

Smart Strategies for ACOs Under the New Rule

Theresa Hush, CEO

Dave Halpert, Chief of Client Team

Roji Health Intelligence LLC

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Educational Webinar Series

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About Roji Health Intelligence

- Our mission is Value-Based Care. We provide technology and customized services to providers.
- We deliver targeted interventions for patients, based on deep analysis of your data, and engage practitioners in transformation.
- Roji Health Intelligence is a CMS-qualified registry for QPP reporting, and we report eCQMs, CQMs, and Medicare eCQMs based on aggregated data
- We distinguish ourselves by exceptional service to help our clients achieve success in Value-based Care initiatives through innovative strategies and customized technology.

This presentation is for ACOs and Providers:

- Evaluating the future of Value-Based Care and APMs
- Considering options for quality reporting – and aggregation of data
- Contemplating higher-risk payment models
- Trying to significantly improve cost performance
- Transforming patient care to achieve better outcomes & equity

A close-up photograph of a person's hand pointing at a colorful puzzle map of the United States. The puzzle pieces are in various colors like blue, green, and orange. The background is blurred, showing a glass of amber liquid on the left. A semi-transparent dark grey box is overlaid on the center of the image, containing white text.

What We'll Cover: Best Strategies to Address Proposed PFS Provisions Touching ACOs and Providers

Five Key Areas of New Rule Affecting ACOs

1. Option for reporting Medicare-only patients through the APP
2. Revised attribution methodology
3. Updated regional benchmarking of costs
4. MIPS Value Pathways for ACO Specialists
5. ACOs must require providers to have certified EHRs

What Else Affects Best Strategies?

- Growing movement toward risk in value-based payment models
- Competition with corporate healthcare ACOs for providers and patients
- New CMS payment models – AHEAD and 3 additional planned
- Emphasis on health equity
- Federal budget crisis

POLLING QUESTION:

What is your biggest worry under the New Rule?

A: No worries.



- B. Reporting options / data aggregation.
- C. Effects of Attribution on ACO results.
- D. Requirement for certified EHRs.
- E. Other parts of Rule

A close-up photograph of a person's hand pointing at a colorful jigsaw puzzle. The puzzle pieces are in various colors including blue, orange, green, and brown. The background is blurred, showing more of the puzzle and a glass of amber liquid on the left side.

1. New Medicare CQM Option in APP Reporting

Reporting Options under APP Reporting

- All-patient CQMs
- All-patient eCQMs
- Medicare CQMs – realistic for some but not all ACOs; impact on ACO uncertain

For deeper dive on comparing CQMs and eCQMs, see <https://rojihealthintel.com/Resources>, or access Roji webinars on VBCExhibitHall.com

Medicare CQMs

- CMS added to respond to ACO concerns:
 - ACOs can limit quality reporting to Medicare Patients, vs. all patients.
 - CMS will provide claims-based list of eligible patients to [mostly] establish the patients to be reported.
- Reality:
 - ACOs of 10,000 or more patients must look up or aggregate data to populate numerator scores- 0000s for the two clinical outcome measures.
 - List of eligible patients at close of PY is not complete, raising the question of how ACOs will meet full reporting.

Other Consideration for Medicare CQMs

- Do you know Medicare CQMs will not reduce your quality score?
- Is the people-effort for manual look-ups a tradeoff for essential ACO functions?
- Are you curtailing your options to participate in private health plan ACO efforts, or AHEAD? Coming payment models?
- Does your plan for reducing costs require data aggregation?

Is apprehension about aggregating data hurting
your vision?



eCQMS / CQMS need aggregated data / reporting technology

- Patient-centric results – patients must be matched across ACO
- Eligible patients identified via measures engine in technology
- Only EHR data includes entire patient population
- Measure numerators for outcomes are only available from EHR
- Reporting LATEST value of the measure for each patient

EHRs contain many blood pressure values for a single patient during the PY.

Three APP Measures for direct ACO reporting

- Diabetes Hemoglobin A1C Poor control Preventive Care (Quality ID 001)
- Screening for Depression and Follow-up Plan (Quality ID 134)
- Controlling High Blood Pressure (Quality ID 236)

Health equity measures will be linked with quality

- Each APP measure is a marker for both outcomes and health equity
- Aggregated data enables better foundation for understanding and resolving health equity gaps

Balancing your APP Reporting

- Value for your goals
- Cost of effort
- Work / Time tradeoff with other priorities



Value is getting most for your investment



- Data aggregation is too expensive for single effort.
- If your future goes beyond Medicare Value-Based Care, plan for that
- Don't risk quality scores

Cost is dependent on many factors

- Number of data sources
- ACO pre-aggregation preparation
- Choice of reporting method
- Flexibility and support



Time is optimized with data

- Data (esp. clinical) is valuable asset – use it like fuel!
- Trade-off for manually collecting data is shortchanging initiatives
- Flexibility in data sources will save time
- There is no clear winner between all-patient CQMs and eCQMs



Smart Strategy for Choosing APP Reporting Option

- Aggregate to get richest clinical & transactional data, regardless of your ultimate APP reporting choice.
- Track both Medicare and all-patient CQMs, for overall results and multi-payer quality.
- Choose method with best results for APP Reporting.

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2. Revised Attribution to Include Alternative Providers

More patients will be attributed to ACO

- If seen by primary care physician within the last 24 months, encounters with nurse practitioners, physician assistants, and others in the last 12 months will count towards attribution
- Effect is likely to be 3% or more increase in ACO patients

Is there effect of changed attribution on costs and quality?

- If you aggregate data, you should be able to calculate impact
- All-patient measurement will give you answers to both cost and quality impact
- Be aware that it could go either way – it is common to see higher cost per patient for alternative providers when they are seeing patients that require more visits

Smart Strategy for addressing impacts of attribution

- Aggregate data and compare patient episode results for chronic conditions, and total costs per patient
- Track both Medicare and all-patient measures for Medicare vs all-patient results
- Choose best results for APP Reporting.

A close-up photograph of a person's hand placing a puzzle piece onto a map. The map is composed of many colorful puzzle pieces, and the hand is in the process of fitting a new piece into a gap. The background is blurred, focusing attention on the hand and the puzzle.

3. Regional Benchmarking

Effects of Change in Regional Benchmarking

- Without data-driven methods to address costs, ACOs are sitting ducks to benchmarking formulas
- Review: Blended Benchmark Update Factor = $\frac{1}{3}$ Accountable Care Prospective Trend (ACPT) + $\frac{2}{3}$ Regional-National Blend
- Change in Regional Benchmarking is critical for ACOs with high market share

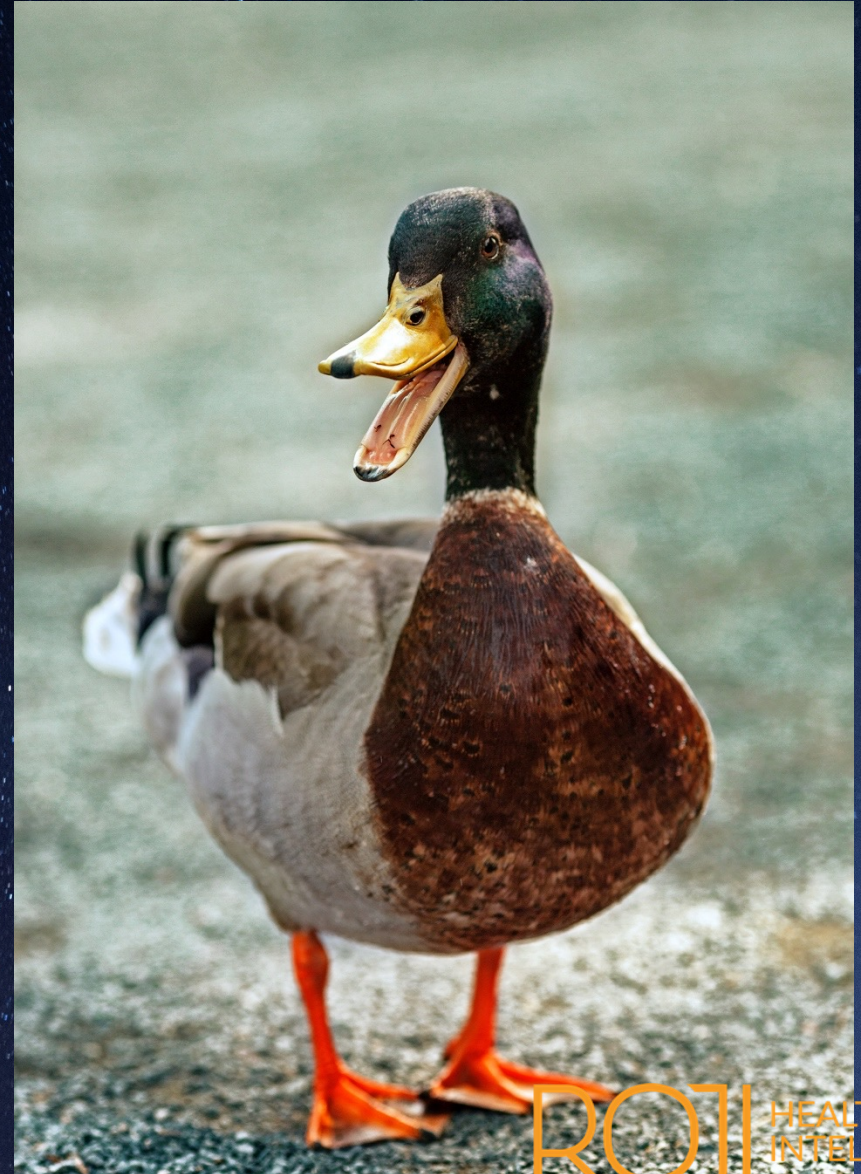


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Effects of Change in Regional Benchmarking

- Prospective HCC risk growth on the ACO's Service Area is capped between PY and PY3, independently of the ACO
- Effect 1: Regional component is increased for ACOs serving areas with prospective HCC scores above the cap
- Effect 2: ACOs with high market share lose the incentive to use coding intensity as a benchmarking strategy
- Effect 3: ACOs can thrive in regions with proportionately more high risk beneficiaries

Smart Strategy for addressing benchmarking / costs

- Regardless of formula, ACOs need tools to address Total Cost of Care (TCC)
- Improving outcomes is a tug-of-war between time and resources
- Accurate coding will define populations that can benefit from specific, efficient interventions (without hurting your benchmark!)



A close-up photograph of a person's hand placing a small, multi-colored puzzle piece onto a larger jigsaw puzzle. The puzzle is spread out on a dark surface, and the colors of the pieces include blue, orange, green, and brown. The background is blurred, showing a glass of amber liquid on the left and a person's shoulder in the foreground. The text "4. MVPs for ACO Specialists" is overlaid in white, sans-serif font across the center of the image.

4. MVPs for ACO Specialists

Look to the future of specialty services under VBC



- CMS is zeroing in on specialty care costs
 - “Will consider” rate negotiations with specialists
 - Expanded specialty care models
 - MIPS Value Pathways (MVPs) for specialists
 - MIPS reporting by subgroups
- Proposed Rule hints at incentives ACOs to report MVPs for specialists
- With specialists driving 40-60% of total care cost, specialty care will be continued focus

Specialty MIPS Value Pathway Reporting

- 11 MVPs in 2023 are specialty-focused, including:
 - Emergency services
 - Cancer care
 - Heart disease
 - Rheumatology care
 - Coordinating stroke care
 - Lower extremity joint repair
 - Kidney health
 - Episodic neurological conditions
 - Anesthesia
 - Neurodegenerative conditions
- 5 more in 2024: Women's Health, ENT, Infectious Disease, Mental Health & SA, Rehabilitation

Effects of Specialty MVP Reporting

- Potential “bonus points” provide possibility for ACOs to reward specialists for engagement
- CMS request for input from ACOs is invitation to ask for economic and quality pilots
- ACO-Participating Specialist MVP Reporting should lead to data-sharing on specialty outcomes and practices, and generate basis for discussion

Smart Strategy for specialty care

- Encourage MVP reporting and data sharing with specialty practices
- Engage specialists in ACO patient episodes for collaboration on cost variation and outcome improvements
- Help specialists succeed in MVPs, improvement programs & specialty care models – with ACO staff or financial investment based on RoI to ACO



A close-up photograph of a person's hand pointing at a specific piece in a jigsaw puzzle. The puzzle is spread out on a surface, and several pieces are missing, creating a pattern of gaps. The colors of the puzzle pieces include shades of blue, green, yellow, and brown. The background is softly blurred, showing more of the puzzle and a glass of amber liquid on the left side.

5. Requiring ACO Providers to
have certified EHRs

It's Still the Wild West in Practice Systems



CMS promotes data-driven strategies

- Data insufficiency is obstacle to CMS progress (health equity), also ACOs
- Multiple systems stall ACO adoption of data-driven strategies – and APP Reporting
- Poor interoperability hurts ACOs in care coordination, communication, engagement
- Opportunity for ACO for single or lower number of systems
- Key concern: privacy of financial data
- Objections often from specialists

Cost of infrastructure is driving physicians to MSO-ACOs



- Physicians ask for more support & shared data
- Most physicians understand that risk is coming, want to be prepared
- Universal dislike of documentation in EHR, but AI solutions are promising

Image by Insung Yoon on Unsplash

Smart Strategy for achieving certified EHRs

- Start with knowing what systems physicians have now
- Evaluate ability to expand big stakeholder system to independents
- Consider time-saving features in decision criteria
- If one system not feasible, smaller number is reasonable goal
- Data is just as important as functionality – ensure that it is easily exportable in multiple formats. Test access to clinical data.
- Ensure that system will allow inbound data, e.g. interventions and findings, at point of care

Smart Strategies in general

- CMS has said that MSSPs are core engine for Value-Based Care
- Remember, however, Medicare-Direct Contracting and promotion of Medicare Advantage!
- There are clear trends toward:
 - Risk-based payment models
 - Corporate healthcare / equity-backed practices
 - Data-driven solutions
- Arm yourself with infrastructure and data to go forward



Questions and Answers



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Theresa Hush
312 258-8004
hush@rojihealthintel.com
www.rojihealthintel.com

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Contact us to make your ACO a successful venture!

Theresa Hush, CEO and Co-Founder, Roji Health Intelligence LLC
hush@rojihealthintel.com

Dave Halpert, Chief of Client Team, Roji Health Intelligence LLC
dave.halpert@rojihealthintel.com

Roji Health Intelligence LLC
<https://rojihealthintel.com>
<https://www.vbcexhibithall.com>