Lessons Learned Creating an Accountable Care Organization

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Riverwood Healthcare Center

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Riverwood Healthcare Center

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Caravan Health
Session Objectives

• Learn about the different types of ACOs and implications of those models for an organization, its patients and providers

• Review financial, provider and patient perspectives

• Highlight Riverwood Healthcare Center’s journey to become an ACO

• Discuss how Riverwood addressed barriers and lessons learned
A Rural Model for Accountable Care - Caravan Health

Accountable Care Organizations – 23
Hospitals – 164
Doctors – 6,000
Quality Scores – 97%
Shared Savings – 257% of National Average
Application Success Rate – 100%

Value Based Programs Enabled by Caravan Health

AIM ACOs  MACRA  CPC+  Commercial ACOs
• Providers agree to be accountable for the cost and quality of care of their primary care patients.

• Must have 5,000 “covered lives” attributed for eligibility. Caravan Health Rural ACOs use “Virtual Groupings”.

• If quality is good and costs go down providers can get up to 50% of the savings.

• This provides an opportunity for you to learn to effectively manage population health while avoiding unnecessary penalties.

• It also provides great advantages for MIPS reporting.

• REIMBURSEMENT DOES NOT CHANGE!

• Timeline- Still time to be part of 2018 ACOs!
• You will join other rural communities to make up your ACO cohort

• You have attributed lives in your own community that you manage

• Each individual community needs to work toward improving care while reducing the cost of care, but success is measured on the ACO as a whole. CMS only recognizes the ACO.

• Your local governance is provided within quarterly ACO Steering Committee meetings. Your ACO governance is provided within the quarterly ACO Board Meeting (each community has a representative on the ACO Board). It’s your ACO.
The Caravan Health ACO Program

- Structure and funding
- Local Care Coordinator
- Coaching Team
- Regional education
- Claims data (Lightbeam) and Scorecard
- 24-Hour Advice Nurse Hotline
- Quality reporting assistance
- Quarterly Steering Committee Meetings
- Quarterly ACO Board Meetings
• This is strictly a bonus program. If costs go up, there is no penalty, if savings is achieved - it’s “shared”

• All existing reimbursement stays the same

• Overall benefit of participation: An opportunity to learn while avoiding unnecessary risk

• If you are participating in MIPS, you significantly increase your chances of a bonus.
Improve Financial Performance to Stay Independent and Sustainable

• Implement new wellness services that generate $500 to $1,000 annually per Medicare patient.
• Increase life-saving, preventative services such as mammograms and colonoscopies.
• Keep health care local and prevent out-migration.
• Protect our employed and community physicians from MACRA penalties.
• Maximize our MACRA bonuses and quality scores with the least amount of effort.
3 Options for the Quality Payment Program

Option 1: MIPS
(Lowest scoring MIPS option with most effort required)

Option 2: Qualifying APMs
(Take risk, out of MIPS but may pay large penalty, limits bonuses to 5%)

Option 3: MIPS-ACO
(Highest scoring MIPS option with least amount of effort)
• Cost must weigh 30% by 2019 by law.
• If you have average cost you will lose 15 points
• If you have high cost you will lose 30 points
• Top 10% will be dominated by ACO participants
• Top 10% can earn exceptional performance bonus worth up to 3 times penalty
• Average penalty/bonus in 2019 will be from $5K-$20K per physician

<table>
<thead>
<tr>
<th></th>
<th>PRACTICE SCORE</th>
<th>2019 MIPS WEIGHT</th>
<th>2019 MIPS SCORE</th>
<th>PRACTICE SCORE</th>
<th>2019 MIPS-ACO WEIGHT</th>
<th>2019 MIPS-ACO SCORE</th>
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<tr>
<td>QUALITY</td>
<td>85%</td>
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<tr>
<td>COST</td>
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<td>30%</td>
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<td>30%</td>
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<td></td>
<td>74.25</td>
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WHY
Our ACO Journey
Riverwood Healthcare Center

- 25-bed Critical Access Hospital
- 3 Rural Health Clinics
- Specialty Clinic
- Surgical Services
- 400+ Employees
- Collaborative Partnerships
- Top 20 CAH Award by the National Rural Health Association
Why Join an ACO?

- Aligns with our Strategic Plan

<table>
<thead>
<tr>
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<th>PCHH</th>
<th>ACO</th>
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<tbody>
<tr>
<td>Defined Population Served</td>
<td>All patients</td>
<td>Attributed Medicare Patients Only (~ 900 patients)</td>
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<td>Access to care</td>
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<td>Registry</td>
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<td>- Population health management</td>
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<td>Coordination of Care</td>
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<td>- Team based care, CCM</td>
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<td>Care Plan</td>
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<td>- Patient centered care</td>
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<tr>
<td>Quality</td>
<td></td>
<td></td>
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<tr>
<td>- Achieve triple aim, continuous process improvement</td>
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</table>
Why Join an ACO?

• Position us for Future Success
  • Improving quality of care
  • Improving health outcomes
  • Reducing health costs and inefficiencies

• Patient Needs
  • Chronic Disease Management
  • Patient Education
Why Join an ACO?

• Escalating Financial Squeeze of Cost-based Reimbursement

• Impending “Doom” of Value-based Payments
  • Desire for excellence
  • Rural CAN compete!
  • Realized Accountable Care isn’t going away……

• Several Advantages to Track 1 ACOs (MIPS APM)…. 
  • Potential for shared savings, low risk
  • Exempt from MACRA/QPP reimbursement penalties based on cost
  • Automatic full credit for improvement activities
  • No additional quality reporting
How we got here.....

2015
- Healthcare Home Consultant
- Provider Retreat - PCHH
- PCHH Committee formed
- Medicare Wellness Visits
- Email from NRACC to consider TCPI participation

2016
- **Jan:** Call with NRACC ~ applied for TCPI
- **April:** Joined TCPI
- **June:** Caravan Health conference call to consider joining ACO; began application
- **Sept:** ACO application sent to CMS
- **Oct:** Received CMS approval; assigned to MN Rural ACO

2017
- **Jan:** Start of ACO
- Care Coordination began
- Eide Bailly: HCC training
- **June:** MDH/PCHH site survey
- **July:** Clinic Remodel
ACO Background Info

• Minnesota Rural ACO
  1. Riverwood Healthcare Center
  2. Mankato Clinic
  3. Olmstead Medical Center
  4. Winona Health Services
  5. Madison Healthcare Services
  6. Lake Region Healthcare
  7. Prairie Ridge Hospital & Health Services

• ~12,000 attributed lives
  • RHCC has ~900
Networking & Learning

• ACO Program Manager Call – Monthly

• Care Coordination Cohort Call – Monthly

• Physician Leader Cohort Call – Quarterly

• ACO Workshop (MSP) – Quarterly

• Onsite Steering Committee Meetings – Quarterly
Organizational Buy-in

- Provider Engagement and Support
- Strong Communication Between Providers & Administration
- Board of Directors Support
  - Two physician members
Keys for ACO Success

• ACO Engagement with a Network & Local Accountability
  • ACO Board of Managers
  • Clinical Leaders
  • Care Coordinator Groups

• Medicare Wellness Visits

• Chronic Care Management
  • RN Care Coordinators
  • 24/7 access to care plans
Keys for ACO Success

• **New Information**
  - Lightbeam data warehouse
    - Claims (ED visits, risk analysis, etc.)
    - Patient statistics

• **Quality Performance Scorecards**

• **Provider & Staff Education**
  - Eide Bailly
Keys for ACO Success

- Hierarchical Condition Categories (HCCs)
  - Increase Risk Adjustment Factors (RAF)
  - HCCs = reflect costs associated with different conditions

A low RAF score can mean 1 of 2 things:
- Low RAF → Healthier Population
- Low RAF → Inadequate chart documentation
  - Inadequate/Incomplete coding
  - The patient has not been seen
Barriers

• Rural Health Clinic Billing Issues

• EHR Data Integration
  • Integral to identifying high cost patients & trends
  • Integral for reporting

• Epic Vendor
  • Quality reports
# 2017 ACO Quality Measures

## ACO Quality Measures By CH Initiative

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<tr>
<th>Measure</th>
<th>AWV</th>
<th>CCM/TCM</th>
<th>BHI</th>
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<tr>
<td>Fall Risk Screening</td>
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<tr>
<td>Med Reconciliation Post Discharge</td>
<td>(X)</td>
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<tr>
<td>Influenza Immunization</td>
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<tr>
<td>Pneumococcal Vaccine</td>
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<tr>
<td>BMI &amp; Follow Up</td>
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<tr>
<td>Tobacco Use Screening &amp; Follow Up</td>
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<tr>
<td>Depression Screen &amp; Follow Up</td>
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<tr>
<td>Colorectal Cancer Screening</td>
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<td>Breast Cancer Screening</td>
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<td>Statin Therapy for CVD</td>
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<td>Depression Remission</td>
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<td>Hemoglobin A1c Poor Control</td>
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<td>Diabetic Eye Exam</td>
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<td>Hypertension Control</td>
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<tr>
<td>Use of Aspirin therapy for IVD</td>
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Case Management Performance: Annual Wellness Visit Rate

**ALL MEDICARE**

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<th>Q1 2017</th>
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<td>Caravan Health</td>
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<tr>
<td>MN ACO 1</td>
<td>1.0%</td>
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<td>MN ACO 2</td>
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<td>MN ACO 3</td>
<td>8.4%</td>
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<td>MN ACO 4</td>
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<td>MN ACO 5</td>
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<td>MN ACO 6</td>
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**ATTRIBUTED ONLY**

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<tr>
<td>Caravan Health</td>
<td>25.7%</td>
<td>24.2%</td>
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<tr>
<td>MN ACO 1</td>
<td>0.3%</td>
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<td>MN ACO 2</td>
<td>36.0%</td>
<td>36.1%</td>
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<tr>
<td>MN ACO 3</td>
<td>8.6%</td>
<td>8.8%</td>
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<td>MN ACO 4</td>
<td>14.9%</td>
<td>26.8%</td>
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<td>MN ACO 5</td>
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*AWV Rate is calculated as total AWV patients for specified time period / specified Medicare population.*

Q1 2017 is based on April 2016 – March 2017 experience.

2016 is based on Jan 2016 – Dec 2016 experience.
Annual Wellness Visits
Patient Perspective

• 70 y/o, Female

• History of Hospitalizations & ED visits
  • Mental health
  • Polypharmacy & poor medication adherence
  • Multiple chronic conditions

• Referred to Care Coordination in 2016
  • Annual Wellness Visit
  • Advance Care Planning
  • Medication Therapy Management

• Zero hospitalizations/ED visits
  • “It gives me piece of mind knowing I have someone to call”