Lessons Learned in the Accountable Care Journey in Rural Ohio

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Session Objectives

• Review the experience of Fisher Titus Medical Center, a rural Ohio Hospital, and its journey away from fee-for-service, and towards an accountable care payment mode

• Understand the technical aspects and components of participating in a Medicare Shared Savings Program Track 1, Medicare Incentive Payment System (MIPS) ACO.

• Understand the benefits for organizations, providers, and patients that can be derived from Medicare Shared Savings Program (MSSP), Track 1 ACO participation

• Learn about steps to take now to start the accountable care journey
A Rural Model for Accountable Care- Caravan Health

- Accountable Care Organizations – 23
- Hospitals – 164
- Doctors – 6,000
- Quality Scores – 97%
- Shared Savings – 257% of National Average
- Application Success Rate - 100%

Value Based Programs Enabled by Caravan Health

- AIM ACOs
- MACRA
- CPC+
- Commercial ACOs
• Providers agree to be accountable for the cost and quality of care of their primary care patients.

• Must have 5,000 “covered lives” attributed for eligibility. Caravan Health Rural ACOs use “Virtual Groupings”.

• If quality is good and costs go down providers can get up to 50% of the savings.

• This provides an opportunity for you to learn to effectively manage population health while avoiding unnecessary negative payment adjustments & provides great advantages for MIPS reporting.

• REIMBURSEMENT DOES NOT CHANGE!

• You will join other rural communities to make up your ACO cohort

• You have attributed lives in your own community that you manage

• Each individual community needs to work toward improving care while reducing the cost of care, but success is measured on the ACO as a whole. CMS only recognizes the ACO.

• Your local governance is provided within quarterly ACO Steering Committee meetings. Your ACO governance is provided within the quarterly ACO Board Meeting (each community has a representative on the ACO Board). It’s your ACO.
The Caravan Health ACO Program

- Structure and funding - ACOs require infrastructure
- Local Care Coordinator
- Coaching Team
- Regional education
- Claims data (Lightbeam) and Scorecard
- 24-Hour Advice Nurse Hotline
- Quality reporting assistance
- Quarterly Steering Committee Meetings
- Quarterly ACO Board Meetings
• This is strictly a bonus program. If costs go up, there is no penalty, if savings is achieved - it’s “shared”.

• All existing reimbursement stays the same.

• Overall benefit of participation: An opportunity to learn while avoiding unnecessary risk.

• If you are participating in MIPS, you significantly increase your chances of a bonus.
Improve Financial Performance to Stay Independent and Sustainable

- Implement new wellness services that generate $500 to $1,000 annually per Medicare patient.
- Increase life-saving, preventative services such as mammograms and colonoscopies.
- Keep health care local and prevent out-migration.
- Protect employed and community physicians from MACRA penalties.
- Maximize MACRA bonuses and quality scores with the least amount of effort.
3 Options for the Quality Payment Program

Option 1: MIPS (Lowest scoring MIPS option with most effort required)

Option 2: Qualifying APMs (Take risk, out of MIPS but may pay large penalty, limits bonuses to 5%)

Option 3: MIPS-ACO (Highest scoring MIPS option with least amount of effort)
WHY
Key Components of a Value-Based, Population Health Model

Common Elements of Value-based Success

Prevention:
- Population Health Software- Integrate Claims and EMR Data.
- Annual Wellness Visits
- Chronic Care Management
- Advanced Care Planning
- Behavioral Counseling
- Depression Screening
- Mental Health Support
- 24/7 Access

Coding:
- HCC 101

Quality:
- Process
- Pre-visit Planning
- Patient Satisfaction
3-Step Strategy to Success in Value-Based Payments

1. Start wellness program with Annual Wellness Visits (AWV)
2. Support patients’ wellness through billable services such as chronic care management (CCM)
3. Demonstrate success through quality measures aligned with CCM and AWV program

Goals-

• 10% of Medicare beneficiaries in CCM
• 50% of patients receive Annual Wellness visit
  • Implemented by Care Coordinator
  • Maximize AWVs for quality
Why Join an ACO?

• Position for Future Success
  • Improving quality of care
  • Improving health outcomes
  • Reducing health costs and inefficiencies

• Patient Needs
  • Chronic Disease Management
  • Patient Education

• Population Health Strategy- AWVs, Care Coordination, HCC Coding
Why Join an ACO?

• Escalating Financial Squeeze of Cost-based Reimbursement

• Impending “Doom” of Value-based Payments
  • Desire for excellence
  • Rural CAN compete!
  • Realized Accountable Care isn’t going away……

• Several Advantages to Track 1 ACOs (MIPS APM)……
  • Potential for shared savings, low risk
  • Exempt from MACRA/QPP reimbursement penalties based on cost
  • Automatic full credit for improvement activities
  • No additional quality reporting
Our ACO Journey
Expert Panel-

Cheri Spragg, Vice President of Population Health and Case Integration, Fisher Titus Medical Center

Sharon McGrail, Population Health Manager, Fisher Titus Medical Center
• 125 bed Rural PPS Hospital
• Norwalk, OH
• Ohio River Basin ACO since 2016
• 22 Primary Care Providers & Additional Specialty Care Providers located on the FTMC campus
• Medicare ACO attribution for FTMC= 4,451
• Primary Care Clinics- 1
Fisher Titus Medical Center

• Ohio River Basin ACO Participants- Ohio & WV
  *FTMC Medical Care, LLC, *Van Wert Medical Services, Ltd
  **David Nally, **Joel Knerr,*Knox Community Hospital
  *Pickaway Health Services,*Berger Hospital
  *Family Medicine Associates, Inc.
  *The Bellevue Hospital
  *Bellevue Professional Services
  *Van Wert County Hospital Association
  *Fisher-Titus Medical Center
  *Glen Dale Medicine & Pediatrics, PLLC
  *Zaveen Kureishy
  *Reynolds Memorial Hospital
  *Davis Memorial Hospital
  *Broaddus Hospital Association, Inc.
  *Stonewall Jackson Memorial Hospital Company
  *Grant Memorial Hospital
  *Valley Health Care, Inc.
  *Dr. Zaveen A Kureishy
Ohio River Basin ACO Participants - Ohio & WV
14,104 Attributed Lives
FTMC has 4451 lives[8:16] (includes Bellevue but Bellevue only has 9 lives)
ACO Success

• Implementation of our Transition of Care program
• Implementation of our Population Health Nurses – office based-wellness visits/care coordination.
Thank You

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