Successful Triple Aim Collaboration between two competitors:

An innovative ACO Case Study

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The **Health** of a defined population

The **Experience** of every patient

The **Affordability** of healthcare

Triple Aim

HealthPartners® — Allina Health
NW Alliance Demographics

• Allina Medical Clinic (AMC)
  – 6 AMC Clinics with 120 Primary Care Providers and Several Specialty MD’s
  – Mercy Hospital with 21,000 Admits
  – Cardiology Practice with 21 MD’s
  – Highly Engaged Independent Specialty MD’s

• HealthPartners Medical Group (HPMG) and Health Plan
  – Health Plan with Nearly 1.4 million members
  – 27,000 Commercial Members in Alliance
  – 4 HPMG Clinics with 55 Providers

• Care for nearly 300,000 patients together
The Northwest Metro Alliance: Background/Challenges

• Path of Mutually Assured Destruction
  – Tension Over Plan Contract Rates
  – Perceived or Real Threat of Volume Shifts
  – Duplication of Capital Intensive Services
  – Fragmentation of Care

• Recognition of Co-dependency
  – Difficulty in Changing Patient’s Preferences
  – Optimal Financial and Capital Performance
  – Inability to Build Reliable Specialty Coverage
  – Health Plan: deep set of metrics on 27,000 members

• Cost trend 8% above metro
NW Alliance Affiliation Understanding

- Understanding that HealthPartners and Allina care for nearly 300,000 people in the NW metro together.
- Through partnership, we would increase the probability of Triple Aim success (our missions)
- Alignment must be built around common principles/values
- Long-term stability and incentives would enable strategic integration and growth
- Economic integration could optimize the performance of capital intensive services and moderate total cost of care

Critical shift in mindset from competition to cooperation
Governance and Agreements

- Affiliation Understanding
- Imaging Joint Venture
- Electronic Medical Record Access
- Cooperative Clinician Work

- Hospital Coverage
- Special Payer Agreement
- Analytics
Comparisons to metro average suggest that opportunities are in Admissions, Emergency Department use, and High Tech Diagnostics.
Using the Triple Aim to Lead Change

- Validated and accepted claims-based data analytics
  - Highlights trend and TCOC performance v. metro

<table>
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<tr>
<th>Provider Group</th>
<th>Members</th>
<th>Average ACG Score</th>
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<td>2008</td>
<td>2009</td>
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<tr>
<td>NWA</td>
<td>22,564</td>
<td>27,687</td>
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<tr>
<td>Metro Total</td>
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<td>308,501</td>
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- Clinical Alignment with key stakeholders around quality and affordability opportunities
  - Reduce variation
  - Local ownership of initiatives
Prioritized Clinical Initiatives List

- Generics
- Low Back Pain Management
- High Tech Diagnostics (Decision Support)
- Emergency Department Rates (Care Management in the ED)
- Admissions (Low Risk Cardiac, Gynecological)
- Readmissions (All Cause)
- Inductions of Labor
- Care Management Integration
- Mental Health Outpatient Services
- Colon Cancer Screening
- Patient Satisfaction in Mercy Obstetrics Unit
- Pediatric Obesity
Case Study – **Generics**

- Improving generic prescribing rates is directly aligned with the Triple Aim
- Physician Level Health plan data used to support change and variability reduction
- Clinics jointly developed strategies and teachable point of view

**NW Metro Alliance generic prescribing rates has improved every quarter from 75% (original baseline) to 88% (current)**
Case Study – Inductions of Labor

• Elective inductions of labor at <39 Weeks put mom and baby at risk as well as increase cost

• Joint development and rollout of hospital protocol, in partnership with hospital and clinic MDs and staff

Reduced Mercy elective inductions of labor at < 39 weeks from 8% to 0
Case Study – CM/SW in Mercy ED

• Many frequent users of the Mercy ED, using the ED over 5 times monthly
• 2 Care Managers and 2 Social Workers added to the Mercy ED to help connect patients with primary care and community resources
• Over 150 patients impacted monthly

More than 20 ED visits per month avoided through connecting patients with other care options
Case Study – Low Back Pain

- Variability in treatment for low back pain in the market, including use of specialists.
- Ongoing efforts to align on protocol and tools for use in primary care setting
- Development of optimal care report to use as feedback loop with physicians

More complex area requiring longer time period to align and support community practice patterns
Year 2 Results
TCOC Overall Trend - Yearly

Data shows positive trend improvement for first two years of NW Metro Alliance

For Total Spend for NW Alliance of $135M, reduction in trend is about $2.8M in TCOC costs avoided
Key Learnings

• Can’t afford to have a “Tragedy of the Commons”*
  – Look for partners with aligned missions/mutual respect
  – Actionable data is necessary to prioritize/plan
  – Clinical engagement- trust your clinicians and support them
  – Collaborate to support best evidence based care
  – You can make a difference

Questions

• What are your communities like?
  – ‘Competitors’ with similar missions, aims & goals?
  – Could you envision collaborating for Triple Aim outcomes in your community?

• Actionable data available?
  – Public databases
  – Payers with claims data regarding your practice

• With increasing competition, strategic decisions need to be reached by organizations. Is the Triple Aim in your mission?

• Can you compete and collaborate in your market for Triple Aim outcomes?

• What is the alternative?