

Supplement 1-CONVENING REPORT

The aim of our study was to explore the intersection of advanced primary care and Accountable Care Organizations. We found very little on this topic in the peer-reviewed literature. Given the dearth of literature on this topic, we took a deeper dive into our unanswered questions by convening a panel of experts. The Robert Graham Center convened a meeting entitled the Patient-Centered Primary Care Collaborative Expert Meeting on the Intersection of PCMH (Patient Centered Medical Home) and Accountable Care Organizations (ACOs), on March 22, 2018, in Washington, DC. The meeting was sponsored by the PCPCC as a part of a comprehensive study looking at the intersection of PCMH status and ACOs. The purpose of the meeting was to gain a better understanding of the role PCMH nested within an ACO.

The team set forth three objectives for the day:

1. What elements of Patient Centered Medical Home (PCMH) advanced PC are associated with successful ACOs and what is the impact of PCMH (primary care) on ACOs?
2. What effect does the broader healthcare community have on PCMH and ACO success?
 - a. What are the relevant differences between primary care-led ACOs and hospital-based health system-led ACOs? (e.g. in their approach to the organization and delivery of PC services, and/or in outcomes?)
 - b. How does PC within ACOs interface with specialty care?
3. Are we asking the right research questions?
 - a. What are some of the key unanswered questions on these topics?
 - b. What would other ACOs want to know about successful ACOs?

A Look at the Literature to Date:

The day kicked-off with a review of the literature to date on the overlap of PCMH and ACOs. There is very little in the peer-reviewed literature on the role of PCMH on ACOs. The discussion highlighted a few featured articles/organizations that are taking innovative steps to improve patient health including Hennepin Health, BCBS Mass Alternative Quality Contract, and Medicaid ACOs in Oregon and Colorado.

Leadership & Culture

During the convening, participants also emphasized the importance of leadership and culture. Those who had worked for ACO's with engaged leadership reiterated that it was these engaged leaders who created a culture of buy-in throughout the organization. This was important in terms of making connections with specialists and hospitals, but also getting primary care, specialty care and the hospital administration on the same page for the benefit of the patient. It was also acknowledged that although engaged leadership and a conducive culture to change are two of the most important factors, they are also two of the factors that are hardest to scale or replicate.

One participant noted that lack of physician engagement is a clear predictor of ACO failure. A familiar refrain throughout the day was successful ACOs need physician leadership in order to positively change the organization. Question arose around the impact of a primary care physician at the helm whether he/she would make a greater impact on costs and quality. One organization developed a group of primary care leaders, and when they were designing and building the program it was based on vision, not cost. There was a desire to learn more about the people leading successful ACOs. What sets them apart and are there elements of their leadership approach that can be taught and replicated.

Successful ACOs have a clear focus on putting patient at the center of their work. Convening attendees emphasized organizations taking the time to find out what patients want and need, listening to what is important to them, and helping them work towards that goal. At a more fundamental level, patients need to know that they have access to care. Straight forward elements like how to make an appointment or speaking with a nurse should not be overlooked. Organizations need to consider how behind the scenes changes like new patient portals, EMRs, and organization mergers will impact patients and work to mitigate patient frustrations with these changes. Enhancing the patient experience can be simple and straightforward. Someone even suggested patient satisfaction could become the new metric of success.

Care Management

During the convening, participants echoed what the team found in the literature. The role of care coordinators or care managers was identified as playing a large role in the success of a PCMH and ACO. One participant identified Care Coordinators as the MVPs of PCMH and ACO's. Care Coordinators were described as essential members of the PCMH team, but they have their challenges. For one, there is no clear pipeline of Care Coordinators, and their background, skill set, and education are variable. Second, participants stated the difficulties in building a care management workforce under the fee- for service billing model. Finally, in some instances, practices and ACOs are utilizing different care coordinators, and it can be difficult for the patient and provider to determine who is on point to deliver services.

Care management services are believed to be an effective use of resources; however, in most settings, only a small percentage of patients are seeing Care Coordinators. Despite some of the challenges of care management, it is a clear tool in reducing costs, increasing access, and delivering more patient- centered care- all core elements of an advanced medical home.

Some participants highlighted specific organizations that are delivering high quality care management services to their patients. In order to identify the patients who will benefit from care management, organizations are developing ways of risk stratifying their patients to determine what, if any, care management services they will provide. Most of the care management discussion focused on patients, but

there was mention of looking beyond one's patient panel to assessing the need and delivering care management on a more of a population health level.

Incentives and Payer Alignment

Some ACOs are increasing their investment into Primary Care. It is just the beginning of an experiment on whether greater spending on Primary Care will lead to greater savings for the healthcare system. Many ACOs understand that more money should be spent on Primary Care. Ultimately, in order for an ACO to be successful, there needs to be savings. One participant noted that the primary care spend in the United States is around 5-6%, and in most other OECD countries, the number is double.

There was much discussion from the group on the challenges facing hospital led ACOs. It is hard to imagine how these organizations deal with the mixed incentives of keeping patients out of hospitals, preventing readmissions, and getting paid in a fee- for- service environment. Until there are more changes in how hospitals are paid, it is hard to see how hospital led ACOs will fair. Compared to hospital led ACOs, it is easier to see how physician led ACOs have a clearer path to success. Current incentives are better aligned with physician led systems.

Regardless, of who is leading the ACO, everyone having skin in the game is important. If individuals throughout the system feel like they can positively influence outcomes or will take a hit if something does not go well then participants felt that was a key to success.

Organizational & Environmental Factors:

The breath of environmental factors influencing ACOs ranges from federal policy to the high- cost of specific prescriptions. Throughout the day, the discussion returned to the critical role of the federal government and what direction they will take on value based payments. At this time, the federal government is setting the value-based playing field, and private payers are following their lead. Participants worried that if the federal institutions back off on value- based payments than private payers will too. Leadership at the federal level reinforcing the importance of value based care has made a difference to commercial payers and marketplace in general to stabilize value- based payment effort. In addition to federal leadership, Oregon and Colorado stand out as states leading value- based policy efforts through Medicaid or primary care spend.

The cost of specialty care, drug prices, and are some of the challenges facing ACOs. It is hard to control costs that are outside the system. Participants indicated high-cost drugs, expensive imagining, and One challenges ACOs face A lot of cost buckets are harder to influence when you're not in a system. We heard of one ACO that was overcoming these obstacles by driving their patients directly to to lower cost imaging centers and labs. Other ACOs are using outside vendors to help identify lower- cost options for a range of healthcare products and services. Other organizations are integrating cost information into EHRs so physicians have accurate real-time data on sub-specialty referrals.

Having more experience with ACOs is clear way to save more money. However, a more significant indicator of future success is when an organization has prior experience with risk bearing contracts. In the limited research, participants mentioned that prior experience with risk bearing contracts is the only statistically significant indicator of future success.

Health Information Technology

During the convening, participants emphasized the importance of having quality patient data as central to the success of both PCMH and ACO's. However, they mentioned that it is not enough to have the right data, it needs to be timely, and the results need to be easily interpreted. Timely and easily interpretable data would allow organizations to decide how to allocate resources, such as care management, to high risk populations.

Having quality data regarding providers also is vital to providing high- quality, cost-effective care. Participants noted the importance of having the cost and outcome data on other providers so a physician can make an educated referral to a specialist, or even a hospital. Participants note that some high performing ACOs are already providing this information and it is most effective when it is nested within an EMR.

Over and over, convening participants stated that quality real time data would improve patient care and reduce costs. But they also warned that this data needs to be integrated and organized. Organizations using a multitude of systems to capture data face challenges when the systems do not speak to one another. This information hurdle, makes managing and taking action on the data difficult. The point was made that there is a lot of data out there, but very little of it is helping address the needs of patients and providers. ACOs that focus and invest in data, and data management, will have a higher likelihood of success.

Conclusion

Throughout the day, we heard from a variety of experts on how, and why elements of advanced primary care benefit ACOs from leadership and culture to data and technology capabilities. We heard about many outstanding ACO's throughout the United States and learned how elements of advanced primary care are essential to their success. An evolving landscape, best sums up the state of ACO's by our group of assembled experts. Some leaders in the ACO world are applying some of the key elements of advanced primary care to their ACO, but there is little available evidence of the intersection of the two models. There is an opportunity for future research as more data becomes available.



**Patient- Centered Primary Care Collaborative Expert Meeting on the
Intersection of PCMHs and ACOs**

**Agenda
March 22, 2018**

**Robert Graham Center
1133 Connecticut Ave, NW
Washington, DC 20036**

- 9:30 Breakfast and registration
- 10:00 Welcome and Meeting Overview welcoming all, brief intro to RGC & - intro to PCPCC (AB & AG)
- Top 3 Objectives for the day (Ann):
- Obj. 1: What elements of Patient Centered Medical Home (PCMH) advanced PC are associated with successful ACOs and what is the impact of PCMH (primary care) on ACOs?
- Obj. 2 What effect does the broader healthcare community have on PCMH and ACO success?
- What are the relevant differences between primary care-led ACOs and hospital-based health system-led ACOs? (e.g. in their approach to the organization and delivery of PC services, and/or in outcomes?)
 - How does PC within ACOs interface with specialty care?
- Obj. 3: Are we asking the right research questions?
- What are some of the key unanswered questions on these topics.
 - What would other ACOs want to know about successful ACOs
- 10:15 Participant Introductions and Ground Rules (Lisa L)
- Question: When you agreed to participate in this meeting, what most inspired you to attend? (e.g. what you hope to learn, and/or would like to share?)
- 10:30 Background – Literature to date (YJ)
- 11:00 Large Group Discussion 1: What elements of Patient Centered Medical Home (PCMH) or advanced primary care are associated with successful ACOs and what is the impact of PCMH (primary care) on ACOs? (Objective 1)
- Questions to consider:
- What elements of PCMH/advanced primary care *delivery system redesign* have had (or could have) the most impact on ACO success?
 - What elements of PCMH/advanced primary care *payment redesign* have had (or could have) the most impact on ACO success?

- What are the most important *changes* that PCMH/advanced primary care systems could implement to have the biggest impact on ACO outcomes?

11:45 Group Discussion 2: Which organizations exemplify these characteristics? What specifically are they doing? (Objective 1)

12:15 Lunch Break (Gather lunch and reconvene)

12:30 Group Discussion 3: What are the most scalable and transferable characteristics of PCMH/advanced primary care in successful ACOs? (Objective 1)

Questions to consider:

- 1: What are the most scalable and transferable elements of PCMH/advanced primary care *payment redesign* in successful ACOs?
- 2: What are the most scalable and transferable elements of PCMH/advanced primary care *delivery system redesign* in successful ACOs?
- 3: What are the most scalable and transferable elements of PCMH/advanced primary care in ACOs that could help to better *engage patients* in their care?

1:15 Group Discussion 4: Why do some ACOs succeed while others fail? (Objective 2) Winston

2:00 Group Discussion 5: External environmental factors (Objective 2)

Questions to Consider

- 1: What are the relevant differences between primary care-led ACOs and hospital-based health system-led ACOs? (e.g. in their approach to the organization and delivery of PC services, and/or in outcomes?)
- 2: How does primary care within ACOs interface with specialty care?
- 3: What other external environmental factors have important impacts on primary care within ACOs?

2:30 Afternoon Snack Break (15 minutes)

2:45 Group Discussion 6: Are we asking the right questions? (Objective 3) Andrew

3:00 Final Thoughts from the Group

3:15 Meeting Wrap-up and Next Steps (MC)

3:30 Adjourn



Expert Discussion on the Intersection of PCMHs and ACOs
March 22, 2018

Participant List

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