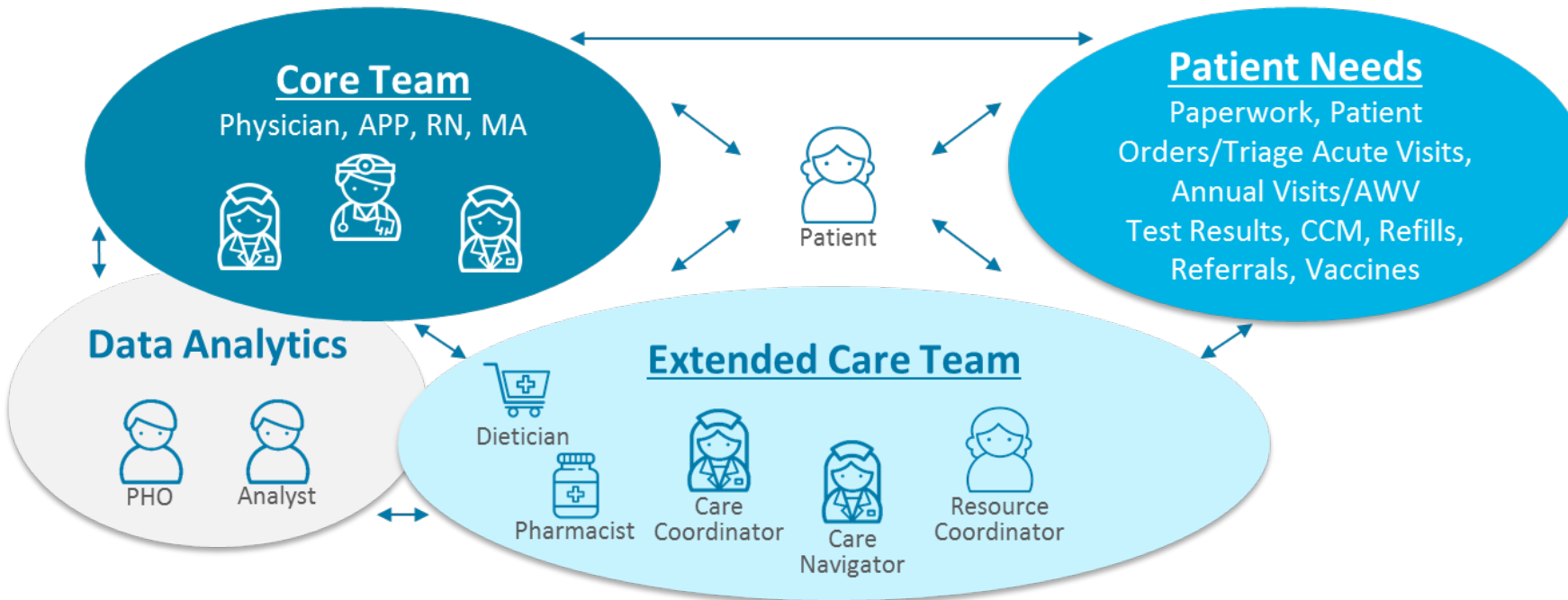


Indianapolis | Clinical Model



- Develop care plan in partnership with PCP
- Identify & assist in closing care gaps
- Provide intensive education on chronic disease
- Coordinate with all care providers – pharmacy, dietician, behavioral health

Indianapolis | Clinical Model

Expanded Rooming protocols standardize clinical processes for consistency of care

Rooming protocols address:




- Medication Reconciliation
- Entering Refills
- Address gaps in care
- Vaccines, Preventative Screenings
- Diabetic Foot exam
- Activate MyChart (EMR patient portal)



Medical Assistant “Top of License”



Indianapolis | Quality Outcomes

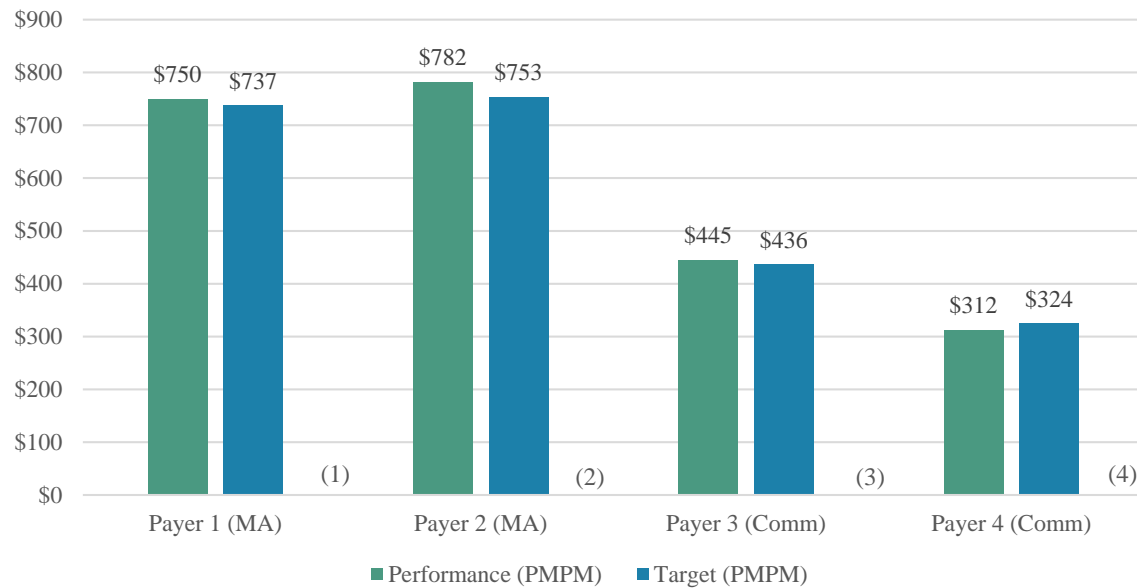
- 
 - Attributed lives: ↑ from 89K to 91.5k
 - Annual Wellness Visits: ↑ 70.1% YTD
 - Care Management Engagement: ↑ 170% YTD
- 
 - Acuity coding accuracy: ↑ +14.9%
- 
 - Emergency Department Visits: ↓ -0.6%
 - Patient Admits: ↓ -2.2%
 - In-Patient Days: ↓ -6.2%



Data: (from Dec 2015 – July 2016)

Indianapolis | Financial Outcomes

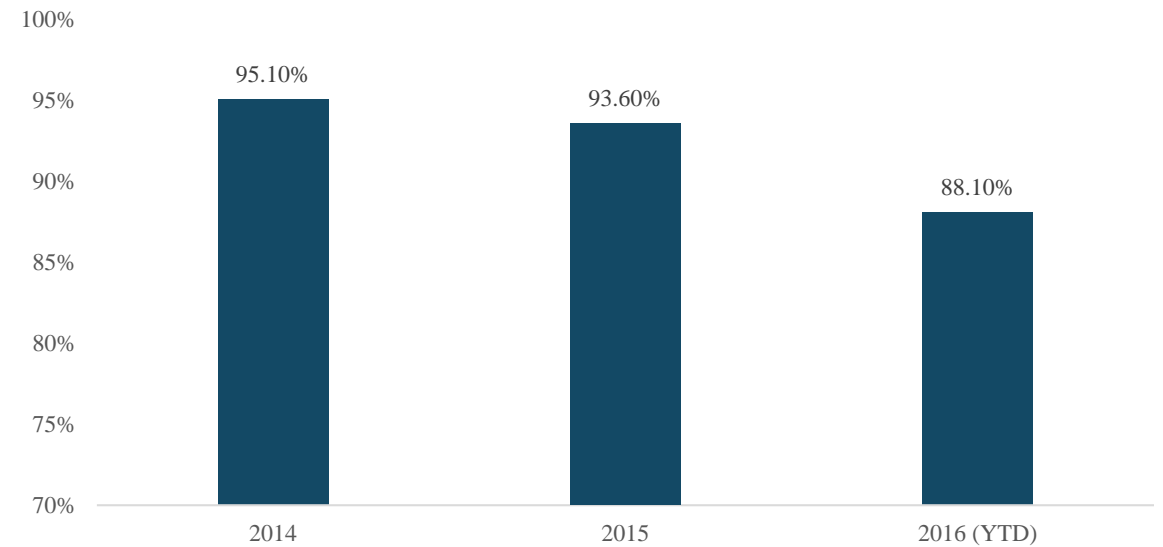
Indy | Value Based Performance



Performance Time Period:

- (1) Q1 2016; Premium: \$888, MER Target: 83%, Performance: 84%
- (2) July 2016
- (3) Q4, 2015
- (4) July 2016; paid, no Rx

Payer 2 (MA) - MLR



Performance for Payer 2 (MA) based on the reported MLR has improved



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.

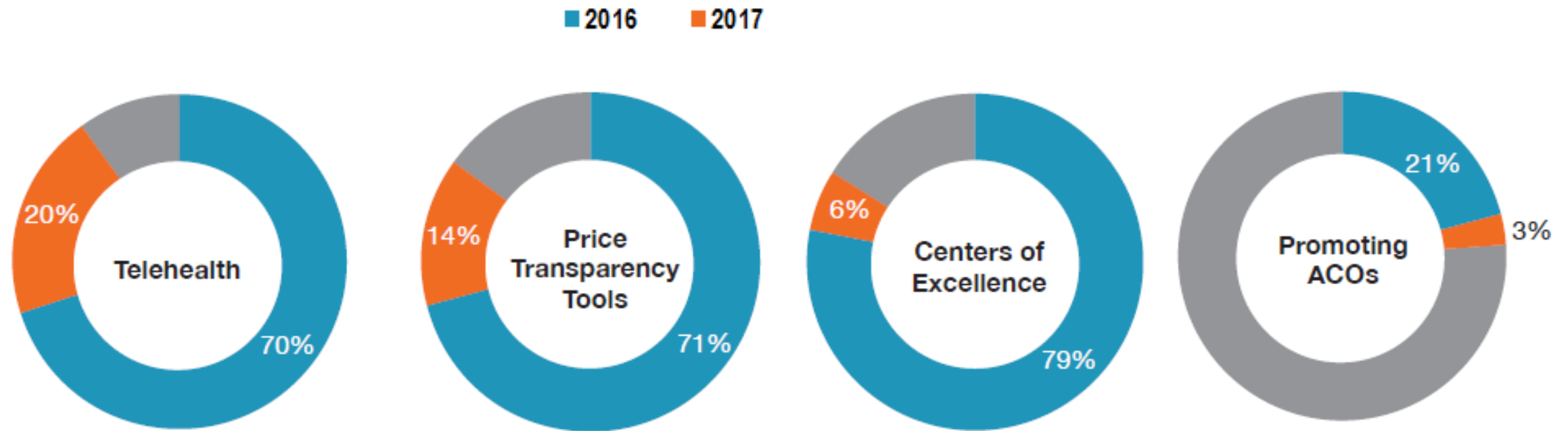


HOW TO SCORE: Not Started In Process Complete

ACO Name: Village Family Practice (ACC of Texas)

COMPETENCY EXPECTATIONS	LAUNCHING 1-3 YEARS			DEVELOPING 2-7 YEARS			HIGH PERFORMING 4-10 YEARS		
	Not Started	In Process	Complete	Not Started	In Process	Complete	Not Started	In Process	Complete
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 checked="" type="radio"/>	Accountable for achieving sustained high performance			
Network									
→ Primary Care (PCP)	<input type="radio"/>	Established	<input type="radio"/>	Add high value PCPs	<input checked="" 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 checked="" type="radio"/>	Optimized and refine network			
Care Model									
→ Medical Home	<input type="radio"/>	Implementing	<input type="radio"/>	Established, integrating behavioral health	<input checked="" type="radio"/>	Optimized and complete			
→ Risk Stratification	<input type="radio"/>	High-risk patients targeted	<input type="radio"/>	Expanded to include moderate-risk consumers	<input checked="" 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 checked="" type="radio"/>	Complete guidelines across ACO			
→ Quality	<input type="radio"/>	Siloed quality efforts	<input type="radio"/>	Coordinated quality efforts	<input checked="" type="radio"/>	Continuous quality improvement			
→ Care Coordination	<input type="radio"/>	Through health plan or ACO	<input type="radio"/>	Shifting to ACO	<input checked="" 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 checked="" type="radio"/>	Integrated into care model			
→ Medication	<input type="radio"/>	Polypharmacy and reconciliations	<input type="radio"/>	Evidence-based use, adherence and efficiency	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	Complete EMR interoperability			
→ Predictive Analytics/Registries	<input type="radio"/>	Primary care registries only	<input type="radio"/>	Primary and specialty care registries	<input checked="" type="radio"/>	Integrated registries			
→ Data Analytics	<input type="radio"/>	Limited to EMR data	<input type="radio"/>	Multiple data sources to identify opportunities	<input checked="" 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 checked="" 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 down-side risk	<input checked="" type="radio"/>	Compensation with incentives tied to performance			

Employers are Changing the Way Health Care is Accessed and Delivered



Innovative Initiatives

Large employers nearly universally include COEs, telemedicine, transparency tools and advocacy/navigation services

Other innovations:

- Onsite (or near site) clinics/PCMH
- Multi-employer initiatives like CPC+
- Waive deductible for all primary care services (non-HSA plans)
- Oncology-home for patients with cancer
- No cost for minute-clinic – coordinated by health plan with PCP
- Directly contracted in-home care



**National
Business
Group on
Health®**

20 F Street, NW, Suite 200
Washington, DC 20001
(202) 558-3000
businessgrouphealth.org

Shari Davidson: davidson@businessgrouphealth.org

Steve Raetzman: steve@raetzman.com

Chris Gorey: Christopher.Gorey@providence.org

Paul Martino: pmartino@villagemd.com