Prominence Health Plan

Accountable Care Organizations (ACO)

Defining Success in Value-Based Care

Tactics of Successful ACOs

Three high-performing Texas ACOs offer insight into achieving success under a value-based care model

Introduction

Accountable Care Organizations (ACOs) were first implemented in 2012 as a market-level approach to address quality differences and curb increasing healthcare costs in the United States.

Since then, Prominence Health Plan, a subsidiary of Universal Health Services (UHS), has sponsored 7 ACOs either wholly owned or through physician joint ventures across the nation to promote local, physician-led, value-based health care. UHS ACOs have collectively saved Medicare nearly $300M and distributed $108M to ACO participants.

Three of UHS's high-performing ACOs are Texoma Clinical Partners, South Texas Clinical Partners, and Texas Panhandle Clinical Partners. Through engaging in the MSSP model as a platform of trust, each ACO, each ACO team's diligent work has demonstrated success in improving the overall quality of care for patients.

This case study examines the outcomes of ACO performance through claims data and team-based initiatives over three years to assess performance beyond financial success.

Texoma Clinical Partners

Texoma Clinical Partners is a physician-led, hospital-sponsored ACO in the Sherman-Denison area of north Texas. Since its establishment in July 2019, Texoma has earned $12 Million in Program Savings while distributing Shared Savings of nearly $4 Million. Texoma also averages an impressive 99% Quality Score.

Texoma credits program success to a highly engaged clinical coordination team. This team is passionate about the work they do and the patients they support. The Texoma clinical team works daily with Primary Care Providers (PCP) and Hospital to identify patients of critical need, who may benefit from a personal liaison to help navigate the care continuum. For example, one RN directly engaged with Skilled Nursing Facilities who will follow up with every discharged patient by phone call. The designated RN will then walk the patient through next steps including their medication list, appointment schedule, and address any opportunities for additional assistance. The RN then relays this information to the PCP to ensure the PCP is informed of the health status of the patient and any potential adjustments to the plan of care.

A unique component of the Texoma team is the development of a specific workflow to identify social barriers in patient care plans. For many patients in this market, just one nonmedical problem can set off a chain reaction of health crises. For this reason, the Texoma RN could assist in coordinating a patient's transportation to and from a doctor's appointment, help them apply for medication assistance, or coordinate home aid services for those who would benefit from the added support. These efforts have yielded success in reducing hospital readmissions while increasing overall patient health and wellbeing.

Skilled Nursing Facility (SNF)

Unplanned hospital readmissions are an important measure of hospital quality and a primary focus of national regulations. In 2019, Texoma saw a 17% decrease in 30-Day Admission Rates to a Hospital after an SNF discharge, surpassing the national average by 14%. Texoma also saw a 25% decrease in 30-day Admission Rates to an SNF after an SNF discharge, surpassing the national average by 14%.

30-Day Admission Rate After SNF Discharge	2019	2020	Variance
Hospital	35	29	**- 17%**
Skilled Nursing Facility	21	16	**- 25%**

30-Day Admission Rate After SNF Discharge (MSSP Average)	2019	2020	Variance
Hospital	29	28	**- 3%**
Skilled Nursing Facility	18	16	**- 11%**

Rehabilitation Hospital

When it comes to long-term care, selecting the right location of care is critical to ensuring seamless transitions for patients and their families. With help from the hospitals, the Texoma clinical coordination team has been able to decrease unnecessary utilization of Rehabilitation hospitals, where long-term or terminal care is not the primary focus by 16% while redirecting patients to a more appropriate next site of care.

Utilization Rate Per 1,000	2019	2020	Variance
Rehabilitation Hospital	36	31	**- 16%**

Utilization Rate Per 1,000 (MSSP Average)	2019	2020	Variance
Rehabilitation Hospital	12	11	**- 7%**

Texas Panhandle Clinical Partners (TPCP)

Texas Panhandle Clinical Partners (TPCP) is a physician-led, hospital-sponsored ACO centralized in Amarillo. TPCP spans the upper 26 counties of the Panhandle, into northeast New Mexico, and

has recently expanded to the Lubbock and Odessa areas of Texas and Enid, Oklahoma. Since TPCP's formation in 2017, this program has saved Medicare $30 Million in Program Savings and earned $12 Million in Shared Savings. In 2020, the quality score of 98% was the highest in the region.

TPCP credits its success to building strong relationships with providers, consistent communication, and steady practice transformation education to assist in administrative activities. TPCP started with 350 providers in 2017 and now estimating a total of 1,000 providers by 2022.

Chronic Care Management (CCM) Program

Chronic care management is a specific service for at-risk patients meeting specific eligibility criteria. The overall goal of the CCM program is to help patients achieve a better quality of life through continuous management of chronic conditions with an increased focus on preventive care services.

In just one year, TPCP's CCM program realized a 7% decrease of ER utilization for CCM patients. Additionally, the CCM program realized an average of $4,355 in total cost of care savings compared to a cohort of Non-CCM Patients with similar chronic conditions.

CCM Patients with ER Visits (%)	Q4 19	Q4 20	Variance
Emergency Department Visits	17%	10%	**- 7 %**

	Average of 2020 Total Spend
Non CCM Patients	**$15,990**
All CCM Patients	**$11,545**

Emergency Department Visits

Since 2017, TPCP has taken initiative to reduce preventable Emergency Department Visits. Through consistent communication and education with PCPs, TPCP has seen a significant improvement in next site of care, ED visit reduction, readmittance rate reduction. Trended year-over-year data analysis, including considerations of COVID-19, shows continued progress.

Utilization Rate Per 1,000	2017	2020	Variance
Emergency Department Visits	940	855	**- 15%**
Emergency Department Visits that Lead to Hospitalizations	209	192	**- 8%**

Primary Care Services

Located in an area where most patients utilize Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) for their primary care needs, TPCP has been able to increase PCP utilization rate by nearly 40% since its establishment in 2017. This differs greatly from the MSSP average, which decreased 3% over a three-year period.

Utilization Rate Per 1,000	2017	2020	Variance
Primary Care Services with a FQHC/RHC	2215	3064	**+ 38%**

Utilization Rate Per 1,000 (MSSP Average)	2017	2020	Variance
Primary Care Services with a FQHC/RHC	48	46	**- 3 %**

South Texas Clinical Partners (STCP)

South Texas Clinical Partners (STCP) was formed in 2017 by a group of local primary care providers with a goal to elevate collaborative, patient-centered, preventive healthcare across South Texas including the Rio Grande Valley and Laredo. Over the last 4 years, the ACO has saved more than $30M to Medicare and maintained an average 99% quality score. More than $15M has been shared with participating PCPs as value-based care earnings and reinvestment into high quality care for the community.

A unique element that separates STCP from other markets and contributes to their success is a strong partnership with the local UHS hospitals. This has allowed STCP to have additional insight into hospital and case management information that would otherwise be unavailable. For example, STCP is one of the few ACOs in the region that have access to hospital records while the patient is in-house. Strong care coordination and smooth communication between ACO nurses and hospital case management also stem from close hospital partnerships.

Lastly, STCP takes pride in its team of value-driven and focused staff members. RNs have played a significant role in driving success at STCP. This team excels in complex care management, post-hospital discharge coordination, and evaluation of SDOH opportunities. Through consistent

communication and a passion for transforming patient care, the team may proactively address the needs of patients and providers in the community.

Primary Care Services

Since 2017, STCP has been able to increase Primary Care Services with a PCP by 20%, while reducing unnecessary and costly Primary Care Services with a Specialist by 6%. They also have increased overall Annual Wellness Visits by 27%.

Primary Care Services - Utilization Rate Per 1,000	2017	2020	STCP Variance
With a Primary Care Physician	7,738	9,260	**+ 20%**
With a Specialist Physician	3,866	3,620	**- 6%**

Primary Care Services - Utilization Rate Per 1,000 (MSSP Average)	2017	2020	MSSP Variance
With a Primary Care Physician	4,027	3,659	**- 9%**
With a Specialist Physician	4,508	4,127	**- 8%**

Annual Wellness Visit Percentage	2017	2020	MSSP Variance
South Texas Clinical Partners (STCP)	40%	67%	**+ 27%**

Conclusion

Value-based care programs like the MSSP have achieved measurable, consistent, and accumulating results. With the world of health care consistently changing, our three high-performing Texas ACOs will continue to illuminate a path forward.