MASSACHUSETTS
HEALTH POLICY COMMISSION

ACCOUNTABLE CARE ORGANIZATIONS IN MASSACHUSETTS: HPC-CERTIFIED ACO PROGRAM STRATEGY SUMMARIES

Introduction to the Health Policy Commission's Learning, Equity, and Patient-Centeredness Standards for Accountable Care Organization Certification

INTRODUCTION TO THE ACCOUNTABLE CARE ORGANIZATION PROGRAM STRATEGY SUMMARIES

Since its inception in 2017, the HPC's Accountable Care Organization (ACO) Certification Program has established all-payer standards for care delivery and provided information to the public on the structures and operations of these organizations. This collection of ACO Program Strategy Summaries synthesizes information on the 17ACOs certified in 2022 and 2023 under the HPC's Learning, Equity, and Patient-Centeredness (LEAP) standards, providing a high-level view of the landscape in the Commonwealth to complement the ACO-level information that appears in individual HPC-certified ACO profiles. Using data from the ACOs' Certification Program applications, each ACO Program Strategy Summary captures the key strategies organizations used to meet the core care delivery certification standards, with selected examples.

These ACO Program Strategy Summaries are part of a series of resources, including profiles of each HPC-certified ACO, that the HPC has created to provide policymakers, health care providers, payers, purchasers, researchers, and other members of the public with information and insights regarding HPC-certified ACOs.

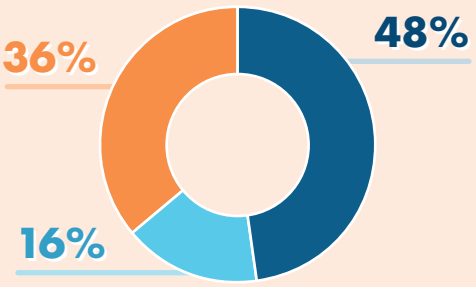
17
ACOs

98
Risk Contracts

3.04M
ACO Covered Lives

ACO Covered Lives by Contract Type

- COMMERCIAL
- MEDICAID
- MEDICARE



HPC-CERTIFIED ACOS

ATRIUS HEALTH, INC.

BAYCARE HEALTH PARTNERS, INC.

BERKSHIRE HEALTH SYSTEMS, INC.

BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK

BMC HEALTH SYSTEM, INC.

CAMBRIDGE HEALTH ALLIANCE

CHILDREN'S MEDICAL CENTER CORPORATION

COMMUNITY CARE COOPERATIVE, INC.

EAST BOSTON NEIGHBORHOOD HEALTH CENTER CORP.

MASS GENERAL BRIGHAM

RELIANT MEDICAL GROUP, INC.

SIGNATURE HEALTHCARE

SOUTHCOAST HEALTH SYSTEM, INC.

STEWARD HEALTH CARE NETWORK, INC.

TRINITY HEALTH OF NEW ENGLAND

TUFTS MEDICINE

UMASS MEMORIAL HEALTH, INC.

ACCOUNTABLE CARE ORGANIZATIONS IN MASSACHUSETTS

OVERVIEW OF THE LEAP STANDARDS

The LEAP standards for the ACO Certification Program, first implemented by the HPC in 2021, build on the HPC's previous standards to position the ACO model as a catalyst for learning and improvement among health care organizations. They encourage ACOs to pursue evidence-based and data-driven strategies to improve care delivery while emphasizing three key themes:

LEARNING

The ACO LEAP standards recognize structures, processes, and approaches conducive to learning effectively from experiences over time, consistent with the "Learning Health System" framework developed by the National Academy of Medicine.[1]

EQUITY

ACOs have an important role to play as partners in ensuring that everyone in the Commonwealth can attain their full health potential. The ACO LEAP standards elevate this important opportunity by requiring a description of the ACOs' health equity efforts.

PATIENT-CENTEREDNESS

The ACO LEAP framework emphasizes ACO commitments and approaches to hearing patient voices and understanding their preferences and needs. Implementing interventions to meet those patient needs and preferences continues to be a core function of ACOs.

Because organizations may meet the core principles of the ACO LEAP standards with a variety of approaches, ACO activities reviewed during the certification process can take many forms. The ACO Program Strategy Summaries that follow will explore examples of some of the key strategies HPC-certified ACOs described to the HPC.

WHAT IS AN HPC-CERTIFIED ACO?

ACOs are groups of physicians, hospitals, and other health care providers who come together to provide patient-centered, coordinated patient care with the goal of improving quality and reducing health care spending growth.

1 Institute of Medicine. 2013. Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. Washington, DC: The National Academies Press. https://doi.org/10.17226/13444.

DATA-DRIVEN DECISION-MAKING IN ACCOUNTABLE CARE ORGANIZATIONS

How HPC-Certified ACOs Provide Actionable Data and Clinical Knowledge to Providers

The ACO Certification Program requires that ACOs use the best available data and evidence to guide and support improved clinical decision-making. Many ACOs meet this certification requirement by implementing decision support tools or evidence-based protocols with participating providers and use technology to provide guidelines and analytics at the point of care. Many organizations feed performance data back to providers, often through sophisticated dashboards or reporting tools, or via suites of reports that track performance on a range of efficiency, quality, care gap, and cost indicators.

KEY STRATEGIES USED BY HPC-CERTIFIED ACOS

PERFORMANCE FEEDBACK

Dashboards and reports showing performance on key metrics, benchmarked to peers or an external standard

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DECISION SUPPORTS

Point-of-care tools helping providers to make informed, evidence-based care decisions

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EVIDENCE-BASED GUIDELINES

Written protocols based on reliable, up-to-date evidence made available to providers

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DATA ANALYTICS

Actionable data offered to providers to close care gaps or otherwise improve care

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LEARNING OPPORTUNITIES

Training or knowledge-building opportunities for clinicians

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STRUCTURED PROGRAMMING

Programmatic supports or teams dedicated to improving clinical decision-making

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●○○ 1-5 ACOs reported using this strategy | ●●○ 6-11 ACOs | ●●● 12-17 ACOs

DATA-DRIVEN DECISION-MAKING IN ACCOUNTABLE CARE ORGANIZATIONS

ACO Highlights: Examples of Key Strategies in Action

PERFORMANCE FEEDBACK

One ACO provides a **data visualization tool** that integrates data from a variety of sources to produce dashboards and other types of reports that provide information on cost, utilization, quality, patient experience, panel demographics, and productivity to both primary care providers and specialists.

DECISION SUPPORTS

Examples of decision support tools developed or promoted by the ACOs include a **best practice advisory** that is displayed **in a patient's electronic medical record** when they have an antipsychotic on their medication list. Another ACO uses a home-grown **risk calculator**—based on public health recommendations and evidence-based data—that clinicians can use to determine a patient's COVID risk status.

EVIDENCE-BASED GUIDELINES

One ACO charged an internal body focused on decreasing practice variation with developing **evidence-based guidelines for clinical practice**. Another ACO developed companion sidebar reports in the electronic medical record that summarize key care elements and link to the appropriate guidelines.

DATA ANALYTICS

One ACO offers primary care providers a dashboard generator tool that identifies **opportunities to close patient care gaps**. This dashboard, which is updated monthly and benchmarked to peers, analyzes service line, site, provider, and patient-level data and includes measures that are stratified by race, ethnicity, language, and payer.

LEARNING OPPORTUNITIES

One ACO hosts **provider-led learning opportunities** for the ACO's providers to hear from subject matter experts on topics like the treatment of high-prevalence chronic conditions. These sessions, held live with recordings available online, aim to reduce low-value care by equipping providers with reference resources to updated evidence-based protocols and best practices.

STRUCTURED PROGRAMMING

One ACO supports a pharmacy team that leads a diabetes evidence-based medicine initiative. The team provides **practice-level education**, offering resources to support provider decision-making on prescribing and patient engagement. The team uses a patient registry to conduct targeted reviews and make recommendations to providers about selection of the most cost-effective treatment regimens to improve outcomes.

POPULATION HEALTH MANAGEMENT IN ACCOUNTABLE CARE ORGANIZATIONS

How HPC-Certified ACOs Manage the Health of Patient Populations

The ACO Certification Program requires that ACOs develop, implement, and refine programs and care delivery innovations to coordinate care, manage health conditions, and improve the health of their patient populations. HPC-certified ACOs collectively described 64 unique population health management programs currently in operation. Generally, these programs provide supports and team-based care, particularly for patients identified as relatively high-risk based on diagnoses, care utilization patterns, or other relevant factors.

KEY STRATEGIES USED BY HPC-CERTIFIED ACOS

CARE MANAGEMENT PROGRAMS

Team-based care for patients with multiple chronic conditions or significant risk factors

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TRANSITIONS OF CARE

Outreach after discharge to address key drivers of readmissions

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STRATIFICATION ALGORITHMS

Clinical and/or claims data used to stratify patients based on a variety of factors like utilization and social risk

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EMBEDDED STAFF

Care coordinators, community health workers (CHWs), and other non-clinical support staff placed in key care settings to manage health

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KEY METRICS AND TARGETS

Discrete goals against which the success of population health programs is judged

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PROGRAM MODIFICATIONS

Evolution of population health management programs over time as ACOs learn from experience

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●○○ 1-5 ACOs reported using this strategy | ●●○ 6-11 ACOs | ●●● 12-17 ACOs

POPULATION HEALTH MANAGEMENT IN ACCOUNTABLE CARE ORGANIZATIONS

ACO Highlights: Examples of Key Strategies in Action

CARE MANAGEMENT PROGRAMS

Many ACOs' population health management strategies focus on **complex care management**. For example, one ACO assigns registered nurses, CHWs, and pharmacy teams to manage care for the top 1-2% highest risk ACO patients with a goal of reducing unnecessary utilization.

TRANSITIONS OF CARE

Several ACOs have implemented programs to manage care for **high-risk patients discharged from a hospital or skilled nursing facility**. In one such program, the ACO provides medication reconciliation for all patients within 72 hours of discharge. In another, the ACO provides follow-up 7 or 14 days after a medical or behavioral health discharge to reduce readmission rates.

STRATIFICATION ALGORITHMS

To identify patients in need of care management, many ACOs use a variety of commercially available or internally developed **algorithms to generate patient risk scores**. For example, one ACO uses an algorithm to generate risk scores based on factors like utilization, cost, diagnoses, demographics, and social vulnerability.

EMBEDDED STAFF

Many ACOs are embedding staff, including **care coordinators** and **CHWs**, in a variety of sites, including primary care practices, health centers, and emergency departments. These staff help to manage care and may provide patients with resources for health-related social needs, connections to primary care, and/or referrals to longitudinal care management programs.

KEY METRICS AND TARGETS

All ACOs are tracking performance of population health management programs on **discrete metrics** against **measurable goals**. For one ACO, these goals include reductions in utilization, such as emergency department visits or inpatient readmissions, and reductions in medical expenses. Another ACO seeks to achieve increases in patient experience scores, while a third ACO is pursuing improvements on process metrics (e.g., immunization or preventive screening rates).

PROGRAM MODIFICATIONS

Many ACOs **regularly modify their programs** based on performance relative to their goals. For instance, one ACO made recent staffing modifications to a population health management program to add behavioral health resources to support chronic care management teams, while another ACO did so to rebound from COVID-era staffing fluctuations.

PATIENT-CENTERED CARE IN ACCOUNTABLE CARE ORGANIZATIONS

How HPC-Certified ACOs Use Patient Feedback to Provide and Improve Patient-Centered Care

The ACO Certification Program requires that ACOs collect and use information from patients to deliver and improve patient-centered care. Many HPC-certified ACOs gather information on patients' experiences and preferences via standardized surveys and patient and family advisory councils. They use these insights to inform activities ranging from organization-wide quality plans to practice-level process improvement work.

KEY STRATEGIES USED BY HPC-CERTIFIED ACOS

STRATEGIC PLANS

Informs organization-wide priorities and strategies for improving care delivery

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PATIENT EXPERIENCE ADVISORS

Provides practices with trainings and identifies best practices to improve the patient experience

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PROCESS IMPROVEMENT

Supports systematic identification and implementation of process improvement opportunities

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STAFF TRAININGS

Informs staff trainings on correcting identified deficiencies in the patient experience

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ACCESS IMPROVEMENTS

Supports identification and removal of barriers to access, including via telehealth platforms

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OUTREACH CAMPAIGNS

Guides targeted use of innovative or non-traditional modes of communication

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●○○ 1-5 ACOs reported using this strategy | ●●○ 6-11 ACOs | ●●● 12-17 ACOs

PATIENT-CENTERED CARE IN ACCOUNTABLE CARE ORGANIZATIONS

ACO Highlights: Examples of Key Strategies in Action

STRATEGIC PLANS

One ACO described how the analysis of patient experience survey results influenced key components of a **multi-year organization-wide strategic plan**. The resulting strategic plan and associated performance improvement plan contain both discrete metrics and broad strategic goals that focus on improving patient experience.

PATIENT EXPERIENCE ADVISORS

One ACO uses patient experience survey data to **tier practices** into three categories based on performance from "poor" to "high." Practices receive bi-weekly, monthly, or quarterly touchpoints with **patient experience advisors** who work with the practices to identify improvement opportunities, develop strategies and trainings based on best practices, and provide ongoing patient experience monitoring to support practice accountability.

PROCESS IMPROVEMENTS

One ACO facilitates process improvement among practices, distributing patient experience survey results to encourage improvement at the practice level. Practices identify strengths and opportunities for improvement, using a **Plan-Do-Check-Act approach** to improve processes and performance. **Problem Solving Sheets** are used to identify a problem in survey results, perform a root cause analysis, identify strategies to address the root cause, and track performance.

STAFF TRAININGS

One ACO used patient experience survey feedback to design a mandatory **patient experience accountability training** that focuses on improving provider and staff communication skills, demonstrations of empathy, and telephone and visit standards. Training modules were included in the ACO's leadership summit, integrated into new hire orientations, and included in annual required eLearning modules.

ACCESS IMPROVEMENTS

Some ACOs are using patient feedback to **improve access to services**. One ACO used patient experience survey feedback to **customize** an off-the-shelf telehealth tool to improve convenience, usability, and digital access for patients during the pandemic.

OUTREACH CAMPAIGNS

One ACO relied on patient feedback—solicited from members of a patient and family advisory council that considers ACO-wide issues—to design and refine a new **series of text-based outreach campaigns** to encourage patient uptake of preventive services like flu immunizations and breast cancer screenings.

WHOLE-PERSON CARE IN ACCOUNTABLE CARE ORGANIZATIONS

How HPC-Certified ACOs Recognize the Importance of Non-Medical Factors to Overall Health Outcomes and Cost of Care

The ACO Certification Program requires that ACOs seek to integrate behavioral health and health-related social need (HRSN) supports into their care delivery models. HPC-certified ACOs collectively identified 43 priorities shaping their integration strategies, with screening-and-referral processes and co-location as common priorities. All have also implemented HRSN screening and referral activities, often with an initial focus on their MassHealth populations.

KEY STRATEGIES USED BY HPC-CERTIFIED ACOS

BEHAVIORAL HEALTH CO-LOCATION

Physically and/or virtually locating behavioral health providers in primary care settings

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INFORMATION-SHARING AND ANALYTICS

Shared EMRs and dashboards for care teams that include behavioral health

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WORKFLOW RE-DESIGN

Integrating processes, operations, and technology between primary care and behavioral health staff

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CARE MANAGEMENT

Incorporation of behavioral health into population health management teams

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HRSN SCREENING

Evaluation of social needs (e.g., food insecurity or housing instability, in primary care)

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HRSN REFERRALS

Connecting patients to resources to meet an identified HRSN

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●○○ 1-5 ACOs reported using this strategy | ●●○ 6-11 ACOs | ●●● 12-17 ACOs

WHOLE-PERSON CARE IN ACCOUNTABLE CARE ORGANIZATIONS

ACO Highlights: Examples of Key Strategies in Action

BEHAVIORAL HEALTH CO-LOCATION

Many ACOs are focusing on **physical and/or virtual co-location of primary care and behavioral health providers**, as well as building primary care capacity to manage low and moderate behavioral health conditions within the medical home. For instance, one ACO supports **embedded behavioral health clinicians** in primary care settings and/or access to a behavioral health referral coordinator.

CARE MANAGEMENT

One ACO provides resources for a **social work team**—a component of the organization's population health management team—to focus on behavioral health care within the primary care practices on a payer-blind basis.

INFORMATION-SHARING AND ANALYTICS

One ACO offers a **shared electronic medical record (EMR) platform** between primary care and behavioral health care providers. Another provides analytic support via development of a **common behavioral health conditions prevalence dashboard** that is shared with practice sites by the ACO operations team.

WORKFLOW RE-DESIGN

Several ACOs are undertaking **workflow re-design** to support behavioral health integration. For instance, one ACO provides operational assistance with implementing **new EMR workflows** between primary care teams and behavioral health providers, while another ACO offers **workflow trainings** for providers and a related quarterly best practice sharing forum.

HRSN SCREENING

Several ACOs are screening patients for HRSNs, often focused initially on MassHealth patients. One ACO is using a tool—available in seven languages—to **screen MassHealth patients in eight HRSN domains** (e.g., educational attainment, transportation, food security, housing stability, and employment) in primary care sites. The ACO is also piloting **payer-blind administration** of the tool in nearly two dozen practices.

HRSN REFERRALS

One ACO connects patients who screen positive for an HRSN to **a patient resource coordinator**. It uses an **electronic platform** wherein a resource database may be searched, referrals made to social service organizations, and results imported back into the patient's electronic medical record.

IMPROVEMENT-ORIENTED CULTURES IN ACCOUNTABLE CARE ORGANIZATIONS

How HPC-Certified ACOs Work to Build ACO-wide Cultures Supporting Improvement Over Time

The ACO Certification Program requires that ACOs foster a culture of continuous improvement, innovation, and learning to enhance the patient experience and value of care delivery. Cultivating this culture ACO-wide typically requires a mix of financial, clinical, and operational mechanisms. HPC-certified ACOs most commonly utilize regular, cross-functional meetings dedicated to identifying opportunities to improve performance on cost and quality metrics.

KEY STRATEGIES USED BY HPC-CERTIFIED ACOS

SELECTION OF PREFERRED PROVIDERS

Selection of clinical or non-clinical partners based on cultural alignment and dedication to improvement

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ADVANCED PRIMARY CARE

ACO-wide commitments to primary care strategies based on continuous improvement

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REGULAR CROSS-FUNCTIONAL MEETINGS

Forums for clinical and operational leaders to review performance and identify opportunities for continuous learning

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FUNDS FLOW STRATEGIES

Financial incentives for clinicians tied to organizational performance goals

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SHARED INFRASTRUCTURE

Resources shared across ACO participants to support ongoing improvement

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PROCESS IMPROVEMENT

Implementation of formal process improvement methodologies to drive performance

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●○○ 1-5 ACOs reported using this strategy | ●●○ 6-11 ACOs | ●●● 12-17 ACOs

IMPROVEMENT-ORIENTED CULTURES IN ACCOUNTABLE CARE ORGANIZATIONS

ACO Highlights: Examples of Key Strategies in Action

SELECTION OF PREFERRED PROVIDERS

One ACO relies on **explicit criteria**—ultimately incorporated into contractual requirements—when selecting and developing formal relationships with preferred clinical partners, including quality management considerations, performance reporting expectations, and organizational considerations that include "philosophical or cultural alignment."

ADVANCED PRIMARY CARE

Some ACOs are building a system-wide culture via ACO-wide **commitments to advance primary care**. For example, one ACO is supporting NCQA Patient Centered Medical Home recognition for all primary care practices, with ACO staff undergoing training to support the documentation requirements of the process.

REGULAR CROSS-FUNCTIONAL MEETINGS

Many ACOs are building and reinforcing organizational culture by **bringing together leaders and/or providers from around the ACO** to identify performance improvement strategies. In one ACO, an all-ACO participant provider meeting focuses on performance. In another, a cross-disciplinary Total Medical Expense Committee identifies opportunities to improve clinical outcomes and affordability, develops and implements new care models or processes, and uses data to regularly monitor progress.

FUNDS FLOW STRATEGIES

ACOs commonly tie distribution of funds earned under risk contracts and/or other provider compensation to performance. One ACO described **incentives tying primary care compensation** to adoption of programmatic initiatives, performance on a slate of quality and efficiency measures, and success in limiting growth of total medical expense trends. Its methodology balances reward for performance improvement and attainment.

SHARED PERFORMANCE IMPROVEMENT INFRASTRUCTURE

One ACO supports an **internal team**, charged with engaging multiple stakeholders within the network, to drive performance improvement in certain value-based contract metrics and in four priority areas—quality, safety, operational performances, and processes and systems. In collaboration with stakeholders, including clinical quality improvement committees, the **ACO team develops performance plans** for relevant clinical areas.

PROCESS IMPROVEMENT

One ACO supports a **formal quality improvement methodology** in which system-wide goals cascade through the organization to teams that review their practice's performance on quality measures monthly and initiate rapid improvement cycles to help meet quality targets. Balanced scorecards detailing key performance indicators are rolled back up to the executive leadership.