

ACO Mini Summit IX: Enhancing Patient Engagement and Experience in Accountable Care & Lessons Learned and Best Practices in Value-based Contracting



ACCOUNTABLE CARE
LEARNING COLLABORATIVE
AT WESTERN GOVERNORS UNIVERSITY

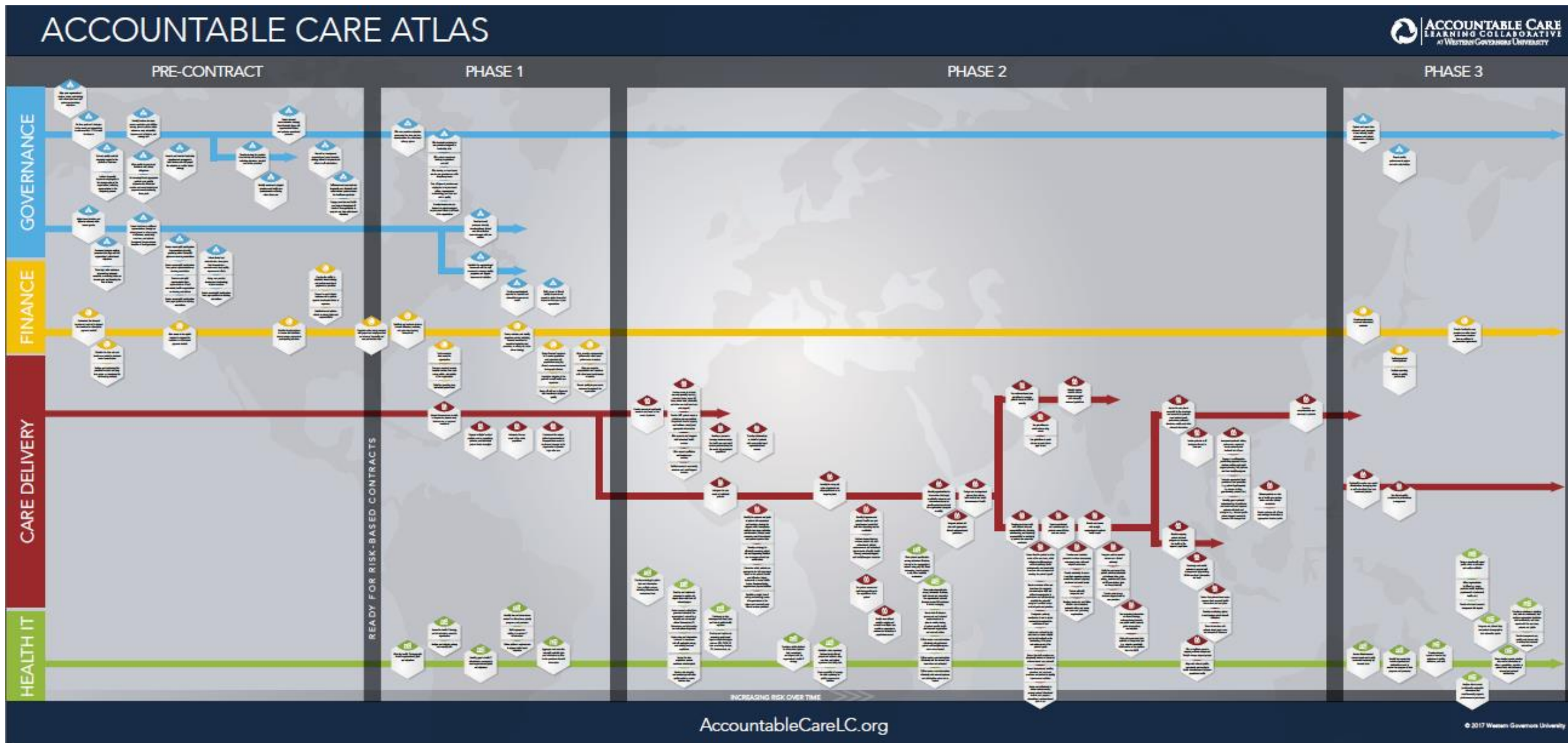
June 18, 2019

The Accountable Care Learning Collaborative (ACLC) was formed as a collaborative organization that could bring key stakeholders together from all facets of health care to identify the outcome-oriented care competencies demanded by transformative payment models.

Housed at a non-profit university, the ACLC's mission is to accelerate the readiness of health care organizations to succeed under value-based payment models by identifying:

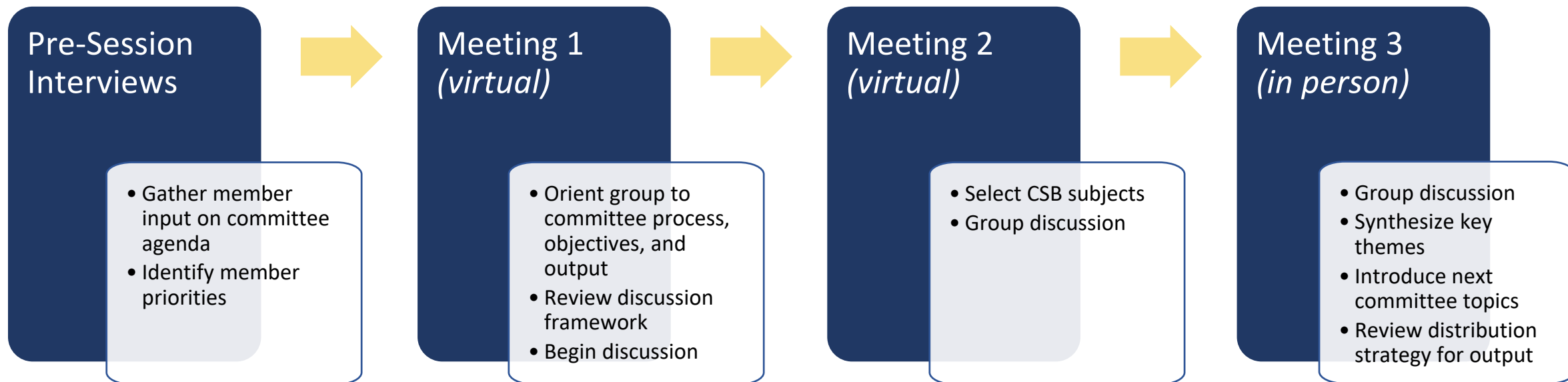
1. *What* providers should do
2. *When* they should do it
3. *How* they could implement it







COMMITTEE PROCESS MAP



Q1 Committees:

- Patient Experience
- Value-Based Contracting

Q2 Committees:

- Risk Stratification
- Financial Readiness
- Care Transitions

Q3 Committees:

- Evidence-Based Guidelines
- Aligning Incentives

Q4 Committees:

- SDOH
- Data Aggregation
- Educating Stakeholders
- Parameters for Financial Collaboration



Enhancing Patient Engagement & Experience in Accountable Care

The Committee on Patient Experience
January-March 2019



COMMITTEE MEMBERS & SPONSORS

Provider Members

Aledade, Baltimore, MD

University of Washington, Seattle, WA

P3 Health Partners, Henderson, NV

St. Alphonsus, Boise, ID

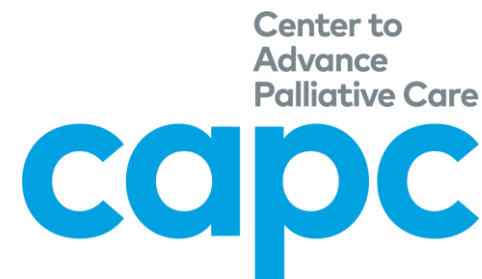
MHN ACO, Chicago, IL

The Military Health Service (MHS), USA

Jefferson University Health, Philadelphia, PA

LifeBridge Health, Baltimore, MD

Signature Medical Group, St. Louis, MO



Incorporating patient direction and feedback into care delivery efforts

1. All staff serve as agents of patient feedback
 - A. Familiar with the needs of specific subpopulations and corresponding engagement opportunities
 - B. Able to access and use essential information to engage patient
 - C. Equipped to leverage communication strategies appropriate to the situation
2. Supported by infrastructure for systematic patient input
3. Informed by and educated through institutional mechanisms for patient feedback integration



COMMITTEE SUMMARY: INSIGHT EXAMPLES

A: Familiar with the needs of specific subpopulations and corresponding engagement opportunities

Committee Insights:

- Patients' needs vary widely depending on condition, disease stage, setting, etc., and so everyone on staff will have some role in giving the patient opportunities to positively influence their own care pathway .
- Since the opportunities for patient feedback vary greatly, there needs to be a common understanding of what it means for each employee to form part of the crucial patient feedback loop.
- Clinicians still oversee the majority of direct feedback opportunities and will necessarily be the focus of any training efforts.

Challenges:

- Ingrained clinical philosophy to treat all patients the same could result in push-back for programs that appear to give special treatment to a group of individuals. Response: Demonstrate how treating patients the same can result in sub-optimal care for patients with special needs.
- Programs to implement this competency could require significant upfront financial outlays without a direct ROI. Response: Many of the organizational skills developed to work with one subpopulation are transferable to other subpopulations effectively distributing the cost.

Qualitative Competency Indicators:

- Percentage of patients with an indicator (yes/no) of specific subpopulation needs
- Percentage of staff having undergone subpopulation training program(s)



COMMITTEE REPRESENTATIVES



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Structuring Value-Based Contracts: Provider & Payer Perspectives

The Committee on Value-Based Contracting
January-March 2019



VALUE-BASED CONTRACTING COMMITTEE MEMBERS

Member	Title	Organization
Aaron Bybee	Director of Care Transformation	Intermountain Healthcare
Bill Wulf, MD	CEO	Central Ohio Primary Care Physicians
David DiGirolamo	Executive Director	Continuum Health (Partners In Care ACO)
Edwin Estevez	CEO	Rio Grande Valley ACO
Gene Farber	COO	Reliance ACO
Gregg Davis, MD	CMO	Illinois Rural Community Care Organization
Jack Flynn	VP of Payer Relations & Contracting	Jefferson Health System
Jennifer Moore	COO	MaineHealth
Julian Whitekus	VP of Health & Special Risk	Hannover Re
Ladd Udy	VP of Value-Based Care	MercyHealth
Lori Morgan, MD	President & CEO	Huntington Hospital
Mark Cronin	COO	Accountable Health Partners
Oraida Roman	VP of Value-Based Strategies	Humana
Paul LaBrec	VBP Research Director	3M
Ruth Benton	CEO	New West Physicians
Sabrina Heltz	COO	Ochsner Health System
Sharon Galup	SVP of Payor Strategy & Contracting	Jefferson Health
Stephenie Manusina	Director of Quality/Population Health	Tenet Healthcare





FOCUS COMPETENCY & GUIDELINES FOR DISCUSSION

Committee Competency:

Structure and negotiate value-based contracts

Preliminary parameters for guiding the discussion:

- X** Won't focus on specific negotiating tactics
- X** Won't endorse the "right" or "most favorable" model design
- ✓** Will focus on the underlying teams/skills/capabilities providers need to do this well
- ✓** Will seek to accommodate all VBP model types and payer types – looking for best practices/principles that apply broadly



DISCUSSION FRAMEWORK



Assess Readiness for Value-Based Contracts



Build Contracting Team



Establish a Common Language



Understand Your Population



Define Payment Model & Risk Sharing



Performance Measurement



Financial Modeling



Data Exchange



Infrastructure Requirements

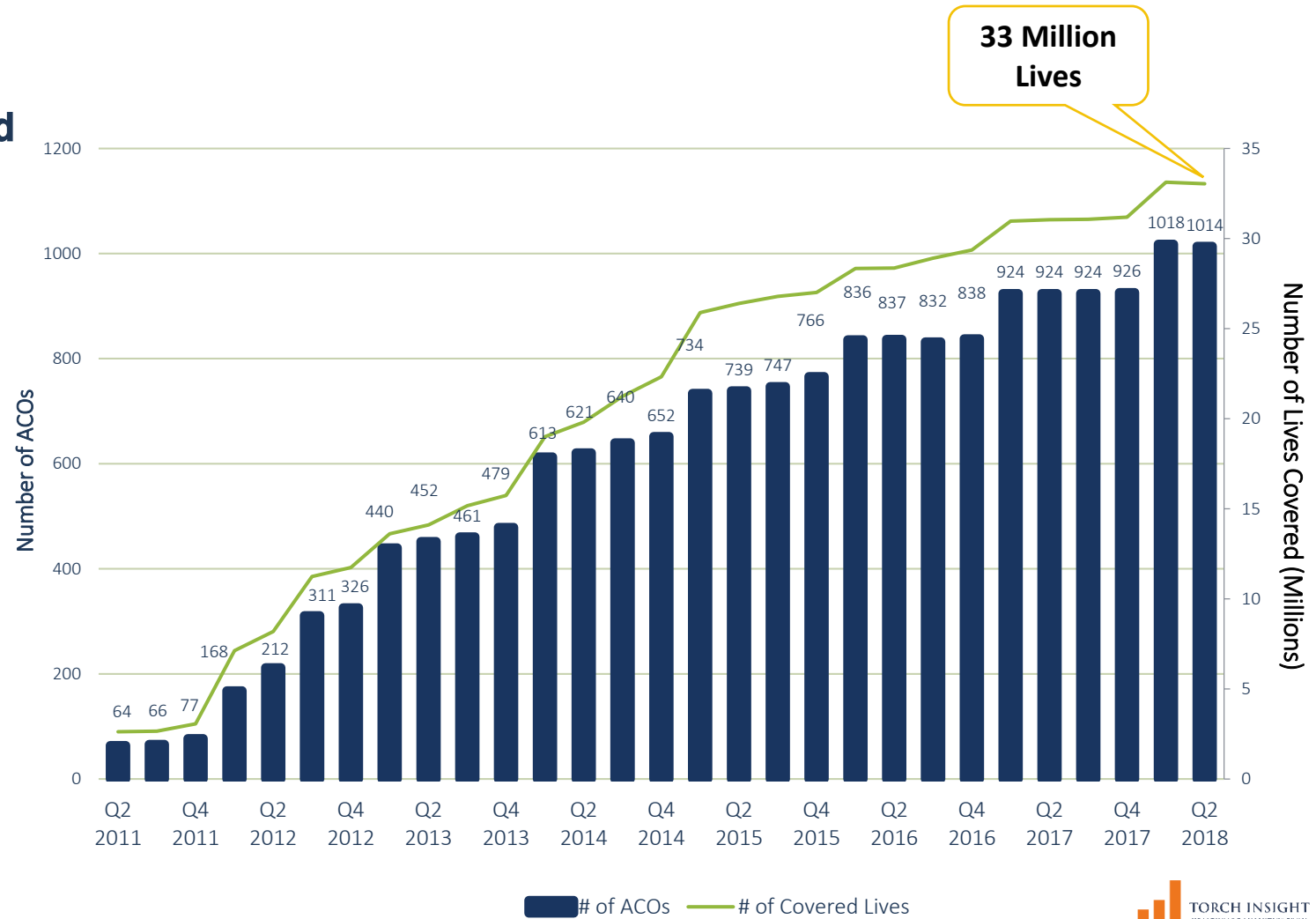
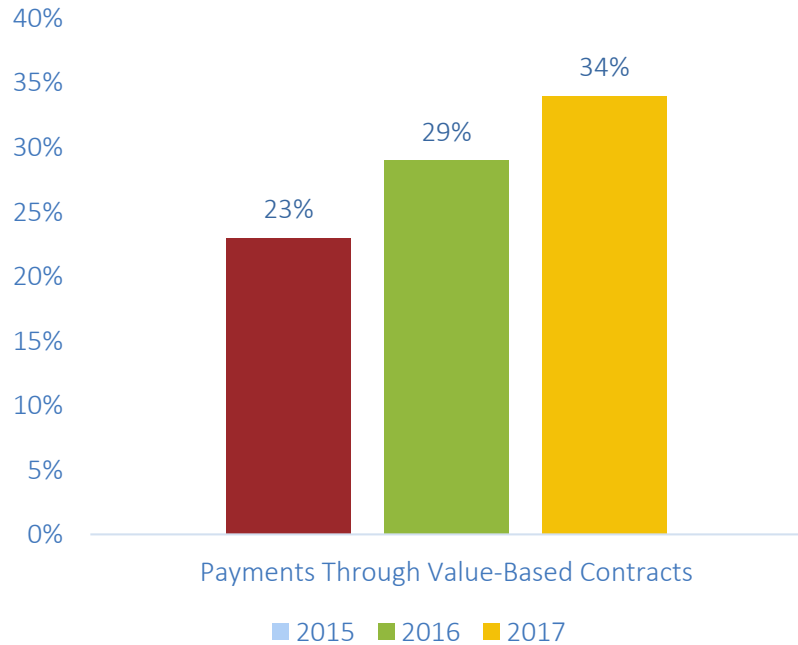


Aligning Contract Incentives with Organizational Priorities



ADOPTION OF VALUE-BASED CONTRACTS IS INCREASING

Alternative payment model adoption (beyond ACOs) has grown over the past three years and is expected to continue.

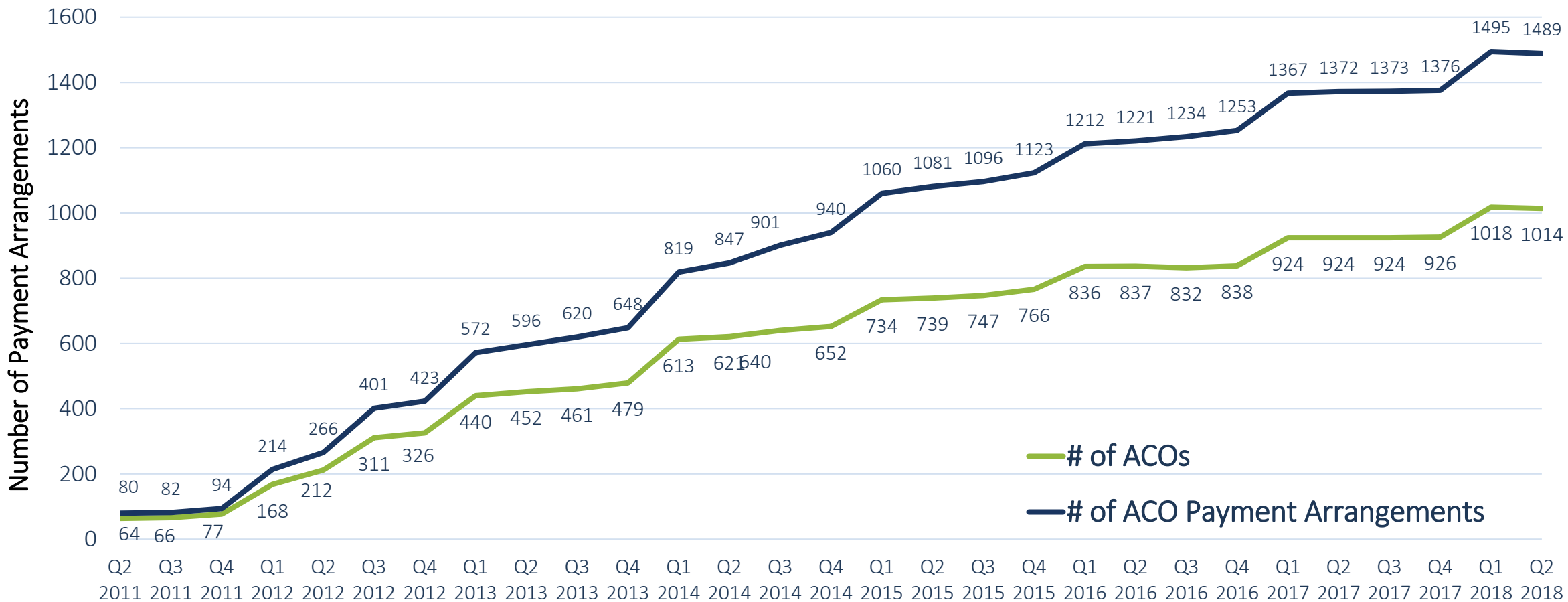


Sources: Leavitt Partners Center for Accountable Care Intelligence, 2019 and Health Care Payment Learning & Action Network, 2018





CONTRACT GROWTH OUTPACING ACO GROWTH



Source: Leavitt Partners Center for Accountable Care Intelligence



COMMITTEE REPRESENTATIVES



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Chief Operating Officer,
Accountable Health Partners



Oraida Roman, MHA
Vice President of Value-
Based Strategies, Humana



Kate de Lisle (Moderator)
ACO Research Manager, ACLC;
Senior Associate, Leavitt
Partners



What can we learn from the latest value-based contracting trends? **Why is it important for providers and payers to develop these capabilities?**





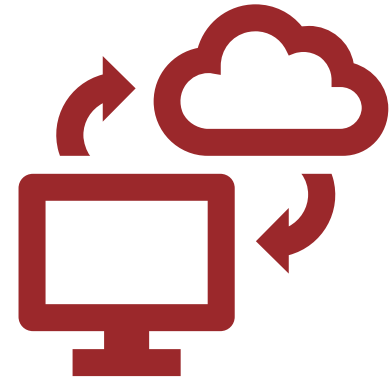
ASSESSING RISK READINESS

How does a provider know it is ready for risk and how do you determine which risk mitigation strategies are best for your organization?



How does a payer assess the risk readiness of a prospective provider partner? How does a payer assure it doesn't give a provider more risk than it can handle?

What data are essential for structuring and executing value-based contracts, and what's your experience obtaining/providing it in a valuable way?





What do you (payer & provider) want most from the other in a value-based contract?







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