

From Medical Home to Medical Neighborhood to ACO and Beyond

The Medical Home Summit

4:00 - 5:00, June 6, 2016 Grand Hyatt, Washington, DC

Speakers

Emily Brower, MBA

Vice President for Population Health

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President and CEO

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Moderator:

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Overview of Medicare ACOs

Minimum

enrollment

15,000 (rural

5000)

Characteristic	Pioneer	SSP	ESCO	Next Generation
Start Date	January 2012 (one-time)	January 2012 (annual enroll)	October 2015	Jan. 2016 and Jan. 2017
Quality Measures	33 GPRO	33 GPRO	26 (various sources)	32 GPRO (no EHR measure)
Payment	5 options, 2- sided risk, 60- 75% SS/SL, MSR/MSL 2%	Track 1: SS only, up to 50%. Track 2: 2-sided risk, up to 60%. Track 3: 2-sided, up to 75%.	LDOs: MSR 1%, SS/SL 70% PY1. SDOs: SS only (up to 50%).	2 options: SS/SL 80% or 100%, 1st \$ risk/ reward, 4 pmt. mechanisms
Beneficiary attribution	Prospective historic claims (voluntary PY4)	Prelim. prospective, final retro	Based on 1 st visit to dialysis facility	Prospective historic claims (voluntary PY2)
Number	9	437	13	18 in 2016 cohort

350

5000

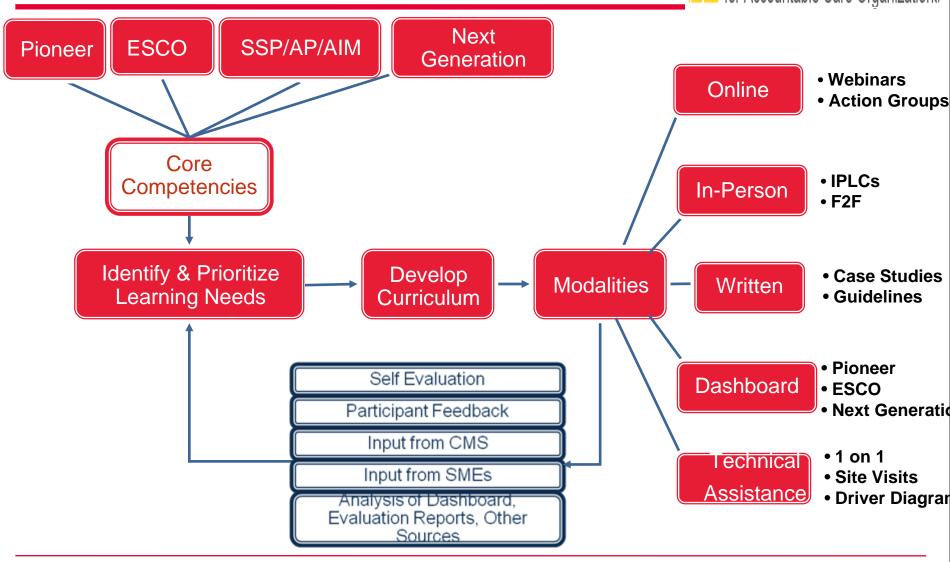
10,000 (rural

7500)

Learning System Model



for Accountable Care Organizations



Challenges for ACOs to Meet

- Patient and beneficiary engagement
- Patient attribution who are my patients, churn
- Aligning incentives (much of care still FFS)
- Integrating multiple EHRs, interoperability
- Limited funding for transformation, eyeing return on investment
- Coordinating patient care within the ACO
- Data sharing
- Lack of timely and complete data

- Behavioral health
- Collaboration in a competitive marketplace
- Build provider network in rural areas
- Organizational transformation
- Leveraging private contracts, Medicaid
- Participating in evolving models/programs (Pioneer, ESCO, Next Gen)
- Integrating newly acquired organizations
- Optimizing use of care managers/navigators/guides in care team