

ATTACHMENT APR

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

General Information

Full ACO Name:	Mercy Health Accountable Care Organization
ACO Address:	271 Carew Street Springfield, MA 01104

Part 1. PY1 Progress Report Executive Summary

1.1 ACO Goals from its Full Participation Plan

Cost and Utilization Management:

1. Develop a Primary Care Based Complex Care Management (CCM) Program that targets high utilizer members (top 3%) in order to decrease costs.
2. Develop an Emergency Department (ED) Care Management Program to reduce avoidable ED visits and admissions and lower costs.
3. Develop a Transitions of Care Program to improve transitions after acute hospitalization.
4. Create a Specialty Pharmacy Program in order to support CCM, Transitions of Care, and ED CM Programs; conduct medication reconciliation and improve medication management in order to improve health outcomes.
5. Improve data and analytics capabilities to deliver actionable information that drives interventions influencing quality outcomes and TCOC.
6. Ensure reliable EHR system across ACO in order to improve quality outcomes and lower TCOC.
7. Creation of dedicated hospitalist program for ACO members in order to improve health outcomes.

Integration of Physical Health, BH, LTSS, and Health Related Social Services

8. Incorporate BH providers into primary care practices to expand services and close gap between physical health services
9. Develop in-person resources and online portal linking members with local social services in order to improve health outcomes.
10. Provide digital visits (tele-health) for patients with SMI/SUD in order to improve health outcomes and lower costs.
11. Create an inpatient addiction consult service in order to coordinate care for patients admitted as a result of SUD and improve quality outcomes.

Member Engagement

12. Create Disease Management and Education Program in order to improve patient engagement and improve health outcomes.

Quality

13. Develop a Quality Improvement Program to enhance overall quality performance and the 39 MassHealth ACO quality metrics.

Other

14. Create an ACO program management structure in order to provide contract oversight, compliance, performance feedback, coaching and support in meeting TCOC and quality goals.

1.2 PY1 Investments Overview and Progress toward Goals

Overview of Investment	Implementation Status	Examples of Progress
Invest in a Primary Care Based Complex Care Management Workforce to be embedded in MercyHealth ACO primary care sites	Fully implemented and operational	
Provide Training for CCM Program Workforce	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	
Investment to help Embed BH Workforce in Primary Care Practices	Fully implemented and operational	We have hired several BH clinicians who are working closely with our primary care practices consistent with our goal of incorporating BH providers into primary care practices to expand services and close gap between physical health services
Disease management and education program workforce	Fully implemented and operational	We have implemented disease management programming consistent with our goal of doing so to improve patient education and health outcomes
Invest in Quality Improvement Program Workforce to help	Fully implemented and operational	

improve quality performance and outcomes		
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 management tools to track productivity, case assignment, and completion of tasks. These tools allow us to support performance management of staff.
Investment in integrating Epic Platform with all Mercy sites	Delayed	
Expand existing ED Care Management Program by embedding RN care managers in Mercy ED and other local hospitals	Fully implemented and operational	
Implement Patient Ping for Transitions of Care Program to ensure delivery of information to appropriate staff at MercyHealth ACO to support members with out of network hospitalization and ED visits	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	Fully implemented and operational	Jointly with BMCHP we have stood up the Arcadia platform to review patient utilization, claims and do deep dives on medical needs and complexity consistent with our goal of developing data and analytics capabilities to deliver actionable information that drives interventions influencing quality outcomes and TCOC
Implement telepsychiatry service to meet needs of patients with BH diagnoses	Slightly delayed, will be implemented this year	
Addiction Consult Service to help coordinate care for patients admitted as a result of SUD	Fully implemented and operational	
Investment to support ACO Program Management , including workforce recruitment, training, protocol development, & consulting	Fully implemented and operational	

Centralize administrative costs for ACO members through Clinical Administrative Activities	Fully implemented and operational	
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1.3 Success and Challenges of PY1

Success Story 1	Our Homeless coordinator has been able to house 12 individuals/families since her hire
Success Story 2	Our transitions of care team was able to reduce readmissions by 26% in the Complex Care population identified by BMC (2% of total population)2018

Challenge	Description	Mitigation Strategy
Challenge 1: Maintaining adequate information	The ability to identify at-risk members and intervene in near real time is crucially important to reducing costs and achieving the best outcomes for our members.	We are continuing to work time to integrate claims, EHR, and practice data and develop protocols to meet patients where they are in real time
Challenge 2: Improving quality of life and health behaviors	As mentioned above, the Greater Springfield area is a significant destination for refugee immigrants and Hampden County has the lowest overall ranking in health outcomes, quality of life, health behaviors, clinical care and social and economic factors.	Continue to partner with other organizations, including CPs, where appropriate, to learn more about the population and how to reach those members, and institute actions from those learnings.