



HFMA-South Texas Chapter Conference

May 16, 2016

*Bumps in the Road:
Seton Health Alliance's Journey to Building an
ACO and a Clinically Integrated Network*

WELCOME TO
HUMANCARE





We are a **team of doctors, hospitals and health care providers** in Central Texas. We operate on the principle of cooperation and integration with community physicians and believe patients deserve the best value in health care.



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<http://members.aol.com/mjbtoons/index.html>



"We've run every test we could think of and the results show that you're out of money."

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 **Seton**

Why Accountable Care?

	Current Needs / Gaps	Key Benefits
Consumer	<ul style="list-style-type: none">• Healthy• Involved in Care• Affordable Options• Value	<ul style="list-style-type: none">• Preventive Focus• Extra Support• Lower Premiums
Physician	<ul style="list-style-type: none">• “Trapped” on Treadmill• Misaligned Incentives• Regulations	<ul style="list-style-type: none">• Aligned Incentives• Assistance for Patients• Glide Path to Value
Payer / Employer	<ul style="list-style-type: none">• Sustainability• Minimize Costs• Affordable Options	<ul style="list-style-type: none">• Curb Cost Trend• Productive Employees• Deliver Value



Core components



Care
Management



Patient Navigation



Clinical Data
Sharing



Best Practice
Protocols and
Outcome
Measurement



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Physician member's commitment

- Be measured based upon **performance metrics**;
- Participate in **data sharing**;
- Participate in **quality committees** and **governance**;
- Use other network providers for **referrals** to maximize coordination of care; and
- Work to improve the **quality**, reduce the **cost** & enhance **patient experience** of *health* care in the community.



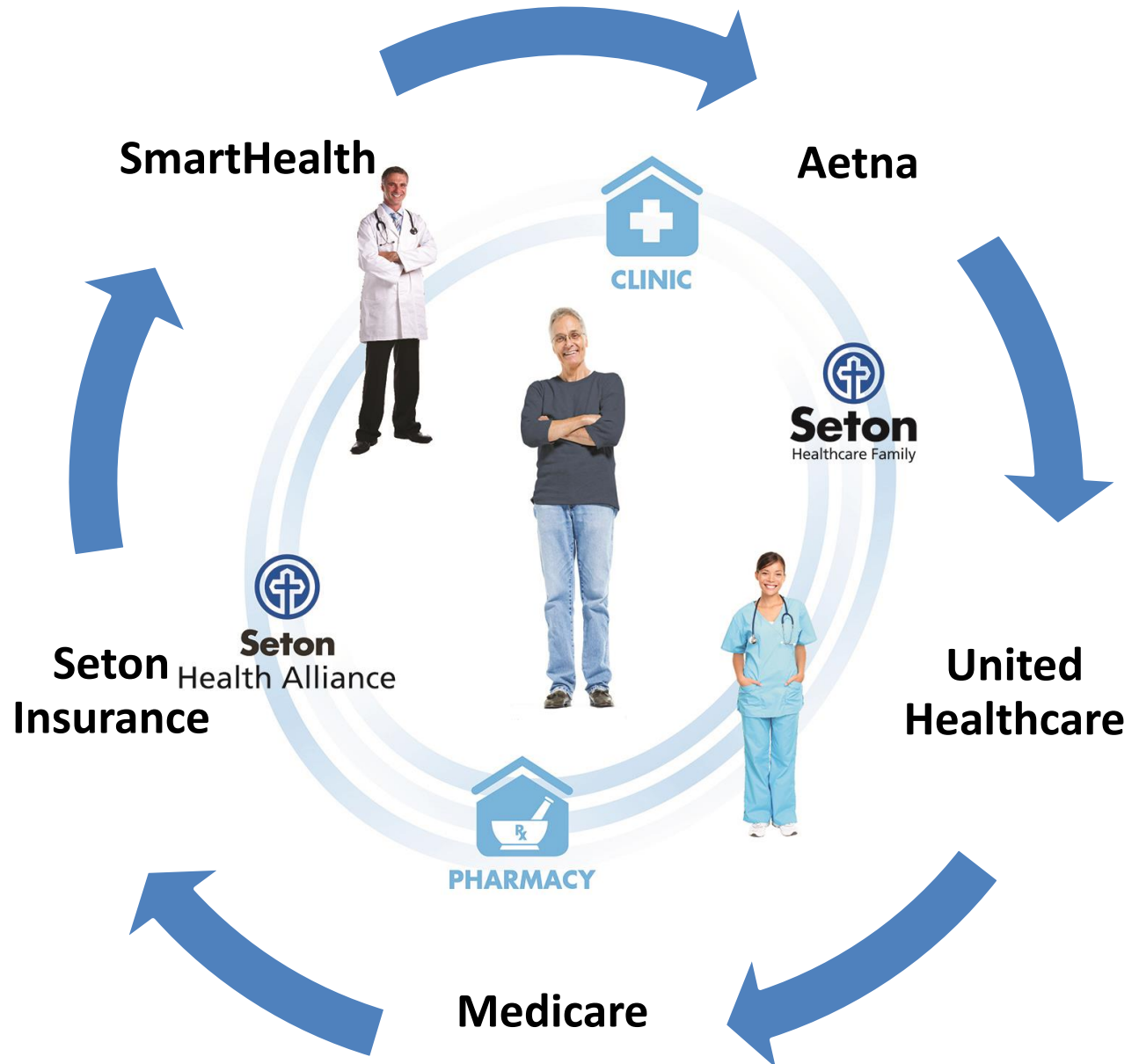
SHA's commitment to members

- Governance support through **physician-led committees**;
- Regular feedback on **performance measures** (scorecards);
- Access to **value-based reimbursement** without disrupting practice independence;
- Fully-funded **care management programs**; and
- **New patients through payer contracts** which direct patients exclusively to Alliance providers.

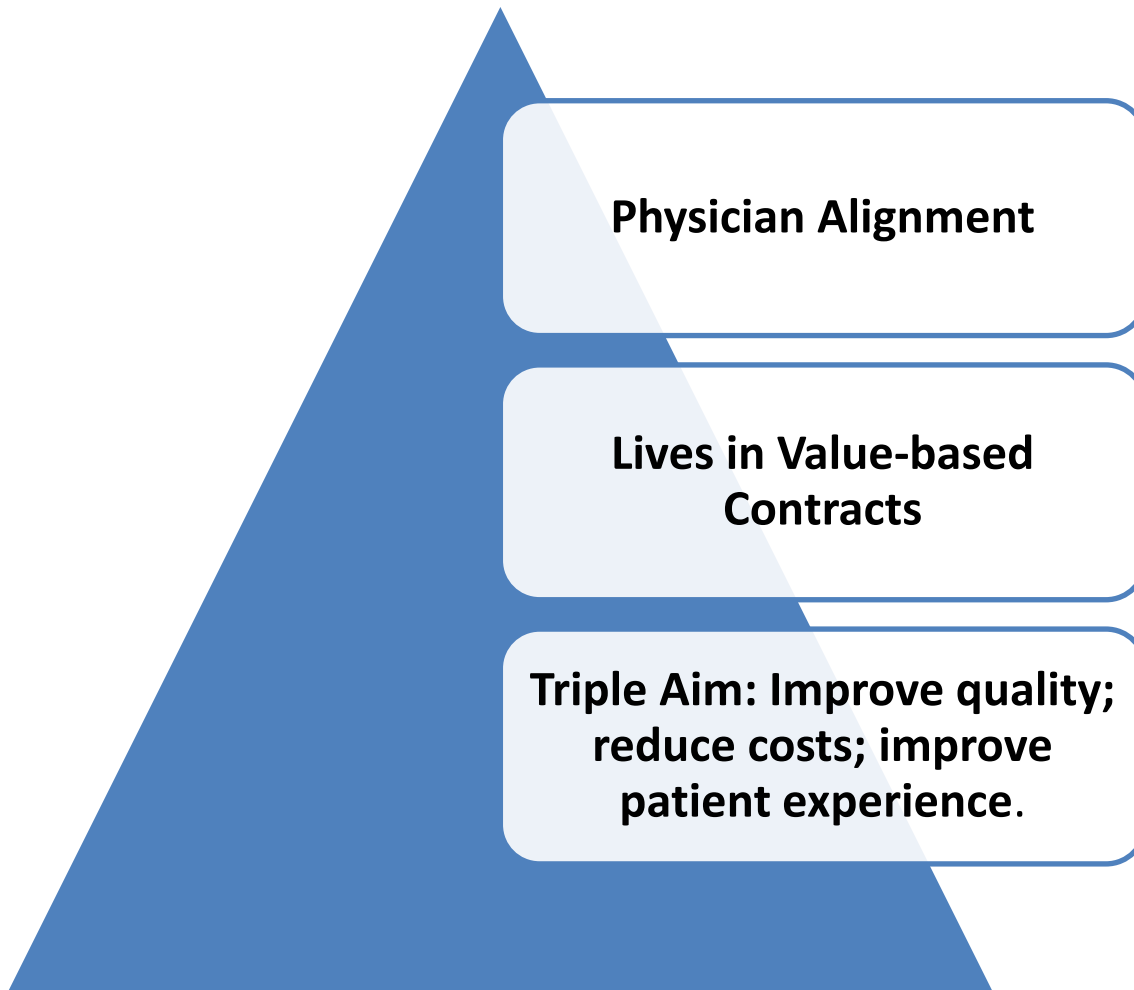
Health Plans Wrap Around

Seton Health Alliance

A clinically integrated network of nearly **2,300 providers** partnered with **four insurance companies** to deliver value-based care to over **126,000 Central Texans.**



Overarching Goals



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Payer Partners

Contract	Contract Type	Membership	Effective Date
United Healthcare	Attribution	70,424	08/01/2013
Aetna (Aetna Whole Health-Seton Health Alliance)	Product	17,323	09/01/2014
SmartHealth (Seton Employees)	Default	21,841	11/01/2014
Seton Insurance	UNDER DEVELOPMENT		
Medicare Shared Savings Program (MSSP)	Attribution	16,757	01/01/2014
Total		126,345	



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Rethinking Collaboration



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Care Management

High Risk Care Management

- Frequent calls by Care Manager
- In-person, in-clinic visit with patient
- Work in partnership with practices and providers
- Early intervention for urgent symptoms

Complex Care Management

- Frequent calls by Care Manager
- Early identification of patients requiring medical intervention
- Symptom and disease education

Disease Management

- Care coordinator outreach
- Referrals to Care Manager or disease management programs

Preventive Health

- Outreach to close care gaps
- Outreach to identify PCP
- Patient education materials

2016 Scorecard Performance Measures

PRIMARY CARE CLINICAL MEASURES	CITIZENSHIP MEASURES
22 measures ranging from asthma to cancer screenings to hypertension .	CI Orientation
	EMR
	Scorecard Viewing
SPECIALITY CLINICAL MEASURES	CITIZENSHIP MEASURES
4 measures for cardiology , oncology (palliative care) and spine . Generic prescribing measure applies to all specialties.	CI Orientation
	EMR
	Scorecard Viewing



Performance Metrics

	% Reduction As Compared to National Averages*
Total Spend Per Member Per Month (PMPM)	-21%
Inpatient Costs PMPM	-31%
	% Reduction As Compared to Baseline
Total Spend Per Member Per Month (PMPM)	-9%*
Post-Acute Facility Costs	-4%*
Inpatient Admissions/1,000 Members	-12.1%**
Length of Stay/1,000 Members	-12.4%**
Rx Scripts/1,000 Members	-13.1%**

* Based on data for non-risk adjusted population from Medicare Shared Savings Program through program's first four quarters.

** Based on data from United Healthcare contract from August 1, 2013 through December 31, 2014 for non-risk adjusted population; comparison is to population's baseline performance.

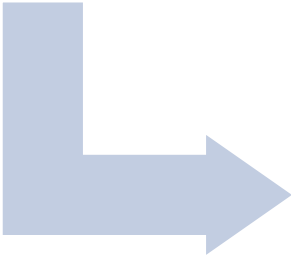
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Cost Reductions

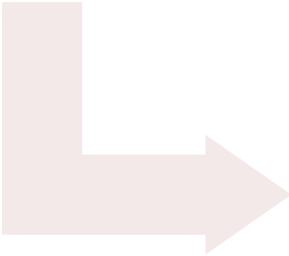
Able to reduce total spend for population groups

- Example: Over \$5M in shared savings from Medicare



Employers have recognized reduced costs

- Focus on quality measures results in reduced spend.



Consumers have seen reduced costs.

- High performing, narrow network reduces premiums.



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Lessons Learned

Shared Governance & Transparency

- Physician-led Governance
- Benefit from existing **strong hospital-physician partnerships**

Living in Both Worlds: Volume vs. Value

- Success means **fewer hospital admissions; better for the community but bad for the bottom line.**

Quality Measures

- Quality measures drive **shared savings** to all providers
- Quality enhancement results in **cost reductions.**

Organizational Infrastructure Investments

- **Human Resources** (Care Management team; Provider Engagement team; etc.)
- **Data & Analytics** (Dashboards; reporting templates; HIF)