



# East Boston Neighborhood Health Center Navigating ACO Storm

**27<sup>th</sup> Best Practices Forum – Hawaii  
March 2017**

# Over 45 years Serving the Whole Community

## Major provider of care

- Geographic isolation

## Diverse, low-income community

- 71% live below 200% of the federal poverty level
- 55% are served best in a language other than English

## Service Area: CREWE is growing

- 5% growth since 2010 census
- Growth in the Latino population

## Major health issues

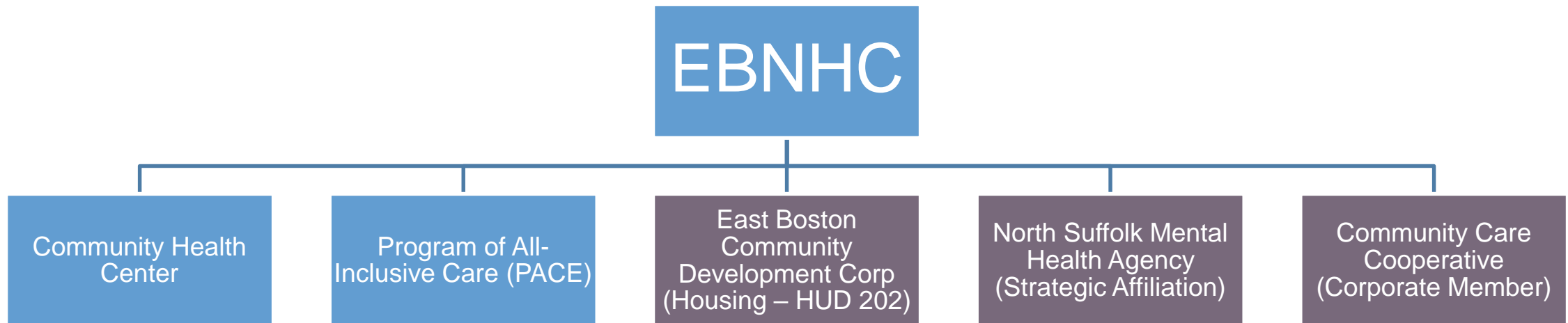
- Cancer, heart disease,
- Substance use

**Over 300,000 Visits**

**Over 1,200 Employees**

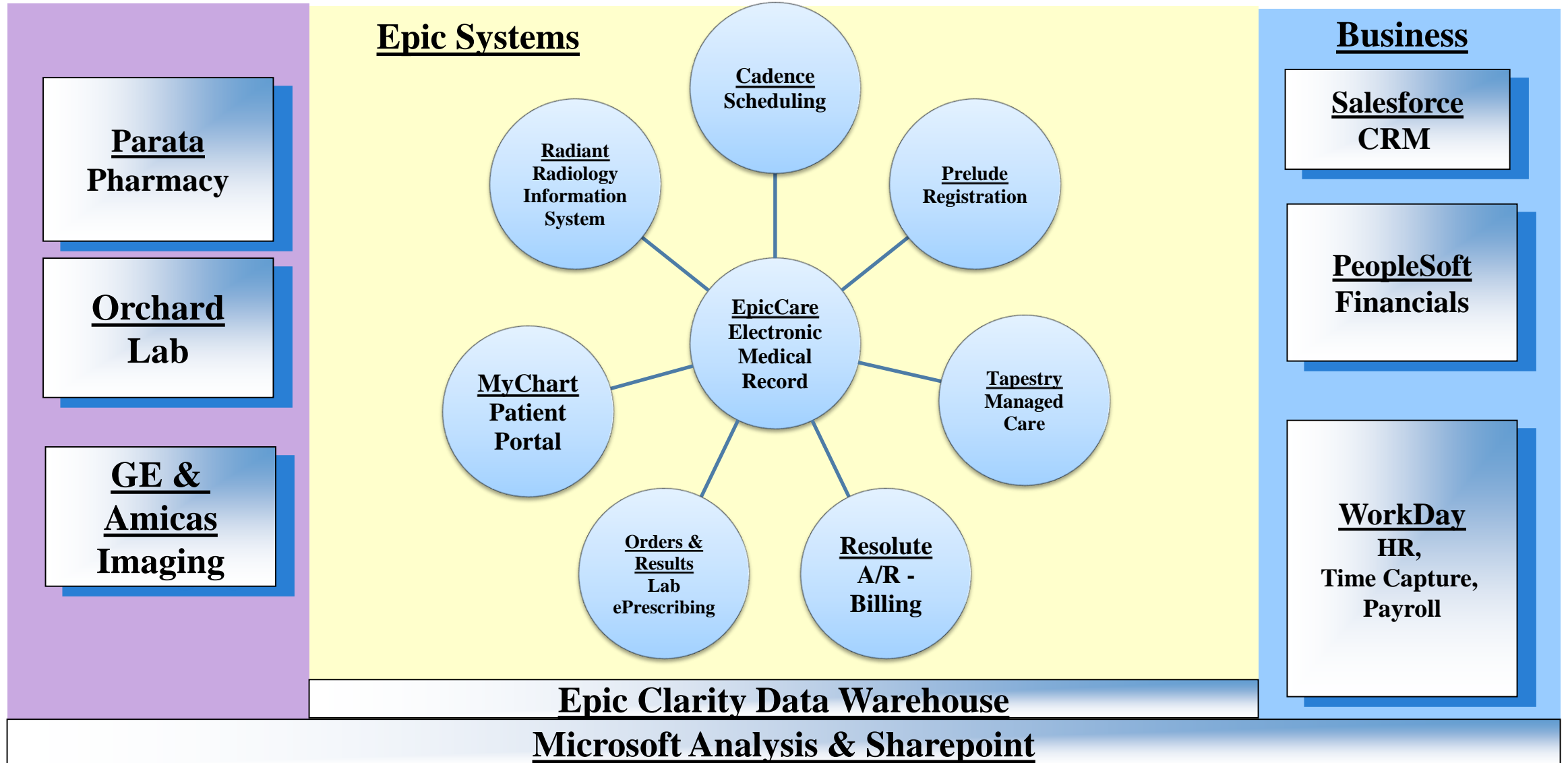


# Lines of Business & Affiliations





# EHR and Systems Investment



# Community Health Center

- Adult Medicine
- Family Medicine
- Pediatrics
- OB/GYN - Women's Health
- Integrated Behavioral Health
- Care Navigation
- Dental
- Emergency Services 24/7*
- HIV Services
- Addiction Services
- Interpreter Services
- Insurance Enrollment
- Lab
- Pharmacy
- Radiology
- School-Based Health
- Care for Disabled
- Vision

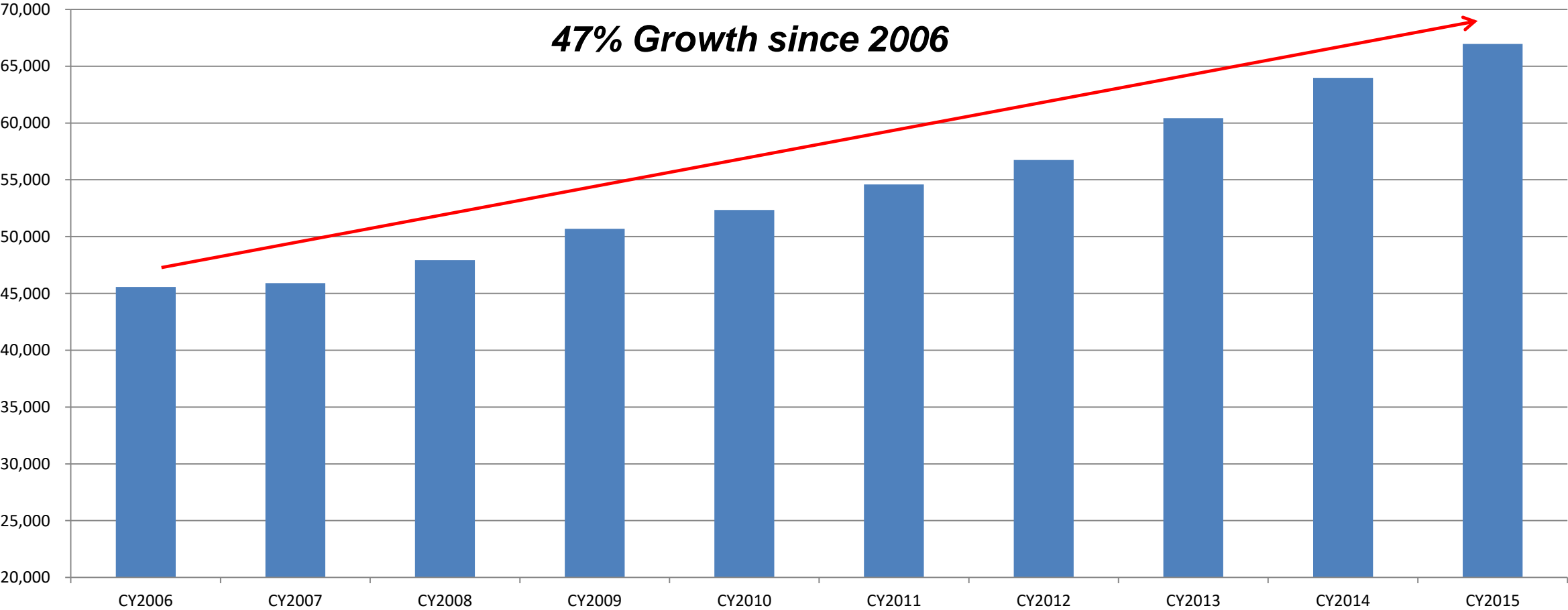




# Experiencing Significant Growth

Patients

**47% Growth since 2006**



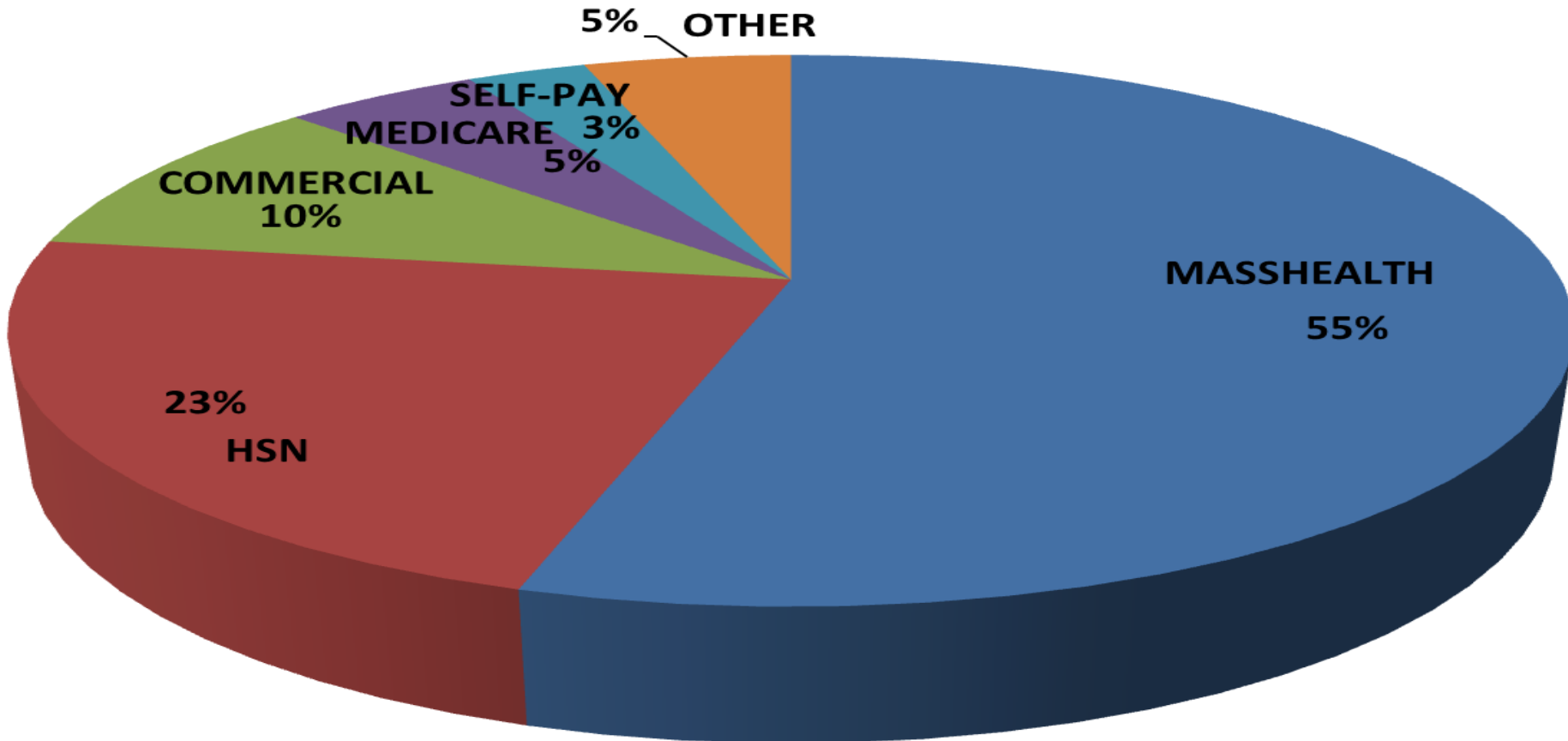


# Market Share

Service Area	2011 Market Share	2014 Market Share	2015 Market Share	% Change in Market Penetration (2014-2015)
East Boston	66%	73%	76%	4%
Chelsea	21%	30%	34%	12%
Winthrop	21%	22%	23%	4%
Revere	17%	21%	23%	11%
Everett	6%	9%	10%	8%
Total CREWE	26%	32%	34%	5%



# Health Center FFS Payer Mix







# ACO Definition

*An ACO is a group of health care organizations (PCPs and/or hospitals and/or specialists) who agree to contract with payers to manage the costs and quality of a defined population*

- Upside Only: Contracts are sharing savings
- Two-sided risk or Up/Down: Contracts are sharing savings and shared losses

Massachusetts Medicaid (MassHealth) ACO program is two-sided risk



# Six Core ACO Functions

- **Care Management**

- As close to the point of care as possible

- **Performance Analytics**

- Not only to predict risk, but to predict ability to impact change

- **Population Health**

- Systems (both technology and business process) for prevention & chronic disease management

- **Behavioral Health**

- Integrated mental health & community partners
  - Substance use prevention and management

- **Social and Community Health**

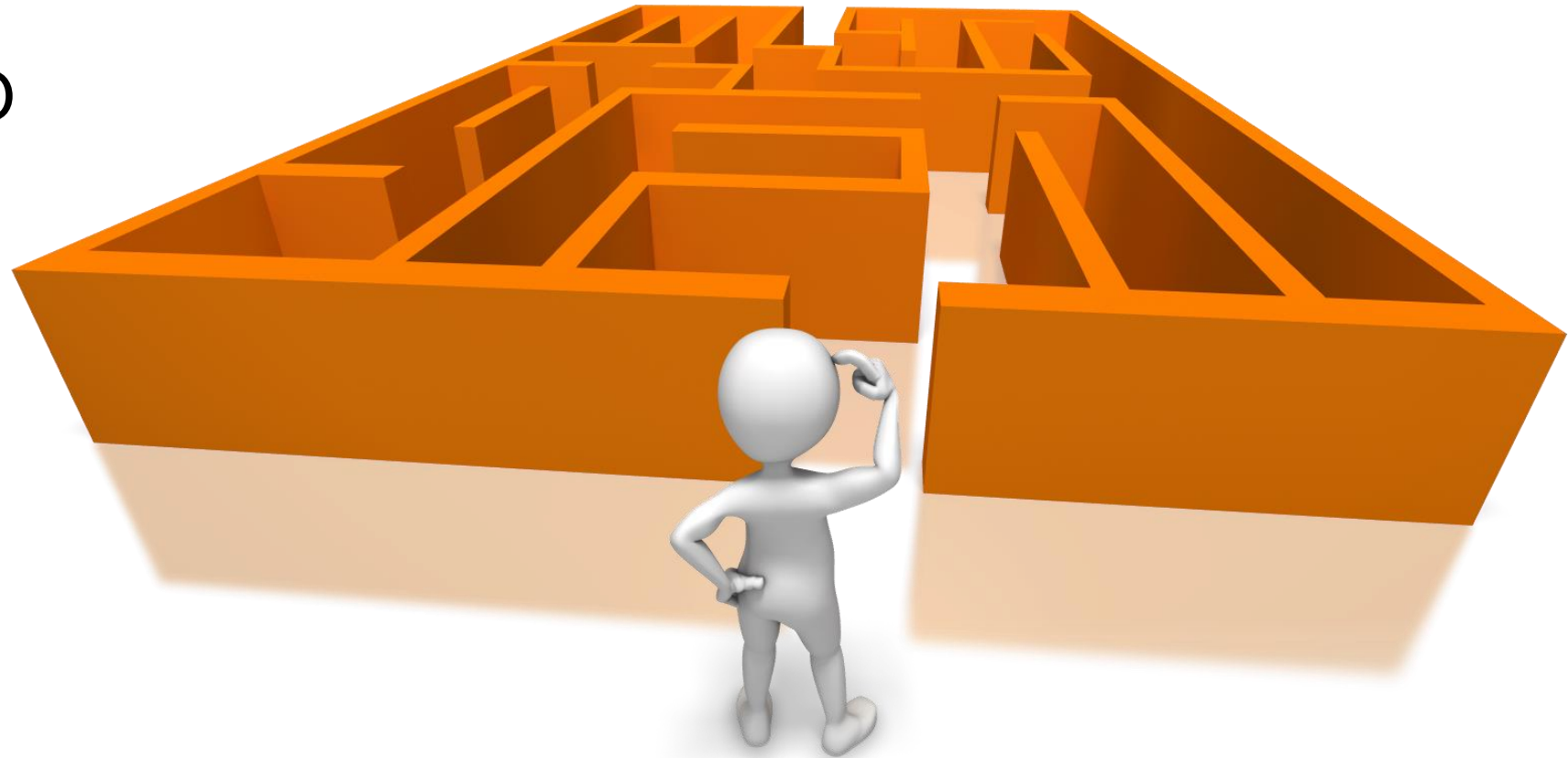
- Innovative approaches to address social needs in the same manner that we address physical health needs

- **Clinical Integration**

- Central repository for EHR data/data mining
  - Other integration initiatives (PPVA; clinical pathways)

# Navigating through the Maze..

- Hospital ACO
- Physician Groups
- Health Plans – MCO
- PCA
- EBNHC ACO



# EBNHC's Requirements

- Governance & Representation:
  - (House or Senate)
- Investment in Primary Care & Community
- Stay in the driver's seat
- Our Focus: Patients, Staff, Organization





# We Found a Solution!



## Start a New Accountable Care Organization



*Closing the loop on social, behavioral and physical health*

# The Community Care Cooperative

- Community Care Cooperative, Inc., (C3), is a new 501(c)(3)
- C3 will partner with MassHealth through the ACO initiative
- **C3 will also leverage opportunities to bring administrative efficiency to its Members through the sharing of back office functions**
- Unlike all other established and emerging ACO's in Massachusetts, our model is a Federally Quality Health Center, primary care-based ACO

# Provider Membership Criteria

- Must be a Federally Qualified Health Center
- Must be accredited PCMH at primary site
- Must be in Good Standing with MassHealth, CMS, and HRSA
- Must have Financial Stability
- Clinicians must use ONC certified EHR
- Must be willing to create needed EHR and other clinical data exchanges
- Agrees to adhere to CCC's shared principles of collaboration and cooperation
- Agrees to adhere to all regulatory requirements
- Agrees to pay one-time membership fee (currently \$50K)

Confidential and Proprietary: Do not distribute without the written permission of Community Care Cooperative





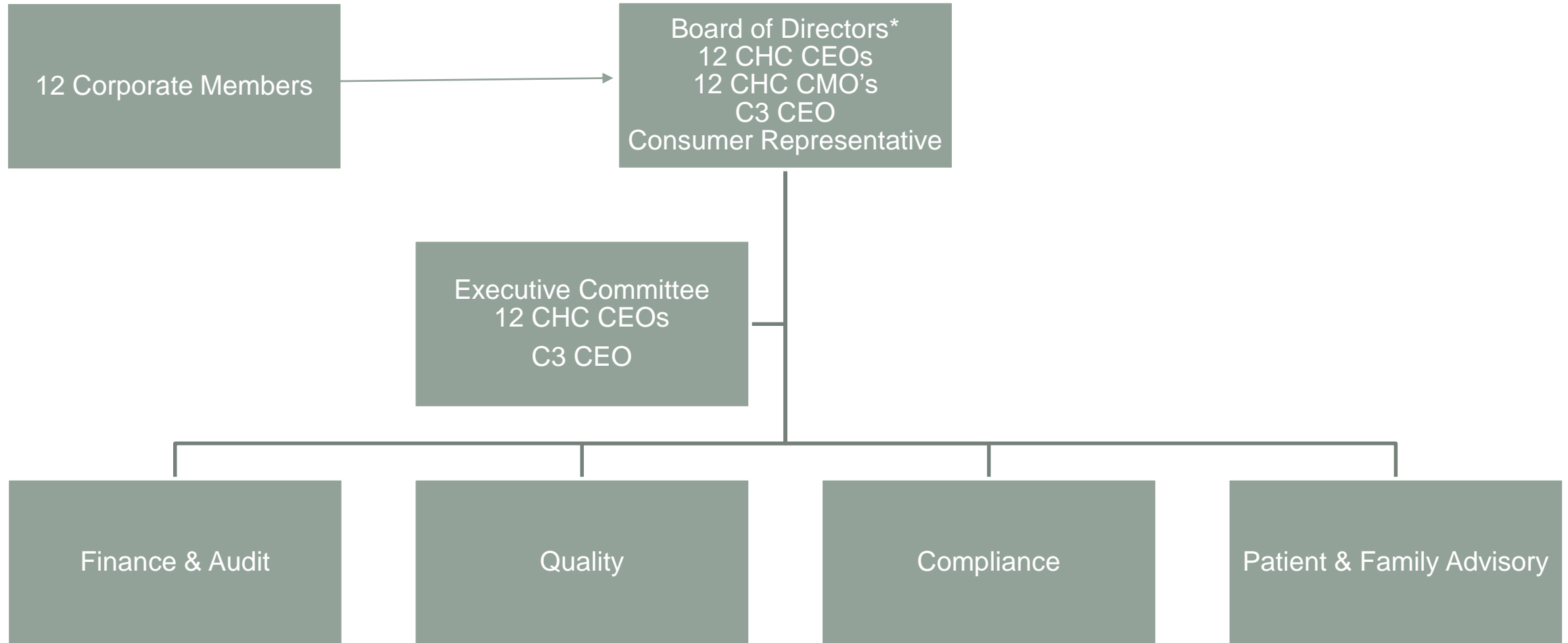
# Our Corporate Members

Number of participating health centers: 13

Covered Lives: 100,000-110,000



# Governance Structure



\* One member, one vote

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# Leadership

Christina Severin, Chief Executive Officer

- Senior leadership positions in several FQHCs
- Leadership and senior leadership positions at public hospitals
- CEO of a Medicaid Health Plan
- CEO of a large system ACO

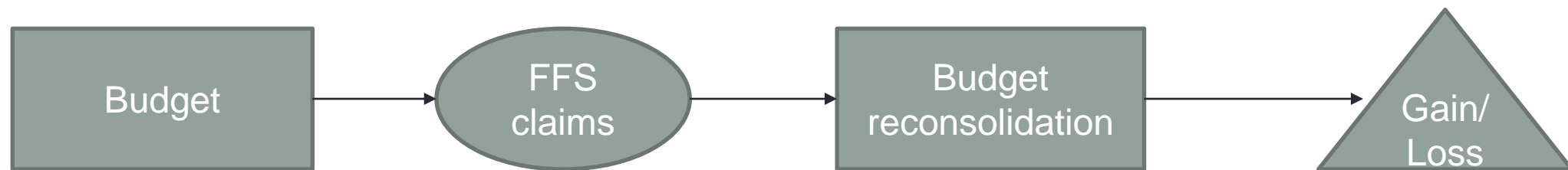
Manny Lopes, Board Chair

- President & CEO, East Boston Neighborhood Health Center



# MA Medicaid - Model B ACO

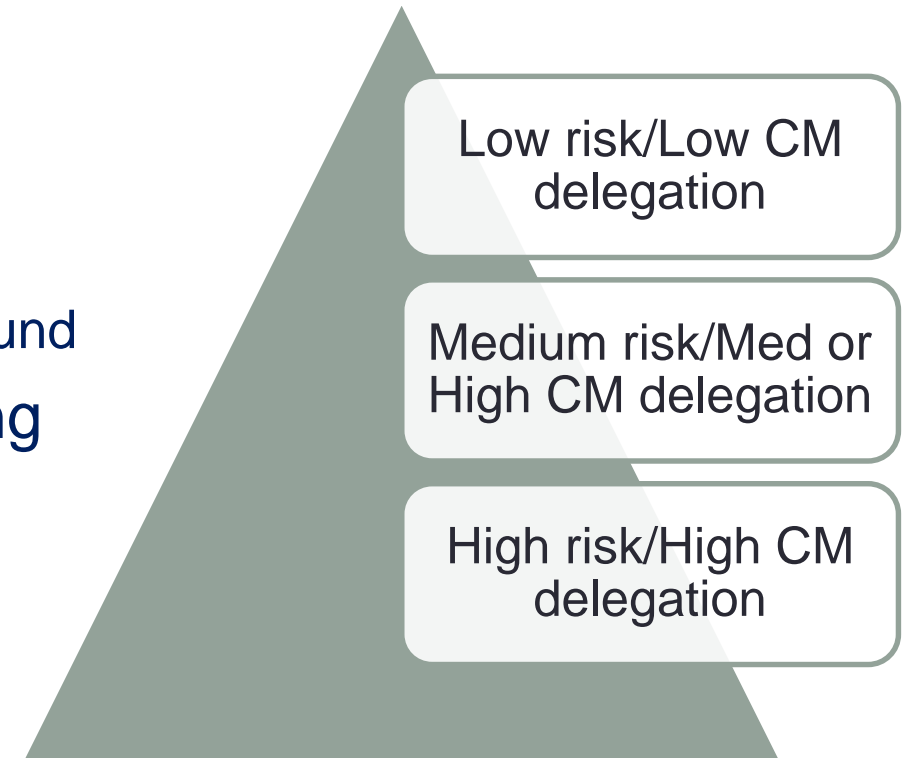
- C3 is a MassHealth Model B ACO, also known as a “Primary Care ACO”
- The financial model is a budgeted reconciliation
- C3 will have a total cost of care (TCOC) budget for each member
  - FFS claims continue to get billed and paid
  - At the end of the year, all of the FFS claims are added up and debited against the TCOC budget
    - If budgeted dollars are left after debiting all FFS claims, the ACO keeps some of the money
    - If budgeted dollars are overspent after debiting all FFS claims, the ACO gives back some of the money



# Internal Financial Architecture (IFA)

## Scope & Guiding Principles

- Our IFA methodologies included:
  - Risk Unit budget setting
  - Internal funds flow
    - Surpluses
    - Deficits
  - Systems to ensure that the company is financially sound
- In order to create the best matches with starting point capacities of our health centers (financial and care management), we will create three IFA offerings



# Model of Care: High Level Design and Delineations of Functions

## ACO (with Partner) tools and systems

Predictive Analytics  
Assessment and Care Plan  
Tools

Care Coordination workflow  
Coding workflow  
P4P workflow  
Care gap workflow

## FQHC

DEDICATED CARE MANAGEMENT TEAMS  
Integration with BH CPs and LTSS  
~5% Most Complex

PCMH PRIMARY CARE TRANSFORMATION  
~95% of Members  
P4P Management  
Primary Care Medical Home  
Care Coordination  
Condition-specific care  
Wellness Initiatives  
Social determinants of health  
Enhancing Patient Experience  
Coding Optimization/Revenue Maximization

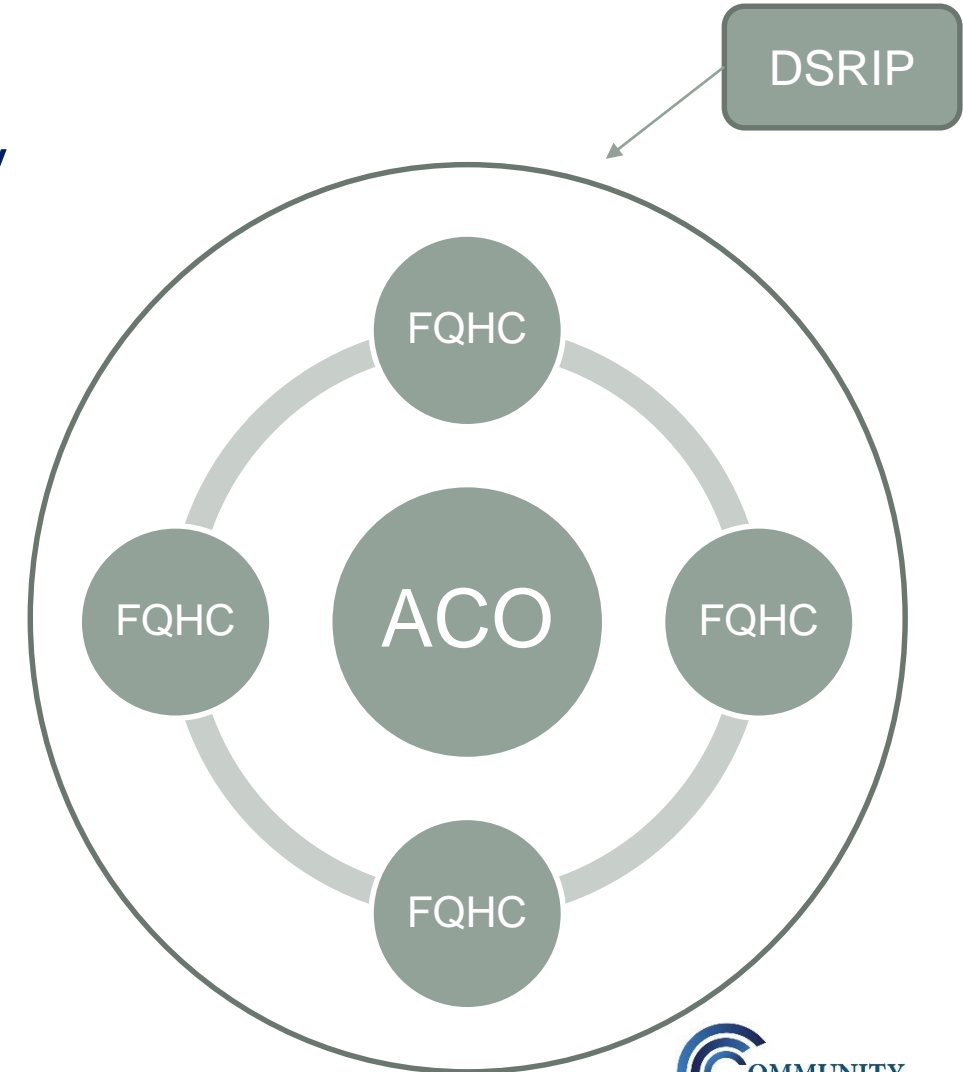
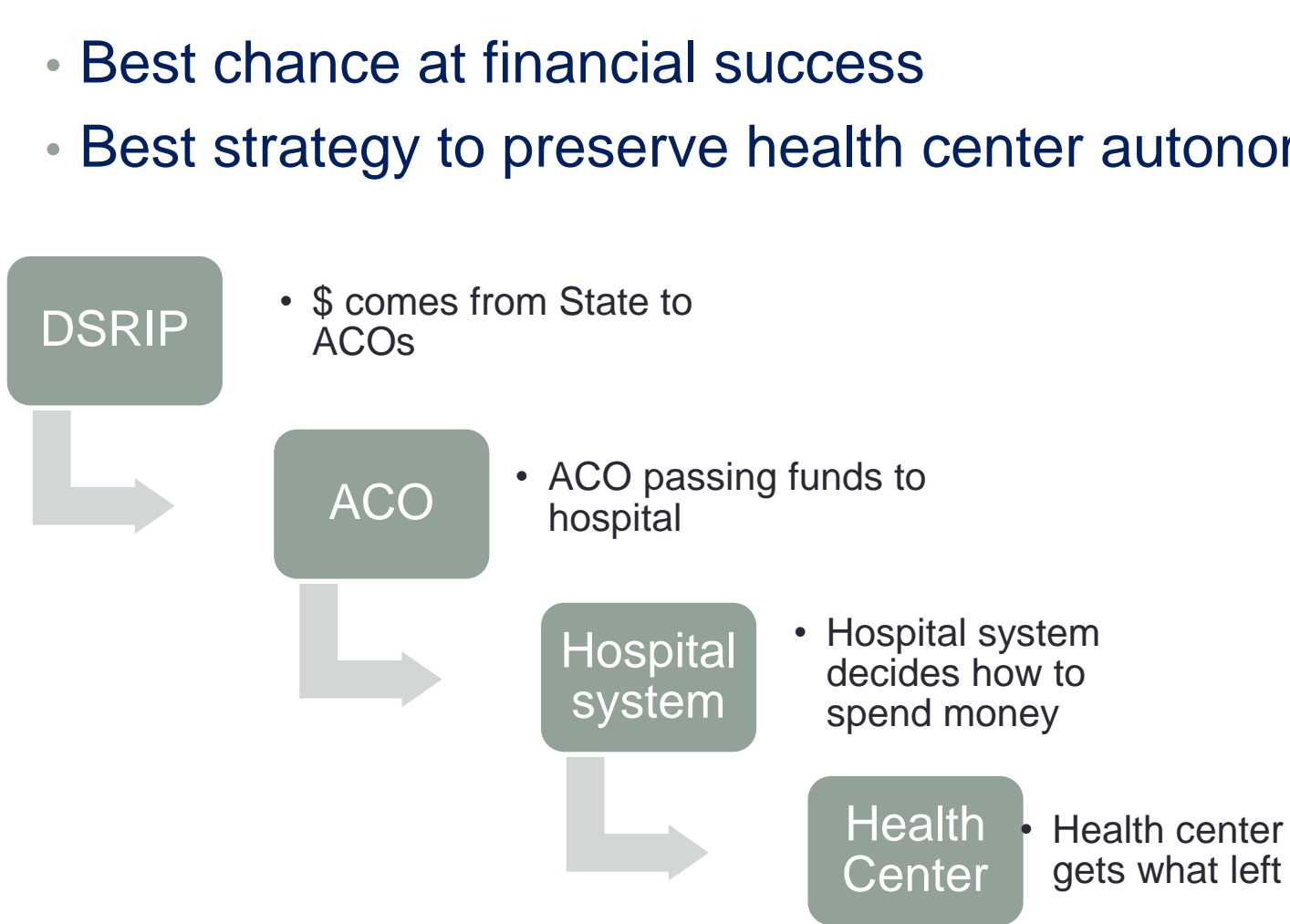
## ACO's Contracted Partners

BH and  
LTSS CPs

Transitions-  
in-Care

# CCC compared to other ACOs

- Best chance at financial success
- Best strategy to preserve health center autonomy



# Summary of C3's Core Advantages

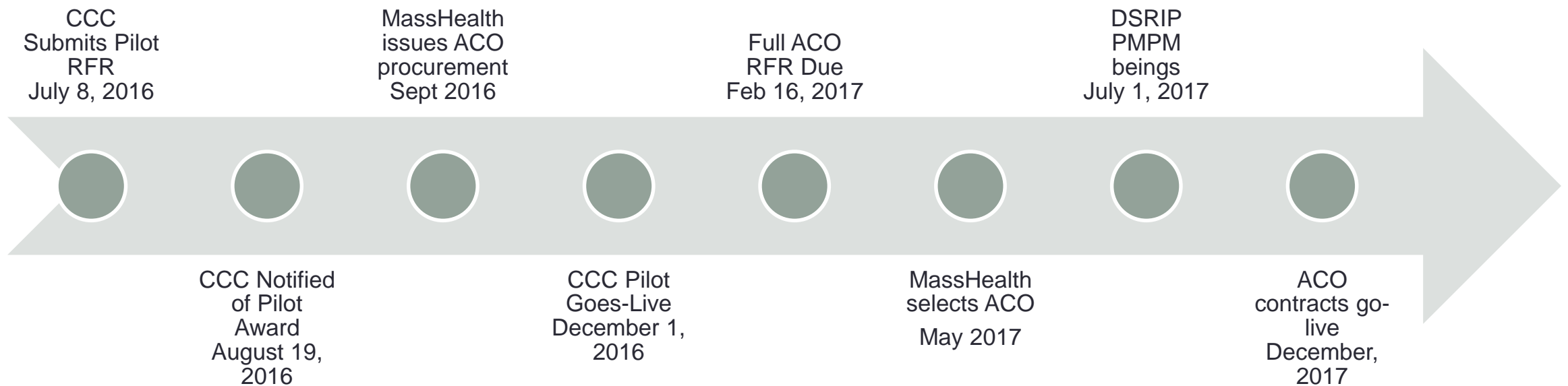
- Improve patient care and the patient experience
- Move beyond “medicalization” of care, to efforts aimed at truly improving people’s lives
- A system of care where patients personal choices for specialists/hospitals are honored
- Transform primary care through direct financial investment and deep technical support
- Re-write the power equation in the healthcare eco-system
- Deeply enhance their skills and tools in population health and value-based care
- Become the beneficiaries of the value they create as lower cost providers
- Be part of a shared-FQHC leadership effort, clinical and non-clinical

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# High-level MassHealth ACO Timeline



# Massachusetts Medicaid Pilot ACO

## Awardees:

- Boston Accountable Care Organization (BACO) – BMC
- Children's Hospital Integrated Care Organization
- **Community Care Cooperative**
- Partners Care Connect
- Steward Medicaid Care Network
- UMass Memorial Health Care

*“ACOs will work closely with community-based health organizations to better integrate care for behavioral health, long-term services and supports and health-related social needs,” said **Marylou Sudders, Secretary of the Executive Office of Health and Human Services.** “We look forward to learning from this one year pilot as we restructure the Medicaid program.”*

# Challenges Ahead

- ACA Repeal & Replace
- Health Center Funding Cliff
- 340B
  - Federal
  - State
- Partnering with State of Massachusetts
- Hospital Partnerships
- Community Behavioral Health Partnerships
- Post Acute Care Partnerships

## New York Times: June 13, 2016

“..Accountable Care Organizations that are led by primary care physicians not employed by hospitals did save money,..

..This suggests that an arms-length relationship between doctors and hospitals may be more efficient. ..”



## Questions and Discussion Mahalo

*Closing the loop on social, behavioral and physical health*