

ACOs and University of Iowa Health Care

UI Health Care participates in several ACOs:

- Medicare Shared Savings Plan ACO along with MercyCare Service Corporation (<http://uimercyaco.org>)
- Wellmark ACO along with MercyCare Service Corporation
- Iowa Wellness Plan ACO along with the UI Health Alliance

Attributed beneficiaries:

- Medicare – 17,000
- Wellmark – 12,700
- Iowa Wellness Plan – in process of being determined

Payment Methodology:

- Medicare – fee-for-service one-sided shared savings model for the first three years and six months (will be a two-sided shared risk model upon renewal in 2016)
- Wellmark – fee-for-service one-sided shared savings model until year 3 then two-sided shared risk model at the 50% level
- Iowa Wellness Plan – fee-for-service with performance incentives for two years with possible switch to capitation in later years

Quality Metrics:

- Medicare – 33 measures primarily from GPRO & CAHPS reported annually in four domains: patient/caregiver experience (7 metrics); care coordination/patient safety (6 metrics); preventive health (8 metrics); and, at-risk population (12 metrics)
- Wellmark – Value Index Score reported monthly with six categories: primary & secondary prevention and chronic & follow-up care (year 1); tertiary prevention and continuity of care (year 2); and, panel health status and member experience (year 3)
- Iowa Wellness Plan – similar to Wellmark

Examples of Care Coordination Strategies and Activities

- Inpatient navigators and outpatient care coordinators
- Enhance transitions of care handoffs with uniform patient instructions and patient engagement
- Data-guided focus on patients (high risk conditions, high risk clinical risk grouping, etc.)
- Follow-up calls (ED, discharge, ESRD, dual eligibles, etc.)
- Pilot projects with skilled nursing facilities, long-term care facilities and rehab centers

Select Lessons Learned:

- “Leakage” from ACO is important to address as go at risk for costs
- Engagement of specialists, not just primary care providers, is important
- Care needs to be taken in designing metrics so that unnecessary activities are not required (i.e. chronic care measure requiring seeing glaucoma patients three times per year)
- Need access to all data (including mental health), not just summaries of data
- Electronic records greatly facilitate analysis, coordination and communication