



Heart of America HIMSS

June 12, 2013

Johnson County Community College

First ACO in KC



- THE most exciting, positive health care happening in KC
- Trailblazers
- 1 of 35 in USA to receive upfront \$
- Subset of the larger KCMMPA
- Specialists are important – prepare now, deploy in mid-2014

How it Happened



- Failed attempt at CPCI
- CPFMC organized independent physicians into KCMPPA
- Looked for funding to build infrastructure
 - Hospitals
 - Payers
 - Doctors
- Applied to CMS for two programs

Shared Savings



- Responsible for a panel of attributed patients
 - Medicare FFS only
 - minimum 5,000 patients
- Quality measures
 - Chronic disease
- Cost projection
 - provided by Medicare

Shared Savings



- If quality measures are met
- and costs are below what is projected,
- ACO keeps 50% of the savings to
 - Run the organization and for
 - additional compensation to practices

Advance Payment ACO



- Designed for physician-led groups
- Additional hurdle
 - < \$50 million in total annual revenue

Timeline



- Awarded Shared Savings – December 2012
- Awarded Advance Payment – January 2013
- Received First Payment – late February 2013
- CEO – March 2013
- Notifying Patients – March thru May 2013
- First Claims Data – July 2013
- Hiring Staff – April thru September 2013

Our Goal



- Show Medicare that patients in our ACO get better quality care and cost less than if they weren't in our ACO
- 11,082 total patients
- 3 years to prove it
- Provide better care – decision support, analytics, additional human resources

How it Works



- ACO gets full claims data on all patients
- Providers continue to get Medicare FFS
- ACO gets \$2.3 million over 18 months
 - Analyze and stratify claims data
 - Identify opportunities to improve quality and reduce cost
 - Add care coordination, pharmacist, diabetes educator – interventions that aren't utilized now

Quality Metrics



- Patient/caregiver experience (7 measures)
- Care coordination/patient safety (6 measures)
- Preventive health (8 measures)
- Diabetes (6 measures)
- Hypertension (1 measure)
- Ischemic Vascular Disease (2 measures)
- Heart Failure (1 measure)
- Coronary Artery Disease (2 measures)

Costs



- Eliminate unnecessary costs, duplication
- Initiate conversations between physicians about how the same or better quality could be achieved at lower expense
- Won't impede referral patterns
- Reduce expected costs, not pay less absolutely

Practices and # of Patients



Practice	Attributed
Barry Pointe Family Care	373
Blue River Medical Group	475
Blue Springs Family Care	608
Clay Platte Family Medicine	2154
Cobblestone Family Health	900
Landmark Medical Center	736
Midtown Family Medicine	137
Northland Family Care	930
Primary Care Plus	62
Spring Hill Family Medicine	144
Stephanie Revels Family Practice	20
Sunflower Medical Group	4543
TOTAL	11082



- Independent Practice Association
- Affiliated, but separate organization
- Additional 200 physicians
- Multiple specialties
- Connecting electronic medical records
- Preferred connection with Regional Health Information Exchange – LACIE
- No bundled payments at this time – be at the table

Specialist Involvement



- Revenue cap goes away after 18 months – mid-2014
- Committees – Quality Improvement (Education and Care Coordination), Finance, Compliance
- Understand your quality and cost benchmarks
 - Choosing Wisely - AAO
 - Quality Measures – NQF - cataract
 - Costs

IT Projects



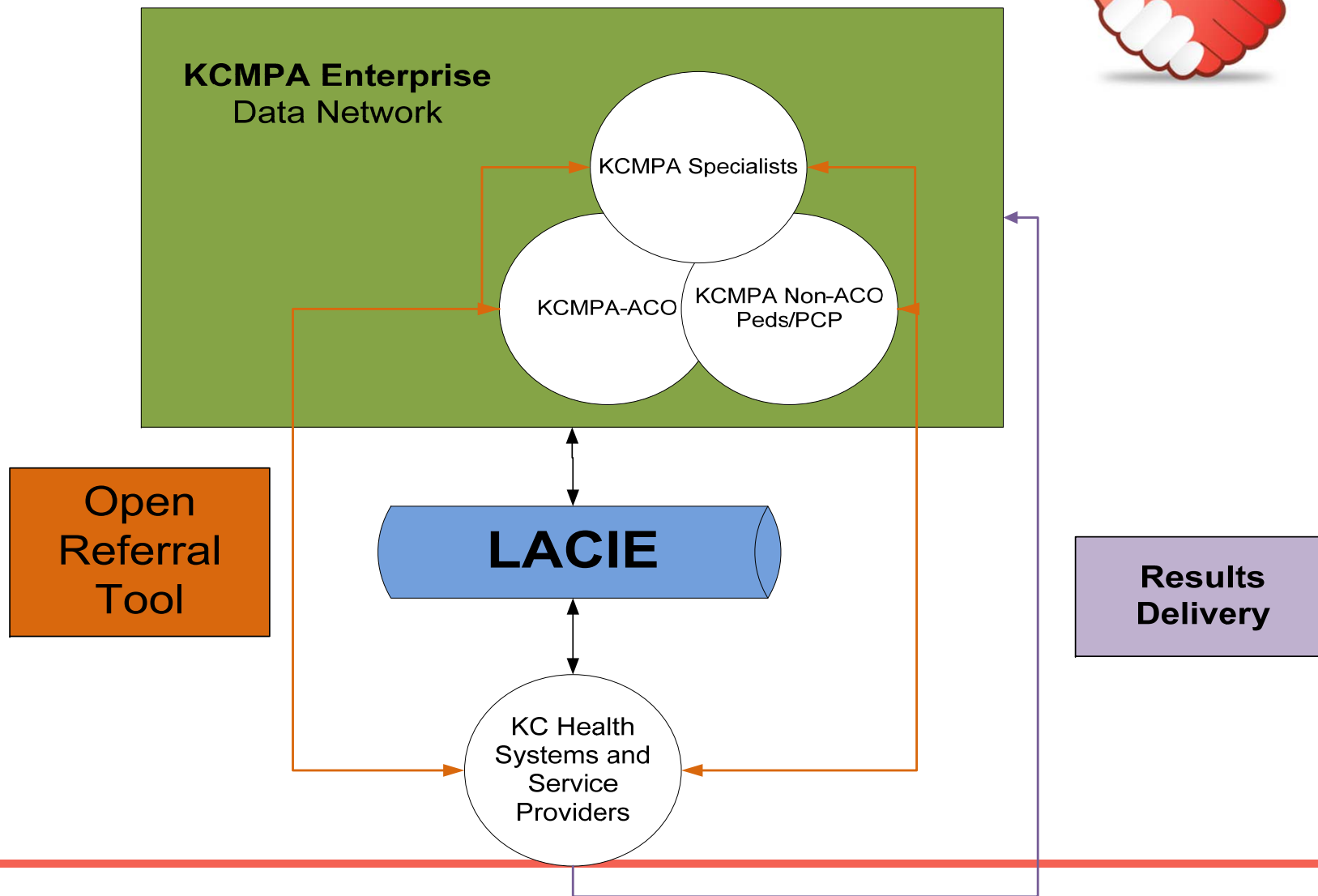
- Enterprise HIE
 - 8 different EMRs in 12 practices
- Connection to LACIE
- Data Reporting

Data Network for IPAs



- Data Services for Independent Physicians Associations
- Desire to Remain Truly Independent
- Barriers
 - Cost of Setup a Major Barrier
 - Variance of sophistication of Ambulatory EMRs
 - Lack of Technical Support Resources
- How it fits into the KC market

KCMPA Network Data Flow



KCMPA Enterprise Data Network



- Query based exchange among the various members of KCMPPA (23 different EMRS)
- Allows Patient Summary Data to be available to participating members of the IPA
- Connects the IPA to broader regional exchanges including Lewis and Clark Information Exchange (LACIE)
- Manages low level data normalization among contributors
- Provides members of the IPA a integration platform that is independent
- Re-use of vendor licenses and consolidation of connectivity activity

Results Delivery



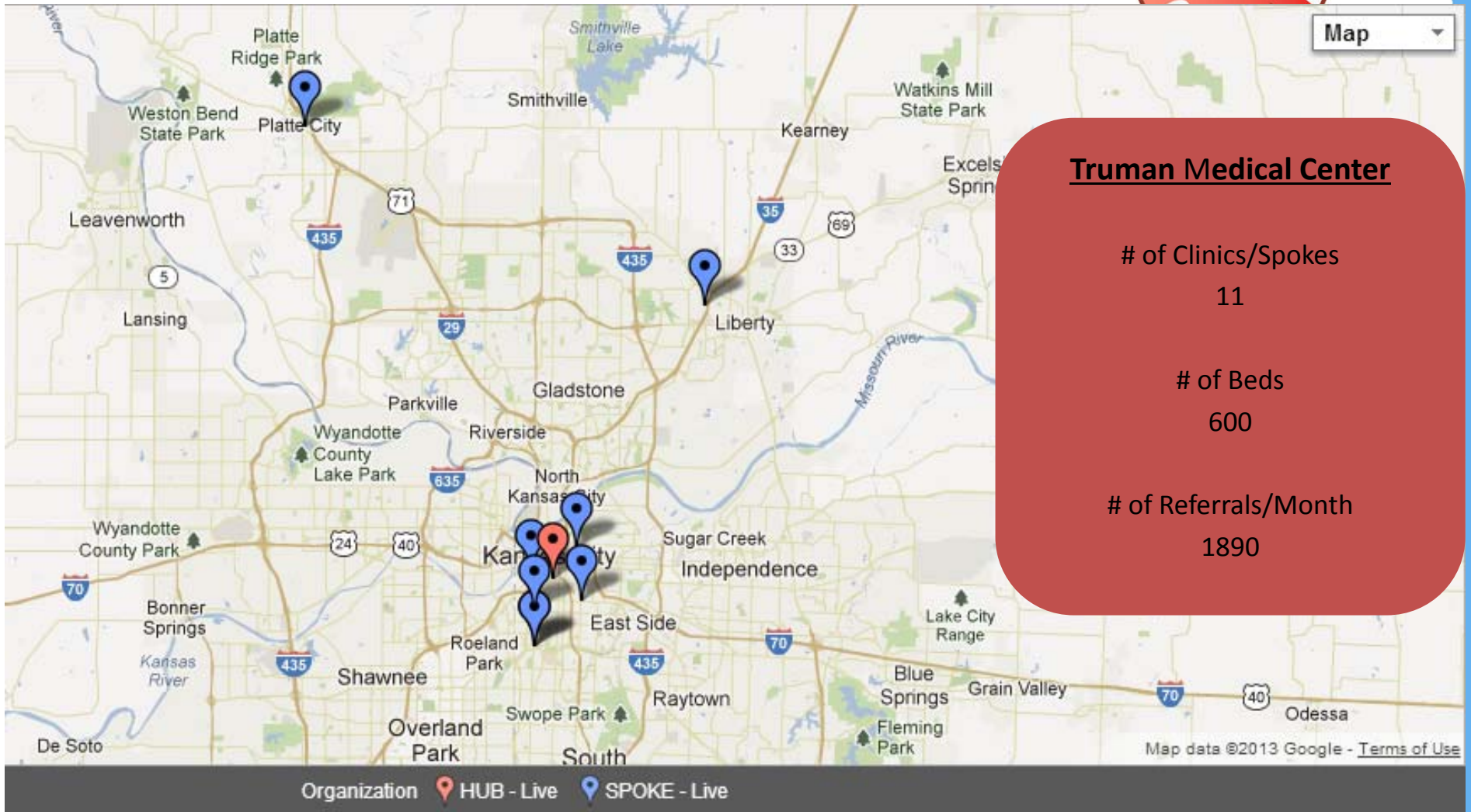
- Pushing of Results from Health System or Service Provider to Community Physicians
- Route based off Physician or Clinic using HL7
- KCMMPA invested in EMR licenses
- Consolidate connections from external sources into single management console
- Cerner contracts with external sources to supply data to KCMMPA physicians
- Populates directly into EMRs and can be incorporated into various programs inside KCMMPA/ACO

Direct Referrals



- **Direct Referrals is a web-based, secure referral management solution that enables electronic exchange of key clinical information during the referral process.**
 - Electronic referral creation, management, real-time tracking and completion
 - Exchange of key clinical information between caregivers to improve coordination of care
 - Reporting on referral patterns to benchmark usage metrics

Direct Referrals in KC



Questions



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