Iowa Health System Accountable Care Organization

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IOWA HEALTH SYSTEM

Best Outcome for Every Patient Every Time

ACO Defined

A **clinically integrated network** of physicians, hospitals, and others providers committed to using and advancing the latest thinking in clinical care, quality and efficiency.

Designed to achieve the triple aim:

better health, better healthcare,

and better value

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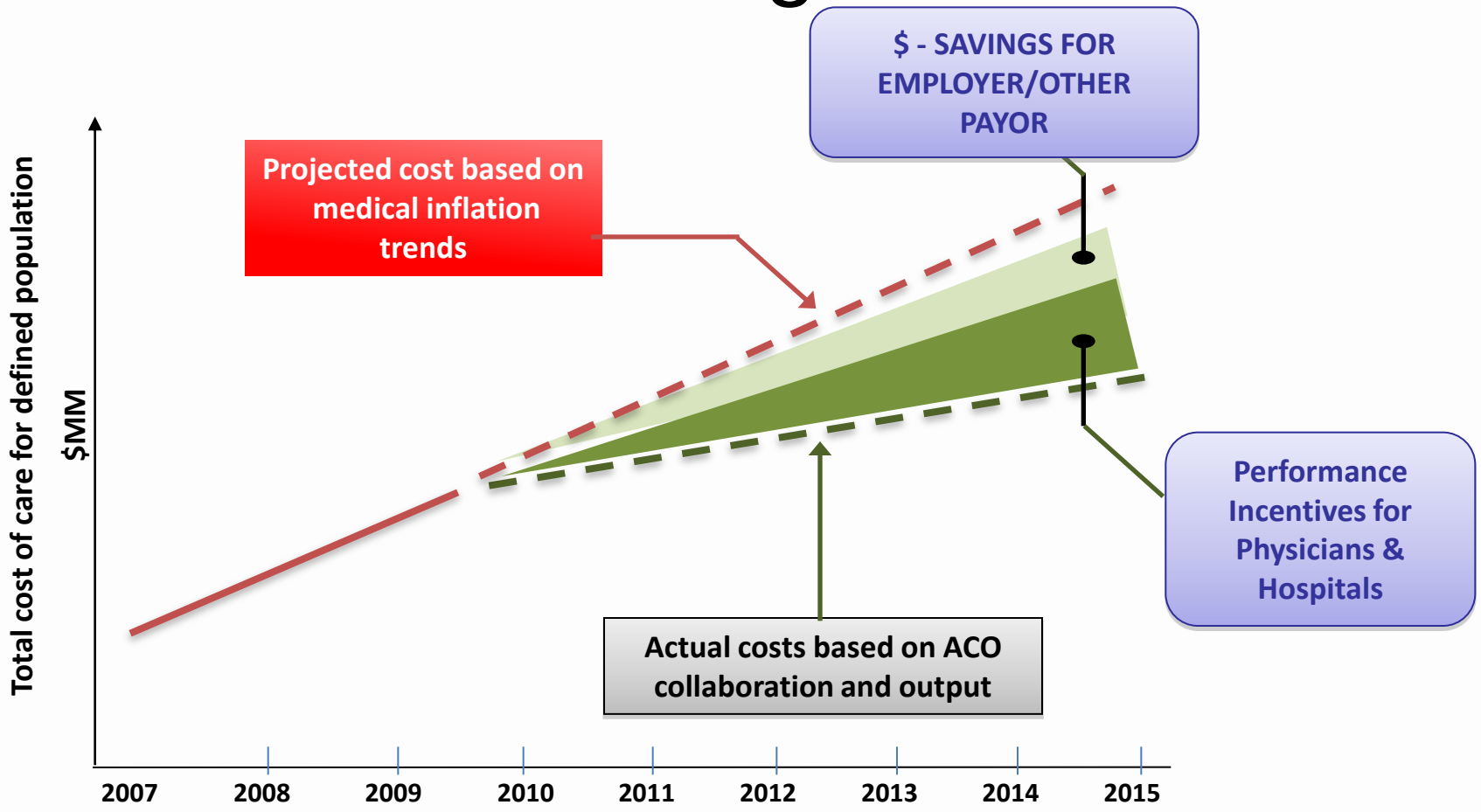
Presentation Objectives

- Review IHS Vision of our Future Healthcare Delivery System
- Review Basics of the ACO Structure
- Describe the structure of the ACO Activity and that of the Data Sites
- Review basic payor principles for Wellmark and the Medicare Contracts

ACO Savings Model



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Functional Alignment

IHS ACO Infrastructure

Advanced Care Innovation

Research and Development for medical care innovations; partner with business unit to create value-added programs for system-wide impact

- Advanced Medical Team
- Palliative Care
- Post-acute Care

Population Care Management

Coordinated Care Management for IHS self-insured members expanding to all ACO members; provide care management and disease management for selected chronically ill patients.

ACO Analytics

Centralized analytics to include predictive risk-modeling; evidence-based care packages and disease registry to inform physician of patient gaps-in-care; monitor patient quality and provider performance.

ACO Program Management

Oversee ACO clinical strategy deployment in selected regions; use ACO Clinical Collaborative for regional engagement ;

- Population risk management
- Point-of-care management
- Provider performance

Integrated Care Organization (ICO)

Physician-led, clinically-integrated provider organization established to be the physician arm of ACO to improve quality and create value.

Population Health Management

Stratifying Patients: Not as Simple as "Inpatient" & "Outpatient"

Hospice/Palliative Care

Advanced Medical Team

Intensive one-on-one physician/nurse patient care and case management for the highest risk, most complex of the population. As the risk for hospitalization is reduced, patient is transferred to Level 2. Physicians and Care Managers are highly trained and closely integrated into community resources, physician offices or clinics.

Home Care Management

Provides in-home medical and palliative care management by Specialized Physicians, Nurse Care Managers, and Social Workers for chronically frail seniors that have physical, mental, social, and financial limitations that limits access to outpatient care, forcing unnecessary utilization of hospitals.

Disease Management

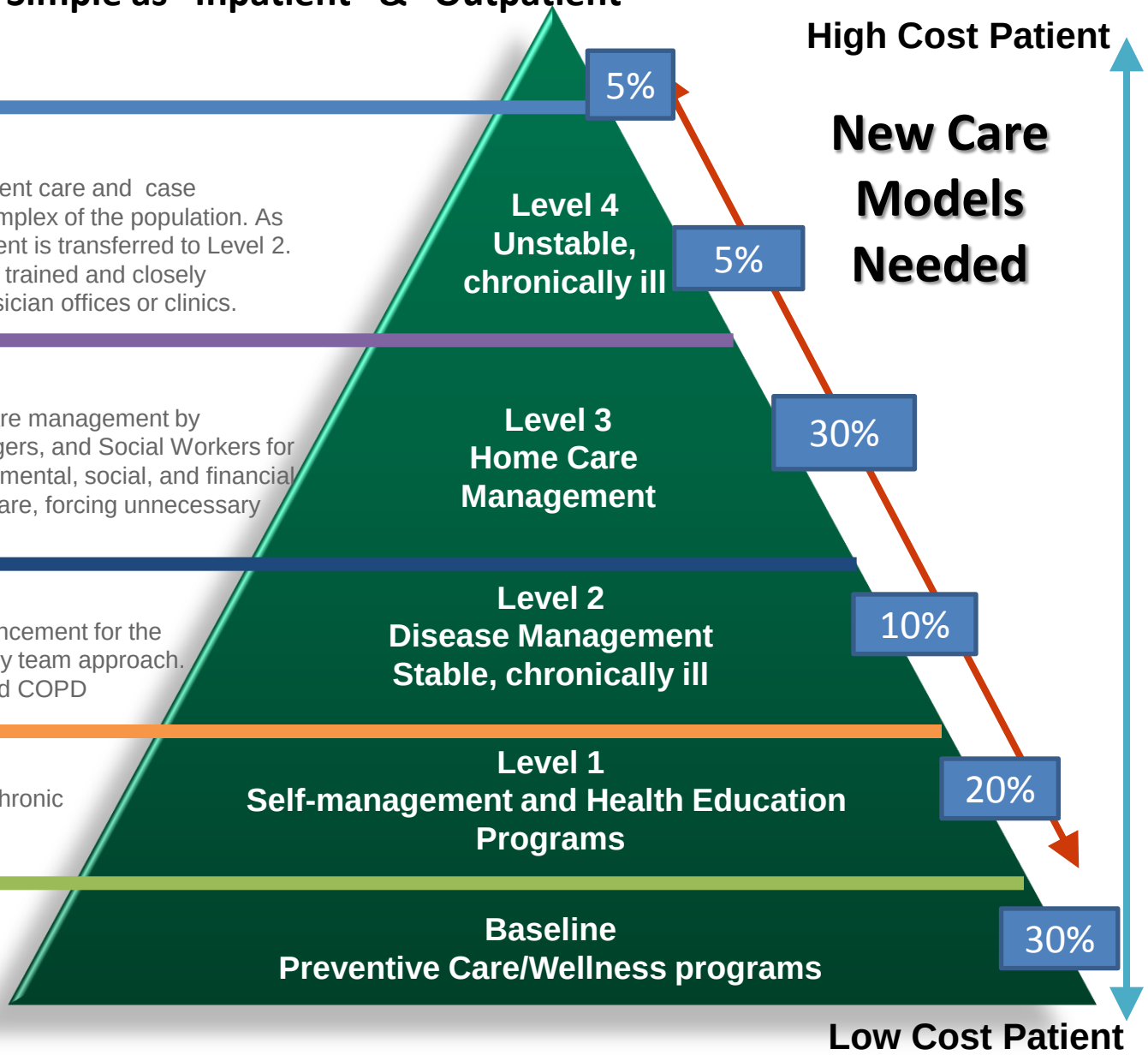
Provides long-term whole person care enhancement for the stable, chronically ill, using a multidisciplinary team approach. Diabetes, CHF, Coronary Artery Disease and COPD

Health Risk Management

Provides self-management for people with chronic disease.

Population Monitoring

Preventive care, education and monitoring for the community.



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Iowa Health ACO Value-based Contracts

PAYOR	TriHealth Pioneer ACO	Wellmark ACO	Medicare Shared Savings (MSSP)	Iowa Health Self-Insured	Medicaid Other Insurers
Beneficiaries					IHS in review at this time
Fort Dodge	√	√		√	
Des Moines		√	√	√	
Cedar Rapids		√	√	√	
Waterloo		√	√	√	
Quad Cities			√	√	
Peoria			√		
Sioux City				√	
Dubuque				√	
Quincy Medical Group			√		

Iowa Health Next Steps

- Refine technology requirements and analytic services to support Wellmark, MSSP and Pioneer ACO performance
- Develop, at the beneficiary level, the performance integration of services ***to encompass all care settings***

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Basic ACO Program Domains

Wellmark ACO	Pioneer and MSSP
Patient Experience (4 measures)	Patient/Caregiver Experience (7 measures)
Chronic and Follow-Up Care (3 measures)	Care Coordination/Patient Safety (6 measures)
Primary Prevention (4 measures)	Preventative Health (8 measures)
	At Risk Populations (12 measures)

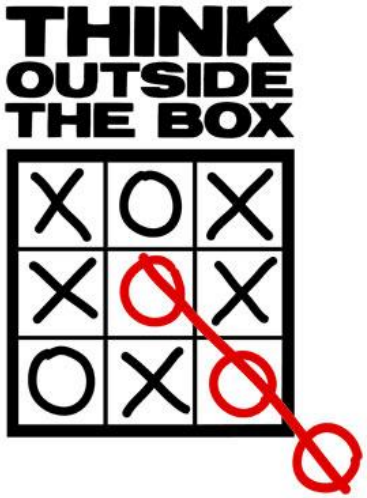
Common ACO Domains Examples

- Preventative Health

Wellmark Measure	Pioneer and MSSP Measures
Well Child Visits 0 – 15 months	Influenza Immunization
Well Child 3 – 6 years	Pneumococcal Vaccination
Mammography	Adult Weight Screening and Follow-Up
Colorectal Screens	Tobacco Use Assessment and Tobacco Cessation Intervention
Readmissions and Preventing Admissions	Depression Screening
	Colorectal Cancer Screening
	Mammography Screening
	Screening for High Blood Pressure

Care Coordination

- Population Care Management
- Advanced Medical Team
- Disease Management
- Case Management
- Call Center
- Palliative Care



Think outside the traditional boundaries!

Conclusion

- It's not the end, it's the beginning.
- What questions do you have?