

THE Value Initiative

Members in Action: Redesigning the Delivery System

Illinois Rural Community Care Organization – Princeton, IL *Statewide Rural Accountable Care Organization*

In the Members in Action series, AHA will highlight how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

Overview

The Illinois Rural Community Care Organization (IRCCO) was approved in 2015 as a Medicare shared savings accountable care organization (ACO) Track 1. IRCCO was one of 41 ACO Investment Models (AIM) funded by the Center for Medicare and Medicaid Innovation in 2016. The AIM program seeks to encourage coordinated, accountable care in rural areas by offering pre-payment of shared savings in both upfront and ongoing per-beneficiary, per-month payments.

As of January 2018, IRCCO comprised 24 critical access and rural hospitals and their associated physician practices and clinics in rural communities across Illinois. The value of the ACO is that physicians, advanced practice practitioners, hospitals and other clinicians come together to provide high-quality coordinated care to patients, while helping to slow health care cost growth. The focus is providing primary care and keeping the patient close to home. Patient Centered Medical Homes and patient-centric care are the heart of the process and provide the framework for change in the primary care setting. IRCCO is one of 561 ACOs

Impact

IRCCO provides an avenue for its rural providers to rebuild their primary care base and patient loyalty through improved coordination and better management of care and services. IRCCO completed its first three-year term as a shared savings ACO and built the infrastructure and care management processes to function effectively as an ACO in addition to expanding to other payer groups. Readmissions have decreased and post-discharge follows-up visits have increased.

“IRCCO and its focus on hitting the Triple Aim in health care has helped our rural health clinics focus on better coordinated care for our patients – both while in our clinic and hospital and while they are home,” said Steven Tenhouse, chief executive officer of Kirby Medical Center in Monticello, IL, and chair of the IRCCO governing board. “In rural America, I feel we all have a special place in our hearts for our patients and wanting to do what is right for them. Our IRCCO membership has helped us build structure around always doing what is right and helping our providers and staff understand the long-term benefits our patients receive from being part of our ACO.”

IRCCO facilities have greatly improved the completeness and accuracy of their coding systems to better meet CMS coding requirements for payment. The first graph shows improvement in the average hierarchical condition category (HCC) risk adjustment score.

The second and third graphs show that IRCCO has been able to decrease hospital readmission rates and increase visits to primary care offices for follow-up care and closer monitoring. The improvement has occurred over the course of two years, 2015-2016, the most recent data available.

participating in the Medicare Shared Savings Program (MSSP). Beneficiaries seeing health care providers in ACOs have the freedom to choose doctors inside or outside of the ACO.

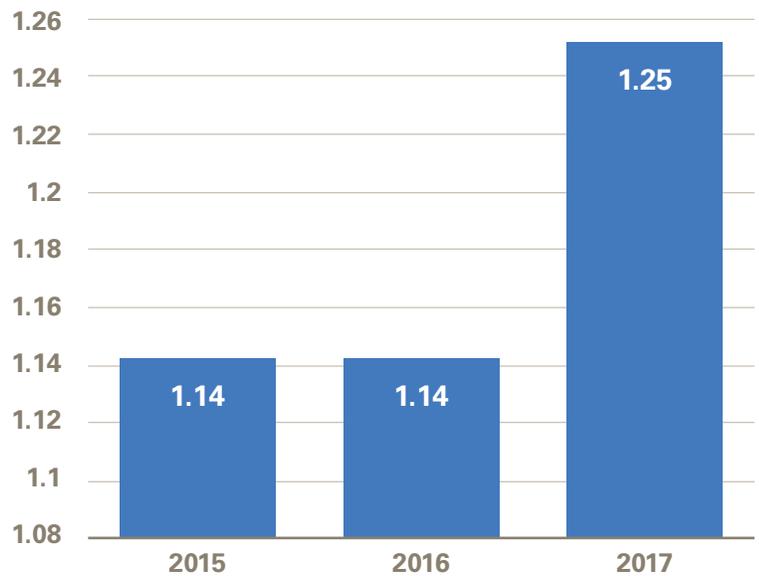
For 2018, IRCCO has approximately 25,000 attributed Medicare beneficiaries and is managed by the Illinois Critical Access Hospital Network (ICAHN). The goal of the IRCCO is to learn how to function as a shared savings ACO and to learn how to manage risk as health care moves to the value-based care model.

Each participating IRCCO member is required to financially support the operating cost of the ACO before and after the AIM funding ends in December. ACOs require trained clinical and data specialists to understand data trends and to help hospital staffs and their medical providers better manage the care of their patients. ACO participants can be a physician or hospital and can share in the portion of earned shared savings based on their volume as well as their financial and quality performance. Accurate coding and managing beneficiary costs are essential for laying the groundwork for financial performance. ACOs utilize an IT platform and care coordination modules to track cost and beneficiary utilization, as well as quality performance.

Having access to the AIM funding allowed IRCCO to:

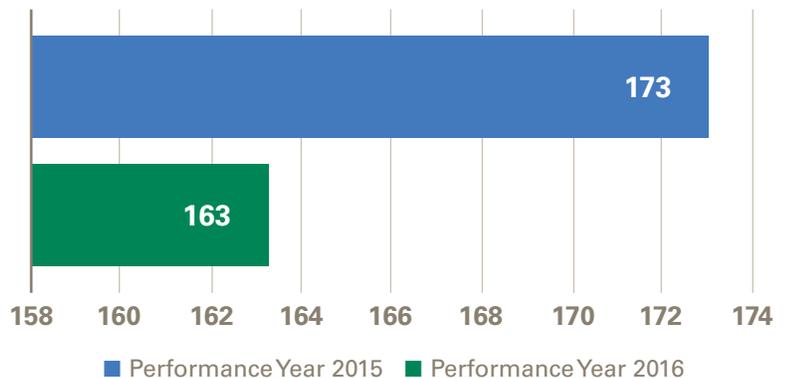
- Invest in infrastructure, such as expanding health information systems to track beneficiary services used, document care coordination activities and support data warehouse capabilities.
- Hire additional staff, such as nurse case managers, a chief medical officer, a clinical informatics director and expand executive support to advance care coordination efforts for the individual primary care practices and hospital teams and ultimately better prepare ACO participants for value-based care and managing risk.

Average HCC Risk Score



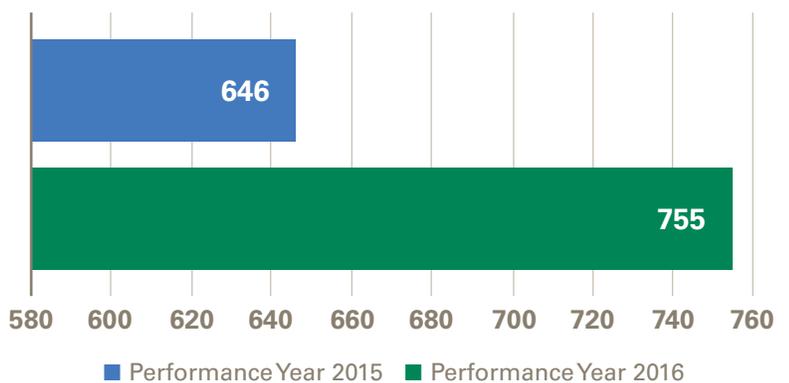
Source: CMS claims data via eClinicalWorks Portal. Accessed March 1, 2018.

30-Day All-Cause Readmissions Per 1,000 Discharges



Source: CMS Enterprise Portal Dynamic Reporting. Accessed March 1, 2018.

30-Day Post-Discharge Provider Visits Per 1,000 Discharges



Source: CMS Enterprise Portal Dynamic Reporting. Accessed March 1, 2018.

Lessons Learned

Through its early experience, IRCCO has a better appreciation of the need for cultural change and the importance of reducing costs and improving outcomes. The challenge going into the second MSSP three-year term is the next layer of improving care transition, decreasing post-acute hospitalization costs and enhancing population health.

Future Goals

Moving forward, IRCCO will concentrate on expanding care coordination with all payers, improving transitions of care and specialty referrals and improve outcomes for beneficiaries identified with diabetes and hypertension. It will also seek to promote preventive care. Currently, IRCCO has four workgroups comprising hospital and physician partners that address unnecessary emergency department visits, post-acute hospitalization costs, hypertension, congestive heart failure and Medicare annual wellness visits. These new goals will demand a renewed emphasis on gathering and analyzing data to improve the patient experience, improve population health and reduce costs.

Lastly, IRCCO was approved as a Blue Cross Blue Shield of Illinois (BCBSIL) Shared Savings ACO in January with 21,000 beneficiaries and anticipates participating in other commercial shared savings programs in 2019. IRCCO is the first statewide rural BCBSIL ACO, providing an opportunity to bring the infrastructure, strategies and lessons learned from the Medicare program to the commercial landscape.

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