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/Quartenary 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"?

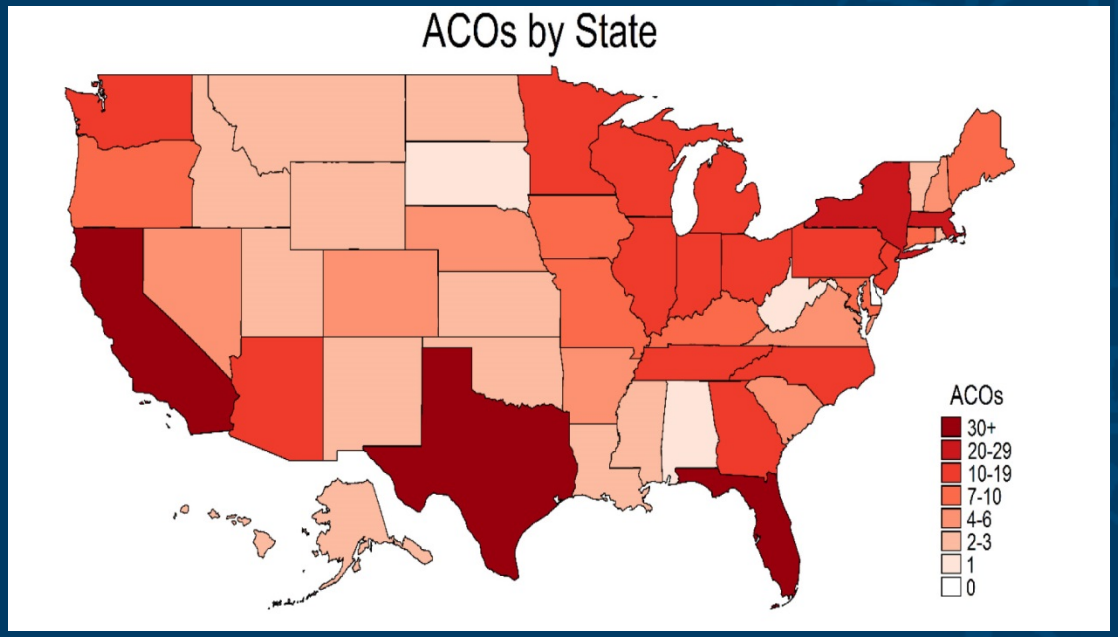
Or, how do we make organizations actually decrease costs, while improving health care quality the health of a population?

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 19th, 2013.

Medicare vs. Commercial ACO

	Medicare	Commercial
Payer	CMS	Health Plans/Employers
Terminology	Pioneer ACO: 1st and 2nd 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:

Health Net

UCSF Medical Center

UCSF Benioff Children's Hospital

Hill Physicians
Your health. It's our mission.

Dignity Health

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

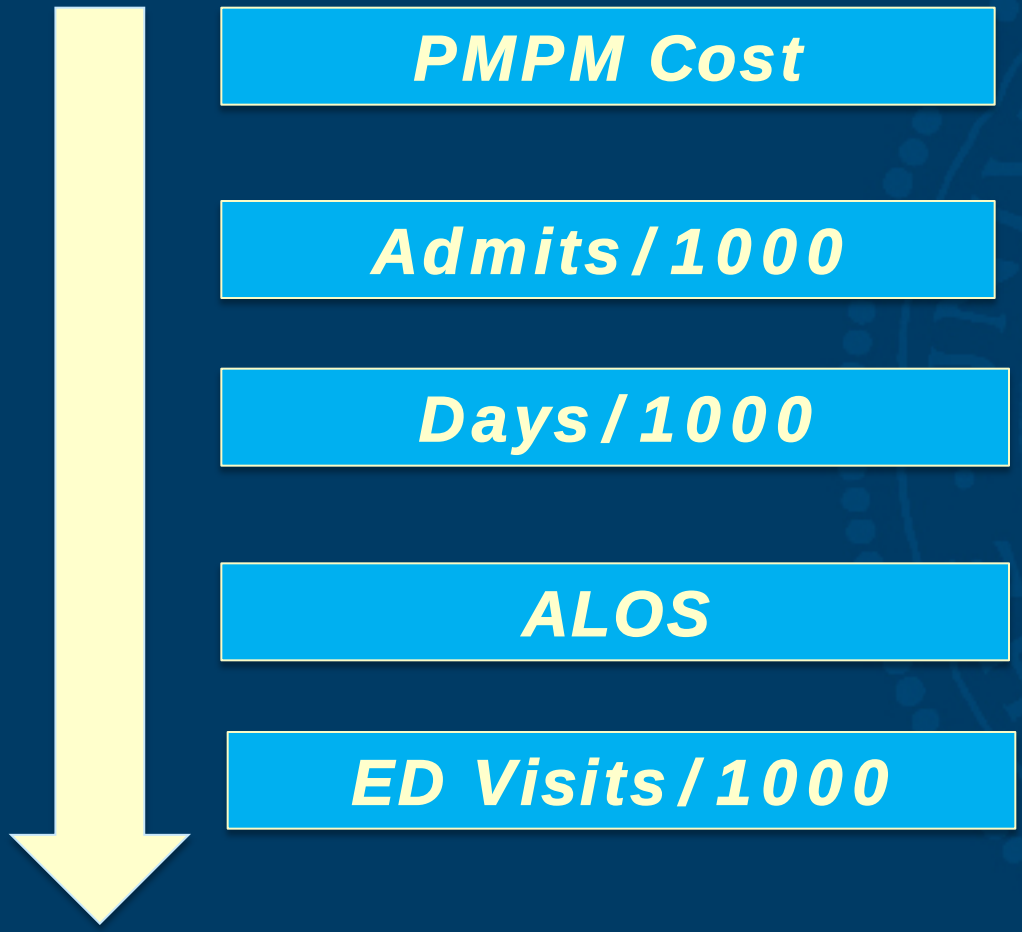
Member Experience Improvement

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

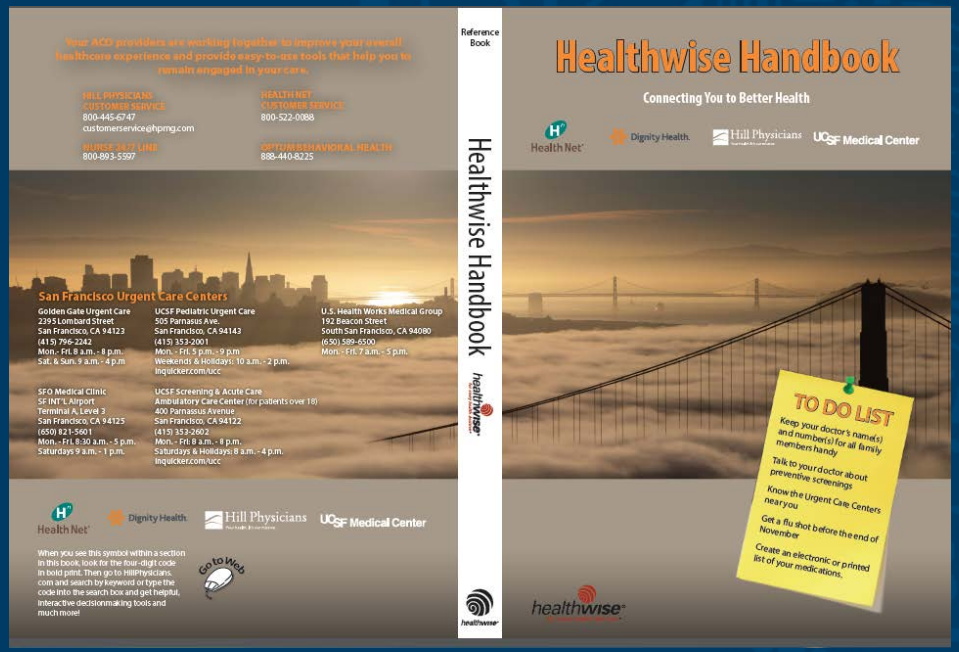
- Identify special needs and facilitate referrals
- Teach back with patient on discharge meds and instructions
- Schedule follow-up appointments
- PCP notification

Post-discharge care

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

Interventions

Member Engagement
Primary and Urgent Care Access



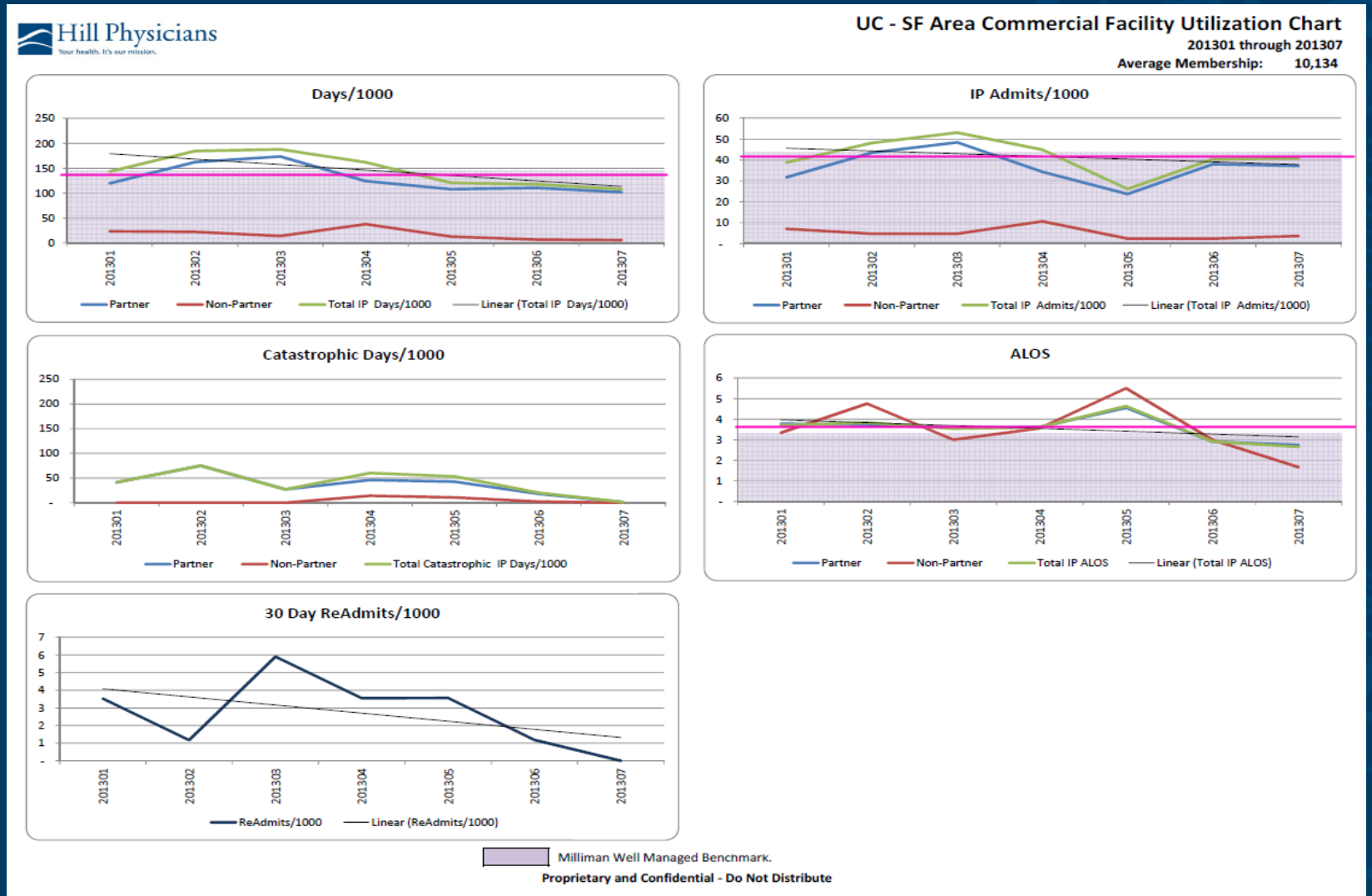
Interventions

- 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



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

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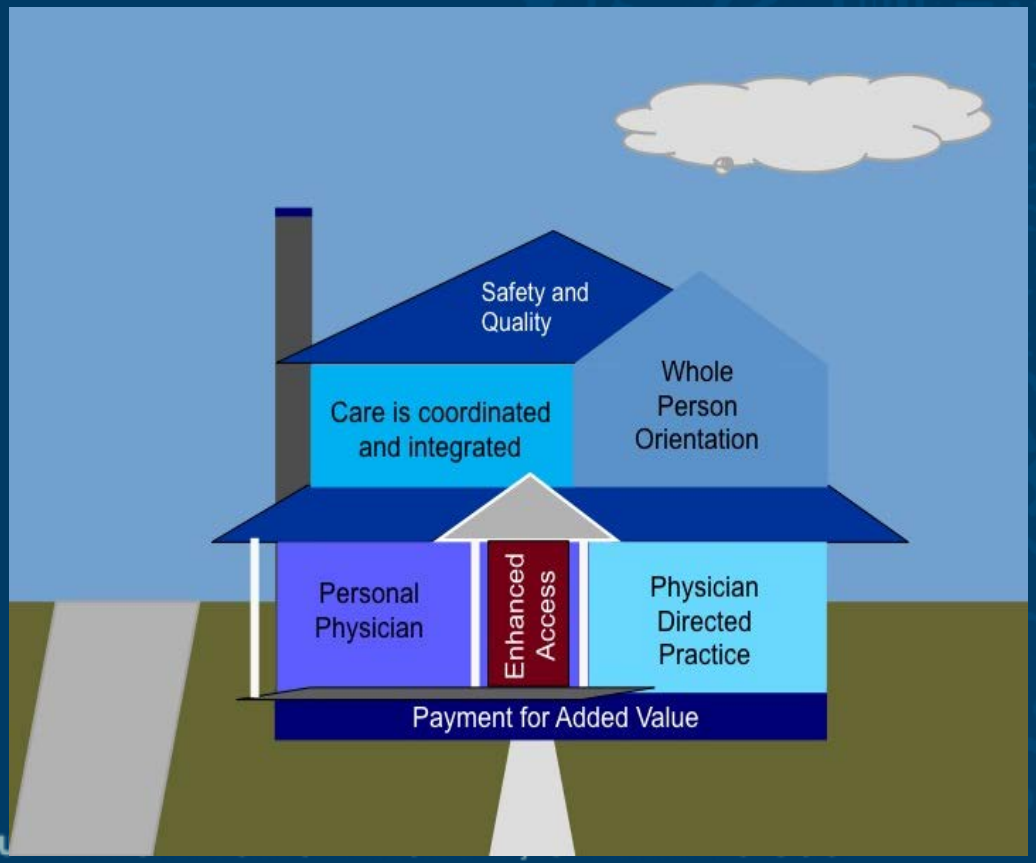
Impact for Hospitalists

- 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