



UnityPoint Accountable Care

# The Road to Value

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# UnityPoint Health

*The point of unity is you.*<sup>®</sup>

- 1,500 Physicians – UnityPoint Clinic
- 20 hospitals + 15 rural network hospitals
- 30,000 employees
- \$4.0 Billion in revenues
- 10 regions (IA, IL, WI)
- 2 Insurance Companies
- ACO: ***UnityPoint Accountable Care***

# Road to Value has Multiple Lanes

## TRANSFORMATION HIGHWAY



T.H.E. Care Model

*Clinical Transformation*

*Operational Transformation*

Path to Capitation



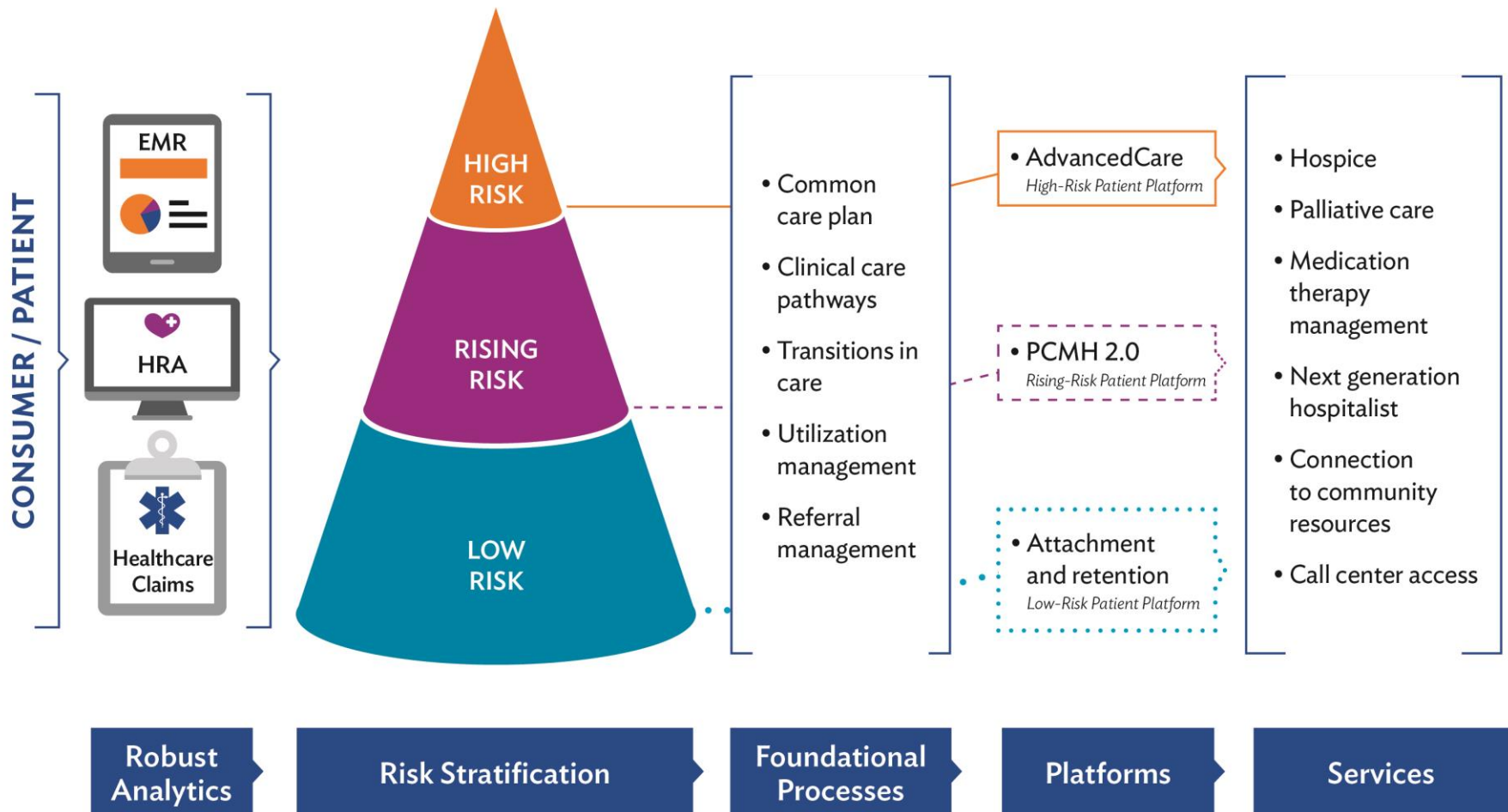
*Business Transformation*



# Clinical Transformation

2014-15 Planning, 2016-18 Implementation

## T.H.E. Care Model<sup>®</sup> at UnityPoint Health



# Business Transformation

## UnityPoint Accountable Care LC

- Multi-state ACO/CIN
- Holds Vast Majority of Risk
- Value-Based contracts
  - 225,000 lives in Value Agreements
  - 50%+ with downside risk = \$1B
- 5000+ Providers
  - 3,500 independent
  - 1,500 employed
  - 43 hospitals
- 99,000 lives in Next Generation ACO
- Narrow Network for Insurance JV:  
Health Partners UnityPoint Health



*UnityPoint Accountable Care, L.C. is a wholly-owned subsidiary of UnityPoint Health.*

# Road to Value Results

\$50+ Million in Savings Incentives for performance through 2016 *(actual & estimated)*

	Current Lives	2012	2013	2014	2015	2016	2017
Wellmark (BCBS of IA)	140,000						
United Healthcare	75,000						
BCBS of IL	7,000						
MSSP-1	90,000						
Pioneer	8,500						
Next Gen	99,000					<i>Estimate</i>	<i>Start</i>
Medicaid	10,000						
UnityPoint Self-Insured	35,000						

# Why UnityPoint Selected NGACO

- Catalyze shift to a value based culture
- Continue influence with CMMI
- Clear prospective attribution
- Claim 1<sup>st</sup> dollar shared savings/loss
- Count movement in HCC risk score +/- 3%
- Coordinate care better with waivers

# APM Capabilities for Success

Levers	Analytic & IT Support	Reinforcement
Favorable Contracts	Claims & EHR Data	Funds Flow Model
Sufficient Lives	Analytic Driven Approach	Meaningful Incentives
Utilization Management	Decision Support Tools	Shared Risk
Keep Care in Network	Workflows	
Quality Improvement		
Risk Coding Capture		



# Analytics: Focus the Efforts

## Waterloo Consultative Report

### Overview and Trends

	Next Gen	Commercial*
Membership	11,729	8,702 ↓
Medical PMPM	\$753.75 (2015)	\$347.24 ↓
Pharmacy PMPM		\$70.56 ↑

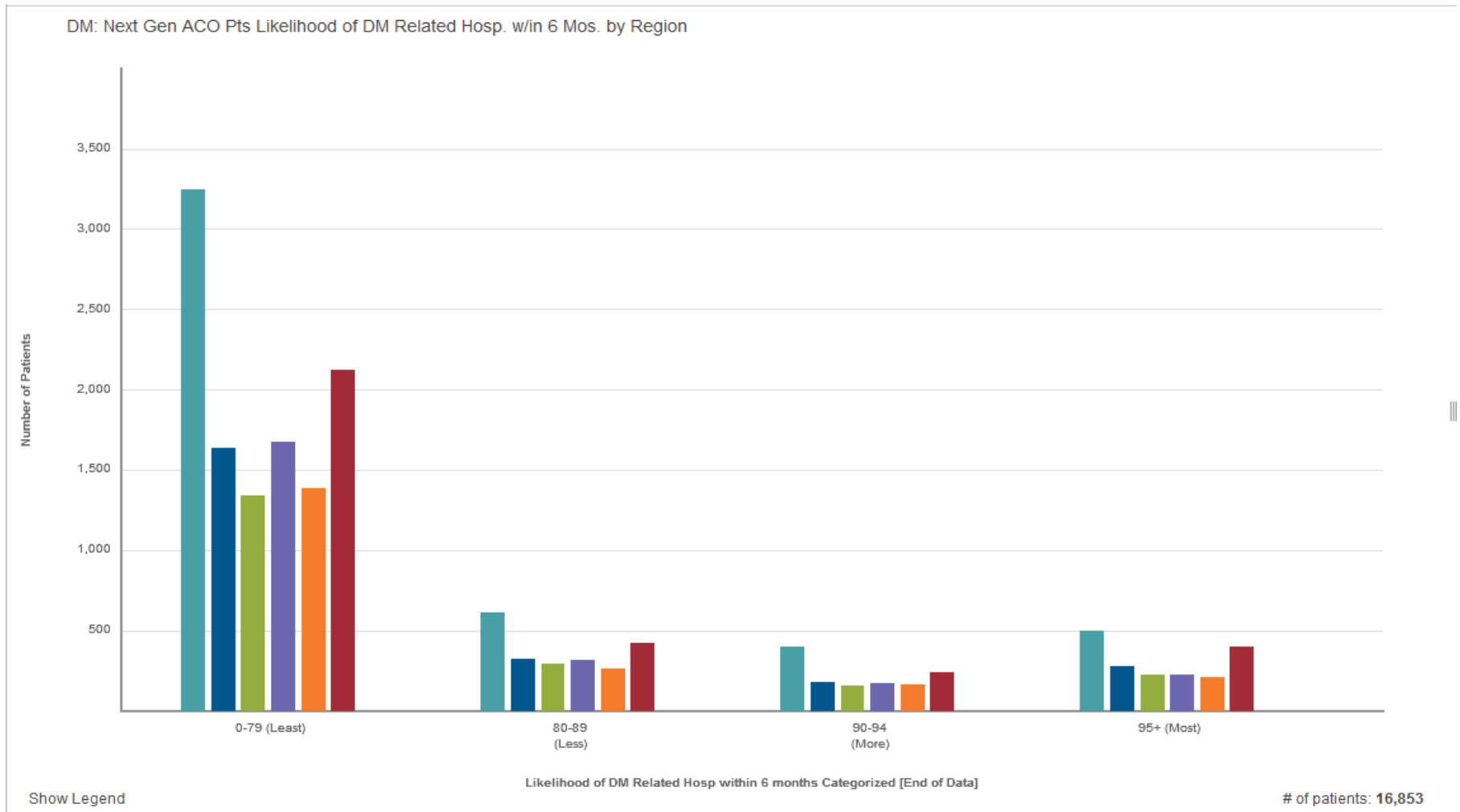
### Identified Savings Opportunity

\$1,842,000 for sample of contracts identified below.

### Opportunities Overview

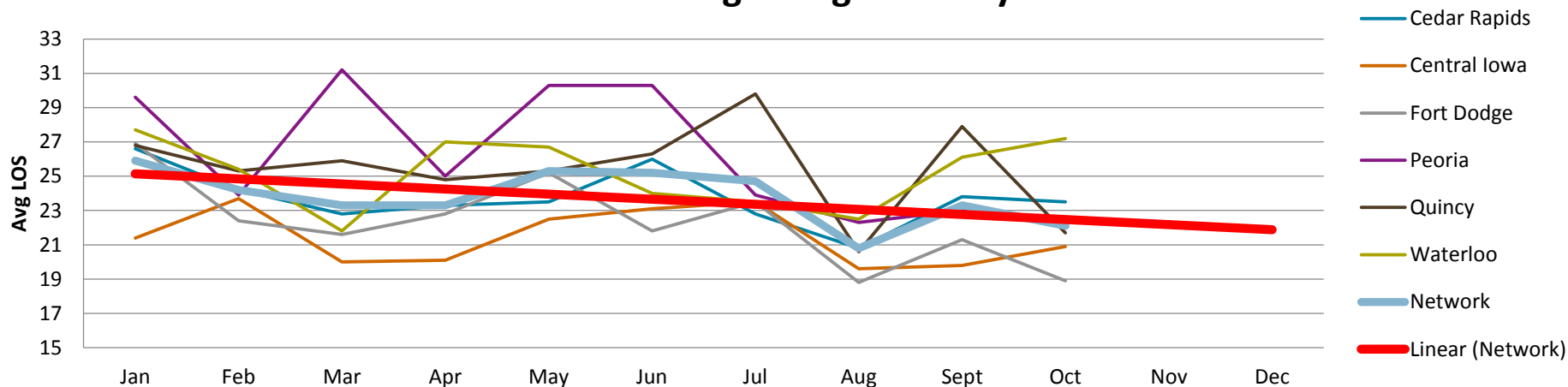
Opportunity	Focus/Intervention	Aligned measure from Pop Health KPIs	Drivers or additional measures	Regional Baseline	UPH Average	Best Performing Region	Savings Opportunity**	Progress
<b>For Discussion with Clinical Input</b>								
Inpatient Utilization - Avoidable Ambulatory Sensitive IP Admits	<ul style="list-style-type: none"> <li>Analysis of Ambulatory Sensitive IP Admissions reveals opportunities for regional focus as compared to peers on complications from heart failure and LT Diabetes.</li> </ul>	PMPM Trend	Heart Failure Avoidable Admits /1000	12.0	4.14	9.7	\$700,000 for CMS population	
			Heart Failure Avoidable Admits /1000	12.0		9.7		
SNF Utilization - SNF LOS	<ul style="list-style-type: none"> <li>Use of the following ACO tools and internal resources to manage SNF LOS: MCG Guidelines for post-acute care, SNF choice scripting and regular care manager follow up</li> </ul>		AVG LOS – Capped 100 days	27.8		20.3	\$850,000 to move to best performer within NGACO population	
Potentially Avoidable Emergency Department Use - Potentially avoidable ED visits	<ul style="list-style-type: none"> <li>Alignment to Primary Care Physician</li> <li>Care Management</li> <li>Adequate Urgent Care clinics</li> <li>Adequate physician clinics with extended hours</li> <li>Potentially avoidable ED analytics solution with provider drill-down</li> </ul>	PMPM Trend	ED/1000	176	168	133-CI	\$185,000 for Wellmark ACO population	
			Potentially Avoidable ED Visits/1000	43.3	47.6	36.6-SC	\$13,000 for SIHP population	
Potentially Avoidable Advanced Imaging	<ul style="list-style-type: none"> <li>Choosing Wisely Guidelines</li> <li>Advanced imaging analytics solution with provider drill-down</li> </ul>	PMPM Trend	AI/1000	144	120	102-QC	\$94,000 for SIHP population	

# Find the Right Patients with Predictive Modeling

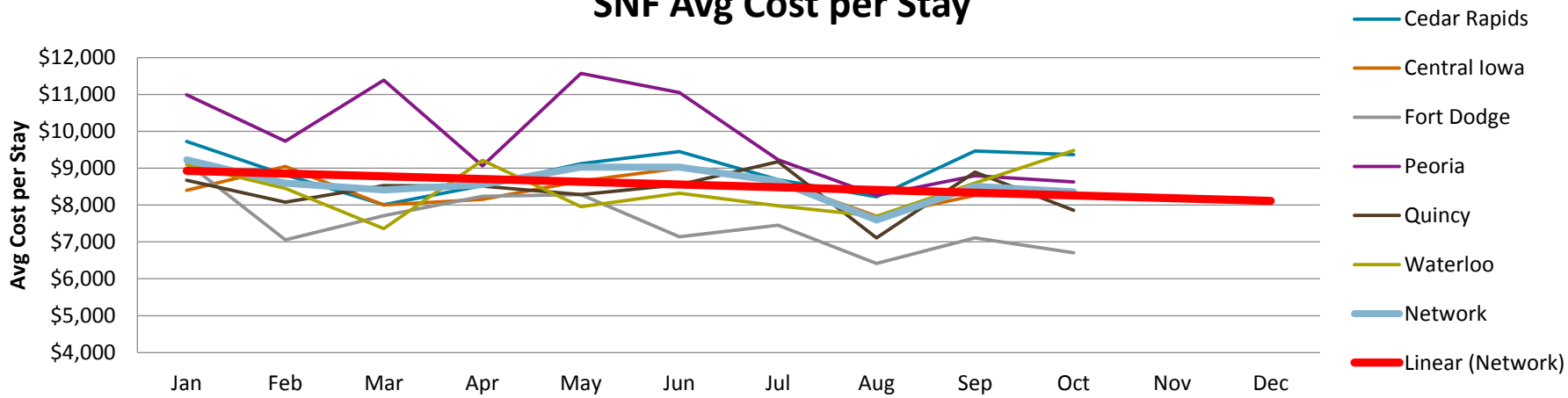


# Skilled Nursing Facility Initiative

## SNF Average Length of Stay



## SNF Avg Cost per Stay



# Meaningful & Aligned Incentives

1. Physicians: UnityPoint Clinic
  - Physician compensation 14% linked to performance
  - Will move to 30% over next 3 years
2. Network: UnityPoint Accountable Care LC
  - Funds Flow Model migrating to shared risk via withholds
  - Tiered structure (Bronze, Silver, Gold, Platinum)
3. Management: UnityPoint Health
  - Compensation tied to value

# Critical Learnings

1. Use analytics to focus efforts or face mass unstructured activity.
2. Resilience: it takes time, and many will question if it is worth it. This is not a typical annual budget year lens.
3. Inaccurate assumptions can stymie results.
  - Value is **only** created by care coordination
  - Decision support tools are not needed
  - Providers know how to code using HCC principles
4. No ROI if you under-deploy (don't reallocate) resources or over-deploy.
5. Celebrate Success.

# Thank You

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UnityPoint Accountable Care