



Connecting Far-Flung Facilities Through PHM Tools Essential for National ACO

Like many Accountable Care Organizations with multiple locations, National ACO was in need of a single-source provider to aggregate clinical and administrative data from multiple sources, providers and systems – to provide actionable reporting to management, physicians and staff in the different locations. The firm chose the Bridge population health management platform from The Garage to handle that task.

by Alex Foxman MD
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Optimal management of high-risk patient populations is challenging, even when they reside in a single community. My organization, National ACO, has taken that challenge a step further by trying to manage such patient populations across the country. A daunting task, as you can imagine. Based in Beverly Hills, National ACO includes participants in California, Nevada, Pennsylvania and Tennessee. Having providers separated by thousands of miles and three time zones can increase management complexity, but we have found that utilizing a single population health management technology platform and sharing best practices has shrunk that distance and made the far-flung group of independent physician practices tightly unified and focused.

Exploring new care models

Apart from being the Co-Founder, Chief Medical Officer and President at National ACO, I am also a technology-inclined internal medicine physician and entrepreneur. Since I began practicing in 2003, new care models to improve the efficiency of care delivery, while helping to achieve the Triple Aim, have been a passion. In 2009, I opened a mobile medicine practice, Mobile Physician Associates, in California that was focused on managing and treating the elderly, disabled and homebound. A short time later, I co-launched PriveMD, a smartphone app patients can use to search for and schedule appointments with physicians or other providers.

My business partner, Andre Berger MD, and I were early adopters of the ACO model, forming National ACO under the Medicare Shared Savings Program in 2012, with only 21 independent physicians and 5,600 beneficiaries. Due to our size, National ACO received a loan from the Centers for Medicare and Medicaid Services to launch the organization and chose the Track 1 model with no downside risk. In our first three participation years, National ACO generated \$14.7 million in savings, including more than \$6.9 million in 2015 alone, with 156 physician members across four states. National ACO is currently participating in the downside risk-sharing Next Generation ACO program with more than 330 providers and 37,000 beneficiaries.

Connecting diverse populations through technology

We estimate that 20% to 30% of National ACO's patients account for more than 70% of our costs. That is part of the reason why data analytics technology has been so essential to our growth over the years, especially for helping us identify and intervene with the high-risk, high-cost patients.

- However, we struggled to find a PHM platform that could reliably and accurately capture the monthly data from CMS and deliver insight into our highest-risk beneficiaries.
- Physicians and ACO administrators still had to perform too much manual data searching and report creation.
- We even helped our fourth such technology vendor build a system from scratch, but it still could not deliver the unified and transparent view of all our data from across the national provider network.

National ACO submitted a request for proposals in 2017 and narrowed dozens of vendors to a single SaaS-based PHM platform to streamline data collection and reporting, Orlando's The Garage, which provides patient-centered solutions to stakeholders across the industry and offered us a holistic and verifiable view of our patient populations' health status and costs. That insight, combined with organization-wide integration and key tech-driven best practices, is driving positive momentum and tighter integration into the new, riskier accountable care program.

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Making data actionable

The Garage's Bridge PHM platform offered a perspective on our performance that was previously unavailable through other systems.

- We are now able to easily generate lists of patients who are utilizing the most care resources, as well as dashboards of our various geographic regions – or “pods,” as we call them – showing current costs alongside comparisons with previous years' data.
- Insight can also be much more granular, which is essential for the National ACO administrative office, as well as the individual practices; for example, patient population risk scores can be broken down by physician, offering leadership greater context for a particular physician's costs – explaining why they may be larger than a colleague's, even in the same practice.

We took our time to select the right platform and partner. The Garage not only met all our threshold criteria, but exceeded our expectations on the offered intangibles. The Bridge platform will arm us with comprehensive PHM solutions, including tools and resources for care coordination and connectivity, member engagement, care management and more. The cloud-based platform leverages industry leading technology, like artificial intelligence, telemedicine and predictive modeling, to help users better manage and serve their patient communities within a streamlined, intuitive interface.

The ability to identify high-risk patients and easily generate such cost and quality metric reports was essential. Data analytics alone, however, does not move performance forward if the providers do not intervene promptly on the highest-need patients. The following are a few ways National ACO established best practices based on our enterprise-wide data and systems integration:

- *ED diversion.* Less than 90 seconds after a National ACO beneficiary is registered in the emergency department, the patient's primary care physician is automatically notified on his or her smartphone through an HL7 ADT feed. Through the Bridge platform, the ED is then automatically e-faxed the patient's primary care physician's name and contact information, so the hospital's triage nurse or attending physician can contact that physician and coordinate care if emergency services or an admission is not required.
- *Appointment prioritization.* Patients fill the exam rooms across the independent primary care practices that comprise the majority of our ACO's participants. Bridge enables us to more easily prioritize patients so physicians see the highest-risk patients earlier, while the less urgent, lower-risk patients are triaged to a physician assistant or nurse practitioner, or wait for an appointment with their physician at a later date.
- *Mobile medical visits.* Higher-risk patients identified in Bridge are contacted about their care gaps, missed appointments, recent ED visits or other factors influencing their risk scores. If necessary, a higher-risk patient is scheduled for mobile medical visits, where a physician, provider or care team will visit him or her at home. In most cases, home visits deliver both a cost and quality benefit if an ambulance ride, ED visit or hospital admission can be avoided.
- *Network management.* National ACO maintains a narrow, preferred network of hospitals, specialists and post-acute care facilities in our pods. Data from these preferred providers is captured through the Bridge platform, so we have a comprehensive view of the patient's care. We also have more timely notification when the patient does not complete the appointment with the preferred provider.

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Continuous improvement

National ACO will continue to leverage advanced technology and pursue new care delivery methods to help us operate more efficiently while still delivering optimal care. Telehealth, for example, is one such emerging care model that many of our members are exploring, and one that is fully reimbursed under the Next Generation ACO program track. As such, our PHM platform includes an integrated telehealth module that supports video visits and numerous other methods to communicate with patients at their home.

In the coming years, changes in technology, the market and regulations will inevitably influence our PHM and care delivery strategy. We are confident, though, that with our experience and our ACO's progressive culture and partnership with The Garage, we will be prepared for any changes that lie ahead – and our patients will continue to benefit from our approach.

Contact Foxman via Katelyn Lewis at 706-975-9345 or at klewis@mergeworld.com. National ACO joins more than 25 others that have partnered with The Garage; it works with more 8,000 providers, empowering them with solutions to create a more integrated, value-centered and patient-focused care experience. Visit www.thegaragein.com.