The ACO Model/Capabilities Framework and Collaborative

Wes Champion
Senior Vice President
Premier Healthcare Alliance
Roadmaps to Serve as a Bridge from FFS to ACO

Current FFS System

What are the underpinning building blocks?

Accountable Care Organization

ACO Core Components

- People Centered Foundation
- Health Home
- High Value Network
- Population Health Data Management
- ACO Leadership
- Payer Partnerships

Foundational Philosophy: Triple Aim™

Measurement
The ACO Model

A group of providers willing and capable of accepting accountability for the total cost and quality of care for a defined population.

Core Components:
- People Centered Foundation
- Health Home
- High-Value Network
- Population Health Data Mgmt
- ACO Leadership
- Payor Partnerships

Payer Partners
- Insurers
- Employers
- States
- CMS
The Capabilities Framework

ACO Model
- People Centered Foundation
- High Value Networks
- Population Health Data Management
- Specialists
- Post Acute Care
- Hospitals
- Public Health Agencies
- Hospice
- Ancillary Providers
- Long Term Care
- Payor Partnership
- ACO Leadership
- Health Home

Capabilities Framework
- Capability 1
  - Operating Activity 1
  - Operating Activity 2
  - Operating Activity X
- Capability 2
  - Operating Activity 1
  - Operating Activity 2
  - Operating Activity X
- Capability X
  - Operating Activity 1
  - Operating Activity 2
  - Operating Activity X

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## Capabilities Framework: Sample Subset

<table>
<thead>
<tr>
<th>ACO Component</th>
<th>Capability</th>
<th>Operating Activity (Note: System in most instances refers to a functional operating activity that may include operating processes, staff and in some instances an IT component that enables operations)</th>
<th>Tools / Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Home</td>
<td>A. Deliver Patient Centered Primary Care</td>
<td>Preventive Care Improvement System</td>
<td>Best Practices for preventive health optimization and evidence based guidelines</td>
</tr>
<tr>
<td>Health Home</td>
<td>PCP Practice Profiling and Selection System</td>
<td></td>
<td>Medical Home Program/Operations Manual</td>
</tr>
<tr>
<td>Health Home</td>
<td>Patient Outreach System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Home</td>
<td>Open Access Scheduling System</td>
<td></td>
<td>Models - Best Practices</td>
</tr>
<tr>
<td>Health Home</td>
<td>Team Based Care System</td>
<td></td>
<td>Program/Operations Manual</td>
</tr>
<tr>
<td>Health Home</td>
<td>Evidence Based Care System</td>
<td></td>
<td>Best Practices, care pathways for common office based services</td>
</tr>
<tr>
<td>Health Home</td>
<td>Expanded PCP Capabilities</td>
<td></td>
<td>Best Practices, care pathways for urgent office based services</td>
</tr>
<tr>
<td>Health Home</td>
<td>Health Home Integrated Mental Health System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Home</td>
<td>Electronic Patient Response Systems</td>
<td></td>
<td>Best Practices, metrics and standard reports</td>
</tr>
</tbody>
</table>
Capabilities Framework: Status and Weight Methodology

Score = Status \times Weight

Component

Capability 1
- Operating Activity 1
- Operating Activity 2
- Operating Activity X

Capability 2
- Operating Activity 1
- Operating Activity 2
- Operating Activity X

Capability X
- Operating Activity 1
- Operating Activity 2
- Operating Activity X

Per Activity

Per Capability

Totaled Per Capability

Totaled Per Component
### Capabilities Framework: Demonstration of Scoring System

#### Status of Capability

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Applicable to 0% of services for the intended ACO population</td>
</tr>
<tr>
<td>1</td>
<td>Applicable to 1-5% of services for the intended ACO population</td>
</tr>
<tr>
<td>2</td>
<td>Applicable to 6-20% of services for the intended ACO population</td>
</tr>
<tr>
<td>3</td>
<td>Applicable to 21-50% of services for the intended ACO population or a successful demonstration/pilot on less than 21% that is easily scalable across the health system</td>
</tr>
<tr>
<td>4</td>
<td>Applicable to &gt;50% of services for the intended ACO population or Standard Operating Procedure (SOP) for entire health system</td>
</tr>
</tbody>
</table>

#### Table

<table>
<thead>
<tr>
<th>ACO Component</th>
<th>Capability</th>
<th>Operating Activity</th>
<th>Status</th>
<th>Weight</th>
<th>Total Score Per &quot;Operational Activity&quot;</th>
<th>Total Score Per Capability</th>
<th>Percent of Implementation per Capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Home</td>
<td>Patient Registries</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
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<tr>
<td>Health Home</td>
<td>Reminder System</td>
<td>2.0</td>
<td>1.0</td>
<td>2.0</td>
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<tr>
<td>Health Home</td>
<td>Evidence Based Best Practices System</td>
<td>3.0</td>
<td>1.0</td>
<td>3.0</td>
<td>10.6</td>
<td>58%</td>
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<tr>
<td>Health Home</td>
<td>Dynamic Reporting Systems</td>
<td>4.0</td>
<td>1.0</td>
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<tr>
<td>Health Home</td>
<td>Disease Management System</td>
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<td>0.6</td>
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Capabilities Framework: Status per Component
Example for Health Home

Health Home

A. Deliver People Centered Primary Care
100%

B. Optimize Chronic, Acute and Preventative Care

C. Manage Population Segments to Optimize Health Status

D. Coordinate Care Across Continuum

E. Health Home Value Care Systems

F. Drive Continuous Improvement in Practice Population Outcomes
Capabilities Framework: Overall Score

Example

ACO Score per Component

- People Centered Foundation
- Payer Partnerships
- ACO Leadership
- Population Health Data Management
- Health Home
- High Value Networks

100% 80% 60% 40% 20% 0%
ACO Roadmap: What to Focus on When

Timeline outlining recommended implementation activities: How, When, Who should be focused on ACO Implementation within your organization.

Recommended Activities typically include Process Redesign, as well as deployment of new processes, systems, and tools.

Timeline can be tailored to specifically focus on implementing elements strictly required to contract with Medicare, or with commercial payor[s].

<table>
<thead>
<tr>
<th>ACO Component</th>
<th>Operating Activity</th>
<th>Jul-10</th>
<th>Aug-10</th>
<th>Sep-10</th>
<th>Oct-10</th>
<th>Nov-10</th>
<th>Dec-10</th>
<th>Jan-11</th>
<th>Feb-11</th>
<th>Mar-11</th>
<th>Apr-11</th>
<th>May-11</th>
<th>Jun-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Centered Foundation</td>
<td>A. Involve People in Decisions that Affect their Health Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Sample</td>
</tr>
<tr>
<td>People Centered Foundation</td>
<td>B. Provide People with Easy Access to Health Care</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td>Sample</td>
</tr>
<tr>
<td>People Centered Foundation</td>
<td>C. Activate Individuals to Take Responsibility for their Own Health</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td>Sample</td>
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</tbody>
</table>

(Note: System in most instances refers to a functional operating activity that may include operating processes, staff and in some instances an IT component that enables.

Sample
<table>
<thead>
<tr>
<th>Step</th>
<th>Starter Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C-Suite and Board endorsement of ACO strategy</td>
</tr>
<tr>
<td>2</td>
<td>Identify Administrative and Medical Champions</td>
</tr>
<tr>
<td>3</td>
<td>Define intended targeted ACO population(s) for an ACO Model</td>
</tr>
<tr>
<td>4</td>
<td>Assess the ACO populations’ health needs, risks and medical costs</td>
</tr>
<tr>
<td>5</td>
<td>Define ACO provider network to support populations(s)</td>
</tr>
<tr>
<td>6</td>
<td>Identify an internal implementation executive team</td>
</tr>
<tr>
<td>7</td>
<td>Define and implement an ACO legal structure</td>
</tr>
<tr>
<td>8</td>
<td>Conduct a Pro Forma to evaluate the ACO financial impact</td>
</tr>
<tr>
<td>9</td>
<td>Define and communicate a burning platform for transformation</td>
</tr>
<tr>
<td>10</td>
<td>CEO to CEO discussions with targeted payor(s)</td>
</tr>
<tr>
<td>11</td>
<td>Forge clinical integration across the continuum of care</td>
</tr>
<tr>
<td>12</td>
<td>Define and implement an action plan for ACO Roadmap</td>
</tr>
</tbody>
</table>
Premier’s Two ACO Collaborative Tracks

ACO Implementation Collaborative

• Early ACO implementation
• Pursue CMS/national payer contracts
• Build out core ACO capabilities
• Tool kits, best practices
• Benchmark against peers
• Accelerate learning and population management capabilities
• Prominent national leadership

ACO Readiness Collaborative

• Explore accountability initiatives
• Maximum learning and shared lessons
• Stay abreast of ACO development
• Opportunity to access collaborative for limited tool kits
• Gap analysis to pinpoint focus areas
• Learn about population management
• Preparation for local leadership as ACO moves forward
Premier’s ACO Collaborative Structure

Oversight Steering Committee

External Advisory Panel

Premier Collaborative Management Team

ACO Readiness Collaborative

ACO Implementation Collaborative

People Centered Foundation
Health Homes
High Value Networks
Population Health Data Management
ACO Leadership
Payer Partnerships
Legal Support
Public Policy & Communication

Measures of Success
Culture Change
Implementation Collaborative Baseline*

* As of 10/21/10, Includes data from 20 of the 24 members
Key Statistics*

Expected Population & Number of Lives

Populations:
- Self-insured
- Medicare Advantage
- Commercial
- Medicare/Medicaid

Number of Lives: 1,396,600

Payer Partnerships

- Medicare / Medicaid
- Trump Enterprises
- Health New England
- Community Care Managed Health Plans of Oklahoma
- Blue Cross / Blue Shield Health Plans
- New West
- United
- Coventry
- SummaCare
- Aetna
- Harvard Pilgrim

* Includes data from 15 of the 24 members
## The Proposed Phase I Measures

**Premier ACO Collaborative - Phase 1 Measure Set - FINAL DRAFT 10/19/2010**

<table>
<thead>
<tr>
<th>AIM</th>
<th>Sub Aim</th>
<th>Final Metric #</th>
<th>Metric Description</th>
<th>Definition Source</th>
<th>Data Source</th>
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</thead>
<tbody>
<tr>
<td>Triple Aim: Health of Population</td>
<td></td>
<td>f1</td>
<td>HEDIS: Colorectal Screening, adults 50 - 75</td>
<td>NCOA</td>
<td>Claims and Ambulatory (optional)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f2</td>
<td>HEDIS: Breast Cancer Screening, females 40 - 69</td>
<td>NCOA</td>
<td>Claims</td>
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<tr>
<td></td>
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<td>f3</td>
<td>HEDIS: Flu Shot for Older Adults, adults 65+</td>
<td>NCOA</td>
<td>CAHPS Survey (Medicare)</td>
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<td></td>
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<td>f4</td>
<td>HEDIS: Pneumonia Vaccination Status for Older Adults, adults 65+</td>
<td>NCOA</td>
<td>CAHPS Survey (Medicare)</td>
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<td>HEDIS: Comprehensive Diabetes Care — HbA1c control (&lt;8%), 18-75</td>
<td>NCOA</td>
<td>Claims and Ambulatory (optional)</td>
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<td></td>
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<td>f6</td>
<td>QUEST: Prevention of Harm (composite)</td>
<td>Premier</td>
<td>Discharge Abstract</td>
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<tr>
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<td>QUEST: Risk Adjusted mortality / 1000</td>
<td>Premier</td>
<td>Discharge Abstract</td>
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<tr>
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<td>f8</td>
<td>QUEST: Composite Score of Evidence Based Care for Hospitalized Cases</td>
<td>Premier</td>
<td>Premier</td>
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<td></td>
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<td>f9</td>
<td>HEDIS: Global Rating of All Health Care</td>
<td>NCOA</td>
<td>CAHPS Survey</td>
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<td></td>
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<td>f10</td>
<td>HEDIS: Global Rating of Personal Doctor</td>
<td>NCOA</td>
<td>CAHPS Survey</td>
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<tr>
<td></td>
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<td>f11</td>
<td>HEDIS: Global Rating of Specialist Seen Most Often</td>
<td>NCOA</td>
<td>CAHPS Survey</td>
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<td></td>
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<td>f12</td>
<td>HEDIS: Composites Score of Getting Needed Care</td>
<td>NCOA</td>
<td>CAHPS Survey</td>
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<tr>
<td></td>
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<td>f13</td>
<td>HEDIS: Composite Score of Shared Decision Making</td>
<td>NCOA</td>
<td>CAHPS Survey</td>
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<td></td>
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<td>f14</td>
<td>Total Cost PMPM (e.g. medical and Rx)</td>
<td>TBD</td>
<td>Claims</td>
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<td>Total Cost PMPM Trend</td>
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<td>Claims</td>
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<td>Admits per 1000 members / year (possibly w/case-mix)</td>
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<td>Claims and Discharge Abstract</td>
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<td>30 day readmit (all cause) rate</td>
<td>TBD</td>
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<td>f18</td>
<td>ED Visits/1000</td>
<td>TBD</td>
<td>Claims</td>
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<td>f19</td>
<td>Hospital Admissions for Ambulatory Sensitive Conditions (likely with case-mix)</td>
<td>AHRQ</td>
<td>Claims and Discharge Abstract</td>
</tr>
</tbody>
</table>

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