

# Brookings-Dartmouth Accountable Care Organization Initiative

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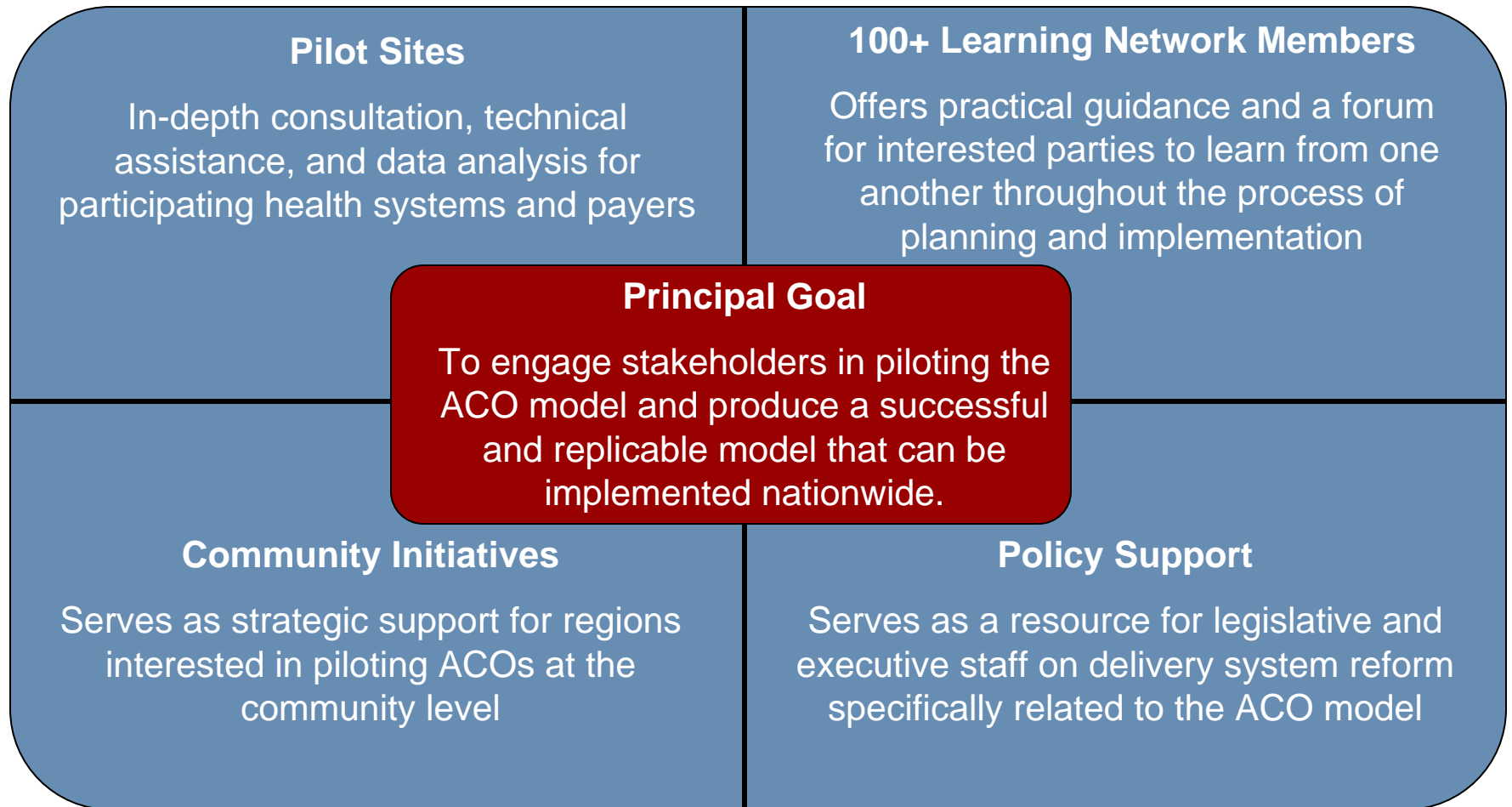
# Brookings-Dartmouth ACO Initiative and Pilot Project

- Overview
  - Provide background on Brookings-Dartmouth ACO initiative and pilot project
  - Review ACO performance measurement activities in the pilot project
    - Administrative-only measurement
    - Clinically-enriched measurement
    - Patient-reported measurement
  - Discuss QASC's involvement in Initiative

# Background on ACOs

- ACOs are a promising payment reform model
- Regulations for the Medicare Shared Savings ACO program expected in March 2011
- Center for Medicare and Medicaid Innovation (CMI) will play a role in evaluating a broad range of payment and delivery reforms

# Brookings-Dartmouth ACO Initiative

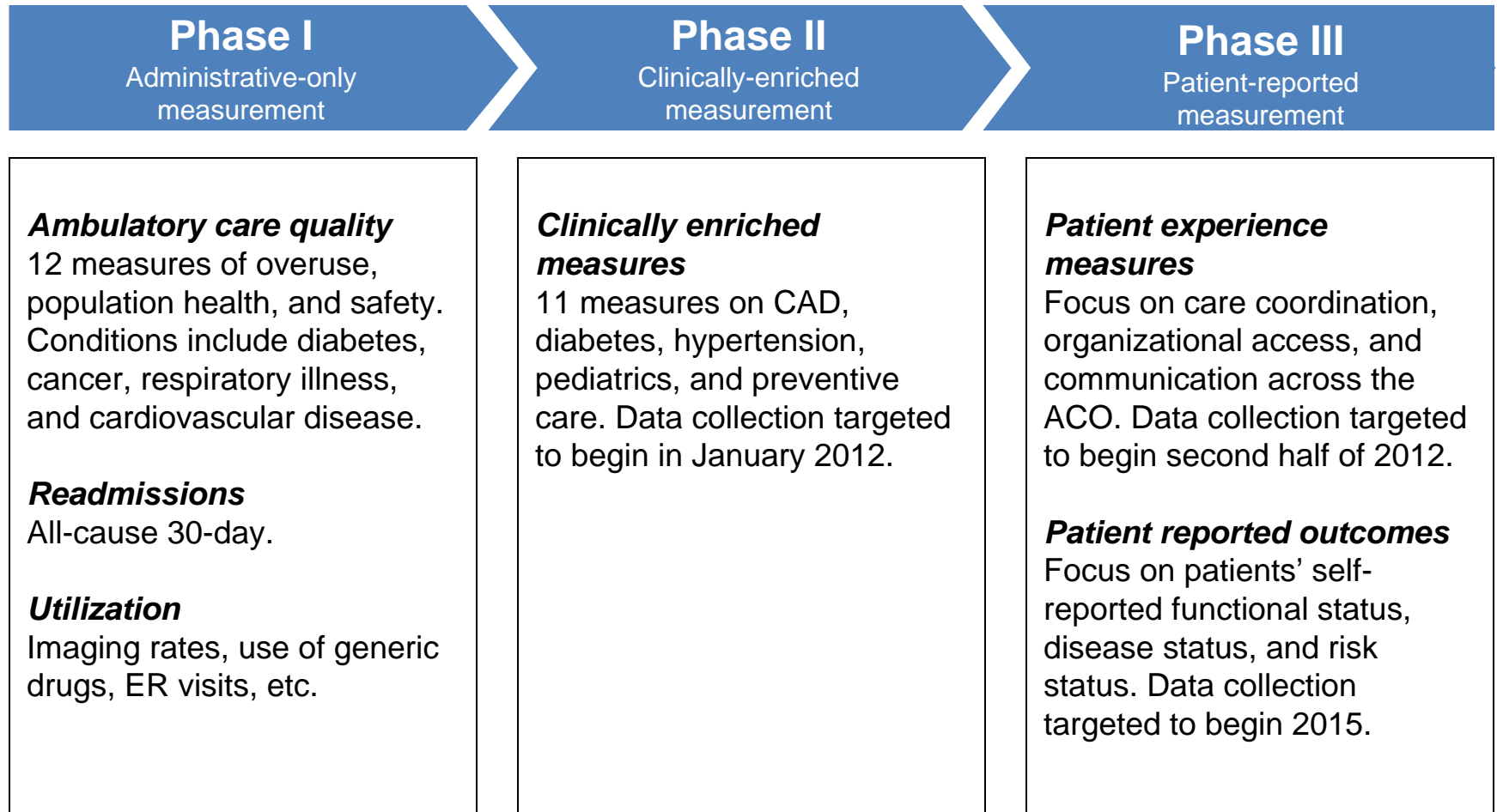


**For more information on the Learning Network visit  
[www.acolearningnetwork.org](http://www.acolearningnetwork.org)**

# Goals of Brookings-Dartmouth ACO Pilot Project

- Create consistent, actionable information on quality and utilization for providers to make improvements within the ACO
- Provide an assurance to patients and payers that any shared savings accumulated by the ACO was not gained at the expense of patient care
- Create a template for performance measurement that is nationally replicable and available for use by private payers and the Medicare program
- Engage five provider groups implementing shared savings programs with commercial payers:
  - Carilion Clinic/TBD; Norton Healthcare/Humana; Southern Arizona ACO/UnitedHealthcare; Monarch HealthCare/Anthem; HealthCare Partners/Anthem

# Implementation Trajectory: Quality and Patient Reported Measurement



# Phase I:

## Administrative-Only Measurement

- Used consensus-based process to identify measures
- Encouraged payers to calculate measures using same specifications
  - Timeline for calculating measures is first quarter 2011
- Incorporated lessons learned from HVHC project (i.e., AHIPF's data aggregation activity, AMP project)
  - Selected measures broadly accepted by physicians and other users of health care data
  - Developed consistency in measure specifications for starter set
  - Applied consistent measurement methodology
  - Used a distributed data model to support quality measurement and reporting

# Phase I: Administrative-Only Measurement (cont.)

| Priority Areas           | Starter Set Measures   |
|--------------------------|--|
| <b>Overuse</b>           | Use of imaging studies for low back pain                                     |
|                          | Appropriate testing for children with pharyngitis                            |
|                          | Avoidance of antibiotic treatment for adults with acute bronchitis           |
|                          | Appropriate treatment for children with upper respiratory infection          |
| <b>Population Health</b> | Breast cancer screening  |
|                          | Cervical cancer screening  |
|                          | Diabetes: HbA1c management (testing)   |
|                          | Diabetes: cholesterol management (testing)                                   |
|                          | Cholesterol management for patients with cardiovascular conditions (testing) |
|                          | Use of appropriate medications for people with asthma                        |
|                          | Persistence of Beta-Blocker treatment after a heart attack                   |
| <b>Safety</b>            | Annual monitoring for patients on persistent medications                     |

# Phase I: Administrative-Only Measurement (cont.)

- All-Cause 30-Day Readmission Measure (NCQA)
  - Adjusted based on past co-morbidities, primary discharge conditions, age and gender
- Utilization Measures
  - Hospital days (per 1,000)
  - Hospital admissions (per 1,000)
  - Hospital admissions for ambulatory sensitive conditions (per 1,000)
  - Emergency room visits (per 1,000)
  - Emergency room to inpatient admission rates
  - Use of generics drugs
  - Doctor visit within 7 days of patient discharge
  - Imaging rates (per 1,000)

# Phase II: Clinically-Enriched Measurement

- Used consensus-based process to identify measures
- Identified where variation exists among ACOs and payer partners
- ACOs and payer partners will contribute clinical data needed to calculate the measures
- Timeline for calculating measures is first quarter 2012

# Phase II: Clinically-Enriched Measurement (cont.)

- Incorporated lessons learned from HVHC project (i.e., AHIPF's data aggregation activity, AMP project)
  - Use of “work around”/alternative solutions to obtain clinical data (e.g., web portals, internal registries, patient surveys)
  - Maintain data dictionaries and measure specification tables
  - Develop consistency in measure specifications
  - Use a distributed data model to support quality measurement and reporting

# Phase II: Clinically-Enriched Measurement (cont.)

| Areas                          | Clinically-Enriched Measures                                    |
|--------------------------------|---|
| <b>Coronary Artery Disease</b> | Cholesterol Management for Patients with Cardiovascular Disease |
|                                | ACE Inhibitor or ARB Therapy                                    |
| <b>Diabetes</b>                | LDL Control   |
|                                | HbA1c Poor Control  |
|                                | HbA1c Control (<8.0)  |
|                                | High Blood Pressure Control                                     |
|                                | Kidney Disease Screen   |
| <b>Hypertension</b>            | Blood Pressure Control  |
| <b>Pediatrics</b>              | Childhood Immunizations   |
|                                | Immunization for Adolescents                                    |
| <b>Preventive Care</b>         | Colorectal Cancer Screening                                     |

# Phase III: Patient-Reported Measurement

- Patient-experience measurement
  - Using consensus-based process to identify measures
    - Questions compiled from varying existing surveys (i.e., CAHPS, surveys used by participating ACOs)
    - The questions include modules for primary care and specialty care
  - Timeline for data collection is second quarter 2012
- Patient reported outcomes
  - Focuses on patients self-reported functional status, disease status, and risk status
  - Timeline for data collection is 2015

# QASC and the Brookings-Dartmouth ACO Pilot Project

- Staff will present learnings and best practices identified from Learning Network and pilots to QASC
- Through the Measure Implementation Strategy and Patient-Reported Measurement Work Groups, findings and best practices from the Initiative will be promulgated
- QASC will review best practices and provide advise on how they can be used in other health care arenas