we are ICF

Learning from Accountable Care Organisations in the US

May 15, 2018

Background

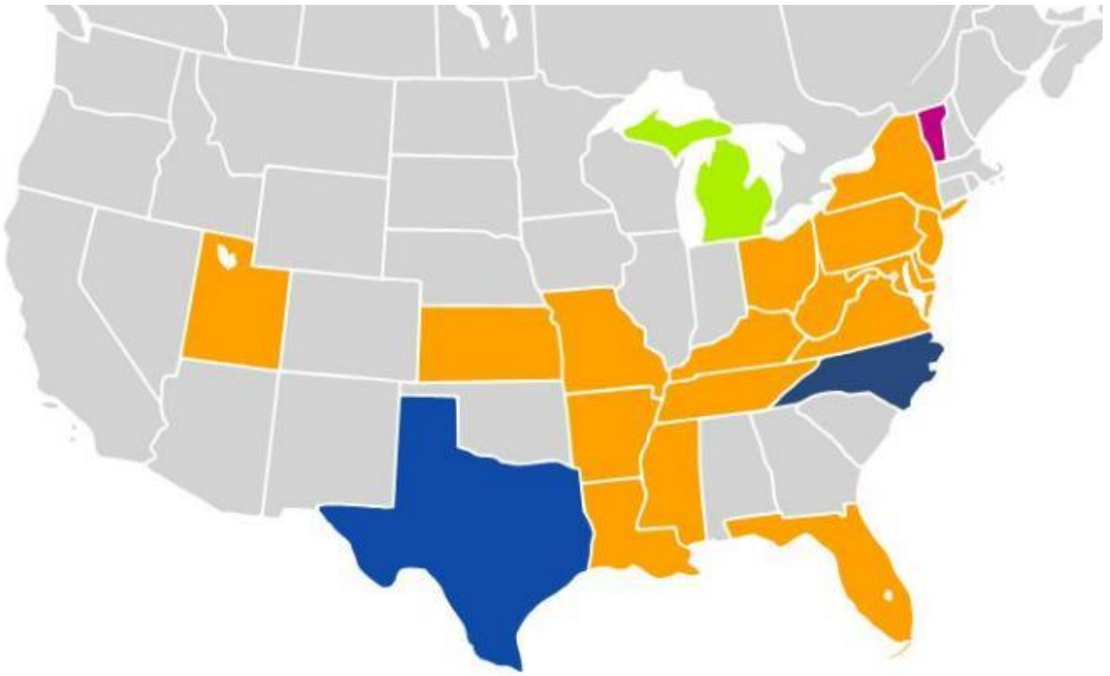
- Perception that Accountable Care Organisations (ACOs) in the US successfully using BI to achieve Triple Aim
  - Improve health outcomes
  - Reduce costs
  - Improve patient experience
- ICF conducted 5 case studies with US ACOs
- Focus on value-based health care

ACO Selection

- **Diverse mix of US Accountable Care Organisations (ACOs)**

  - Geography
  - Organisation Size
  - Specialty/Multi-Specialty
  - Analytics/HIT systems
    - In house proprietary/purchased systems

  - Commonalities
    - Top performing ACOs
      - Quality of Care
      - Cost Savings
    - Becker's Hospital Review
      - Top ACOs to know



Selected ACOs

- **Aledade**
  - Start up company, entrepreneurial spirit
  - National presence
- **Baylor Scott and White Quality Alliance**
  - Large multi-specialty practice
  - Proprietary analytics system
- **Henry Ford ACO**
  - Among the largest health systems in U.S.
  - Next generation ACO
- **OneCare Vermont**
  - State-wide ACO
  - Hospital risk-sharing model
- **Wilmington Health**
  - Low-cost model

ACO Population Health Approaches

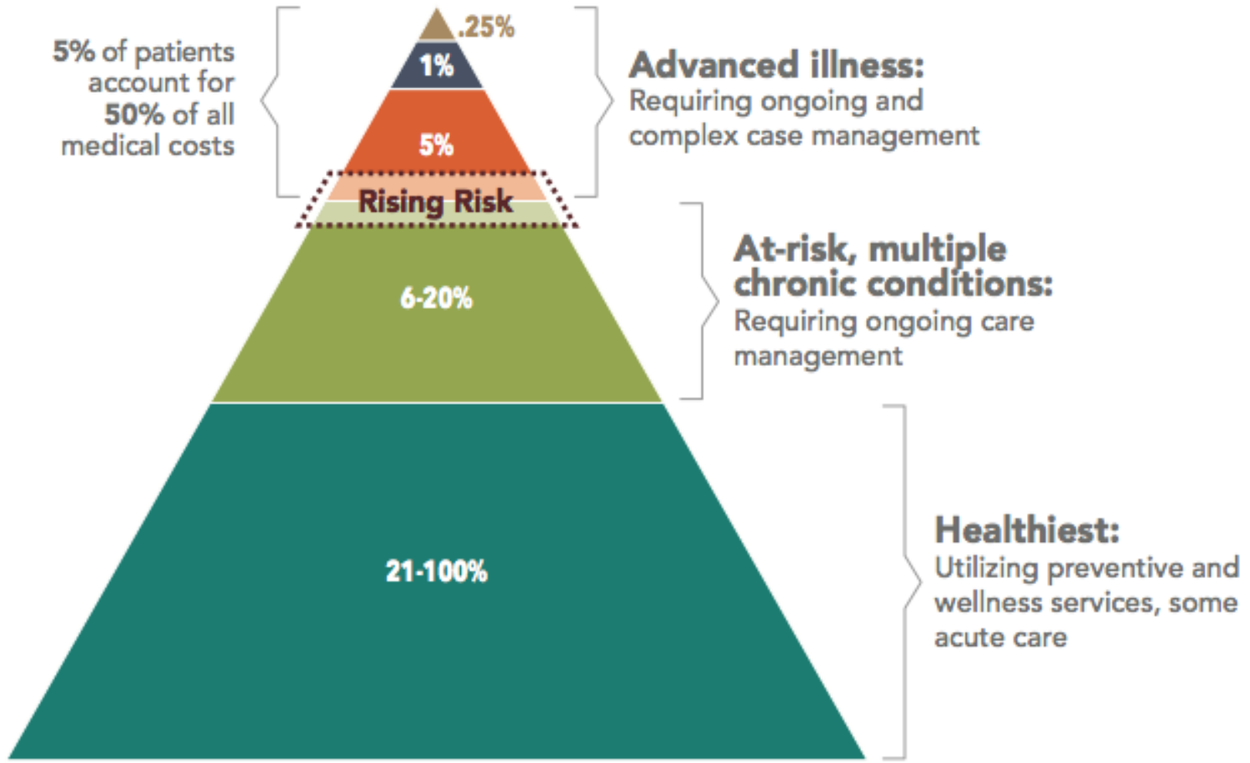
- **Henry Ford ACO Population Health Strategic Framework**

Enablers of Population Health Management

- Robust research and analytics: performance measurement through dashboards and feedback, predictive modelling
- Engaged clinicians using evidence-based practices to improve outcomes and reduce unnecessary variation
- Electronic Medical Record (EMR), registries, MyChart, and point-of-care tools to guide patient-centered clinical decision making
- Performance improvement resources to guide LEAN approaches, new pilots, and successful spread
- Financial expertise to support business modelling and value-based contracting.

ACO Population Health Approaches

- **Use of Health Information Technology (HIT) and Analytics**
  - Patient stratification
    - High risk/sickest patients
    - Middle level – those most likely to benefit from interventions
    - Healthiest patients



Use of HIT and Data Analytics

- **Multiple Data Sources**
  - EMR, Claims, Hospital Admissions, Social Determinants of Health
- **Risk Stratification**
  - Proprietary tools
  - Purchased software
- **Point of Care (POC) tools**
  - Daily reports and alerts
  - Provider workflow
- **Dashboards**
  - Compare providers, clinics, industry standards

Biggest Challenges

- **Multiple data sources**
  - EMR, claims
- **Lack of inter-operability among data systems**
  - Non-standard data, multiple data systems
- **Data reliability**
  - Predictive analytics
  - Risk scores / stratification
- **Cultural shift to Value-based care**
  - Knowledge + Acceptance
    - Providers
    - Leadership and executives
- **ACO vs. Hospital Bottom Line**
  - Cost of investing in case management or other preventative measures
  - Fee for service more significant source of income

"Stop counting heads and beds as success but rather count the heads that stay home as success if they weren't supposed to be in the hospital"

Differences and commonalities with NHS

- **Important differences:**
  - Greater access to personal health data in US than in the UK
  - Primary care providers as gatekeepers still evolving in US, so more gains can be made by building better relationships between patients and primary care
  - Barriers may be lower to testing novel approaches to see ‘what works’ in the US
  - Greater use of risk scores and workflows to direct physicians’ actions
  - More mature market for health data analytics in the US
    - Some preferences toward proprietary systems rather than buying ‘off the shelf’
- **Shared challenges:**
  - How to use data to improve outcomes for people with complex conditions
  - How to make sure ER visits and hospital admissions are not used inappropriately
  - How much to invest in data analysis and training physicians
  - What are the right incentives for transforming the system
  - How to make the case that upfront investments in analytics lead to future gains

Lessons Learned – BI needs to…

- **Use data from different sources**
  - Social determinants of health
- **Link to holistic interventions**
- **Link to clinical action (e.g. provider workflows)**
- **Become part of day to day clinical practice**
- **Link to case management and other interventions**
- **Be subject to continual testing and refinement**
- **Foster collaboration and information sharing among providers**
- **Be appropriate to local needs – no ‘silver bullets’**
- **Be coupled with interpretation to make effective decisions**

Key finding – the analytical workforce

"You really need a translator. You need someone who says this is the data and this is what the data means. It is really easy to get lost in the spreadsheets and not understand which changes make a big difference and which changes don't really matter as much"

"If leadership cannot understand the data and be up to their elbows in it, the outcomes will be less than optimal"