

ATTACHMENT APR

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) PY3 ANNUAL PROGRESS REPORT RESPONSE FORM

PART 1: PY3 PROGRESS REPORT EXECUTIVE SUMMARY

General Information

Full ACO Name:	Reliant Medical Group in partnership with Fallon Health
ACO Address:	10 Chestnut Street, Worcester, MA 01608

Part 1. PY3 Progress Report Executive Summary

1.1 ACO Goals from its Full Participation Plan

Member Engagement

- Goal #1: Materially improve members' experience and their relationship with their PCP. We will invest in initiatives to increase members' awareness of available health care services, and education to increase member self-care and understanding of how to optimize use of the health care system and social support services. We will promote members' access to services and increase their awareness of the choices they have in selecting a PCP and then strengthen and encouraging that critical primary care relationship. We will invest in medical and diagnostic equipment and make that available for members with disabilities where needed. We will encourage the use of the My Chart app as well as the Aunt Bertha tool to allow members to be more engaged with their Reliant providers, with their healthcare, and with social services that may provide necessary supports in the community. In addition, we are committed to support educational and training initiatives that help to ensure that members have access to culturally and linguistically appropriate services.

Cost and Utilization Management

- Goal #2: Develop high value, clinically integrated provider partnerships to reduce duplication of effort and promote the efficient use of health care resources. We will work with our partners to develop and implement care coordination and care management programs that support services to manage high-risk populations. We will also support transitional care management initiatives and invest in provision of flexible services that target specific health-related social needs. We will invest in new technology and infrastructure that supports integration of medical, Behavioral Health (BH) and psychosocial support services. We will also invest in workforce capacity to re-

deploy existing staff or to hire new staff to improve access for members and acquire the skill sets that will be needed across our network to implement the ACO-PP design. Programs to support this goal, such as expansion of our Care Management Program and our Opioid Prescription Management Program, have targets of lowering total medical expenditure, driven primarily by decreasing inpatient admissions.

- Goal #3: Strengthen our foundation and infrastructure for clinical quality management within our existing Population Health Management organization by investing in technology that allows the ACO-PP to gather performance data and to measure the report results to providers and partners across the network – including data on Care Management and SUD programs – in a transparent and meaningful manner by increasing the utilization of the QlikSense application by Reliant providers and staff compared to baseline by PY5.

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

- Goal #4: Increase BH/LTSS integration through the partnerships with Community Partners (CPs). We will expand community linkages between the ACO-PP and CPs and other community-based providers. We have used DRSIP funds to build capabilities for CPs to access and add information to EPIC (Reliant EMR) so that appropriate information is available to the care team in compliance with compliance regulations. Going forward, we will continue to target implementing programs to provide primary care at non-Reliant sites, and to provide expanded BH services within Reliant primary care, by PY5.
- Goal #5: Fund a Flexible Services Program that address social determinants of health. The MassHealth program establishes clear expectations for ACOs to invest in services that address social determinants of health. We will support this requirement by investing in programs that ensure that members' psychosocial needs are met and that linkages with social service organizations are established or enhanced. We will identify services which can be cost-effective and which contribute to improved health outcomes or prevent or delay deterioration in health status and reduce avoidable hospitalizations and inappropriate Emergency Department (ED) use. Based upon funding authorization by EOHHS, Reliant's Flexible Services Program in the Nutrition domain (FS1) will provide home-delivered medically-tailored meals to eligible members with diabetes or prediabetes, in addition to offering nutritional education classes, with goals of decreasing the rate of progression from prediabetes to diabetes, lowering patients' HgA1c, and reducing Total Cost of Care.

Quality

- Goals #6, 7, and 8: Strengthen our foundation and infrastructure for clinical quality management within our existing Population Health Management organization. The ACO-PP is committed to investing in incentives that promote quality outcomes, including but not limited to, the integration of medical, BH and psychosocial care in a manner that rewards achievement of improved health status for members. We will also invest in collaborative initiatives will support our ability to measure effectiveness and quality, and in performance management activities. As part of this transition, we recognize the importance of investing in technology that allows the ACO-PP to gather performance data and to measure and report results to our providers and partners across the

network in a transparent and meaningful manner. We are also committed to making investments in the ACO-PP's ability to manage, measure and report on our overall population health initiatives and outcomes.

1.2 PY3 Investments Overview and Progress toward Goals

Both Reliant Medical Group and Fallon Health are committed to transforming health care through accountable care. Together, our organizations have a long history of collaborating on the development of innovative payment and delivery models in health care. Reliant and Fallon worked together to develop one of the first Medicare risk products in the United States in 1977. In addition, Reliant has accepted financial risk for its Medicaid patients through Fallon since 1980.

Due to this shared history with Fallon, accountable care is an integral part of Reliant's business model. Aside from the ACO-PP, the majority of Reliant's revenue is attributable to commercial and Medicare Advantage payer arrangements where we take substantial financial risk. Success in accountable care is therefore essential to Reliant's long-term viability as a provider organization.

To that end, Reliant has invested significant resources in a sophisticated population health management infrastructure to enable success in the payer arrangements where we take financial risk. This infrastructure includes robust data and analytics that allow for real-time identification of opportunities to enhance quality and/or reduce costs, and a team of nurse care managers and other professionals embedded in our primary care sites that develop and monitor customized care plans for our most complex patients and those undergoing care transitions. As a result of our investment in this infrastructure, Reliant is delegated for utilization management and care management across all of our major payers.

Fallon and Reliant recognize that the core infrastructure to effectively support a managed Medicaid population already exists at Reliant. However, enhancements are required to assure that this infrastructure is sufficient to meet the needs of the expanded MassHealth population that Fallon and Reliant will serve through the ACO-PP.

Our DSRIP participation plan is intended to allow Fallon and Reliant to achieve three strategic objectives:

1. Expand resources and capacity to allow Reliant to provide care management services to the ACO-PP population. Prior to the implementation of the ACO, Reliant's population health staff served a commercial and Medicare Advantage population of about 100,000. A substantial increase in staff was needed to support an additional Medicaid population of approximately 39,000. We have made these staffing adjustments so that our population health staff is adequately sized to meet the needs of the larger Medicaid population (S/O PC:1). We also have implemented a new data analytics platform that provides better predictive modeling capability to allow us to identify patients for care management interventions before their health deteriorates and they require more intensive and costly services (S/O D:2).

2. Expand Reliant’s existing population health model to support the unique health care and psychosocial needs of a Medicaid population. While Reliant’s core infrastructure provided the building blocks upon a population health model for MassHealth beneficiaries to rest, the tactical interventions that Reliant employs for a commercial or Medicare Advantage population may not be appropriate for MassHealth. To that end, DSRIP funds are being used to support the development of population health interventions appropriate for a Medicaid population. For example, we had used DSRIP funds to expand the behavioral health resources available to our patients, with a goal of providing fully integrated behavioral health care within all of our primary care practices by the end of 2019. The resources we have hired will provide consultation to our primary care providers on how to manage patients with behavioral health needs, and how to find treatment resources for these patients within Reliant or from community providers (S/O PC:2). As part of this effort to better manage behavioral health and substance use conditions, we also are developing a medication-assisted treatment program for Reliant patients struggling with addiction (S/O D:1). Finally, we have implemented a project to better connect patients with the community resources that can help address needs related to social determinants of health (S/O D:3).
3. Automate system connections between Fallon, Reliant, and other Community Partners. While Fallon and Reliant have a long history of collaboration on behalf of MassHealth beneficiaries, some of the work between the two organizations has been managed through manual processes and workarounds. While this was sustainable to a point, such manual workflows have become less optimal as our managed Medicaid population expanded. As a result, investments were needed to automate operational processes between the two organizations so that resources can be deployed more efficiently in support of our patient population. We completed the vast majority of the work required for these data automation initiatives in 2018, and we do not anticipate spending further DSRIP resources in these areas going forward (S/O D:6, S/O D:7, and S/O D:9).

In 2020, the ACO-PP focused on maintaining our expanded population health infrastructure, and continuing to implement our new integrated behavioral health care model and medication-assisted treatment program across all of our primary care sites.

1.3 Success and Challenges of PY3

The ACO-PP was able to make significant progress on many of the initiatives that allowed us to make progress towards achieving our goals in PY3 and beyond:

- Expanded our population health management staff to serve the full ACO population of more than 39,000
- Continued our efforts to implement a new integrated behavioral health care model across all of our primary care sites
- Continued our efforts to implement a new medication-assisted treatment program across all of our primary care sites

- Utilized a new data analytics platform that provides better predictive modeling capability to allow us to identify patients for early care management interventions
- Utilized new member-facing tools, including a platform to connect patients to community resources to address non-clinical needs

While it is too early to fully assess whether these initiatives will reduce total medical expenses, improve quality and outcomes, or enhance member engagement, we are collecting the data needed to do preliminary evaluations to monitor our progress towards our goals.

Our Full Participation Plan envisioned that we could have difficulty (1) recruiting sufficient staff to meet our goals, and (2) producing sufficient savings to assure the sustainability of our DSRIP investments. While we do not yet have enough experience to evaluate the savings generated by our initiatives, we generally have been able to recruit and train the staff we need to manage the ACO population. Our recruitment efforts had included hosting job fairs and connecting with local programs that train professionals appropriate for these roles. We also focused on developing talent within our organization and supporting career growth in those individuals interested in collaborating on the work done by the ACO. Instead, we have faced our most significant challenges completing those DSRIP initiatives that require member engagement with the ACO, such as our mobile device pilot and our efforts to complete initial member assessments. Oftentimes the patients who could benefit the most from these interventions also are the most difficult to find and the most reluctant to engage with Reliant staff. Our challenges with these initiatives illustrate the difficulty of promoting meaningful engagement with a cohort of patients that historically has been disengaged from the health care system. Going forward, we will need to work to identify new and innovative ways to connect with our patients in ways that best support their health care needs. Our plans to address these challenges include further leveraging our MyChart enrollment efforts and expanding our telehealth work in order to better engage with patients via a platform that may be more convenient for them.