

# Atrius Health Pioneer ACO: Structure, Activities and Results

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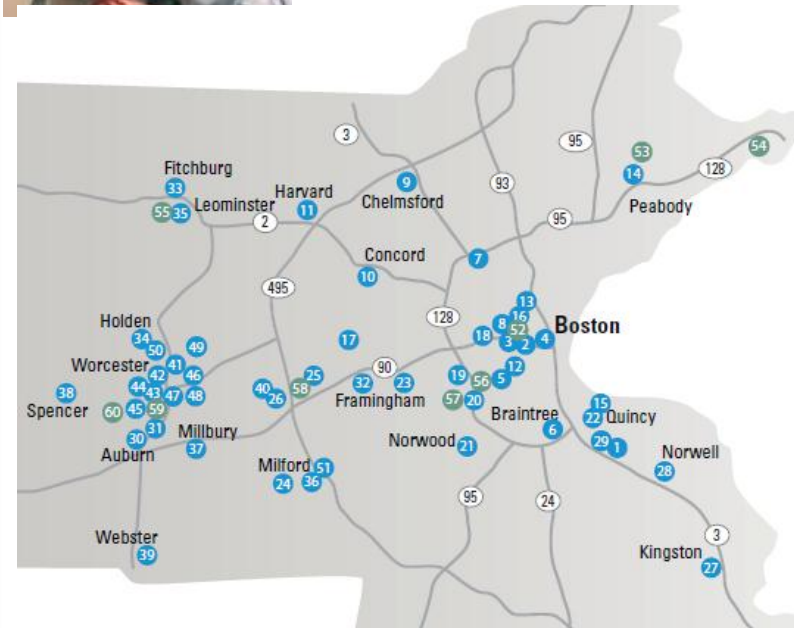
**March 2014**

# Atrius Health

Non-profit alliance of six leading independent medical groups in Eastern and Central Massachusetts and home health agency and hospice

- Granite Medical Group
- Dedham Medical Associates
- Harvard Vanguard Medical Associates
- Reliant Medical Group
- Southboro Medical Group
- South Shore Medical Center
- VNA Care Network & Hospice

Providing care for ~ 1,000,000 adult and pediatric patients with 1000 physicians, 2100 other healthcare professionals across 35 specialties



# Atrius Health Structure

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## Physician Composition:

- 1100 Employed Physicians
- About 50/50 Primary/Specialty Care

## Approximate Patient Composition:

- Pioneer Aligned = 36,000
- Medicare Advantage = 40,000
- Duals HMO = 1,000
- Medicaid HMO = 43,000
- Commercial HMO = 240,000
- Commercial and Other FFS/PPO = 340,000

## Risk Contract Composition:

- Slightly more than 50% of patients under full risk/budgeted cap
- Represents about 70% of revenue

# Atrius Health Core Competencies

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- **Corporate Data Warehouse** integrates single platform, electronic health record data with multi-payer claims data
- Widespread **Population Management** tools including disease-based and risk-based rosters
- Long history with and majority of revenue under **Global Payment** across commercial and public payers
- Sophisticated development and reporting of **Quality and Performance Measures**
- **Patient-Centered Medical Home** foundation, achieving level 3 NCQA
- Newest Addition: **home health and hospice care**



# Why Participate in Pioneer ACO?

## “Reason for Action”

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High quality, high – value care for all Medicare-eligible patients across the care continuum with spillover for commercial risk

Further Atrius Health position as a market leader in payment reform, moving towards 100% global payment

Unique opportunity to be accountable for quality and costs for a PPO population

Achieving Triple Aim Goals

# Medicare Pioneer ACO v. Medicare Advantage

	Pioneer ACO (PPO)	Medicare Advantage (HMO)
Network	All Medicare Providers	Atrius Health Network
Benefits	All Medicare Benefits	Proactive Benefit Design
Attribution	Aligned to TIN-NPI	Choose a PCP
Payment	FFS + Savings/Loss	Full Risk Capitation
Budget	Trended Historical Costs	Risk Adjusted % of Premium
Quality	33 Measures; determines Savings/Loss rate	STARS program; determines premium
Data	Missing Opt Outs, SA	Full Claims Data Set
Fewer of....	< 18 mos on Medicare	ESRD, Duals, Hospice

<http://www.medpac.gov/transcripts/ACO%20April%202013%20Presentation%20public.pdf>

# Key ACO Initiatives

## Geriatric Care Model

- Patient Risk Stratification
- Multidisciplinary Roster Reviews
- Advance Care Planning
- Chronic Kidney Disease
- Home-based primary care program

## Care Management Strategy

- Leverage home health/partner (VNACNH)
- Integrate Local Elder Services Agencies
- Preferred Hospital strategy
- Programs for Dual-eligibles
- Preferred ambulance strategy

## Post-Acute Strategy

- Preferred SNF Network
- SNF Service Standards/provider expectations
- SNF Provider Expectations
- Total joint replacement home rehab

## Data Analytics & Reporting

- Ongoing Support for Workgroup Initiatives

## Electronic Health Record and Health Information Exchange

- Tools to Support ACO Quality Metrics & Workflow

## Quality & Safety

- ACO Quality Metric Reporting

# First Year Pioneer Results: Financial

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## Performance Against Pioneer Benchmark

(12 months ending March 2013)

Typical Massachusetts Pioneer \$12,000+

Atrius Health Benchmark \$10,665

Atrius Health Actual Expenditure \$10,700

Atrius Health Performance: Loss <1% (“within noise”)

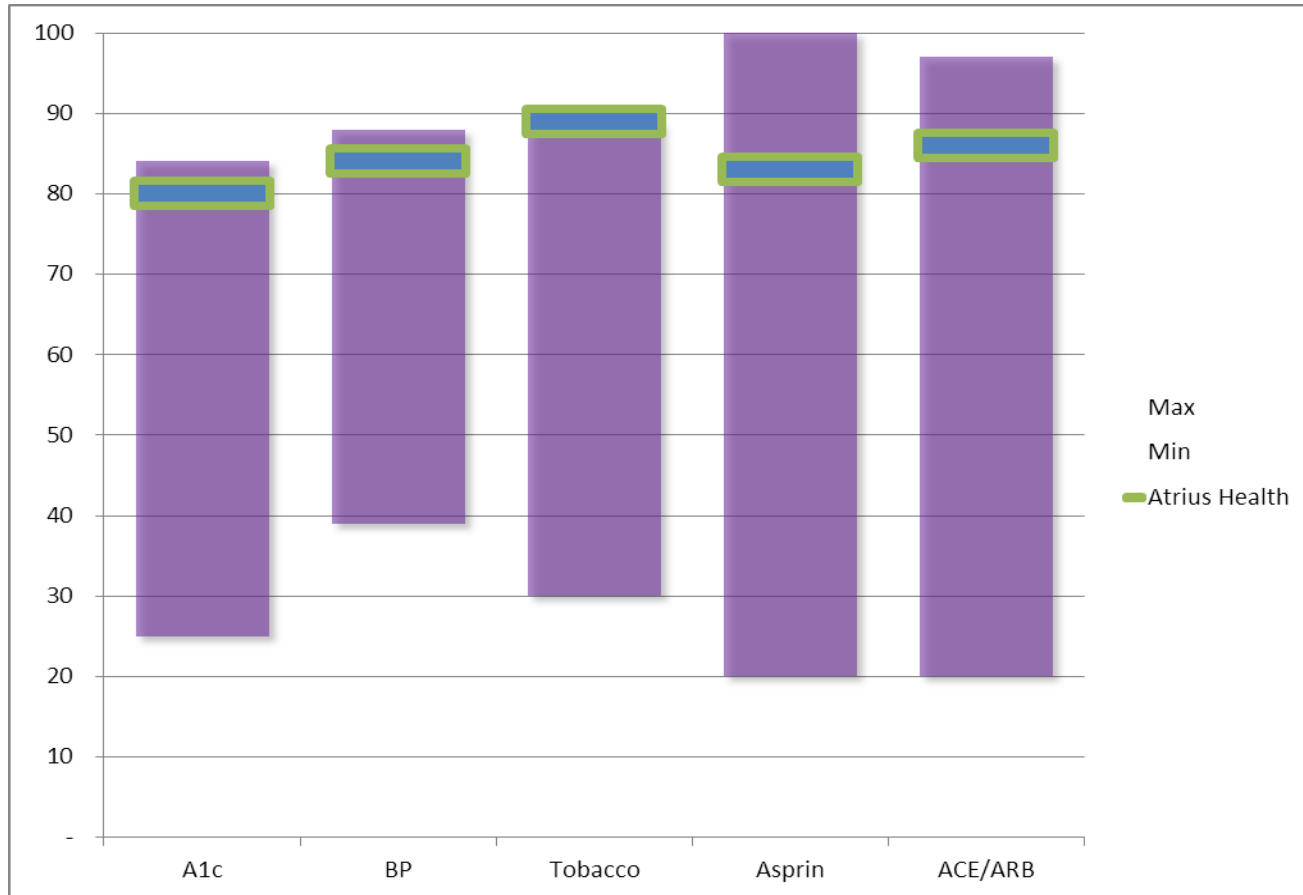
***NO SHARED SAVINGS OR LOSS***



# Medicare “Physician Compare” 2012 ACO Quality Metrics:

<http://www.medicare.gov/physiciancompare/aco/search.html>

## Atrius Health compared to Pioneer ACO Range



- **A1c** = % of diabetic patient population with blood sugar (hgba1c) control < 8
- **BP** = % of hypertensive patient population with blood pressure control <140/90
- **Tobacco** = % of diabetic patient population who do not currently smoke
- **Aspirin** = % of diabetics with ischemic vascular disease (IVD) who are currently taking aspirin
- **ACE/ARB** = % of patients with coronary artery disease (CAD) who are also diabetics OR have left ventricular systolic dysfunction (LVSD) and are on an angiotensin converting enzyme (ACE) inhibitor or an angiotensin receptor blocker (ARB)

# Lessons Learned

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## Internal

- MD engagement key to driving change
- Wide adoption of Lean problem solving methodology created strong foundation for change
- “One Model of Care” provided burning platform
- Our ability to partner effectively is key

## External

- More unknowns = more risk
- Engagement of other Pioneers = big opportunity
- CMS is a “Pioneer” also
- Pioneer model is bigger than CMS - many federal agencies have a stake
- Terms like “global payment” or “full risk” need to be fully defined.