



How ACOs Improve Patient Outcomes: Lessons Learned After a Decade of Clinical Transformation



The webinar will begin at 2:00 pm ET

Agenda.....



1. Housekeeping and Introductions

2. Presentations:

- Advocate Aurora Health
- Privia Health
- Baylor Scott & White Quality Alliance

3. Audience Q&A and follow-up

Housekeeping.....

1. Speakers will present for around 50 minutes
2. Q&A will take the remainder of the time
 - You can submit written questions using the Questions tab on your dashboard to the right of your screen at any time during the webinar
 - During the Q&A session, you can use the “raise hand” feature on your dashboard to ask a live question.
3. Webinar is being recorded
 - Slides and recording will be available on the NAACOS website within 24 hours. You will receive an email when they are available.

Value Overview



- Shifting healthcare payment and delivery from focusing on volume of services to value of care has been an ongoing effort across payers for over a decade
- History of bipartisan support
- Medicare has played a central role in this transformation, implementing over 50 alternative payment models (APMs)
- ACOs have played a prominent role with the Medicare Shared Savings [Program](#) (MSSP) as the largest APM, covering nearly 11 million beneficiaries with nearly 500,000 participating clinicians
- ACOs focus on population health, quality improvement and bending the cost curve – meaningful transformations that take time, hard work, and resources.

Background

Accountable Care Organization (ACO) =

A group of doctors, hospitals, and/or other health care providers working together to provide better care at a lower cost

When ACOs improve the quality of patient care while lowering the costs, they keep a portion of savings.

Value-based Care & NAACOS



- NAACOS is the premier voice for ACOs, including those in Medicare programs such as MSSP and the Direct Contracting Model and with commercial payers and Medicaid.
- A decade of ACOs ... a decade of NAACOS with nearly 400 ACOs nationwide!
- We are committed to strengthening the ACO model and extending its reach to as many patients as possible.
- As THE national association of ACOs, we are deeply committed to shared learning on clinical transformation, quality, ACO operations/management - as well as incredibly focused on policy and advocacy.
- Learn more about ACOs, including the model basics and detailed analyses on a myriad of ACO issues! <https://www.naacos.com/>

Speakers



David Pittman
Senior Policy Advisor
National Association of ACOs



Don Calcagno
SVP, Population Health and Managed Care
President, Advocate Physician Partners



Rick Foerster
SVP, Value-Based Operations
Privia Health

Speakers



Jerica Dykes

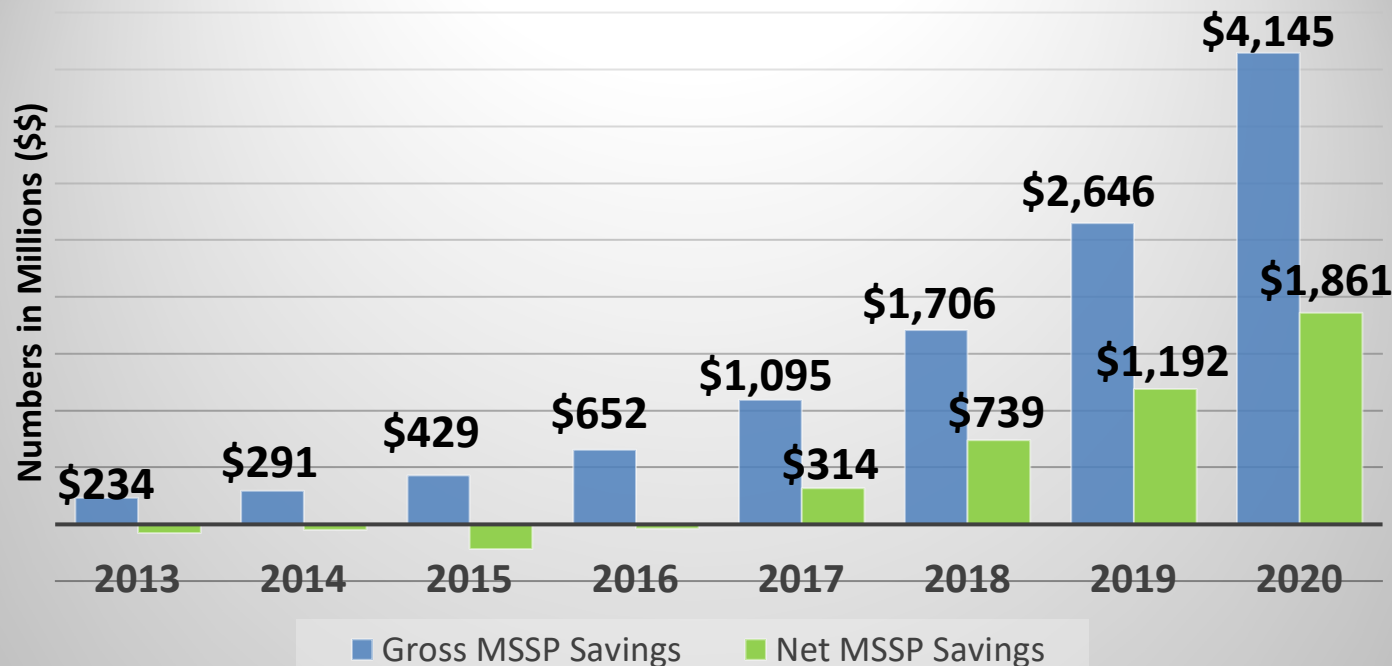
Director of Comprehensive Care Management
Baylor Scott & White Quality Alliance



Chelsea Webb

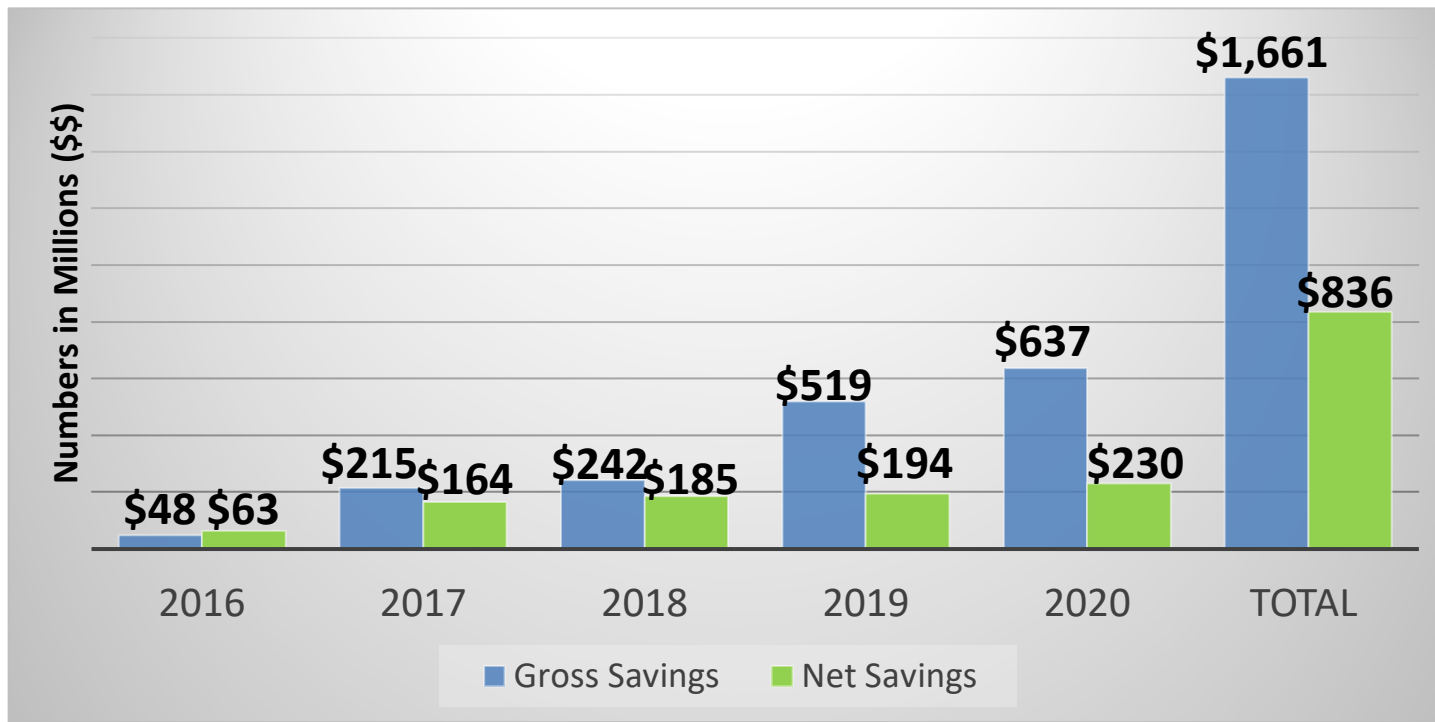
Director of Clinical Excellence
Baylor Scott & White Quality Alliance

Gross and Net MSSP Savings



ACOs and Quality
2020: MSSP ACOs had an average quality score of **97.8%**

Next Generation ACO Model Results



ACOs and Quality
2020: NG ACOs had an average quality score of **96.5%**



Improving Patient Outcomes: Lessons Learned at Advocate Aurora Health

Don Calcagno, SVP Population Health & Managed Care



Don.Calcagno@aah.org

BY THE NUMBERS



26 HOSPITALS

500+ SITES OF CARE



Top 12

NOT-FOR-PROFIT
HEALTH SYSTEM



Top 10

IN QUALITY AMONG
NATIONAL HEALTH
SYSTEMS



70,000+

TEAM MEMBERS

22,000+

NURSES

9,000+

PHYSICIANS



3M UNIQUE PATIENTS

1.3M VALUE-BASED LIVES



53

INTEGRATED HEALTH &
SAFETY MEASURES
TRACKED



NEARLY
\$2.2B
COMMUNITY BENEFITS
IN 2019



10,000+

VOLUNTEERS

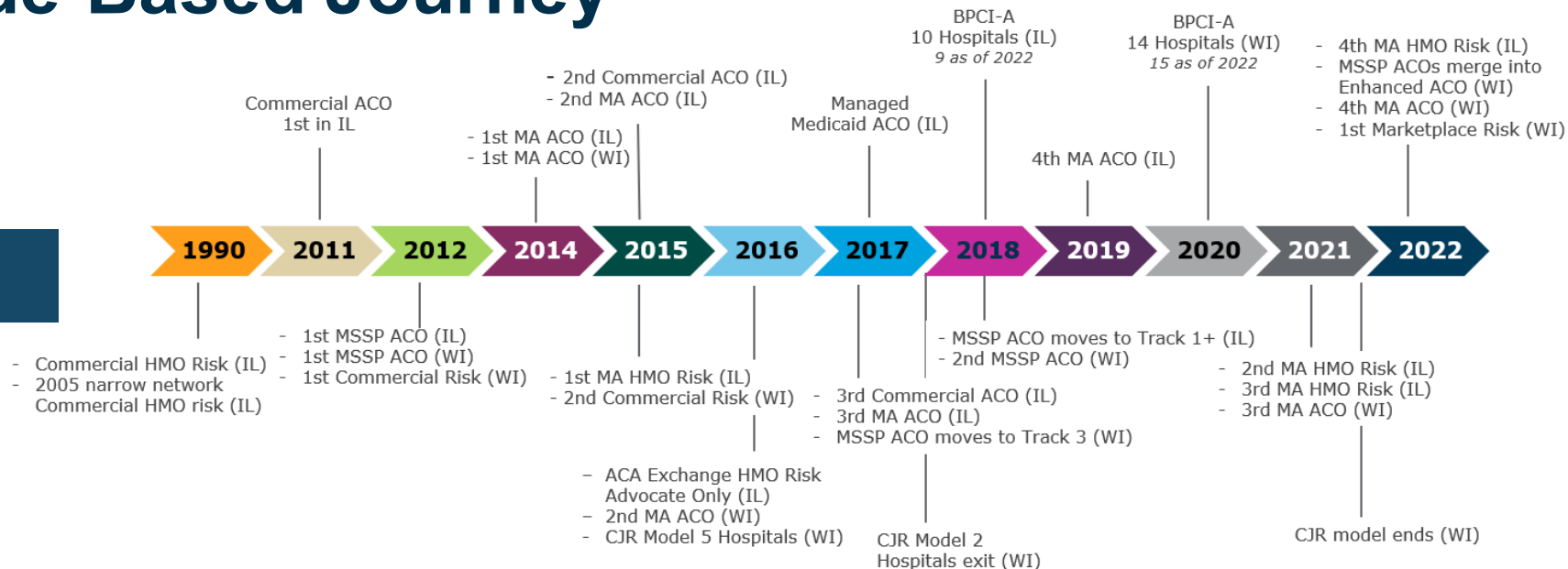


1M+

LIVEWELL APP
DOWNLOADS

Value-Based Journey

Our History



Current Landscape


Commercial Shared Savings
577K lives


Commercial HMO
221K lives


Medicare Shared Savings Program
205K lives


Medicare Advantage
98K lives


Advocate Aurora Team Members
87K lives


Managed Medicaid
87K lives

Caring for 1.3 million lives in 30+ value-based contracts

Value-Based Care At Scale

Medicare Shared Savings Program (MSSP) Program in IL and WI

- One of the largest ACOs in the country
 - ✓ **\$1.97B** spend from **179K** beneficiaries
 - ✓ **520** Practices, **8,000+** clinicians, **26** Hospitals
- Consistent performance
 - ✓ **96%** Average quality score since 2012
 - ✓ **\$414M+** in savings generated since 2012
 - ✓ **\$190M+** in savings distributed to physicians/hospital
 - ✓ **100M+** in savings generated in 2020

2020 MSSP Performance			
	Track E	Track 1	Enhanced Track
Quality Score	96.87%	99.38%	98.75%
Total Savings	\$77M	\$23M	\$9M
Shared Savings	\$37M	\$11M	\$7M

Medicare Bundles (BPCI-A and CJR)

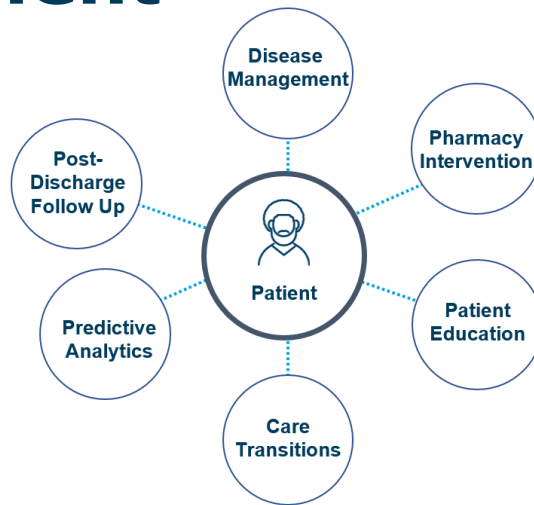
- BPCI-A and CJR program participants
 - ✓ **\$691M** spend, **21.7K** episodes
 - ✓ **125** Practices, **2,000+** clinicians, **26** Hospitals
- Early performance
 - ✓ **\$20.7M** in savings generated since October 2018
 - ✓ **\$12.4M** available for distribution to hospitals and physicians since 2018
 - ✓ **\$2.8M** in CJR savings distributed 2016-2020 (WI)

Integrated Care Management

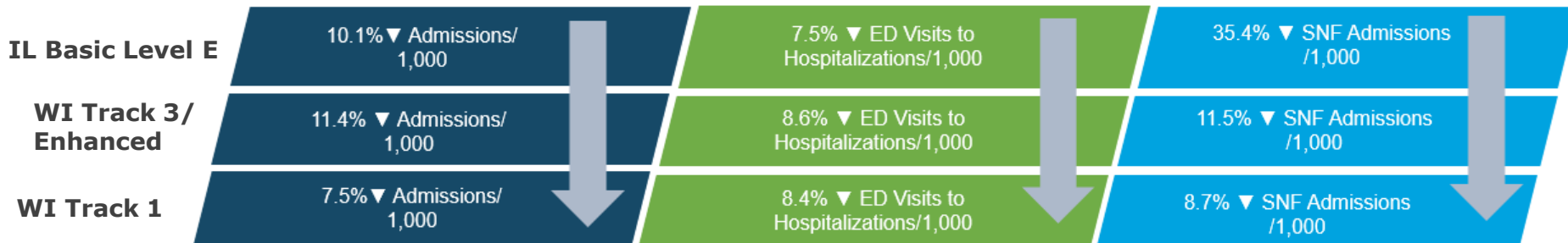


Over 200 Care Managers

support a multi-disciplinary clinical team to ensure patients receive the **right care** at the **right time** in the **right setting** by the **right provider** to manage health outcomes and costs.

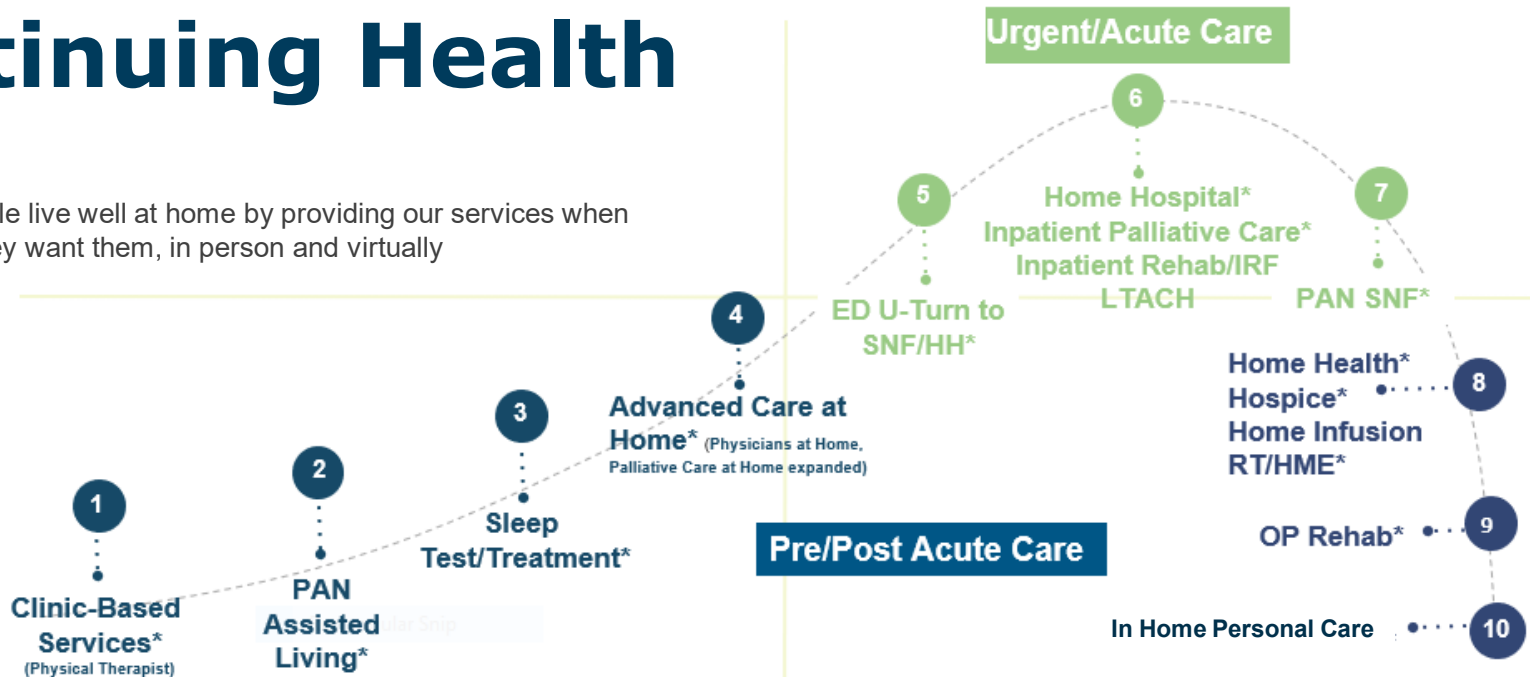


MSSP ACO Utilization: 2014-2019 (WI Track 1 2018-2019)



Continuing Health

We help people live well at home by providing our services when and where they want them, in person and virtually



MSSP ACO Utilization: 2014-2019 (WI Track 1 2018-2019)

IL Basic Level E

43.4% ▼ SNF Days/
1,000

WI Track 3/
Enhanced

17.8% ▼ SNF Days/
1,000

WI Track
1

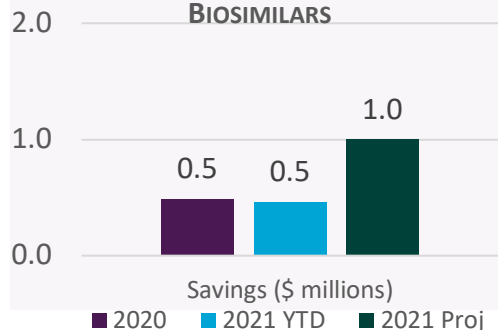
13.2% ▼ SNF Days/
1,000



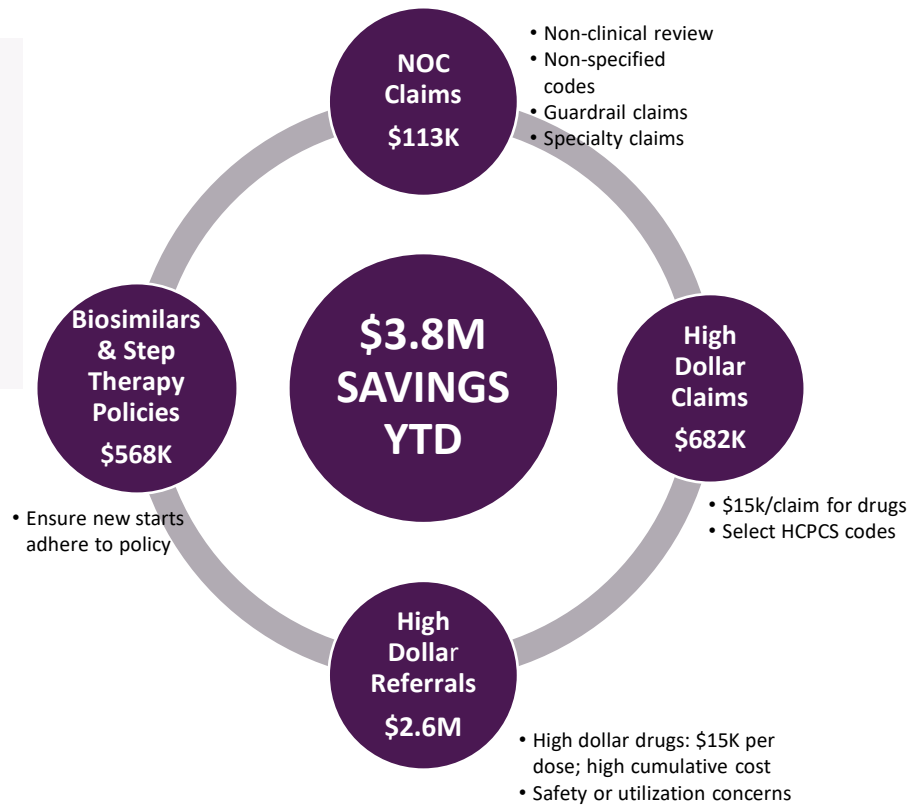
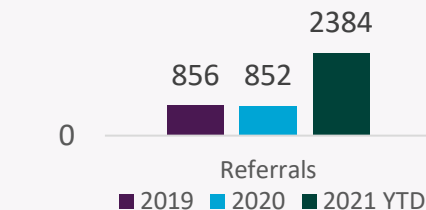
EPH Pharmacy Utilization Management

PROSPECTIVE REVIEWS

BIOSIMILARS

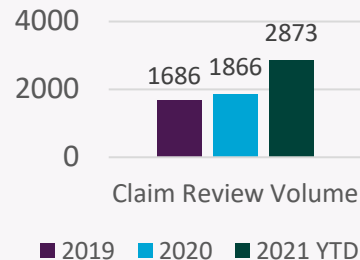


REFERRAL REVIEWS

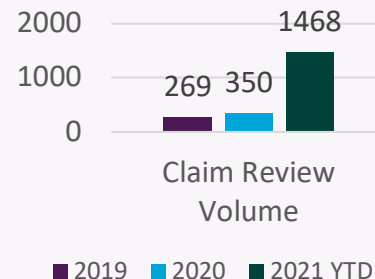


RETROSPECTIVE REVIEWS

NOC/GUARDRAIL CLAIM REVIEWS



HIGH \$ CLAIM REVIEWS





How ACOs Improve Patient Outcomes

Lessons Learned

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About Privia

Building the next generation physician organization and care delivery network

- **3,250+** Providers
- **850+** Practice Locations
- **755K+** Attributed Patients
- **\$576M+** Cumulative Savings
- **85** Patient NPS

**Publicly traded company
on NASDAQ: PRVA**



MSSP Results

2020 SUMMARY

- **121,000+** Medicare beneficiaries across ACOs in 4 markets
- **97% or greater quality score** in all ACOs
- Mid-Atlantic ACO:
 - **69K lives in Enhanced Track**
 - **Highest savings rate (9.4%)** of top 100 largest ACOs in the country

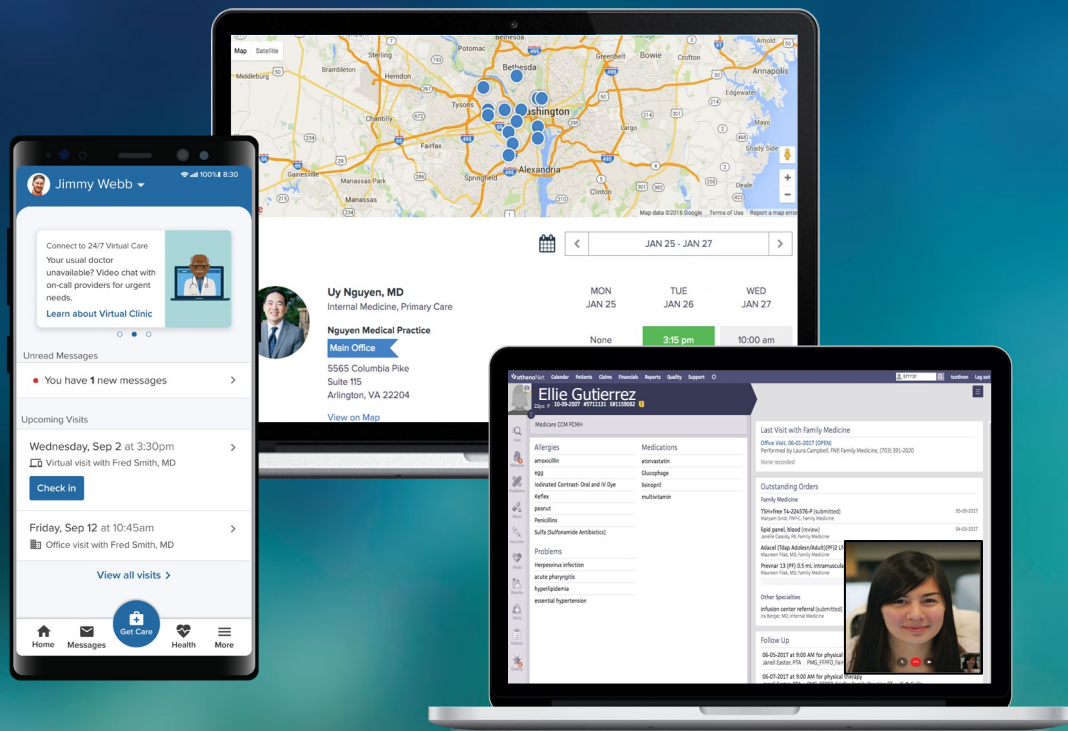
MSSP 2020 Performance¹

	vs. Median MSSP ACO	vs. Total FFS Medicare
Total annual average expenditures	↓ 15%	↓ 24%
Emergency room utilization	↓ 22%	↓ 30%
Hospital observation stays	↓ 22%	↓ 27%
Outpatient facility spend	↓ 22%	↓ 35%
Inpatient facility spend	↓ 20%	↓ 29%

¹ Based on data provided by CMS at <https://data.cms.gov/medicare-shared-savings-program/performance-year-financial-and-quality-results/data/january-2020>

ACCESS

Contact your doctor anytime, any way, any where, for any reason

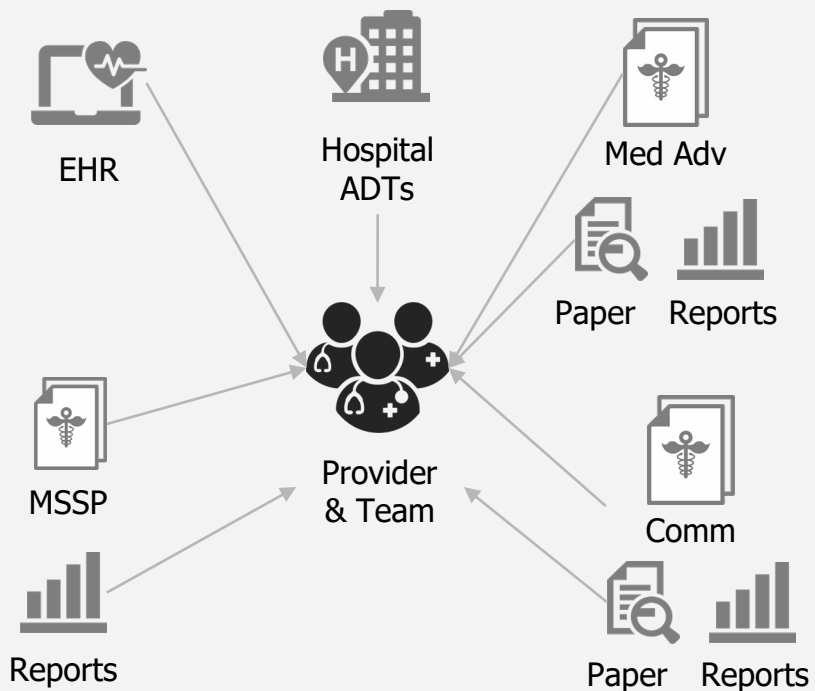


- **500K+** practice website visitors (monthly)
- **270K+** myPrivia mobile users (monthly)
- **880K+** telehealth visits (Q1-Q3 2021)
- **75%** patient portal adoption
- **90%** mobile collection rate
- **80%** email collection rate
- **41%** email open rate

Integrated Experience for Providers and Patients

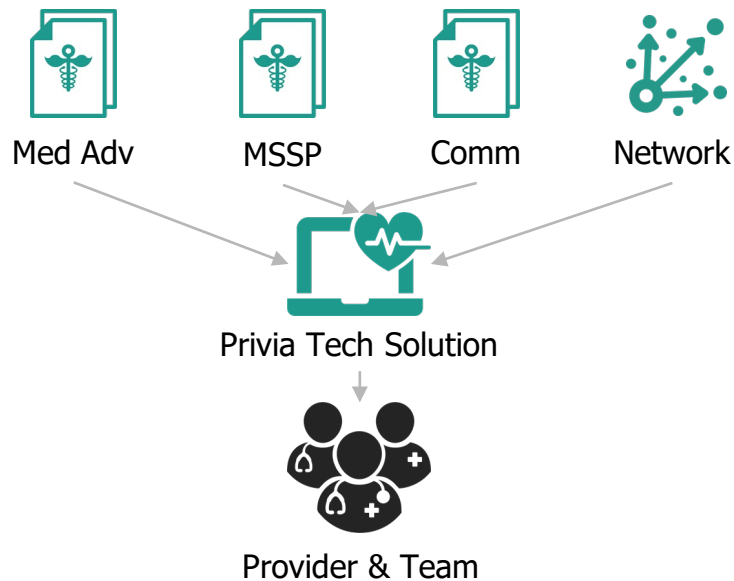
The Old Way

Confusion and disorganization as a result of an onslaught of information from disparate sources



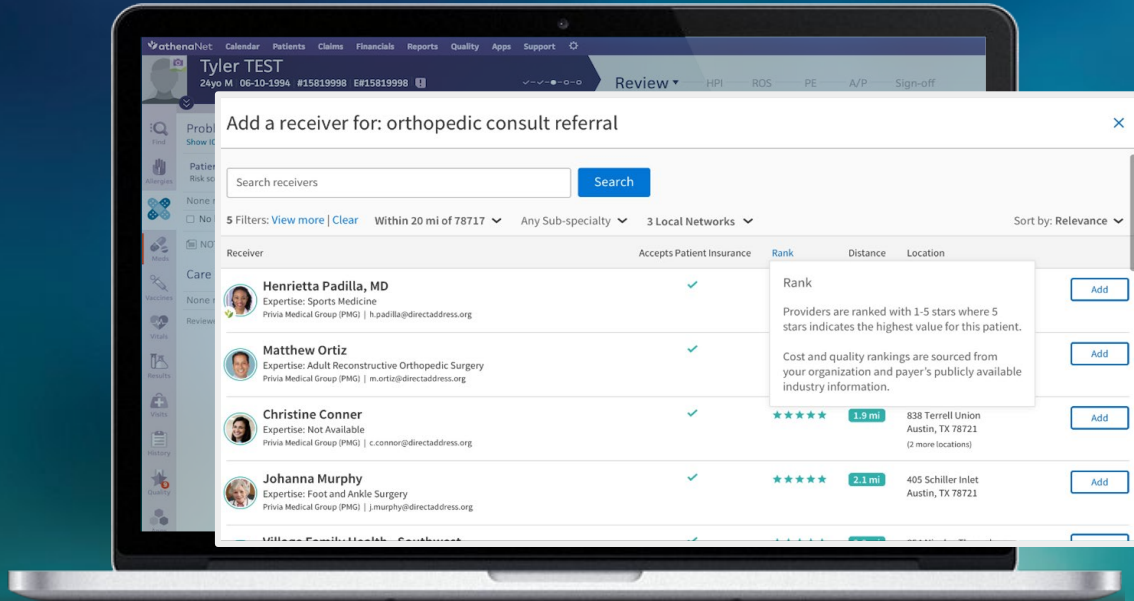
The Privia Way

Privia manages complexity to create a unified workflow and experience for providers, staff, and patients



POINT-OF-CARE

The right care, at the right time and right place



- **Virtual Narrow Network** - curated network based on data + clinical input
- **Referral Decision Support** - embedded EHR workflow to select high value partners
- **Provider Directory** - enable patients and providers to easily find preferred specialists



Improving Contract Performance
Through Provider and Care Management
Engagement

January 25, 2022

Changing Healthcare For Better

MEET THE TEAM



Jerica Dykes, LMSW, ACM-SW, IMH-E®
Director, Comprehensive Care Management

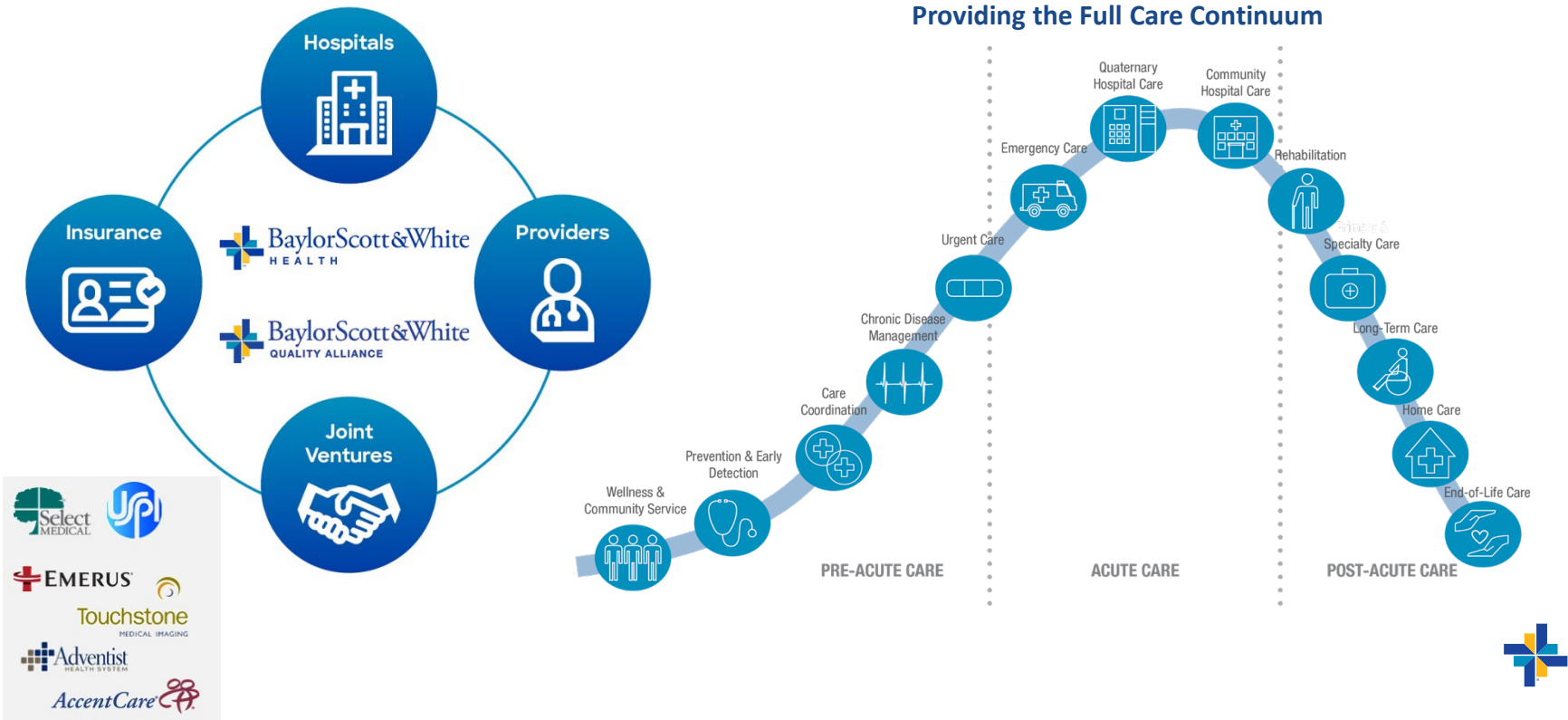


Chelsea Webb, MSN, RN, CMSRN
Director, Clinical Excellence



Meet Baylor Scott & White Quality Alliance

The **Baylor Scott & White Quality Alliance (BSWQA)** is an Accountable Care Organization (ACO), part of the Baylor Scott and White Health (BSWH) system.



BSWQA Value-based Services

1

HIGH PERFORMANCE PRIMARY CARE NETWORK



- Patients matched with PCP
- Team-based Care
- Disease Management
- Preventive Health Services
- Evidence-based Protocols

3

DATA REPORTING & ANALYTICS



Clarify • Predict • Measure

(It's all about insights... not numbers)

2

COMPREHENSIVE CARE MANAGEMENT



- Health Care Coordinators
- Health Coach/RN Care Manager
- Social Work Care Manager
- Community Health Workers
- Transition Care Management
- Complex Care Management
- Close Gaps in Care

4

PHYSICIAN ENGAGEMENT INFRASTRUCTURE



Regions



Network Field
Advisors



Practice/Provider
Level Meetings

- Practice/Provider Level Meetings
- Network Field Advisors
- Medical Directors
- Regional Pod Meetings
- Performance Monitoring
- Data Transparency



What is the Value-based Care Star (VBC-Star) Rating?

A composite measure that evaluates the performance of providers and clinics on value-based care measures

Why is the VBC-Star Rating program important?

1

Indicator of how well optimum care is delivered to our members

2

Means better care and outcomes for patients/members

3

Highlights the importance of preventative care and management of chronic disease

4

Drives contract performance

5

Opportunity to share achievements

6

Removes barriers to improve performance and patient care

7

Facilitates sharing best practices



Selecting VBC-Star Rating Measures



Performance measures
are monitored and
actioned by BSWQA



Measures selected
to narrow provider
focus

SELECTION CRITERIA:

- Included in multiple payor contracts
- Clinically important measures

BENEFIT:

Success in
VBC-Star
Rating
program



Higher likelihood
of success in
payor contract
measures



Shared savings
received that can
be distributed

Established Contracts

Medicare Measures

1

Medicaid Contract Measures

2

Commercial Contract Measures

3

Direct-to-Employer

4

VBC-Star Rating Program
Measures



Provider Engagement Approach



Data Review

- Monthly data review
- Care Management support in gap closure
- Quality review tools to measure outcomes
- Dedicated teams available for support

Education

- Webinars to share resources and reporting
- Alignment with physician compensation
- Equipped Care Management Team for patient education
- Specialized Community Health Workers

Proactive Outreach

- Monthly rounding with regional leaders
- Multidisciplinary team collaboration

Opportunity Outreach

- Quarterly outreach to providers or select practices



BSWQA Care Team



BSWQA MSSP Success



INSURANCE & BENEFITS

Baylor Scott & White Health's Record-Breaking Accountable Care Organization

The quality alliance saved \$96 million in the Medicare Shared Savings Program last year.

BY WILL MADDOX | PUBLISHED IN HEALTHCARE BUSINESS | OCTOBER 29, 2021 | 1:00 PM

Baylor Scott & White Quality Alliance generated more savings than any other accountable care organization in the Pathways to Success model for the second year in a row. It generated \$96 million in savings in the Medicare Shared Savings Program in 2020.

So how is the system able to keep finding savings year after year? Increasing primary care visits and care management engagement help patients avoid the hospital and the emergency department. When many were avoiding healthcare facilities during the pandemic, that meant reaching out via telephone call, FaceTime, and setting up telehealth for patients who hadn't used it before.

"It is not how we intended to deploy virtual care," says Jenny Reed, senior vice president of value-based care at BSWH. "But at a time when folks were not comfortable because they hadn't used it before, we had to ease them into how to use the technology in this Medicare population that is less technologically inclined."

The Medicare population went from a 33 percent engagement rate to 54 percent during the pandemic with increased digital options via telehealth and the MyBSWHealth app. This means more vulnerable patients are in touch with their physician, know when their next appointment is, and better understand their medication. Increased communication leads to fewer unplanned hospitalizations and readmissions, improving outcomes and reducing costs along the way.

Quick Facts



96M

in savings in 2020

47M

in shared savings distribution in 2020

69M

in savings in 2019

34M

in shared savings distribution in 2019

#1

ACO in US in generated savings in 2019 and 2020

BSWQA

TEN YEARS OF ACHIEVEMENTS

\$
198M

over the last 3 years

*Doubling our
MSSP savings YOY*

\$



#1 ACO in MSSP
savings in U.S.



NCQA
accreditation



Becker's Top
100 ACOs

POST ACUTE

100+

network of
facilities and
agencies

↓ 20%

reduced post-
acute care costs
less than market
average

BUSINESS DEVELOPMENT

innovating direct to employer contracts

6

employer products

80K+

members

PHARMACY

16K+

pharmacy
outreaches



5700+

pharmacy
referrals in 2021

CLINICAL & QUALITY

515K+

cancer
screenings

330K+

hypertension controlled
members

100K+

cholesterol
management

94K+

diabetic controlled
members

CARE MANAGEMENT (CCM)

2.1M

outreaches to
members

1.1M

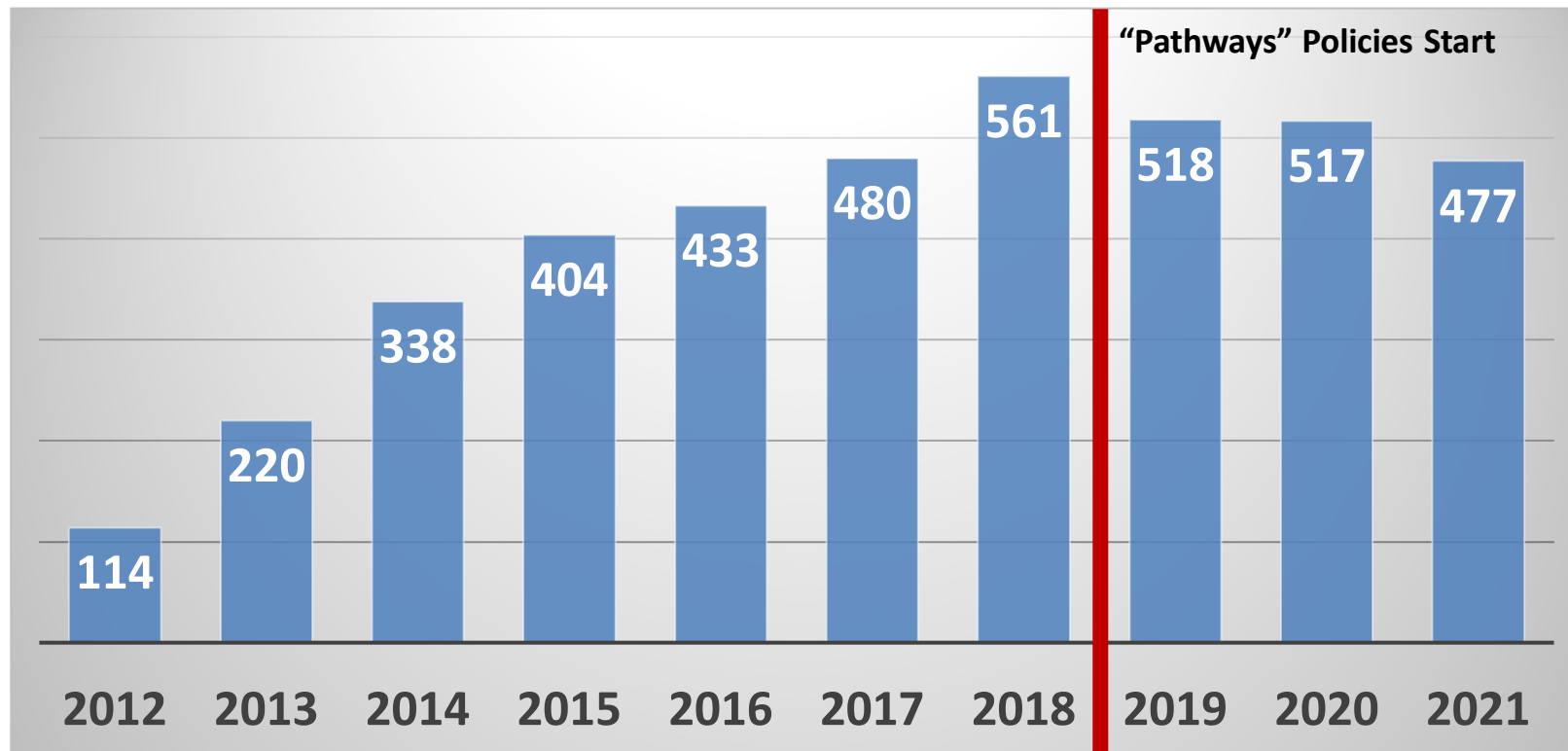
transitions of care
outreaches

500K+

unique members
supported by CCM services



Total MSSP ACOs



CMMI Strategy Refresh

- The CMS Innovation Center places a priority on increasing accountable care models
- Goals from Strategy Refresh paper:
 - All Medicare beneficiaries with Parts A and B will be in a care relationship with accountability for quality and total cost of care by 2030.
 - The vast majority of Medicaid beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030.



Figure 1. CMS Innovation Center Vision and 5 Strategic Objectives for Advancing System Transformation.

- NAACOS support these goals and stands ready to help CMS realize its goal and lower Medicare's rate of spending, improve quality of care

NAACOS Advocacy Priorities



- 1. Extend the Advanced APM bonus and fix Qualifying Participant thresholds**
- 2. Alter quality scoring policies for the Shared Savings Program**
- 3. Improve Shared Savings Program methodologies – such as risk adjustment the “rural glitch” benchmarking flaw**
- 4. Make improvements to Direct Contracting**
- 5. Introduce a full-risk Shared Savings Program track with additional flexibilities and benefits, which we call “Enhanced Plus”**
- 6. Implement fair and appropriate model overlap policies that support ACOs**
- 7. Provide additional funding and make policy changes to support ACOs’ health equity work**
- 8. Continue COVID-19 PHE protections**

Questions.....

