Scaling Existing and Designing New Population Health Management Strategies for Success in a New Alternative Payment Model

Healthforce Center at UCSF

California Health Care Foundation

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Project Description

Design a replicable model for scaling existing programs in population health to ensure success in new payment models and for new populations starting with a new Medicare ACO Program.

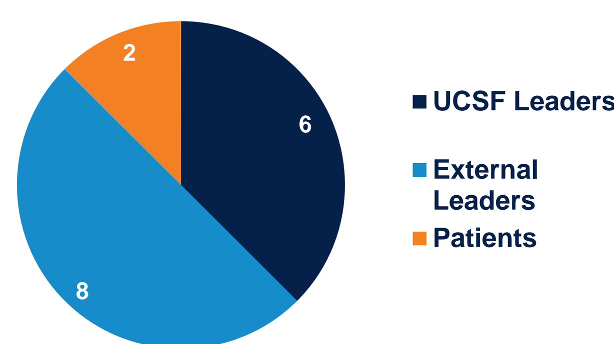
Problem Statement:

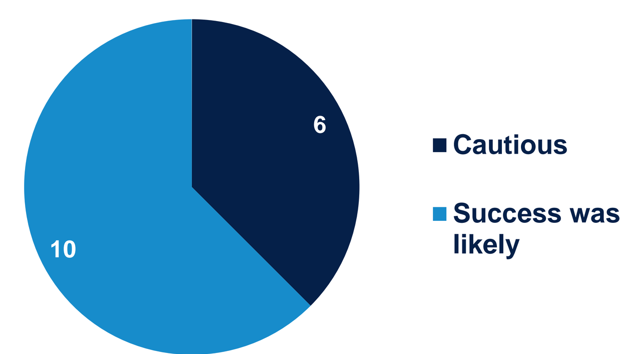
As providers across the country take on financial risk for more and different populations (eg. Commercially insured, Medicare, Medi-caid), sometimes they either develop redundant programs that increase costs due to inefficiency OR they don't adequately modify programs to the unique population needs leading to ineffectiveness. At UCSF, we wanted to try to avoid these pitfalls as we entered a Medicare ACO while trying to leverage our longer standing experience in commercial ACOs and a CMS Bundled Payment Program.

Discovery:

16 initial interviews:

- Consensus that the value of care we deliver to our Medicare patients could be improved.
- A sense of worry about whether or not we had the ingredients for success given inherent differences in commercially and government insured populations.





- Further investigation was deemed necessary: additional structured interviews of 7 internal experts and 13 external organizations participating specifically in Medicare ACOs were conducted.
- Interviews identified structural changes needed to ensure success for improved Medicare Population management.

Goal:

UCSF health will decrease the total cost of care for attributed Medicare Beneficiaries by scaling outpatient care management services and care at home programs, adding new SNF transitions and ESRD programs and leverage new CMS claims data.

Outcome-oriented Objective:

We will achieve shared savings in a Medicare ACO program. This will include a 3% reduction in the total cost of care and achieving all the Quality & Patient Experience Metrics for UCSF Health Medicare ACO patients by December 2018.

Results

Figure 1. Process map for Medicare ACO intervention selection

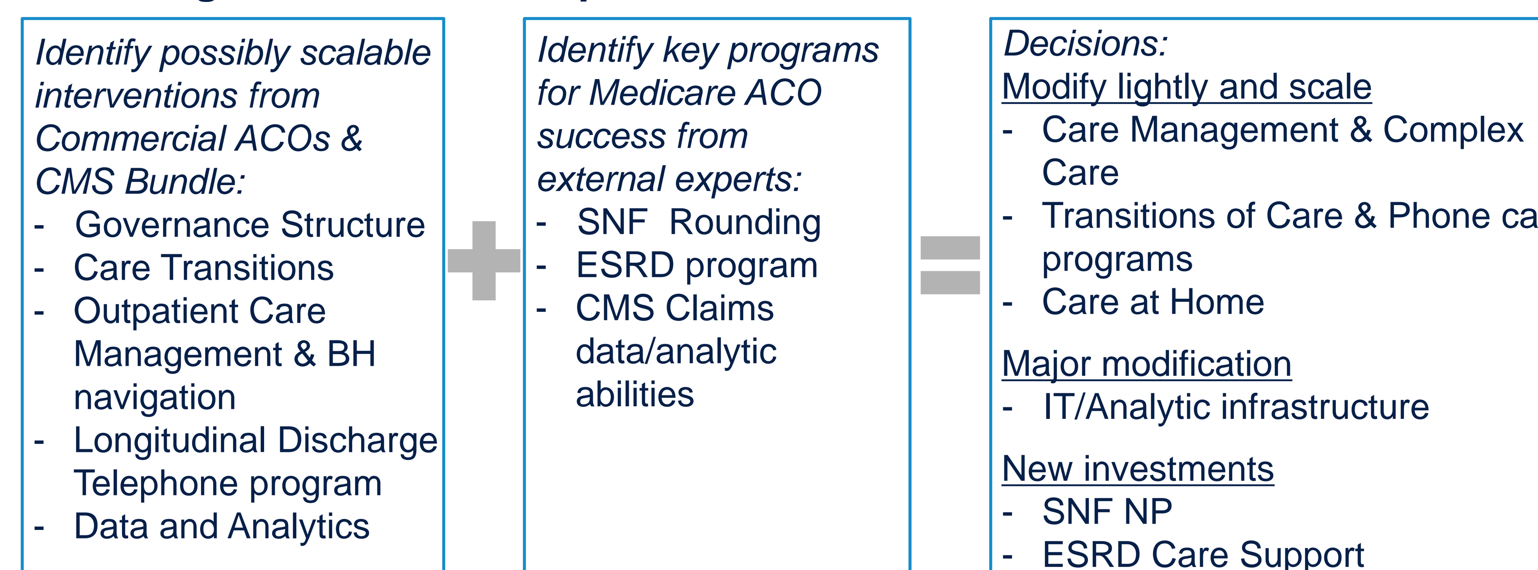


Chart 1.Scaling existing programs for a new ACO population: Care Management Example

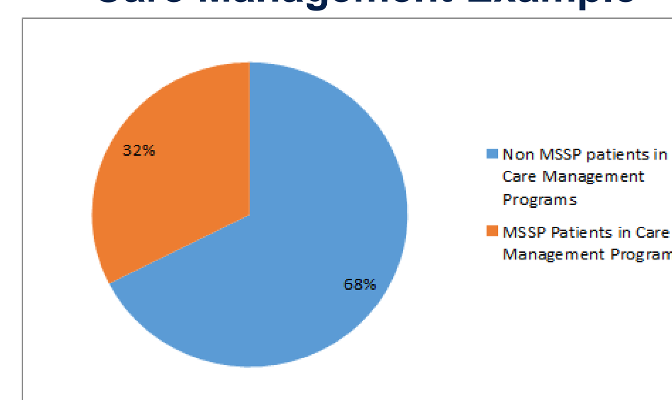
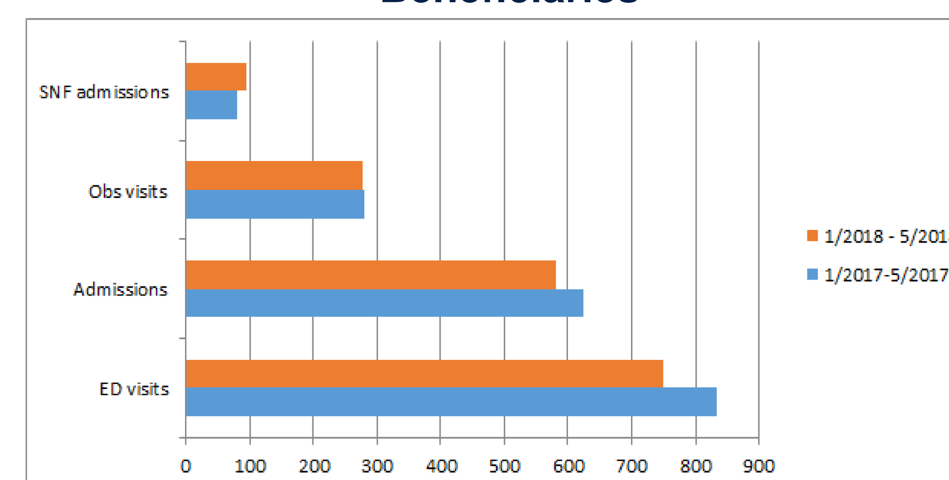


Chart 2. Early indicators show decreased utilization amongst Medicare Beneficiaries



Lessons Learned

5 step model to ensure success in new payment models and for new populations:

- Understand internal capabilities and which programs would be most beneficial to new population.
- Scale those programs quickly.
- Interview national experts who have had success in similar populations and identify key interventions that do not currently exist internally in organization.
- Nimbly leverage new sources of data to identify opportunities for improvement that may have been overlooked through internal and external interviews.
- Implement a few key new interventions from interviews and/or new data learnings.

As a leader, I learned the importance of scoping every additional ACO population given their unique needs. Taking a one size fits all approach to population health could lead to investment in ineffective interventions.

Next Steps:

- We will continue to participate in the Medicare ACO through this calendar year and likely through 2021 at which point we will have the opportunity to reassess.
- We will use this scaling model when we evaluate new alternative payment models eg. Bundle Payments or ACOs for other payers.

Mission Model Canvas

Key Partners
- CMS
- Other UC's
- Many other AMCs: (Cleveland Clinic)

Key Activities
- Scale existing care management programs
- Implement new programs (eg. ESRD)
- Develop CMS claims data methodologies

Key Resources
- Office of Population Health & Accountable Care

Value Propositions

We will achieve shared savings in a Medicare ACO program. This will include a 3% reduction in the total cost of care and achieving all the Quality & Patient Experience Metrics for UCSF Health Medicare ACO patients by December 2018.

Buy-in & Support
- UCSF Health Executive Leadership
- Primary Care and Specialists (eg. Nephrology/Cardiology)

Deployment
- Scale Existing Programs
- Implement new programs
- Leverage new data

Beneficiaries
- UCSF Health
- Medicare Beneficiaries (especially those with chronic conditions)

Mission Budget/Cost
- Total: $1-2MM
- New SNF RN
- New Care Management Teams (NP/SW/Navigator)
- ESRD navigator
- Analyst time

Mission Achievement/Impact Factors

Achieve $1-2 MM in shared savings by having a 3% reduction in total cost of care and achieving maximal shared savings % by achieving all quality and experience goals