

## 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

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

#### Part 1. PY2 Progress Report Executive Summary

##### 1.1 ACO Goals from its Full Participation Plan

Our goals for this participation plan are broadly aligned with (a) the goals of the MassHealth program and (b) the strategic plans of Mercy Health as we look to lead in accountable care and continue to improve both our core operations and the experience of our members.

##### Cost and Utilization Management:

- Develop a Primary Care Based Complex Care Management (CCM) Program that targets high utilizer members (top 3%) in order to decrease costs.
- Develop an Emergency Department (ED) Care Management Program to reduce avoidable ED visits and admissions and lower costs.
- Develop a Transitions of Care Program to improve transitions after acute hospitalization.
- 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.
- Improve data and analytics capabilities to deliver actionable information that drives interventions influencing quality outcomes and TCOC.
- Ensure reliable reporting on quality and TCOC performance across ACO in order to improve quality outcomes and lower TCOC.
- Integration of Physical Health, BH, LTSS, and Health Related Social Services
- Incorporate BH providers into primary care practices to expand services and close gap between physical health services
- Develop in-person resources and online portal linking members with local social services in order to improve health outcomes.
- Provide digital visits (tele-health) for patients with SMI/SUD in order to improve health outcomes and lower costs.

- 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

- Utilize novel electronic applications to better engage members at the point of care and improve patient satisfaction with their provider visits. Engage patients in primary care visits annually, in order to improve connections with primary care practitioners, establish central management of care, and improve access to care when needed

### Quality

- Develop a Quality Improvement Program to enhance overall quality performance and MassHealth ACO P4P quality metrics for PY 3 – PY5.

## 1.2 PY2 Investments Overview and Progress toward Goals

Overview of Investment	Advancement of Goals	Implementation Status	Examples of Progress
Invest in a <b>Primary Care Based Complex Care Management Workforce</b> to be embedded in MercyHealth ACO primary care sites	Embedded CCM staff in the practices provide a seamless approach for our members and integrates the care team.	Fully implemented and operational	Through PCP referral and identification of high risk members utilizing the CCM algorithm, 475 members are under management with an approximate program LOS of 4 months. CCM member ED utilization has been reduced by 28% and inpatient utilization by 32%
Provide <b>Training for CCM Program Workforce</b>	Advances ACO goals on cost and utilization by training staff to support high utilizers	Fully implemented and operational	
Expand existing <b>Specialty Pharmacy Program</b> to better support medication reconciliation and management for highest risk and highest utilizing members	This program outreach has provided education and support for high risk members	Fully implemented and operational	Referrals received from PCP and ED sources, home visit program initiated for HgA1C >9 and 8000 calls made to members to enroll in 90 day home delivery program.

Investment to help <b>Embed BH Workforce in Primary Care Practices</b>	Embedding BHS as part of the care team has closed gaps in care for members	Fully implemented and operational	3.5 BH Specialists participate as part of the CCM team, quickly assess and intervene with at risk members and warm transfer to CPs as available. PCPs refer patients to the team for assessment
<b>Disease management and education program workforce</b>	Reduces ED and inpatient utilization for patients with disease specific needs	Fully implemented and operational	This program is operational through the hospital and is no longer funded through DSRIP.
Invest in <b>Quality Improvement Program Workforce</b> to help improve quality performance and outcomes	Investment in quality resources has improved capture and performance on all measures	Fully implemented and operational	Additional data analyst was added in 2019 to improve and automate capture of Quality information from the EMR. All Quality measures improved in PY2 over PY1
Invest in a <b>Care Management System</b> that allows care managers to communicate with broader care teams	Improves documentation of member engagement, improves efficiency of case management	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 <b>Epic Platform</b> with all Mercy sites	Care team will be fully integrated with practice operations	Delayed	Epic integration was replaced by the data analyst for the Quality Improvement Program due to new Epic platform across entire Trinity ministry and timeline.
Expand existing <b>ED Care Management Program</b> by embedding RN care managers in Mercy ED and other local hospitals	Embedded staff have reduced ED utilization and costs and perform SDOH screening on all ACO members not just CCM members	Fully implemented and operational	Mercy ED CM and CHW is implemented. The ACO has collaborated with Baystate Medical Center, where our highest ED volume seeks care and BSMC has implemented the same approach and hired an ED CM and CHW for their ED. Mercy ED CM staff are completing the Thrive

			screeener with each ED patient.
Implement <b>Patient Ping for Transitions of Care Program</b> to ensure delivery of information to appropriate staff at MercyHealth ACO to support members with out of network hospitalization and ED visits	Assists in identification of CCM members who are hospitalized.	Fully implemented and operational	All patients seen in ED (regardless of hospital) are receiving f/u TOC phone calls from ACO staff.
Invest in an <b>Analytics System</b> for generating high-risk lists and other insights related to member health and total cost of care performance	Improve data and analytics capabilities to deliver actionable information that drives interventions influencing quality outcomes and TCOC.	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 <b>telepsychiatry service</b> to meet needs of patients with BH diagnoses	Digital visits (tele-health) for patients with SMI/SUD improve health outcomes and lower costs	Slightly delayed, will be implemented this year	This effort is no longer funded through the ACO. Telepsychiatry services are being offered through Mercy's BH staff (Providence and Brightside)
<b>Addiction Consult Service</b> to help coordinate care for patients admitted as a result of SUD	Inpatient addiction consult service refers patients to ambulatory resources and get's them started on road to recovery.	Fully implemented and operational	This effort is fully implemented and no longer funded through the ACO. Patients are seen as inpatient and coordination of care is implemented with follow up BH services.
Investment to support <b>ACO Program Management</b> , including workforce recruitment, training,	Advances overall ACO goals of improving TCoC, member	Fully implemented and operational	

protocol development, & consulting	engagement, and quality		
Centralize administrative costs for ACO members through <b>Clinical Administrative Activities</b>	Advances overall ACO goals of improving TCoC	Fully implemented and operational	

### 1.3 Success and Challenges of PY2

<b>Success Story 1</b>	Our Homeless coordinator has been able to house 20 individuals/families in PY2. The ACO has donated 50 new mattresses to homeless families.
<b>Success Story 2</b>	The ACO has developed gap lists and coordinated with Community Partners to improve the performance on the Metabolic Monitoring Measures. Our current performance is above goal at 52% compared to prior year performance on this measure at 33%.

Challenge	Description	Mitigation Strategy
<b>Challenge 1: Maintaining adequate information</b>	The ability to receive CP care plans electronically to improve efficiency. Mercy previously used fax an interoffice courier to send and receive care plans.	Implemented a secure SFTP site for file transfer from CP to ACO and back. Work with practices to implement electronic signature of CP care plans in PY3.
<b>Challenge 2: Improve HgA1c results in Diabetic population</b>	Population of approximately 200 members with ongoing HgA1C results >9 who were not adequately controlling their A1C. The patients were unable or unwilling to adhere to office appointments and lacked understanding of their diagnosis and impact of having a high HgA1C.	Designed and implemented a home visits pilot for members with consistent HgA1C > 9. Pharmacist and Diabetic educator make home visits to provide evaluation of home environment and risk factors and education for mitigation.