

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**

Full ACO Name:	Lahey MassHealth ACO
ACO Address:	500 Cummings Center, Suite 6500 Beverly MA 01914

Part 1. PY2 Progress Report Executive Summary

1.1 ACO Goals from its Full Participation Plan

ACO program goals	
Goal #	Goal Category & Description
1	Cost and Utilization Mgmt (Medical Trend): Reduce TCOC by 1% as compared to PY2, and by 2% since program launch.
1.a	<u>Sub goal #1:</u> Identify prescribing variation among ACO primary care providers for diabetic medications and improve prescriber adherence to recommended therapy to improve rate of patients with A1c<9 by 3% as compared to PY2, and by 5% since program launch.
1.b	<u>Sub goal #2:</u> Assign patients with ambulatory care sensitive conditions driving ED utilization to care management (if not CP eligible) to reduce associated ED revisits and admissions by 3% as compared to PY2, and 5% since program launch.
1.c	<u>Sub goal #3:</u> Reduce urgent care and emergency room related utilization by 3% compared to PY2, and by 5% since program launch.
2	Cost and Utilization Mgmt (Operational efficiency): ACCP only
3	Quality: Increase number of patients screened for health related social needs by 5% compared to PY2, and 10% since program launch.
4	Quality: Reduce number of ED visits among patients with one or more serious mental illness(es) ¹ by 3% compared to PY2, and by 5% since program launch.
5	Quality: Increase rate of patients who receive follow up with a mental health practitioner within 7 days of psychiatric discharge by 3% compared to PY2, and 5% since program launch

¹ Includes Schizophrenia, Other Nonorganic Psychosis, Acute Paranoid Reaction and Confusion, Delusional Disorder and Paranoid States, Bipolar Disorder, and Major Depression

6	Member experience: Improve adult PCP patient experience score on overall rating/care delivery “willingness to recommend” at the practice site level by 1% as compared to program launch.
7	Integration of physical health, BH, LTSS, and health related social needs: CHWs will engage 120 patients on social needs registries (having higher than median NSS7 (neighborhood risk) scores, multiple addresses, a homelessness flag, or a nutritional risk), a 10% increase over PY2 and 100% increase over PY1.

1.2 PY2 Investments Overview and Progress toward Goals

The ACO should provide an overview of the investment strategy that the ACO is implementing with its DSRIP funding and how its investments are advancing the goals set forth in the ACO’s PY2 Full Participation Plan, as well as the progress that has been made on implementation of these investments to date. ACOs should provide at least four examples of PY2 investments where the ACO has made progress in advancing those initiatives.

1.3 Success and Challenges of PY2

The ACO should provide an overview of its successes in PY2 highlighting two specific examples related to its goals. The ACO must also include at least two challenges that have occurred in PY2, along with steps that the ACO is taking or has taken to address such challenges.

- **Success 1:** In PY2, the ACO was successful in creating flexible services (FS) programs for patients with varying housing and nutrition needs. These programs, along with the ACO’s continued investment in a care management team, and the ACO’s partnerships with social service organizations (SSOs) with whom ACO had established Community Partner (CP) relationships with, has enabled the ACO to better address patient’s unmet needs in a timely manner. Since the launch of the FS program, the ACO has already met referral capacity for the housing program, and is in the process of expanding services to meet the needs of additional patients. This supports the ACO’s efforts to improve performance on reducing ED utilization.
- **Success 2:** In PY2, the ACO experienced overall success with quality performance, surpassing the minimum threshold for seven, and the maximum threshold for three, of the ten measures on the quality slate. Additionally, the Lahey ACO selected two measures (Diabetes A1c Poor Control, and Controlling High Blood Pressure) as part of the ACO’s 2019 Funds Flow model to further incent improved performance. 93% and 33% of the practices surpassed the minimum and maximum thresholds, respectively, for hypertension control. 100% and 67% surpassed the minimum and maximum thresholds, respectively, for diabetes control.
- **Challenge 1:** The ACO experienced significant challenges in hiring peer recovery coaches, which are integral to supporting patients with SUD. Once this became a billable position (and thus not funded through DSRIP), the ACO made the difficult decision to eliminate this position, given the centralized care management model which does not allow for billing.

- **Challenge 2:** *The ACO has faced significant challenges accessing claims and financial performance data from its MCO partners. Due to this difficulty, the ACO used technical assistance dollars to partner with an external vendor to produce Lahey's settlement reports. During this project, a multitude of data issues, such as missing claims, and substantial swings in membership and PMPM across various rating categories was uncovered. While these issues have been resolved, Lahey has expanded its contract with this vendor to continue producing utilization and financial performance reports for the ACO, and processing and analyzing raw claim files from each MCO to develop a financial performance reporting system for the ACO.*