The Accountable Care Collaborative 101

Program Improvement Advisory Committee

October 17, 2018
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
Objectives

• Review the operational basics of the Accountable Care Collaborative (ACC)
  ➢ Regional Care Collaborative Organizations (RCCOs)
  ➢ Behavioral Health Organizations (BHOs)
  ➢ Regional Accountable Entities (RAEs)
• Review the role of stakeholders within the ACC
• Discuss the lessons learned and future directions of the ACC
Discussion Questions

• What are key lessons learned from our collective experience with the ACC?
• What operational and programmatic challenges are outstanding?
• What new changes require more investigation and stakeholder assistance?
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Regional Care Collaborative Organizations

**Medical Home**
Primary Care Medical Homes (PCMPs) establish transformative and long-lasting relationships with members. PCMPs work to identify the various needs of their members.

**Regional Coordination**
Regional Care Collaborative Organizations (RCCOs) provide supplemental care coordination and practice support to members, PCMPs, behavioral health providers, and community partners to help meet the needs of members and to build Health Neighborhoods.

**Data**
Members, PCMPs, and RCCOs receive the data needed to make real-time decisions that improve care, increase coordinated services, and improve overall efficiencies.
Regional Care Collaborative Organizations

• Key outcomes included:
  ➢ Improved health outcomes
    ▪ Emergency room and hospital readmissions decreased
    ▪ Prenatal care rates increased
  ➢ Shift towards value-based payments
    ▪ Providers and community partners paid for quality outcomes
Behavioral Health Organizations

• Behavioral health organizations (BHOs) provided and arranged for mental health (MH) and substance use disorder (SUD) services

• BHOs were paid a monthly fee, or capitation, to arrange for covered MH and SUD services across five different regions
Behavioral Health Organizations

• Key outcomes included:
  ➢ Cost savings for behavioral health services
  ➢ Incorporation of outpatient substance use disorder treatment services
  ➢ Implementation of trauma-informed care practices and integration pilots
ACC Phase II

• Beginning in SFY18, the Department joined the two pieces of the delivery system into ACC Phase II

• Critical components included:
  - Enhanced member experience
    - Mandatory enrollment
    - Practice-based member attribution
  - Improved provider support
  - Increased administrative accountability
    - Program monitoring and transparency
    - Single administrative entity
Regional Accountable Entities

- RCCOs and BHOs contracts were merged into a single Regional Accountable Entity (RAE)
- RAEs are responsible for key activities, including:
  - Population health management
  - Behavioral health service delivery
  - Administrative payment activities
    - Care Coordination
    - Provider Support
  - Health neighborhood and community development
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Program Improvement Advisory Committee

• The Program Improvement Advisory Committee (PIAC) convened relevant stakeholders to advise on performance of ACC

• PIAC will continue to be a critical piece of ACC management, performing the following key functions:
  - Review performance of key focus areas
  - Provide guidance to improve health, access, and cost outcomes as well as member and provider experience
Program Improvement Advisory Committee

Accountable Care Collaborative Performance Improvement Advisory Committee (PIAC) Framework

PIAC Co-Chairs  Dept. Liaisons

PIAC

Improving and Bridging Systems  Health Impact on Lives  Provider and Community Issues

Dept. Health Care Policy & Financing

Review and Analysis Process
Program Improvement Advisory Committee

Accountable Care Collaborative
Performance Improvement Advisory Committee (PIAC)
Community

PIAC Co-Chairs
Dept. Liaisons

Dept. Health Care Policy & Financing

Improving and Bridging Systems
Health Impact on Lives
Provider and Community Issues

Regional PIACs
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Policy Questions

• How do the two health care delivery systems join to create a holistic picture of the member?
• How is care coordination a part of a broader member engagement and population health strategy?
• How do RAES and practices support change at the community and provider levels?
• How do we collectively monitor success through performance measurement and stakeholder feedback?
Discussion Questions

• What are key lessons learned from our collective experience with the ACC?
• What operational and programmatic challenges remain outstanding?
• What new changes require more investigation and stakeholder assistance?
Contact Information

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