

Atrius Health ACO Initiative

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Agenda

- Why the interest in the Pioneer ACO?
- What actually is Pioneer ACO anyway?
- What is Atrius Health?
- Who are the Boston ACO participants?
- What is the work done so far at Atrius?
- How will this impact post-acute care?



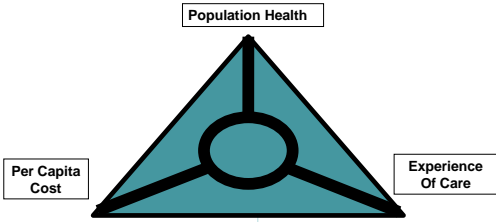
Moving Beyond the Silo: New Approaches to Examining Post-Acute Care

- 20% of all Medicare beneficiaries hospitalized at least 1/year
 - Admitted for a wide range of reasons including medical, surgical, functional diagnoses
- About 35% will be discharged to PAC, of them:
 - 41.1% → SNF
 - 37.4% → Home Health
 - 10.3% → IRF (Inpatient Rehab)
 - 9.1% → Outpatient/ambulatory therapy
 - 2.0% → LTCH (Long-term Chronic Hospital)

Source: Gage et al. (2009). *Examining post-acute care relationships in an integrated hospital system*, ASPE.



Context for ACO: Achieving the Three Aims



The root of the problem in health care is that the business models of almost all US health care organizations depend on keeping these aims separate. Society on the other hand needs these three aims optimized (given appropriate weightings on the components) simultaneously. Tom Nolan, PhD.

Source: IHI.org

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What's an Accountable Care Organization (ACO)?

- Devers & Berenson in RWJ Brief: **The ability to provide, and manage with patients, the continuum of care across different institutional settings**, including at least ambulatory and inpatient hospital care and possibly post acute care; The capability of **prospectively planning budgets** and resource needs; and Sufficient size to support comprehensive, valid, and reliable performance measurement. *Academic*
- PPACA: an organization of health care providers that **agrees to be accountable for the quality, cost, and overall care of Medicare beneficiaries** who are enrolled in the traditional fee-for-service program who are assigned to it. *Legal*
- NCQA: provider-based organizations that **take responsibility for meeting the health care needs of a defined population** with the goal of simultaneously improving health, improving patient experience and reducing per capita costs. *Certification*

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Pioneer ACO

- Center for Medicare and Medicaid Innovation (CMMI) created through Affordable Care Act to test new models of delivery and payment
- CMMI Pioneer ACO Program a variation on Medicare Shared Savings Program for 32 "advanced delivery systems" with commitment to >50% outcomes-based contracts
- 3-5 year contractual commitment
- Responsible for Medicare Parts A and B
- Participate in Pioneer Learning Collaborative
- Prospectively attributes Medicare FFS beneficiaries to ACO based on prior medical visits



Richard Gillilan, MD
CMMI



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Key Pioneer ACO Obligations

- Practice patient-centered care, taking into account beneficiaries' unique needs, preferences, values, and priorities
- Use evidence-based clinical practice to improve outcomes
- Coordinate care across the continuum, throughout an episode, and during care transitions
- Coordinate care through the use of health information technology and improvement methodologies
- Monitor and evaluate cost and quality across continuum and improve over time
- Participate in Learning Collaborative
- Be transparent

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Pioneer ACO: Quality Measures

33 measures in four domains:

- Patient/Caregiver Experience (CG-CAHPS survey)
- Care Coordination/Patient Safety
- Preventive Health
- At Risk Population (Diabetes, Hypertension, Ischemic Vascular Disease, Heart Failure, Coronary Artery Disease)

Reference population is from other data available to CMS

- Benchmarks not yet established
- Claims data likely to be national cross-section
- Quality data likely from PQRS, Medicare Advantage, other pilot programs – and likely to be above average

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MA Pioneer ACO's Include:

- Atrius Health
- Beth Israel Deaconess Physician Org.
- Mt Auburn Cambridge Ind.Practice Assoc.
- Steward Health Care
- Partners Health Care



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- Non-profit alliance of six leading independent medical groups
 - Granite Medical
 - Dedham Medical Associates
 - Harvard Vanguard Medical Associates
 - Reliant Medical Group
 - Southboro Medical Group
 - South Shore Medical Center
- Providing care for ~ 1,000,000 adult and pediatric patients with 1000 physicians, 1450 other healthcare professionals across 35 specialties



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- 100% on an electronic medical record combined with corporate data warehouse, used for managing quality and cost.
- Long history with global payments: greater than 50% of patients under global risk across Commercial, Medicare and Medicaid
- Widespread use of rosters in population management
- Track record of quality measurement and reporting
- Patient-centered medical home foundation



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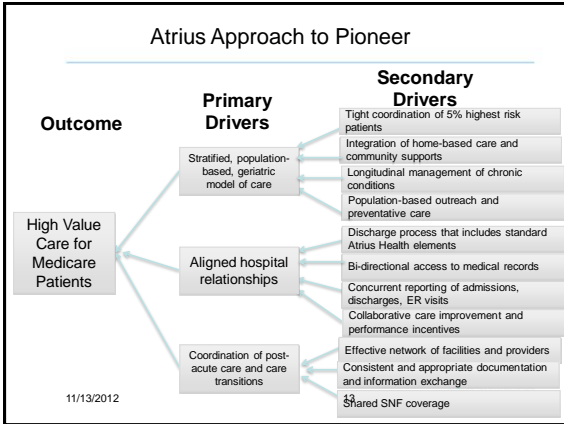
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Special Programs at Atrius

- Care management
- Roster reviews
- Chronic disease management
- Collaboration with VNA/Hospice
- Palliative Care
- Hospital relationships
- SNF rounding
- Home visits

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- ### Atrius Post Acute Facility Strategy
- Analyze data/customize response
 - Reduce LOS/Readmits
 - Post Acute facility network grid
 - Road shows: Share grid PCP/Hospital/SNF
 - Identify ACO patients at hospital/SNF
 - Hospital/Post Acute collaboration
 - SNF/MD expectations
 - Atrius obligations
 - Robust SNF Coverage by practice/group/community MD/APC
 - Optimize SNF environment for MD/APC teams to work in
 - SNF access to hospital/outpatient records
 - Communication between acute/post acute/ambulatory MD's
 - Direct admits to SNF (waiver for 3 night stay?)
 - Improve care transitions-MD to MD, meds, clinical info
 - SNF paperwork into EMR-p1/2/3, immun., HCP, FRA, warfarin
 - Enhanced use of post acute ambulatory services/IHBP
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- ### The Value Proposition
- ER diversion
 - Direct admits
 - Right level of care
 - Shorter stay, higher reimbursement
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2012 Next Steps

- Collaborate with other Pioneer ACO's
 - Coverage
 - Expectatons
 - Insights/best practices-direct admits/pain meds/templates
- Typed med list
- Satisfaction surveys
- Hospital/SNF progress reports
- 3 day waiver?

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The Time has Come

“The existing deficiencies in health care cannot be corrected simply by supplying more personnel, more facilities and more money. These problems can only be solved by organizing the personnel, facilities and financing into a conceptual framework and operating system that will provide optimally for the health needs of the population.”

- Dr. Robert Ebert
Founder, Harvard Community Health Plan
1967

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