Surgical Centers

### Long Term Care Facilities

### Home Care Providers

### Physical Therapy Centers

## *Who Bears the Risk:*

*FFS*

*Full Capitation*

# How do the “who” actually answer the “why and what”?

*Or, how do we make organizations actually decrease costs, while improving health care quality the health of a population?*

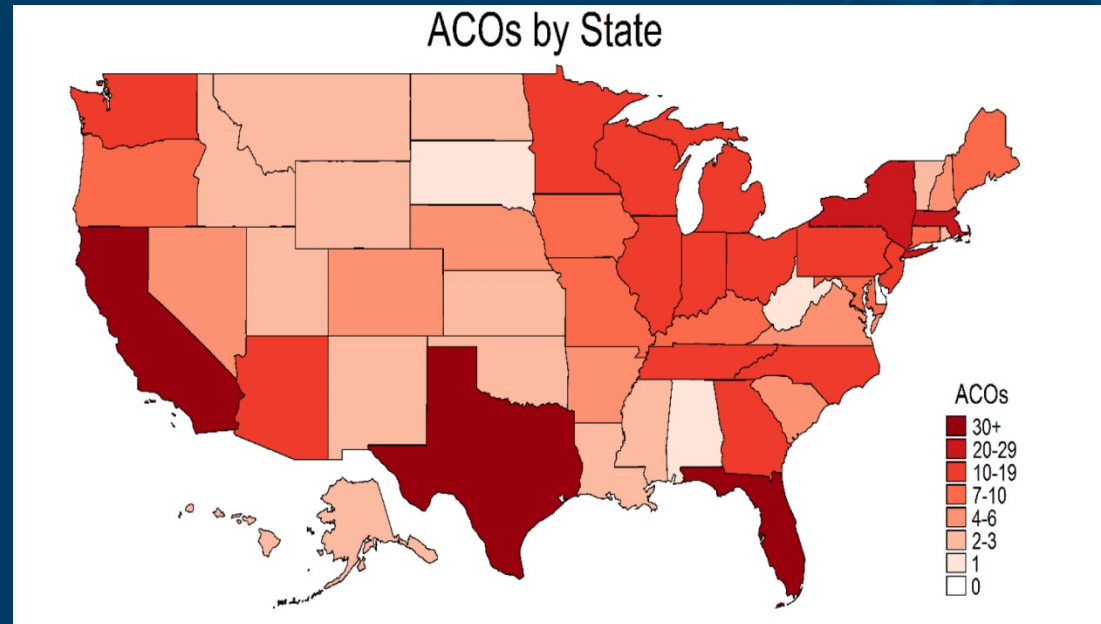
*Share the Risk.*

*Assumption: If you share in the upside and downside risk related to your population’s health you will figure out how to better manage the care*



# Where?

- > 400 Government and Commercial “ACOs”, operating in 49 States



Source: Muhlestein, David, “[Continued Growth Of Public And Private Accountable Care Organizations](#),” Health Affairs Blog, February 19<sup>th</sup>, 2013.

# Medicare vs. Commercial ACO

	Medicare	Commercial
Payer	CMS	Health Plans/Employers
Terminology	Pioneer ACO: 1 <sup>st</sup> and 2 <sup>nd</sup> Round	Accountable Care Collaborations
Primary Involvement of Payer	Reporting	Collaborative, Utilization Data
Attribution Model (i.e. Population Definition)	Specifications by CMS	HMO or PPO Attribution Model
Risk	Choice of Shared Savings or Shared Savings and risk	Variable/Contract dependent
Timeline	3 years minimum	Variable/Contract Dependent
Quality Metrics	33 Metrics Measured and Reported/5 domains	Variable/Contract Dependent
Minimum Size	5000 enrollees	No minimum

# Core Structural Components

- ❑ A commitment to providing care that puts people at the center of all clinical decision-making,
- ❑ A health home that provides primary and preventive care,
- ❑ Population health and data management capabilities,
- ❑ A provider network that delivers top outcomes at a reduced cost,
- ❑ An established ACO governance structure, and
- ❑ Payer partnership arrangements.

Source: Forster AJ et al. *Accountable Care Strategies: Lessons From the Premier Health Care Alliance's Accountable Care Collaborative*. The Commonwealth Fund. Published August 2012.

# Attributes of Accountable Care

- ❑ Provider-led
- ❑ Providers and payers co-own responsibility for cost and quality of care provided to a defined population
- ❑ Population attribution to ACOs, with opt-outs and choice
- ❑ Health engagement/wellness initiatives that are tailored to the individual
- ❑ Diverse group of providers, including hospitals, specialists, primary care, and post-acute care, that can coordinate across settings
- ❑ Robust health information technology infrastructure and performance measurement capacity
- ❑ Providers and payers share population-based data on a timely basis
- ❑ Long-term partnerships with a range of payment options

Source: Forster AJ et al. *Accountable Care Strategies: Lessons From the Premier Health Care Alliance's Accountable Care Collaborative*. The Commonwealth Fund. Published August 2012.

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# A Commercial ACO for Employees of the City and County of San Francisco

## The Patients, “Our Population”



## The Providers and Payers:

blue of california

UCSF Medical Center

UCSF Benioff Children's Hospital

 Hill Physicians  
Your health. It's our mission.

 Dignity Health

# A Commercial ACO for Employees of the University of California

## The Patients, “Our Population”

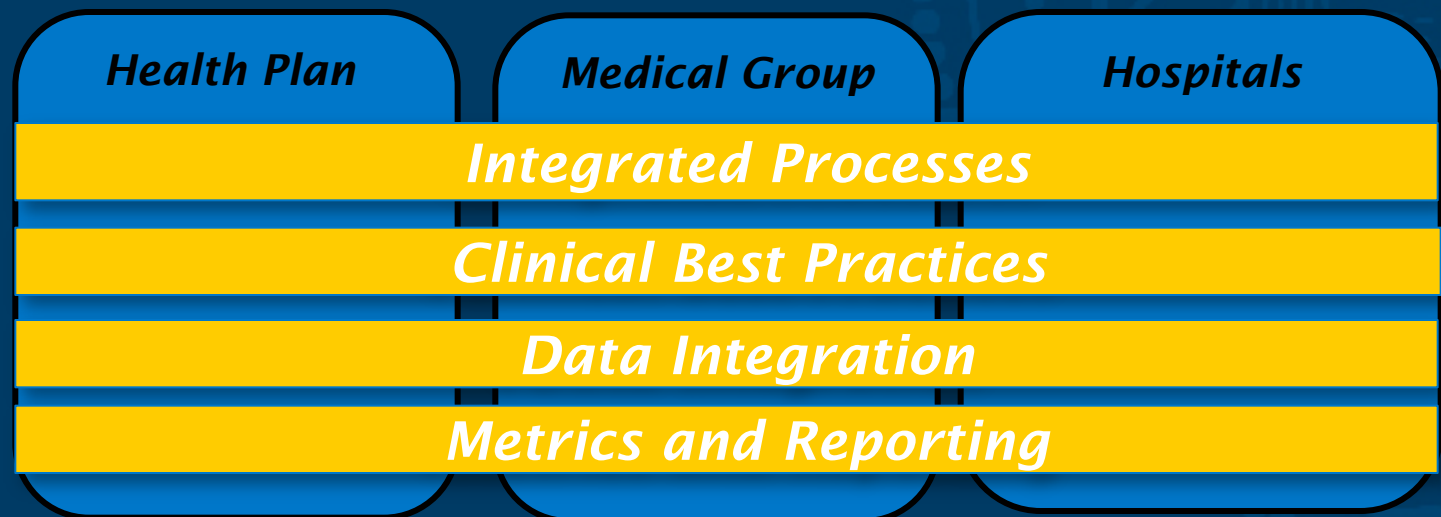


## The Providers and Payers:



# The ACO Model

- Aligned incentives: Each partner contributes to cost savings and is at financial risk for variance from targeted reductions.





# Triple Aim in Action

## **Cost Reduction**

*\$\$\$ Commitment in Savings  
Shared Accountability*

*IP, OP, Pharmacy and ED utilization  
initiatives*



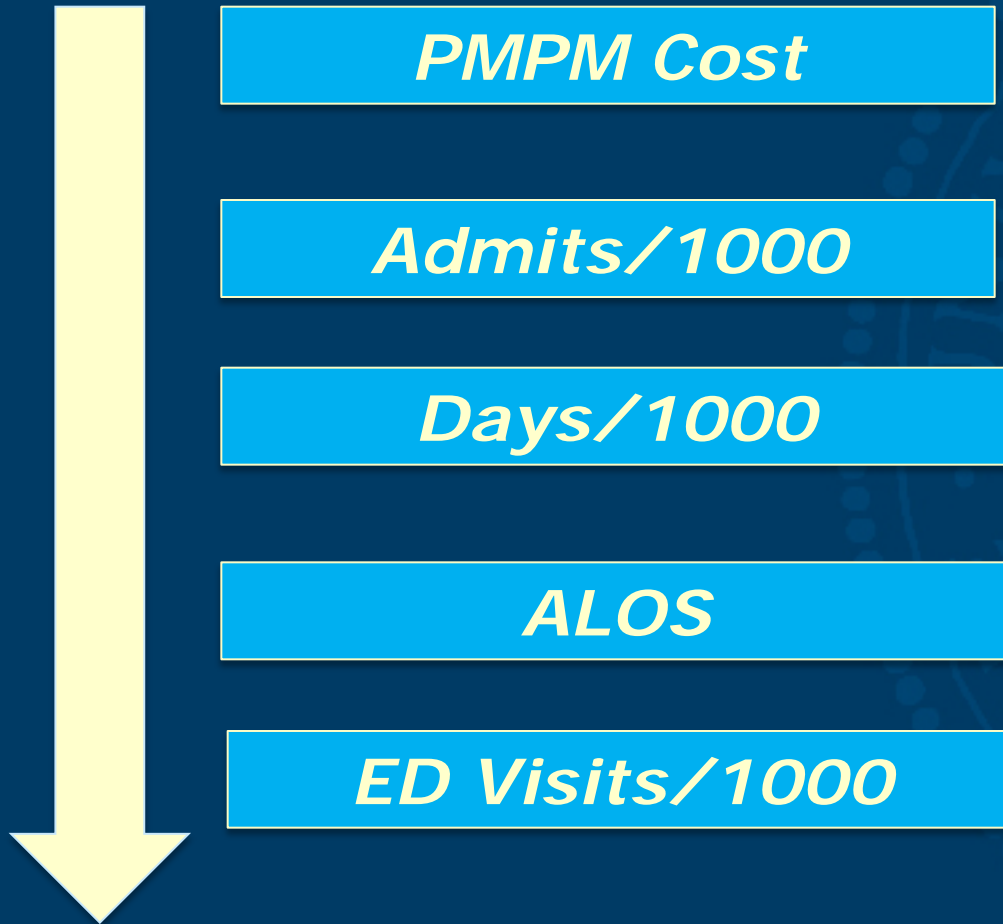
## **Population Health Improvement**

*Behavioral health integration  
Member Engagement*

## **Member Experience Improvement**

*Care Transitions Manager  
Enhanced Case Management  
Patient data sharing*

# Initial Goals



# Interventions

## *Care Transitions Program*

- *Integrated Transitions Program*
- *Care Transitions Manager*
- *Huddles*

## *Complex Case Management*

- *Telephonic and targeted management of high utilizers*
- *Coordinate care across providers*

## *Repatriation and Redirection*

- *Rapid transfer of patients from OON facilities*
- *Elective procedures at ACO facilities*

## *Data Sharing and IT Integration*

- *Medical record and data sharing across ACO providers*

# Life of a Care Transitions Manager A Dedicated Resource for ACO patients

## Pre-admission

- Pre-admission checklist for elective surgeries
- Disseminate EMMI modules
- Implement pre-operative education/training in preparation for post-discharge needs

## Admission

- Identify potential risks and barriers to discharge


## Discharge Planning

- Identify special needs and facilitate referrals
- Teach back with patient on discharge meds and instructions
- Schedule follow-up appointments
- PCP notification

## Post-discharge care

- Place Welcome Home call
- Coordinate between Inpatient and Outpatient providers/programs
- Refer to complex case management program if applicable

# Interventions



**Family Medicine  
at Lakeshore**

Not feeling well?  
**Call your primary  
care provider**

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1569 SLOAT BLVD  
**(415) 353-9339**

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UCSF Medical Center  
UCSF Benioff Children's Hospital



**General Internal  
Medicine**

Not feeling well?  
**Call your primary  
care provider**

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1545 DIVISADERO PRACTICE  
**(415) 353-7900**  
1701 DIVISADERO PRACTICE  
**(415) 353-7999**

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UCSF Medical Center



**Pediatric  
Primary Care  
at Mount Zion**

Sick child?  
**Call their primary  
care provider**

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2330 POST STREET  
**(415) 885-7478**

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UCSF Benioff Children's Hospital



**Women's Health  
Primary Care**

Not feeling well?  
**Call your primary  
care provider**

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2356 SUTTER, 4TH FLOOR  
**(415) 885-7788 (option 2)**

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UCSF Medical Center  
Women's Health

## Member Engagement Primary and Urgent Care Access



Our UCSF providers are working together to improve your overall healthcare experience and provide easy-to-use tools that help you to remain engaged in your care.

**CALL PHYSICIANS**  
24-HOUR SERVICE  
800-445-0747  
customerservice@pnj.org

**HEALTH NET**  
24-HOUR SERVICE  
800-522-0088

**BUSINESS 24/7 LINE**  
800-893-5597

**OPTUM/RESHAVORAL HEALTH**  
888-440-8225

**San Francisco Urgent Care Centers**

<b>Golden Gate Urgent Care</b> 2395 Lombard Street San Francisco, CA 94123 (415) 796-2242 Mon.-Fri. 8 a.m. - 8 p.m. Sat. & Sun. 9 a.m. - 4 p.m.	<b>UCSF Pediatric Urgent Care</b> 905 Parnassus Ave. San Francisco, CA 94143 (415) 353-2001 Mon. - Fri. 5 p.m. - 9 p.m. Weekends & Holidays: 10 a.m. - 2 p.m. ucsfquicker.com/ucc	<b>U.S. Health Works Medical Group</b> 192 Beacon Street South San Francisco, CA 94080 (650) 588-0500 Mon. - Fri. 7 a.m. - 5 p.m.
<b>SFO Medical Clinic</b> SF INTL Airport Terminal A, Level 3 San Francisco, CA 94125 (650) 821-5601 Mon. - Fri. 6:30 a.m. - 5 p.m. Saturdays 9 a.m. - 1 p.m.	<b>UCSF Screening &amp; Acute Care</b> Ambulatory Care Center (for patients over 16) 400 Parnassus Avenue San Francisco, CA 94122 (415) 353-2602 Mon. - Fri. 8 a.m. - 8 p.m. Saturdays & Holidays: 8 a.m. - 4 p.m. inquicker.com/ucc	

**Healthwise Handbook**  
Reference Book

**Healthwise Handbook**  
Connecting You to Better Health

Health Net | Dignity Health | Hill Physicians | UCSF Medical Center

**TO DO LIST**  
Keep your doctor's name(s) and number(s) for all family members handy.  
Talk to your doctor about preventive screenings.  
Know the Urgent Care Centers near you.  
Get a flu shot before the end of November.  
Create an electronic or printed list of your medications.

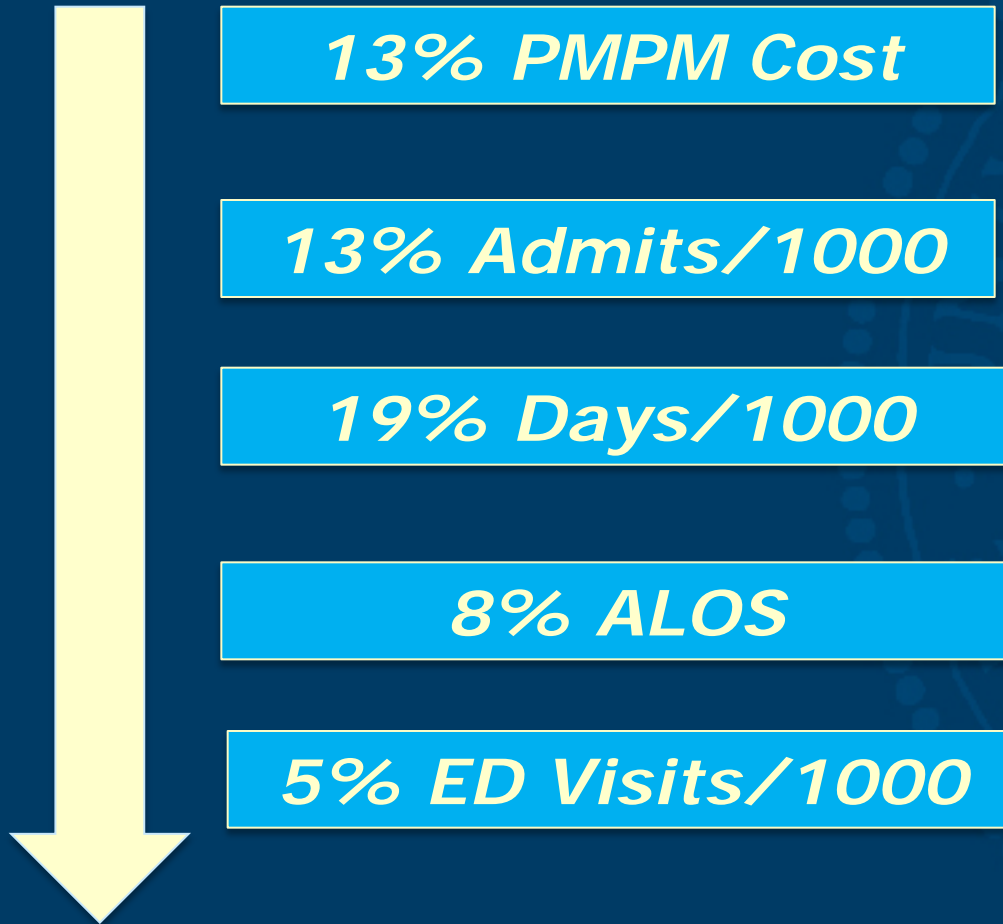
When you see this symbol within a section in this book look for the four-digit code in bold print. Then go to [healthwise.com](http://healthwise.com) and search by keyword or type the code into the search box and get helpful, interactive decisionmaking tools and much more!

Health Net | Dignity Health | Hill Physicians | UCSF Medical Center | healthwise

# Interventions

- Behavioral Health Access and Integration
- PCP Engagement and Communication Tools
- ↑ “GFR” (Generic Fill Rate)

# CCSF Utilization Outcomes\*



*\*Utilization 7/11-6/12*

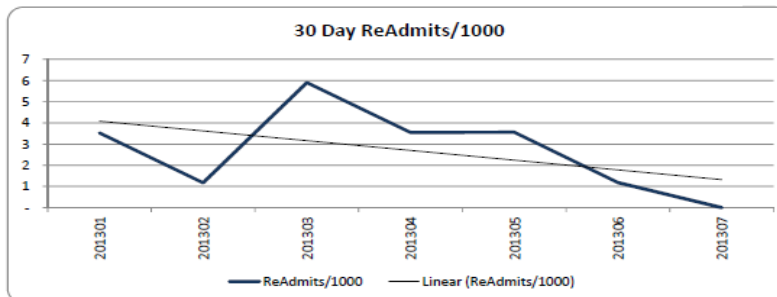
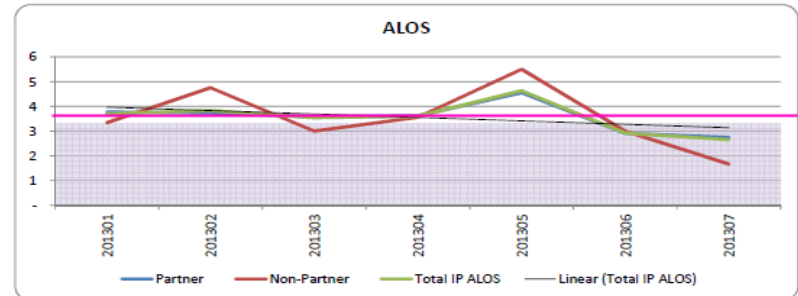
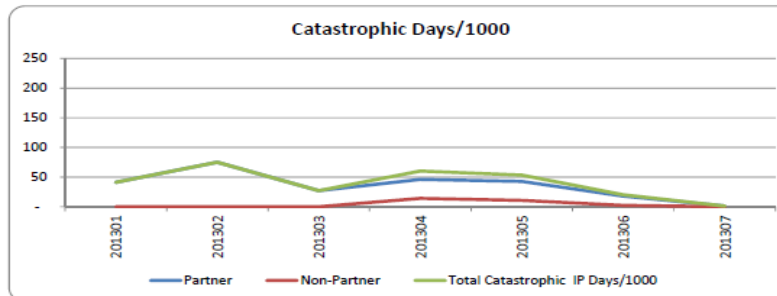
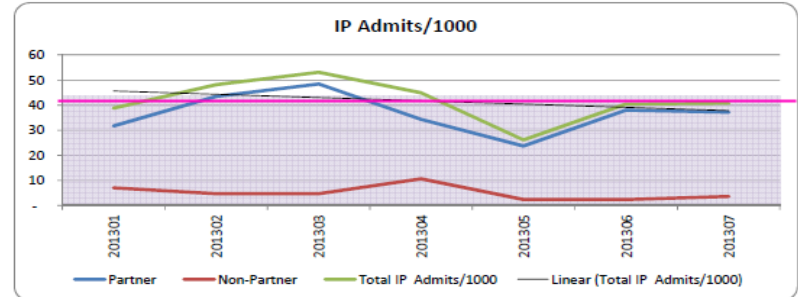
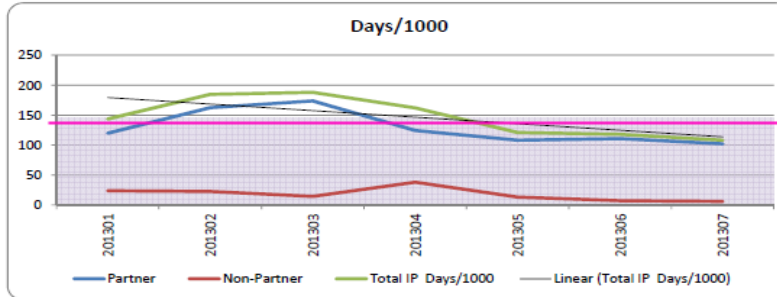
# UC HN Outcomes



UC - SF Area Commercial Facility Utilization Chart

201301 through 201307

Average Membership: 10,134



Milliman Well Managed Benchmark.

Proprietary and Confidential - Do Not Distribute



# Challenges and Lessons Learned

- 5 organizations, 5 cultures, 5 agendas
- Integration of IT systems
- Sharing of patient level data
- Privacy and security
- Going from “big data” to “usable data”
- ACO patients are just a fragment of a providers’ full panel of patients
- Many untapped resources for our patients

# Roadmap

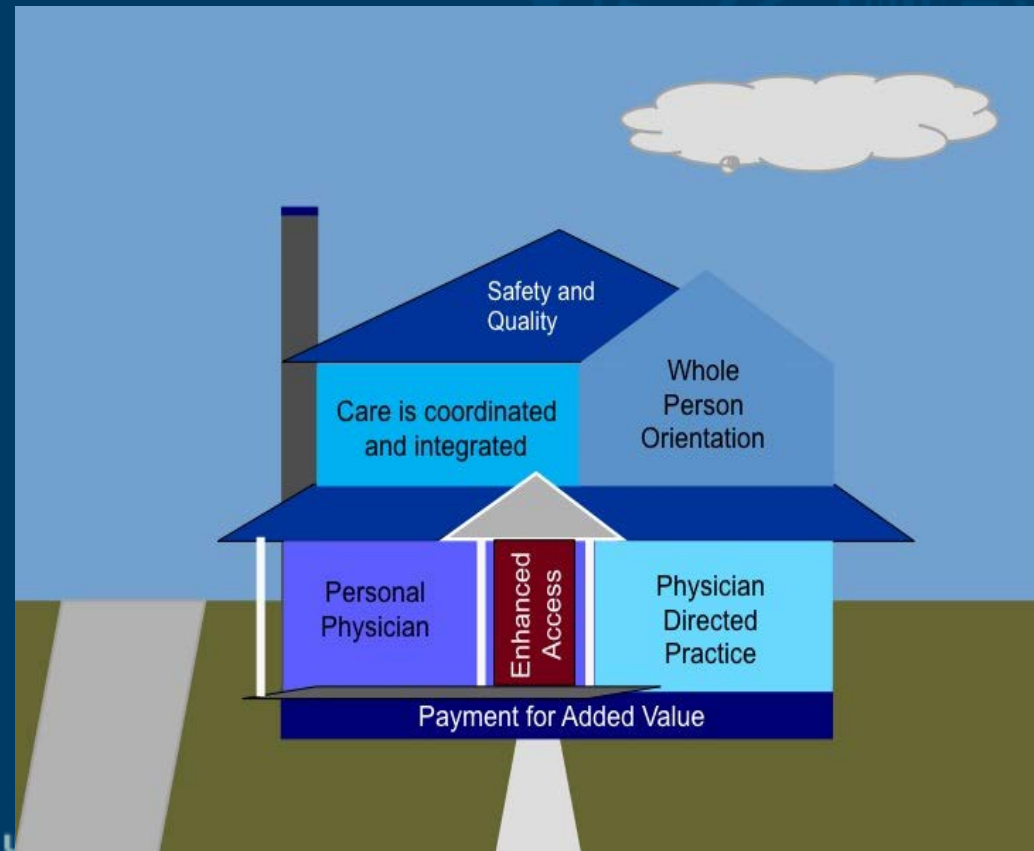
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# Impact for Hospitalists

- Is anyone here a provider for an ACO? Affiliated with a hospital that is part of an ACO?
- How does this impact your role?
- What types of changes do you foresee given the healthcare environment?

# The Good News...

For hospitalists, the key elements of ACOs are things we have been doing for a long time.



# Impact for Hospitalists

## *Patient Care*

- Patients may be sicker and more complicated
- Increased focus on the system of care
  - Communication with outpatient team
  - Moving out of the hospital in the post or pre hospitalization period
- Increased focus on utilization/costs
  - Continued pressure on Length of Stay, Hospital Utilization, ED utilization, Readmissions
- Possible roles of “hospitalists” in non hospital settings
  - Intensive outpatient facilities e.g. Ambulatory ICUs
  - Post-Acute settings

# Impact for Hospitalists

## *Leadership and Strategy*

- Increased focus on value
  - Need to show improved quality/experience
  - Eventually will need to show improved health outcomes
- May become part of Medical Home or Medical Neighborhood
- Need to understand your local programs, collaborate, align goals and incentives to achieve outcomes
- Financial implications of value based vs. volume based care

# Impact for Hospitalists

## *Research and Academics*

- Evidence for the ACO model?
- Education and training for future hospitalists?

# Conclusions

- Healthcare reform offers exciting opportunity for new models of care
- Hospitalists will be key partners in those models
- Risk sharing mandates collaboration across organizations with very different agendas and cultures



# Disclosures

*We have nothing to disclose*

