

36TH
ANNUAL

AHA RURAL HEALTH CARE

LEADERSHIP CONFERENCE

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SAN ANTONIO, TX

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American Hospital
Association™

Advancing Health in America



AHA Events

How to Alleviate Financial & Staffing Constraints with ACO Participation

February 21, 2023

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association.

Speakers



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Chief Operating Officer, National
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Rural Health Innovations



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Chief Medical Officer,
Davis Health System



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Vice President of Strategic
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Today's objectives

- Discuss ACO participation options available to rural providers including new advanced funding options to certain participants.
- Learn how to use the Medicare Shared Savings Program as a stable business model to improve patient outcomes and generate savings.
- Review a customized roadmap of clinical services and in-home capabilities that alleviate staffing shortage constraints, improve the care continuum, and drive additional revenue streams.
- Hear first-hand experience from rural providers who have created an integrated value-based solution through ACO partnerships.



Introduction

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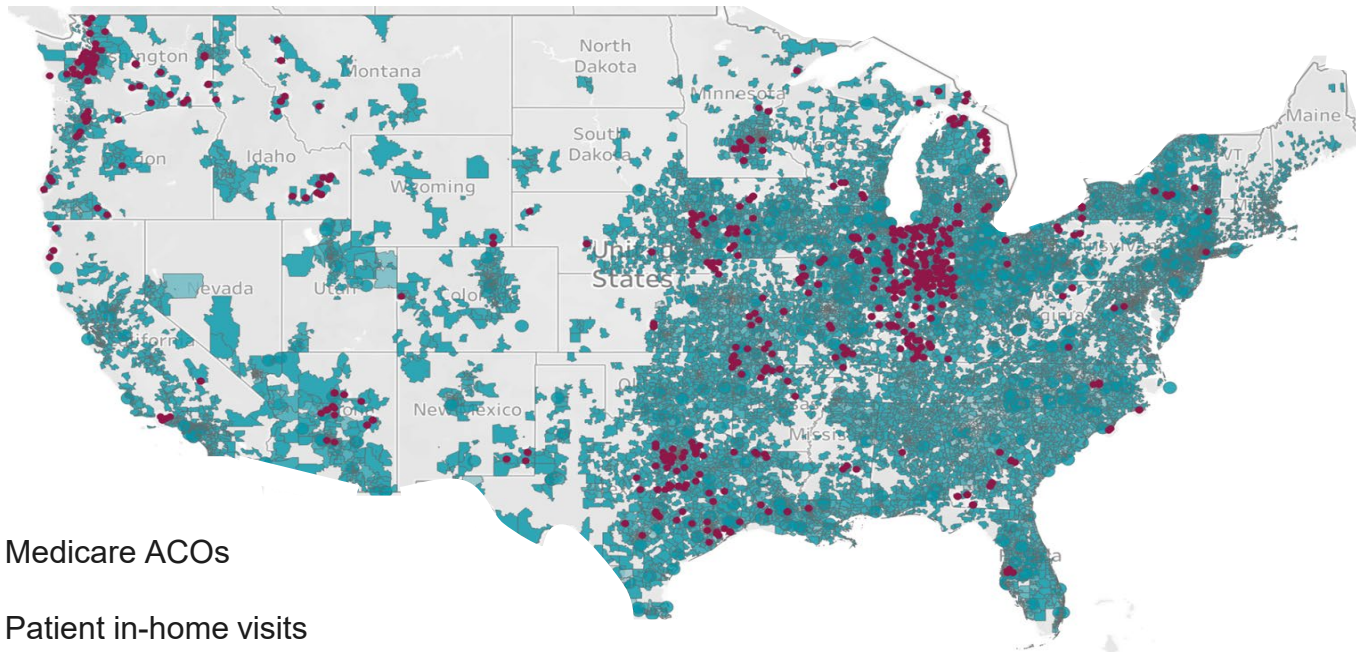
Signify Health: Purpose-built to empower value-based care

Our vision

A more connected, effective care experience for all

Our mission

Build trusted relationships to make people healthier



\$7B*

Spend under management



10K+

Credentialed providers



~1.9M

Unique patient homes visited in 2021



29K

Providers aligned to ACO collaboratives in 2022



9K+

Medicare ACO PCP partners



700K+**

Medicare ACO beneficiaries

Powered by our unique data & technology backbone

*Projected in 2023 to manage more than \$7B of spend, based on projection of 700K+ attributed lives.

**Projected for 2023

Providers of all sizes & backgrounds can thrive in accountable care



100%

Average MIPS score in 2021 for MSSP clients



\$478M

Total savings to Medicare 2015-2021



100%

of model participants earned shared savings in 2020 and 2021



\$59M

Total shared savings earned in 2021

Value-based care in rural

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CMS is committed to the growth of the MSSP in rural and underserved areas

- CMS expects all Fee For Service beneficiaries in a longitudinal Accountable Care relationship by 2030
- CMS made significant updates to the MSSP in late 2022 with a heightened focus on health equity and affordability
- New up-front, interest free funding will be available through the Advance Investment Payments (AIP) model available in MSSP starting in 2024



Advance Investment Payment

New upfront funding available to certain providers in accountable care

Program Details

- Program begins in 2024
- ACOs will receive a one-time upfront payment of \$250,000
- Loan will be paid over the first two years of the 5-year agreement period
- Unspent funds at the end of the agreement period will be recouped by CMS
- Funds may be used for 3 broad purposes:
 - Staffing, staff education
 - SDOH strategies
 - Infrastructure, technology

Who Can Apply?

- ACOs must be designated as low-revenue
- New to Pathways to Success BASIC A/B Track

ACO Investment Model saved Medicare \$382M over three years

Signify Health sponsored **21 of the 41** small, rural ACOs in AIM, driving dramatic improvements in prevention and a majority of the cost savings in AIM with our early partners*



In year three, AIM ACOs saved **\$38.73 per beneficiary per month** with statistically significant reductions in spending.



Of **\$96.2 million** in up-front payments, more than half of the amount has been recouped.









In all, **55.3% of ACOs** earned some shared savings and **59.6%** returned some or all of the AIM funds to CMS.

*Caravan Health, which was acquired by Signify Health in 2022, sponsored 21 of the 41 AIM ACOs.

Source: Centers for Medicare & Medicaid Services. (2022). *ACO Investment Model*. Retrieved from: <https://innovation.cms.gov/innovation-models/aco-investment-model>

Traditional vs. AIP - which pathway is right for you?

	Traditional MSSP	Advance Incentive Payment
Provider eligibility	Any provider can join MSSP	Provider must not have experience with risk and must be considered low revenue
Upfront funding	Providers must stand-up their own value-based infrastructure	 *one-time upfront payment of \$250K and 2 years of quarterly payments based on attributed lives (up to 10K)
Immediate shared savings		Shared savings available over 5-year agreement period after loan is repaid
New pop health revenue		
Risk expansion		ACOs must remain in BASIC track until loan is paid
Scale		Funding is limited to 10,000 lives within the ACO

Rural successes & lessons learned in accountable care

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National Rural Health Resource Center



The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce



Alyssa Meller, MA

Chief Operating Officer
National Rural Health Resource Center,
Rural Health Innovations



Rural Health Disruptors



Policy Recommendations



Ensure access to telehealth, home-monitoring, and other emerging technologies in health care



Create policies and payment structures based on outcomes including quality outcomes, patient experience, and efficiency for non-traditional sources



Focus social investment within rural communities to address health disparities and build community connections



Address rural health vulnerability especially in response to the impact of the COVID-19 pandemic



Expand innovative and flexible rural population health care and payment models

Technical Assistance Programs

- Delta Region Community Health System Development (DRCHSD)
- Small Rural Hospital Improvement Program (SHIP)
- Technical Assistance and Services Center (TASC)
- Rural Healthcare Provider Transition Project (RHPTP)
- Path to Value (PTV)



Building a Sustainable System of Care



Key fundamentals to rural success



Financial & operational readiness

- Identify opportunities to adopt best practices that increase operational efficiency and improve financial position of the organization



Revenue cycle management / Provider practice management

- Develop action plans to implement best practices and enhance success
- Establish baseline measures for ongoing performance improvements
- Analyze claims data and workflow processes



Quality improvement

- Build a quality culture that engages the entire organization in performance excellence
- Grow patient loyalty and enhance market share
- Improve transitions of care to enhance community care coordination and improve health equity

Community care coordination priorities

- Invest in a Community Champion
- Awareness of local, specifically Health Care Organizations Services
- Provide education of a behavioral or physical condition in an innovative and collaborative way



Davis Medical Center Overview



Located in Elkins, West Virginia and provides acute inpatient, outpatient, surgery, emergency, and physician specialties to residents of surrounding areas. Davis Medical Center is a not-for-profit entity.

- 80-Bed acute care hospital
- Outpatient Center
- Acute Care
- Diagnostics



Catherine Chua, MD

Chief Medical Officer
Davis Medical Center



Our journey to accountable care



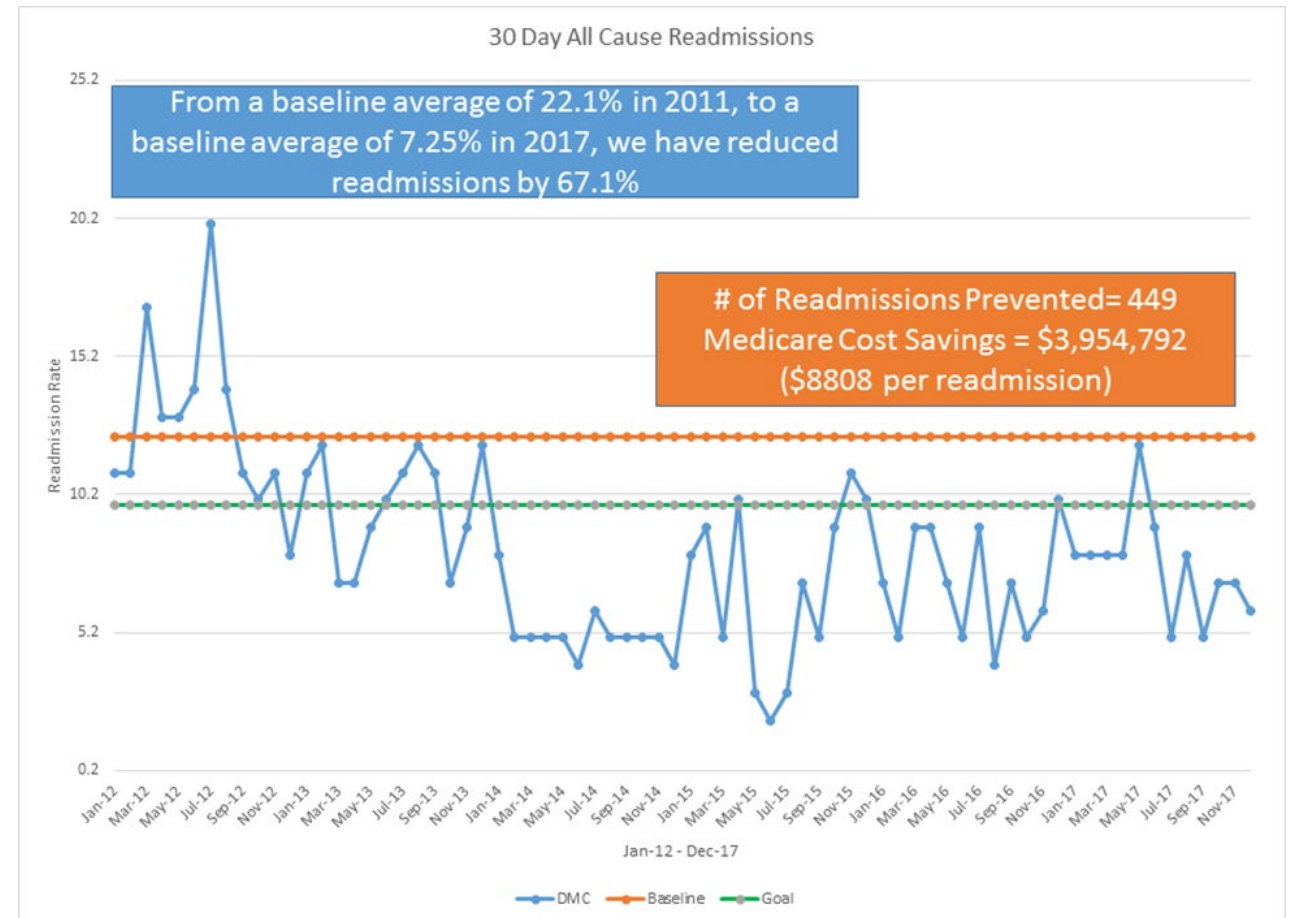
2015 - Started a population health program to better manage the overall health of our rural communities.

2016 - Joined a Caravan Health (now a part of Signify Health) ACO

- Hired an ACO nurse navigator
- Hired a health coach

2017 - Developed standards for care

- Implemented team-based care
- Ramped up AWVs
- Launched CCM program
- Provided educational opportunities to gain physician buy-in

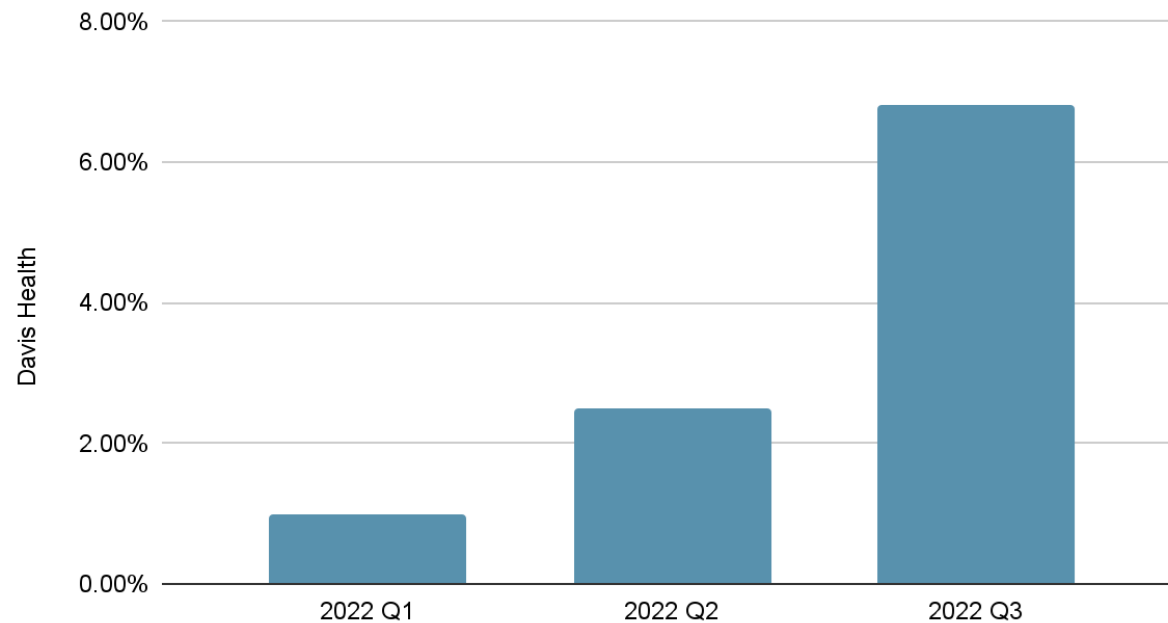


Improvements on care coordination efforts

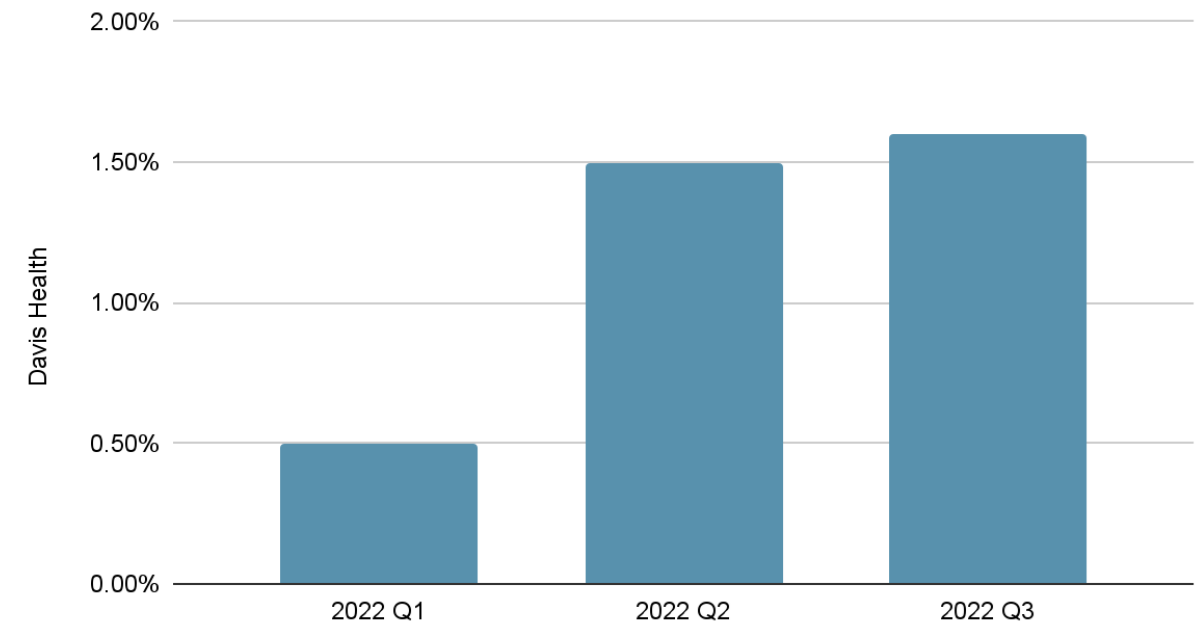


2022 - Rejoined a Signify Health ACO

AWV Rate % Improvements



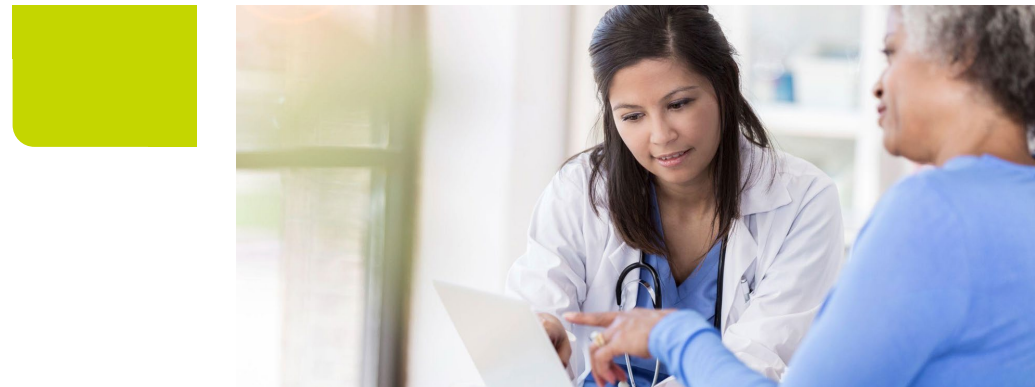
CCM Rates % Improvements



Davis Health System patient success story



- Patient exhibited inability to properly manage medication dosage while expressing frustration with prescription management.
- Population health team created an opportunity for a home-visit and discovered that patient was organizing prescriptions in a 90-day pill capsule. Anytime there were dose changes, they would have been delayed 90-days due to the pill organizer.
- **Result: Patient was able to get on track and provider de-prescribed prescriptions once patient was on track with the correct medications.**



Questions

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Next Steps

- There are many factors to consider as you evaluate the new AIP model
- Applications will be during the MSSP process in the Summer
- It is important to understand options early so that you can begin to evaluate how best to align participants in AIP



Thank You

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