

# How Supporting Risk-based Agreements Can Advance Value-based Care

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# Learning objectives



Examine how physicians can advocate for risk-based contract implementation



Understand the challenges that exist to improve social determinants under competing models



Develop tactics necessary to help providers find health plans willing to share the data needed to improve quality metrics

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# What makes an organization an ACO?

<b>National Association of ACOs (NAACOS)</b>	A group of doctors, hospitals, and/or other health care providers that work together with a goal of giving you <b>better care at lower cost</b> . <sup>1</sup>
<b>Centers for Medicare &amp; Medicaid Services (CMS)*</b>	ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give <b>coordinated high-quality care</b> to their Medicare patients. <sup>2</sup>
<b>Utilization Review Accreditation Commission (URAC)*</b>	Rather than focusing solely on Medicare requirements, we build upon the Medicare framework of clinical integration to include <b>total population health and care coordination, truly putting the patient at the center</b> of service delivery. <sup>3</sup>
<b>National Committee for Quality Assurance (NCQA)*</b>	The patient-centered medical home is a model of care that <b>puts patients at the forefront of care</b> . <sup>4</sup>

\*Formal accreditation entity

<sup>1</sup> <https://www.naacos.com/what-is-an-aco->

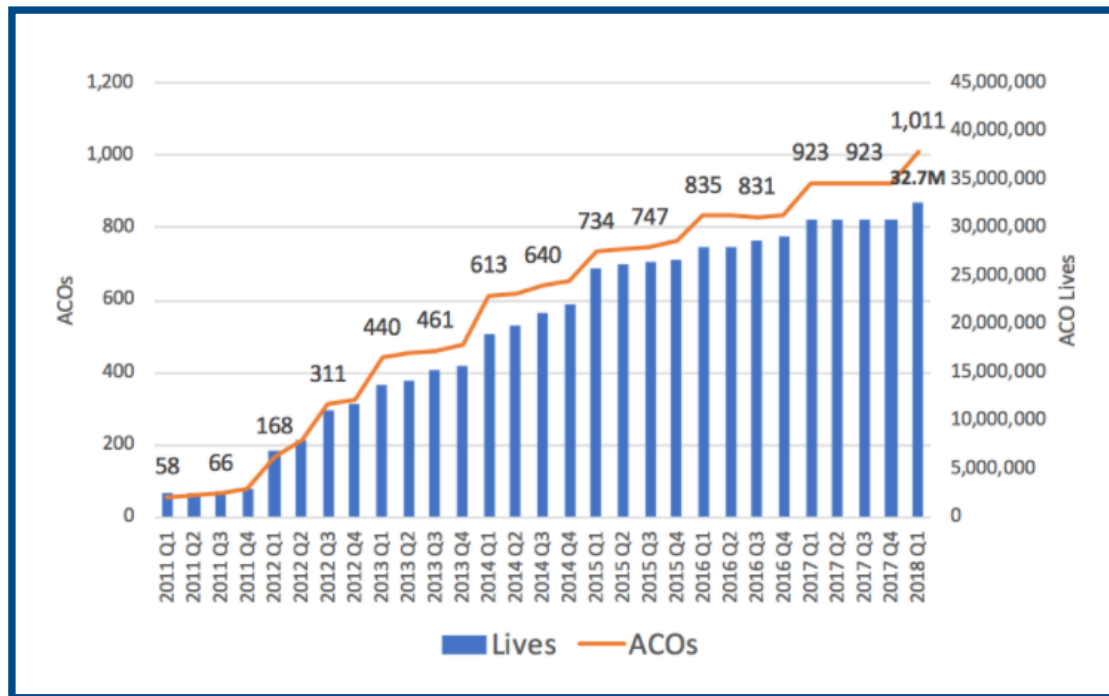
<sup>2</sup> <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO>

<sup>3</sup> <https://www.urac.org/accreditation-cert/accountable-care-accreditation/>

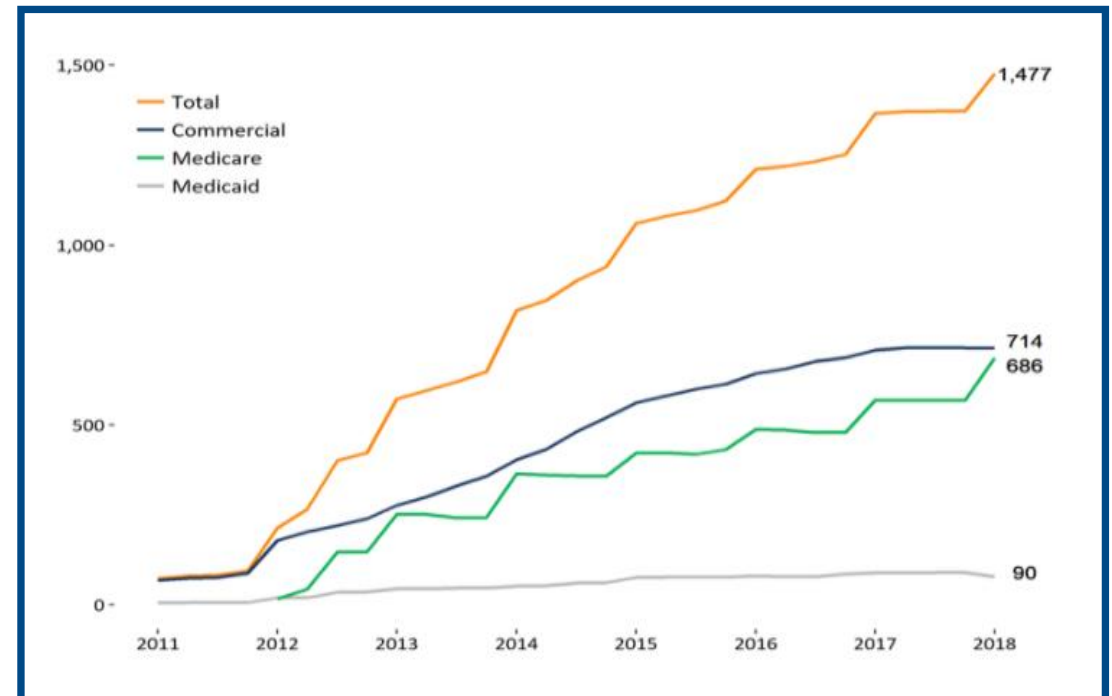
<sup>4</sup> <https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/>

# ACO landscape

## ACOs and Covered Lives Over Time

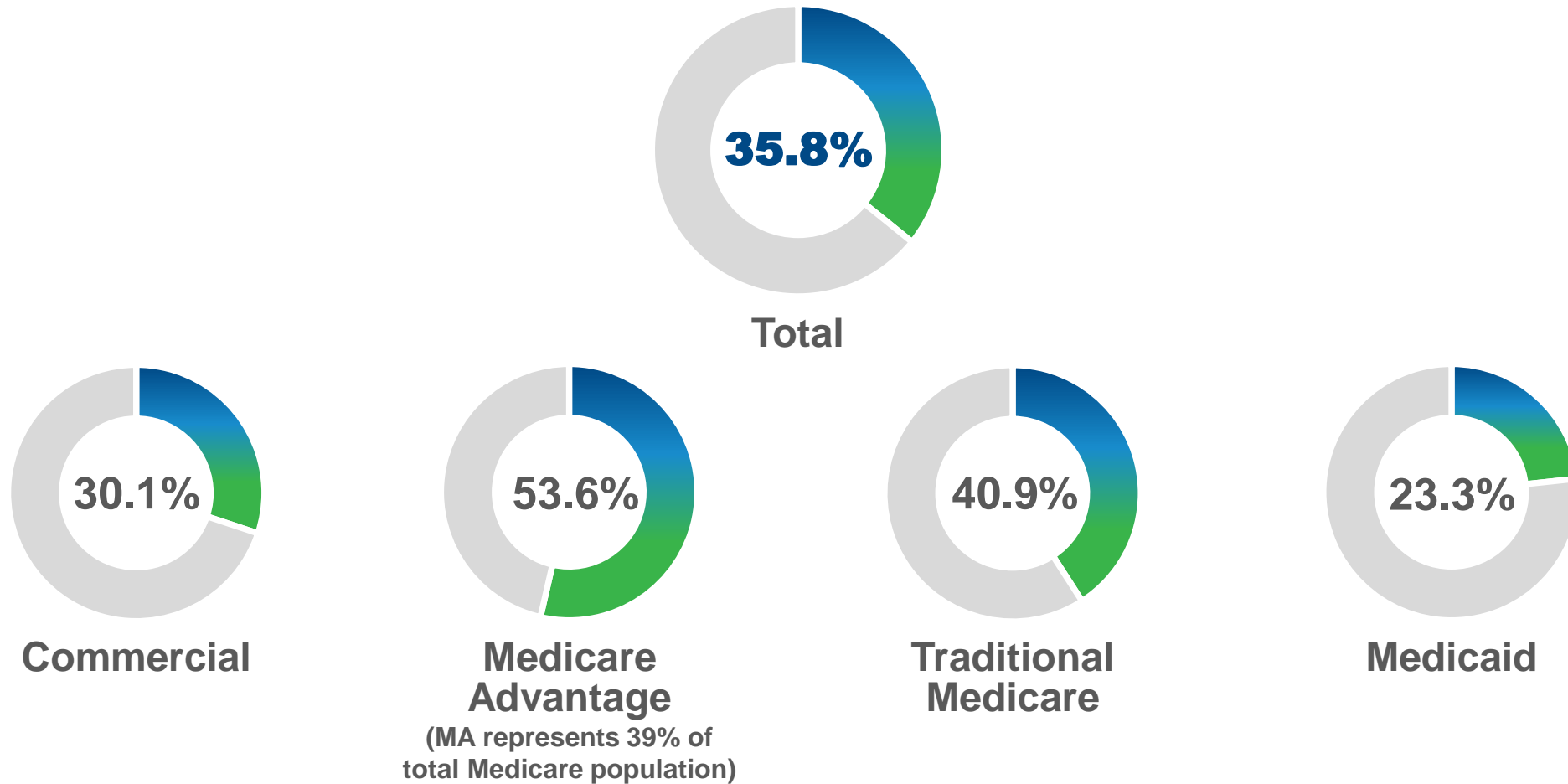


## Accountable Care Contracts Over Time



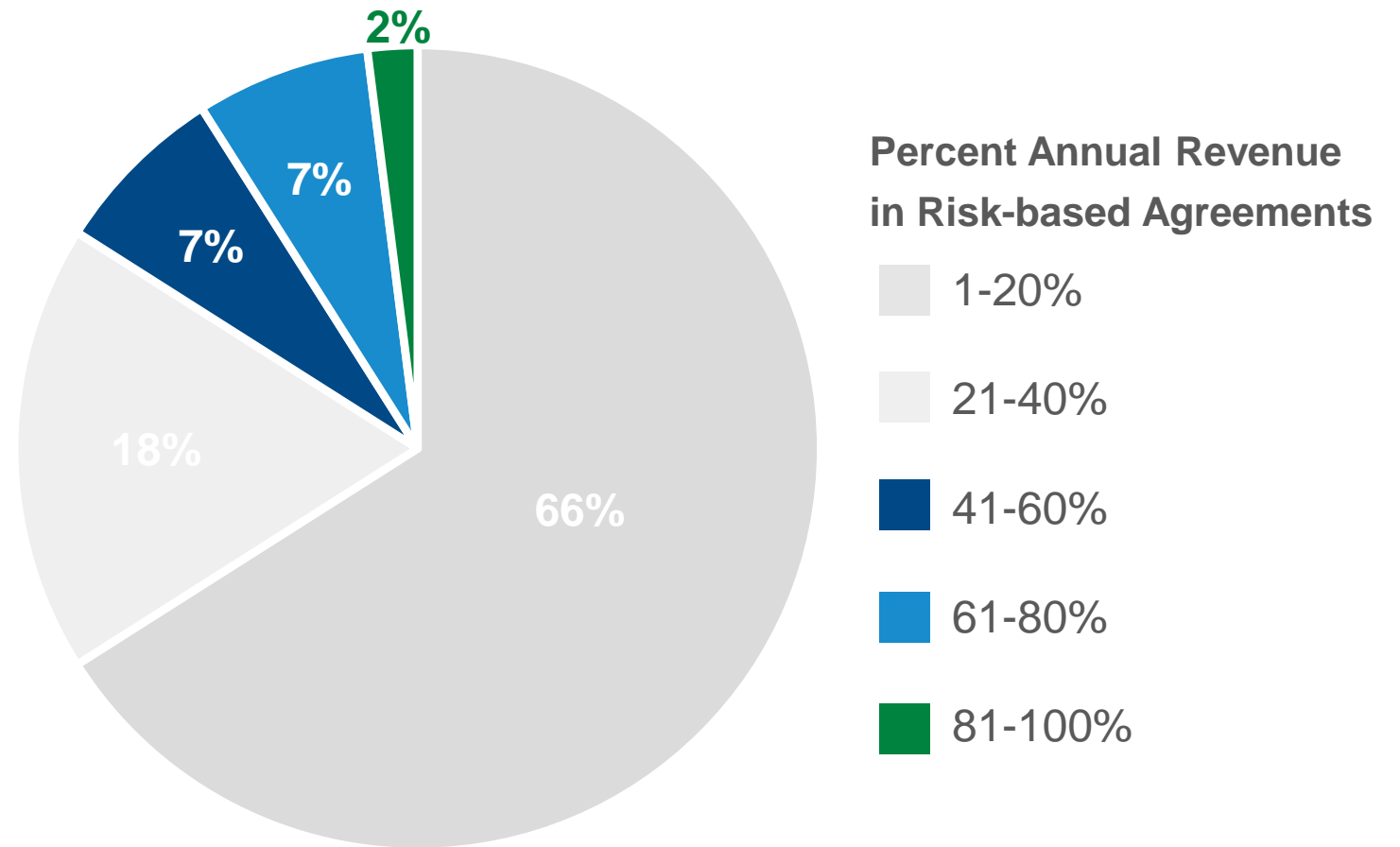
<https://www.healthaffairs.org/doi/10.1377/hblog20180810.481968/full/>

# U.S. health care payments that flowed through more advanced models (shared savings/risk or capitated)



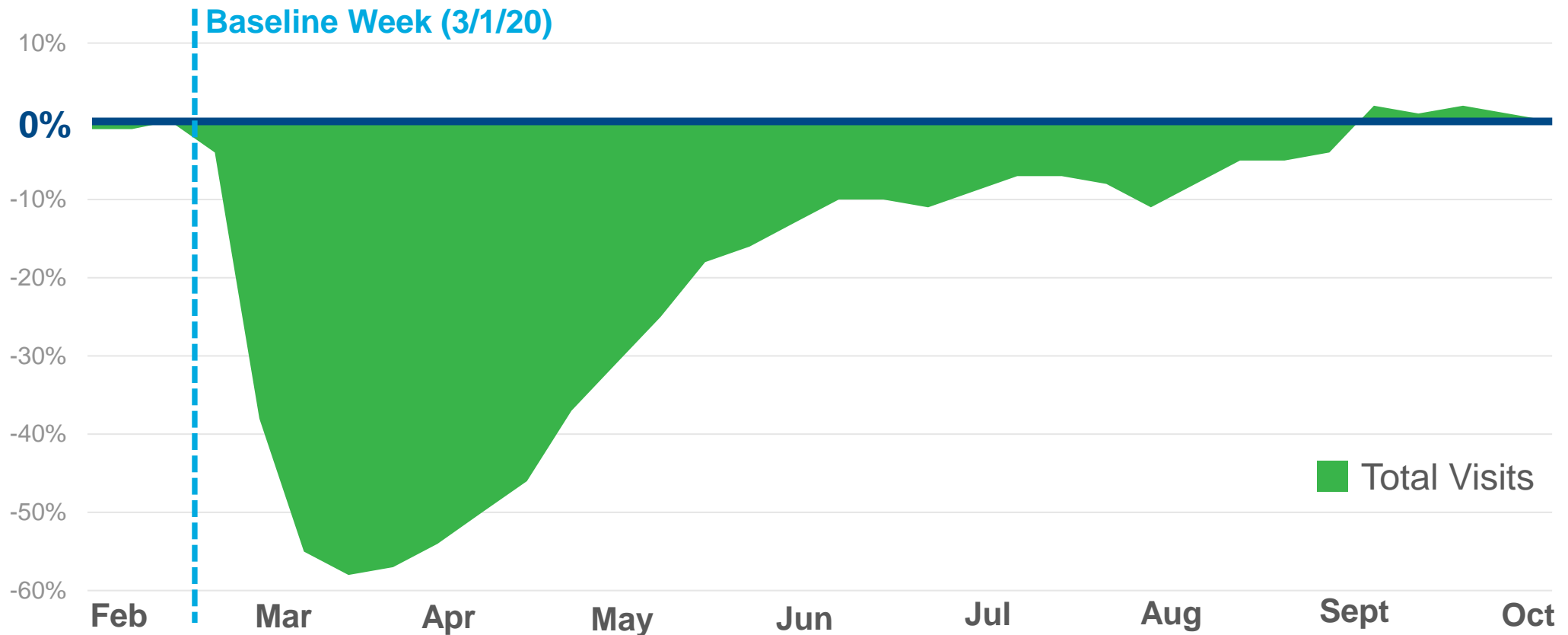
# There is still opportunity to participate in risk-based agreements

Only a small percentage of organizations have the majority of their revenue at risk



# The pandemic

Ambulatory provider visits fell almost 60% by early April



# The need for flexibility

**Value-based  
payment is not  
just about risk.**

**It's also about  
flexibility.**

Motivating factors for IKP Family Medicine to move to value:

- ⇒ Financial stability
- ⇒ Ability to treat patients in ways that are not typically reimbursed under a payer's fee schedule
  - Care for patients in preferred method (e.g., telehealth)
  - Coordinating with other providers
  - Covering the cost of care managers
  - Addressing patients' social determinants of health



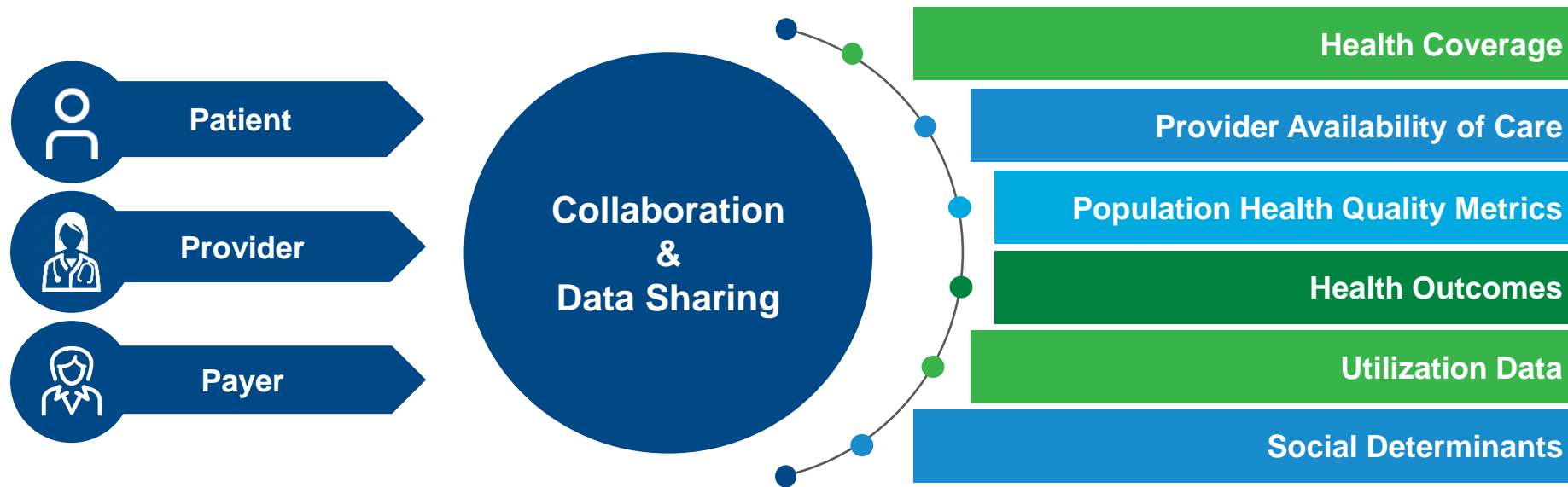
# Which risk-based contracts are right for your practice?



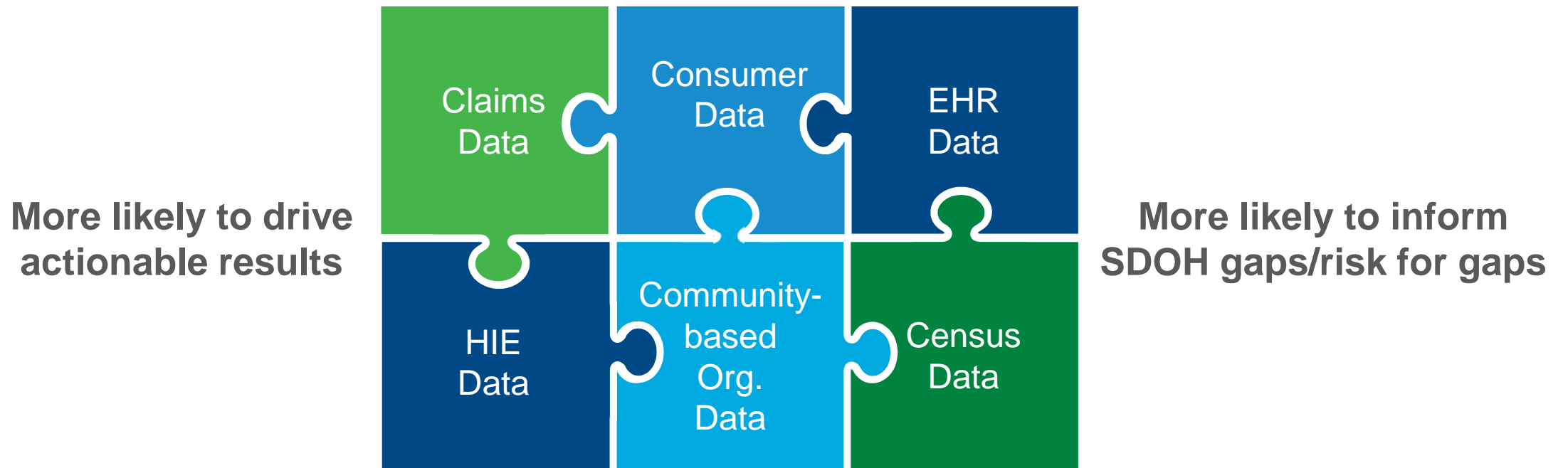
# Considerations when entering these arrangements

Your Value-based Goals	Forward-thinking Partners	Reporting Efficiency	Goal Alignment	Ability to Make Decisions
<p>What mix of government and private contracts makes the most sense for your organization?</p> <p>Does the payer's set of quality reporting cover holistic, person-centered care, including behavioral health needs of the patient?</p>	<p>Which payers have progressive policies around the treatment of chronic conditions and actively invest in services that combat social determinants of health challenges within your community?</p>	<p>Which payers have similar requirements for quality reporting that could make it easier to test and scale risk-based arrangements?</p>	<p>Does their approach to utilization management empower your practice to manage and control service and treatment offerings for patients?</p>	<p>Does the arrangement give you the flexibility to care for your patients without financial fears guiding your decisions?</p>

# Value-based care relies on effective collaboration and data sharing

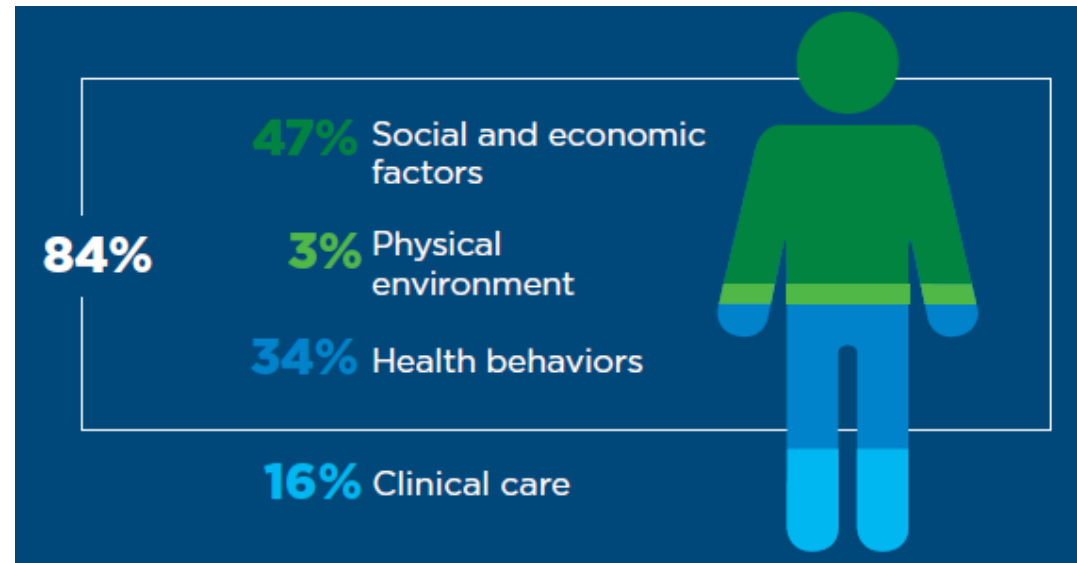


# The role of nontraditional data



# Social determinants of health

Factors other than clinical care can account for over 80% of health outcomes.



Reference: <https://www.ncbi.nlm.nih.gov/pubmed/26526164>

# Social determinants of health play a vital role in clinical outcomes and health care expenditures



Food Access



Housing



Financial assistance



Social Support



Health Education



Psychosocial Needs



Transportation

If a patient has social, economic or physical barriers, what do they do?

**They often wait until it is too late for preventive care, and go to the emergency room.**

# Addressing challenges around social determinants of health



Improve the ability to **identify and prioritize patients** whose health may be impacted by SDOH present in their lives or community.

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**Improve patient health and affordability** by creating and enhancing solutions and benefits.

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**Empower providers** to assess their patients for SDOH and provide appropriate resources to impact patient health.

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**Collaborate with clients and community partners** to address SDOH at the local market level

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**Influence policies and regulations** that impede or advance a provider's or payer's ability to address SDOH

# Improving quality outcomes at IKP Family Medicine





# Three-prong approach to improve quality outcomes

	1 Patient Physicals 1 <sup>st</sup> 90 Days	2 Follow Ups	3 Social Determinants
Process	Experienced and well-trained physician extenders that focus on seeing all patients for physicals during the first quarter of the year. In the patient's mind, this is a true physical. It lasts an hour and all necessary metrics for the year are covered at that time.	Follow-up visits are used along with up-to-date gaps in care reports to close any outstanding gaps.	When difficult social determinants occur, IKP leverages case management programs, vendors and will at times arrange for an internal medical provider to meet and care for the patient in their home.
	Interdisciplinary Team		
Staffing	<ul style="list-style-type: none"> <li>• Physician</li> <li>• NP</li> <li>• RN</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacist</li> <li>• LPN</li> <li>• SW</li> </ul>	<ul style="list-style-type: none"> <li>• Embedded Care Coordinator</li> </ul>

# Value-based arrangements provide an opportunity to improve outcomes



- 6% patient panel growth since 2016<sup>1</sup>
- Met 100% of quality measures
- 5-Star rating for 2021<sup>2</sup>

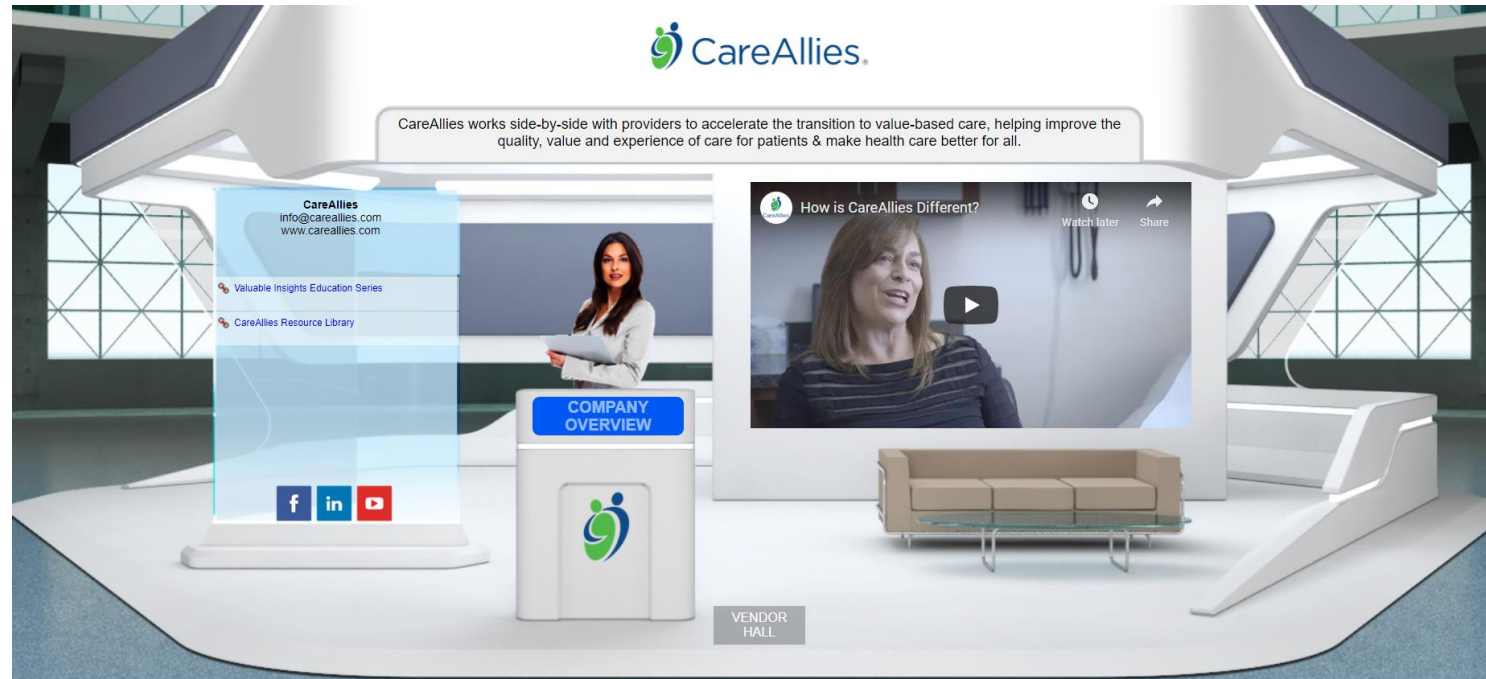
<sup>1</sup>Based on Cigna MA attribution between 2016 and 2020

<sup>2</sup>Based on preliminary 2019 Cigna Medicare data for Part C and Part D

# Questions and discussion



# Stop by our ACO Exhibit Hall virtual booth



[www.acoexhibithall.com/vendor-booth/careallies/aco-development-operations/138/](http://www.acoexhibithall.com/vendor-booth/careallies/aco-development-operations/138/)



# Thank you

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