

CHC'S AND THE ACO... IT'S COMPLICATED

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The Salud Family Health Centers

- Mission Driven
- Our Patients
- Impact

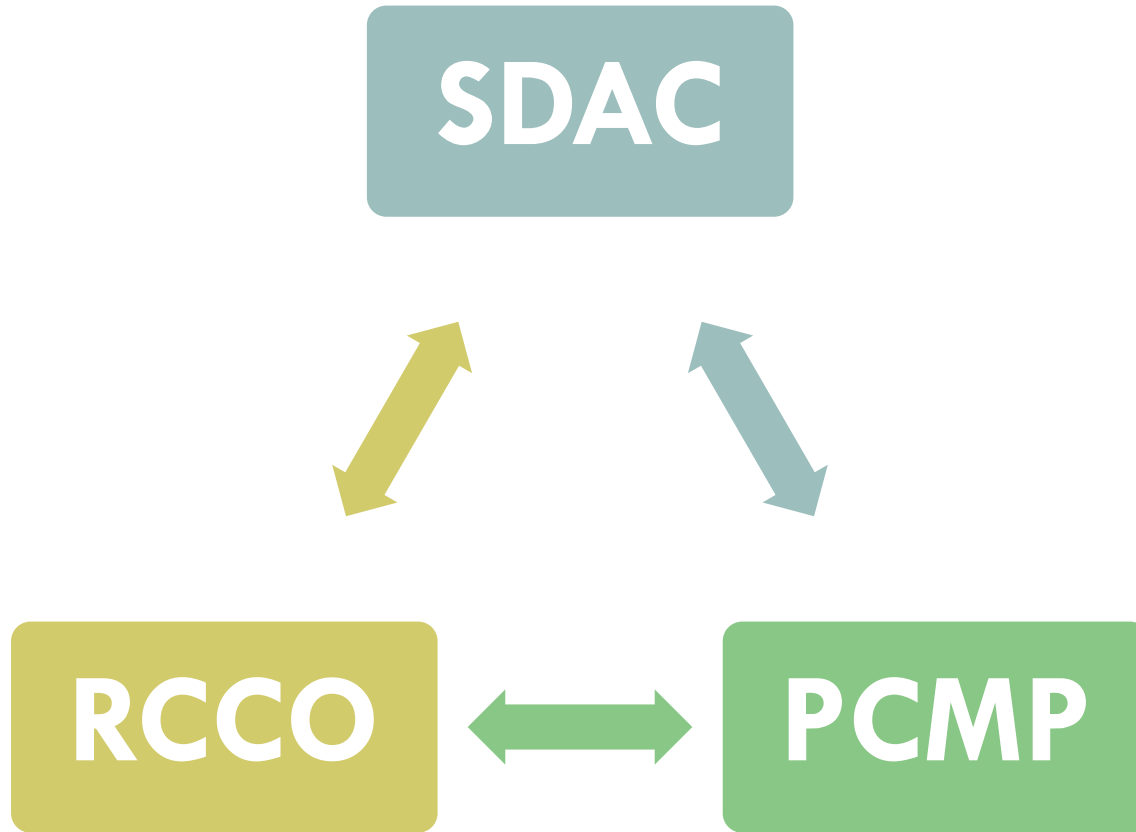
COLORADO: Early adopter of ACC

- State of Colorado Medicaid
 - ▣ 85% unmanaged fee for service
 - ▣ High caseloads
 - ▣ Increased costs
 - ▣ Minimal care coordination
 - ▣ Decreased health outcomes
 - ▣ Failed attempts to manage care

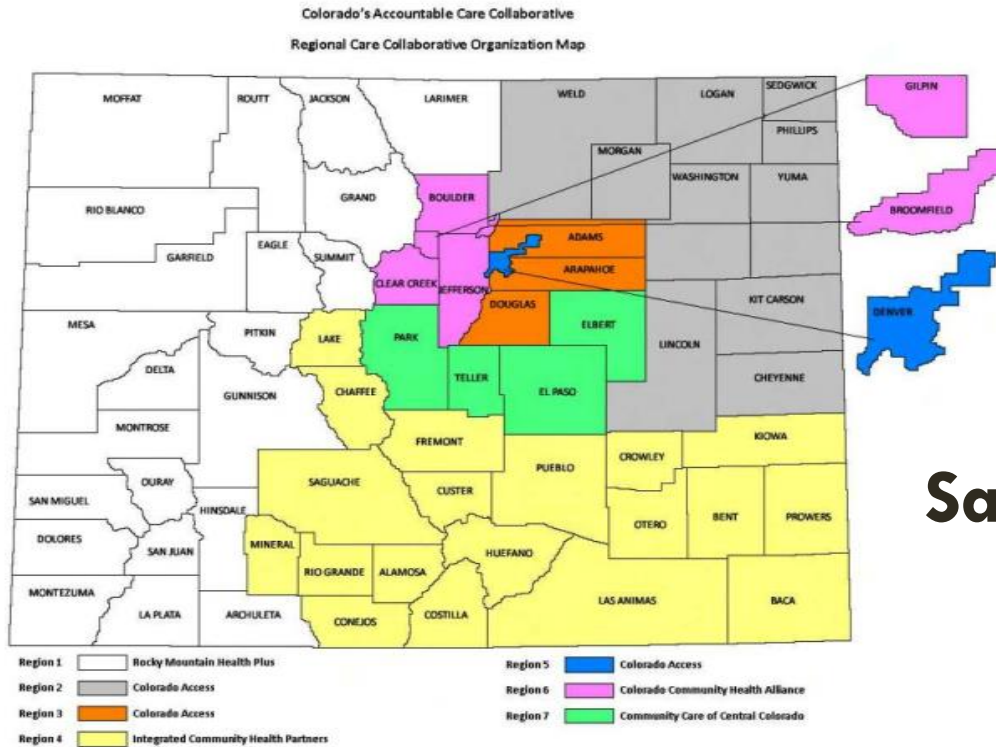
Accountable Care Collaborative

- Patient centered approach to managing care
- Change incentives and delivery from rewarding volume to holding us **ACCOUNTABLE** for positive health outcomes

PRIMARY ACC COMPONENTS



RCCO MAP



Salud is in **4** of 7 RCCO's

Region 1: Estes Park, Fort Collins

Region 2: Fort Lupton, Fort Morgan, Frederick, Sterling

Region 3: Brighton, Commerce City

Region 6: Longmont

GOALS OF THE ACC

- IMPROVE HEALTH
 - Through a coordinated, patient centered system
- CONTROL COST
 - By reducing avoidable, duplicate, and inappropriate use of healthcare resources
- IMPROVE PATIENT EXPERIENCE

PMPM Financing

RCCO	STATE PMPM	RCCO PMPM
RCCO1	\$3.00	Salud pays \$2.50 PMPM for CM delegation.
RCCO2	\$3.00	\$6.00
RCCO3	\$3.00	\$6.00
RCCO6	\$3.00	\$5.00

- FY 2012-2013 PMPM payment changed from \$4.00 to \$3.00
- \$1.00 withheld and **entire region** can earn back the \$1.00 based on regional KPM reduction

Key Performance Measures (KPM)

1. Reduce inappropriate use of the ER
2. Reduce the use of unnecessary high cost imaging
3. Reduce hospital readmissions



Responses to KPM's

Emergency Department Utilization

- ▣ **Care Management**
- ▣ **Real-time hospital data (PVMC, LUH)**
- ▣ **Hospital Utilization / Care Management Workflow**

□ Emergency Department Studies

▣ Longmont United Hospital (Longmont, Colorado)

- **Date Range: 2/6/2012 – 3/7/2012, Total Salud ER Visits: 628, Total contacted: 307**

Reason for ED visit		
Severity of Symptoms	99	32.2%
Time	94	30.6%
Other	21	6.8%
No Salud apt. available	86	28.0%
Referred by Salud	7	2.3%

- ▣ **Platte Valley Medical Center (Brighton, Colorado)**
 - **Date Range: 9/10/2012 - 11/05/2012, Total Salud ER Visits: 428, Total contacted: 210***

Reason for ED visit		
Severity of Symptoms	120	57%
Time	42	20%
Other	16	7.62%
No Salud apt. available	16	7.62%
Referred by Salud	14	6.67%

* 2 patients used ER for financial reasons [i.e. belief that ED is less expensive than alternatives (0.95%)]

□ Colorado Trust

- **Date Range:** 2011 Colorado Health Access Survey, **Total Respondents:** 10,000
 - Highest ER utilizers in Colorado have Medicaid
 - Almost half reporting at ≥ 1 ED visit noted their reason for visit was for a condition that could have been treated by a regular doctor, if a regular doctor was available
 - Top reason for visiting an ED (for above population) was the need for care **after normal office hours**. The second most common reason was **inability to secure a doctors appointment as soon as it was needed**.

□ Salud Clinic Access Study

- Study completed via Call Center to determine what level of same-day access our patients have, and identify potential barriers to obtaining an appointment

Percent of patients, who called for ACP appointments, were not given appointments by the call center and were transferred to medical triage.

Brighton	35%
Commerce City	57%
Estes Park	8%
Fort Collins	91%
Fort Lupton	17%
Fort Morgan	10%
Frederick	100% (during study site was short providers)
Longmont	95%
Sterling	6%

HIGH COST DIAGNOSTIC IMAGING

- Prior Authorization Request (PAR) automatically limits non-emergent imaging ordered by PCP

30 DAY HOSPITAL READMISSIONS

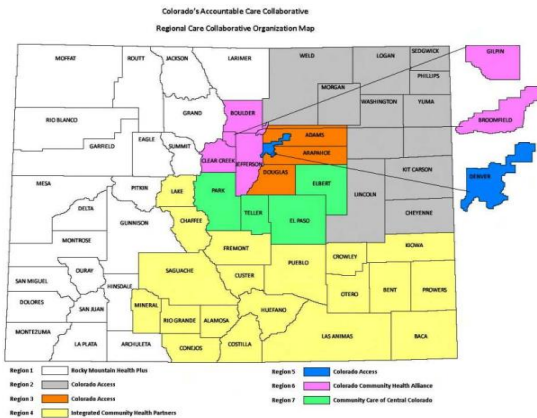
- Care Management
- Hospital use Care Management Workflow
- Transitions of Care Team intervention

Patient Identification via the SDAC

- We recognize the **SDAC** is...
 - ▣ Primary data repository
 - ▣ Data source for program measurement and evaluation
 - ▣ Source of valuable clinical information
 - ▣ Identifies opportunities to improve care and outcomes of our patient populations

Limitations of a **LARGE POPULATION**

- Salud operates nine clinics across four RCCO's



- Region 1: Estes Park, Fort Collins**
- Region 2: Fort Lupton, Fort Morgan, Frederick, Sterling**
- Region 3: Brighton, Commerce City**
- Region 6: Longmont**

- Approx. 23,000 ACC clients system-wide
- Strategic Care Management and high-risk patient identification can be difficult

LIMITATION EXAMPLE

□ FILTER

→ *SDAC All Member Report*

→ **RCCO 3**

→ **6848 patients**

PRIORITY PATIENTS

- **Question:** How do we focus our Care Management efforts on large **POPULATIONS** of patients?
- **Answer: PRIORITY PATIENTS ALGORITHM**

□ What it is:

- A method of strategically using the SDAC to identify **high risk** patients from a large **POPULATION** for Care Management.

□ What it isn't:

- A **fail proof** method of identifying **EVERY** patient who may need Care Management
 - We have found that data must also be extracted from multiple sources in order to effectively target high risk patients (i.e. hospital admission data/ER reports, internal referrals etc.)

- SDAC *All Members List* imported into IBM SPSS Statistics 19 Program
- **Priority Risk** is an addition of four **RISK INDICATORS**
 - ▣ Clinical Risk Group (CRG) weight
 - ▣ Total cost
 - ▣ Number of hospital readmissions in previous 30 days
 - ▣ Number of ER Visits

Algorithm

RISK GROUP	RISK INDICATOR	VALUE
ONE	CRG \geq 2.000	1
TWO	TOP 25% MOST EXPENSIVE (TOTAL COST)	1
THREE	\geq 1 30 DAY HOSPITAL READMISSION	1
FOUR	3 VISITS TO THE EMERGENCY ROOM	1
FIVE	$>$ 3 VISITS TO THE EMERGENCY ROOM	2

PRIORITY RISK SCORE

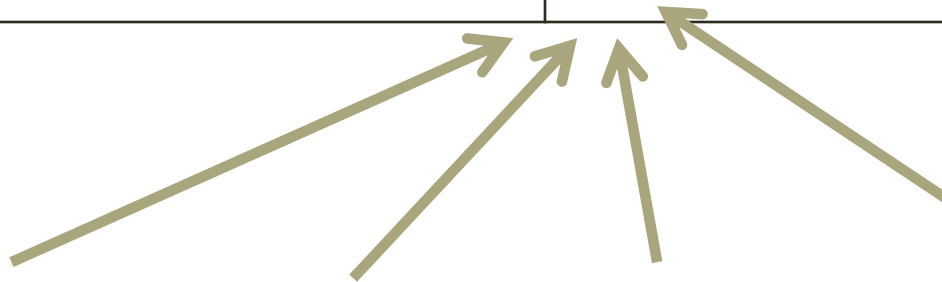
- **Priority Risk Score** = the addition of the risk indicators

PRIORITY GROUP	PRIORITY RISK SCORE
RED	5
YELLOW	3 - 4
WHITE	0 - 2

- Once a **priority risk score** is estimated, the list is exported from *SPSS* back to *Excel*.
- The new list in *Excel* can be broken down by clinic
- Local Care Managers can prioritize patients using the score that is added to the *SDAC* spreadsheet as a **new column**

All Members → RCCO 3 → Commerce City Salud

PRIORITY GROUP	PRIORITY RISK SCORE	POTENTIAL FOR CARE MANAGEMENT
RED	5	4
YELLOW	3 - 4	177
TOTAL		181



ERVisits

CRGWeight

Readmits30Day

TotalCost

181 = REASONABLE STARTING POINT for Care Management

This number is drilled down even further with comprehensive health needs assessment

SDAC & COST

Sample SDAC screenshot (Salud RCCO 6 – Longmont)

RCCO6: Colorado Community Health Alliance (Claims paid through 3/6/2013)

Enter text to search...

RCCO Program Measures

Key Performance Measure	Rolling 12 months 12/2011-11/2012	Program YTD 07/2012-11/2012	Member List
% Improvement 30 Day Readmits PKPY	(9.4) %	28.2 %	Member List
% Improvement ER Visits PKPY	5.1 %	7.9 %	Member List
% Improvement High Cost Imaging PKPY	(22.3) %	(14.3) %	Member List

Budget Basis

Base risk score	0.995
Current risk score	0.866
Base budget	\$236.89
Current budget	\$236.89

Total Cost of Care

Key Performance Measure	Rolling 12 months 12/2011-11/2012	Program YTD 07/2012-11/2012
Variance from Budget (PMPM \$)	N/A	(\$9.56)
Paid (PMPM \$)	\$223.05	\$227.33

Population Data 03/2012-02/2013

All Members: 4,605

62.50%	Healthy & Non Users
3.24%	Pregnancy/Delivery
10.36%	Significant Acute
6.78%	Minor Chronic
9.90%	Moderate Chronic
6.78%	Dominant Chronic

Salud RCCO 6 Monthly Budget \$236.89

Paid PMPM \$227.33

\$ 9.56 OR \$9.56 under budget

REGIONAL INCENTIVE PAYMENTS

- FY 2012-2013 PMPM payment changed from \$4.00 to \$3.00
- \$1.00 withheld and **ENTIRE REGION** can earn back the \$1.00 based on driving down KPM's
- First Quarter Results (July, August, September 2012)
 - ▣ Salud was identified as a “**top performer**” based on improving **REGIONAL** KPM trends as compared to the baseline period (July, August, September 2011)
 - ▣ Salud received \$ **23,844.04** based on **REGIONAL PERFORMANCE** as compared to the baseline period.

INCENTIVE LOGIC

□ 2 Levels of performance achievement:

Level 1	1-5% reduction in a particular KPM from the base period
Level 2	Greater than 5% reduction in a particular KPM relative to the base period

KPM	Level 1	Level 2
Hospital All-Cause Thirty (30) Day Readmissions	\$0.22	\$0.33
Emergency Room (ER) Visits	\$0.22	\$0.33
High Cost Imaging Services	\$0.22	\$0.33
Total Incentive Payment PMPM	\$0.66	\$1.00

ACC YEAR ONE (FY 2011-12)

□ HCPF report to the JBC

▣ Highlights

- 8.6 percentage point reduction in **hospital readmissions** compared to non-enrolled group
- **ER utilization** by ACC enrollees increased 1.2 percentage points less than utilization by non-enrollees , or an increase of 0.23% for ACC enrollees compared to an increase of 1.47% for non-enrollees.
- ACC utilization of **high-cost imaging** decreased 3.3 percentage points more than non-enrolled group
- ACC program reduced rates of preventable hospitalizations and readmissions for clients with asthma and diabetes.
- Rx drug utilization for medications to manage HTN increased statewide
- Estimated **gross savings of \$20 million** for FY 2011-12

Questions?

