Population Management in an ACO

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Medical Director for Accountable Care
What has changed for us in the past 15 years?

- Systems to attend to the needs of an entire population of patients.
- Quality is the new “coin of the realm”
- Public reporting and accountability for performance
- Awareness of the cost implications of our day-to-day decisions.
- Careful weighing of the issues of cost and effectiveness.
  - Getting it right: neither over-use nor under-use
  - Cost never trumps care
- Teamwork, data, & more meetings.
- Reform of the payment model to support these changes.
Panel

Chronic Conditions

Seeing you today
Planned Care Model

• Manage chronic and intensive conditions
• Reduce low-acuity non-emergent emergency visits
• Prevent re-admissions to the hospital
• Reliable health screening
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Results

- Sharply improved quality metrics for chronic disease and preventive screening
- Reduce the need for hospital care
- Cost savings
- Beneficial impact on revenue in a capitation model
1st Planned Care Site Coordinator Arrives at East Cambridge Health Center
June 2005 (N=173)

% of Patients with an A1C Done in the Past 6 Months
N=173

- June: 71.84%
- July: 73.99%
- August: 62.35%

% of Patients with an Eye Exam in the Past Year
N=173

- June: 54.59%
- July: 60.57%
- August: 71.09%
Childhood Asthma: % Patients with Asthma Admissions

Pilot Sites (PEDO & SOPED)  Rest of CHA

Goal <=0.5%

Jan-2002  (N-Pilot =125)  (N-Rest =18)
Jan-2003  (N-Pilot =369)  (N-Rest =30)
Jan-2004  (N-Pilot =479)  (N-Rest =209)
Jan-2005  (N-Pilot =596)  (N-Rest =643)
Jan-2006  (N-Pilot =926)  (N-Rest =880)
Jan-2007  (N-Pilot =1097) (N-Rest =889)
Jan-08
Jan-09
The Wedges of Waste
Eliminating Waste in US Health Care
ACO

- Accountable to whom?

- Accountable for what?
A small number of patients are responsible for a large portion of medical cost

Data from a large Massachusetts HMO--2000
Risk contracting

• Financial responsibility for a defined population for a defined series of events for a defined period of time.
• There is always ‘risk’
  – Just a question of who holds the risk
• With a large enough population and with good management, it is safe to assume risk in healthcare
• Needs to be led properly
ACO Infrastructure

• Care Management
• Medical Management
• Social Work Department
• Pharmacy Management
• Data & Reporting
• Contracting
• Quality Improvement
• EHR integration
• Communication
Complex Care Management

- More intensive interventions focus on narrower population subsets
- Home Visits and accompaniment
- Phone calls and meetings with patient and families
- Practice-level outreach

Broad population outreach is achieved with limited but targeted interventions—(closing care gaps)

Target Population Size

Intensity of Intervention
Leading in times of change

• Success and competitiveness of the organization as a whole
• Inspiration
• Positive regard
  – Acknowledgement of achievements and accomplishments
• Do processes and systems support the change?
• Physician involvement in the organization
• Match expectations with what can realistically be delivered