United Hospital Fund

Accountable Care Organizations in New York State

Presentation to:

National ACO, Bundled Payment and MACRA Summit

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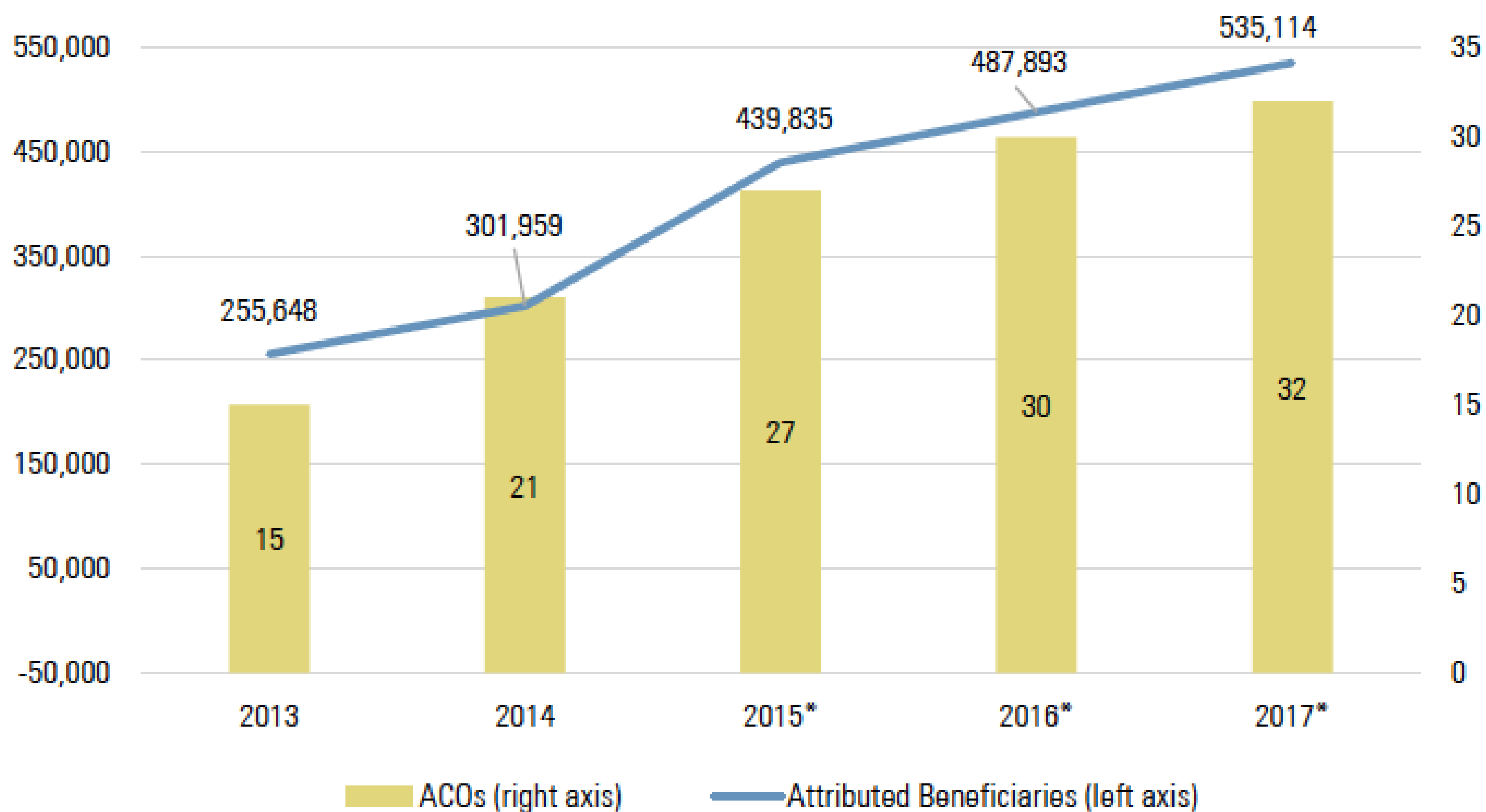
MSSP Participants in NYS - 2017

Figure 1. New York-Based Medicare Shared Savings Program Participants with Quality and Cost Results for 2017

Cohort (Start Date)	ACO Name	In Program in 2017?	Region	Model
Cohort 1 (2012–2013)	CareMount ACO (See Note 1)	✓	Downstate	Physician-led
	ACO of the North Country, LLC (Note 2)	✓	Upstate	Hosp-Physician Partnership
	Catholic Medical Partners (Note 3)	No	Upstate	Hosp-Physician Partnership
	Chinese Community ACO / CCACO	✓	NYC	Physician-led
	Crystal Run Healthcare ACO, LLC (Note 4)	✓	Downstate	Physician-led
	Accountable Care Coalition of Syracuse, LLC	✓	Upstate	Physician-led
	Asian American Accountable Care Organization	✓	NYC	Physician-led
	Balance ACO	✓	NYC	Physician-led
	Beacon Health Partners, LLP	✓	Downstate	Physician-led
	Chautauqua Region Medical Partners, LLC	✓	Upstate	Hosp-Physician Partnership
	Healthcare Provider ACO, Inc. (Note 5)	No	Downstate	Physician-led
	Mount Sinai Care, LLC	✓	NYC	Hosp-Physician Partnership
	ProHEALTH Accountable Care Medical Group	✓	Downstate	Physician-led
	WESTMED Medical Group	✓	Downstate	Physician-led
	HHC ACO Inc	✓	NYC	Hosp-Physician Partnership
Cohort 2 (2014)	Alliance for Integrated Care of NY (Note 7)	✓	NYC	Hosp-Physician Partnership
	Adirondacks ACO, LLC	✓	Upstate	Hosp-Physician Partnership
	FamilyHealth ACO, LLC (Note 8)	✓	Downstate	Physician-led
	New York State Elite ACO (Note 9)	No	NYC	Physician-led
	Primary PartnerCare ACO IPA	✓	Downstate	Physician-led
	Rochester Regional Health ACO (Note 10)	✓	Upstate	Hosp-Physician Partnership
Cohort 3 (2015)	Bassett Accountable Care Partners, LLC	✓	Upstate	Hosp-Physician Partnership
	Healthcare Partners of the North Country	✓	Upstate	Hosp-Physician Partnership
	Innovative Health Alliance of New York, LLC	✓	Upstate	Hosp-Physician Partnership
	NewYork Quality Care	✓	NYC	Hosp-Physician Partnership
	Orange Accountable Care of New York	✓	Downstate	Physician-led
	Richmond Quality, LLC	✓	NYC	Hosp-Physician Partnership
Cohort 4 (2016)	Cayuga Area Preferred, Inc.	✓	Upstate	Hosp-Physician Partnership
	Empire State Health Partners, LLC	✓	NYC	Physician-led
	Hudson Accountable Care, LLC	✓	Downstate	Physician-led
	Matrix ACO LLC	✓	Downstate	Physician-led
	Northwell Health ACO	✓	Downstate	Hosp-Physician Partnership
	St. Joseph's Health ACO (Note 11)	No	Upstate	Hosp-Physician Partnership
Cohort 5 (2017)	Empire ACO LLC	✓	Downstate	Physician-led
	Healthy Communities ACO (Note 6)	✓	Downstate	Physician-led
	New York Medical Partners ACO, LLC	✓	Downstate	Physician-led

Figure 2. Growth of MSSP ACOs in New York State



* Does not include Aledade. Substitutes 2016 St. Joseph's Health enrollment for Trinity 2017, and substitutes 2017 Healthy Communities enrollment for Bon Secours 2016.

Figure 3. Count of MSSP ACOs in New York, Physician-Led and Total, by Region

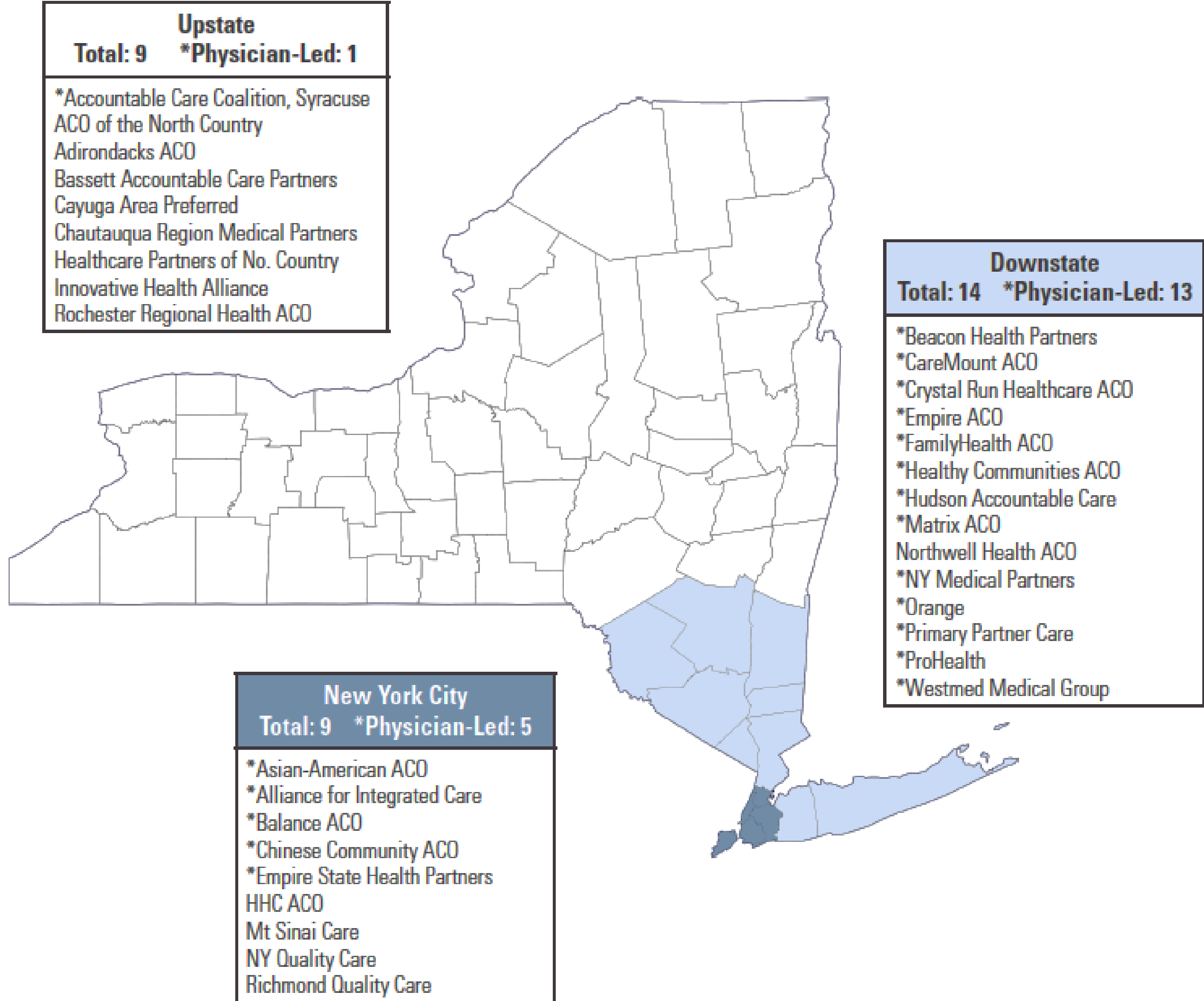
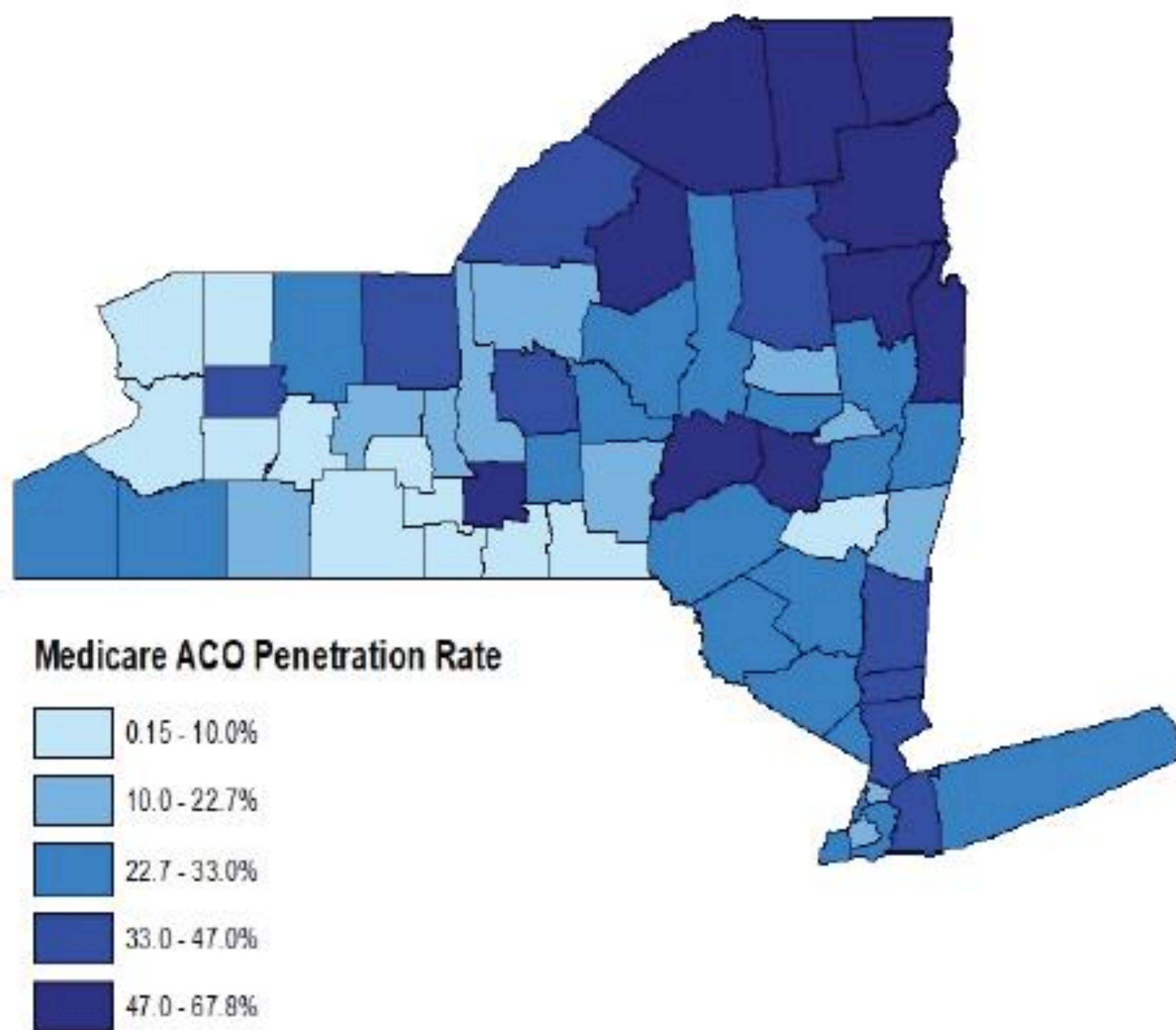
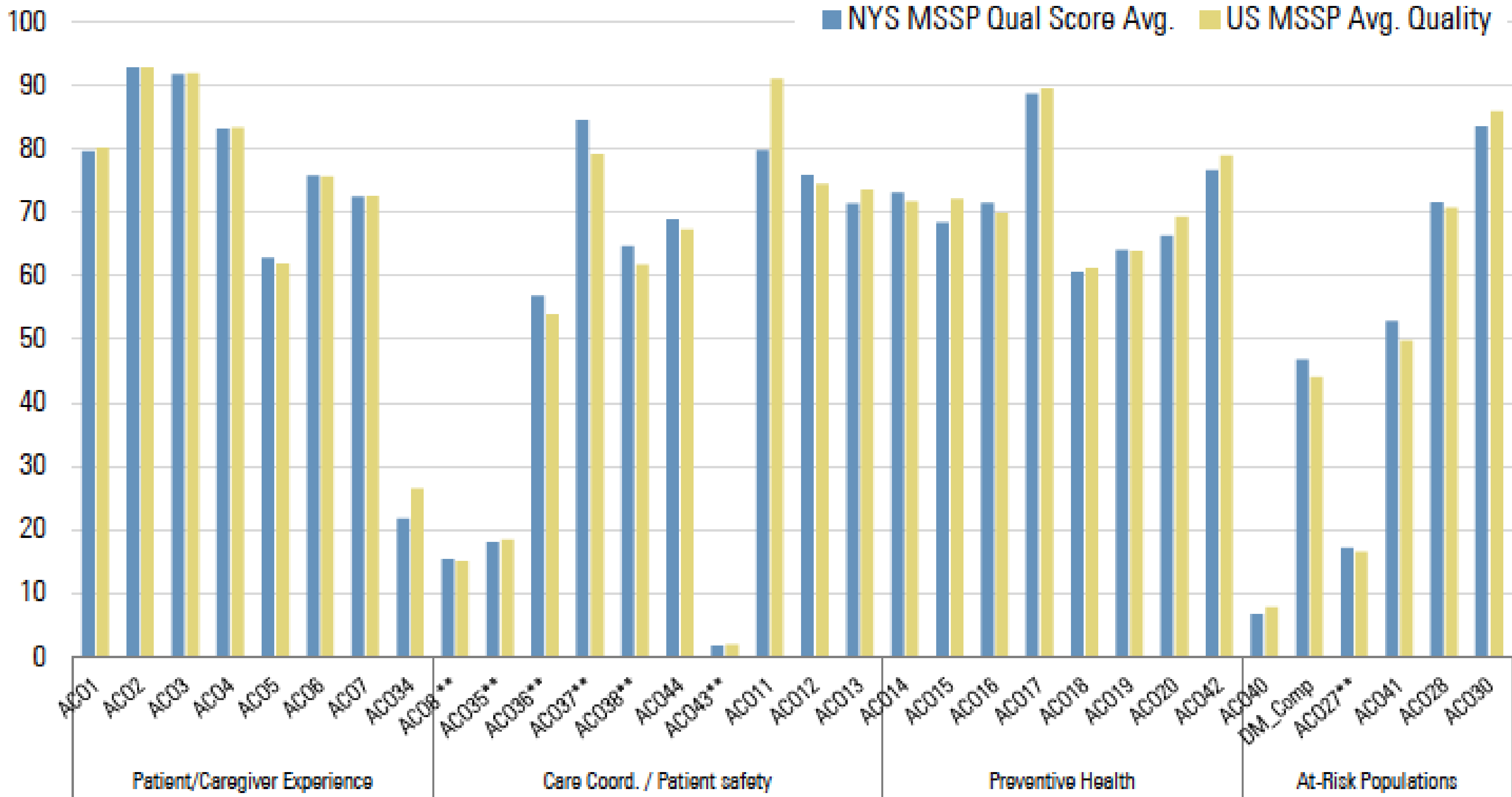


Figure 4. MSSP ACO Enrolled Beneficiaries—Penetration by County, 2017



MSSP ACO Performance 2017

Figure 5. Quality Performance of MSSP ACOs, New York State vs. All United States, 2017



** Measures in which lower scores are better.

Gross Savings vs. Benchmark

Received Shared Savings	(N = 13)	$ 128.9 M
Saved, but < Benchmark	(N = 4)	$ 5.0 M
Losses vs. Benchmark	(N = 15)	$ 122.4 M
NYS Total	**(N = 32)**	**$ 11.5 M**

Net Savings to CMS

Gross Savings	$ 11.5 M
- Shared Svgs. Payments	$ 51.8 M
Net Impact to CMS	**$ 40.4 M**

Figure 6. ACO Financial Results for 2017 (Released Aug. 30, 2018), Ranked by Net Savings to CMS

Start Date	ACO Name	Beneficiaries*	Benchmark	Total Expense	Gross Savings vs. Benchmark	Earned Savings	Net Savings to CMS
2012	Balance ACO	5,742	$128,423,263	$90,089,518	$38,333,745	$12,842,326	$25,491,419
2015	NewYork Quality Care	38,033	$492,783,296	$474,941,306	$17,841,991	$7,130,415	$10,711,576
2012	WESTMED Medical Group	13,473	$144,750,196	$132,590,626	$12,159,570	$5,384,460	$6,775,110
2014	Primary PartnerCare ACO IPA	19,427	$261,137,075	$249,713,956	$11,423,119	$4,979,555	$6,443,564
2015	Richmond Quality, LLC	7,513	$93,632,022	$82,748,135	$10,883,888	$4,871,913	$6,011,975
2015	Orange Accountable Care of New York	8,802	$116,278,721	$110,061,318	$6,217,403	$2,804,738	$3,412,665
2017	Healthy Communities ACO, LLC	10,075	$109,901,142	$104,249,092	$5,652,050	$2,769,505	$2,882,545
2017	Crystal Run Healthcare ACO, LLC	16,329	$207,092,391	$201,499,057	$5,593,333	$2,740,733	$2,852,600
2013	HHC ACO Inc	10,293	$96,813,284	$91,536,311	$5,276,973	$2,182,360	$3,094,613
2016	Matrix ACO LLC	4,673	$64,709,358	$59,974,729	$4,734,629	$1,582,291	$3,152,338
2012	CCACO	9,193	$89,871,473	$85,443,165	$4,428,308	$1,939,045	$2,489,263
2014	FamilyHealth ACO, LLC	8,673	$105,938,479	$101,959,610	$3,978,870	$1,619,619	$2,359,251
2014	Alliance for Integrated Care of NY	3,933	$42,122,241	$39,742,683	$2,379,558	$993,935	$1,385,623
Subtotal: ACOs Generating Shared Savings		*156,159*	*$1,953,452,941*	*$1,824,549,506*	*$128,903,437*	*$51,840,895*	*$77,062,542*
2016	Hudson Accountable Care, LLC	11,294	$114,555,209	$111,591,310	$2,963,899	$0	$2,963,899
2012	Asian American ACO	11,043	$108,555,628	$107,321,320	$1,234,308	$0	$1,234,308
2017	Rochester Regional Health ACO, Inc.	18,994	$195,559,205	$194,855,970	$703,235	$0	$703,235
2012	Accountable Care Coalition of Syracuse, LLC	16,404	$140,868,381	$140,815,694	$52,687	$0	$52,687
Subtotal: ACOs with Savings < MSR		*57,735*	*$559,538,423*	*$554,584,294*	*$4,954,129*	*$0*	*$4,954,129*
2012	Chautauqua Region AMP	4,783	$43,842,757	$44,171,409	($328,652)	$0	($328,652)
2014	Adirondacks ACO, LLC	26,804	$269,250,360	$270,301,455	($1,051,096)	$0	($1,051,096)
2012	ProHEALTH	33,575	$356,866,360	$357,955,183	($1,088,823)	$0	($1,088,823)
2012	ACC of Mount Kisco, LLC	24,287	$240,618,838	$241,882,420	($1,263,582)	$0	($1,263,582)
2017	New York Medical Partners ACO, LLC	8,534	$95,711,530	$97,719,750	($2,008,220)	$0	($2,008,220)
2016	Empire State Health Partners, LLC	7,878	$84,185,395	$86,288,281	($2,102,886)	$0	($2,102,886)
2012	ACO of the North Country, LLC	8,326	$74,684,051	$77,234,590	($2,550,539)	$0	($2,550,539)
2016	Cayuga Area Preferred, Inc.	6,853	$52,963,516	$57,422,150	($4,458,634)	$0	($4,458,634)
2015	Innovative Health Alliance of New York, LLC	22,966	$213,725,069	$221,676,542	($7,951,473)	$0	($7,951,473)
2015	Healthcare Partners of the North Country	10,676	$100,239,118	$108,381,599	($8,142,480)	$0	($8,142,480)
2017	Empire ACO LLC	5,768	$99,573,772	$108,587,632	($9,013,860)	$0	($9,013,860)
2015	Bassett Accountable Care Partners, LLC	13,587	$136,065,311	$146,018,536	($9,953,225)	$0	($9,953,225)
2016	Northwell Health ACO	47,612	$580,670,288	$593,041,062	($12,370,774)	$0	($12,370,774)
2012	Mount Sinai Care, LLC	44,633	$544,942,326	$567,390,471	($22,448,145)	$0	($22,448,145)
2012	Beacon Health Partners, LLP	40,407	$511,536,137	$549,211,057	($37,674,920)	$0	($37,674,920)
Subtotal: ACOs with Losses vs. Benchmark		*306,689*	*$3,404,874,828*	*$3,527,282,137*	*($122,407,309)*	*$0*	*($122,407,309)*
NYS MSSP ACO Total		527,750	$5,917,866,192	$5,906,415,937	$11,450,257	$51,840,895	($40,390,638)

*Note: Does not include financial results for two multistate ACOs, Trinity and Aledade. In 2017, Trinity assumed responsibility for an existing MSSP ACO, St. Joseph's Health ACO, including St. Joseph's in its Track 3 MSSP. St Joseph's 2016 enrollment, 14,531 beneficiaries, is included in the statewide totals.

Source: https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/2017-Shared-Savings-Program-SSP-Accountable-Care-O/gk7c-vejx/data

Figure 8. National and New York State Gross Savings and Net Savings to CMS, 2017

	# of ACOs	Beneficiaries	Benchmark	Total Expenses	Savings/Loss	Shared Savings/Loss	Net Savings to CMS
National MSSP ACOs							
Track 1	433	8,117,612	$85,423,809,589	$84,447,610,415	$976,199,161	$685,656,874	$290,542,287
Track 2	6	69,846	$758,914,854	$751,410,065	$7,504,790	$2,298,913	$5,205,877
Track 3	33	805,428	$8,731,767,470	$8,620,927,076	$110,840,397	$92,848,189	$17,992,208
US Total	472	8,992,886	$94,914,491,913	$93,819,947,556	$1,094,544,348	$780,803,976	$313,740,372
New York MSSP ACOs							
NY Total*	32	535,114	$5,917,866,192	$5,906,415,937	$11,450,257	$51,840,895	($40,390,638)

* All New York MSSP ACOs included here are in Track 1.

Figure 7. Year-by-Year Aggregate Savings vs. Benchmarks

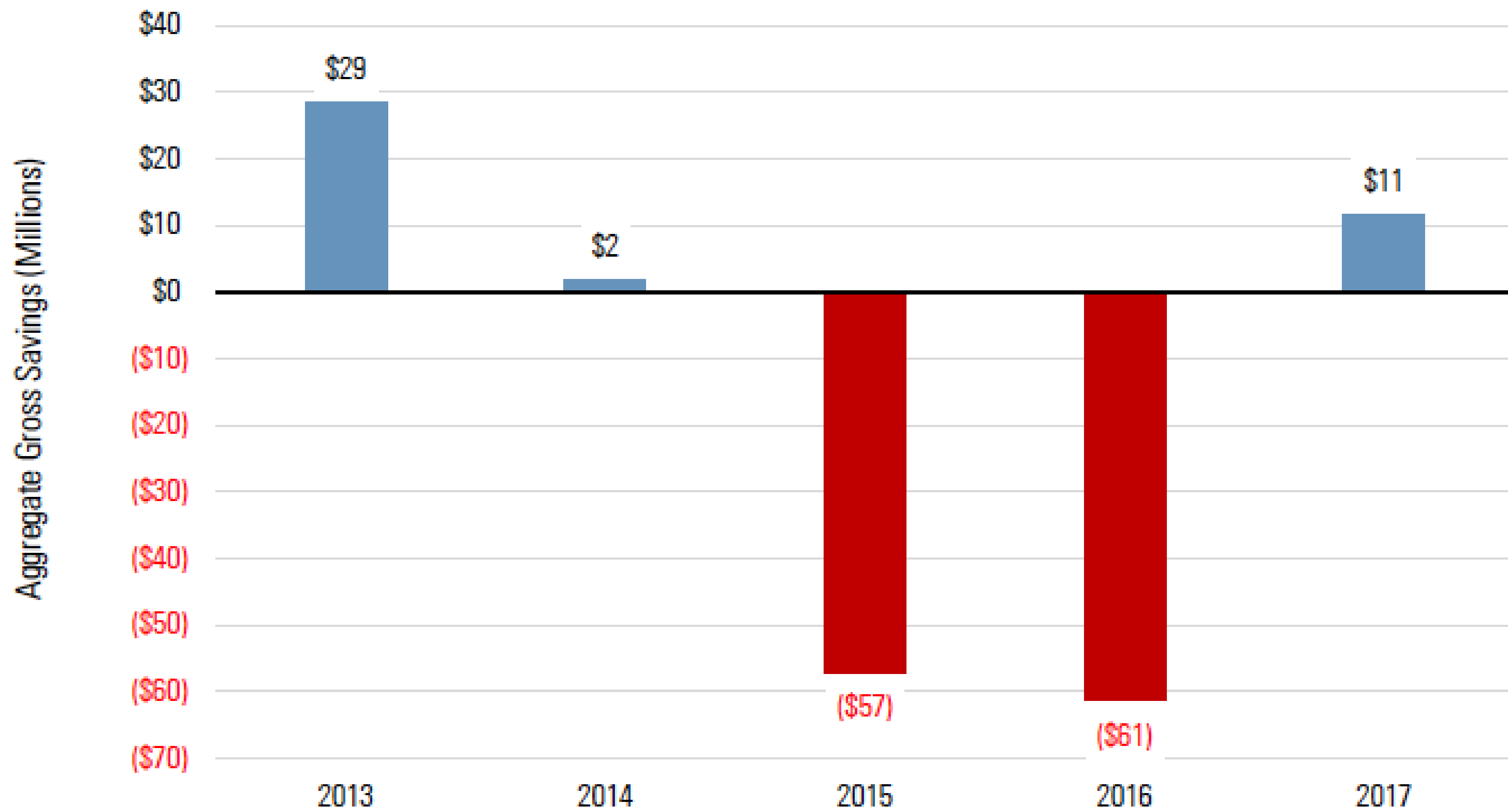
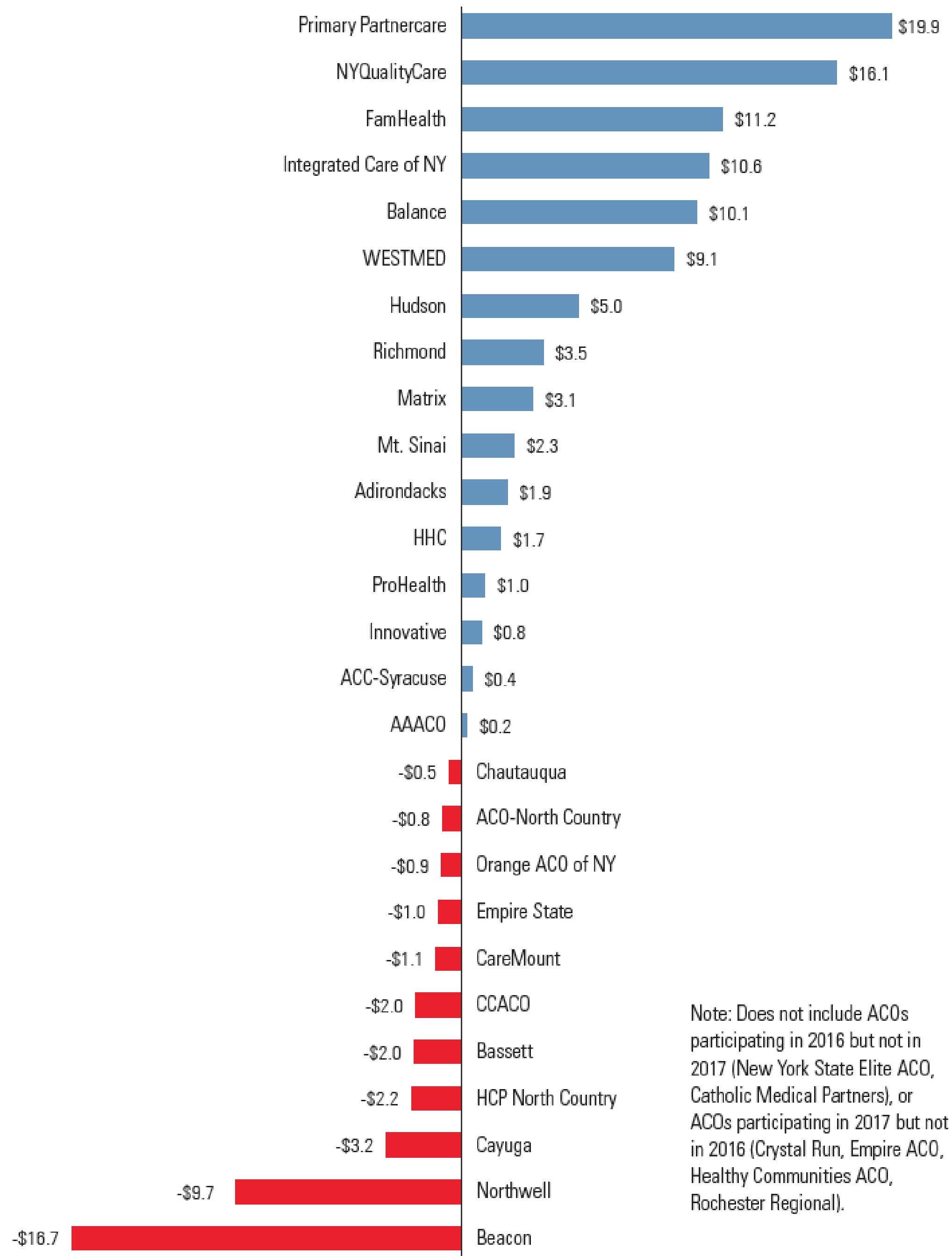


Figure 9: Impact of Performance Outliers

	Beneficiaries*	Benchmark	Total Expense	Gross Savings vs. Benchmark	Earned Savings	Savings as % of Benchmark	Net Savings to CMS
Outliers (N=4)							
Outliers: Savings (N=2)	43,775	$621,206,559	$565,030,824	$56,175,736	$19,972,741	9.04%	$36,202,995
Outliers: Losses (N=2)	85,040	$1,056,478,463	$1,116,601,528	($60,123,065)	$0	-5.69%	($60,123,065)
Remainder (N=28)							
Achieved Shared Savings (N=11)	112,384	$1,332,246,382	$1,259,518,682	$72,727,701	$31,868,154	5.46%	$40,859,547
Savings, but < MSR (N=4)	57,735	$559,538,423	$554,584,294	$4,954,129	$0	0.89%	$4,954,129
Generated Losses (N=13)	236,180	$2,348,396,365	$2,410,680,609	($62,284,244)	$0	-2.65%	($62,284,244)
Total New York State (N=32)	535,114	$5,917,866,192	$5,906,415,937	$11,450,257	$51,840,895	0.19%	($40,390,638)

*Note: Does not include financial results for two multistate ACOs, Trinity and Aledade. In 2017, Trinity assumed responsibility for an existing MSSP ACO, St. Joseph's Health ACO, including St. Joseph's in its Track 3 MSSP. St Joseph's 2016 enrollment, 14,531 beneficiaries, is included in the statewide totals.

Figure 10. Changes in Gross Savings vs. Benchmarks, 2016-17 ($ Millions)

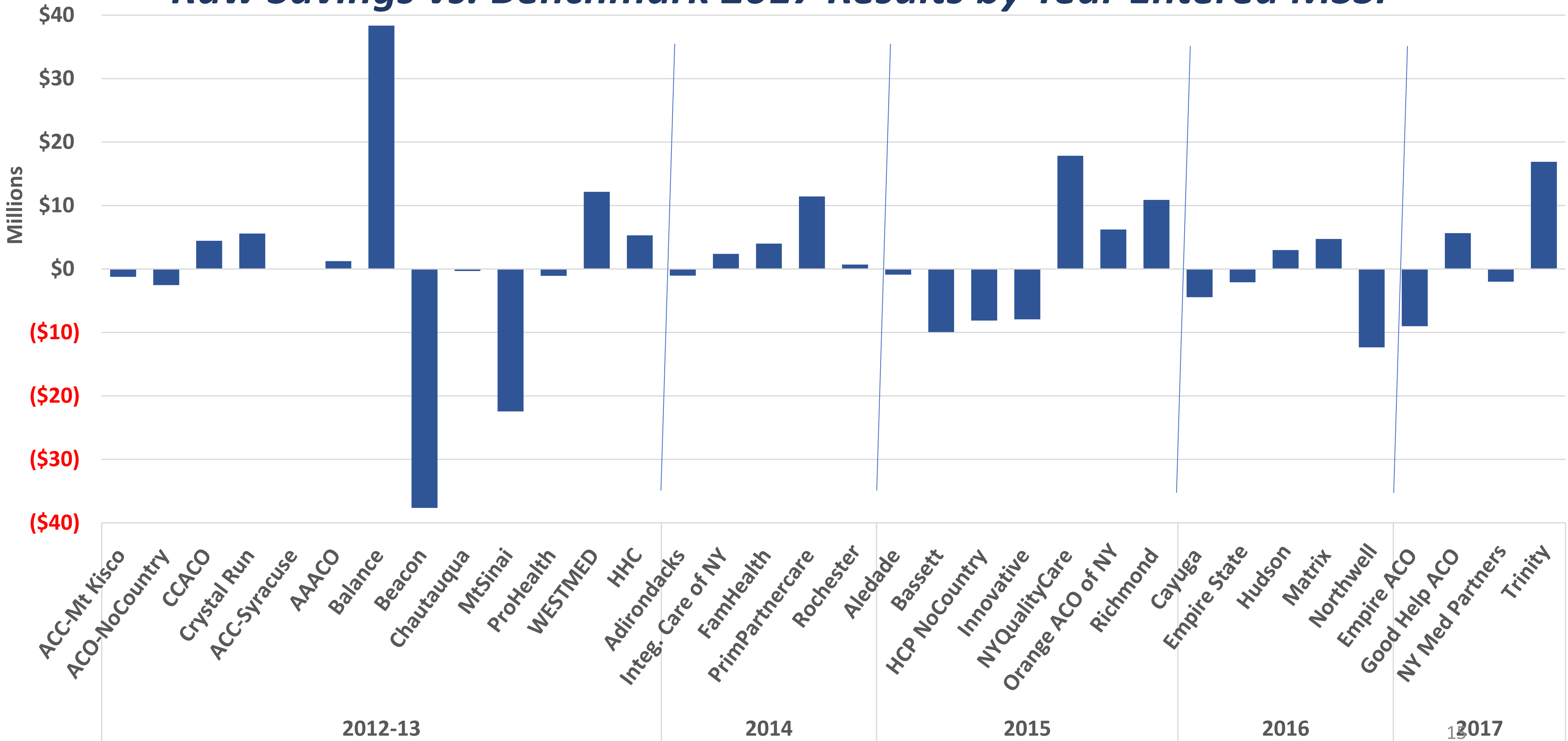


What Explains ACO Performance?

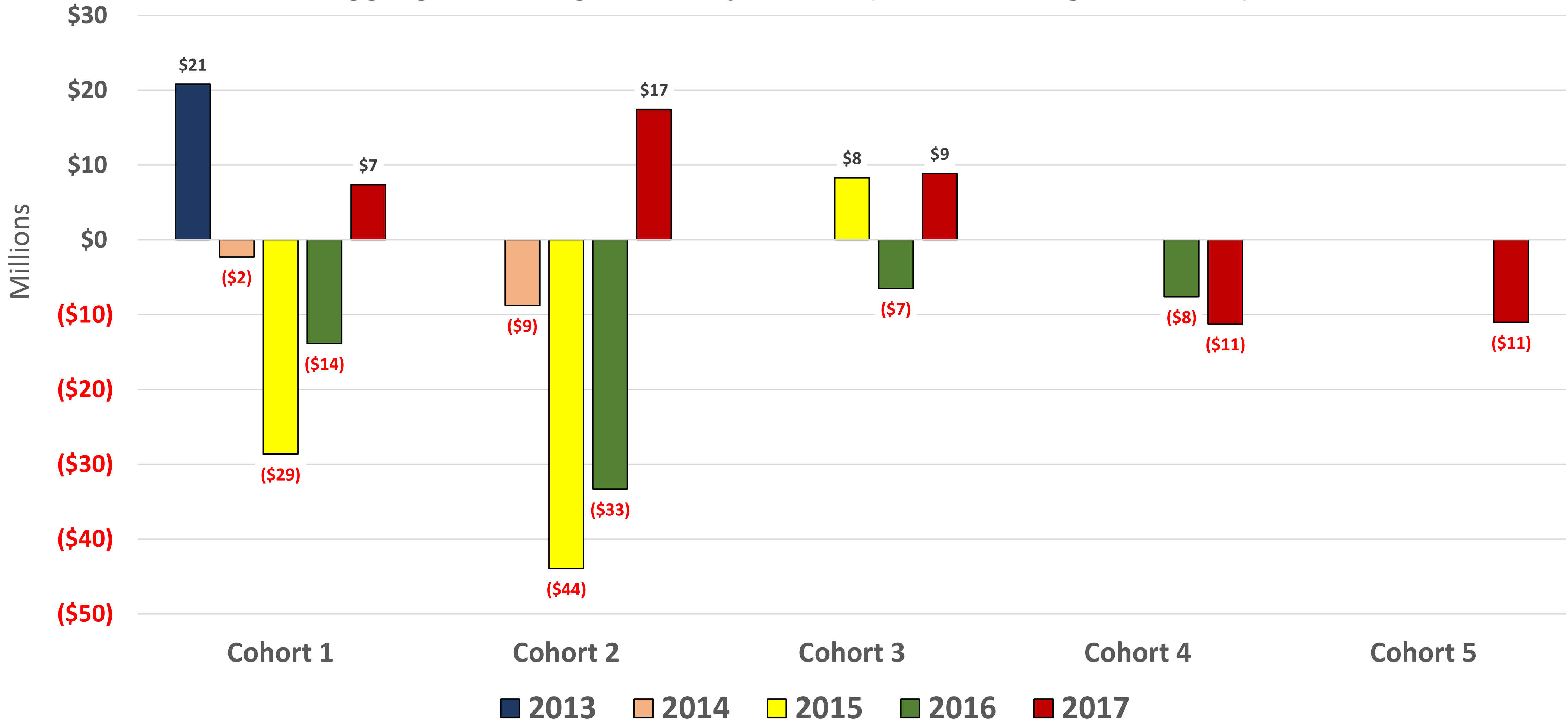
Association, Correlation, Causation?

Does Experience Matter?

Raw Savings vs. Benchmark 2017 Results by Year Entered MSSP

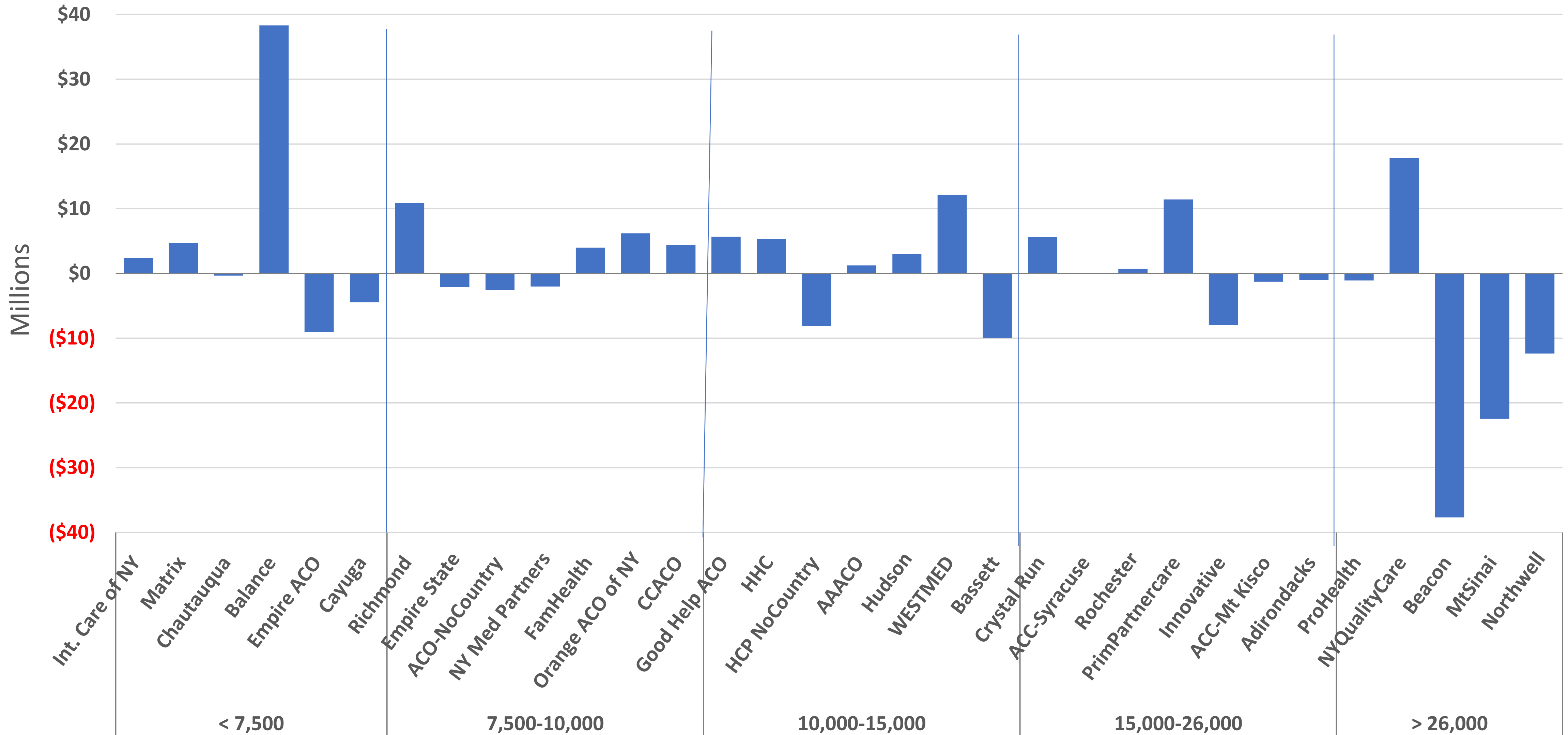


Does Experience Matter?



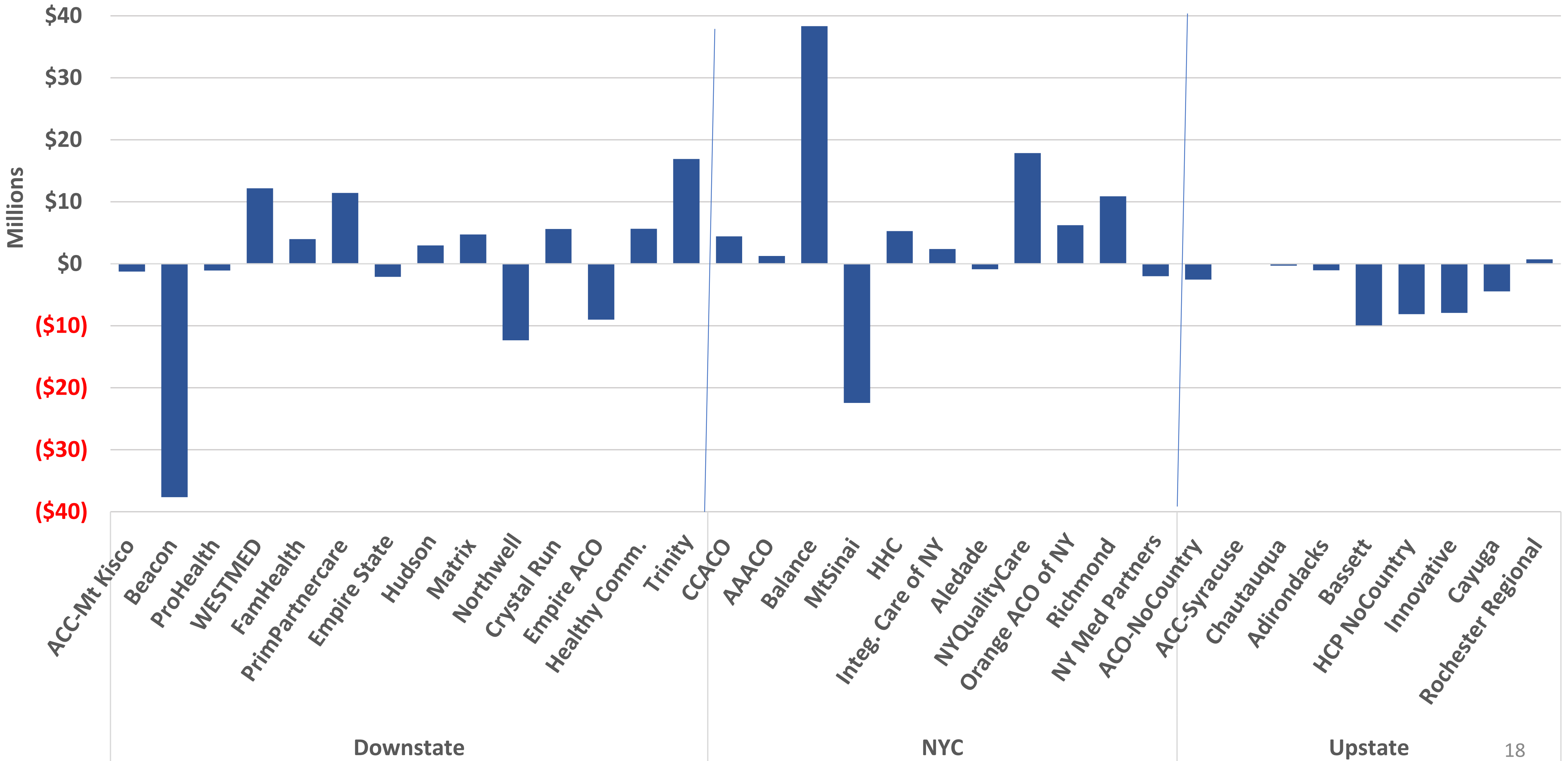
Does Size Matter?

Gross Savings vs. Benchmark, By Number of Attributed Beneficiaries



Does Location Matter?

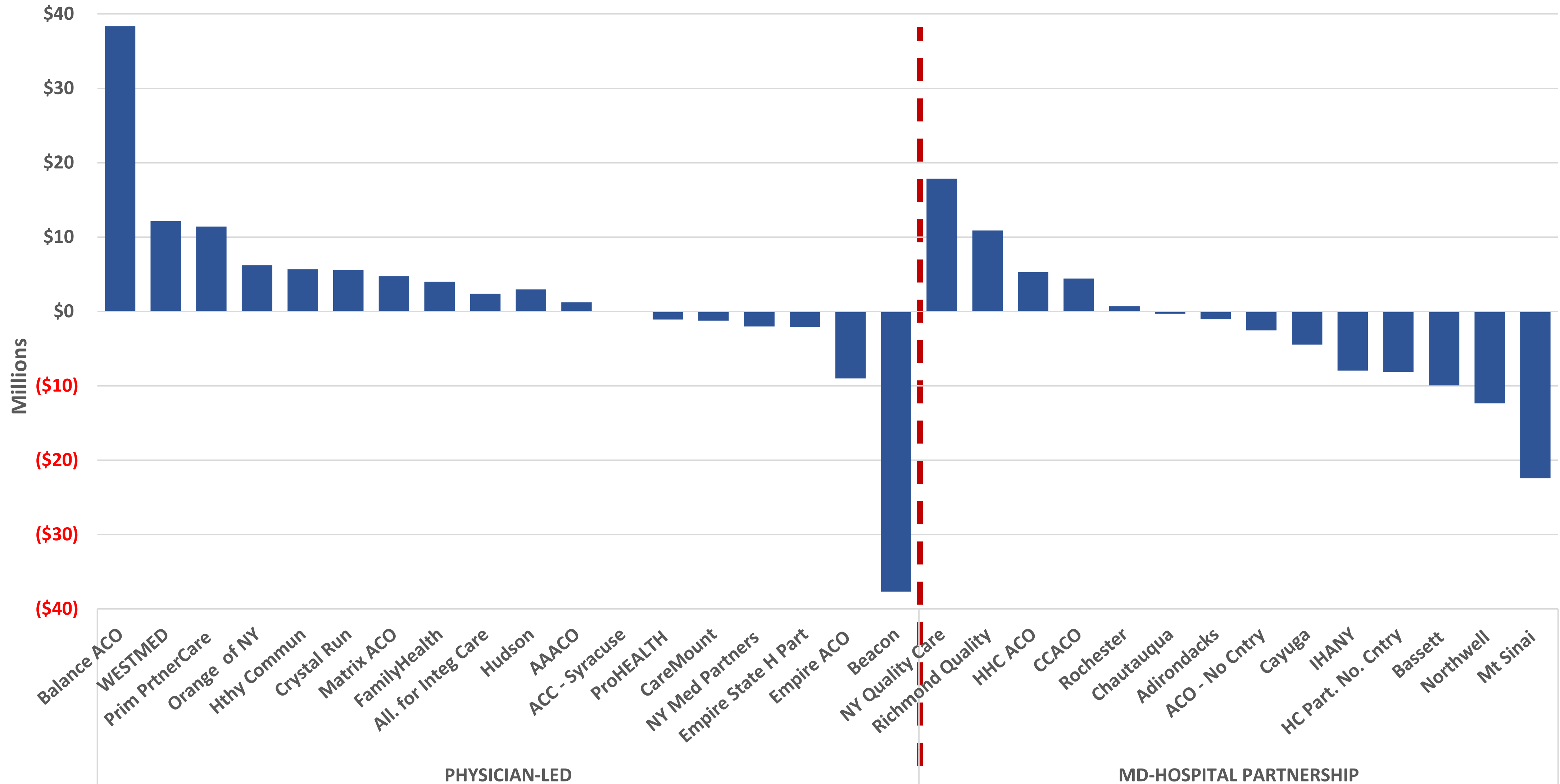
Gross Savings vs. Benchmark By Region in NYS



Does Ownership Matter?

Gross Savings vs. Benchmark, 2017 MSSP ACOs in NYS

Physician-Led ACOs vs. Hospital-Physician Partnerships



MSSP ACOs' Benchmarks Vary. A Lot.

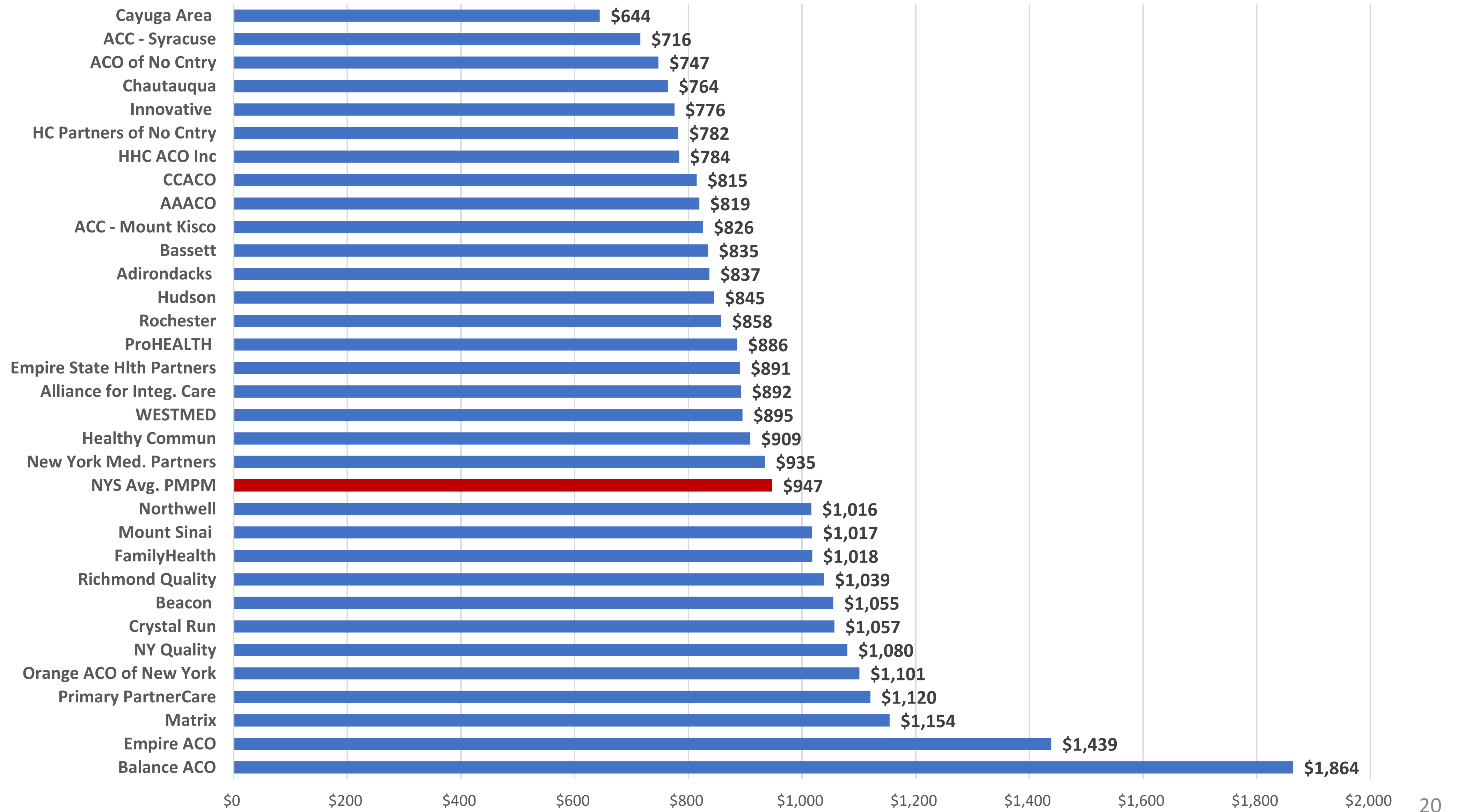
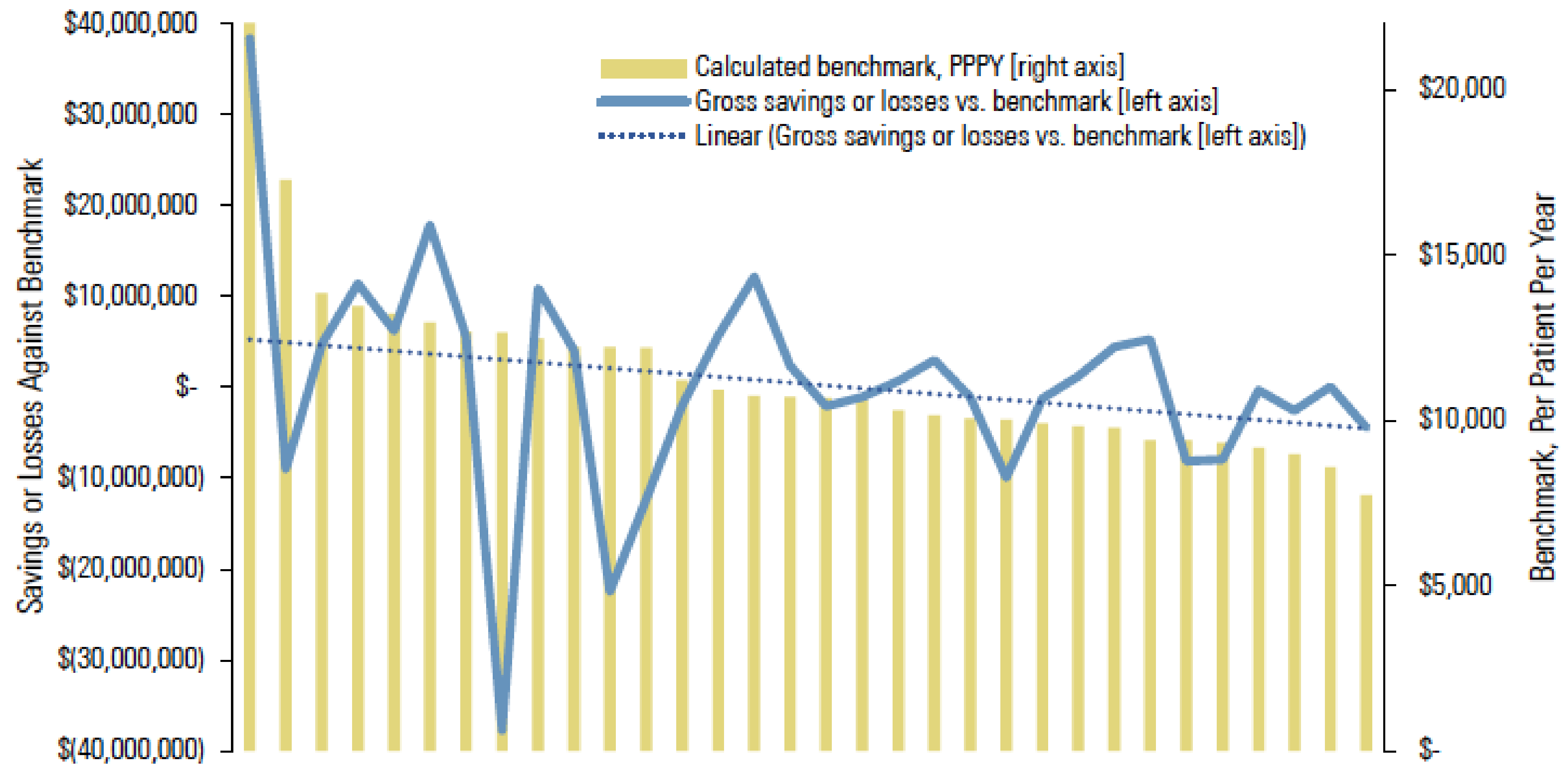


Figure 11. ACO Savings/Losses Against Starting Benchmarks



Anecdotally, Some Other Stuff Appears to Matter

- ***Pre-existing infrastructure***
  - ***Care management***
  - ***Data analytics***
  - ***Quality improvement***

- ***Leadership***

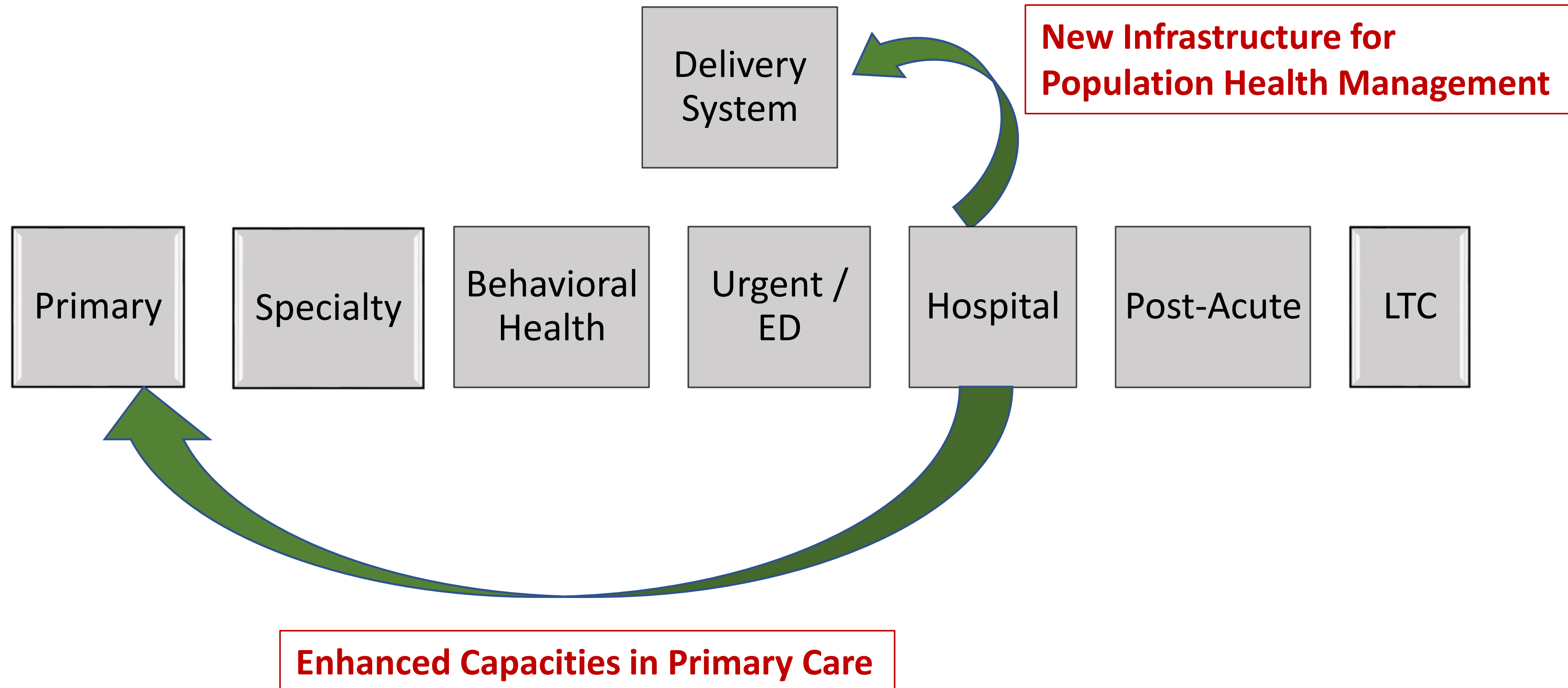
- ***Tribal alignment – "us-ness"***

So what have we learned?

Shared Savings?

Accountable Care is a Zero-Sum Game

Near-Term: Funded by Reductions in Hospital Income



Physician-only ACOs have a clearer incentive to reduce hospital costs (income)

The challenge: Take enough to satisfy your own protein need, but keep the cow alive and healthy.

The Next Target: Specialty Care Over-Use

Choosing Wisely®
An initiative of the ABIM Foundation

American College of Cardiology

AMERICAN COLLEGE *of* CARDIOLOGY

Five Things Physicians and Patients Should Question

1 Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

Asymptomatic, low-risk patients account for up to 45 percent of unnecessary "screening." Testing should be performed only when the following findings are present: diabetes in patients older than 40-years-old; peripheral arterial disease; or greater than 2 percent yearly risk for coronary heart disease events.

2 Don't perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.

Performing stress cardiac imaging or advanced non-invasive imaging in patients without symptoms on a serial or scheduled pattern (e.g., every one to two years or at a heart procedure anniversary) rarely results in any meaningful change in patient management. This practice may, in fact, lead to unnecessary invasive procedures and excess radiation exposure without any proven impact on patients' outcomes. An exception to this rule would be for patients more than five years after a bypass operation.

3 Don't perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.

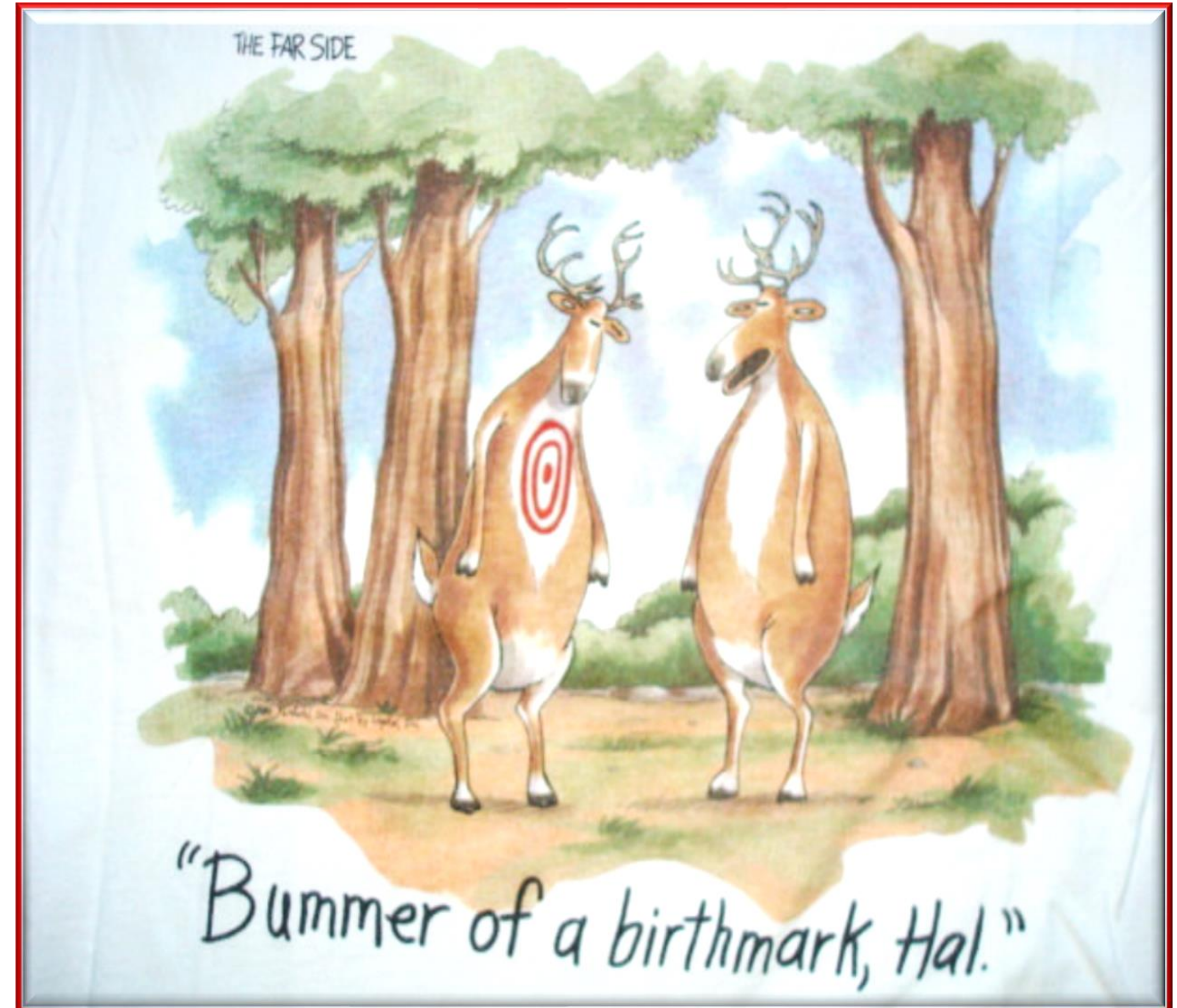
Non-invasive testing is not useful for patients undergoing low-risk non-cardiac surgery (e.g., cataract removal). These types of tests do not change the patient's clinical management or outcomes and will result in increased costs.

4 Don't perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.

Patients with native valve disease usually have years without symptoms before the onset of deterioration. An echocardiogram is not recommended yearly unless there is a change in clinical status.

5 Don't perform stenting of non-culprit lesions during percutaneous coronary intervention (PCI) for uncomplicated hemodynamically stable ST-segment elevation myocardial infarction (STEMI).

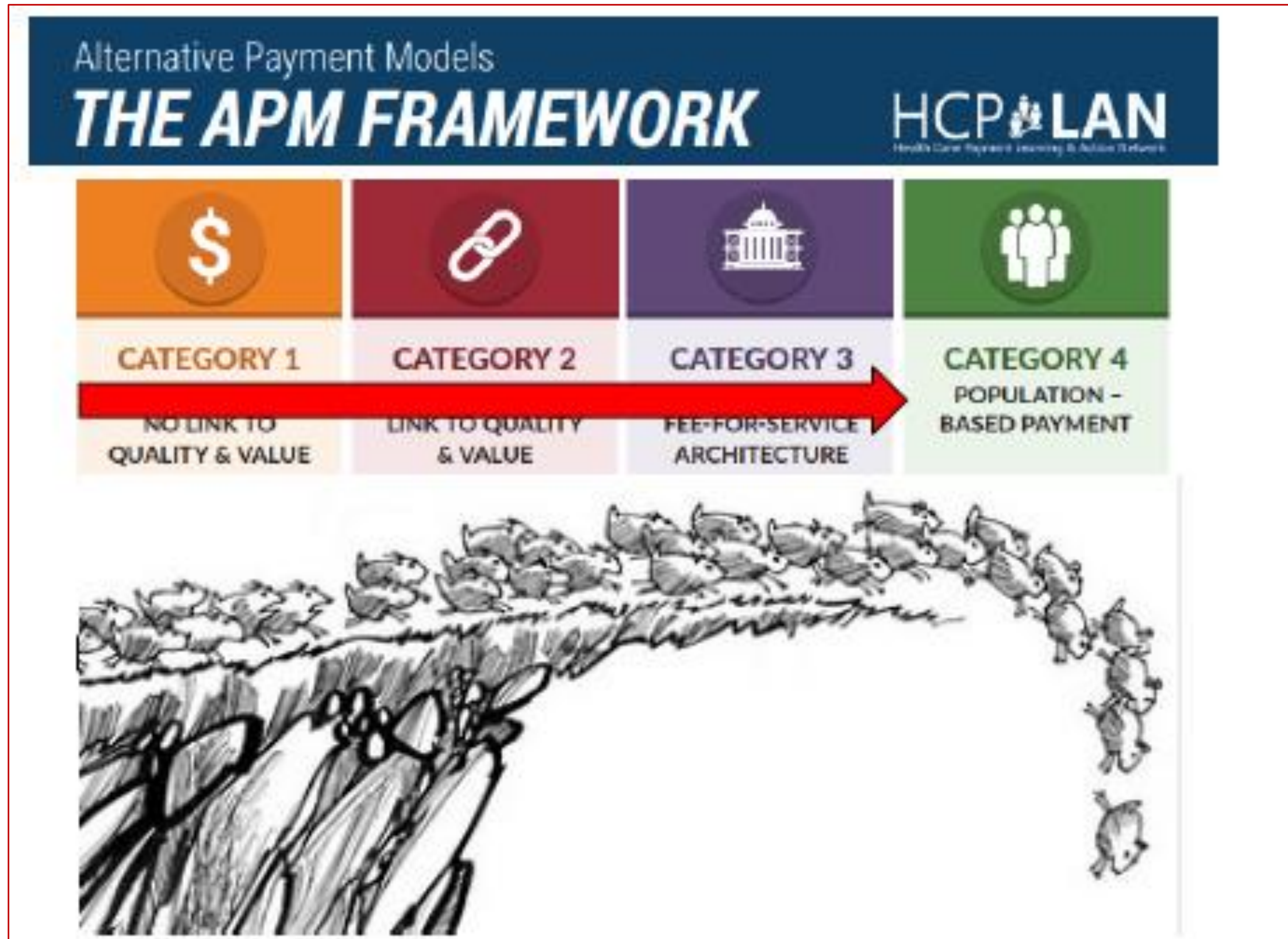
Stent placement in a noninfarct artery during primary PCI for STEMI in a hemodynamically stable patient may lead to increased mortality and complications. While potentially beneficial in patients with hemodynamic compromise, intervention beyond the culprit lesion during primary PCI has not demonstrated benefit in clinical trials to date.



And Now, We're Moving ACOs to Shared Risk

- *Fundamentally, it's the same as shared savings*
  - *But now, ACOs will have "skin in the game"*
- *The Theory - Behavioral economics:*
  - *What you can gain is less important than what you might lose*
- *ACOs can buffer exposure*
  - *New investment opportunity for insurors: insuring against losses, under risk*

Payers, Providers and Policy-makers March Forward with VBP



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What have we learned?

- ***Accountable Care really is different, a new trick***
  - ***Seems like it takes a while to master it***
- ***It's bolted-onto a FFS payment system***
  - ***Which adds complexity, gives mixed signals to providers***
  - ***Medicare Advantage would seem to be a better fit***
- ***Couple of things seem to matter***
  - ***Leadership***
  - ***Aligned incentives and ownership***
  - ***Experience w managing population health***
  - ***Infrastructure***
- ***Mechanics <u>really</u> matter – pay attention to how contracts deal with***
  - ***Attribution***
  - ***Benchmarking***
  - ***Risk-adjustment***