AleraHealth

BEYOND THE **ACO**

Building An Integrated System of Care (ISC)
To Maximize Value-Based Performance

The Centers for Medicare & Medicaid Services (CMS) announced in January 2023 the expansion of three accountable care initiatives to provide high-quality care to over 13.2 million Medicare beneficiaries in the same year.

The growth of these initiatives will involve the participation of over 700,000 healthcare providers and organizations, who will participate in at least one of the three initiatives - the Medicare Shared Savings Program (MSSP), the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH), and Kidney Care Choices (KCC). This expansion is aligned with CMS' objective of ensuring that all individuals with Traditional Medicare have an accountable care relationship with their healthcare provider by the year 2030.[1]

To take advantage of those new initiatives, healthcare providers are seeking innovative ways to deliver better quality care at lower costs. Accountable Care Organizations (ACOs) and Clinically Integrated Networks (CINs) have been popular vehicles for achieving these goals. However, there are limitations to both models, and a more integrated approach is necessary to achieve optimal value-based performance.

Enter the Integrated System of Care (ISC).

What is an ACO?

The ACO concept was introduced as part of 2010's Patient Protection and Affordable Care Act which launched the first Medicare Shared Savings Program (MSSP). The MSSP is a voluntary program that encourages groups of doctors, hospitals, and other health care providers to come together as an ACO to give coordinated, high-quality care to their Medicare beneficiaries. Entities that participate will:

- Coordinate items and services for Medicare fee-for-service (FFS) beneficiaries.
- Measure and improve quality.
- Publicly report performance results.
- Receive annual financial and quality performance results through the Quality Payment Program (QPP)[3]

An ACO balances the need to reduce costs while improving the quality of healthcare by implementing best practices, promoting collaboration among healthcare providers and by aligning incentives to provide efficient and effective care. The term ACO references high-performance networks that work with Medicare patients. ACOs are accountable for the quality, cost, and overall care of these patients, and they may be financially rewarded or penalized based on their performance.

Limitations of ACOs

ACOs are designed to incentivize providers to deliver better quality care at a lower cost. Providers in an ACO work together to manage the care of a specific population, with the goal of achieving shared savings. While ACOs have demonstrated some success in achieving these goals, there are limitations to the model. Some of the limitations for ACOs are:

- Often limited to a specific population or geographic area. This can make it difficult for patients to access coordinated care outside of the ACO, which can be particularly problematic for patients who require specialized or ancillary services that are not available within the ACO.
- Medicare value-based programs typically attribute lives to primary care physicians as the "quarterback" of care. While primary care is often the best quarterback, certain conditions and illness vectors, such as chronic or severe mental health and/or substance use, may require a preponderant specialty or wraparound services that can be difficult for primary care to deliver and/or manage.
- Often lacking the necessary infrastructure to support effective care coordination across a multi-dimensional system of care. This can result in fragmented care and suboptimal outcomes.

What is a CIN?

Similar to and ACO, a Clinically Integrated Network (CIN) is a network of healthcare providers, such as physicians, hospitals, and other healthcare facilities, to coordinate and improve the quality of patient care. A CIN is designed to address the fragmentation of healthcare delivery and promote collaboration among healthcare providers by creating a network that shares information, coordinates care, and aligns incentives. A CIN, however, does not qualify as an ACO because the organization does not participate in CMS' Medicare Shared Savings Program or the Quality Payment Program.

The key feature of a CIN is clinical integration, which involves coordinating patient care across different healthcare providers, settings, and disciplines. To achieve clinical integration, a CIN typically employs various tools and strategies, such as clinical protocols and pathways, data analytics, quality measures, and performance incentives. Clinical integration allows healthcare providers to work together more effectively to provide better care to patients, reduce duplication of services, and improve efficiency. By sharing data and collaborating on treatment plans, healthcare providers can make more informed decisions about patient care, leading to better health outcomes and improved patient satisfaction.

A CIN may also adopt value-based payment models, which incentivize healthcare providers to focus on quality and outcomes rather than the volume of services provided. By aligning incentives across the network, a CIN can promote better care coordination and reduce costs, while improving the overall health of the patient population it serves.

The Behavioral Health CIN, and how it becomes an ISC

Behavioral Health patients are often complex and have a lot of needs. In addition to a Behavioral Health disorder, they often have polychronic medical disorders that are both *influenced by* and *influence* their behavioral health issues. Pre-existing and disease-contingent social needs impede **access to** and engagement **with** the care team. It's important that we bring a multi-specialty "Community of Care" to the table to address those needs in an Integrated System of Care (ISC).

Similar in concept to Medicare's ACO REACH model, an ISC embraces the Whole Person and strives to address the medical, behavioral, and social components of care engagement. If a patient cannot or will not participate in appointments and/or take certain medications and/or abide by a nutrition plan, then both treatment engagement vis-à-vis health outcomes will be poor. An ISC organizes and incentivizes a community-based, multi-dimensional care team to conduct outreach, education, coordination, and treatment for patients who have complex needs.

The impact of ISCs on behavioral health can be significant. ISCs can provide better access to services, mitigate social determinant issues, and help facilitate care coordination and ultimately lead to better outcomes for patients.

One of the benefits of an ISC is getting providers involved in those quality improvement initiatives where they can meet with their peers and work on larger, systemic issues. The ISC model addresses the Quadruple Aim[4]:

- **Improving Population Health by preventing and managing prevalent, costly, and chronic diseases.**
- **Enhancing the patient experience through the motivation and engagement of patients in playing an active role in their care to improve outcomes and safety.**
- **Reducing the cost of care by reducing resource utilization and readmissions while assuming greater risk.**
- **Improving provider satisfaction with access to tools and resources to address provider burden and burnout**

The Functionality and Supports Underpinning a Successful ISC

In an Integrated System of Care, different healthcare providers, such as hospitals, primary care providers, specialists, and community-based organizations, work together as a team to provide a comprehensive range of services to patients. The system is designed to address the fragmentation and inefficiencies of traditional health and social care delivery systems and to ensure that patients receive the right care at the right time and in the right setting.

Building an effective ISC requires a coordinated effort among multiple stakeholders, including providers (medical, behavioral, and social), payers, and patients. The following steps can help organizations build an effective ISC:

- **DEVELOP A SHARED VISION:** Developing a shared vision for the ISC is critical to success. This involves engaging all stakeholders, defining common goals and objectives, and establishing pathways for equitable gainshare.
- **IDENTIFY KEY PARTNERS:** In addition to primary care physicians, specialists, hospitals, post-acute, and social care providers, payers and third-party administrators will play a critical role in benefit design, medical policy, and incentive alignment.
- **DEVELOP SYSTEM OF CARE PATHWAYS:** ISCs capitalize on "moments of impactability" where patients are open and ready to engage in treatment. Beginning care coordination six months after the inpatient stay is often meaningless to the patient.
- **LEVERAGE DATA FOR ACTION; TECHNOLOGY FOR AWARENESS:** Impactable care occurs when the care team is empowered with the critical information to anticipate a looming crisis. Care "alerts" should trigger wellness checks, care gap closures, and timely crisis/hospital follow up.
- **PEER REVIEWED PERFORMANCE:** Performance measurement of both outcome and process metrics are critical to ensuring that the ISC is achieving its goals and objectives. ISCs maintain an active Clinical Quality Improvement (CQI) committee that transparently peer reviews performance and provides a system of technical QI support.

Benefits of an ISC to a Payer, Provider, and Patient

In a Behavioral Health ISC, everybody should have a role to play and something to gain.

Benefits for Payers/Third-Party Administrators:

- **REDUCED HEALTHCARE COSTS:** ISCs can help reduce healthcare costs for payers and third-party administrators by reducing hospitalizations, emergency department visits, and unnecessary procedures.
- **IMPROVED ACCESS TO CARE:** Using risk stratification tools, ISCs clean up referral pipelines and promote top of license practice to streamline access.
- **IMPROVED QUALITY OF CARE:** ISCs can lead to better health outcomes, improved patient satisfaction, and higher quality of care, leading to reduced costs in the long term.
- **INCREASED EFFICIENCY:** ISCs can improve the efficiency of network and care management by reducing duplication of services and improving coordination among healthcare providers.
- **MARKET DIFFERENTIATION:** Contracting with ISCs can differentiate the third-party administrator in competitive solicitation and bids.

Benefits for Providers:

- **VALUE-BASED INCENTIVES:** Non-operational shared savings and quality improvement incentives create sustainable and manageable funding streams.
- **IMPROVED JOB SATISFACTION:** ISCs can help reduce provider burnout by providing a supportive work environment and opportunities for professional development.
- **INCREASED COLLABORATION**: ISCs encourage collaboration among healthcare providers, leading to improved communication, shared decision-making, and better outcomes for patients.
- **REDUCED ADMINISTRATIVE BURDEN:** ISCs can reduce administrative burdens on healthcare providers, allowing them to focus on delivering high-quality care.

Benefits for Patients:

- **ACCELERATED ACCESS TO CARE:** ISCs can improve access to behavioral health and primary care services by reducing wait times and ensuring that patients receive appropriate and timely care.
- **BETTER COORDINATION OF CARE:** ISCs can help ensure that patients receive coordinated care that addresses their physical, psychological, and social needs. By supporting the transitions between levels of care (ED/inpatient to outpatient), we address the social, literacy, and life obstacles that interfere with ongoing engagement in treatment.
- **IMPROVED PATIENT EXPERIENCE:** ISCs can lead to a more positive patient experience by organizing resources to be convenient and accessible to the patient.
- **BETTER HEALTH OUTCOMES:** ISCs can lead to better health outcomes by reducing confusion, stigma, and reducing the burden of mental illness on patients and their families.

HOW PATIENTS EXPERIENCE AN ISC

"My psychiatrist already knew my medical history before I arrived. Not just my psychiatric history, but my medical history from my primary care physician so they could understand the concerns, medications, and outcomes from my past."

"I could attend both my medical and Behavioral Health appointment at the same visit. It was convenient. I didn't need to make two trips - didn't need two car rides. Usually, my other appointment was down the hall or a down the hall plus a virtual visit."

"This time, I got my son directly admitted to inpatient psychiatric rather than going to the Emergency Room"

"My Nurse Practitioner prescribed generics after asking me if I had any financial worries. The name brand would have been too much to afford, plus my other expenses."

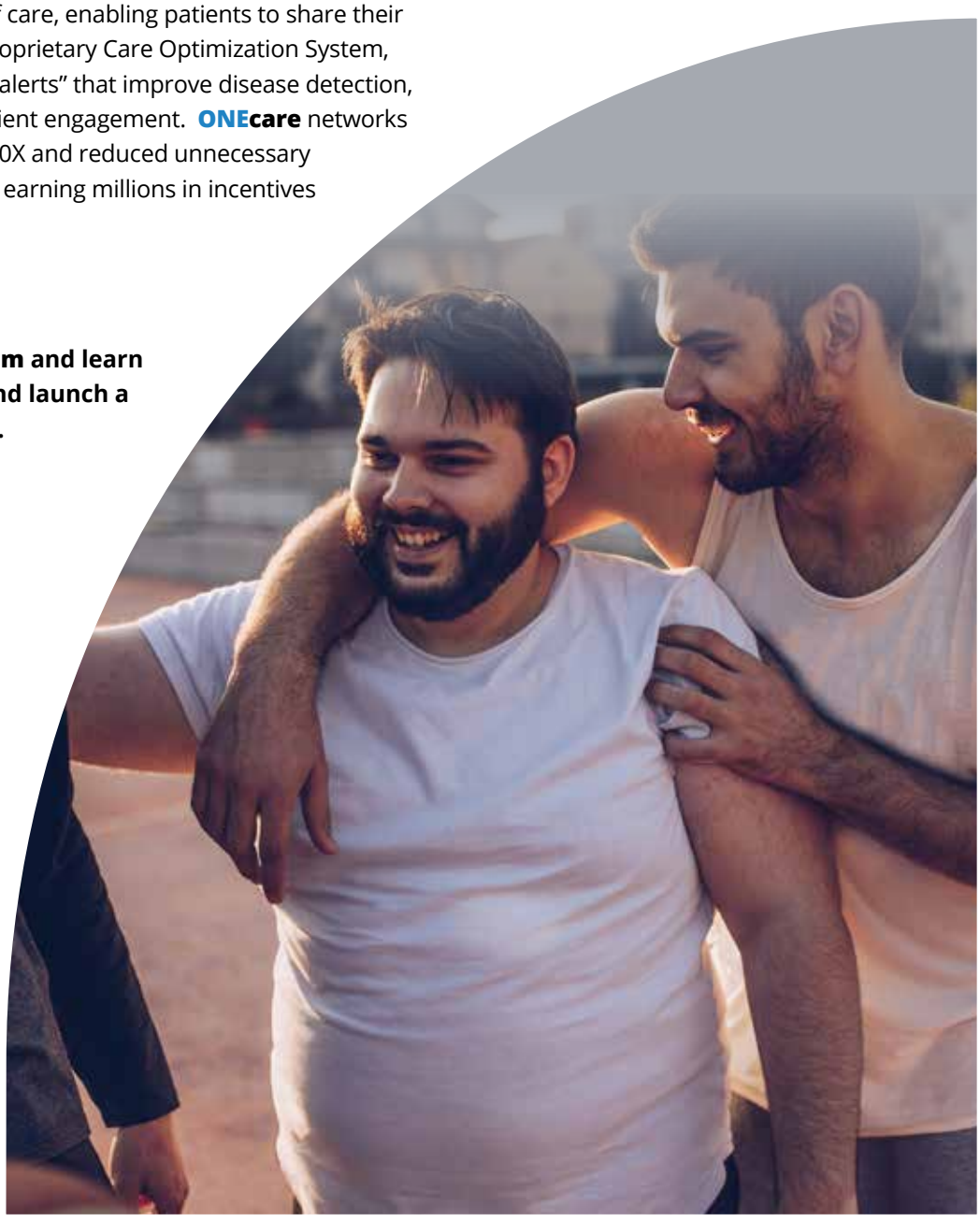
Overall, an integrated system of care can provide significant benefits to payers, providers, and patients by improving the quality of care, reducing costs, and improving patient outcomes. It requires a coordinated effort from all stakeholders to implement and sustain an integrated system of care successfully.

Forming Your Own ISC

Alera Health assembles and manages Integrated Systems of Care (ISCs) for patients with primary and secondary behavioral health issues. With over 3M lives across 15 "ONEcare" networks nationwide, Alera Health supports behavioral health, primary care, and social care providers manage a seamless continuum of care, enabling patients to share their story just once. Leveraging our proprietary Care Optimization System, **ONEcare** providers receive "care alerts" that improve disease detection, anticipate crisis, and enhance patient engagement. **ONEcare** networks have improved timely access by 10X and reduced unnecessary inpatient utilization by up to 50%, earning millions in incentives for **ONEcare** participants.

Are you ready to collaborate?

Visit us at www.aleraheath.com and learn more about how to organize and launch a ONEcare network in your area.



Citations:
1-https://www.cms.gov/newsroom/press-releases/cms-announces-increase-2023-organizations-and-beneficiaries-benefiting-coordinated-care-accountable
2- https://acoms.cms.gov/
3- https://qpp.cms.gov/about/qpp-overview
4- https://www.strategiesforqualitycare.com/quadruple-aim