



CASE STUDY: MSSP ACO MOVES FROM 3% LOSS TO 7% SAVINGS AND 76% TO 92% ACO QUALITY SCORE IN 12 MONTHS.

CHALLENGE

Operational Problem Faced: Is ongoing MSSP participation financially viable after initial PY1 results showed higher expense (+3% above baseline) and a lower quality score (76%) than desired?

This Northeast Region 2012 start MSSP ACO has 6500 patients attributed to 35 PCP with additional MSSP partners that include four community hospitals and three skilled nursing facilities. The first year in the ACO program showed a loss, 3% below benchmark. Tertiary care leaves the county with about half going into two additional states. The ACO is a subsection of an existing IPA interested in clinical integration that already holds Medicare Advantage shared savings contracts. Working in partnership with a rural health network of affiliated clinical and community-based organizations, the ACO has amassed considerable community wide support for coordinated care excellence and many organizations contribute time and resources to make the system work.

Challenge #1 Lower expenses by 10% across the population, within 1 year.

Challenge #2 Increase quality scores.

Challenge #3 Keep partners engaged after disappointing PY1 results and projected cash flow issues in PY &-PY3.

Challenge #4 Create and maintain realistic and meaningful information sharing and patient level shared care planning to improve items #1 & #2. Although there is a strong regional health information exchange (RHIO) in the area, it has limited impact on data flow with referral hospitals across state lines.

SOLUTION

The solution implemented complemented the technology investment that existed before the start of MSSP and during PY1 which involved using data to focus activities to streamline care efforts. Following a systematic process, the ACO team focused efforts that included: **Integrating Data:** We integrated claims from CMS, available benchmarks, and clinical/quality information from EMRs and lab results along with ADT information from the RHIO to identify opportunities, track progress and impact patient level activity. **Identifying Opportunities:** We found the biggest opportunities related to spend and quality improvement, communicating the targets, assisting with the development and implementation of provider specific and network-wide tasks, targeting ones we knew we could impact operationally – Falls, COPD, Heart Failure, Depression and Fall screening, Diabetes, Ambulance and SNF spend. **Communicating within the ACO:** Using a Collective Impact framework, we identified and tracked common performance metrics, used constant communication, including patient level needs, offered care management personnel, kept work lists, engaged in collaborative peer learning and targeted actions. Reports at the practice level included specific action and data that were believable to the practice. Patient level reports included specific actions needed or quality measures to collect. **Implementing rapid cycle feedback:** We reviewed results and updated targets and actions through our communication network that included bi-weekly, monthly, and/or quarterly committee activity and board updates. The 3 month improvement cycle process worked well for us.

RESULTS

In one year, we lowered the medical expense 10%, from 3% over in PY1 to 7% under in PY2. Quality performance score increased from 76% to 92%. Shared savings for PY2 exceeded benchmark expenditure and minimum savings rate. The financial position improved and, with projections looking promising for PY3, they are energetically thriving forward and seeking to expand into new commercial / Medicare Advantage contracting in 2016, building upon our existing MSSP infrastructure and experience.

It is possible to create a sustainable, high performing ACO on as few as 6500 patients and a limited budget – but it is hard work. Data, information and electronic communication are important; focused, practical action by people trying to collectively solve problems is critical; quick feedback loops are a non-negotiable necessary component of success.