

ATTACHMENT APR

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

General Information

Full ACO Name:	Lahey MassHealth ACO
ACO Address:	500 Cummings Center, Suite 6500, Beverly MA 01915

PY1 Progress Report Executive Summary

1.1 ACO Goals from its Full Participation Plan

The Lahey MassHealth ACO (LMH-ACO, or ACO) has established a set of 10 goals spanning the domains of cost and utilization management, integration of physical, behavioral health, long term services and supports, social services, member engagement, and quality. These goals will help the ACO remain accountable for achieving meaningful change in care management, patient satisfaction, total cost of care (TCOC), and overall health outcomes for the MassHealth population. The LMH-ACO's goals are tailored to realizing particular progress in the areas of mental health and addiction treatment, unnecessary acute care utilization, member engagement, and integration of care.

1.2 PY1 Investments Overview and Progress toward Goals

The LMH-ACO's DSRIP investment strategy is tailored to achieving success in meeting its goals over the 5 year performance period. Investments will be adjusted as necessary where improvement is not being realized on an annual basis (with state approval). The ACO's governing body and related committees, along with the ACO's executive leadership, will be accountable for tracking performance against its goals and ensuring investments are prudent. Examples of PY1 investments that have enabled the ACO to make progress on its 5 year goals include:

- 1. The ACO's investment in population health specialists (PHSs) has resulted in progress on the ACO's goal to improve performance across all quality measures which are pay for performance in PY2 (to, at minimum, goal benchmark). The PHSs meet with participating practices to review quality measures, and coordinate with care managers and community health workers (CHWs) to arrange for appropriate emergency department (ED) and inpatient hospital follow-up. To further support improved performance on its quality slate, the ACO has created a best practice alert (BPA) for metabolic monitoring for children / adolescents on antipsychotics and extended an existing BPA for depression screening and follow up (to apply to adolescents as well as adults).*
- 2. The ACO's investment in CHWs has allowed the ACO to make progress on its goal to increase*

patient engagement (among patients not seen in primary care within past year). Also instrumental to making progress on this goal was the rollout of an incentive model to encourage primary care to reach out to patients who have been historically disengaged.

3. *The hiring of CHWs has allowed the ACO to make progress on its goal of addressing unmet social needs. CHWs work, in part, off of a social needs registry comprised of patients patients with higher than median NSS7 (neighborhood risk) scores and those flagged as having multiple addresses. The ACO's investment in its care management platform has also supported progress on this goal.*
4. *The hiring of the care management staff has allowed the ACO to make progress on its goal of improving follow up and engagement in care among patients with behavioral health related ED utilization, as well as its goal of reducing ED visits related to ambulatory care sensitive conditions (congestive heart failure, asthma, chronic obstructive pulmonary disease, and diabetes). Care managers conduct transition of care assessments on all patients with a recent ED visit, schedule follow up appointments as appropriate, and notify PCPs of identified needs. The ACO's investment in its care management platform has also supported progress on this goal.*

1.3 Success and Challenges of PY1

- **Success 1:** *Despite numerous data challenges experienced in PY1, the ACO was successful in creating multiple registries to identify patients with varying needs (including patients recently discharged from an inpatient stay or ED visit, patients with unmet social needs, patients who have not been engaged with their primary care provider, patients utilizing the ED for ambulatory care sensitive conditions, patients who present to the ED with a drug or alcohol poisoning, and patients identified as at risk for an admission). These registries, along with the ACO's investment in a care management team, population health specialists, and a pharmacist, has enabled the ACO's PCPs to better address patient's unmet needs in a timely manner. While the ACO does not yet have sufficient data to track the full impact of these efforts on overall utilization, it has seen an increase in patient engagement both with care management and PCPs, which supports its efforts to improve performance on reducing ED utilization tied to drug or alcohol poisonings, ambulatory care sensitive conditions, serious mental illness, and unmet social needs.*
- **Success 2:** *After experiencing delays associated with data challenges with its MCO partners, the ACO has been successful in benchmarking and beginning to track improvement against its performance on its quality slate, particularly on those measures applying to a large portion of the ACO panel (e.g., diabetes, blood pressure, asthma, depression, and treatment for drug or alcohol dependence). The ACO has onboarded population health specialists dedicated to supporting practices in improving performance across these measures, as well as engaged its information technology team to create or expand on best practice alerts within its electronic medical record.*

- **Challenge 1:** *The ACO has experienced significant challenges in hiring peer recovery coaches. The ACO has attempted to address this challenge by regrading the position, expanding it to allow for part time applicants, and expanding the reach of the posting.*
- **Challenge 2:** *The ACO has encountered substantial challenges with obtaining access to comprehensive and actionable data. Due to difficulty in identifying the Model C patient panel, monthly extracts were substantially delayed in being delivered to Lahey, and other data sources (e.g., patients identified as eligible for community partner services) were implicated. To mitigate the impact of this challenge, Lahey has expanded its contract with its data analytics vendor to intake additional claims, as well as contracted with an external vendor to help Lahey monitor performance in the absence of comprehensive data.*