A hiker with a backpack stands on a rocky peak, looking out over a vast valley. The valley is filled with lush green trees and a small town is visible in the distance. The sky is overcast with grey clouds. The hiker is wearing a red shirt and shorts, and has a black backpack.

How can ACOs Leverage TEAM and ASM to Create High Performance Specialty Networks?

Theresa Hush, CEO

Dave Halpert, Chief of Client Team

Roji Health Intelligence LLC

VBCExhibitHall
.com



Educational Webinar Series

Image by Kalen Emsley on Unsplash

ROJI HEALTH
INTELLIGENCE

Why Trust Roji Health Intelligence on ACOs and Payment Models?

We provide Value-Based care services to health systems, ACOs, and physician organizations.

Roji aggregates data from multiple sources to create specialized analytics

We support specialty payment model services for TEAM, ASM, EOM, Kidney Care with customized platforms

Roji Episodes support investigation of cost and quality

We customize development of High-Performance Specialty Network

What has your ACO done to manage specialty care costs?



A. Nothing yet.



B. We are in planning. OR: We are TEAM Collaborators.



C. We have a High-performance Specialty network..

What We'll Cover Today

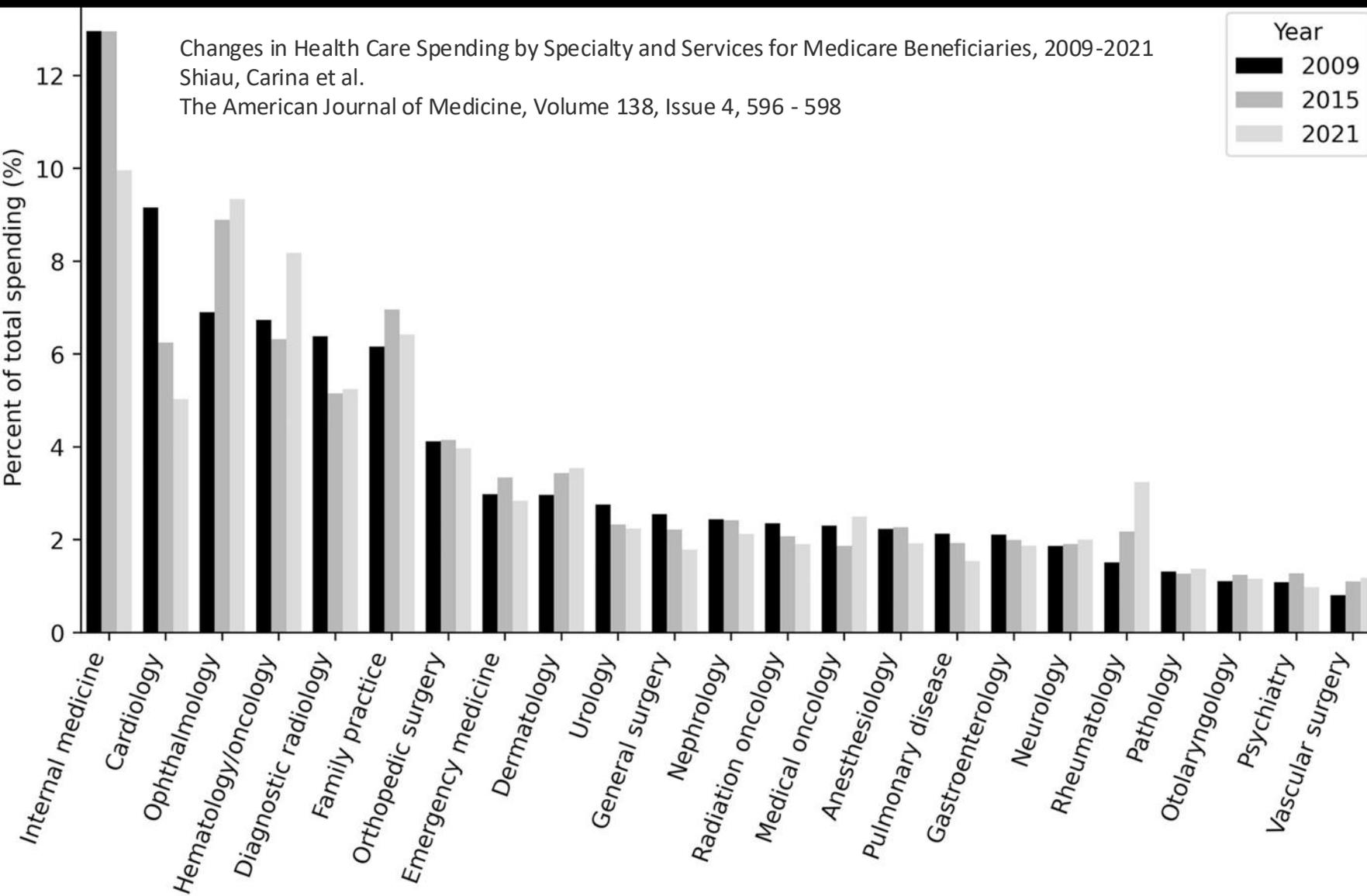
- Why ACOs should get involved in TEAM and ASM
- How ACOs can use TEAM and ASM to start looking at costs of specialty care, and then create a High-Performance Network for specialty referrals
- What is a High-Performance Network and how to develop it
- What's in it for Specialists to participate in a HPSN?
- How can your ACO create and implement a HPSN?

A photograph of a metal walkway bridge with a grid deck and blue-green railings, extending into a dense, lush green forest. The bridge is the central focus, leading the viewer's eye into the woods. The background is filled with various types of trees and foliage, creating a rich, textured environment.

Why ACOs Should Consider TEAM and ASM:

A Symbiotic Relationship

Impact of Specialty Care on Total Cost



- Specialty care = 40% - 60% of cost
- PC-focused ACOs at a disadvantage
- No control of drugs, tests, treatment regimen, etc.

ACOs can Reduce Costs And Grow through TEAM

Referrals to primary care from specialists

Help specialists identify cost drivers

Help patients avoid complications with pre-treatment

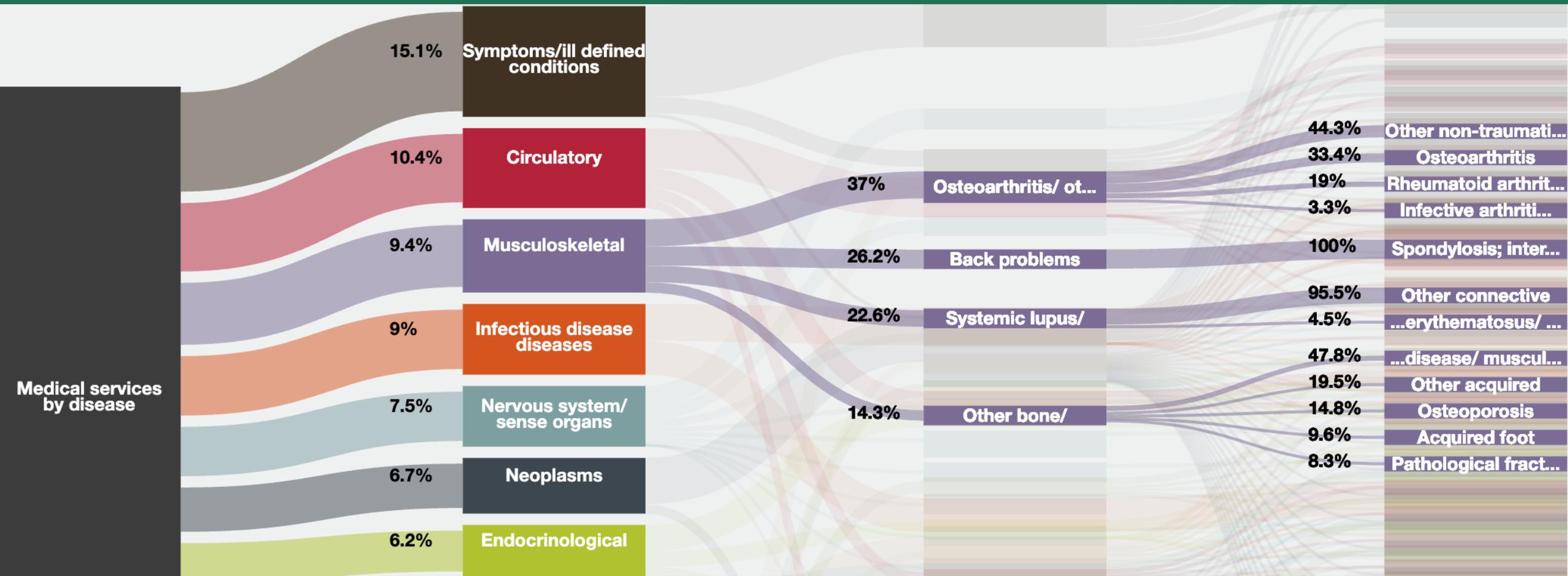
Forge working partnership to improve recovery



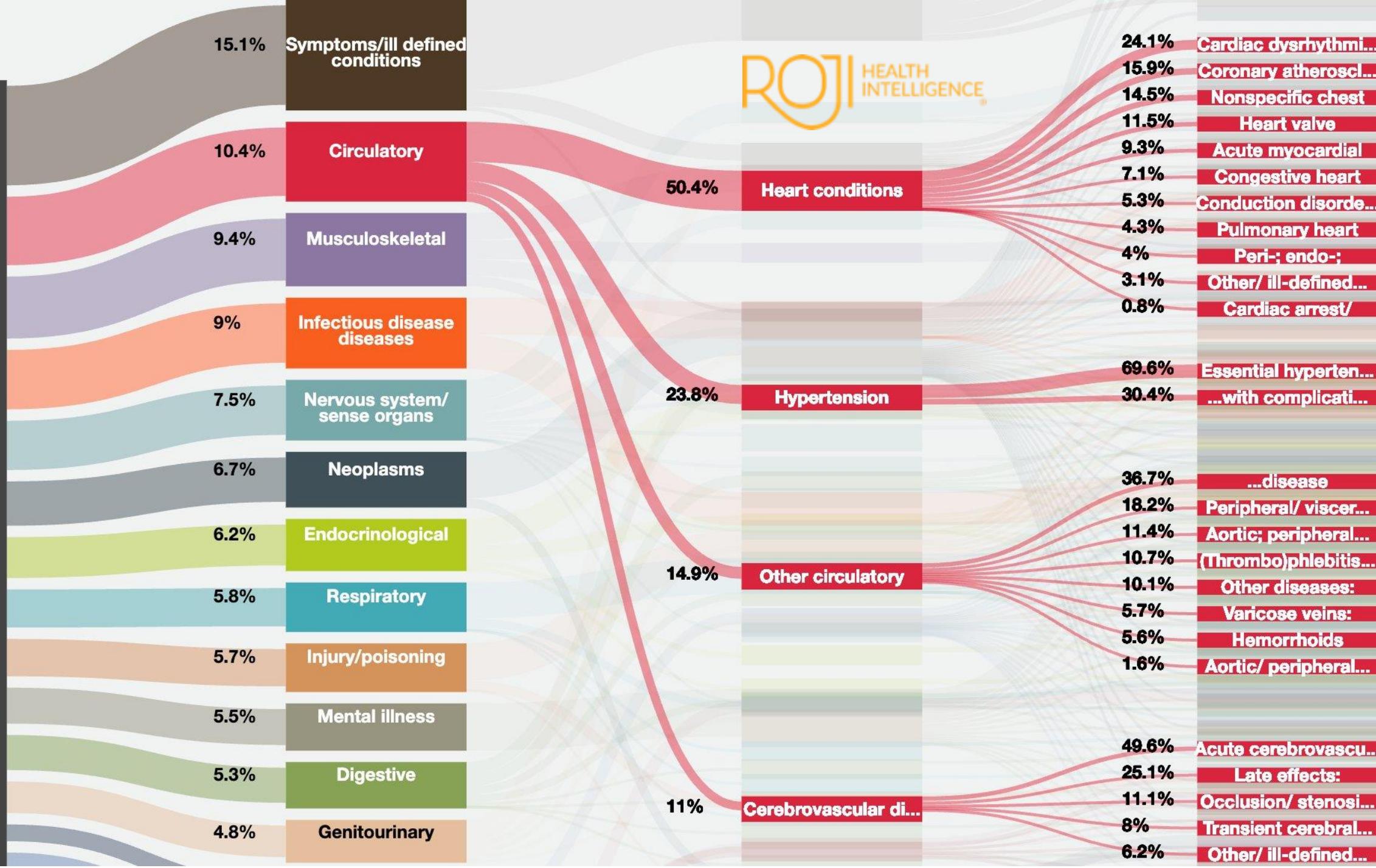
ACO and ASM Alignment

- ACOs are responsible for total cost of care
- CMS's highest cost specialty-managed chronic conditions (excl. diabetes):
 - Back Pain
 - Heart Failure
- ASM is scored at the individual level
- ACOs *may* see which providers are behind high costs

Spending by Condition: TEAM and ASM Conditions



Medical services by disease





Proven Referral Loops Benefit All Stakeholders

- ASM and TEAM require primary care referral
- ACO can coordinate care, reduce specialty costs
- Low-cost/high-quality specialists rewarded with ACO referrals
- Patients see improved outcomes, less burden to coordinate care

ACO with TEAM and ASM: Parallel Paths to Soar

- Each must control costs to avoid losses
- Both need actionable data to improve
- Hospitals need specialist-generated revenue
- Specialists require facilities to do their work
- Everyone needs a common way to measure and improve costs, quality

What's a High-Performance Specialty Network?



Photo by Gabriel Meinert on Unsplash

Four Must-Haves of ACO High-Performance Networks

1. Willingness to engage in mutually designed scope of specialty care.
2. Communication and processes to ensure that patient is seen by primary both before onset and after treatment plan / surgery.
3. Focus on patient outcomes and costs, facilitating of patient decisions.
4. Measurement of quality, outcomes, and cost performance by using claims and patient EHR data, with agreement on processes & measurements.



Photo by Nicholas Hoizey on Unsplash

Scope of Care



Agree on accountability for ongoing management of a condition; aftercare.



For a specialty treatment plan managed regularly by primary, dialogue on all the elements of the care plan, medications, return specialty visits



If condition worsens or risk factors change, agree to revisit clinical plan and accountability.

Communication and Processes

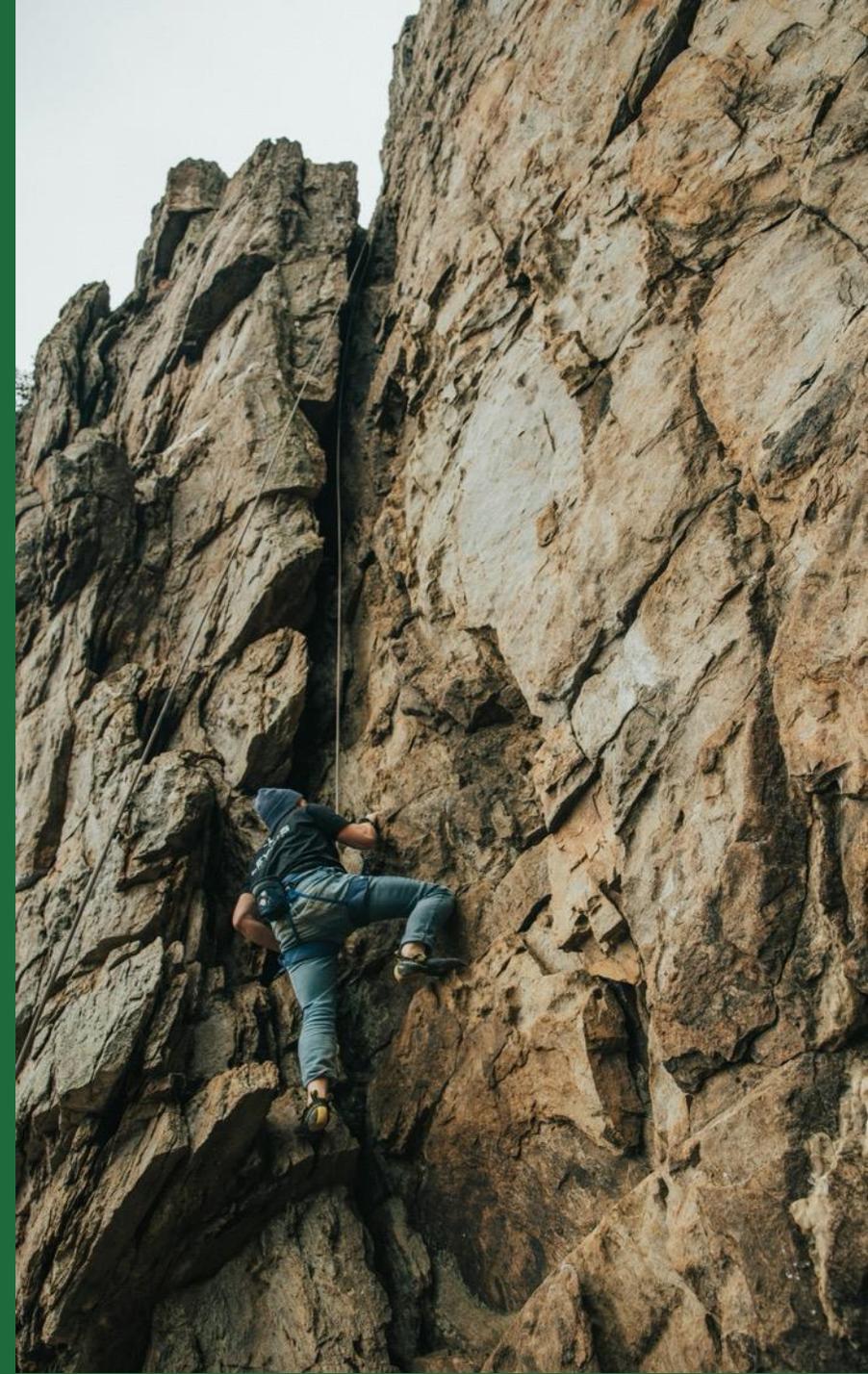
- Patient not under optimal care without communication between primary & specialist.
- ACOs need to establish processes for that to occur.



Patient Decisions

- Educate
- Inform risks and benefits
- Help them support their treatment, see what it will take

- ACOs and their primaries should facilitate the needs of patients for engaging in treatments, including preparation and lifestyle changes



A photograph of a water fountain with a single nozzle spraying water upwards. The water is captured in mid-air, creating a vertical column of droplets. The background is dark and out of focus, suggesting an outdoor setting at night or in low light. The fountain is made of a light-colored material, possibly stone or concrete.

Measurement of Outcomes & Cost Performance

- Diagnosis/Procedure Episodes to:
 - Reveal cost variation
 - Highlight outcomes over time
 - Reveal type of surgical complications
 - Compare episodes, providers
- Aggregation of EHR + Claims data to support measurements
- No scoring! Physicians must be able to provide feedback on systemic problems causing cost escalation, to fix.

What's Not Automatically High-Performance?

- Biggest Names/Most Popular players
- Specialists on board of hospital or in leadership
- Yelp top players
- Politically connected
- Your current referral network

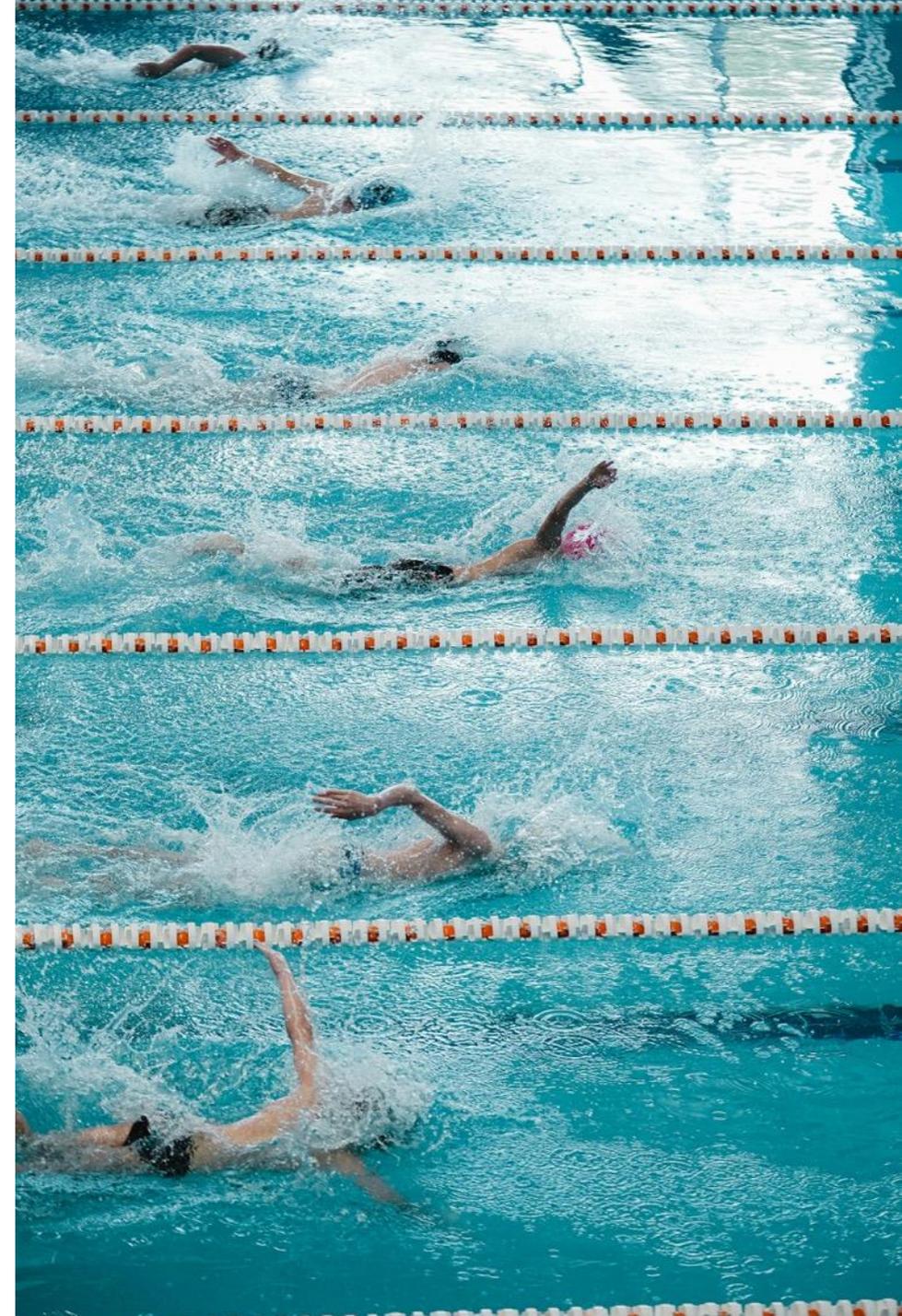


Why would Specialists want to participate in an ACO's High Performance Network?

Photo by Angel Barnes on Unsplash

Referrals in Competitive Market

- If ACO is larger / has commercial business, may increase business for specialists
- Referred patients from top ACOs may have stronger starting point from primary care





Access to Data and Analytics

- Analytics provide answers to what is driving costs, especially with Episodes that reveal causes of variations
- Mutual benefit to ACO and Specialists to share data to improve cost and outcomes
- In TEAM, collaboration agreements between hospitals and specialists enable joint development of processes to avoid complications, improve
- ACOs can develop similar collaboration agreements



Coordinated Care

- ACO primary care physicians can manage less-intensive patients with specialists' treatment plan
- Technology can enable easy transfer of clinical updates in both primary and specialty EHRs
- In TEAM, advance primary care visits to pre-treat patients planned for surgery, avoiding typical complications

Image by Michal Parzuchowski on Unsplash

More Savings for ACOs and Specialists With Collaboration

-
- Collaboration will produce treatment plan refinements and savings
 - Primary-specialist accountability for outcomes = Win-Win
 - Greater confidence of patients seeing partnership



How Can ACOs Heighten the Appeal to Specialists?

- Consider specialty CINs with infrastructure / data in addition to private groups
- Ensure process is mutually beneficial
- Respect privacy of certain data
- Make the collaboration worth their time



A flock of approximately 15 geese is flying in a V-formation against a clear, bright blue sky. The geese are captured in various stages of flight, with their wings spread wide, creating a sense of movement and direction. The lighting suggests a clear day, possibly during the golden hour, as the geese have a warm, golden-brown hue.

How to Implement a High-Performance Specialty Network

Navigate Data Aggregation Privacy

- Use neutral 3rd-party aggregator to manage data privacy
- Opt for blurring individual provider, masking financials
- Business Associate and Data Use Agreements
- Utilize CMS Collaboration Agreement framework

Overcome Other Data Aggregation Obstacles



- TEAM Obstacle: Separate provider actions from hospital factors
 - Practice data + CMS claims
 - Investigate outcomes before attributing
- ASM Obstacle: ID eligible providers in advance
 - Yearly attribution, based on prior services
 - Analyze practice data elements (e.g. Dx, Svcs, NPI comparisons) to reveal potential participants

Build Episodes for TEAM, ASM, and Beyond

Photo by Zdenek Machacek on Unsplash.com



- Aggregate data from EHR & Claims
- ID patient episode; assess and address risk
- Assign primary care and engage
- Improve patient prep when feasible – connect via EHR
- Identify and investigate cost drivers
- High costs do not equal poor performance!



Key Components of a Functional Episode Platform

- Participants' own analytics/episode views to see cost variation
- Aggregated data turns fragmented services into 360° episodes
- Incorporation of EHR and claims for patient risk, complications
- Ongoing data refreshes reveal efficacy of interventions

Primary Care & Specialty Care Communication

- Build platform for multi-system involvement
- TEAM: Hospital attribution promotes communication w/surgical team (e.g. protocols, anesthesia, infection)
- ASM: Provider attribution generates discussions on admission guidelines, diagnostics, discharge inst.
- Include mechanism for "hand-off" during episode

Learning and Collaboration: 5 Essential Elements



- Maintain collegial learning environment
- Goal is improvement: Data > Reputation
- Data aggregation is necessary, not sufficient – need engagement
- Root cause analysis required for accountability
- One or more clinician champions to educate and inspire

Photo by Javier Flemate-Lopez on Unsplash.com

Are you planning to explore ACO-Specialty collaborations?

A.
Yes, this
sounds
Exciting.



B.
No, I'm not
convinced
of the
merit.





Questions and Answers

Stop by our VBC Exhibit Hall Virtual Booth



[Visit the Roji Health Intelligence Booth](#)





Thank You!

Roji Health Intelligence LLC

<https://rojihealthintel.com>

<https://www.acoexhibithall.com>

Contact Us

Theresa Hush, CEO and Co-Founder
hush@rojihealthintel.com

Dave Halpert, Chief of Client Team
Dave.halpert@rojihealthintel.com