

Accountable Care Organizations

ACO

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Bryan Health Connect ACO Presentation Learning Objectives for Improve Your CMS Star Rating

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- Participants will gain an initial or enhanced understanding of the purpose of an ACO
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- Participants will gain an initial or enhanced understanding of the operations of an ACO related to quality improvement efforts and performance management
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- Participants will understand how data and quality performance in an ACO contributes to their CMS Star Rating
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Who Is Bryan Health Connect ACO?

About Us

Bryan Health Connect is a physician-led Physician Hospital Organization (PHO) and Accountable Care Organization (ACO), organizations created to represent physician practices, facilities, hospitals and other providers to offer a broad, clinically and financially-integrated, high-quality, cost-effective network of providers. Bryan Health Connect represents more than 1,400 providers.

We work closely with our members, assisting them to maintain independence in an ever-changing healthcare environment, and supporting them by offering services that add value to their membership.

Mission

We connect a network of resources, innovative leadership and data to drive cost-effective population health improvement.

Vision

Leading exceptional healthcare transformation.

Bryan Health Connect ACO Members



Supporting the process toward clinical integration

Bryan Health Connect ACO-Value Based Care Team



Tera Heidtbrink, MSN, RN
Value-Based Care Operations Manager



Tina Ryan
Population Health Quality Improvement Advisor



Heidi Lauenstein, BSN, RN
Population Health Quality Improvement Advisor

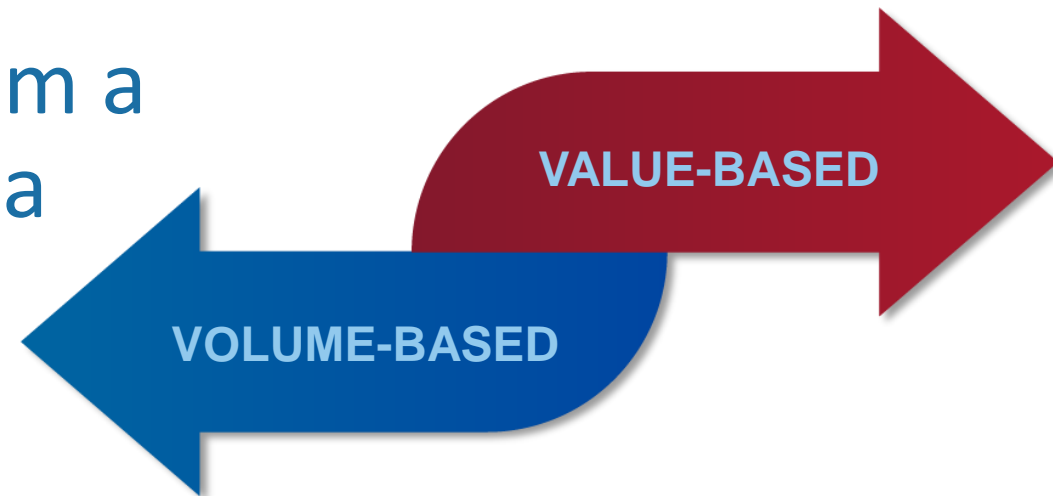


Sharon Leners, BSN, RN
Grant & Clinical Linkage Coordinator

What is an Accountable Care Organization (ACO)?

An ACO is a group of hospitals, physicians and other health care providers working together to provide improved coordinated care for their patients

ACOs are leading the change from a **volume-based** care model to a **value-based** one



Volume-Based Care

Providers get paid based on the *number* of patients they see and the services they provide, rather than meaningful patient outcomes

- This model can lead to repetitive tests, miscommunication or even conflicting medications and treatments
 - Can drive up the cost of health care
 - Not in the patients' best interest

Value-Based Care

Value = Quality/Cost

- A value-based care model shifts the focus to the PATIENT
 - Access to high quality care
 - A positive health-care experience
 - Improved outcomes and quality of life
 - Decrease in cost of care
- Value-based healthcare is a healthcare delivery model in which providers, including hospitals and providers, are reimbursed based on patient health outcomes

Components of Value-Based Care ($V = Q/C$)

Patients



Quality Components

- Access
- Convenience
- Satisfaction
- Individual outcome
- Positive interactions

Cost Components

- Co-pays
- Deductibles
- Rx out-of-pocket
- Travel time

Payers



Quality Components

- HEDIS quality measures
- CAHPS
 - Consumer Assessment of Healthcare Providers and Systems
- Evidence-Based Medicine and Best Practices

Cost Components

- \$\$\$ Rx
- Overutilization (lab, rad, post-acute)
- ED visits
- Readmissions
- Out-of- network spend

How an ACO works...in a Nutshell

- ACOs enter into value-based agreements with payers (insurance providers)
 - The value-based agreements include specific performance measures centered around quality and cost
 - There may be contracted Clinical Coordination Fees (CCF) paid quarterly to the ACO participants to offset costs incurred to operationalize improvements
- If the ACO reaches the performance measures – quality scores **and** lowering the total cost of care – they are financially rewarded with Shared Savings
- If the ACO does **not** meet the measures **or** they do **not** realize enough shared savings, they miss out on the savings...and possibly have to pay losses back to the payer

Value-Based Care: Why an ACO?

- Value-based Care fosters comprehensive, coordinated care using payment models that hold organizations accountable for cost-control and quality gains
- ACOs are a recognized and viable pathway to improve the health of a population utilizing value-based care arrangements with payers
- ACOs support the process toward clinical integration across providers
- This helps health care providers “shift” from a reactive environment to a proactive approach

How Does an ACO Succeed?

The Quadruple Aim

1. Improve the work life of all health care providers

2. Improve the patient experience

3. Improve the health of a population

4. Reduce the cost of care

Improve the Work Life of ALL Healthcare Providers

Value-Based Care is NOT a Task of One



Improve the work life of all members of the health care team

- **As we focus on the goal:**
 - Improve processes and create efficiencies in our daily delivery of care for our patients
- **We have the potential to:**
 - Improve our daily work life by maximizing efficiencies that come through collaboration and teamwork
 - Lessen the risk of burn-out

Why we all are uniquely prepared to take on the change

- **Sense of Purpose**
 - We are here because we want to make a difference in the lives of those we serve
- **We Value Autonomy**
 - We want opportunities to affect the changes toward improvement
- **Mastery**
 - We are driven to get better

Improve the Patient Experience

- Highly coordinated care through:
 - Efficiency of electronic medical record (EMR)
 - Efficiency of team
 - Access to outside clinical data
 - Sharing of clinical data
 - Service recovery
 - Continuous process improvement
- CAHPS for MIPS
 - Consumer Assessment of Healthcare Providers and Systems Survey

Improve the Health of the Population

- Data analysis drives quality and helps improve patients' overall care
- BHC collects and analyzes data from a number of sources
 - Medical records
 - Insurance claims
 - Pharmacy records
- Data identifies population health needs

Quality Measures

- Focus on services that patients need the most, such as:
 - Preventive screenings
 - Immunizations
 - Disease management
 - Medication management

Cost Measures

- The cost performance is measured against benchmarks on projected spending based on demographics and the documented risk of the patient population within the agreement

Value Based Care is Continuous Process Improvement

Population Insights

- Data Ingestion and Analytics
- Attribution Management (Covered Lives)
- Risk Adjustment
- Top 5-10% Patient Cohort Identification

Performance Management

- Dashboards, reporting



Practice and System Transformation

- Clinical Workflows
- Care Gap Closure Processes
- Transitional & Chronic Care Management
- High Risk Management
- Locally Implemented

Data Capture Improvement

Tools

- Quality Programs Crosswalk Tool
- Gap Prevention Tool (by age)
- Frontline nurse quality measure tool
- Provider tools
- Metric Poster
- And many others...

Continuous Efforts

- Data validation for payer and EMR extracts
- Provider roster validation for payers and analytics platform
- Work with EMR developers on mapping and updating codes
- Continuous collaboration efforts

Data and Performance Sharing

Monthly

- MSSP HCC and Annual Wellness Visit Worklist
- Gap Lists and Scorecards
- Performance Updates as Applicable

Quarterly

- MSSP Opioid Use Report
- Performance Updates on all Agreements

Yearly

- VBC Agreement(s) Final Performance

ALWAYS
Available for
Access

- Analytics Platform
- Bamboo Health

Reduce the Cost of Care

The end goal of all we do...

Making Healthcare Sustainable



- Improved Inpatient Care Efficiency
- Use of Lower Cost Treatments
- Reduction in Adverse Events
- Reduction in Preventable Readmissions



- Improved Management of Complex Patients
- Use of Lower Cost Settings and Providers



- Improved Prevention and Early Diagnosis
- Improved Practice Efficiency
- Reduction in Unnecessary Testing and Referrals
- Reduction in Preventable ED Visits and Admissions

*How Can ACO Initiatives
Impact Your CMS Start
Rating?*



Mortality

- Focus on preventative care to prevent hospitalizations in the first place
- Care Management efforts for chronic diseases such as COPD and CHF
- Transitional and Chronic Care Management implementation



Safety

- Provide assistance in Root Cause Analysis when needed



Readmissions

- Collaboration with the care team can lead to a decrease in readmission rates
- Access to claims data to have more complete readmission performance data
- ED utilization data and drill-down



Timely & Effective Care

- Utilization of all available data to identify areas of opportunity for improvement in utilization of healthcare



Patient Experience

- Team based care work often lessens burnout which can lead to improved patient experience and related scores
- The ACO sends out CAHPS for MIPS surveys yearly to beneficiaries which gives us insight into opportunities for improvement

Overall



- With continuous process improvement and focus on overall value based care and patient experience, you have an advantage in the group categories for star ratings due to continuous high quality metric performance and patient experience
- More timely data that includes **BOTH** claims and EMR data to identify opportunities for improvement
- Participation in an ACO gives you an opportunity to be part of a clinically integrated network through sharing of data on shared patients for a more complete picture of the patient's healthcare story

Bryan Health Connect ACO

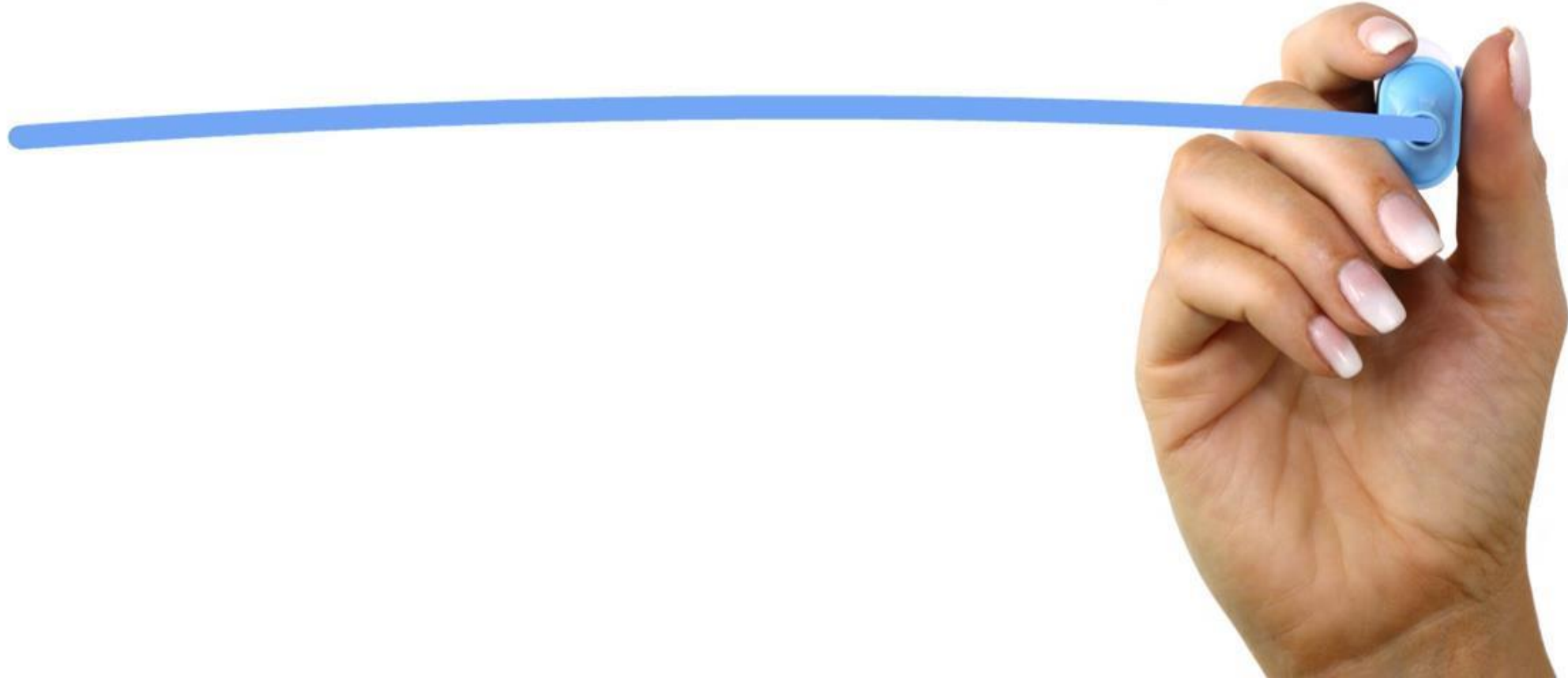
- **Patient and Provider Resources**

- Care Management
- Annual Wellness Visits
- Advance Care Planning
- Quitting Tobacco Products
- HPV Vaccines
- What is an ACO?
- Daily Self- Check: Asthma
- At Home Blood Pressure Monitoring: How to Measure Accurately
- What is High Blood Pressure?
- What Can I Do to Improve My High Blood Pressure?

Check them out by scanning this code with your camera



QUESTIONS





***We would be
more than
happy to visit
with you!***

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