

ACO in Action

Our Performance in 2019: Higher Quality and Increased Savings

As 2019 comes to a close, we'd like to offer a quick look at what the ACO and our network of outstanding providers achieved over the last 12 months.

Our objective, as always, was to help ensure that the 1,600 providers in the network delivered high quality care while managing low-value utilization and limiting wasteful spending. This objective serves the larger goal of establishing a value-based care system that reimburses and rewards providers for delivering care at the most appropriate time, place and intensity to meet patients' needs. By establishing this model, we intend to improve the overall health of patients and populations while also moderating overall health care cost.

We measured performance in four domains.

1. Quality

Providers in the ACO's network have consistently improved quality year-over-year. That trend continued in 2019. Although reporting is not complete for the year, performance on the 10 highest-impact quality measures has been impressive. Providers are on track to achieve or exceed the challenging targets for seven out of these 10 measures. The most impressive improvements over the last twelve months have been in breast cancer screening, which saw a 4 percent increase. Longer term improvement tells a broader story of success. Since 2015, hypertension control has improved nearly 9 percent, the screening rate for depression has increased 15 percent and the colon cancer screening rate has increased 16 percent.

Using published number-needed-to-treat and number-needed-to-screen data, we have estimated the impact ACO providers' quality improvement will have on patient mortality in 2020: 32 fewer of their patients will die from a hypertension-related cardiovascular event, 16 fewer will die from colon cancer and two fewer will die from breast cancer.

"Providers and practices did a fantastic job on quality this year. We can see that in their performance achieving the 10 highest-impact measures, certainly. It's also important to remember that they achieved a perfect quality score in Medicare's Merit-based Incentive Payment System. It's wonderful to see practices' and providers' hard work and dedication to their patients reflected in these very positive outcomes," says Tracy Callahan, the ACO's senior director of performance.

2. Cost

While improving quality, providers participating in the ACO also prevented an estimated \$8 million in wasteful spending. A portion of that savings, accrued during 2018, was returned to the ACO this year to fund operations and distribute to practices in support of quality and population health initiatives. This level of shared savings is 20 percent higher than the previous contract period. Savings associated with our Medicare and Medicare Advantage contracts decreased during the period but were more than made up by large savings in behavioral health and commercial contracts.

“The increase in savings is due to a number of factors, including more efficient care overall and improvements in our contracting process,” says Martha Ridge, senior director of network development and management.

3. Utilization

To measure our performance in reducing low-value health care utilization, we tracked rates of ED visits, admissions and readmissions among the approximately 234,000 beneficiaries that ACO providers were contracted to care for in 2019. Lag time in data reporting and validation limits our current view to January through June of 2019, during which we saw modest decreases in all tracked areas of utilization and among all populations, except for the admissions rate for beneficiaries of commercial contracts which remained steady. We will report on utilization performance for the entire year of 2019 when data become available in the summer of 2020.

“Working to reduce low-value utilization of health care services is a huge, complex task. Rates of utilization respond to multiple factors, only some of which are under our control,” says Cindy Tack, senior director of clinical initiatives. “In 2019, I think that the whole MaineHealth system came together in powerful ways to offer and implement tactics for reducing utilization. The ACO’s work is one component of this larger effort and we’re gratified to have contributed our resources and expertise.”

4. Operations

During our 2019 fiscal year (Oct 2018 – Sept 2019), we achieved eight out of nine goals set as part of our annual implementation plan. We had particular success in launching interdisciplinary project teams that rolled out tactics to help reduce ED utilization, admissions and readmissions. The rate of progress incorporating clinical data into Arcadia, our population health management tool, was slower than expected. That process should be complete in early 2020.

“In 2019 we focused on putting together cross-organizational multidisciplinary teams to brainstorm and implement projects in support of our major priorities,” says Jen Moore, chief operating officer. “These teams brought diverse skills and perspectives to bear on tough challenges like reducing utilization and increasing the quality of clinical documentation. The creative, innovative tactics they developed benefited from that diversity.”

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Betsy Johnson, MD, chief executive officer, reflects on the year’s performance.

“Our deepest congratulations and gratitude for a very successful high-performance year go, first and foremost, to the providers, practice managers, quality specialists, and care team members who make the ACO’s success possible. Thank you. Your dedication to patient care is clear and what sets us apart from other health systems. My thanks also goes to the team members here at the ACO. They contribute a tremendous level of expertise, passion and commitment to achieving our goal of high-value care and healthier patients. Please join me in taking a moment to reflect and celebrate all of our successes large and small as the year comes to a close.”