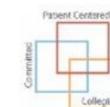

Physician Organization of Michigan Accountable Care Organization

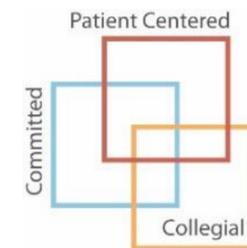
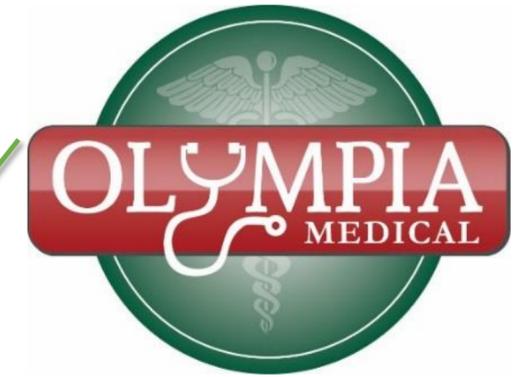
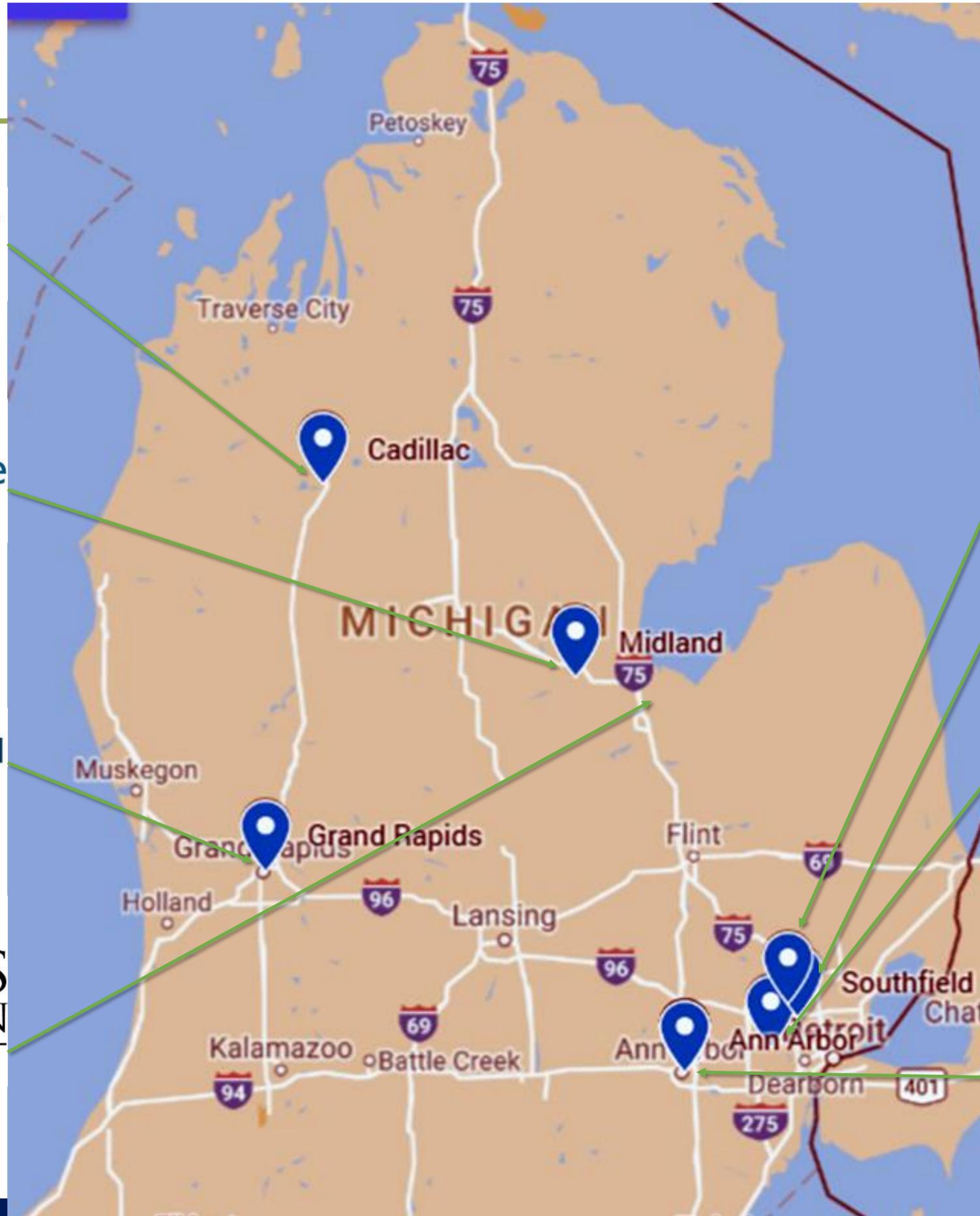


Purposes of POM ACO

- Develop an integrated approach to health care delivery to provide the highest quality of care in the most cost effective way possible;
- Address the “triple aims” of health care:
 - Better care for individuals;
 - Better health for populations; and
 - Lower growth in expenditures.
- Provide the necessary administration and infrastructure to achieve these goals.
- Physician-governed and led.



MidMichigan
Collaborative Care
Organization



Facts About POM ACO

- 2013 first performance year.
- 2018: approximately 5,200 health care providers and 73,000 Medicare beneficiaries across Michigan.
- One of the largest Medicare Shared Savings Program ACOs in the country.
- Saved nearly \$60 million for tax payers over 4 years.
- Achieved over \$12 million in shared savings.

POM ACO Annual Performance



	% Savings Achieved	Dollars Saved CMS	Quality Score
2016	0.79%	\$8.0 Million	94.2%
2015	1.4%	\$17.7 Million	97.7%
2014	2.46%	\$27 Million	91.3%
2013	0.68%	\$4.7 Million	100% (Pay for Reporting only)

POM ACO Data Analytics and Reporting

Michigan Medicine Quality Department (through a Master Services Agreement) provides central data and reporting services, including:

- Downloading data files and reports from CMS.
- Processing data and creating separate data files that include each Quality Review Organization's (QRO's, i.e., PO/PHO, partner organization's) patient population.
- Creating patient-level and summary reports on metrics of interest to POM ACO.
- New to 2018: Offering user friendly data visualization tool for multiple levels of analysis.

POM ACO Reporting Strategy

- In previous years, ACO-produced reports were primarily at the ACO and QRO levels.
- Detailed data files are provided to QROs to allow for more detailed patient/event-level reporting by practice and provider.
- Limitations of this strategy include:
 - Lack of actionable drill-down reports ready for care improvement.
 - Inconsistency among QROs on the resources available to dedicate to analysis and reporting.
 - PDF and Excel reports that could be time-intensive to update and parse at different levels.

2018 Tableau Rollout

- User-friendly interactive visualization tool that allows access to users and can be updated with newer data and content with minimal downtime.
- Single point of entry for all POM ACO related reporting:
 - Cost
 - Quality
 - Utilization
 - Clinical Initiatives
- Monthly updates with most current patient data from CMS.
- Tracking priorities of ACO:
 - ACO Level
 - QRO Level
 - Practice Level
 - NPI Level
 - Patient Level

Clinical Data, HIE and Other Tools

- POM ACO does not integrate clinical data at ACO level.
- Each QRO has different capabilities, including:
 - Data warehouses
 - Clinical decision support tools
 - Dashboards
 - Patient engagement tools
 - Disease registries
 - Connection to available state-wide HIE offerings
- Require QROs to participate with HIE, but are not prescriptive with which HIE and which use case(s).
- Require providers to use certified EHRs.
- Annual quality reporting.

New risk model in 2019.

- Obtain clinical data to enhance analytic offerings.
- Additional analytic support to measure specialist performance.