**Attachment APR**

**Delivery System Reform Incentive Payment (DSRIP) Program**

**Accountable Care Organization (ACO) PY1 Annual Progress Report Response Form**

# General Information

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

# PY1 Progress Report Executive Summary

## 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**

1. Incorporate BH providers into primary care practices to expand services and close gap between physical health services
2. Develop in-person resources and online portal linking members with local social services in order to improve health outcomes.
3. Provide digital visits (tele-health) for patients with SMI/SUD in order to improve health outcomes and lower costs.
4. 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**

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

**Quality**

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

**Other**

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

## PY1 Investments Overview and Progress toward Goals

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| --- | --- | --- |
| **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 improve quality performance and outcomes | Fully implemented and operational |  |
| 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 allMercy 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 |  |

## Success and Challenges of PY1

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| --- | --- |
| **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 |

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| **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. |