



**ACCOUNTABLE CARE**  
LEARNING COLLABORATIVE  
AT WESTERN GOVERNORS UNIVERSITY

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**ACO Mini Summit XIII:  
Accountable Care Organizational Resources  
June 18th, 2019**

# ACLC MISSION

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

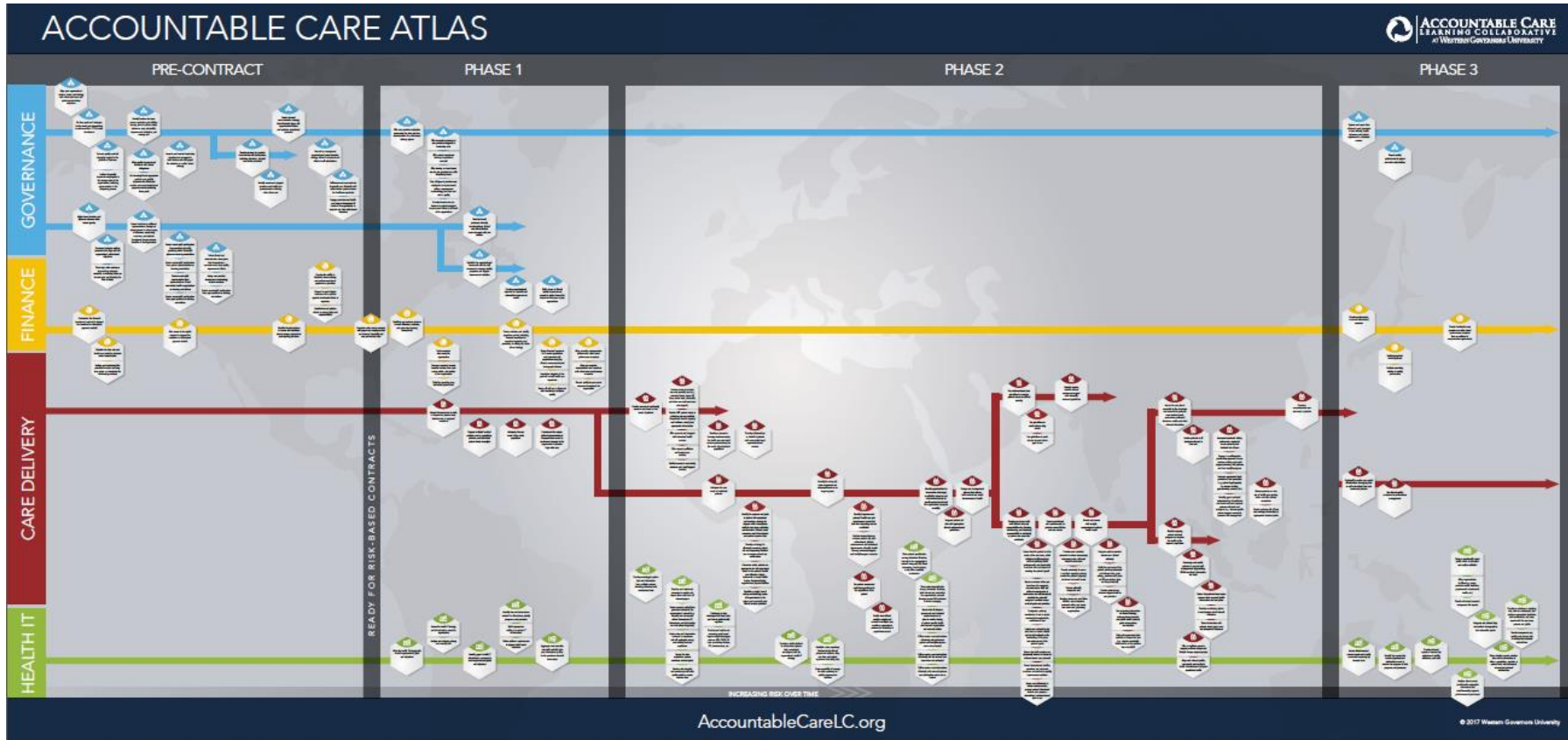


# IDENTIFYING THE COMPETENCIES

- The Accountable Care Atlas is a collection of over 160 competencies organized into a logical sequence to aide providers in their transformation efforts.
- Cross-industry representatives convened by the Accountable Care Learning Collaborative identified the competencies, which are viewed as essential for provider organizations successfully providing value-based care.



## Accountable Care Atlas



## Committee Structure



Providers  Sponsors  Payer or Association 

The ACLC convenes committees to discuss the **practical implementation** of competencies and the **barriers** they face. Sponsors are equal members and bring in-kind knowledge. Each committee produces public documents.

## 2019 Committee Topics

### Q1 – Starts January

- Value-Based Contracting
- Patient Experience

### Q2 – Starts March

- Risk Stratification
- Financial Readiness
- Care Transitions

### Q3 – Starts August

- Evidence-Based Guidelines
- Financial Incentives

### Q4 – Starts October

- Data Aggregation
- Stakeholder Engagement
- Financial Collaboration
- Social Determinants of Health
- Serious Illness (Medicare ACOs only)

## Committee on Structuring Value-Based Contracts

### Sponsors

- 3M
- Hannover Re

### Output

- Case studies
- Competency orientation guide
- Meeting summaries
- Public webinar (June 16th)

### Meetings

- Virtual (2) – Jan, Feb
- In-person (1) – March, Chicago, IL

| Name             | Title                               | Organization                            |
|------------------|-------------------------------------|---|
| Sabrina Heltz    | Chief Operating Officer             | Ochsner Health System                   |
| David DiGirolamo | Executive Director                  | Continuum Health (Partners In Care ACO) |
| Ruth Benton      | Chief Executive Officer             | New West Physicians                     |
| Gene Farber      | Chief Operating Officer             | Reliance ACO                            |
| David Wagner     | Chief Compliance Officer            | Genuine Health Group                    |
| Angelo Sinopoli  | VP of Clinical Integration          | Greenville Health System                |
| Edwin Estevez    | Chief Executive Officer             | Rio Grande Valley ACO                   |
| Aaron Bybee      | Director of Clinical Transformation | Intermountain Healthcare                |
| Marc Cronin      | Chief Operating Officer             | Accountable Care Partners               |
| Bill Wulf        | Chief Executive Officer             | Central Ohio Primary Care Physicians    |
| Sharon Galup     | SVP Payer Relations                 | Jefferson Health System                 |
| Oraida Roman     | VP Value Based Strategies           | Humana                                  |
| Paul LeBrec      | Value-Based Payment Researcher      | 3M                                      |
| Julian Whitekus  | VP, Health and Special Risk         | Hannover Re                             |

# CASE STUDY BRIEFS

- The Atlas is made more actionable by the Case Study Brief (CSB) initiative.
- CSBs detail many provider organizations' specific approaches to successfully implementing a single competency identified in the Atlas, as well as barriers, important partnerships, results, key learnings and best practices.
- Over 40 organizations have been featured in CSBs with more in development



## Featured Organizations

Advocate Health  
Allina Health  
Arizona Connected Care  
Ascension Care Management  
Atrius Health  
Centura Health  
Children's Hospital of OC  
Cornerstone Health Care  
Hackensack Alliance  
Henry Ford Health System  
Hill Physicians Medical Group  
ICAHN

Integra Community Care Network  
Intermountain Healthcare  
Lehigh Valley Health Network  
MaineHealth  
Mayo Clinic  
Memorial Hermann  
Mission Health  
Moffitt Cancer Center  
Montefiore Health System  
MyHealth First Network  
New West Physicians  
Northern Arizona Healthcare  
OneCare Vermont  
OSF Healthcare  
Park Nicollet Health Services  
Parkview  
Pioneer Valley ACO  
ProHEALTH  
Sharp  
Signature Medical Group  
St. Vincent's Health Partners  
Summit Medical Group  
Total ACO  
UT Southwestern

# COMPETENCY ORIENTATION GUIDES

- Intermountain Healthcare
- Lifebridge Health
- New Jewish Home
- MHN ACO
- Ascension
- Continuum Health (Partners In Care ACO)
- Erie Family Health Centers
- Huntington Hospital
- Mercyhealth
- Trinity Health
- University of Rochester
- UPMC
- IU Health
- Military Health Service
- St. Alphonsus
- University of Washington
- Bon Secours Mercy Health System
- Community Health Network of CT
- Ochsner
- St. Alphonsus
- University of Iowa
- Illinois Community Care Organization
- Tenet Healthcare
- University of Rochester

**Competency Orientation Guide**  
Competency: Incorporating patient direction and feedback into care delivery efforts  
Contributor: The Committee on Patient Experience\*

**Background**  
The Accountable Care Learning Collaborative is a non-profit organization dedicated to accelerating the transition to accountable care by identifying the care delivery competencies needed for providers to succeed in risk-bearing payment models. The Competency Orientation Guides (COGs) give an overview of a particular competency and are intended to help break down the competency into more digestible aspects that could be implemented in a variety of ways. Each COG represents the distilled insights from the deliberations of a dedicated committee comprised primarily of leaders from provider organizations, but also industry partners, and ACLC research staff. In this case, this COG was developed by the Committee on Patient Experience which convened between January and May of 2019.

**Competency Context**  
Concepts like patient-centeredness and patient-engagement tend to be ambiguous and all-encompassing which can make practical application difficult as stakeholders struggle to coalesce around definitions and boundaries. The Committee, through a combination of pre-session interviews and group discussions, broke out the competency into three main components (enumerated below), and chose to focus on preparing staff as agents of patient feedback. The second and third components were recognized as important, and likely even pre-requisites, but not as much in need of this particular group's contribution. A crucial underlying belief in our narrowed focus is that patients are the most important member of the care team and that our current system is not designed to give voice to their direction and preferences. Therefore, if an organization is to leverage the patient's potential to influence their own care and outcomes, all staff will need to be given the tools and education to serve as agents of continual patient feedback.

**Competency Framework (a conceptual overview of the Committee's discussion focus)**  
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\*\*
  - A. Informed by and educated through institutional mechanisms for patient feedback integration\*\*

**Important Terms**  
When discussing this particular competency, it became necessary to clarify who (if anyone) should be the focus of the patient feedback training efforts. The Committee agreed to use the term clinician when referring to those who provided actual care to patients, as opposed to the variety of staff that are also instrumental in providing the overall experience. It was concluded that, although clinical staff will certainly be responsible for the majority of the conversations around care per se, this competency applies to a much broader group of team members. Terms like Patient-Centeredness and Patient Engagement were avoided in favor of using more self-evident and specific language that all could understand.

**Common Elements**  
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.
- Review efforts should be informed by a thoughtful consideration of possible subpopulations and their unique clinical and non-clinical needs (e.g. the LGBTQ community link to LifeBridge C58).

**Notes**  
\*\*Review efforts should be informed by a thoughtful consideration of possible subpopulations and their unique clinical and non-clinical needs (e.g. the LGBTQ community link to LifeBridge C58).  
Qualitative Competency Indicators:

- The Atlas is made more actionable by the Competency Orientation Guide (COG) initiative.
- COGs distill insights from a variety of progressive organizations actively implementing a specific value-based competency. They are meant to give general guidance to the executive contemplating the development of multiple competencies.
- 5 COGs are in development and will be published in late June/early July. 7 more are slated for late 2019 publication.



## The Committee on Value-Based Contracting



**Mark Cronin, MBA**  
Chief Operating  
Officer, Accountable  
Health Partners



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



**Kate de Lisle (Moderator)**  
ACO Research Manager

**June 26th 2pm ET**

Text your email to  
801-361-4642 for webinar  
registration link

## The Committee on Patient Experience



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