# Population Health in the Hospital and Health System ACO

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Mercy Medical Center, Des Moines, IA

CEO – Mercy ACO

Mercy ACO
Accountable Care Organization–Des Moines

# Outline

- Mercy Medical Center and Mercy ACO Background
- Data  & IT systems
- Care management model – Health Coaches
- Statewide Organizational Structure
- Go to  market strategy
- Results
- Future plans

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# Mercy – Des Moines

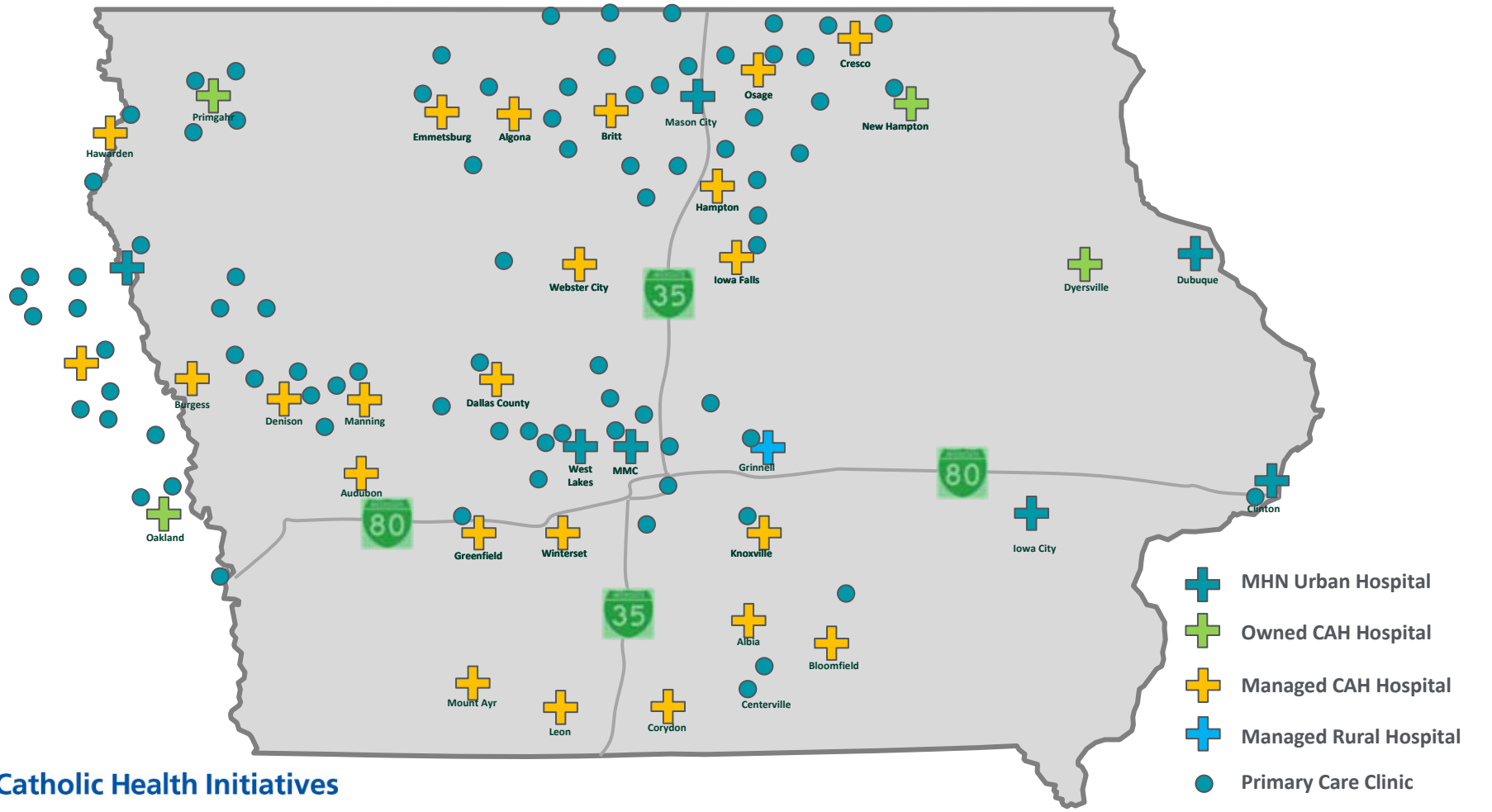
- Owned by Catholic Health Initiatives
- 627 beds
- Medical Staff - 1,045
- Total Acute Admissions - 31,592
- Payroll/ Net Revenues - $492M/ $901M

## Mercy Clinics

- Employed physicians & Mid-levels - 600
- Visits to All Mercy Clinics - 1.4 M
- Received the 2008 Acclaim Award
  - Presented by the AMGA to one health system yearly that: "exemplifies the best quality healthcare in the U.S."

# Mercy ACO Participant Sites

- 1,800+ Providers (Physicians & Mid-levels)
- 120,000+ Lives in Value Based Agreements
  - Anticipated to grow to greater than 200,000+ by Jan 2015
  - Greater than 100,000 MSSP lives by Jan 2015

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# Mercy ACO Contribution (June '12 – Aug. '14)

*Compared to $7.2 million in expenses*

## Total Contribution: $21.71 million

### $11.06 million Operating Revenue

- $9.83m Value Based Contracts
  - $4.95m Comm.
  - $4.88m Govt.
- $1.02m Care Mgmt. Agreements
- $212k Health Coach Training

### $10.65 million Grant Awards

- $100k Shared Decision Making Grant
- $450k H.R.S.A Grant
- $10.1m CMS Innovation Grant

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# Disease Registry

*for Quality Reporting*

- Provider reporting: Hierarchical and drill down to the detail
- Interactive filters allow configuration:
  - By provider, group, organization, payer, registry, measure, compliance status

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## Hypertension Registry

| Organization | Care Guideline | No. of Eligible Patients | Number and Percentage of Patients Meeting | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Process | Process % | Process Network % | Overall* | Overall* % | Overall* Network % |
| Total Network | BP < 140/90 | 78,619 | 55,350 | 70.4% | 70.4% | 40,907 | 52.0% | 52.0% |
| | | | | | | | | |
| Des Moines Chapter | BP < 140/90 | 47,277 | 36,175 | 76.5% | 70.4% | 27,013 | 57.1% | 52.0% |
| Des Moines FP | BP < 140/90 | 38,884 | 30,856 | 79.4% | 70.4% | 22,846 | 58.8% | 52.0% |
| Campus Clinic | BP < 140/90 | 2,325 | 2,003 | 86.2% | 70.4% | 1,476 | 63.5% | 52.0% |
| | | | | | | | | |
| Mason City Chapter | BP < 140/90 | 23,661 | 13,417 | 56.7% | 70.4% | 9,483 | 40.1% | 52.0% |
| | | | | | | | | |
| Sioux City Chapter | BP < 140/90 | 8,209 | 5,921 | 72.1% | 70.4% | 4,515 | 55.0% | 52.0% |

# Mercy Care Delivery Vision

## Emphasis on Primary Care

- Manage patients as populations and individuals
  - Planned patient visits
  - Measure population based outcomes like % with BP controlled
- IT systems
  - AEHR, Disease registries, Care management software
- Engage patients with Health Coaches
  - Identify those most likely to benefit
- Whole person care
  - Rather than care focused on a disease or organ
- Coordinate care
  - Communication and sharing information, Plan transitions
- Continuous Quality Improvement
  - Measurement and reduction in variation
- Develop models to be reimbursed for value, not just volume
  - P4P, Shared savings, Capitation
- Access to care



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# How This Reduces the Cost of Care

- Relatively low cost care delivery system changes can improve the health of patients
  - Health coaching
  - Coordination of care
  - Reduction in variation
- Improving the health of patients will reduce
  - Hospitalizations
  - ED use
  - Drug costs
- Denying needed care would NOT be effective

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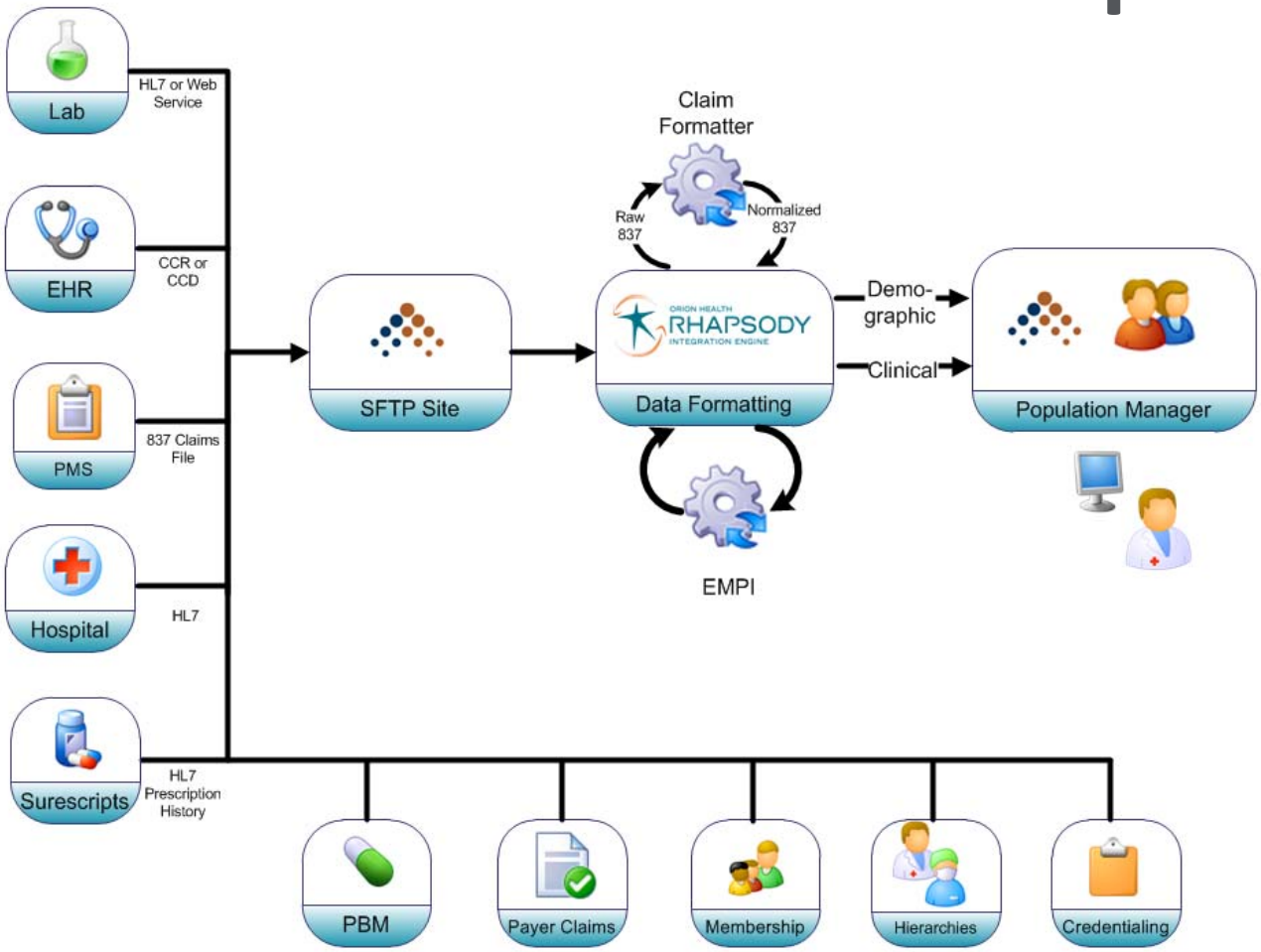
# *McKesson Data Warehouse*: **Robust Data Acquisition**




**Reports:**

1. % BP Control
2. Due for visit
3. High ED visits
4. Variation in cost
5. Pharmacy use
6. Predict high risk
7. Episode groups
8. Outflow

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# Data Issues

## MedVentive Population Manager and Risk Manager

- Data doesn't flow accurately from AEHR and our claims
  - Only Two fully functioning measures - HgA1c and BP
- Claims data from CMS works very well

## Allscripts AEHR

- Implementation does not facilitate population management
  - Doesn't have discrete fields which are needed for data collection
  - No forcing functions
  - No Gap Reports for point of service use
  - Not able to produce the population reports we need

## Metric issue

- Metric denominators include any patient with the condition seen in the last 3 years
- 30% of attributed patients change each year
  - Process scores decline rapidly

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*for Quality Reporting*

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# Provider Performance Dashboard

## Provider Name

## Organization - Primary Office Location

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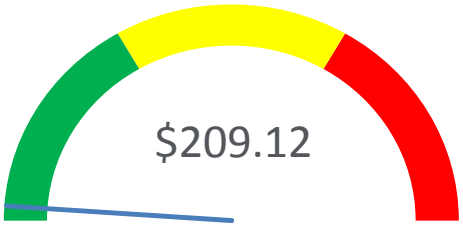
Central Iowa Chapter

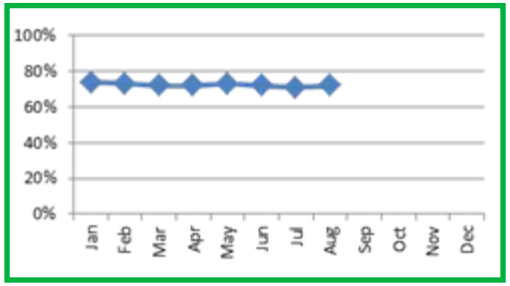
**Rank** 22 (1 – 400)

### Risk Adjusted PMPM




**Rank** 110 (1 – 140)

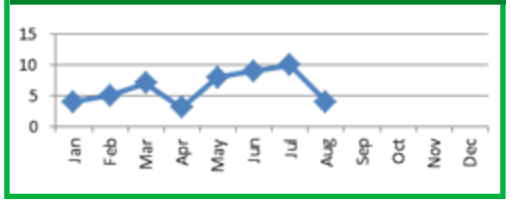
### Diabetes




**Rank** 27 (1 – 171)

### Clinic ED Visits

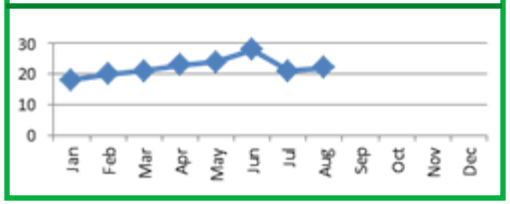
**5** Patients last Month




**Rank** 90 (1 – 400)

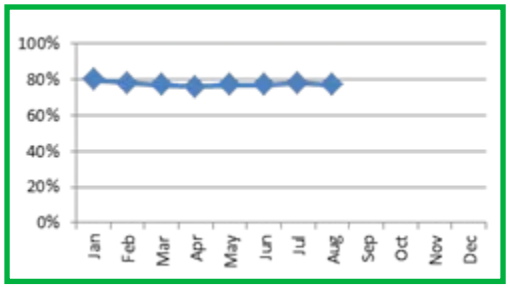
### Likelihood of Hospitalization

**22** Patients




**Rank** 89 (1 – 140)

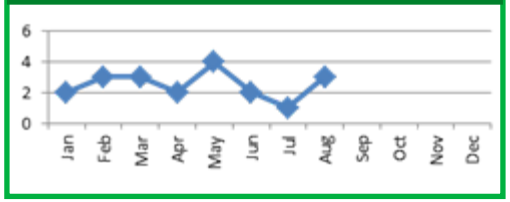
### Hypertension




**Rank** 89 (1 – 171)

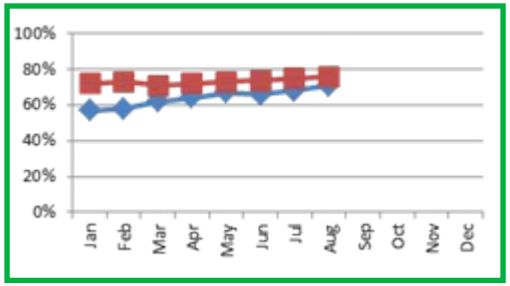
### Clinic Re-Admissions

**3** Patients last Month




**Rank** 5 (1 – 140)

### Wellchild Immunizations




Strat. %

| |
|---|
| 11.3 |
| 16.7 |
| 26.5 |
| 45.4 |

### High Risk Patients

| Very High | | High | |
|---|---|---|---|
| Count | % of $ | Count | % of $ |
| 15 | 40% | 22 | 22% |
| **Moderate** | | **Low & Very Low** | |
| Count | % of $ | Count | % of $ |
| 35 | 28% | 60 | 10% |

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# Care Gaps - at the Point of Service

Registry
Powered by MedVentive

## Visit Manager

_____/_____/_____

**Next Visit**

**Date:** _____/_____/_____

**Session:** _____

**Name:** Demoman, John **DOB:** 1/6/1941 **Age:** 69 **Gender:** Male **System ID:** 117

**PCP:** Abott, John **Health Plan:** Commercial-Anthem Blue Cross/Blue Shield **Health Plan ID:** 373839949048

**Allergies:** Amoxicillin 250 mg Cap, Shell Fish

**Add Allergies:**

**Active Prescriptions:** Lipitor 20 mg Tab 20mg Twice A Day 1/24/2007, Hydrochlorothiazide 25 mg Tab 25mg Twice A Day 1/11/2010, **See Overflow Page**

**Add Prescriptions:**

**Current Registries:** PQRI - Congestive Heart Failure, Diabetes, Pneumovax Vaccination, Coronary Artery Disease, Obesity, **See Overflow Page**

**Add Registries:**

| Care Guideline | Target Time Frame | Target Value | Last Test Date | Last Outcome | Time Status | Outcome Status | Due Date | Scheduled Date | Date Performed | New Value | CareGuideline Overridden | Override Target Time | Override Target Outcome | P4P | Work Queue On/Off | Excluded |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Systolic | 6 | <= 130 | 12/1/2010 | 120 | | | 6/1/2011 | | | | No | | | | On | No |
| BP Diastolic | 6 | <= 80 | 7/30/2010 | 100 | | | 1/30/2011 | | | | No | | | | On | No |
| Weight | 6 | > 0 | 7/30/2010 | 150 | | | 1/30/2011 | 7/30/2011 | | | No | | | | On | No |
| Eye Exam | 12 | N/A | 10/28/2010 | N/A | | N/A | 10/28/2011 | | | | No | | | | On | No |
| Foot Exam | 12 | N/A | 10/28/2010 | N/A | | N/A | 10/28/2011 | | | | No | | | | On | No |
| Smoking Addressed | 12 | N/A | 7/30/2010 | N/A | | N/A | 7/30/2011 | | | | No | | | | On | No |
| Cholesterol | 12 | < 200 | 11/12/2010 | 90 | | | 11/12/2011 | | | | No | | | | On | No |
| HDL | 12 | >=50 | 11/17/2010 | 30 | | | 11/17/2011 | | | | No | | | | On | No |
| LDL | 12 | <= 100 | 6/12/2009 | 98 | | | 6/12/2010 | 12/2/2010 | | | No | | | | On | No |
| Triglycerides | 12 | < 150 | 7/8/2010 | 149 | | | 7/8/2011 | | | | No | | | | On | No |
| Creatinine | 12 | < 1.5 | 7/28/2010 | 1.5 | | | 7/28/2011 | | | | No | | | | On | No |
| HbA1c | 12 | <= 6.5 | 11/9/2010 | 5.7 | | | 11/9/2011 | 2/19/2010 | | | No | | | | On | No |
| M Micoalbumin | 12 | = 0 | 6/12/2009 | 0 | | | 6/12/2010 | | | | No | | | | On | No |
| Pneumovax Vaccination | 100 | N/A | 1/15/2009 | N/A | | N/A | 1/15/2109 | | | | No | | | | On | No |

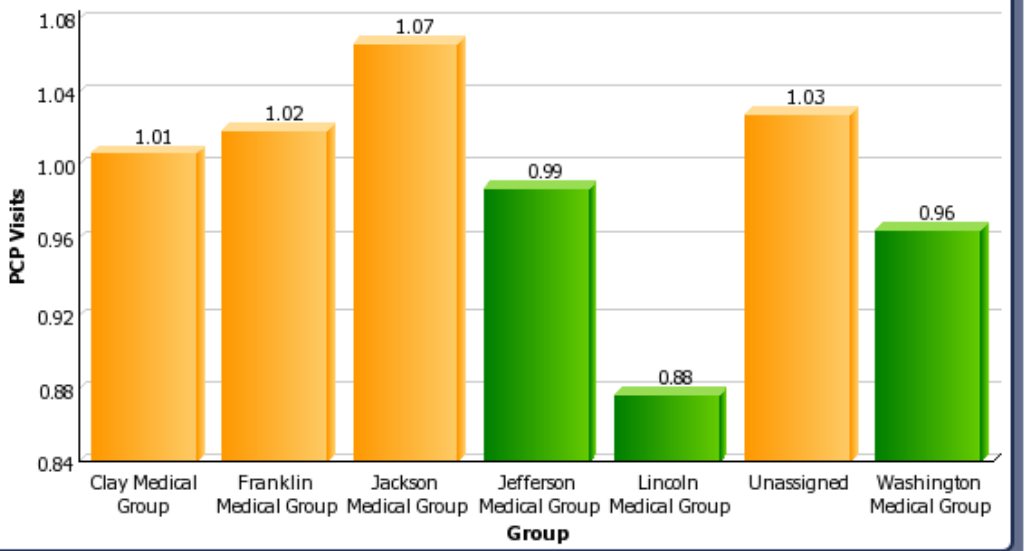
Note: These two charts are dynamically interactive.
Selections made in either chart determine display in other one.

**Products**

- (•) Commercial
- ( ) Medicare

01/01/09 - 12/31/09 Commercial

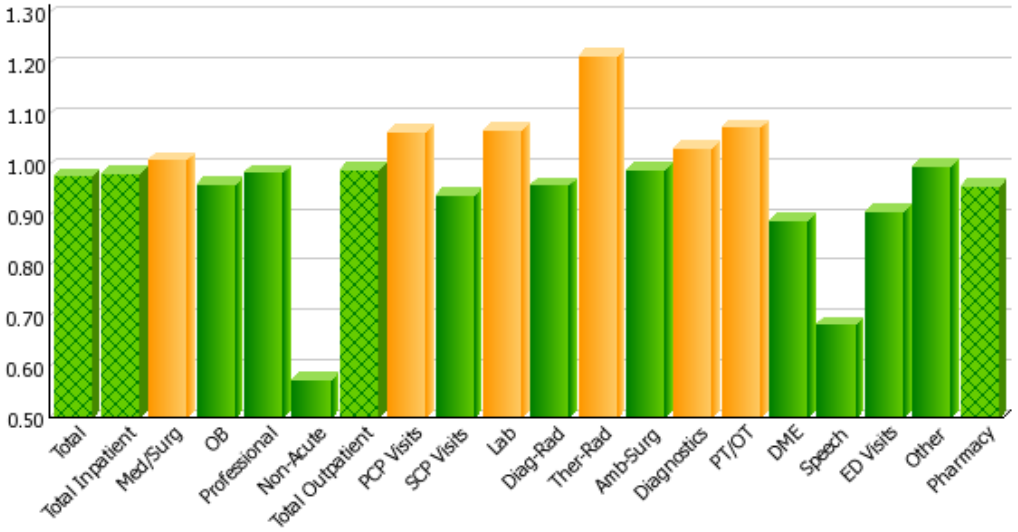
## PCP Visits Efficiency - Commercial




Drill Thru to PCP Profile

# MedVentive Group Efficiency Dashboard

## Efficiency Chart for Jackson Medical Group




### Jackson Medical Group

| | |
|---|---|
| Total Members | 6,583 |
| Member Months | 63,891 |
| Avg Age | 46.13 |
| Pct Over 50 | 39.94% |
| Pct Female | 49.32% |
| Norm Risk Score | 1.01 |

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# Patient Stratification and Segmentation:

## Everything Must Change – But Not for Every Patient

## *Focus on the Highest Cost Chronic Patients*

| Clinical Risk Group | Distinct Members | Plan Distribution | Cost to Plan PMPM |
|---|---|---|---|
| **10 - Healthy** | 7,217 | 31.38% | **$ 62.27** |
| 12 - Delivery w-out Other Significant Illness | 118 | 0.51% | $ 856.15 |
| 15 - Evidence of Significant Chronic or Acute Diagnosis without Other Significant Illness | 908 | 3.95% | $ 247.88 |
| 20 - History Of Significant Acute Disease | 981 | 4.27% | $ 157.82 |
| 25 - Evidence of Significant Chronic or Acute Diagnosis with History of Significant Acute Illness | 409 | 1.78% | $ 434.26 |
| **30 - Single Minor Chronic** | 2,477 | 10.77% | **$ 229.78** |
| 40 - Multiple Minor Chronic | 734 | 3.19% | $ 421.33 |
| 50 - Single Dominant or Moderate Chronic | 3,836 | 16.68% | $ 375.41 |
| **60 - Pairs - Multiple Dominant and/or Moderate Chronic** | 3,220 | 14.00% | **$ 955.49** |
| **70 - Triples - Multiple Dominant Chronic** | 257 | 1.12% | **$ 2,284.32** |
| 80 - Malignancies - Metastatic, Complicated or Dominant | 187 | 0.81% | $ 3,845.95 |
| 90 - Catastrophic | 58 | 0.25% | $ 6,233.36 |
| **Total Number - Average Cost** | **23,000** | | **$ 398.43** |
| **Aggregate** | | | **$ 109,967,794** |

# Health Coaches

*Currently staffed at 1 per 3000 ACO patients*

- Self-Management Support
  - Health Behavior change  and Motivational interviewing
  - Connection to community resources
- Coordination of care
  - Closing the loop on referrals and transitions
- Review population data for opportunities
  - Gaps in Care
- Shared decision making
  - Distribution and decision aids and f/U
- Based in Physician offices
- Quality Improvement
  - Point person for introduction of new care processes
- High Risk Patient case manager
  - Proactive follow up
  - Care access point – direct phone & e-mail

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# High Risk Patient Interventions

- Coaches provide Self-Management Support
  - Starting with an initial face to face visits and then follow up for 4-8 weeks
- Patients are identified by:
  - Recent Hospitalization
    - Introducing LACE scores
  - Multiple ED visits
  - Multiple chronic diseases
  - Physician referrals
  - High risk scores

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# Transition Coaching

- ACO patients identified while in the hospital
  - Risk Assessed by LACE scores
    - LOS, Admit through ED, Co-Morbidities, ED visits in last 6 months
  - Transition back to the medical home is facilitated
    - Appointment for joint F/U with doctor and health coach
    - Patient is encouraged to bring all meds to the office visit
    - Discharge info Communicated to the medical home Health Coach
- Patient is tracked by the Coach until seen back in the medical home
- High Risk Coaching initiated with the office visit
  - Teach warning symptoms and what to do if they occur
  - Assesses medication issues
  - Goal setting and motivational interviewing
  - Office coach makes weekly calls for 4 weeks

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# Disease Case Management

Commonly done for Heart Failure, COPD, Diabetes

- Care guideline standards by disease
- Proactive outreach between visits
  - Tele-monitoring
- Protocols for intervention based on symptoms
  - Immediate intervention if needed

•Multiple Chronic Diseases

- This is the most common high risk presentation
- Common factors across all chronic diseases are more significant than disease specific factors
  - Treatment plan adherence, depression, mental status, access to care, social issues, registry tracking, transitions, immunizations, shared decision making

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# Mercy ACO - Health Coach Training Program

*The Mercy ACO health coach team will strive at every interaction with the patient and/or family to promote the patient as the expert in managing his or her chronic condition utilizing Motivational Interviewing communication techniques*

- Trained over 300 coaches since 2008
- Promote **self-management** by emphasizing the patient's central role in managing his/her health.
- Explore patient's **values, preferences**, and cultural and personal beliefs
- Utilizes **motivational interviewing**
  - Collaboratively set goals and develop action plans for behavior change
  - Suggested Opening Question: "How are you feeling about your health and taking care of yourself"
  - Use a 5 A's approach

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# 5 A's for Behavior Change

- Agree on a goal
  - Suggested by patient
  - Behavioral based (not outcome)
- Assess readiness for change
  - Importance & confidence
- Advise by providing information
  - Elicit – Provide – Elicit
- Assist in developing a plan for change
- Arrange follow-up

TAVHealth

- Customer Relationship Management (CRM) Software
- Allows the ACO to know and track the patient and their health relationships across the continuum
  - Tracks patients goals and preferences
  - Links patients to community resources
    - Consolidates community resources into a dynamic electronic guide
    - Ratings to develop preferred resources
  - Highlights non-clinical barriers and needs that impact health, cost and risk for providers
- Embeds care management work flow into an electronic format
  - Standardize care management work
  - Assigns tasks and prioritizes work lists
  - Library of work documents and patient handouts
- Tracks productivity

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# Office Based Health Coaches Can Bridge the Gap Between Volume and Value

- In the FFS Volume World
  - Registries
    - Drive Primary Care volume – Diabetes visits went up 50%
    - P4P payments were about $1,000,000 per year for Mercy Clinics
  - Pre-visit review (planning the visit)
    - Increases clinic revenue from medically necessary services
      - More than $600,000 per Coach per year
      - Even more for the system – i.e. colonoscopies
  - Health Coaches
    - Redistributes doctor work increasing efficiency
      - Chart review, Self-Management Support
- In the Accountable Care Value World
  - Improved outcomes lead to decreased hospitalizations, ED visits, Medication use
  - Coaches are a change agent to introduce new care delivery processes

Mercy Clinics, Inc.
A member of Mercy Medical Center–Des Moines

# CMMI Rural ACO Development Grant

*Center for Medicare & Medicaid innovation*

- $10,171,000 over three years
- Funds development of Rural ACO infrastructure
  - 59 Staff Positions
    - Coaches, PI facilitators, management
  - 27 physician champions (2 hrs. / week)
  - IT: MedVentive (Disease registry) & TAV (Care Mgmt.)
  - Training & Travel expenses
- 25 Rural Hospitals
  - 73 Clinic sites
  - 165 physicians, 58 ARNPs, 35 Pas
  - 164,199 patients impacted

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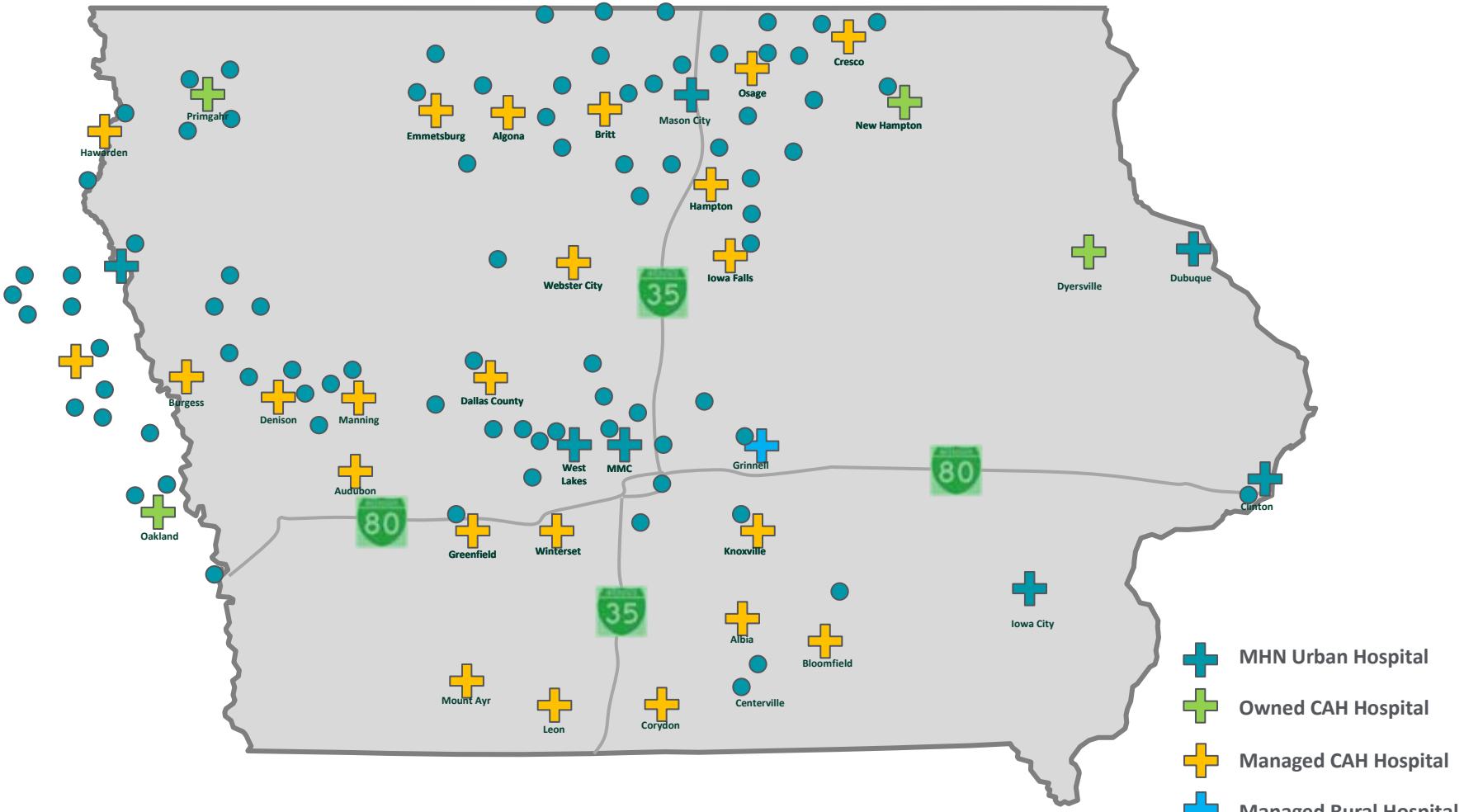
# Mercy ACO Statewide Organization

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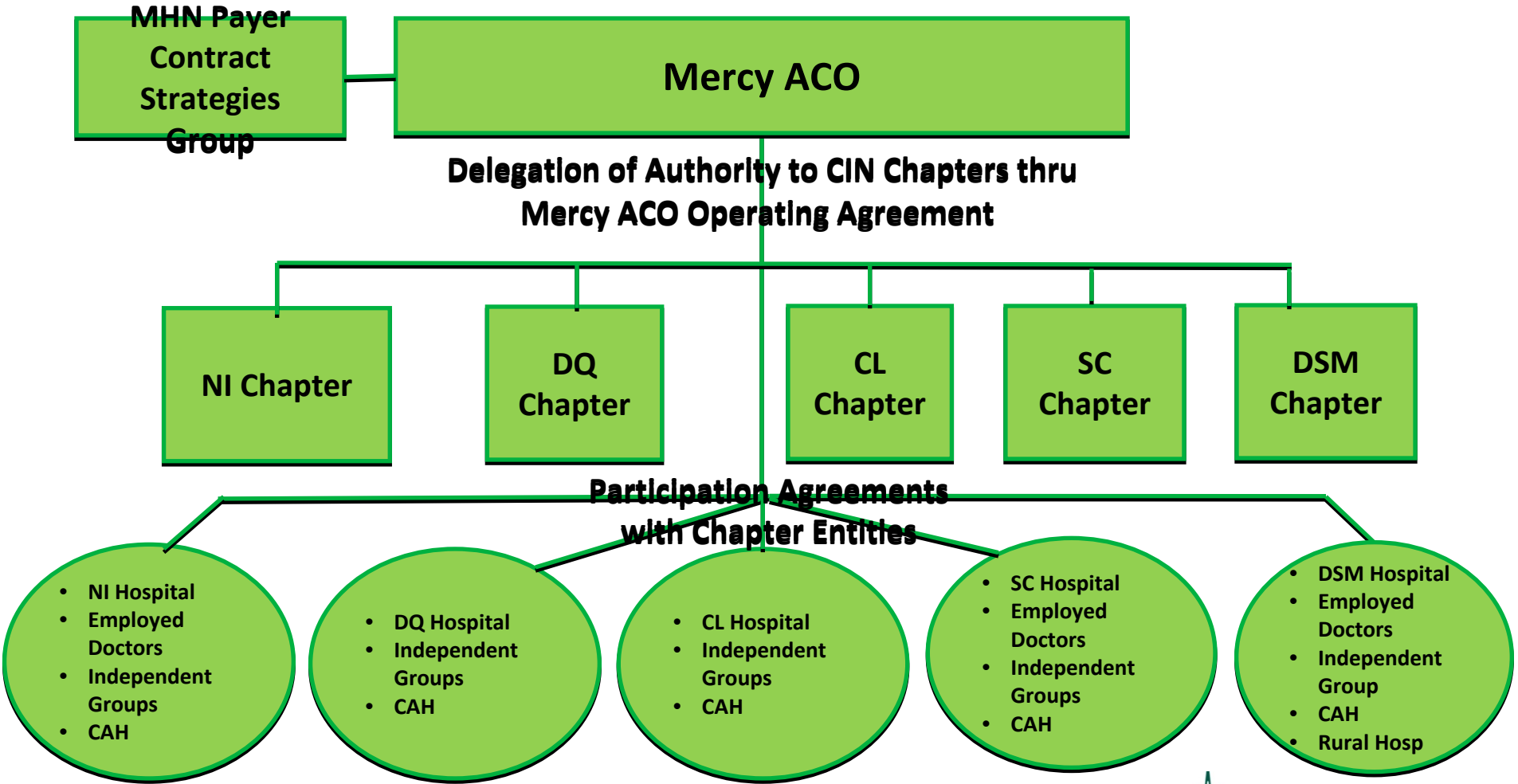
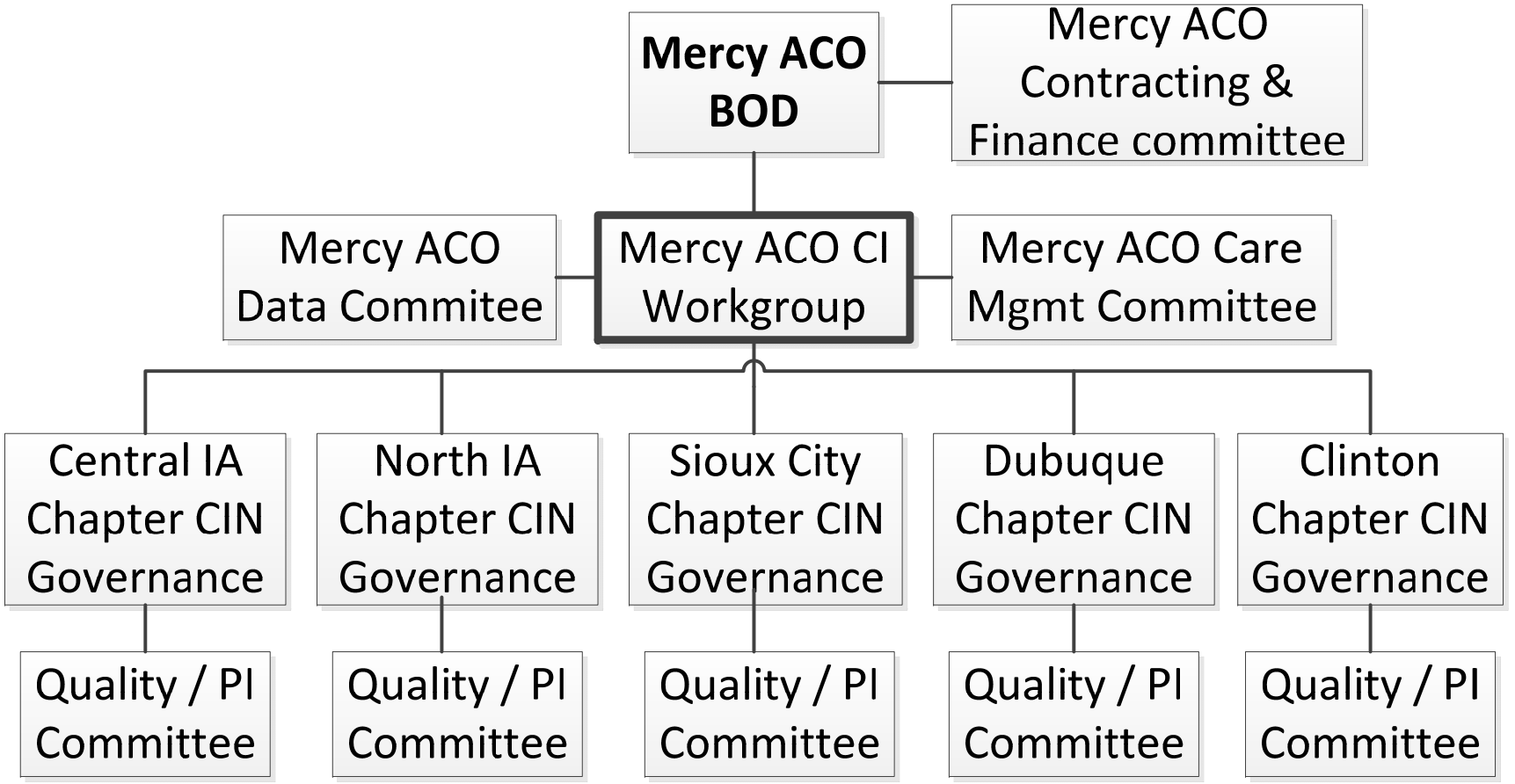
# CIN Chapters as Sub-Committees of Mercy ACO



# Mercy ACO Governance and Committees




## Clinical Integration Workgroup

- Includes of  Chairs of the local chapter Gov. Committee
- Standardize clinical care & care management across Mercy ACO

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# Local vs. Statewide CIN Responsibilities

## Local CIN is responsible for local CI work:

- Quality across the continuum of the local market
- Care Management in the local market
- Local Network development and maintenance
- PI to help providers meet goals

## MHN CIN is responsible for:

- Statewide guidelines and care models
- Coach Training and standards
- Data management
- Performance monitoring
- Setting metrics and goals
- Contracting

# Go to Market Strategy - Iowa's Market Segments

| Market Segment | 2012 Lives | 2018 Growth % & Lives | 2018 Premium Dollars | Market Drivers |
|---|---|---|---|---|
| Medicare | 493K | +12% 553K | $8.2B | • High affinity for Medicare Advantage model<br>• Boomer's drive "age wave"<br>• Medicare Shared Savings |
| Medicaid* | 376K | +23% 462K | $3.9B | • Medicaid ACO; ACA eligibility expansion |
| Commercial (Individuals) | 176K | +37% 241K | $1.4B | • Introduction of public exchanges, subsidies<br>• Price sensitive market |
| Commercial (Small Group) | 591K | -28% 425K | $2.5B | • Small employers leave the market; portion of employees buy through the Exchange |
| Commercial (Large Group; self insured) | 1M | +10% 1.1M | $6.0B | • Increased employee participation in plans<br>• Defined Contribution (?); Private Exchanges(?); Focus on cost containment |
| Uninsured* | 303K | -43% 174K | N/A | • Impact of mandate, subsidies<br>• Participation in Medicaid |
| Total Iowa Market | 2.9M | 0% 2.9M | **$22.0B** | Mercy ACO 2018 Markets: $15.3B premiums; 1.875M population |

**Healthcare landscape is about to undergo a period of fundamental change; more than 30% of the population will choose health coverage directly in a retail paradigm (Oliver Wyman)**

# Commercializing Value-based Care Delivery

| | Market Segment Products | Description |
|---|---|---|
| **Medicare** | MA Product | Narrow network products to capture MA market share by 2016 |
| | Medicare Shared Savings Program | Participation in CMS' Medicare Shared Savings Program to manage an attributed FFS population |
| | Contracts for MA Risk | Contracts with private payers for population risk on MA members |
| **Commercial** | Individual Product | Narrow network products primarily offered on public exchanges |
| | Small Group Product | |
| | Large Group - Contract for Commercial Risk | Contracts with private payers for population risk on Commercial members |
| **Medicaid** | Medicaid Product | Narrow network product that captures 10% of the Managed Medicaid market by 2018 |
| | Contracts for Managed Medicaid Risk | Contracts with private payers for population risk on Managed Medicaid members by 2016 |

# Direct to Employer Care Management

Started for Mercy Employees

- Coaching based on risk assessments
  - Patients with chronic disease: diabetes, heart failure…
  - Provided in physician offices not over the phone
- Registry tracking and follow up *(population based care)*
  - Cancer screening
  - immunizations
  - Chronic disease standards
- Wellness Programs
  - Smoking cessation
  - Weight loss
  - Nutritional Counseling
  - Exercise
  - Health behavior change counseling

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# Medicare Shared Savings Quality

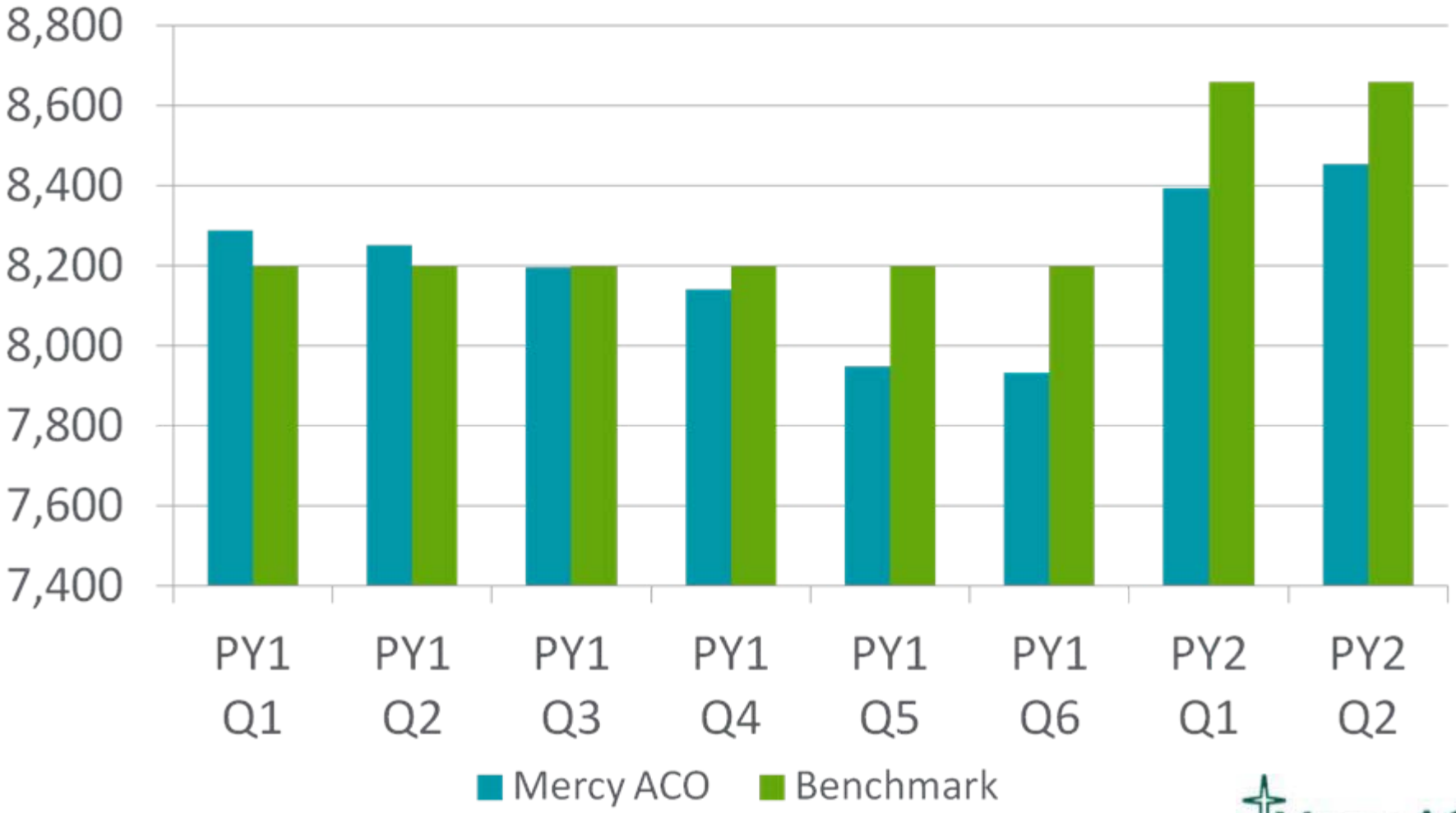
## GPRO (Group Practice Reporting Option)

## 2013 Results

- Metrics above the mean
  - Patient satisfaction: 2 of 7
  - Quality metrics: 25 of 28
- 3 quality metrics > 90%ile
  - HgA1c control (HgA1c < 8.0)
  - HgA1c Poor control (HgA1c > 9.0)
  - Aspirin use for ischemic vascular disease

# Mercy ACO CMS PMPY
# 3.2% Savings Performance Year 1

Total Expenditures Per Medicare Beneficiary

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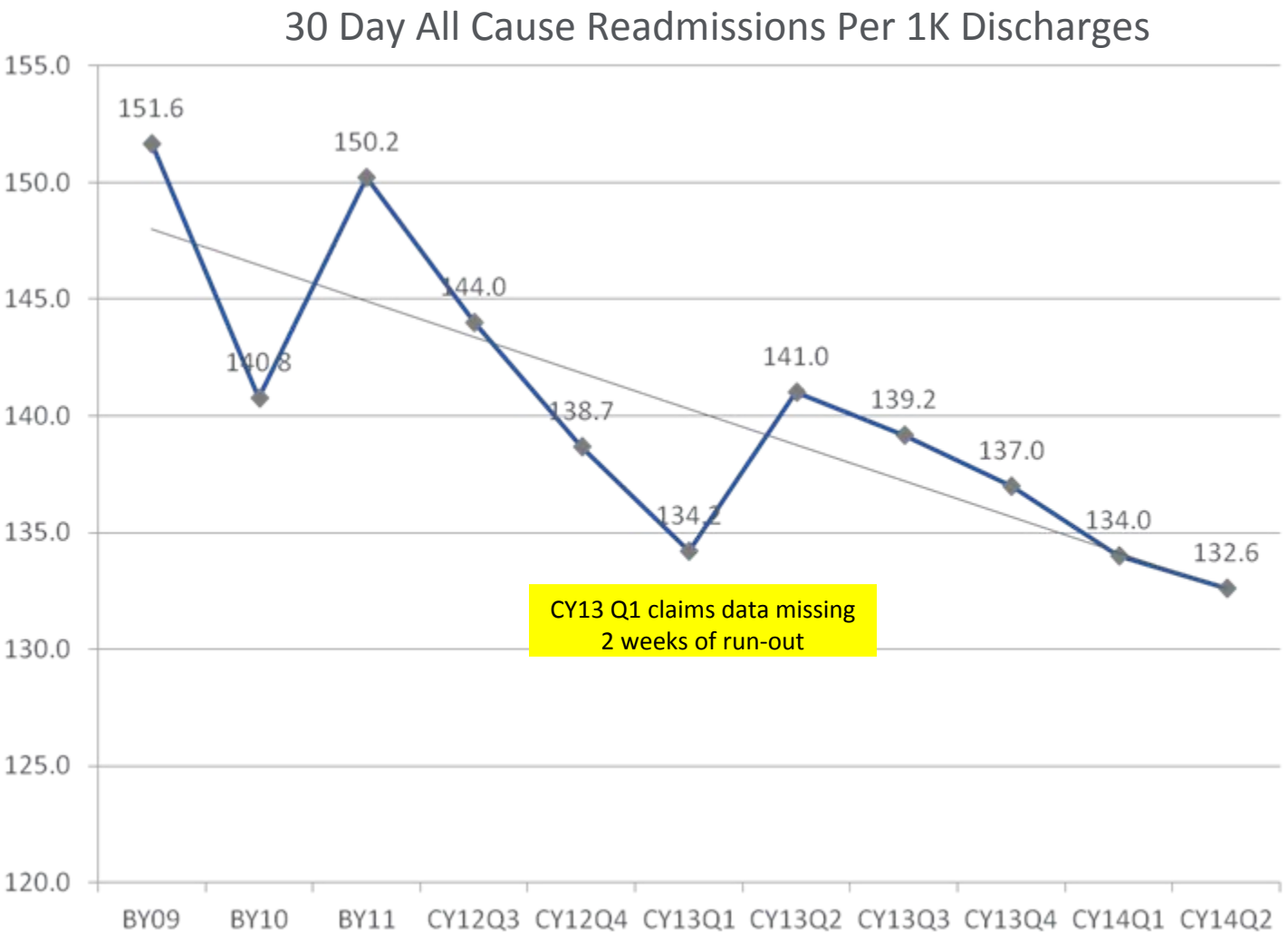
# Mercy ACO CMS Readmit Rate

## 12.5% ↓ all-cause re-admits

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# Mercy ACO 2013 Results

| | Quality | Cost / Savings |
|---|---|---|
| Wellmark<br>**Contract Year:** PY2 (2013) | •0.08 Overall VIS<br>•0.04 Share Savings VIS | •($7.99) PMPM – 2.35%<br>•$1.86M VIS quality incentive<br>•$1.84M Savings (at 70%)<br>•Total $3.7M incentive |
| CMS CENTERS for MEDICARE & MEDICAID SERVICES<br>**Contract Year:** PY1 (2012-2013) | • 12.5% ↓ hosp. re-admits<br>• 16.8% ↓ hospitalizations | • 3.2% Cost Savings<br>• $9.0M total CMS savings<br>• $4.4M incentive payment<br>*(Only 24% received $)* |
| COVENTRY TOTAL CARE (HMO) WITH MERCY MEDICAL CENTER DES MOINES<br>**Contract Year:** PY1 (2013) | • 4.5 Star Plan | • 74.8% MLR (85% Target)<br>• $320K incentive |
| Mercy MEDICAL CENTER DES MOINES<br>**Contract Year:** PY1 (2013) | • 5.9% ↓ Admissions<br>• 10.8% ↓ hosp. re-admits<br>• 8.7% ↓ ED Visits | •3.1% ↑ PMPY (5% ↑Target)<br>•$533K incentive<br>•$225K Mgmt. fee |

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# Where will Mercy ACO be in 3-5 years

- Statewide High performing network
  - No geographic or specialty gaps
  - Nationally recognized rural network
- Over 60% of CHI Iowa patients will be in value based contracts
  - Shared savings will give way to capitation and % of premium
- CHI owned health plans
  - Medicare advantage in 2016 with Medicaid for 2018
- Data capabilities
  - State of the art population health analytics and reporting
  - Reduction in clinical variation due to the ability to measure it
- Bundled payments – CMS and Commercial
- Direct to employer contracting
- Research in population health
- Recognized as having the best value (quality/cost) in Iowa