



ACO Journey Map

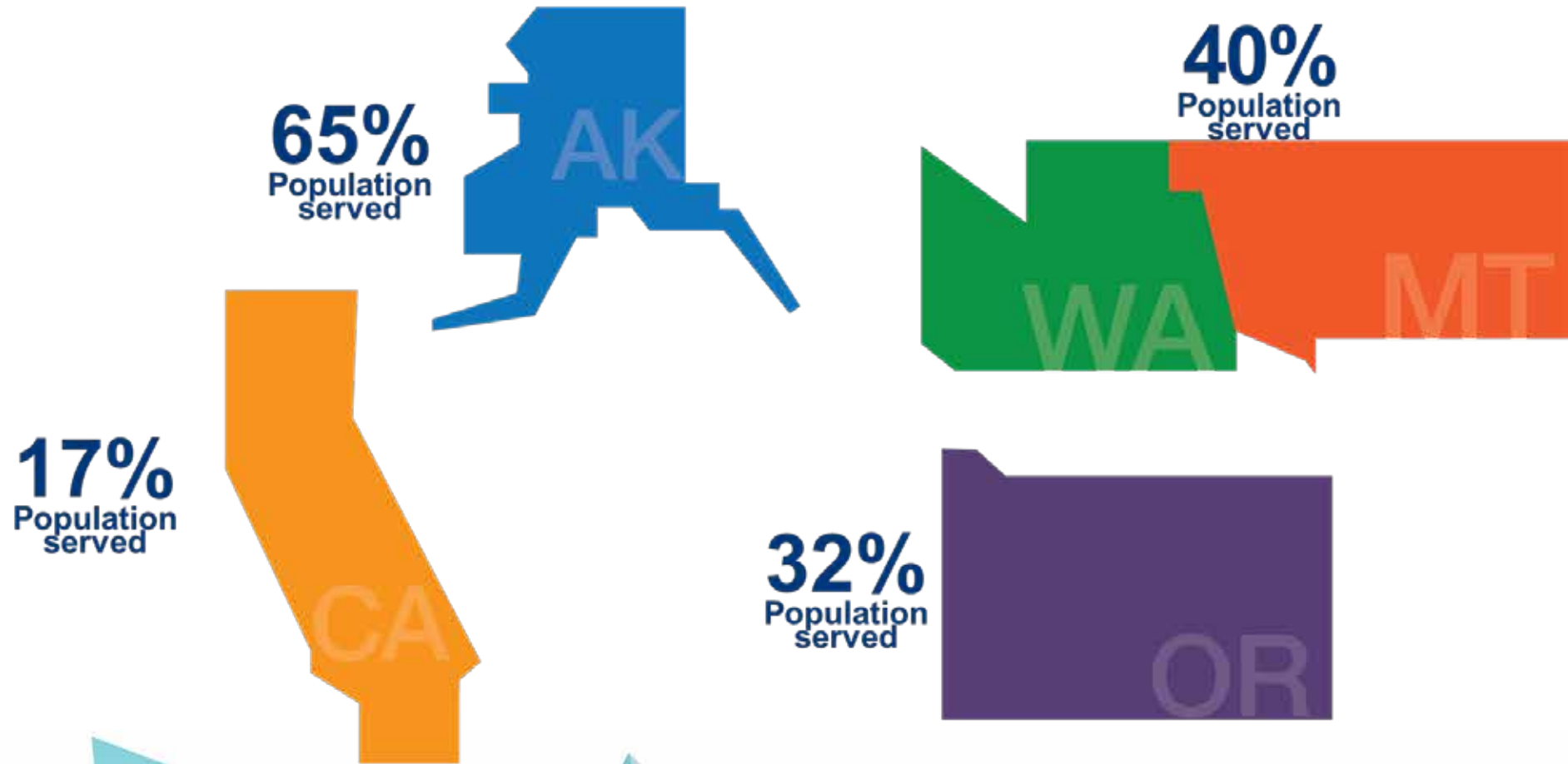
The ACO Journey Map is intended to facilitate conversations between employers, health plans, and health systems regarding an ACO's maturity level, structure, capabilities, and ability to deliver on performance goals. With hundreds of ACOs across the United States, there are natural variations in care models, technology infrastructure, financial arrangements, approaches to pharmacy, and several other domains. As employers consider whether to invest in plan design steerage toward ACOs, this journey map can aid in assessing reasonable expectations for consumers attributed to an ACO and total cost of care expectations for employers. This journey map can be combined with ACO performance metrics to assess whether investment is appropriate.



HOW TO SCORE: Not Started In Process Complete

ACO Name: _____

COMPETENCY EXPECTATIONS	LAUNCHING 1-3 YEARS	DEVELOPING 2-7 YEARS	HIGH PERFORMING 4-10 YEARS
Clinical Governance			
→ Provider Responsibility	<input type="radio"/> Providers approve clinical and operational goals and plans	<input type="radio"/> PCPs and specialists oversee quality and patient experience	<input type="radio"/> Accountable for achieving sustained high performance
Network			
→ Primary Care (PCP)	<input type="radio"/> Established	<input type="radio"/> Add high value PCPs	<input type="radio"/> Optimized and refine network
→ Hospitals and Specialists	<input type="radio"/> Identified and recruit	<input type="radio"/> Add high value hospitals and specialist	<input type="radio"/> Optimized and refine network
Care Model			
→ Medical Home	<input type="radio"/> Implementing	<input type="radio"/> Established, integrating behavioral health	<input type="radio"/> Optimized and complete
→ Risk Stratification	<input type="radio"/> High-risk patients targeted	<input type="radio"/> Expanded to include moderate-risk consumers	<input type="radio"/> All consumers targeted
→ Clinical Guidelines	<input type="radio"/> Established for high-risk patients	<input type="radio"/> EMR-based, expanded use across conditions	<input type="radio"/> Complete guidelines across ACO
→ Quality	<input type="radio"/> Siloed quality efforts	<input type="radio"/> Coordinated quality efforts	<input type="radio"/> Continuous quality improvement
→ Care Coordination	<input type="radio"/> Through health plan or ACO	<input type="radio"/> Shifting to ACO	<input type="radio"/> ACO-driven
→ Site of Care	<input type="radio"/> Adding low costs sites of care	<input type="radio"/> Refer to efficient sites of care	<input type="radio"/> Integrated into care model
→ Medication	<input type="radio"/> Polypharmacy and reconciliations	<input type="radio"/> Evidence-based use, adherence and efficiency	<input type="radio"/> Value-based, efficient across sites
Consumer Experience			
→ Access	<input type="radio"/> 24/7 access is available but inconsistent	<input type="radio"/> Expanded 24/7 and same day urgent access	<input type="radio"/> Consistent 24/7 and urgent access
→ Proactive Outreach	<input type="radio"/> Limited to high-risk patients	<input type="radio"/> Expanded for moderate risk consumers	<input type="radio"/> Consistent outreach to all consumers
→ Satisfaction	<input type="radio"/> Measured for high-risk patients	<input type="radio"/> Improving for high- to moderate-risk consumers	<input type="radio"/> Concierge model for all consumers
→ Portal	<input type="radio"/> Basic, includes records and messaging	<input type="radio"/> Addition of care plans and content	<input type="radio"/> Comprehensive and mobile-enabled
Technology & Analytics			
→ Electronic Medical Record (EMR)	<input type="radio"/> Multiple and separate EMRs	<input type="radio"/> Limited data exchange between EMRs	<input type="radio"/> Complete EMR interoperability
→ Predictive Analytics/Registries	<input type="radio"/> Primary care registries only	<input type="radio"/> Primary and specialty care registries	<input type="radio"/> Integrated registries
→ Data Analytics	<input type="radio"/> Limited to EMR data	<input type="radio"/> Multiple data sources to identify opportunities	<input type="radio"/> Use comprehensive clinical/claims data
Finance Model			
→ ACO Risk	<input type="radio"/> Gain-sharing tied to quality and cost	<input type="radio"/> Gain- and loss-sharing tied to quality and cost	<input type="radio"/> At risk for total cost of care
→ Physician Incentives	<input type="radio"/> Small incentive, limited ACO panel	<input type="radio"/> Increased incentive, expanded ACO panel, introduce downside risk	<input type="radio"/> Compensation with incentives tied to performance





34
HOSPITALS



600
CLINICS



15k
PHYSICIANS



82k
CAREGIVERS



1.2m
COVERED
LIVES



41
NON-ACUTE
SERVICES



**A HIGH SCHOOL
& UNIVERSITY**



Providence St. Joseph Health



50
HOSPITALS



829
CLINICS



23k
PHYSICIANS



106k
CAREGIVERS



1.9m
COVERED LIVES



90
NON-ACUTE
SERVICES



14
SUPPORTIVE
HOUSING FACILITIES



HIGH SCHOOL, NURSING
SCHOOLS AND
UNIVERSITY

Transitioning between Economic Models

Narrow Networks & Total Cost of Care Performance Contracts

Network is Narrowed to drive service access through Providence System.
Population Health Contracts engage Total Cost of Care (TCC) accountability.

When Market-wide UTILIZATION is **High**...

- Volume of services UP, and high percentage come to Providence
- But we pay TCC penalty, essentially reducing unit margin for high volume
- Acute/Institute financial performance outweighs TCC penalty

When Market-wide UTILIZATION is **Low**...

- Volume of services DOWN, yet high percentage come to Providence
- While services volume is low, we may retain our margin per service
- AND we capture revenue from TCC savings

The Journey



Step 1 -- Large Commercial Contracts serve as catalyst



~180K in Puget Sound Region



~40K in Portland Region

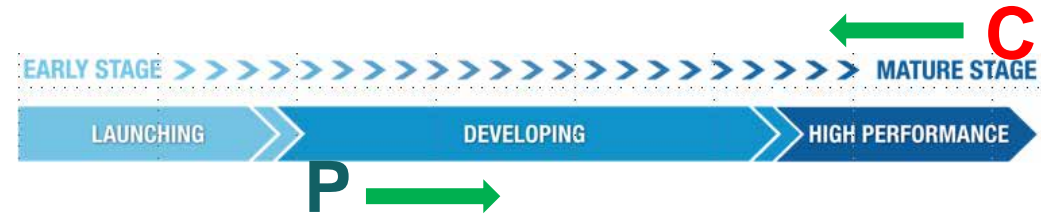
The Journey



Step 2 – Build Infrastructure and Execute

- Data & Analytics
- Care Management
- JOCs & Best Practice Sharing
- Performance Management

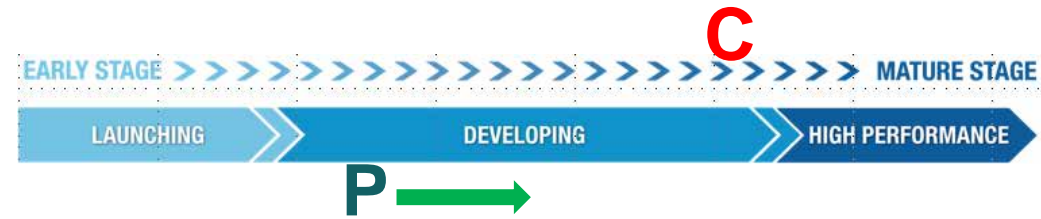
The Journey



Step 3 – Approach the “Tipping Point”

- Extend the Infrastructure & Refine the Model
- Disciplined, controlled growth in risk-based contracts
- Bring ACO solutions “down market” (employer size)

Providence HealthEngage



A comprehensive, provider-engaged, employee benefits solution for self-funded employers

- *Launch*: Puget Sound Region; Next: Eastern WA
- NETWORK: Providence-Swedish Health Alliance
- TPA: Providence Health Plan, ASO (administrative services only)
- STOP LOSS: EverestRE
- **ACO Financial Arrangement:**
50/50 share, up to +/- 10% of expected total cost