

What's an ACO?

Where does a quality team fit?

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Objectives

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- Participants will gain an initial or enhanced understanding of the purpose of an ACO
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- Participants will gain an initial or enhanced understanding of the operations of an ACO related to quality improvement efforts and performance management
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About Bryan Health Connect

Bryan Health Connect is a physician-led Physician Hospital Organization (PHO) and Accountable Care Organization (ACO), organizations created to represent physician practices, facilities, hospitals and other providers to offer a broad, clinically and financially-integrated, high-quality, cost-effective network of providers. Bryan Health Connect represents more than 1,400 providers.

We work closely with our members, assisting them to maintain independence in an ever-changing healthcare environment, and supporting them by offering services that add value to their membership.

Mission

We connect a network of resources, innovative leadership and data to drive cost-effective population health improvement.

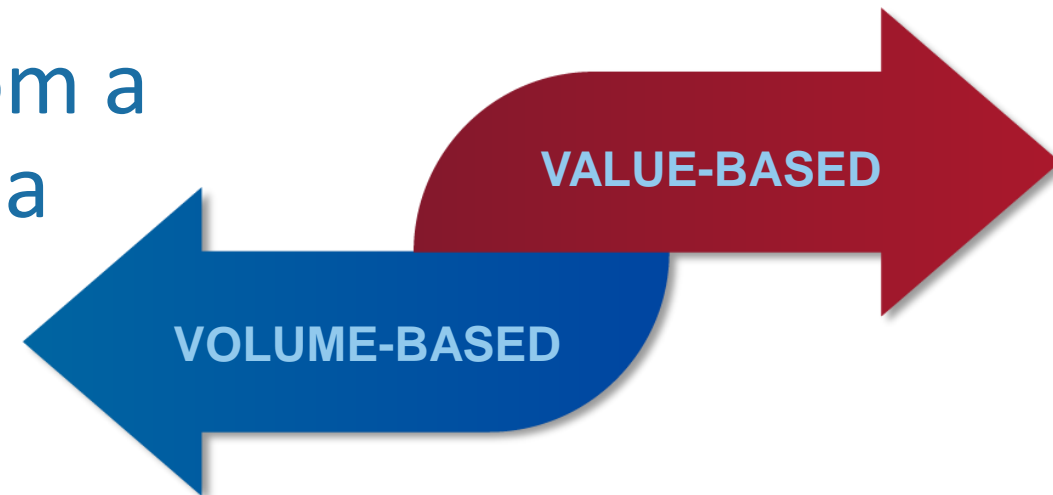
Vision

Leading exceptional healthcare transformation.

What is an Accountable Care Organization (ACO)?

An ACO is a group of hospitals, physicians and other health care providers working together to provide improved coordinated care for their patients.

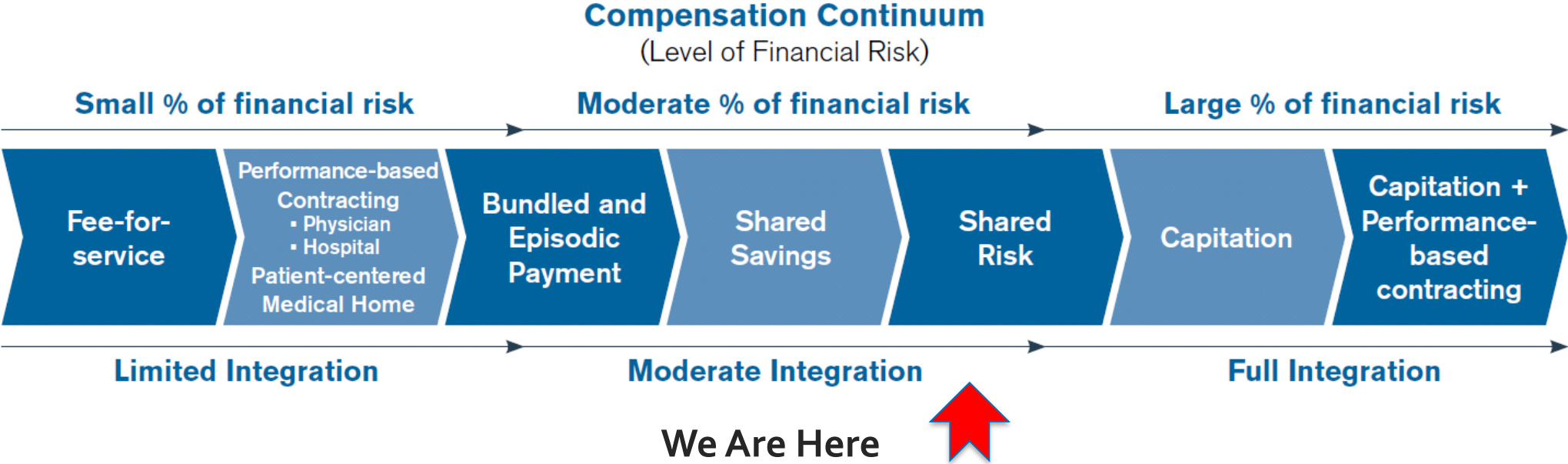
ACOs are leading the change from a **volume-based** care model to a **value-based** one



The Healthcare Landscape in Nebraska is Shifting

Pathway to Evolving Payment and Delivery System Models

Our objective is to transform the payment system from a fee-for-service model to one that rewards for quality and outcomes.



Value-Based Care

Value = Quality/Cost

- A value-based care model shifts the focus to the PATIENT
 - Access to high quality care
 - A positive health-care experience
 - Improved outcomes and quality of life
 - Decrease in cost of care
- Value-based healthcare is a healthcare delivery model in which providers, including hospitals and providers, are reimbursed based on patient health outcomes

Components of Value-Based Care ($V = Q/C$)

Patients



Quality Components

- Access
- Convenience
- Satisfaction
- Individual outcome
- Positive interactions

Cost Components

- Co-pays
- Deductibles
- Rx out-of-pocket
- Travel time

Payers



Quality Components

- HEDIS quality measures
- CAHPS
 - Consumer Assessment of Healthcare Providers and Systems
- Evidence-Based Medicine and Best Practices

Cost Components

- \$\$\$ Rx
- Overutilization (lab, rad, post-acute)
- ED visits
- Readmissions
- Out-of-network spend

How an ACO works...in a Nutshell

- ACOs enter into value-based agreements with payers (insurance providers)
 - The value-based agreements include specific performance measures centered around quality and cost
 - There may be contracted Clinical Coordination Fees (CCF) paid quarterly to the ACO participants to offset costs incurred to operationalize improvements
- If the ACO reaches the performance measures – quality scores **and** lowering the total cost of care – they are financially rewarded with Shared Savings
- If the ACO does **not** meet the measures **or** they do **not** realize enough shared savings, they miss out on the savings...and possibly have to pay losses back to the payer

Value-Based Care: Why an ACO?

- Value-based Care fosters comprehensive, coordinated care using payment models that hold organizations accountable for cost-control and quality gains
- ACOs are a recognized and viable pathway to improve the health of a population utilizing value-based care arrangements with payers
- ACOs support the process toward clinical integration across providers
- This helps health care providers “shift” from a reactive environment to a proactive approach

How Does an ACO Succeed?

The Quadruple Aim

1. Improve the work life of all health care providers

2. Improve the patient experience

3. Improve the health of a population

4. Reduce the cost of care

Improve the Work Life of ALL Healthcare Providers

Value-Based Care is NOT a Task of One



Improve the work life of all members of the health care team

- **As we focus on the goal:**
 - Improve processes and create efficiencies in our daily delivery of care for our patients
- **We have the potential to:**
 - Improve our daily work life by maximizing efficiencies that come through collaboration and teamwork
 - Lessen the risk of burn-out

Why we all are uniquely prepared to take on the change

- **Sense of Purpose**
 - We are here because we want to make a difference in the lives of those we serve
- **We Value Autonomy**
 - We want opportunities to affect the changes toward improvement
- **Mastery**
 - We are driven to get better

Improve the Patient Experience

- Highly coordinated care through:
 - Efficiency of electronic medical record (EMR)
 - Efficiency of team
 - Access to outside clinical data
 - Sharing of clinical data
 - Service recovery
 - Continuous process improvement
- CAHPS for MIPS
 - Consumer Assessment of Healthcare Providers and Systems Survey

Improve the Health of the Population

- Data analysis drives quality and helps improve patients' overall care
- BHC collects and analyzes data from a number of sources
 - Medical records
 - Insurance claims
 - Pharmacy records
- Data identifies population health needs

Quality Measures

- Focus on services that patients need the most, such as:
 - Preventive screenings
 - Immunizations
 - Disease management
 - Medication management

Cost Measures

- The cost performance is measured against benchmarks on projected spending based on demographics and the documented risk of the patient population within the agreement

Value Based Care is Continuous Process Improvement

Population Insights

- Data Ingestion and Analytics
- Attribution Management (Covered Lives)
- Risk Adjustment
- Top 5-10% Patient Cohort Identification

Performance Management

- Dashboards, reporting



Practice and System Transformation

- Clinical Workflows
- Care Gap Closure Processes
- Transitional & Chronic Care Management
- High Risk Management
- Locally Implemented

Reduce the Cost of Care

The end goal of all we do...

Making Healthcare Sustainable



- Improved Inpatient Care Efficiency
- Use of Lower Cost Treatments
- Reduction in Adverse Events
- Reduction in Preventable Readmissions

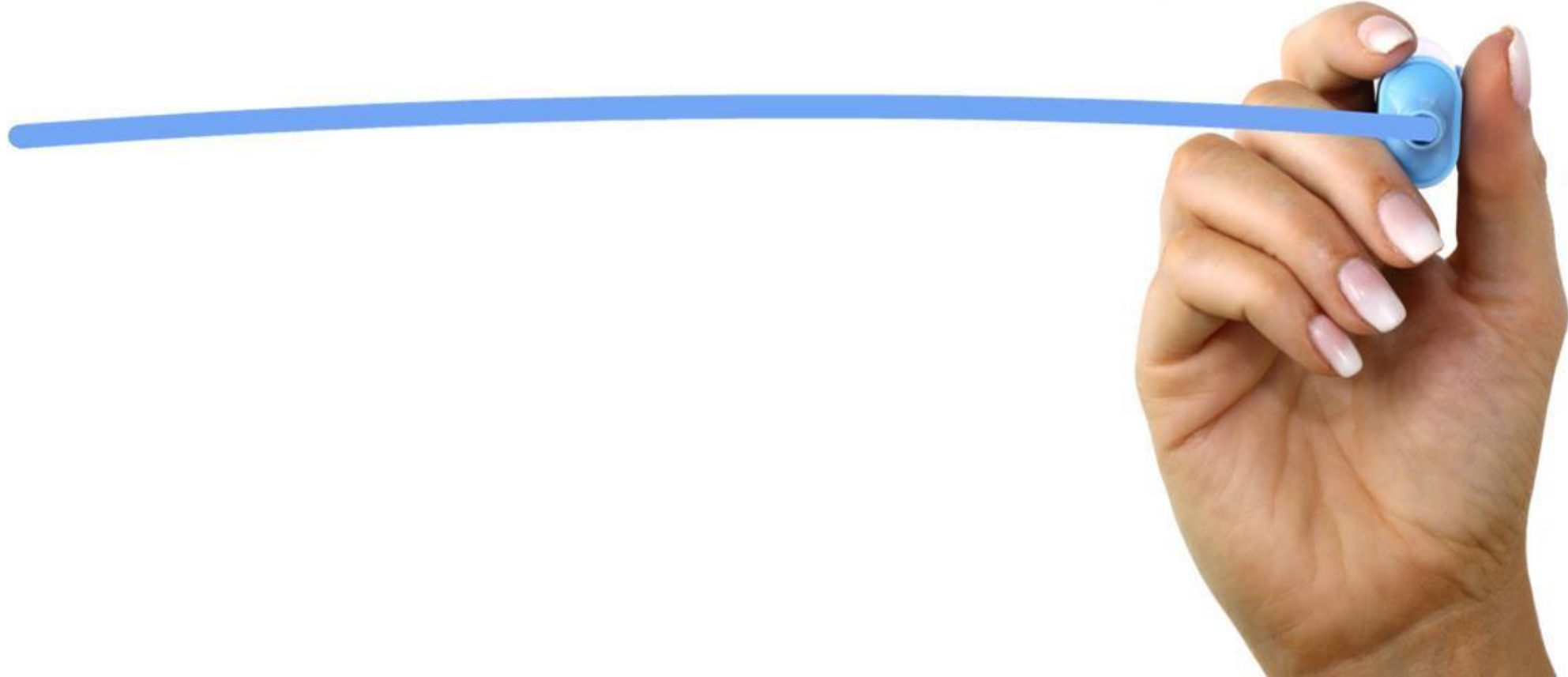


- Improved Management of Complex Patients
- Use of Lower Cost Settings and Providers



- Improved Prevention and Early Diagnosis
- Improved Practice Efficiency
- Reduction in Unnecessary Testing and Referrals
- Reduction in Preventable ED Visits and Admissions

QUESTIONS





***We would be
more than
happy to visit
with you!***

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