

Supercharge your ACO

6 Strategies to Be Top Value

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What Threatens ACOs' Future?

EXTERNAL PRESSURES (Threat to Program)

- Low savings relative to total
- High costs per ACO patient
- Lack of growth

INTERNAL PRESSURES (Threat to Individual ACOs)

- Competition
- Economics of Risk
- Lack of growth

A narrow, overgrown alleyway between old, graffiti-covered buildings under a cloudy sky. The buildings are multi-story and show signs of age and neglect. The ground is covered in weeds and grass. The sky is filled with heavy, grey clouds.

What Threatens ACOs' Future? Slow Movement toward Value

ACOs' Competition In Risk Models

Medicare Advantage

Primary Care First

**Equity-backed MD
Practice Orgs**

ACO Enablers

**Corporate
Medical:
Amazon, CVS,
Optum Practices**

ACO REACH

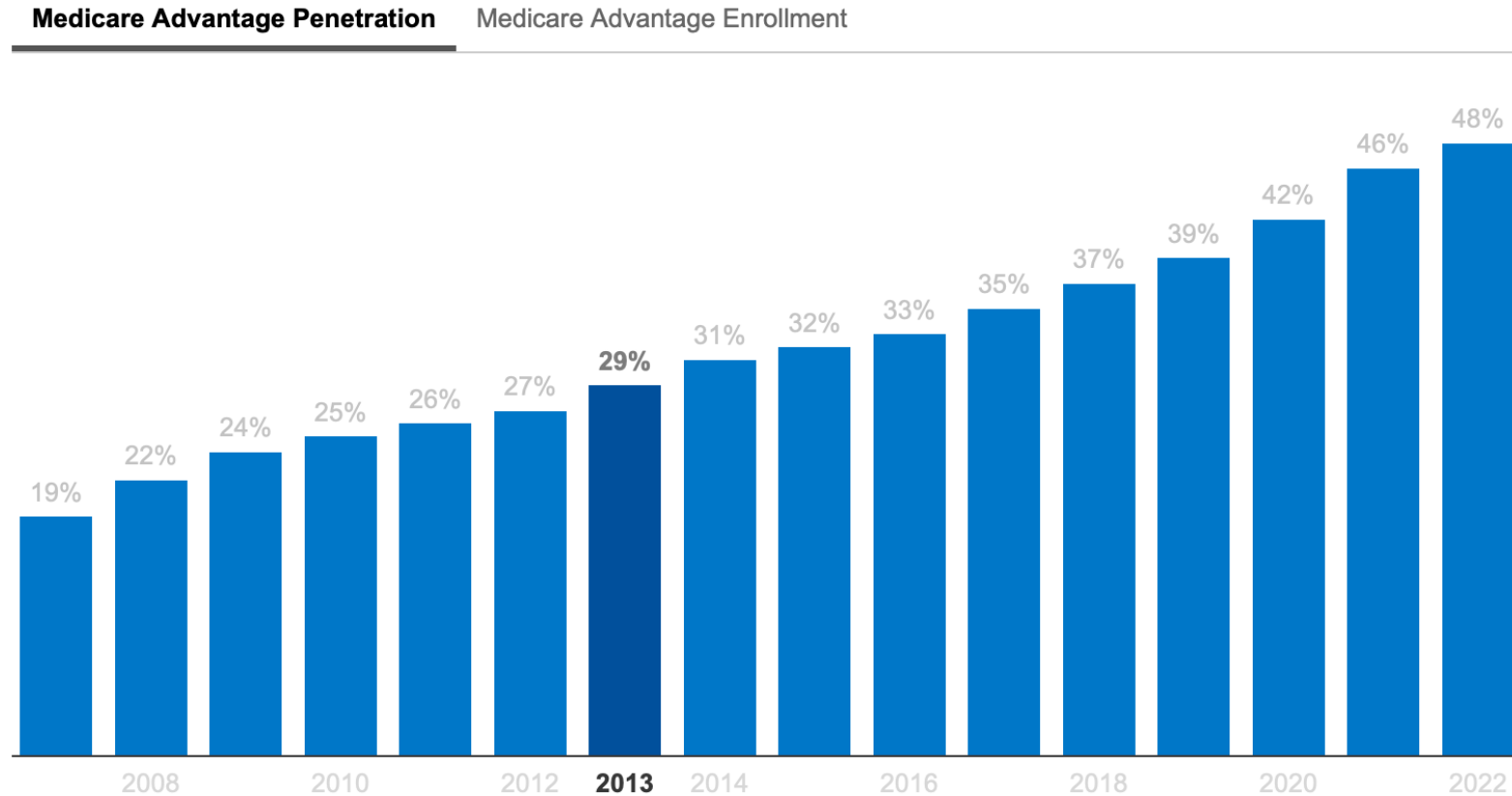
ACOs Are Competing With Other Models

**What do these Models offer
to Physicians and Patients
that ACOs don't?**

Health Plan Competition to ACOs

Figure 1

Total Medicare Advantage Enrollment, 2007-2022



NOTE: Includes Medicare Advantage plans: HMOs, PPOs (local and regional), PFFS, and MSAs. About 58.6 million people are enrolled in Medicare Parts A and B in 2022.

SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2022; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2017; CCW data from 20 percent of beneficiaries, 2018-2020; and Medicare Enrollment Dashboard

KFF

MA is popular because of price and additional benefits.

To Medicare, it offers a fixed price per person.

Source: Kaiser Family Foundation

ROI HEALTH INTELLIGENCE

Provider Competition to ACOs

CVS, Amazon, Optum, and Other Corporate Providers – Offer predictable revenues, path to prepare for Risk

Equity organizations – Provide data, infrastructure, success/protection under Risk, clinical autonomy

ACO Enablers - Aggregate data, provide infrastructure, services, path to growth, clinical autonomy

ACO REACH – Path to risk and equity. First ACOs to use data for equity, have “premier” ACO status.

CMS Strategy is Consistently Moving Toward Risk

- “...voluntary models [are] subject to risk selection, which has a negative impact on the ability to generate system-level savings.”
...We are exploring more mandatory models...”. (2021)
- Strategic Refresh, 2022: All Medicare beneficiaries will be in accountable relationships by 2030. (2022)
- ACO Reach goes online with global population-based payments and health equity as major goal. (2023)



**“What if we don’t change at all ...
and something magical just happens.”**



ACOs Need New, Fierce Strategies to Push Value

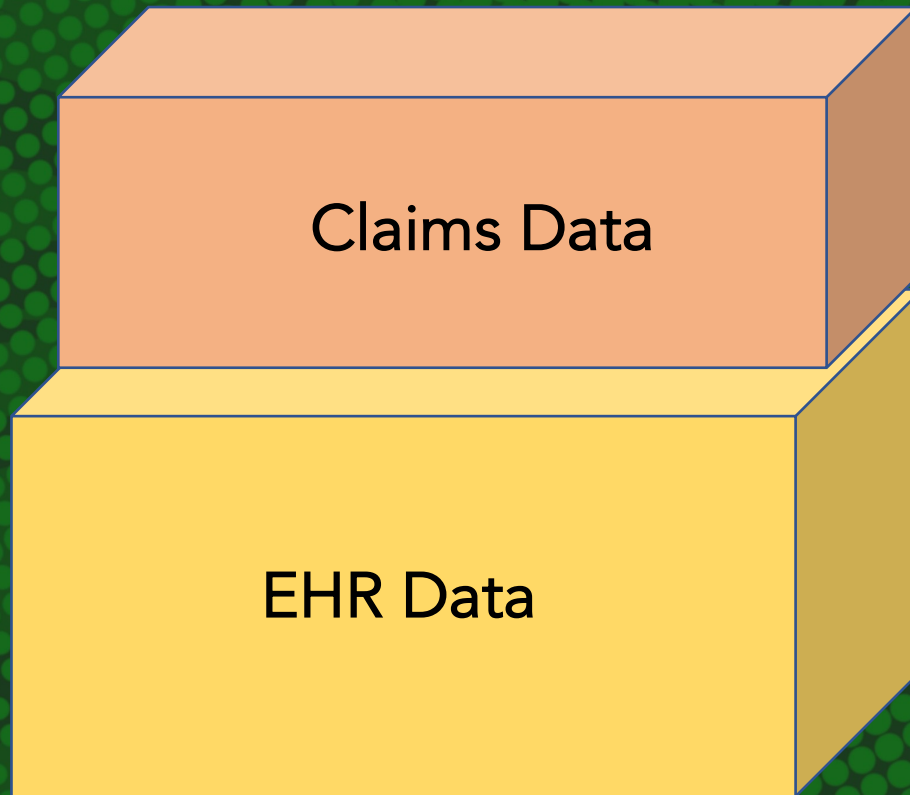
6 Key Strategic Areas

- Data and infrastructure to support strategies
- Initiatives to mitigate cost variation
- Targeted interventions for patients
- Health equity plan & strategy
- Clinician-directed initiatives
- Consumer-directed strategies

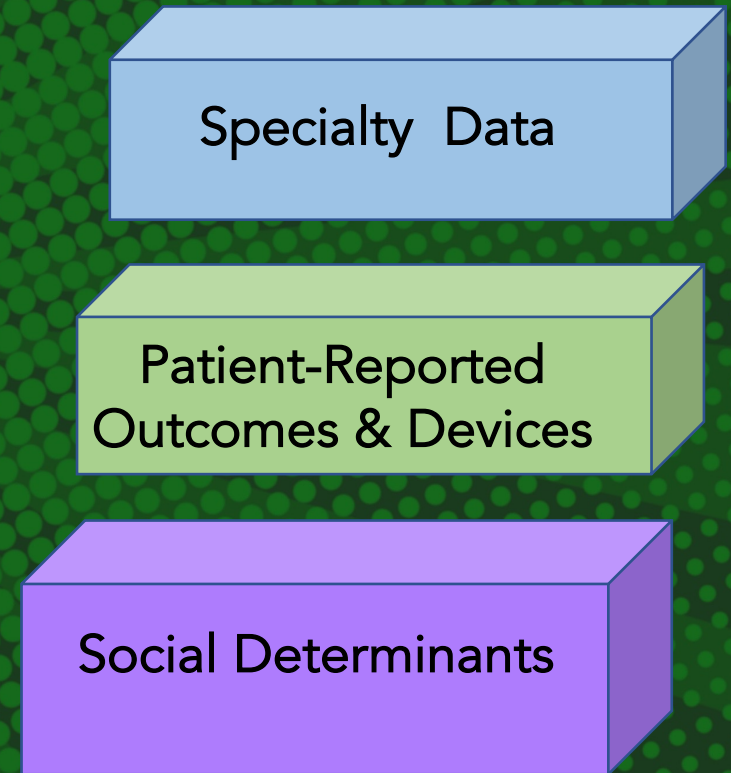
Strategy #1
Data and Infrastructure:
Invest in Data for Growth & Sustainability

Five Building Blocks of ACO Data

Two Aggregated Sources



Three Integrated Sources



Reasons Why Practice EMR Data is Essential



Outcome, Prescription & Risk data enable targeted interventions



Ability to create clinically rich pathways to savings with physician collaboration



Reveals factors driving cost



Enables APP Reporting



Provides detail for validating costs and outcomes

Getting Best Value from Your Data Aggregation



Avoid single-use data pulls from participating practices – aggregate everything you need for ACO initiatives



For APP, do not use limited data formats such as QRDA



Survey practices on their EHRs and identify issues in advance



Make data transparent – show validation fields for every patient for diagnoses, etc.



Consider offering central EHR for purchase by practices with archaic systems

3 Essential Data Types Essential for Interventions



Time-based lab & other values and treatments to show trended patient status

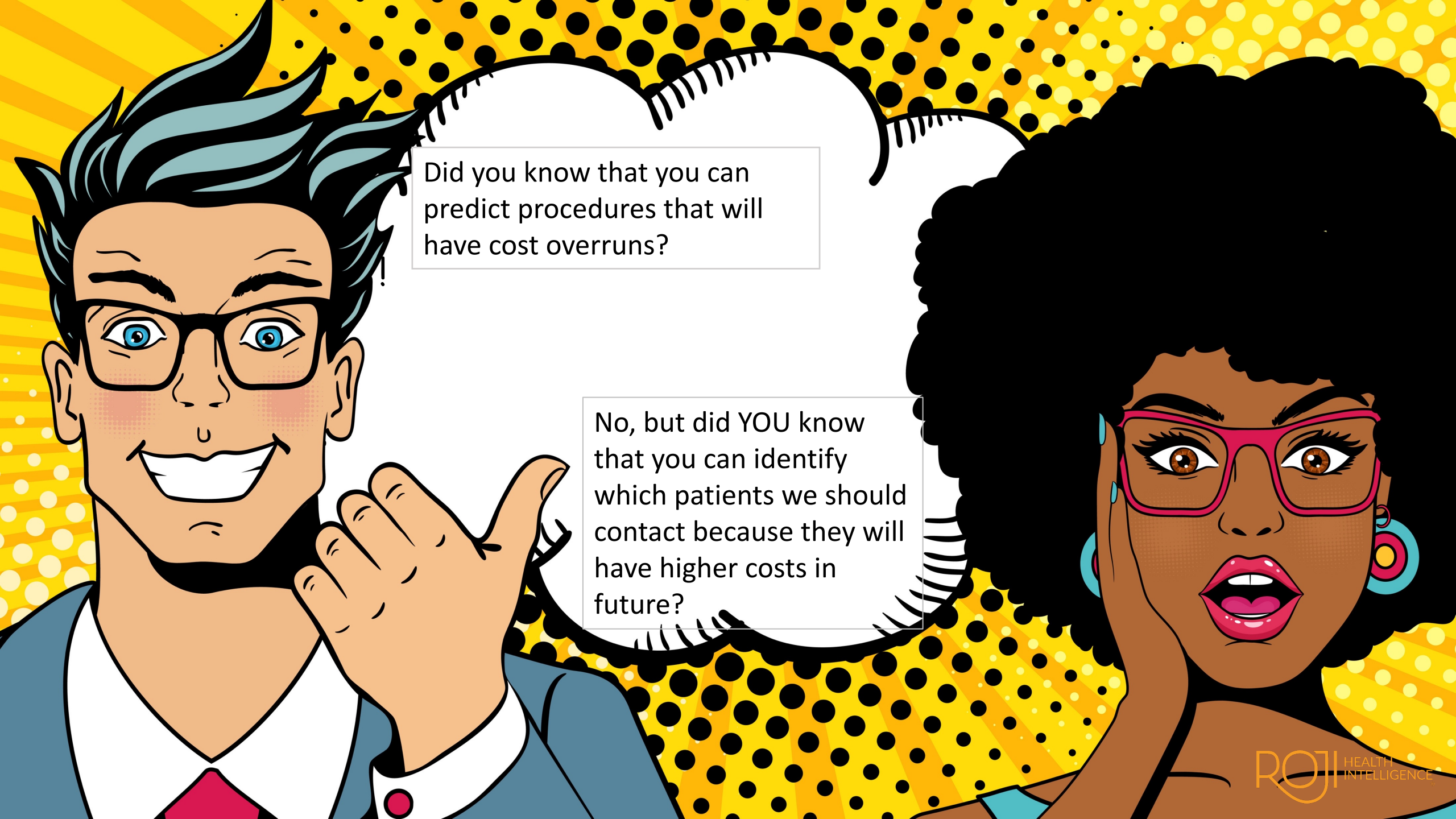


Clinical Events like exacerbations, do-overs, utilization events, complications show opportunities



Prescribed meds, referrals to programs and services point to issues of stagnation and health equity

Strategy #2
Cost Mitigation:
Use a data-driven process to find and reduce variations in costs and outcomes



Did you know that you can predict procedures that will have cost overruns?

No, but did YOU know that you can identify which patients we should contact because they will have higher costs in future?

How a Data-Driven Intervention Process Works

- If your current population health strategies use retrospective utilization events, that is not predictive.
- Retrospective tools will not prevent costs for patients trending *up*.
- A data-driven approach identifies cases that may become problems, based on criteria.
- For procedures, establish standardized clinical pathways
- For conditions, identify patients with control issues and develop ACO-wide interventions

Benefits of Using Patient Episodes to Drive Interventions



Episodes bundle services for a condition or procedure in a timeframe



Permit comparisons from patient to patient, and provider to provider



Reveal cost and outcome issues alike



Enable collaboration with physicians to develop improvements



Power targeted Interventions and Improvements

Cost Interventions

- Specialty care accounts for 40-60% of total patient costs
- Working with specialty practices is enabled by data sharing
 - Specialty EHRs
 - ACO Claims data
- Build patient episodes to share cost variation on procedure and examine both low & high costs
- Must be collaborative and data should be protected



3 Other Ways to Work Effectively with Specialists



Participate in Direct Contracting to create referral arrangements



Physician Collaboration on Interventions and Referral Factors



Mutual data-sharing with specialists based on episodes

ACOs achieve
strength
through
specialty
collaboration



Strategy # 3

Targeted Interventions to Improve Outcomes

5 Key Episode Analyses

Reveal opportunities to improve outcomes & costs



Patient episodes by chronic condition to identify patients with persistent poor control



Notable observations that identify patient selection issues for procedures



Patient episodes where treatment deviates from standard of care



Patients on lowest category of prescribed med but with failure to improve



Low value services

Examples of Patient-targeted Interventions



For patients with diabetes & poor control, identify lack of nutritional services as gap in care and implement pop health referral.



Spot heart failure patients not on gold standard medication regimen and request clinician review.



Submit patients with both diabetes and obesity for medication review for GLP-1.



For patients with chronic disease and poor control over time, suggest referral to specialty services.



Develop patient-self management program for patients with poorly controlled hypertension.

Strategy # 4

Develop Plan to Address Health Equity

ACO REACH requires Health Equity Plan

- Addressing health equities will improve ACO economics. Why? Because patients unable to get access or appropriate care will cost you more.
- It is likely that future payment models will incorporate health equity requirements also.
- In the short run, screening patients for SDOH is the biggest obstacle to data-based strategies to health equity.
- Nevertheless, there are several approaches involving data that can provide a method of identifying most critical patients with unmet needs.

3 Strategies that help when SDOH data is minimal



Segment your patients by payer source and zip code to identify potential lower income patients



Collaborate with community organizations to interview patients, vs practice or ACO staff.



With Episodes, find patients on suboptimal meds, poor visit profiles, comorbidities for community org outreach.

Strategy # 5

Clinician-Directed Strategies

5 Ways to Help Physicians



Share real cost data with patient detail



Centralize SDOH data collection, price transparency, consumer support



Help them participate in clinical cost and outcome initiatives



Do aggregate data for APP reporting



Provide physicians with information & coaching

How to Share Data with Physicians For Best Results



- Collaborate!
- Share sufficient patient detail
- Create collaborative improvement projects
- Provide time for data review
- Provide Point-of-Care data through EHR

A Strong ACO Gives Physicians Confidence in Future



Integrate provider leadership with
ACO leadership



Choose Centers of Excellence to
model ACO cost, quality, and
patient initiatives



Connect with community
organizations to broaden services
and referrals

Strategy # 6

Consumer-Directed Strategies

5 Ways to Help Patients See ACO Benefits



Create communications plan with ACO functions & contact info



Be the conduit for cost transparency:
Provide cost information to physicians for sharing with patients



Ask patients to include family or caregivers when best for treatment plans



Use patient responses to identify & correct consumer-unfriendly practices



Provide physicians with information & coaching aimed at patient improvements

ACO Competitors: Not Invisible



Being behind-the-scenes no longer helps ACOs

Physicians want to participate in organizations that enhance their reputations and skills

Patients want health care that is high quality and affordable, and treats them with respect

ACOs with Fire-Up Strategies Spark Change



New eBook with Deeper Dive on ACO Strategies

Coming April 20, 2023!

“Supercharge Your ACO 2023”

[Rojihealthintel.com/Resources](https://rojihealthintel.com/Resources)



Questions and Answers



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Thank You



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