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:	Partners HealthCare Choice
ACO Address:	399 Revolution Drive, Somerville, MA 02145

Part 1. PY2 Progress Report Executive Summary

1.1 ACO Goals from its Full Participation Plan

Partners participation in the MassHealth ACO program was inspired by the desire to reduce total cost of care while at the same time improving quality and access to care. Our aim is to increase care coordination so that unnecessary utilization and admissions may decrease. Our first order, leading indicator, and program goals were designed with our overarching aims in mind.

For the second year of the program, PHACO's high level goals include maintaining costs within 2% of the benchmark or below, achieving a quality score of greater than 0.5 and reaching a threshold of 20% member engagement in our Population Health programs. We strive to achieve these goals by reducing utilization, increasing integration and engagement, and continually working to improve quality. Our program specific metrics are designed to enable analysis on the impacts on the Medicaid ACO population and inform future programmatic development.

Goals (1st Order)	
Goal #	**Goal Category & Description**
1	TCOC – achieve or maintain cost within 2% of benchmark or below
2	Quality Score of greater than 0.5
3	Member Engagement - 20% of members screened/engaged

Leading Indicators (2nd Order)	
Goal #	**Indicator**
1	*Cost/Utilization* - Reduction in ED visits (utilization/trend)
2	*Cost/Utilization* - Reduction in IP admissions (utilization/trend)
3	*Integration/Utilization* - Increase in Outpatient BH PMPM relative to market average
4	*Quality* – 50% of Quality Measures performing above market average
5	*Engagement* - 20% of members receive screening (SDH, care needs), comp assessment, or ED Nav engagement

Program Specific Metrics		
Program 1: *iCMP*		
DSRIP Investments: *S/O P/D: 1*		
Goal #	**Measure**	**Measure description**
1	Enrollment	# of patients enrolled: 3%-5% of Medicaid ACO population (adult)
2	Care Plan	% of completed Care Plans
3	Post-discharge	% of post-discharge follow-up calls for ED and medical in-patients
4	Inpatient admissions	Decrease in monthly inpatient admissions
Program 2: *Collaborative Care*		
DSRIP Investments: S/O D: 2		
Goal #	**Measure**	**Measure description**
1	Enrollment	*# of patients enrolled through 12/31/2019: 15% increase*
2	Intervention	Increased enrollment in interventions e.g. IMPACT, connection to resources, and iCBT Care online
3	PHQ-9	Decrease in PHQ-9 scores from enrollment to discharge
4	GAD-7	Decrease in GAD-7 scores from enrollment to discharge
Program 3: *iCMP Plus*		
DSRIP Investments: S/O D: 4		
Goal #	**Measure**	**Measure description**
1	Enrollment	# of patients enrolled (not engaged) through 12/31/2019: 300-350 patients
2	Inpatient admissions	Decrease in monthly inpatient admissions
Program 4: *BH & LTSS CP Program*		
DSRIP Investments: S/O D:10		
Goal #	**Measure**	**Measure description**
1	Enrollment	# assessments completed and care plans signed 12/31/2019: 20% increase
2	Access	Increased access to needed resources
3	Inpatient readmissions	Reduced # of inpatient readmissions
Program 5: *Recovery Coaches*		
DSRIP Investments: S/)0 P/D: 2		
Goal #	**Measure**	**Measure description**
1	Enrollment	# of patients enrolled through 12/31/2019: 10% increase
2	Medication	Patients with a SUD initiated on medication for addiction treatment
3	Referrals	# of patients referred to OP treatment
Program 6: *ED Navigator*		
DSRIP Investments: S/O D: 5		
Goal #	**Measure**	**Measure description**
1	Enrollment	# of initial encounters per week: 20 per navigator
2	Referrals	Increase referrals to patient programs, resources, or PCP
3	ED Visits	Decrease in re-presentation at ED within 12 months
4	Inpatient admission	Decrease in inpatient admissions within 12 months
Program 7: *SDH Screening and Referral*		
DSRIP Investments: S/O D:10		
Goal #	**Measure**	**Measure description**
1	Enrollment	# of patients screened: 15%-20% of Medicaid ACO population
2	Referrals	# of patients referred to CRS/CHW/SW or received a tip sheet

3	ED/Inpatient admission	Decrease in ED visits or inpatient admissions within 12 months

1.2 PY2 Investments Overview and Progress toward Goals

PHACO's investment strategy has been to expand our existing Population Health Management strategy in addition to incorporating new elements that are specifically designed for the MassHealth population. In PY2, the focus was getting all programs in an operational state by fully staffing up all necessary positions and increasing enrollment in both new and existing programs. Despite challenges with turnover, we were able to make significant progress towards our overarching goals of reducing cost and utilization while increasing member engagement and quality.

In PY2, a significant portion of funding went towards the iCMP Plus program, a new program created in partnership with Commonwealth Care Alliance (CCA). This program provides specialized, intensive home or community-based care management for our most complex Medicaid ACO members.   Based on an initial evaluation conducted in PY2, we see that this program has helped us advance our progress in reducing total cost of care while at the same time increasing member engagement.

Another investment that had demonstrated progress towards our goals was the ED Navigator program. During PY2, we were able to expand the program and add two more navigators to two emergency departments. The hiring of this staff allowed us to make progress towards our goals of expanding this program and increasing member engagement.

Additionally, a significant portion of our PY2 investments was allocated to the individual RSOs, based on membership. In many cases, this funding supported the staff needed to implement and expand the Social Determinants of Health (SDOH) screening and referral program. This investment enabled the ACO to identify and address social needs for approximately half of the ACO population.

Lastly, another significant investment that helped the ACO make progress towards its goals was the iCMP program. In PY2 this program was able to become fully staffed by hiring all necessary social workers and community health workers. The hiring of this staff allowed the program to make significant progress towards its enrollment goals.

1.3 Success and Challenges of PY2

Successes:

The Technical Assistance (TA) funding provided the ACO team with the chance to better understand opportunities to improve the SDOH screening and referral program. These funds were used to conduct different projects that enabled the ACO to gain insight into both the patient and provider perspective of

the newly implemented screening. The ACO learned more about the patient's experience when being screened for SDOH and will be working to implement identified improvements in PY3. The TA project conducted with providers taught the ACO about the challenges with implementing this new screening in the primary care setting and highlighted potential opportunities to improve the screening and referral process. The TA projects provided key information relevant to two programmatic goals: increasing enrollment/screening and referrals. The ACO will be working on process improvement projects in PY3 as a result of the outcomes of these SDOH-related TA projects completed in PY2.

Regarding existing programs that were expanded to the MassHealth ACO population, the ACO made significant progress towards staffing and enrollment targets. The iCMP program achieved its enrollment target for PY2 by fully staffing necessary positions to expand the program. Similarly, the Collaborative Care program achieved its enrollment targets for PY2.

Additionally, the ACO experienced two successes regarding new programs designed specifically for MassHealth ACO members:

In PY2, two additional ED navigators were hired to expand the program at Brigham & Women's Hospital (BWH) and Massachusetts General Hospital (MGH). This expansion enabled greater progress towards programmatic goals of increased encounters and PCP referrals.

Another major success in PY2 was the ACO's ability to perform an initial evaluation of the iCMP Plus program. This analysis demonstrated progress towards both the programmatic goals for iCMP Plus in addition to our overarching goals of reducing cost, increasing member engagement, and decreasing utilization.

Challenges:

Along with the challenging work of fully staffing programs and hitting enrollment targets, the ACO experienced challenges in understanding and assessing ACO performance in PY2. The performance data that was available was lagged, incomplete, and not fully representative of program performance. Additionally, internal analysis was challenging and limited, due to the fact that ACO programs were still maturing throughout PY2 and therefore, it was difficult to gauge performance. By the end of the second year of the ACO program, individual programs were able to determine success based on operational metrics and targets. As we progress into PY3, the ACO looks forward to measuring additional performance metrics for each program.