

Accountable Care  
Organizational Resources:  
NAACOS, ACLC, and APG

June 18, 2019  
ACO Mini Summit 13

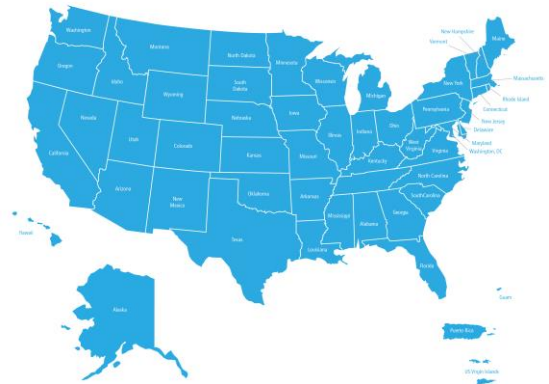
## WHO WE ARE

# AMERICA'S PHYSICIAN GROUPS

**Taking Responsibility  
for America's Health**

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- 300+ physician organizations
- National
- Capitation is the destination
- “Taking Responsibility for America's Health”



# America's Physician Groups (APG)

- [Resources](#)

- Advocacy

- Representation on Capitol Hill
    - Healthcare on the Hill Weekly Update
    - Federal comment letters

- Education

- Standards of Excellence
    - [RETF](#) (Risk Evolution Task Force)
    - Regional Meetings

## Mission Statement

The mission of America's Physician Groups is to assist accountable physician groups to improve the quality and value of healthcare provided to patients. America's Physician Groups represents and supports physician groups that assume responsibility for clinically integrated, comprehensive, and coordinated healthcare on behalf of our patients. ***Simply, we are taking responsibility for America's health.***

## Strategic Vision

America's Physician Groups and its member groups will continue to drive the evolution and transformation of healthcare delivery throughout the nation.

# PSW's Evolution

## PSW VALUE

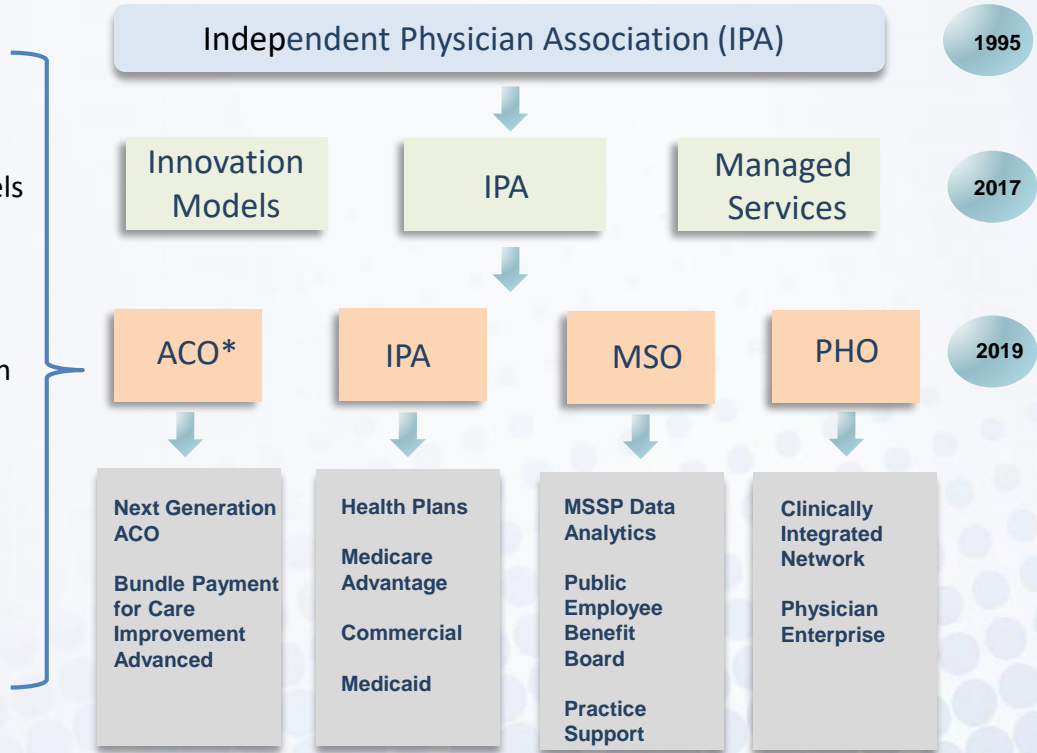
Core Competencies  
Intellectual Worth  
Diversified Business Models  
Risk / Population Health

## DECISION DRIVERS

Alignment with Partners  
Commitment to Innovation  
Flexibility  
Legal structures

## STRATEGIES

Expand  
Evolve  
Diversify  
Partner



- NW Momentum Health Partner ACO, LLC  
–minority partner with Capital Medical Center

# Mission Statements



*Support the physician-patient relationship in the independent practice of medicine through fair contracting, responsible resource utilization and prudently adopted innovations in health care delivery.*

*PSW is committed to quality improvement, clinical integration and meaningful measures of value.*



*NW Momentum Health Partners ACO, LLC is a community of health care providers committed to transforming clinical practice with the goal of improving quality, reducing expenditures and enhancing both the patient and provider experience.*

# Strategic Priorities



**Extend reach to independent physicians  
& that support successful navigation in a  
changing landscape**



**Accelerate movement from Fee-to-  
Service to Value-Based models with  
Population Healthcare Platform**



**Serve as innovation leaders with CMS /  
CMMI Advanced Alternative Payment  
models**



**Engage in national and state healthcare  
advocacy to shape public policy**



**RISK EVOLUTION**  
**TASK FORCE** AMERICA'S  
PHYSICIAN  
GROUPS 

We know that asking clinicians to take on this risk and shoulder the burden of America's health is not easy.

The Risk Evolution Task Force was formed to ensure APG members and the wider physician communities have access to the education, support, and resources necessary to both be successful in current risk models and prepare for the next iteration of risk models to come.

# Leadership



Melanie Matthews



Niyum Gandhi



Aneesh Chopra



Valinda Rutledge



Amy Nguyen Howell,  
M.D



# Risk Evolution Task Force

Value & Objective: To provide APG members the resources to move from traditional 'fee for service' models; to CMMI/CMS Federal risk models.



## *Achieved by:*

- Engagement and guidance on risk-based CMMI models:
  - Supporting models to meet MACRA requirements
  - Engagement with CMS/CMMI on development of sustainable models
  - Guidance on MSSP and other programs to support APG member decision-making
- Benchmarking and best practice sharing
  - Benchmarking on critical utilization/quality factors of performance in advanced risk models
  - Best practice sharing across membership

# Collaboration with CMS/CMMI Leadership

**Models** – Program Design Input

**Opportunities** – Redesign Input and Influence

**Key Focus** – Benchmark Stability & Predictability

*Policy*



**Current focus - Direct Provider Contracting and Primary Care First**

# Support for Members – Program Selection

**Purpose:** To support members in identifying and selecting the most appropriate CMS/CMMI risk-based models for their situations and contexts

MSSP Pathways to  
Success (various  
tracks)

Comprehensive  
Primary Care+

Direct Provider  
Contracting

BPCI-A and other  
bundle programs

Limited  
demonstrations and  
pilots



# Data Metrics & Benchmarking

**Purpose:** To provide benchmarking to APG members across a core set of quality & utilization measures that align with risk model success



## Current Established Measures:

- PMPY by category (IP, OP, Part B, SNF, HH)
- IP admits per 1k and % of IP admits that come in through the ED
- % of avoidable ED visits
- SNF stays per 1k and average length of stay
- Part B spend across subcategories

**Initial benchmark cohort includes 20 Medicare ACOs**

# Sample Metrics (National ACO Avg)

Measure Label	2017 Metric
Home Health PMPY	\$606.11
Hospice PMPY	\$222.42
SNF PMPY	\$805.71
Inpatient PMPY	\$4,047.91
Outpatient PMPY	\$2,193.13
Part B PMPY	\$3,263.01
Part B Ambulance PMPY	\$141.43
Part B DME PMPY	\$4.77
Part B Drug PMPY	\$426.92
Part B E&M PMPY	\$1,157.35
Part B Imaging PMPY	\$272.15
Part B Other PMPY	\$93.18
Part B Procedures PMPY	\$902.28
Part B Tests PMPY	\$334.85
IP Admits per 1K	242.09
SNF Admits per 1K	106.58
% of Admissions Sourced from ED	64.62%
% of Avoidable ED Visits	31.88%

*\*\*National Benchmarks calculated by looking at average value for each metric across all ACOs (coded using MSSP Track 1 Attribution)*

# Key Findings



Leading Practices: We surfaced ACOs that had successfully improved in each performance category against themselves, and within their market;



Diversity in Leaders: Different ACOs led in each performance category;



“Deep-Dive” in 5 Areas: IP, Post-Acute, Part B Drugs/E&M/Procedures; Avoidable ED



Next Steps: RETF to arrange interviews, presentations on leading practices by top performing ACOs

# Lowering Facility Spend, Utilization

ACO Name	Metric	CY 2017 Performance	CY 2016 Performance	CBSA Benchmark	CBSA Change	YoY Change
Steelers ACO	IP PMPY	\$3,205	\$3,422	\$4,325	74.1%	93.7%
	IP Admits per 1k	207.3	208.6	299.0	69.3%	99.3%

ACO Name	Metric	CY 2017 Performance	CY 2016 Performance	CBSA Benchmark	CBSA Change	YoY Change
Cowboys ACO	SNF PMPY	\$765	\$861	\$756	101.3%	88.9%
	HHA PMPY	\$390	\$408	\$434	89.8%	95.7%
	SNF Admits per 1k	103.5	128.0	130.5	79.3%	80.9%

# Next Steps

- Best practices – reports from high performer on various measures
- In Person Meeting in October
- In conjunction with APG Deep Dives on new models, RETF follow up on key points of leverage for success
- Addressing model overlap
- Assistance with assessing and applying for the New Models
- Input with CMMI program leads regarding ideas

