ATTACHMENT APR

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) PY2 ANNUAL PROGRESS REPORT RESPONSE FORM

PART 1: PY2 PROGRESS REPORT EXECUTIVE SUMMARY

General Information

Full ACO Name:	Boston Accountable Care Organization in partnership with Boston Medical Center Health Plan
ACO Address:	720 Harrison Avenue, Boston MA 02118

Part 1. PY2 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 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	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, integrate services for our members, and address underlying social issues that are often drivers of adverse patient behavior, especially among our high risk population.

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

1.2 PY2 Investments Overview and Progress toward Goals

Overview of Investment	Advancement of Goals	Implementation Status	Examples of Progress
Expand and standardize programs for managing **High Risk** as well as **Complex Case Management for top 3%** of members	Advances goals on development of a holistic, targeted and high-touch care management model for BACO high risk/utilizers. Having a positive impact on reducing TCoC	Fully implemented and operational.	Through data analysis, the CCM program has proved to positively impact the reduction of utilization by 20% compared to
Quality Management Staff to support sites to help improve quality performance and outcomes	Advances quality goals of actively monitoring quality outcomes and providing physicians with information and the tools to improve performance	Implemented with support from existing staff	BACO improved performance on 8 out of the 9 pay for performance measures in PY2
Embed staff at provider sites to focus on **Disease Management and Education as well as SDoH**	Advances ACO goals of reducing TCoC and integration of physical health, behavioral health, LTSS, and social services	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	Advances goals reduce avoidable readmissions and ED visits by equipping primary care providers with the appropriate supports	Fully implemented and operational.	
Expand existing **Specialty Pharmacy Program** to better support medication reconciliation and management for highest risk and highest utilizing members	Advances goals of reducing TCoC and equipping our provider sites with resources to support patients with their medication management	Fully implemented and operational.	
Provide **Community Resources Help for Patients** by linking members with social services through in-person resources or online portal	Advances ACO goals on integration of physical health, behavioral health, LTSS, and social services	Fully implemented and operational.	BMCHS and BACO have been working on a housing pilot in the Boston area to address housing needs for our patients that are homeless or housing insecure. Initial data from this pilot has shown that we have assessed 52 patients and have successfully housed 11.
Expand existing **Practice-based SMI/SUD Program** by embedding BH providers in practices with sufficient numbers of patients	Advances ACO goals of reducing TCoC and integration of physical health, behavioral health, LTSS, and social services	Partially implemented, continuing program implementation through PY2.	
Expand existing **ED Care Management Program** by embedding RN case managers in emergency rooms	Advances goals to reduce avoidable readmissions and ED visits	Fully implemented and operational.	

Expand **EMR Activities** to all BACO sites and integrate EMR platforms	Supports goals of integration amongst provider groups and improved communication and patient care	Fully implemented and operational.	
Invest in a **Care Management System** that allows care managers to communicate with broader care teams	Supports goals of integration amongst provider groups and improved communication and patient care	Fully implemented and operational.	
Invest in an **Analytics System** for generating high-risk lists and other insights related to member health and total cost of care performance	Advances ACO goals of expanding provider access to meaningful data to help inform treatment decisions and patient care and to manage TCOC	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. Through this tool we are able to provide regular, actionable reporting and scorecards on financial, clinical and quality domains to our provider partners.
Invest in **Tele Psychiatry** to provide digital visits for patients with SMI/SUD	Advance ACO goals of BH integration and increasing access to care for patients to telehealth	Partially implemented, continuing program implementation through PY3.	
Centralize administrative costs for ACO members through **Clinical Administrative Activities**	Advances the ACO goals of managing cost and utilization	Fully implemented and operational.	
Invest in **Translators** at sites to assist with member education about ACO programs and services	Advances goals on delivering care in a culturally and linguistically competent manner	Fully implemented and operational.	

Invest in **Call Center Staff** to assist with member transition and education	Supports goals on improved member engagement	Fully implemented and operational.	

1.3 Success and Challenges of PY2

There are a number of successes achieved by BACO's primary care sites during PY2. 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 continue to build on the progress achieved in PY2 to improve our complex care management (CCM) program, quality initiatives, risk coding and enrollment activities.

Success Story 1	Review of the BACO CCM program continues to show positive outcomes for PY2. We have found that by 3-17 months post enrollment, BACO CCM patients decrease utilization by 20% or more relative to historical benchmark. Specifically, we have seen a 24% decrease in inpatient medical/surgical admissions and a 25% decrease in ED visits relative to historical benchmark for BACO active and graduated CCM enrollees.
Success Story 2	The rollout of our data and analytics platform (Arcadia) across the BACO sites, has led to successful creation of regular, actionable reporting and scorecards on financial, clinical and quality domains. Specifically in the quality domain, BACO has improved performance on eight of the nine pay for performance quality measures in PY2.

Challenge	Description	Mitigation Strategy
Challenge 1: Ability to Meet Engagement Goals	The ability to meet engagement goals after the first couple of years in the program as the CCM team will have already engaged the "easier to reach" and "willing to participate" patients.	In order to engage other/additional high risk patients, BACO will partner with CPs, where appropriate, learn more about the population and how to reach these patients, and institute actions from those learnings.

Challenge 2: Engaging Behavioral Health Facilities	It has been very difficult to engage behavioral health hospitals in quality work, which has made certain measures (e.g. FUH) challenging to improve.	We are going to try two new ways of addressing these challenges in PY3. First, we are working with our BH network, Beacon, to use their embedded resources in BH hospitals to better engage patients and providers. Second, we are working with our ACO sites to pilot better ways of working with BH Community Partners to help them drive follow-up and reduce readmissions