Innovative Health Improvement Projects Managed by a SORH

John Barnas
Michigan Center for Rural Health
Michigan Center for Rural Health

- Established 1991
- Non-Profit status in 1994
- Board of Directors (12)
MCRH Programs

<table>
<thead>
<tr>
<th>Standard FORHP Programs</th>
<th>Value-Based Programs</th>
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<tbody>
<tr>
<td>(our foundation)</td>
<td>(the fun stuff)</td>
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<tr>
<td>▶ SORH</td>
<td>▶ Health Improvement Initiative Network</td>
</tr>
<tr>
<td>▶ Flex</td>
<td>▶ Great Lakes Practice Transformation Network</td>
</tr>
<tr>
<td>▶ SHIP</td>
<td>▶ Quality Payment Program</td>
</tr>
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</table>

▶ Manage 2 ACOs
▶ Manage a Clinically Integrated Network
In 2016, CMS awarded $347 million to 16 national, regional, or state hospital associations and health system organizations to serve as Hospital Improvement Innovation Networks (HIINs).

Partnership between existing Hospital Engagement Networks, and Quality Improvement Organizations.

Began September 1, 2016 (2 years with an optional third based upon performance).
National HIIN Goal

- Work to reduce Hospital Acquired Conditions and Hospital Readmissions

- The objectives to be achieved at the end of 2019:
  - A 20 percent reduction in overall patient harm from 2014 baseline (from 121 HACs/1,000 patient discharges to 97/1,000);
  - A 12 percent reduction in 30-day readmissions as a population-based measure (readmissions per 1,000 people).
Awarded HIINs

- Carolinas Healthcare System
- Dignity Health
- Healthcare Association of New York State
- HealthInsight
- The Health Research and Educational Trust of the American Hospital Association
- Health Research and Educational Trust of New Jersey
- Health Services Advisory Group (Nationwide?)
- The Hospital and Health System Association of Pennsylvania
- Iowa Healthcare Collaborative
- Michigan Health & Hospital Association (MHA) Health Foundation
- Minnesota Hospital Association
- Ohio Children’s Hospitals’ Solutions for Patient Safety
- Ohio Hospital Association
- Premier, Inc.
- Vizient, Inc.
- Washington State Hospital Association
Collaboration with the MHA Keystone Center

- Under the HIIN contract, MCRH is the Improvement Liaison to all independent CAHs. Our job:
  - Recruit CAHs
  - Monitoring the data submission
  - Monitoring the Patient and Family Engagement activities
  - Analyzing data to group appropriate CAHs in IAN (Improvement Action Networks)
  - Integration of work with the MICAH QN meetings
HIIN Core Components

- Person and Family Engagement practices
- Cultures of High Reliability
- Reduce readmissions
- Address the following 11 types of inpatient harm:
  - Adverse drug events
  - Central line-associated blood stream infections
  - Catheter-associated urinary tract infections
  - Clostridium difficile bacterial infection, including antibiotic stewardship
  - Injury from falls and immobility
  - Pressure ulcers
  - Sepsis and septic shock
  - Surgical site infections
  - Venous thromboembolism
  - Ventilator-associated events
  - Readmissions
Person and Family Engagement

- 75% of CAHs have implemented the PFE
- Incorporation of PFE into MICAH QN meetings (peer education)
  - Spectrum Health Reed City presented their PFE journey
Reduction in 11 Types of Inpatient Harm

- Adverse drug events
  - Excessive Anticoagulation with Warfarin
  - Hypoglycemia in Inpatients receiving insulin
  - ADEs due to Opioids
- Falls with Injury (NQF 0202)
- Central Line-Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio and Rate
- Central Line Utilization Ratio
- Catheter-Associated Urinary Tract Infections (CAUTI) Ratio and Rate
- Urinary Catheter Utilization Ratio
- Clostridium Difficile Bacterial Infection Event
- Methicillin-resistant Staphylococcus aureus (MRSA) Event
- Pressure Ulcer Rate, Stage 3+
- Post-Operative Sepsis
- Sepsis Mortality Rate
- Perioperative PE or DVT
- Ventilator-Associated Conditions
- Infection-Related Ventilator-Associated Complication
Biggest Barrier

- Data Submission!
- Initiative overload
- NHSN vs. KDS
Culture of High Reliability

- High Reliability Organizations manage safety hazards extremely well and do so consistently over extended periods of time.

- Signifies an excellent quality of care is consistently delivered for every patient, every time with a commitment to zero preventable harm.

- Michigan is the 2nd State to partner with the Joint Commission Center for Transforming Healthcare on a statewide high reliability initiative.
Michigan CAH High Reliability Journey

- All MI CAHs completed the ORO 2.0 in 2015.
Successes...

- All 36 CAHs completed the ORO 2.0 and implemented action plans based on the findings.
  
  - Daily Safety Huddles, more involved leadership, standardized processes, staff empowered to speak up if they say something
  
  - Safety story incorporated into every MICAH QN meeting
  
  - Working with MHA to compare clinical quality data to showcase improvements
Switching Gears...
CMS Quality Payment Program

- **Performance year**: 2017
- **Submit**: March 31, 2018
- **Feedback available**: 2018
- **Adjustment**: January 1, 2019
Transforming Clinical Practice Initiative

Massive national program: Help clinicians achieve large-scale health transformation - designed to support 140,000 clinician practices over 4 years in sharing, adapting and developing comprehensive quality improvement strategies.

- Promoting broad payment and practice reform in primary care and specialty care
- Promoting care coordination between providers of services and suppliers,
- Establishing community-based health teams to support chronic care management, and
- Promoting improved quality and reduced cost by developing a collaborative of institutions that support practice transformation.
Practice Transformation Networks

Select anywhere on the map below to view the interactive version.

Source: Centers for Medicare & Medicaid Services
Great Lakes Practice Transformation Network

► TCPI funded; managed by Indiana University School of Medicine with partner organizations in Illinois, Indiana, Kentucky and Michigan that implement the program in their states.

Objectives

► To provide better care to patients, at a lower cost, for better health outcomes for 10 million patients across Illinois, Indiana, Kentucky, Michigan and Ohio.

► To partner with 15,500 providers to transform their practice in preparation for upcoming health care mandates and share their learnings.

► To empower clinicians by delivering personalized resources tailored to each practice’s needs and offering the best customer service possible.
Michigan Center for Rural Health role

- Jeff Nagy, Quality Improvement Advisor
  - Accountant by trade
  - Consultant - The Rybar Group, Inc.
  - Director of Finance - Lincoln Behavioral Services
  - Experienced Associate - PriceWaterHouseCoopers
  - Part of Rybar Group work - Lean/Process Improvement
Quality Improvement Advisor

Responsibilities:

• Recruitment of practices (35)
• Practice Assessment Tool (PATs)
• Action Plans
• MACRA/MIPS:
  1) Education
  2) PQRS
     a) Selection of measures
     b) Feed back reports
     c) QRUR reports
Quality Improvement Advisor

- Help practices understand and align their quality improvement focus areas with existing incentive and reporting programs, with the goal of improving providers’ existing processes, and maximizing receipt of incentives. This includes:
  - Supporting participation in PQRS
  - Assistance in setting up billable care coordination services
  - Leveraging new Medicare billing codes
  - Assistance in optimizing EHR usage for data driven quality improvement

- Workflow evaluation and coaching to improve office and clinical efficiencies.
- CME Part IV Programs in Medication Adherence & Depression Screening.
- Preparing the practice for MIPS 2019.
- Focused quality improvement efforts menu:
  - Medication Management (HBP Control and Anticoagulants)
  - Flu Vaccination
  - COPD and CHF Management
  - Depression Screening & Follow-up
  - Diabetes Management
  - Other, Practice identified priorities for clinical quality improvement
## Practice Assessment Tool Example

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<tr>
<th>Milestone</th>
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<th>2</th>
<th>3</th>
<th>Score</th>
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<tbody>
<tr>
<td>Practice has defined its medical neighborhood and has formal agreements in place with these partners to define roles and expectations.</td>
<td>Practice has not identified its medical neighborhood.</td>
<td>Practice has identified its medical neighborhood to include specialists, hospitals, nursing homes and other organizations with which the practice or its patients interact on a regular basis (i.e. monthly), but has not clearly defined expectations for each other’s roles nor what and how information is to be shared.</td>
<td>Practice has identified and reached out to members of its medical neighborhood who are regularly involved in the care of the practice’s patients and is now standardizing communication plans and formal agreements with these partners.</td>
<td>Practice has identified and reached out to members of its medical neighborhood who are regularly involved in the care of the practice’s patients and has a standardized process for sharing information with these partners as well as an agreement in place that defines each partner’s role.</td>
<td></td>
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Switching Gears...
Quality Payment Program Resource Centers

- Target audience: practices with less than 15 clinicians

- This initiative is comprised of local, experienced organizations that help clinicians in rural practices:
  - Select and report on appropriate measures and activities to satisfy the requirements of MIPS
  - Engage in continuous quality improvement; optimize their health information technology (HIT)
  - Evaluate their options for joining an Advanced Alternative Payment Model (APM)
### Participating Organizations

<table>
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<tr>
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<th>Contact Information</th>
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<tr>
<td>Altarum</td>
<td><a href="mailto:qppinfo@altarum.org">qppinfo@altarum.org</a></td>
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<tr>
<td>Alliant GMCF</td>
<td><a href="mailto:QPPSURS@alliantquality.org">QPPSURS@alliantquality.org</a></td>
</tr>
<tr>
<td>Healthcentric Advisors</td>
<td><a href="mailto:NEQPPSURS@healthcentricadvisors.org">NEQPPSURS@healthcentricadvisors.org</a></td>
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<tr>
<td>Health Services Advisory Group (HSAG)</td>
<td><a href="mailto:HSAGQPPSupport@hsag.com">HSAGQPPSupport@hsag.com</a></td>
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<td>IPRO</td>
<td><a href="mailto:ny-qppsupport@atlanticquality.org">ny-qppsupport@atlanticquality.org</a></td>
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<td></td>
<td>or Toll Free at 1-866-333-4702</td>
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**Network for Regional Healthcare Improvement (NRHI)**

- UT, OR, and NV: qpp@healthinsight.org
- MT, WY, AK: QualityPaymentHelp@mpqhf.org

| QSource                          | techassist@qsource.org                                  |
| Qualis                           | QPP-SURS@qualishealth.org                               |
| Quality Insights (WVMI)          | app-surs@qualityinsights.org                            |
|                                  | or Toll Free at 1-877-497-5065                           |
| Telligen                         | app-surs@telligen.com                                   |
|                                  | or Toll Free at 1-844-358-4021                           |
| TMF                              | QPP-SURS@tmf.org                                        |

For general information or for help getting connected, contact QPPSURS@IMPQAINT.COM

### Coverage by Organization

- Healthcentric Advisors
- IPRO
- Quality Insights (WVMI)
- Alliant GMCF
- QSource
- HSAG
- Altarum
- TMF
- NRHI

Map of the United States with states colored to indicate coverage by organization.
Midwest QPP Resource Center Partners

- Altarum Institute (MI)
- Medical Advantage Group (OH)
- Northern Illinois University and Northwestern University
- Purdue Healthcare Advisors (IN)
- Stratis Health (MN)
- MetaStar (WI)
- University of Kentucky
Midwest QPP Resource Center

- Coalition of 10 healthcare organizations that have experience and knowledge in helping create provider change and quality improvements through provider engagement and support.

- Assistance with:
  - understanding new government legislation like MACRA
  - knowing how to evaluate the impact to their bottom line by new legislation
  - maintaining compliance and access to both resources and support

- Goal
  - To deliver as-needed assistance to all eligible clinicians across seven states in the Mid-West and support the clinician's efforts in increased technology adoption, improving patient outcomes, and enhancing efficiency with the natural outcome of Quality Payment Program Compliance.
Avoid the 2017 penalty

Interact with QPP experts via live chat or phone support

Predict your MIPS score, identify improvement areas, and compare your practice to peers with MIPScast™

Learn alongside your small-practice peers

Assess your current state of MIPS readiness or the potential impact of belonging to an APM
MCRH Role

- SORH/FLEX Outreach
  - One-on-one calls with States in the Midwest QPP Network.

- State-based outreach
  - Typical communication channels
    - Newsletters, Conferences, Webinars, Email Distribution Lists
Switching Gears...
AIM funded ACO

- The AIM funded Medicare Shared Savings Program (MSSP) is a Medicare/CMS program that allows providers to continue to be paid fee-for-service and/or cost-based reimbursement, while gaining the infrastructure, tools, and knowledge to manage population health.

- If a group of providers are successful in reducing costs, while meeting patient satisfaction and quality thresholds, they can share in up to 50% of the savings. If costs go up, there is no penalty or payment due from the providers.

- Three year program January 1, 2016 - December 31, 2018
ACO Investment Model Payment

Payments

ACOs participating in the AIM funded MSSP received these payments on January 1, 2016:

- an upfront fixed payment of $250,000
- an upfront variable payment of $36 per assigned Medicare beneficiary (based on preliminary prospectively-assigned beneficiaries); and
- a monthly payment of $8 per Medicare beneficiary per month (based on preliminary prospectively-assigned beneficiaries).
ACO Investment Model

- Core Components of the Program
  - Care Coordination
    - Care Coordination Management and Transitional Care Management Billing
  - Annual Wellness Visits
  - Claims Data Analysis (core to reducing costs and improving population health)
    - Referral Patterns
    - Patient usage/spend
    - Chronic Conditions
Michigan’s Rural ACOs

Greater MI Rural ACO
- Sheridan Community Hospital (CAH)
- Scheurer Hospital (CAH)
- Hills & Dales General Hospital (CAH)
- Marlette Regional Health System (CAH)
- McKenzie Health System (CAH)
- Dickinson County Health System (PPS)
- Helen Newberry Joy Hospital (CAH)
- Schoolcraft Memorial Hospital (CAH)
- Deckerville Community Hospital (CAH)
- Alcona Health Center (FQHC)

Southern MI Rural ACO
- Hayes Green Beach Memorial Hospital (CAH)
- Sturgis Hospital (PPS)
- Three Rivers Health (PPS)
- Hillsdale Hospital (PPS)
- Community Health Center of Branch County (PPS)
- Allegan General Hospital (PPS)
- Memorial Medical Center (CAH)
Map of ACO Communities
The AIM funded MSSP program guidance was released in October 2014.

Brian Bauer, health law attorney at Hall Render, presented the opportunity at the Annual Michigan CAH Conference (November 6-7, 2014).

And this is what I heard:
Outreach - The Story

- December 2014: Four page document sent to all CAH and rural PPS hospital CEOs. Two PPS hospital CEOs are interested.
- January 2015: ditto and first meeting at Coldwater Hospital with 3 PPS hospital CEOs.
- February: ditto, conference call, and vetting process for backroom analytics.
- March: ditto, weekly calls & Caravan Health presentation.
- April: ditto, ditto & Scheurer Hospital presentation.
- May - July: ACO Applications are written.
- June - July: Operating Agreements signed, conference calls & planned an August meeting.
- July 31: Two applications are submitted to CMS.
Outreach - The Story

- August: Meeting of the members in Grayling.
- August - September: Schoolcraft Hospital crisis.
- November: Second meeting of the members, two board of managers formed, officers and medical directors elected.
- December: Applications approved by CMS.
- January 1, 2016: ACOs begin operation, each ACO receives $250,000 up-front payment, $36 per Medicare beneficiary up-front payment, and the $8 PM/PM payment begins.
## Claims Data Analysis: Merging Claims Data with EHR

### Community Care Coordination

**ED Utilization/Risk Stratification/ATI**

<table>
<thead>
<tr>
<th>BirthDate</th>
<th>Provider</th>
<th>12 Mo Cost</th>
<th>ER Visits</th>
<th>Chronic Condition Count</th>
<th>Hospital Dominant Condition</th>
<th>ATI (Risk Score plus factors)</th>
<th>Risk Score (1-average; 2=double the average amounts of resources)</th>
<th>National Cost Multiplier</th>
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Risk Analysis of McKenzie Health System’s Attributed Medicare Beneficiaries
Using Claims Data to Leverage Partnerships

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<tr>
<th>City</th>
<th>Attending Provider</th>
<th>Facility</th>
<th>DiagnosisDescription</th>
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<th>Pt Total (All Facilities)</th>
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<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Necrotizing fasciitis</td>
<td>$74,113.48</td>
<td>$74,113.48</td>
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<tr>
<td>Snaver</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Age-related physical debility</td>
<td>$53,024.86</td>
<td>$64,681.78</td>
</tr>
<tr>
<td>Brown City</td>
<td>GOLECHHA, NITIN</td>
<td>MARLETT REGIONAL HOSPITAL-SWING BED</td>
<td>Other malaise</td>
<td>$14,625.52</td>
<td>$39,276.17</td>
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<tr>
<td>Sandusky</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Encounter for surgical aftercare following</td>
<td>$38,623.76</td>
<td>$38,623.76</td>
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<tr>
<td>Sandusky</td>
<td>ENGLISH, MARK</td>
<td>SANILAC MEDICAL CARE FACILITY</td>
<td>Displaced intertrochanteric fracture of left leg</td>
<td>$14,032.48</td>
<td>$37,536.80</td>
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<tr>
<td>Deckerville</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Chronic obstructive pulmonary disease with</td>
<td>$35,222.69</td>
<td>$35,222.69</td>
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<tr>
<td>Sandusky</td>
<td>ENGLISH, MARK</td>
<td>SANILAC MEDICAL CARE FACILITY</td>
<td>ST elevation (STEMI) myocardial infarction</td>
<td>$8,802.13</td>
<td>$33,808.79</td>
</tr>
<tr>
<td>MARLETTTE</td>
<td>AQIL, ARSHAD</td>
<td>FISHER SENIOR CARE AND REHAB CENTER</td>
<td>Unspecified fracture of shaft of humerus, ii</td>
<td>$31,973.78</td>
<td>$32,463.26</td>
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<tr>
<td>Uby</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Acute interstitial pneumonitis</td>
<td>$29,756.72</td>
<td>$29,756.72</td>
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<tr>
<td>Sandusky</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Sepsis, unspecified organism</td>
<td>$28,896.68</td>
<td>$28,896.68</td>
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<tr>
<td>Carsonville</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Encounter for other specified surgery</td>
<td>$28,383.87</td>
<td>$28,383.87</td>
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<tr>
<td>Sandusky</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Weakness</td>
<td>$5,010.05</td>
<td>$28,198.81</td>
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<tr>
<td>Sandusky</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Aftercare following surgery for neoplasm</td>
<td>$27,911.38</td>
<td>$27,911.38</td>
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<tr>
<td>Sandusky</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Cerebral infarction, unspecified</td>
<td>$27,382.18</td>
<td>$27,382.18</td>
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<tr>
<td>Carsonville</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Weakness</td>
<td>$26,490.48</td>
<td>$26,490.48</td>
</tr>
<tr>
<td>IMLAY CITY</td>
<td>ER DOCTOR</td>
<td>MCKENZIE MEMORIAL HOSPITAL</td>
<td>Other specified fracture of right pubis, sub</td>
<td>$26,442.36</td>
<td>$26,442.36</td>
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<tr>
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<td>ENGLISH, MARK</td>
<td>SANILAC MEDICAL CARE FACILITY</td>
<td>Unspecified fracture of right pubis, subscapular</td>
<td>$26,307.02</td>
<td>$26,307.02</td>
</tr>
<tr>
<td>Minden City</td>
<td>ENGLISH, MARK</td>
<td>AUTUMNWOOD OF DECKERVILLE</td>
<td>Chronic obstructive pulmonary disease, unspecified</td>
<td>$25,472.66</td>
<td>$25,472.66</td>
</tr>
</tbody>
</table>
First Year Results

- Greater Michigan Rural ACO Medicare hit all 34 quality measures and Medicare spending is flat.
- Southern Michigan Rural ACO hit all 34 quality measures and reduced Medicare spending 9% and paid off the up-front payment. Going forward they are eligible for shared savings.
- The Caravan Health ACO Model Works.
- The ACO members view it as a “Scholarship” to learn and implement a Value-Based Program.
- MCRH is getting a Value-Based Program education.
- Desiree Brewer is a rock star.
MCRH Continuing Role

State-based Executive Director
- Bi-weekly/weekly calls
- Monitoring “to-dos”
- Support information dissemination - weekly webinars
- Meeting support
- Liaison between two ACOs (MCIHN established)
Switching Gears...
Michigan Clinically Integrated Health Network

- Alcona Citizens for Health, Inc.
- Dickinson County Healthcare System
- Helen Newberry Joy Hospital
- Hayes Green Beach Memorial Hospital
- McKenzie Health System
- Sheridan Community Hospital
- Community Health Center of Branch County
- Hillsdale Hospital
- Allegan General Hospital
- Three Rivers Health
- Schoolcraft Memorial Hospital
- Sturgis Hospital

19,619 Assigned Medicare Beneficiaries

- 1 FQHC (7 sites)
- 5 rural PPS hospitals
- 6 CAHs
- 42 primary care practices (30 RHCs)
Michigan Clinically Integrated Health Network

- Partnering with other payers to replicate the ACO model of care with other patient populations
  - *Michigan Medicaid (Health Plans)*
  - *BCBS of Michigan*
  - *Michigan Community Health Network*
Questions?

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517-432-9216