

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:	MassHealth Lahey ACO
ACO Address:	701 Edgewater Drive, Suite 420, Wakefield, MA 01880

Part 1. PY3 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
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 PY3 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

To this end, specific investments priorities in PY3 included:

1. Care Management and Population Health Management Services to Manage Individual Risk: *Lahey MassHealth* ACO invested in clinical and non-clinical staff to provide direct care management, population health outreach, and care coordination services to our members with high-risk and emerging risk needs. This investment assures that our MassHealth members experience unified and coordinated care episodes, with robust communication across settings to reduce avoidable utilization as well as reduce missed opportunities and improve outcomes. These workforce investments support programs at both the Health Plan and provider groups.
2. Targeted Investments in Information Technology to Enable Optimal Care for MassHealth Members: Lahey MassHealth ACO has made targeted investments in a population health management platform to support ACO-wide efforts at improving patient care and bending the cost curve. These technology investments have facilitated successful integration of clinical and claims data to allow the ACO platform to provide accurate point of care dashboards, utilization and quality reports, all with the goal of facilitating high value, evidence-based care to members. In PY3, Lahey continued implementation of the Arcadia EMR platform across the network. In addition, BIDCO has enhanced the ACO care management platform, which has especially benefited the BIDCO transitions of care program that supports members discharged from network acute care hospitals.
3. Addressing Social Determinants of Health: In PY3, MassHealth Lahey ACO through our Flexible Services Program, successfully launched an initiative designed to increase screening of Lahey patients who may be eligible for one of the Flexible Services programs that are offered.

Specific examples of PY3 investments that reflect these investment priorities aimed at achieving FPP goals include:

Collaborative Care

In PY3, The Lahey MassHealth ACO moved towards a centralized model of care management which had oversight of the medical management of the ACO Patients. Included in this model were members who are deemed high risk/high cost; those who would benefit from more robust care management. Through the Flexible Services program Lahey MassHealth ACO CHW' targeted high utilizers of ED services for housing and nutritional programs aimed at lowering emergency use.

Arcadia Population Health Care Management and Population Health

Arcadia population health platform development continued in PY3 with a focus on care management, social determinants of health, clinical and event data integration, and quality across the entirety of the network. Ongoing efforts focused on care management module development continued in 2020, while

additional enhancements were made with regards to incorporation of social determinants of health and clinical interface of laboratory, radiology, admission/discharge, and ambulatory scheduling data in the platform. These improvements in functionality allow population health teams and practices to better coordinate care, reduce utilization, close quality gaps, and lower total medical expense.

1.3 Success and Challenges of PY3

The ACO should provide an overview of its successes in PY3 highlighting two specific examples related to its goals. The ACO must also include at least two challenges that have occurred in PY3, along with steps that the ACO is taking or has taken to address such challenges.

- **Success 1:** In PY3, the ACO continued to be successful in launching its flexible services (FS) programs for patients in the housing support space with Eliot Community Human Services and nutritional needs with Elder Services of Merrimack Valley. 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 continue 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 as well as the nutritional support programs, 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 six, and the maximum threshold for four, of the ten measures on the quality slate continuing the progress from PY2
- **Challenge 1:** The ACO experienced significant challenges as did most ACO's in overcoming obstacles surrounding the COVID 19 pandemic; where both clinical and operational staff were impacted in surge protocol. Despite these challenges the Lahey ACA was able to continue serving the patient population with the entire breath of services which we offer.
- **Challenge 2:** The ACO continues to face 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.