

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:	Atrius Health, Inc.
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Part 1. PY2 Progress Report Executive Summary

1.1 ACO Goals from its Full Participation Plan

The Atrius Health/Tufts Health Public Plans (THPP) Accountable Care Partnership Plan (ACPP) is leveraging the Delivery System Reform Incentive Payments (DSRIP) to meet the following goals:

1. Address Patient and Community Social Determinants of Health
2. Enhance Care Coordination and Utilization of Care in Right Setting to Improve Health
3. Manage Mental Health & Substance Abuse
4. Develop Effective Community Partnerships
5. Address home-based issues affecting chronic disease
6. Increase reliability of chronic disease management to improve outcomes
7. Increase effectiveness of population health management for patients with gaps in care
8. Establish and maintain infrastructure to support clinical programs
9. Ensure compliance of ACPP programs

These goals are a priority for the ACO because they address the barriers to care faced by the MassHealth population. The socioeconomic and behavioral health factors which affect access to care must be systematically identified and addressed; this may include individual attention through intensive care coordination and additional support both in the practice and in the patients' communities. It is not possible to address the physical needs of some members of this population without first addressing their behavioral health needs. Atrius Health recognized that its prior resources were insufficient to fully address these concerns and has made these barriers a focus of DSRIP investment.

1.2 PY2 Investments Overview and Progress toward Goals

Atrius Health's DSRIP investment strategy emphasizes both existing infrastructure and targeted, incremental investments in personnel and resources that support the MassHealth patient population. In this second performance year, DSRIP investments have advanced the goals set forth in the ACO's

Participation Plan by maintaining and expanding the programs and infrastructure that form the backbone of Atrius Health's approach to delivering high value care.

The following four examples illustrate Atrius Health's progress in advancing the initiatives supported by the DSRIP funding in PY2. Atrius Health used DSRIP funding to:

1. Address MassHealth quality measures by identifying key quality priorities for PY2; producing internal reporting for priority quality measures to manage performance and drive local improvement work, including internally-transparent, provider-level reporting; facilitating workflow development to address care gaps; and ensuring timely and accurate reporting of quality measures at PY1 contract settlement during 2019.
2. Scale health-related social needs screening in pediatrics, rolling out screening at all pediatric departments by summer 2019, for all patients. Pediatric care facilitators, supported by community health workers and social workers, addressed positive findings and assisted families in meeting social needs.
3. Support care facilitators, community health workers, case managers, and social workers. These resources are an essential part of the care team, providing high-touch assistance to patients and their families with medical, behavioral, and social risks. Critical activities of these roles include identifying and addressing social barriers, making connections to community based resources, and supporting care integration with specialty providers. This year, these resources advanced program implementation, including integrated behavioral health case conferences with THPP, and continued Community Partners integration including monthly high risk case reviews with key Community Partners.
4. Develop and plan a Flexible Services program to address food insecurity through medically-tailored meals for patients with nutritional insecurity. The planning workgroup included support from Quality and Safety, Central Analytics, Social Work, Case Management, ACO Programs, Community Health Worker leadership, and THPP.

1.3 Success and Challenges of PY2

Key ACO successes in PY2 include the following:

1. Continued support of robust infrastructure around quality measurement and analytics has permitted the ACO to leverage actionable data to manage performance, address care gaps, and drive local improvement efforts. Patient registries support proactive and reactive outreach to the ACO population, and are available to all members of the care team within the electronic health record. Routine quality reporting allows care gaps to be addressed, enables local leadership to solve problems at the front line, and provides transparency into variation in provider performance.
2. Continued interdisciplinary partnership among team members to care for our MassHealth ACO patients. Through case management and care facilitation staff, the ACO provides the personalized care required to coordinate the complex care needs of MassHealth patients. Behavioral health care facilitators routinely communicate and collaborate closely with inpatient providers during psychiatric admissions to ensure the patient's transition from the hospital to the outpatient setting is well-supported, improving patient care and reducing unnecessary utilization. Case managers for pediatric

and adult patients routinely collaborate with Long Term Services and Supports Community Partners to jointly manage shared patients, enabling patients' whole-person needs to be met: medical, behavioral, functional, and social.

Challenges yet to be overcome include:

1. **Population wide screening of social determinants.** The ACPP is confident in the benefit of fully understanding the social needs of our complex MassHealth population. We are also confident that we can effectively and efficiently survey our adult patients regarding their needs. We continue to be challenged to identify a satisfactory methodology within the EHR to document and crosslink the screening results of adults for their dependent children. Repeat and continual screening of the parent for multiple children is disrespectful and does not demonstrate a high-functioning health system. We are currently contemplating methods to address this challenge, and at the end of PY2, have not yet identified an acceptable technical solution.
2. **Clinical Integration:** Atrius Health and THPP are committed to streamlining care and identifying the most clinically sound and cost-effective means to meet the needs of our MassHealth ACO patients. We have an effective partnership and work collaboratively to continuously improve care management engagement on both sides to determine members whose needs are being met by programs within the MCO and/or the ACO and actively work to direct patients care to ACO care programs. We have the data analytics support to be successful but both THPP and Atrius Health recognize the challenging nature of this work on behalf of the entire population.