



DELAWARE VALLEY ACO
an accountable care organization

Medicare ACO and Primary Care Models: Mix-in, Mash-up, or Move Aside



Who we are...



DELAWARE VALLEY ACO
an accountable care organization

Supports **population health** strategy of



Philadelphia-based
health systems



Humana

Two Clinically Integrated Networks that include:

DVACO
Network



2,500 Physicians

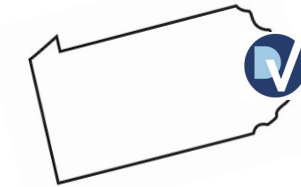
850 PCPs

18 Hospitals

2,600 Care Sites

260,000
BENEFICIARIES

PHILLY REGION
Southeast PA and South NJ



**CMS-MSSP
PARTICIPANT
Enhanced Track**

**Multiple Commercial Shared
Savings Agreements,
Plus E-ACO Product**



Pros and Cons of CMMI PCP Models

Pros

Invested in PCP practices

Complimented value-based initiatives

Enhanced engagement of the PCPs

Cons

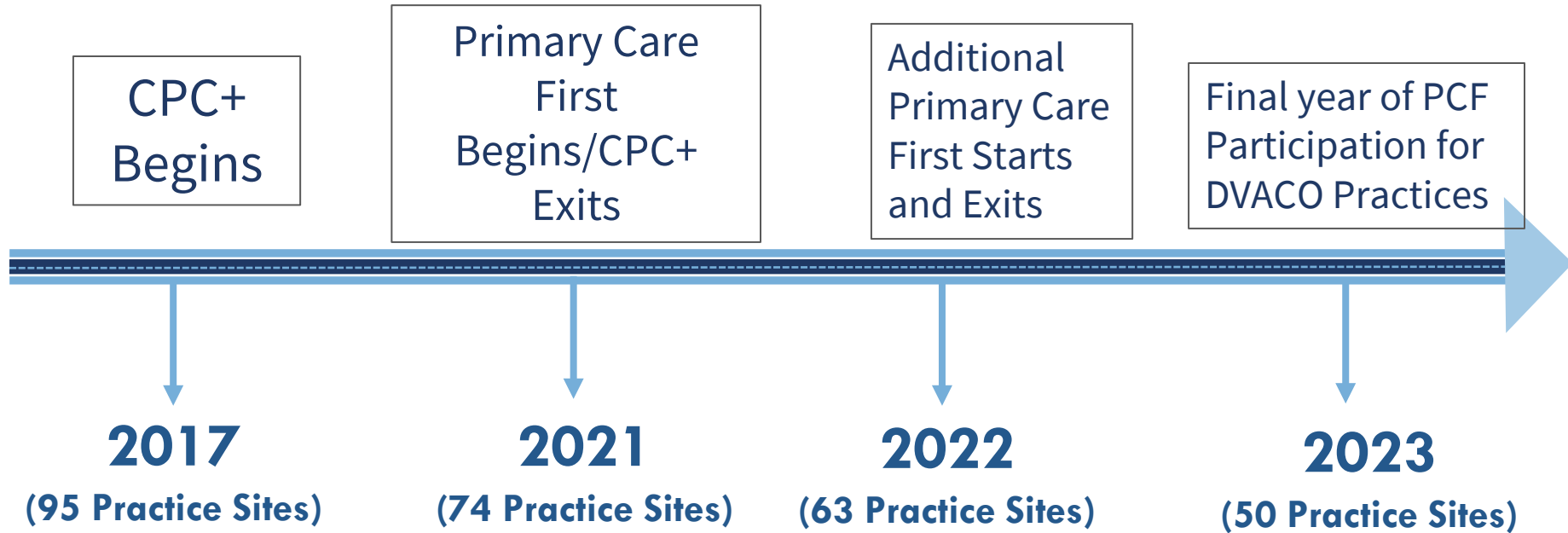
Lots of “paperwork”

Support dollars decreased over time

Positive ROI difficult to measure



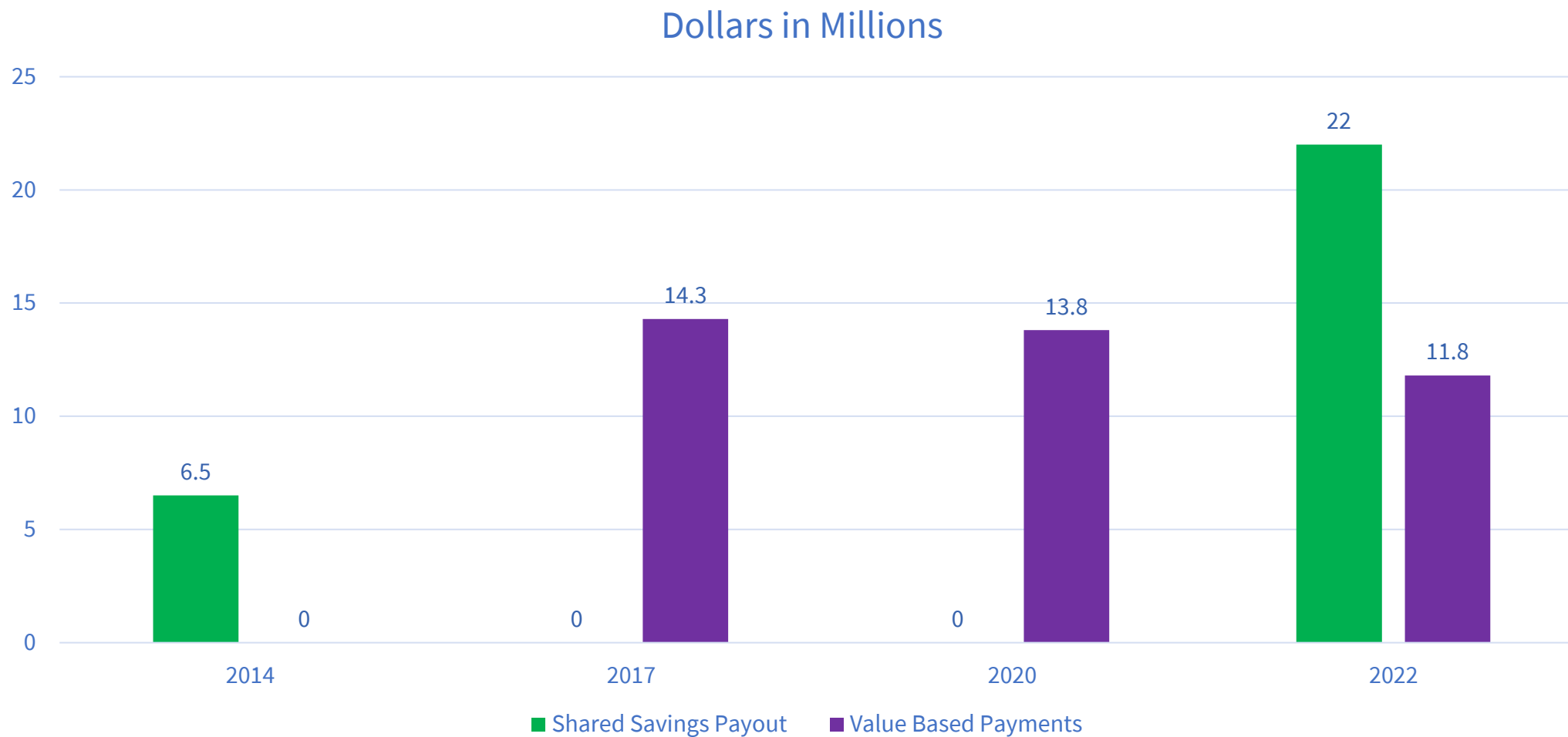
CMMI Programs overlapping with DVACO's MSSP





MSSP Shared Savings Payout vs Value Based Payments

Proprietary and Confidential 2023





Summary

- Actively encouraged participation among our employed and independent practices starting with the CPC+ program
- At the peak of participation, over 2/3 of our attributed patients were in a PCP model
- As we missed shared savings, we started to rethink the value of the PCP models
- Our shared savings performance improved as practices left the PCP models
- Attained shared savings in 2022, and tracking positively for 2023
- By the end of 2023, none of our participating practices will be in one of the CMMI PCP models



Medicare Shared Savings Program & Primary Care First

Margaret Senese, Sr. Director, ACO Programs

September 22, 2023

Transforming care to improve lives

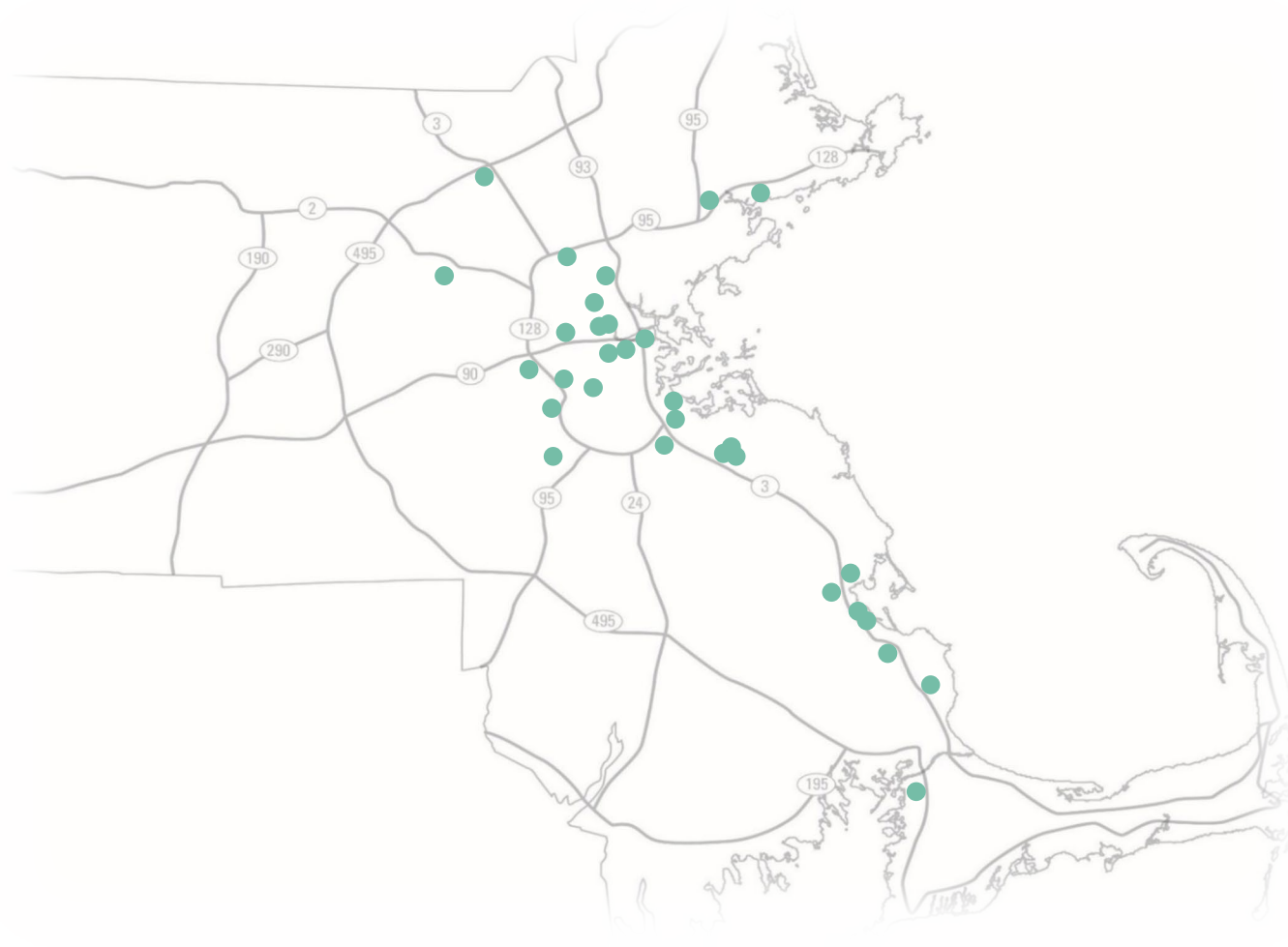
31 Clinical
Facilities

650 Physicians &
Primary Care
Providers

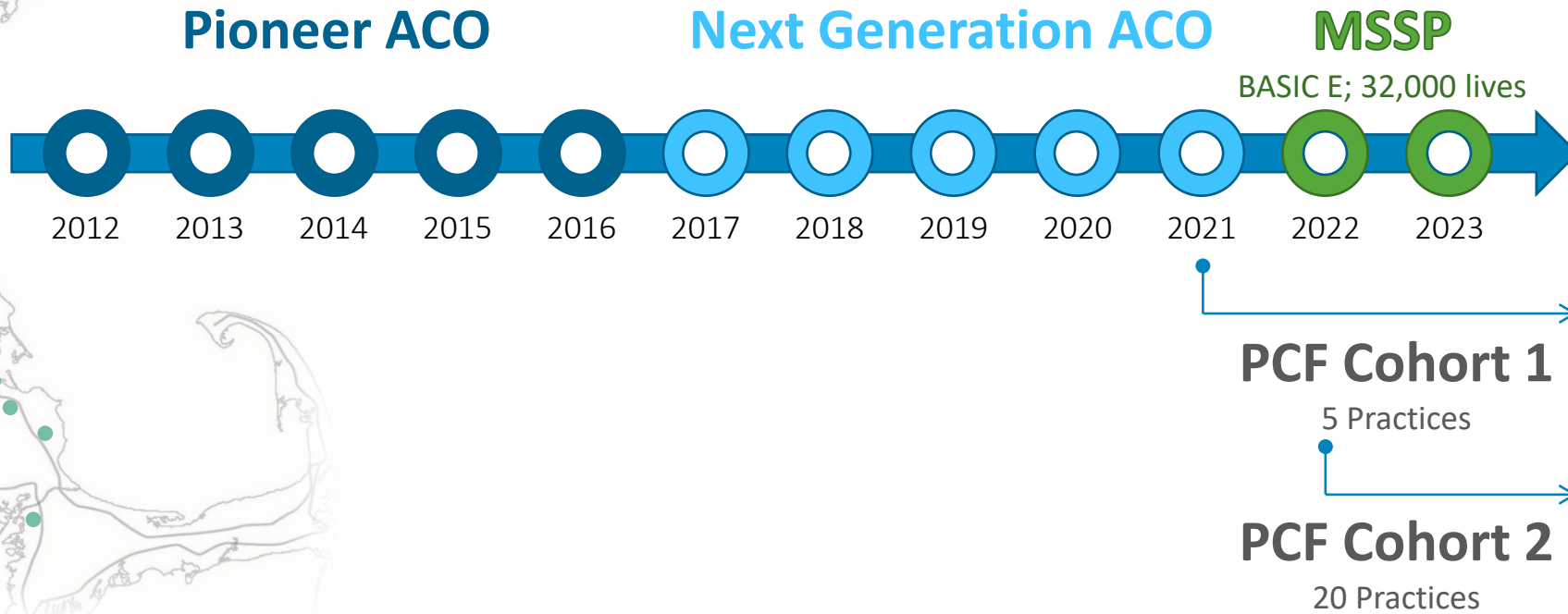
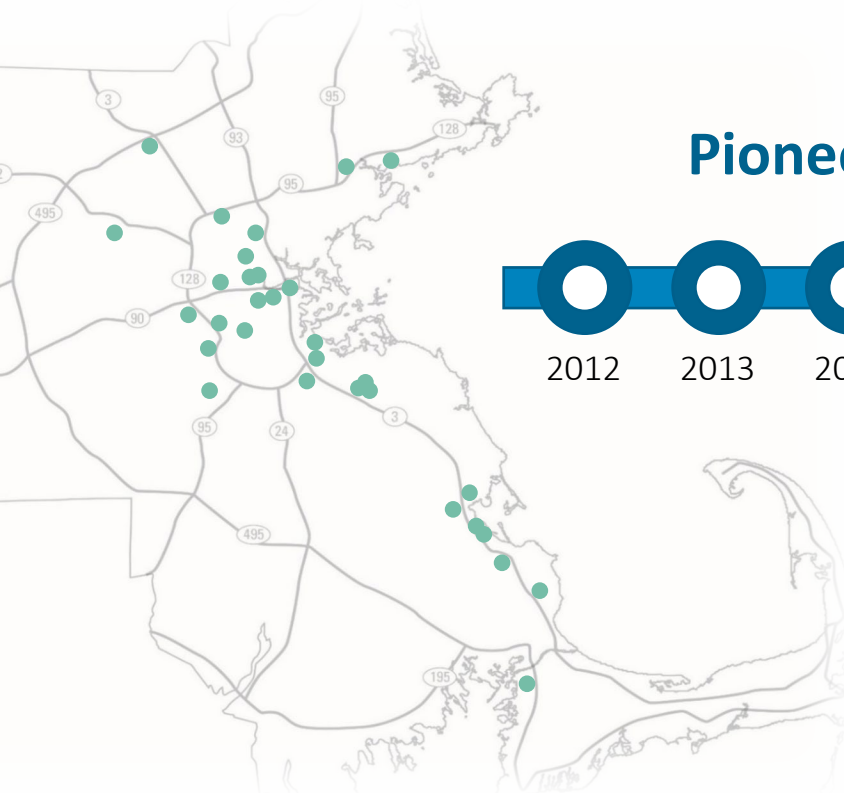
4,800
employees

665,000 Adult &
Pediatric
Patients

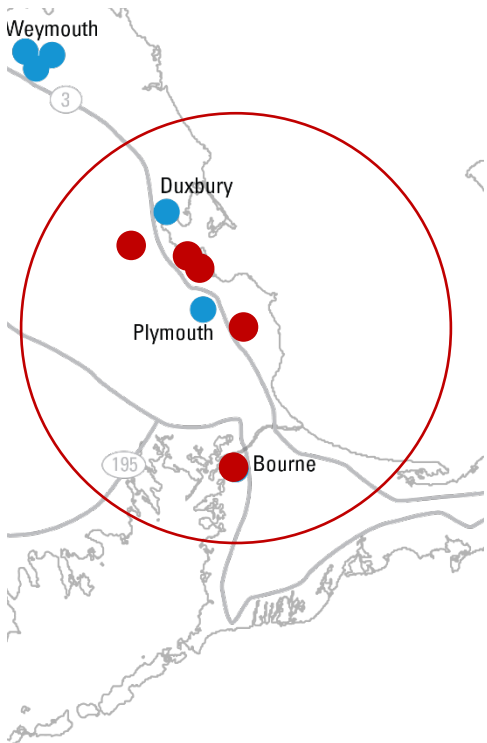
2.1 Million
Patient Visits



A proud history of accountable care leadership,
generating **\$97.5 million** in ACO shared savings



Primary Care First participation can support local practice engagement and increase ACO assignment

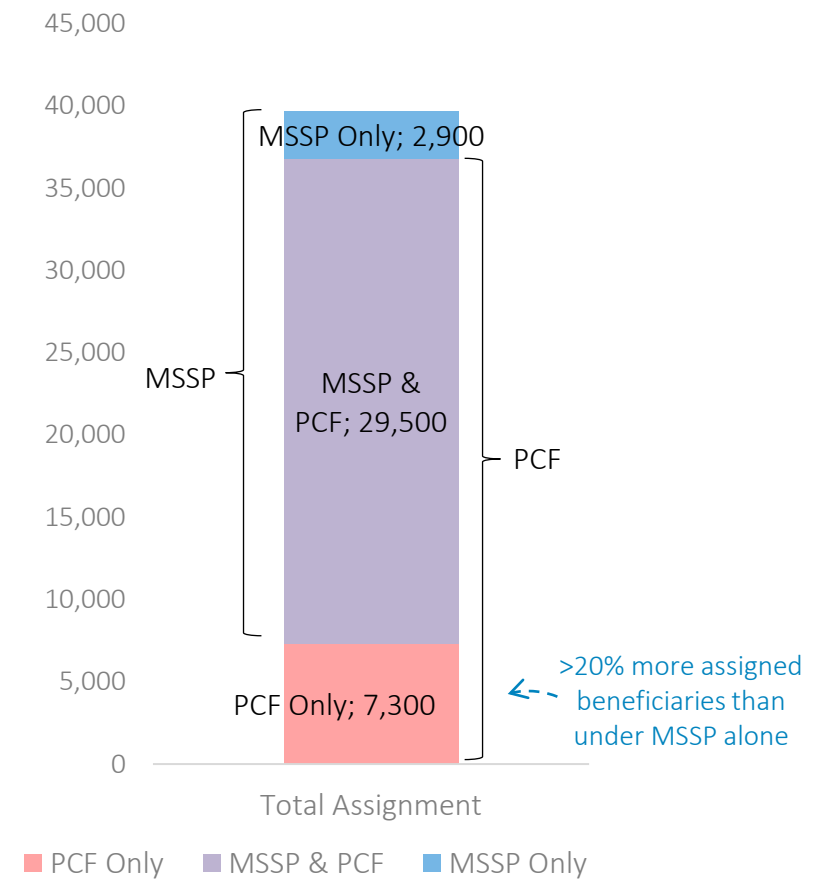


Sites	Recent additions to Atrius Health: small practices managed by a single local leadership team, geographically separated from core greater-Boston service area
Focus	Nursing-led strategy focused practice efforts on acute hospital utilization
Results	<ol style="list-style-type: none"> The post-discharge visit rate aligned with ACO Improved relationships between primary care and case management Unadjusted ACO readmits/k reduced by 43% between 2019 and 2022 at these sites*

Note: Two nearby practice locations do not provide adult primary care services and are therefore excluded from PCF

*Compare to 19% reduction for the rest of the ACO

2022 Medicare Assignment



Lessons and considerations

- 1 Targeted, primary care model participation such as Primary Care First can be:
 - A promising practice engagement tactic,
 - A bridge to greater risk, and
 - A tool to increase attribution

- 2 Diligence is needed:
 - ACO & practice structure
 - Primary care model & risk model interaction
 - Funds flow
 - Payment nuances
 - QPP/MIPS
 - Administrative effort

Medicare ACO and Primary Care Payment Models

NAACOS Fall 2023 Meeting

Partnering with 400+ Physicians Across Nebraska



400+
Participating Physicians



41K
Value-based lives



81 Provider Groups
10 Ambulatory Surgery Centers
1 Surgical Hospital



6
Value-based/incentive
program contracts



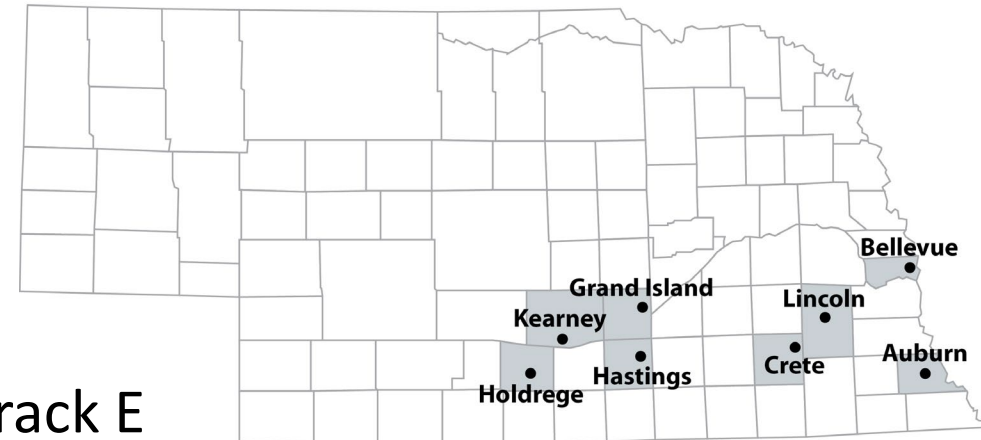
MSSP BASIC Track E



\$ 34M
Total ACO Shared Savings



\$ 44M**
Achieved in Value payments



**Data Since 2017

Primary Care Payment Model: Primary Care First (PCF)

- 7/23 ACO Clinics participate (2 Cohort 1, 5 Cohort 2)
- All clinics in ACO are independently-owned, decide this for themselves
- Some ACO clinics are pediatric, OB/GYN
- Previously, many of these clinics were CPC+ clinics also

Decision to Participate

- All clinics in the ACO are independent, so we respond to their decisions
- OneHealth Nebraska is physician-owned, physician-governed
- Always trying to get the most resources to the clinic

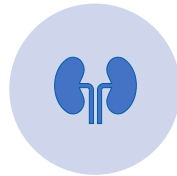
Benefits of Alignment of MSSP and PCF



More first dollar money directly to primary care clinics



Analysis of Medicare income shows 12-26% increase with basic PCF payments over traditional FFS



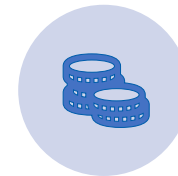
Alignment of quality measures (DM, HTN, Colon cancer screening)



Acute hospital utilization emphasis helps MSSP cost



Similar strategies for PECS survey and Advanced Care Planning



Adds budgeted money for PCF into MSSP benchmark budget

Costs of Overlap of MSSSP and PCF



Frustration by clinics on complexity of bonus qualification/ many ways to lose



Feeling of devaluation of primary care services with flat visit payment



Confusion of patients on numbers of surveys and notifications from programs (survey fatigue)



Initial concern about affect of PCF payments on MSSSP shared savings pool; now resolved

PSW & MultiCare Connected Care

PSW 

a population health company

 MultiCare
Connected Care™

PSW & MultiCare ACOs

Convening 4 ACOs across Washington State

Models

- ACO REACH
- MSSP Enhanced (2)
- MSSP Track E

Participants

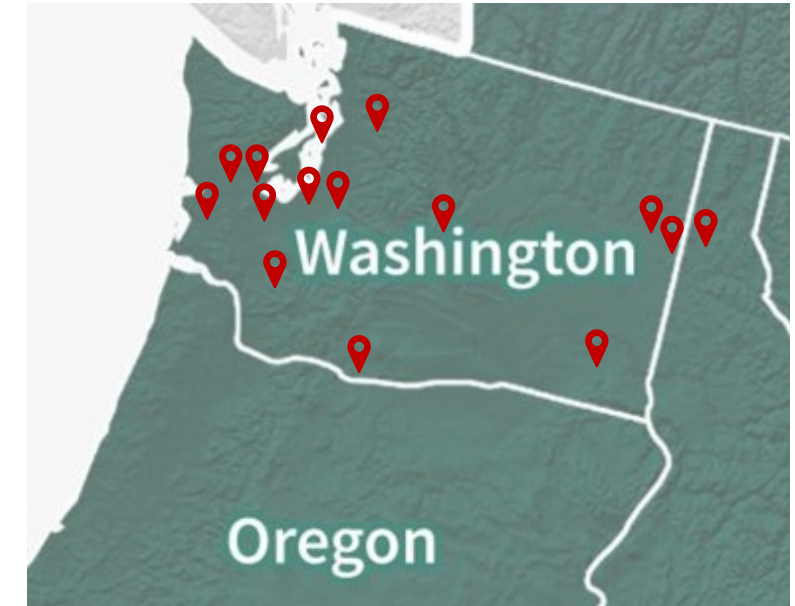
- MultiCare Health System
- Rural Health Systems
- Independent Providers

Previous Model Experience

- NGACO
- BPCI-A
- ETC Model

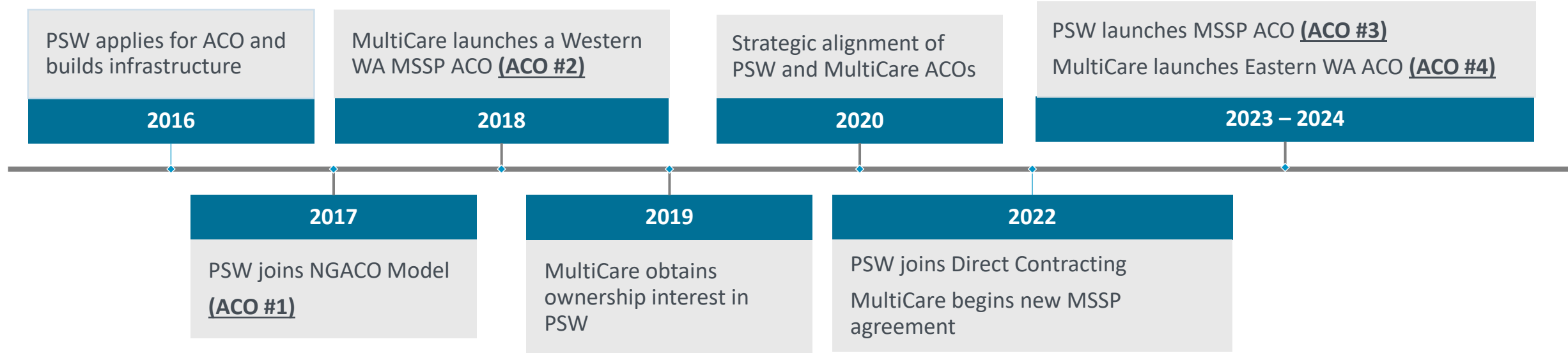
ACO Performance

- Over \$100M in Gross Savings since 2017
- Average savings rate = 6%
- Ranked Top 3 for lowest cost of care per beneficiary & lowest Post-Acute cost of care



Total Medicare ACO lives = ~74,000

Our Journey to Multiple ACOs



Benefits

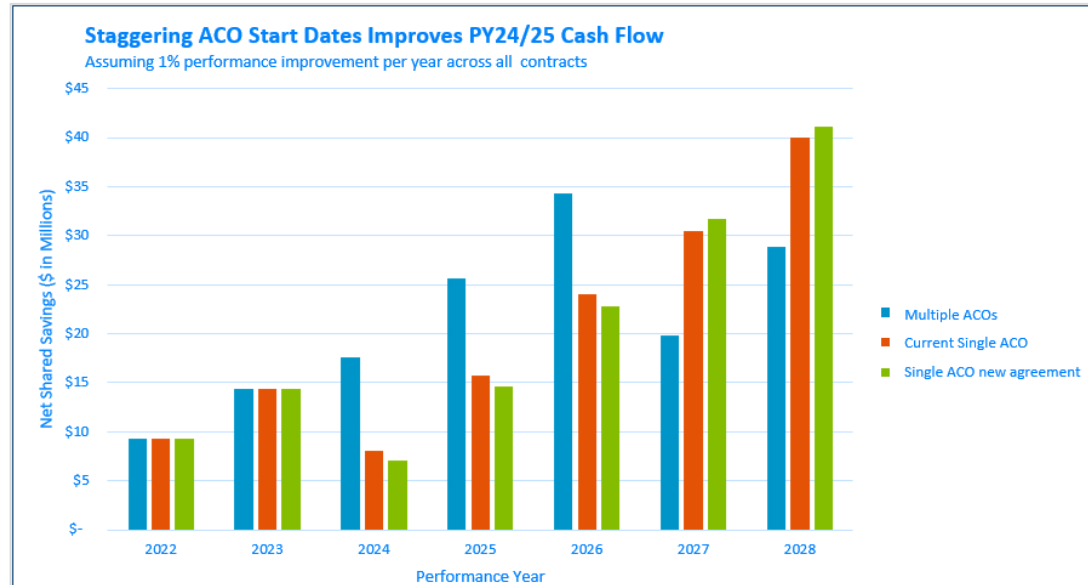
1. Spread risk across multiple ACOs
2. Increase benchmark year options
3. Stabilize cash flow when starting new ACOs
4. Multiple options for participants (MSSP vs REACH)
5. Stay up to date on each model

Challenges

1. Difficult to implement initiatives across all ACOs
2. Different rules in each ACO model
3. Potential for duplicative work
4. Fewer lives = higher cost
5. Multiple governing bodies



ACO Strategy: Managing cost/cash flow



Key Takeaways:

- **Pop Health is a dimmer switch.** Performance in ACO contracts accrues in years of each agreement period.
 - Existing contracts will increase probability of positive cash flows.
 - Starting a new agreement period can reduce savings accrual.
- Having multiple ACOs allows for positive cash flows in years where an ACO starts a new agreement period.
- Without an increase in lives, convening multiple ACOs can be higher cost.
 - Growth leads to efficiencies that reduce cost.

Comparison	Lives	Admin Cost PBPM	Change PBPM
Current state (1 ACO)	35,500	\$20	-
Single ACO growth	40,500	\$18	(-\$2)
Split ACOs, no growth	35,500	\$22	(+ \$2)
Multi-model growth	40,500	\$20	-
Multi-model growth	45,500	\$19	(-\$1)

Example data shown above for illustrative purposes only



Lessons Learned – Multiple ACOs

