Persivia

ACO REACH:

The Path to Equitable and Value-based Care

Summary:

This whitepaper explores the benefits, challenges, and best practices associated with implementing the ACO Reach model. It explains how the use of health information technology (health IT) will be crucial in assisting the success of REACH ACOs who aim to enhance health equity and outcomes for their patients.

Introduction

In February 2022, the Centers for Medicare & Medicaid Services (CMS) introduced the ACO REACH (Realizing Equity, Access, and Community Health) model as a substitute for the Global and Professional Direct Contracting model. The ACO REACH program prioritizes provider-led organizations and has the goal of advancing health equity and tackling health inequalities. This white paper aims to provide an in-depth overview of the ACO REACH program, its key features, benefits, challenges, and best practices for participation.

ACO REACH Program Overview

ACO REACH assesses the degree to which participants follow health equity objectives using three primary benchmarks. These benchmarks comprise the identification of underprivileged patient groups and the health disparities they encounter, the compilation and dissemination of standardized data about demographic and social determinants of health (SDOH) information as reported by beneficiaries, and the demonstration of a decrease in health disparities through a quantifiable health equity strategy. Comparable to other Accountable Care Organizations (ACOs), the REACH model links provider compensation to quality metrics. However, what sets ACO REACH apart is its emphasis on equity, access, and care coordination, especially for individuals in traditionally underserved communities.

Key Features of ACO REACH

The ACO REACH model places significant importance on equity, access, and care coordination as one of its prominent features. Moreover, the model mandates that participating providers or their designated representatives must have a minimum of 75% control of each ACO's governing body. Additionally, the REACH model requires participants to report their health equity data as part of their participation. Lastly, the ACO REACH model uses social determinants of health (SDOH) data to inform care delivery decisions and health equity strategies.

“Under the ACO REACH Model, health care providers can receive more predictable revenue and use those dollars more flexibly to meet their patients’ needs — and to be more resilient in the face of health challenges like the current public health pandemic,” CMS Deputy Administrator and CMS Innovation Center Director Liz Fowler said when REACH was first announced. “The bottom line is that ACOs can improve health care quality and make people healthier, which can also lead to lower total costs of care.”

ACO REACH offers two choices to accepted participants regarding risk sharing. The first option is the "professional option," which is a low-risk option with 50% shared savings or shared losses, and primary care capitation payment. The second option is the "global option," which is a high-risk option with 100% shared savings or shared losses, and either primary care capitation or total cost of care capitation.

What ACO REACH brings to the table

The ACO REACH model offers several benefits for providers and patients alike.

a) An opportunity to Coordinate Care

The ACO REACH model may offer a solution for healthcare providers to offer non-clinical services or support to patients, especially those in disadvantaged communities, which would not be reimbursed under a traditional fee-for-service system. As REACH ACOs are responsible for the entire cost of care, they can incorporate social workers and community health workers into their care team. This collaboration ensures that patients and their caregivers receive the support they require to achieve their goals, identify necessary wraparound services, and become critical allies to the broader clinical team. By providing wrap-around services that address social determinants of health, healthcare providers may save money in the long run.

b) A capitated Value-Based Care Mode

Participating in a capitated value-based care model giv organizations greater flexibility to innovate in commun based care. The emphasis is on results instead of a fee- for-service approach. This new program rewards organizations that take a holistic approach and conside all aspects, including behavioral, physical, and social health, that might cause patients to need more healthcare. It allows healthcare providers to implement different approaches and provide care coordination and management services.

c) The potential to Promote Health Equity

The REACH model was created with health centers in mind to help providers who care for disadvantaged patients. The hope is to get more of these providers and patients into these models so they can benefit from them. However, value-based care is difficult, and safety-net clinics often have fewer resources for practice transformation. The ACO REACH model is a solution that ensures traditionally marginalized patients, who typically go to FQHCs or high-acuity settings like emergency departments, are not left behind.

The ACO REACH model places emphasis on traditionally underserved groups through certain requirements that participants must meet. For example, REACH ACO must report on its health equity data as part of its participation in the model.

d) HEBA leveling up the playing field

Health equity benchmark adjustment is going to help level the playing field. SDOH and health equity work is expensive, especially in the constraints of fee-for-service and even low-risk value-based care arrangements. The most underserved haven't been able to benefit from the potential of value-based care simply because the funding hasn't been there. The HEBA Adjustment will drastically impact the benchmark depending upon the beneficiaries treated throughout the course of PY. The adjustment will be made in the following fashion

+30$ PBPM if Population belongs in top 10 percentile of deprivation.

-6$ PBPM if Population belongs in top 50 percentile of deprivation

0$ PBPM if Population belongs between 50-90 percentile of deprivation.

So, for REACH ACOs the playing field is definitely in the top 10 percentile. The health equity plan must identify and deliver care to underserved communities in their patient population.

e) Quality & Utilization Go Hand in hand

The goal of ACO REACH is to decrease the amount of unnecessary healthcare visits, and its quality measures support that mission. To earn shared savings, REACH ACOs need to track and assist high-risk groups among their beneficiaries.

By identifying and addressing potential issues early, ACOs can prevent patients from returning to the emergency room or hospital unnecessarily. This not only saves money, but it also improves patient health, satisfaction, and can increase quality measures that impact revenue.

Quality measures of focus for REACH ACOs and ACOs seeking to improve health equity may include:

- **Claims-based measures**
- **Risk-standardized, all-condition readmission**
- **All-cause unplanned admissions for patients with multiple chronic conditions**
- **Days at home for patients with complex, chronic patients (high needs ACOs only)**
- **Timely follow-up after acute exacerbations of chronic conditions (standard and new entrant ACOs only)**
- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to measure the quality of patients' experiences.**

f) The Emphasis on Health Equity Plan

REACH ACOS must create and implement a health equity plan that identifies disparities in care among its patient population.. This is a totally new requirement for value-based care participants. The plan includes not only a requirement to collect data on social determinants of health for its patient population but also the development of measures to target these factors.

The benchmark targets will be adjusted based on how well the provider mitigates these disparities. If a provider meets spending and quality targets, then it can get a share of any savings but must repay Medicare the difference.

Key to ACO REACH Success

Partner with Providers who focus on high-acuity patient volume

The ACO REACH Model represents an opportunity for provider groups to capture risk-aligned economics related to improved healthcare quality and lower cost. For hospitals and health systems, it represents an opportunity to partner with such provider groups to focus on high acuity referrals while relieving staffing and financial pressures for lower-acuity patient volume.

The Role of Data & Interoperability

ACOs participating in the REACH program must gather demographic and SDOH data and identify underserved beneficiaries to reduce health disparities. Sharing this data across the care network will allow ACOs to create outreach campaigns and risk-mitigation strategies that address language barriers, insurance and cost of care, transportation to appointments, housing insecurity, diet, and medication access. By removing barriers to care, ACOs can decrease health disparities and improve patient outcomes. To achieve this, ACOs should work with health IT providers to collect SDOH and demographic data and improve interoperability in their care network. This data should integrate into existing EHR and health IT systems to allow for seamless data exchange across the continuum of care, enabling providers to support both social and clinical needs of patients.

Track & Target High-Risk Beneficiaries

A solution that allows ACOs to automatically risk stratify beneficiaries and set up alerts within the provider workflow can help care teams to track high-risk beneficiaries in real-time and target outreach and resources to those patients with the greatest need for support and interventions.

Up the Care Coordination Game

REACH ACOs can improve patient outcomes and reduce avoidable healthcare utilization by implementing better care coordination. One way to do this is by setting up an encounter notification system/alerts that sends real-time updates to care teams when their patients are hospitalized, transferred, or discharged. These updates should include personalized and actionable clinical data to help care teams prevent gaps in care and ensure safer transitions for patients. With this system in place, ACOs can better coordinate care and improve patient outcomes.

Seamless Beneficiary Engagement

A powerful beneficiary engagement strategy begins with Access. It is the first step to understand and align treatment plans. Although in-person appointments may be indispensable for specific visits, an increasing number of Medicare beneficiaries favor digital communication. Among the most powerful digital tools available are telehealth and patient portals, which are particularly effective in care management.

Once beneficiaries have access to care, the next step is to engage them with proactive outreach. Effective engagement strategies include reminding beneficiaries about significant health screenings, providing them with new tools to assist in managing their care, and even utilizing patient-reported data to close care gaps. After successfully engaging beneficiaries, it is imperative for providers to offer educational resources, especially for those with chronic or complex conditions.

Voluntary Beneficiary Alignment

REACH ACOS must pursue voluntary alignment as part of their beneficiary engagement strategy. The benefits include increased beneficiary alignment and the associated direct financial benefits, and other benefits related to increased beneficiary engagement (e.g., fewer care gaps). The key is to maintain annual contact with the voluntarily aligned beneficiaries to see a meaningful volume of voluntary alignment at the time of financial reconciliation.

Finding the Right Health IT Partner for ACO REACH

Health IT solutions can help REACH ACOs and other organizations that aim to improve health equity by providing proactive outreach to reduce avoidable hospital readmissions and utilization. The ultimate goal is to ensure more equitable care for beneficiaries. When considering a health IT provider or partner, ACOs should assess their current capabilities for collecting and exchanging data within their provider network and determine their top priorities for quality measures and outcomes during the program.

Persivia has partnered with ACOs and other healthcare entities to provide them with the necessary data support and care coordination solutions. Persivia offers a data and analytics infrastructure coupled with care collaboration tools that enable care teams to keep track of their patients and offer targeted interventions in a timely manner.

Persivia is at the forefront of incorporating Generative AI into Value-Based Care and Population Health Management analytics, workflows, and content generation. Our Data Platform and CareSpace population health platform work together to collect data from numerous sources, including Social Determinants of Health (SDOH), and utilize the power of Generative AI to:

Create a dynamic patient record that aids in building personalized care plans

Enable users to perform advanced analytics using voice interfaces

Automatically generate task lists and assign them to teams

Automatically generate content, such as assessments, forms, notes, and patient communications

Identify and manage high-cost patient groups

Monitor team progress, identify bottlenecks, and re-allocate resources in real time

McLaren Health Generated $34 million in Savings with the help of CareSpace®

For McLaren Health, Persivia integrated 20 EHRs across 300 practices in under 90 days.

CareSpace® platform supports almost 200,000 lives in their ACO, Medicare Advantage, Bundled Payment and Commercial Risk programs.

Learn how we turned around the table for McLaren Health. Download our case study.

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