ATTACHMENT APR

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) PY1 ANNUAL PROGRESS REPORT RESPONSE FORM

General Information

Full ACO Name:	Boston Accountable Care Organization, Inc. (BACO)
ACO Address:	720 Harrison Avenue, Boston, MA 02118

Part 1. PY1 Progress Report Executive Summary
1.1 ACO Goals from its Full Participation Plan

Goal Category	Goals	Why a Priority for ACO
Cost and Utilization Management	1. Reduce total cost of care relative to FY17 present state 2. Reduce fragmentation between primary care, acute care and long-term care 3. Develop a holistic, targeted and high-touch care management model for the top 3% of our members 4. Reduce avoidable readmissions to lower inpatient cost 5. Reduce avoidable ED visits to reduce emergency room costs 6. Develop integrated behavioral health programs and protocols to address siloed behavioral health care and pervasive need by members and manage BH spend 7. Develop best-in-class analytic infrastructure and enhance analytic capabilities to give providers expanded access to meaningful data to inform treatment decisions and patient care and to manage TCOC	We believe that fragmentation is a driver of TCOC, therefore, a relatively large portion of inpatient and emergency room spend can be impacted through these goals. Collectively, these goals will allow us to reduce TCOC by approximately 5% over five years, reduce avoidable readmissions (which contributes 20% to TCOC for BACO), integrate services for our members, and address underlying social issues that are often drivers of adverse patient behavior, especially among our high risk population.

	8. Identify actionable opportunities for performance improvement and work collaboratively toward achieving value-based care and provider accountability 9. Address social determinants, which impact health outcomes and TCOC 10. Deliver care in a culturally and linguistically competent manner 11. Provide appropriate performance feedback to providers and staff	
Integration of Physical Health, Behavioral Health, LTSS, and Health-related Social Services	12. Develop workflows and protocols with local social service organizations 13. Develop workflows and protocols with community partners	These goals reflect our overall vision to improve the health of our members. They allow us to reduce fragmentation and develop an integrated delivery system that provides the right care, in the right setting, at the right time, while linking members to critically need support services
Member Engagement	14. Develop educational programs/ materials for members with chronic diseases	We believe that through carefully designed member education programs, we can improve engagement with outpatient care, specifically primary care, minimize use of unnecessary, higher cost settings like the ED and inpatient care, and reduce overall utilization while effectively managing medical expense.
Quality	15. Improve upon quality for patients overall and specifically on MassHealth's metrics 16. Actively monitor quality outcomes and intervene proactively where there is deficiency	These goals reflect our focus on delivering high quality services to our members as part of our overall vision to improve their health by addressing patient gaps in care, We believe that these goals will help reduce total cost of care.

	17. Provide physicians with information on quality outcomes and the tools to improve performance	

1.2 PY1 Investments Overview and Progress toward Goals

Overview of Investment	Implementation Status	Examples of Progress
Expand and standardize programs for managing **High Risk** as well as **Complex Case Management for top 3%** of members	Fully implemented and operational.	A CCM staff is onboard and we have hired a new team of leaders to support the CCM program and the ACO overall. These are critical steps since the leadership also oversees our CCM onboarding plan, which is already in progress.
Embed Quality Management Staff in provider sites to help improve quality performance and outcomes	Partially implemented with support from existing staff, further evaluation in PY2	
Embed staff at provider sites to focus on **Disease Management and Education**	Fully implemented and operational.	
Expand Inpatient Addiction Consult Services to reduce hospitalizations and ED use, and to help primary care physicians address substance use disorder	Fully implemented and operational.	
Expand existing **Specialty Pharmacy Program** to better support medication reconciliation and management for highest risk and highest utilizing members	Fully implemented and operational.	Pharmacy staff hired and embedded in practices with a pharmacy team to support medication reconciliation.
Provide **Community Resources Help for Patients** by linking members with social services through in-person resources or online portal	Fully implemented and operational.	
Expand existing **Practice-based SMI/SUD Program** by embedding	Partially implemented, continuing program	

BH providers in practices with sufficient numbers of patients	implementation through PY2.	
Expand **BMC Transitions of Care Program** to other sites by deploying RN case manager/ social worker dyads focused on transitions after acute hospitalization	Fully implemented and operational.	
Expand existing **ED Care Management Program** by embedding RN case managers in emergency rooms	Fully implemented and operational.	
Expand **EMR Activities** to all BACO sites and integrate EMR platforms	Fully implemented and operational.	Successful creation of regular, actionable reporting and scorecards in financial, clinical and quality domains.
Invest in a **Care Management System** that allows care managers to communicate with broader care teams	Fully implemented and operational.	We have implemented a new case management system with tools to track productivity, case assignment, and share information with primary care teams. These tools allow us to efficiently support performance of CCM teams embedded in primary care practices.
Invest in an **Analytics System** for generating high-risk lists and other insights related to member health and total cost of care performance	Fully implemented and operational.	We have implemented an analytics solution to intake EMR and/or claims data and generate risk-adjusted lists used by our case managers to engage high-risk members.
Invest in **Tele Psychiatry** to provide digital visits for patients with SMI/SUD	Partially implemented, continuing program implementation through PY2.	
Centralize administrative costs for ACO members through **Clinical Administrative Activities**	Fully implemented and operational.	
Miscellaneous Activities and Investments such as recruiting and	Fully implemented and operational.	

training to support programs, as needed		
Invest in **IT Upgrades** to support new programs	Fully implemented and operational.	
Invest in **Computer Systems for New Hires**, including care managers and community health workers	Fully implemented and operational.	
Patient Education and Marketing Materials in print and electronic format	Fully implemented and operational.	Orientation packet sent to new enrollees which explains the ACO program and includes information about member benefits.
Invest in **Additional Translators** at sites to assist with member transition and education about ACO programs and services	Fully implemented and operational.	
Invest in **Additional Call Center Staff** to assist with member transition and education	Fully implemented and operational.	

1.3 Success and Challenges of PY1

There are a number of successes achieved by BACO's primary care sites during PY1. DSRIP funding was successful in several key activities related to data, analytics and EMR optimization. In addition, notable progress has been made to advance efforts to improve patient experience and continue to meet high standards in providing care in a culturally and linguistically competent manner. We are also eager to continue to build on the work done in PY1 to develop integrated behavioral health and substance use disorder programs and protocols to address siloed care and/or pervasive need by our patient population.

Success Story 1	Preliminary review of the BACO CCM program has shown positive outcomes for PY1. We have found that by roughly 3-5 months post enrollment, BACO CCM patients decrease utilization by 20% or more relative to historical benchmark. Specifically, we have seen a 29% decrease in inpatient medical/surgical admissions and a 20% decrease in ED visits relative to historical benchmark for BACO active and graduated CCM enrollees.

Success Story 2	Successful enhancements and expansion of our data and analytics platform across the BACO sites. This has led to successful creation of regular, actionable reporting and scorecards on financial, clinical and quality domains.

Challenge	Description	Mitigation Strategy
Challenge 1: Determining appropriate length of CCM enrollments	Some patients require intensive CCM involvement for long periods of time, while other patients benefit from a short, intensive intervention for several months or less.	BMCHS will continue to study overall panel size, details of panel composition, and outcomes for different sub-populations to determine an appropriate graduation strategy.
Challenge 2: Ability to Meet Engagement Goals	We face a varied level of patient readiness to participate in care management with an inconsistent ability/willingness of patients to adhere to activities in support of reaching care plan goals, especially regarding medication adherence and keeping appointments.	Leverage CWA role to conduct telephonic and in-person outreach to patients Continue active engagement of top 3% risk patients at ambulatory sites. Continue practice site-specific screenings for risk, social determinants of health, and need for social services at time of visit Leverage our partnership with CPs, where appropriate, learn more about the population and how to reach these patients and continue to evolve CCM program from those learnings.