

Accountable Care NEWS

Finding Value in MSSP through Leadership, Simplicity, and Engagement

By Sarah Bell and Elena Tkachev

Since the August release of Performance Year 2014 results for the Medicare Shared Savings Program (MSSP), there have been varying opinions about the success of the program. At Collaborative Health Systems (CHS), we are encouraged by the reported outcomes and anticipate that combined with the rule changes effective in January 2016, many participating ACOs will have an opportunity to continue to improve quality of care for Medicare beneficiaries, reduce unnecessary costs, and generate shared savings.

Being accountable and containing ever rising healthcare costs is challenging work and success is not guaranteed. There are a number of strategies, however, that can put an ACO on the right path. For us, community physicians, and particularly primary care physicians, are integral to value-based care because of their ability to build strong patient relationships and coordinate care across a fragmented healthcare system. Our [analysis](#) of primary care claims shows that today almost half of all patients don't return to their Primary Care Physician (PCP); even fewer know who their PCP is. Physicians we work with are shocked when they hear these statistics. Yet they quickly come to realize the unique position they are in to change this dynamic through old-fashioned relationship building, plus newer strategies, such as the use of mid-level medical staff and local care coordinators who can keep an eye on patients after they leave the exam room

CHS is the largest sponsor of Medicare shared savings ACOs in the country and manages 24 ACOs. We partner with more than 3,200 providers and together are accountable for approximately \$2.8 billion in Medicare spending on behalf of approximately 280,000 Medicare beneficiaries in 11 states. CHS' parent company, Universal American Corp., has a long with healthcare professionals, especially primary care physicians.

Since the start of the MSSP in 2012, active ACOs in the CHS family generated \$97 million in gross savings to CMS. In 2014, nine of our ACOs generated savings of nearly \$27 million. This is triple the number of ACOs that qualified for shared savings in the first program year.

Lessons Learned.

While last year's performance showed significant improvement and CHS outperformed CMS's average, we continue to evaluate our partnerships and make necessary changes. Over the years, we have identified three factors that contribute to the success in the MSSP and other value-based models.

Presence of a Strong and Committed Physician Leadership Team.

Population health, data analytics, coordination of care, and quality reporting are just some of the activities a provider must be adept at to function in the value-based care world. Not many physicians possess these skills. Physician leaders act as champions of change, providing guidance and reassurance to other provider, clinical, and administrative staff. From our experience, rapid change can take place with a core of eight to ten engaged leaders for an ACO of average size. These leaders are responsible for selecting clinical performance initiatives, standards of care, guidelines, and population health interventions. Beyond having strong clinical skills, a few leaders must possess people skills and be capable of communicating effectively to build trust and buy-in across multidisciplinary groups.

Example: ACO provider leaders provide the push when pull – in the form of shared savings – may not be immediately available. For example, the Medicare Annual Wellness Visit, a proactive way for practices to engage patients and improve retention rates, requires new administrative practices -- hiring mid-levels, re-purposing exam rooms, and training office staff on new outreach techniques such as mailings and phone calls. Last year across all our ACOs we experienced a 26% completion rate for AWVs, up from 16% the year before. Provider leaders provided the drive to achieve these results.

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'Tis a Gift to Be Simple. An additional factor for success is ensuring that technology-enabled care delivery and practice management solutions are simple and easy to understand. Workflows, clinical programs, and other quality improvement and cost-reducing activities have to be clear, understandable, and easily embedded into a practice's daily activities. Dashboards and reports should be designed to allow clinicians and office staff to formulate action plans within minutes.

As Steve Jobs pointed out, "Simple can be harder than complex: You have to work hard to get your thinking clean to make it simple. But it's worth it in the end because once you get there, you can move mountains." As we work through this challenge, we continually modify our tools and software. Every minute saved interpreting reports gives clinicians and care coordinators more time to spend face-to-face with beneficiaries. Don't be fooled into thinking technology solutions are all you need. Sometimes the best solutions are low tech. Scorecards, for example (see figure 1), offer a quick way of showing providers how they compare to each other while appealing to providers' competitive nature. And printouts of spreadsheets are a perfectly fine alternative to online dashboards as long as they are clear and actionable.

Figure 1. Sample Scorecard

Accountable Care Organization Quality Performance Scores			Prior Year			Current Year			
Domain	Measure	Description	Score	Percentile	Points	Score	Percentile	Points	
Preventive Health	ACO-14	Influenza Immunization	48.09	40th	1.25	66.80	60th	1.55	
	ACO-15	Pneumococcal Vaccination	48.53	40th	1.25	62.35	50th	1.40	
	ACO-16	Adult Weight Screening and Follow-up	51.59	50th	1.40	73.28	60th	1.55	
	ACO-17	Tobacco Use Assessment and Cessation Intervention	84.54	80th	1.85	94.79	90th	2.00	
	ACO-18	Depression Screening	16.01	40th	1.25	76.23	90th	2.00	
	ACO-19	Colorectal Cancer Screening	58.03	50th	2.00	76.85	60th	2.00	
	ACO-20	Mammography Screening	68.69	60th	2.00	84.02	70th	2.00	
	ACO-21	Proportion of Adults who had blood pressure screened in past 2 years	89.69	80th	2.00	57.5	50th	2.00	
		ACO Domain Subtotal:				13.00			14.50
		Domain Max:				16.00			16.00
		ACO Domain Score:				81%			91%

Practice Engagement through Innovation and Creativity. For the first two years of the shared savings program, a considerable amount of staff effort was devoted to teaching providers how to record quality through Group Practice Reporting Option or GPRO.

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Figure 2. CHS Capabilities



Example: When an ACO's emergency room admission rates started to rise, CHS staff telephoned beneficiaries to learn more. They discovered that beneficiaries couldn't get in to see their primary care physician because the office was closed on the weekend. Other beneficiaries didn't even think to call their PCP -- they went straight to the emergency room. This led to two innovations that were rolled out to practices within the ACO and to other ACOs: (1) extending Saturday hours to allow beneficiaries to see their PCP on the weekend; and (2) creating "Call Me First" cards and posters to teach beneficiaries to call their providers before they go to the emergency room.

As most people reading this publication already know, quality reporting is a critical step in value-based care; without it the government has no way of knowing how well providers are performing against standardized quality measures. Fortunately, the GPRO process has become more of a habit these days and for many CHS providers it is a year-round initiative. CHS staff is happy to turn their attention to more innovative and creative solutions which are instrumental in energizing and engaging practices. CHS offers a variety of innovative tools and programs (see Figure 2 above) to help providers grow and diversify their revenue streams in "fee-for-value" payment models while elevating the quality of care they deliver to patients.

Conclusion. We are still in the early days of value-based care. Nobody has all the answers so it is important for ACOs to keep trying new ideas and sharing with each other. Providers, too, want to innovate and do the right thing. They know that pay-for-performance is around the corner, with Annual Wellness Visits and increased patient panels, incentives for Quality Measures, and satisfaction of PQRD to avoid penalties. CHS is helping providers succeed by being a driver of process and cultural change without being technology dependent. We look to our lessons learned to serve us going forward and we hope others will benefit from these lessons too.

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