



# Crystal Run Healthcare's Journey To NCQA ACO Accreditation

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# NCQA Accreditation – What?

- Voluntary program
- Assesses an organization's ability to coordinate care in order to provide high quality, efficient, patient centered care
- Crystal Run Healthcare has a long relationship with NCQA through PCMH recognition

# NCQA Accreditation – Why?

- Opportunity for self assessment
- External validation important for:
  - Staff (providers and non-providers)
  - Patients
  - Payers

# NCQA Accreditation – How?

- 10 month process
- Level 1-3, but level 2 is highest for initial accreditation
  - Level 1: Must pass not required; 50-100 points
  - Level 2: Must pass items required; 70-100 points

# NCQA Accreditation – How?

- Must pass:
  - Evaluation of Medical Home Capabilities
  - Data Completeness
  - Core Performance Measures
  - Patient Experience Measures
- Other items:
  - Variety of essay questions focusing on Triple Aim  
(61 total)

# NCQA Accreditation – Who?

- **Betty Jessup, RN**

- Jonathan Nasser, MD
- Scott Hines, MD
- Gregory Spencer, MD
- Rich Cole (BI)
- Althea Oenga (BI)

# NCQA Accreditation

- Early Adoptors
  - Billings Clinic
  - Children's Hospital of Philadelphia
  - Crystal Run Healthcare
  - Essentia Health
  - HealthPartners
  - Kelsey-Seybold Clinic

# What We Stressed In Our Application

- Work to date to improve clinical quality
- Work to date to improve patient experience (patient satisfaction, access)
- Work to date to eliminate waste and reduce cost



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# Efforts To Reduce Cost

- Variation Reduction
- CARETEAM
- Element on Physician Matrix (Charges/Patient)

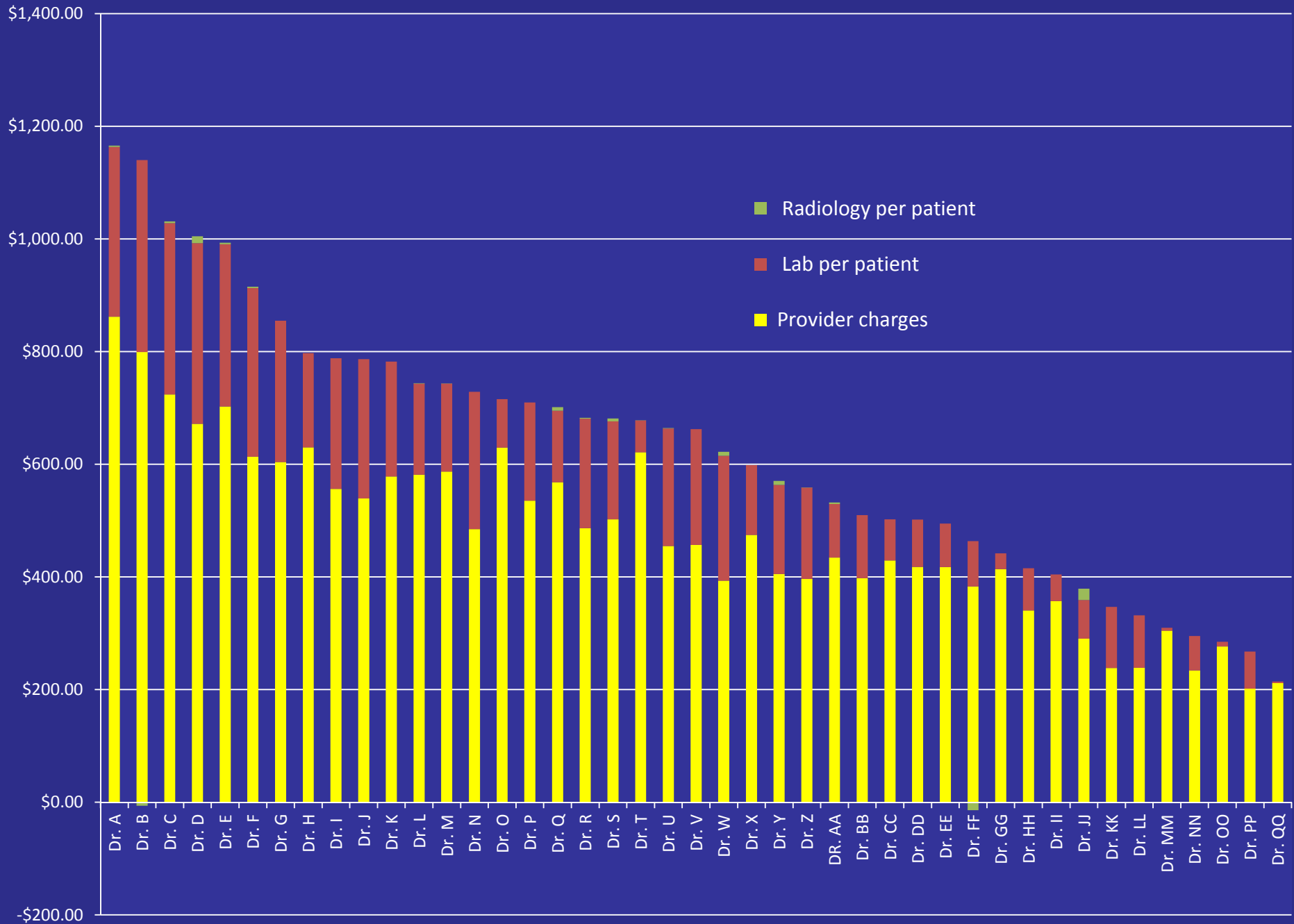
# Efforts To Reduce Cost

- **Variation Reduction**
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# Variation Reduction

- Step 1: Analyze Utilization
- Step 2: Compare utilization between physicians
- Step 3: Analyze the variation
  - What is the source of variation?
  - Are best practices being followed?

# Cost for Diabetes Diagnosis per Provider



# Variation Reduction

DIAGNOSIS	DEPARTMENT	TOTAL % CHANGE IN COST
CHF	Cardiology	1%
<b>Thyroid Nodule</b>	<b>Endocrinology</b>	<b>-14%</b>
<b>Otitis Externa</b>	<b>ENT</b>	<b>-7%</b>
GERD	GI	0%
<b>Cholelithiasis</b>	<b>General Surgery</b>	<b>-9%</b>
<b>COPD</b>	<b>Hospitalists</b>	<b>-3%</b>
HTN	FP/IM	4%
<b>Hyperlipidemia</b>	<b>FP/IM</b>	<b>-6%</b>
<b>HA/Migraine</b>	<b>Neurology</b>	<b>-3%</b>
Breast Cancer	Oncology	15%
Lateral Epicondylitis	Orthopedics	2%
<b>Asthma</b>	<b>Pediatrics</b>	<b>-1%</b>
<b>Diabetes</b>	<b>Pilot (PCP/Endocrinology)</b>	<b>-9%</b>
<b>Asthma</b>	<b>Pulmonology</b>	<b>-3%</b>
<b>Renal Mass</b>	<b>Urology</b>	<b>-10%</b>

# Efforts To Reduce Cost

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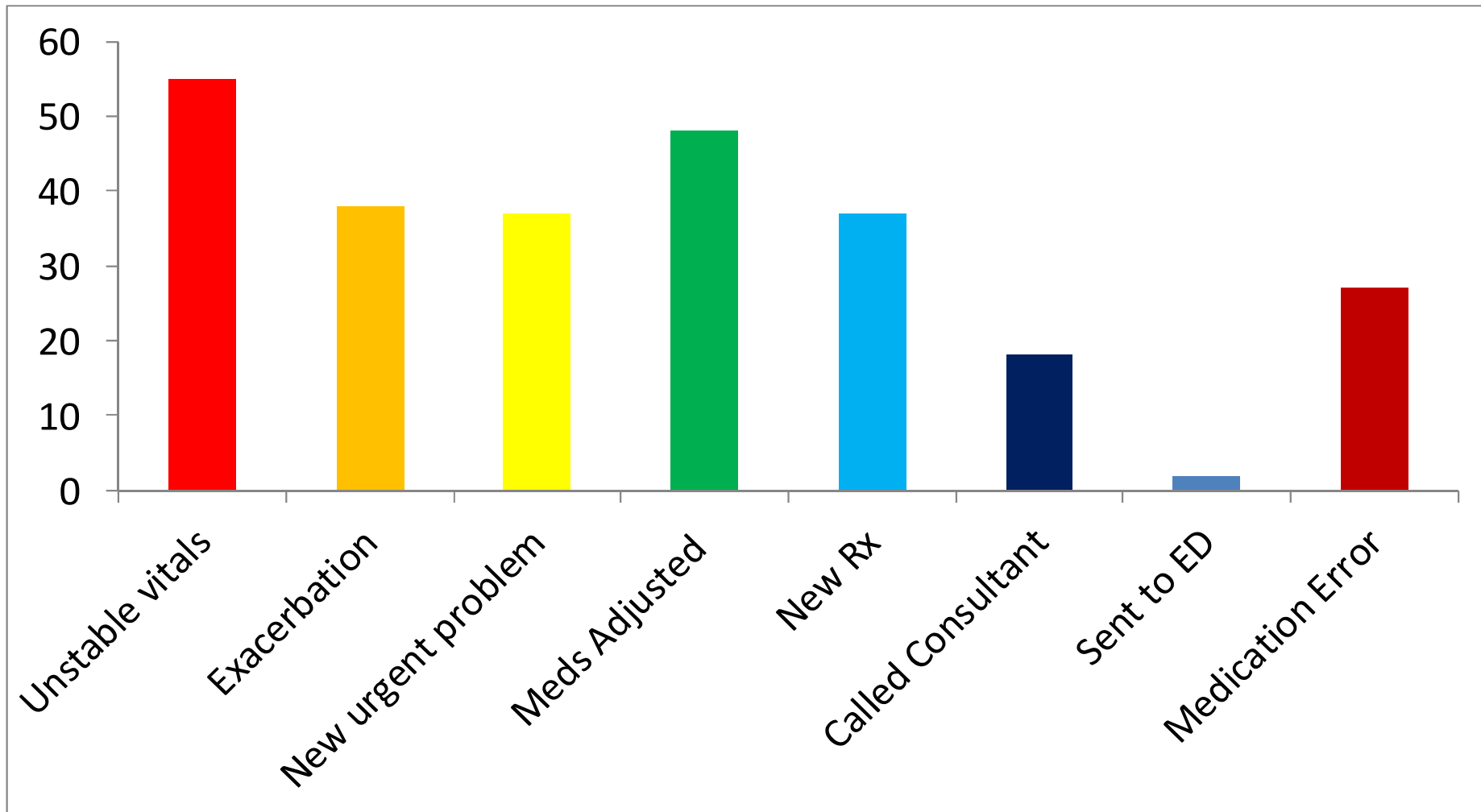
# CARETEAM

- **Community and Residential Extenders for Transitions, Evaluation and Management**
- Goal: 10% reduction in admissions, readmissions and length of stay
- Focusing on MSSP beneficiaries with COPD, CHF, pneumonia with comorbidities, selected diabetics that meet criteria
- Home visit within 24 hours of discharge



# CARETEAM

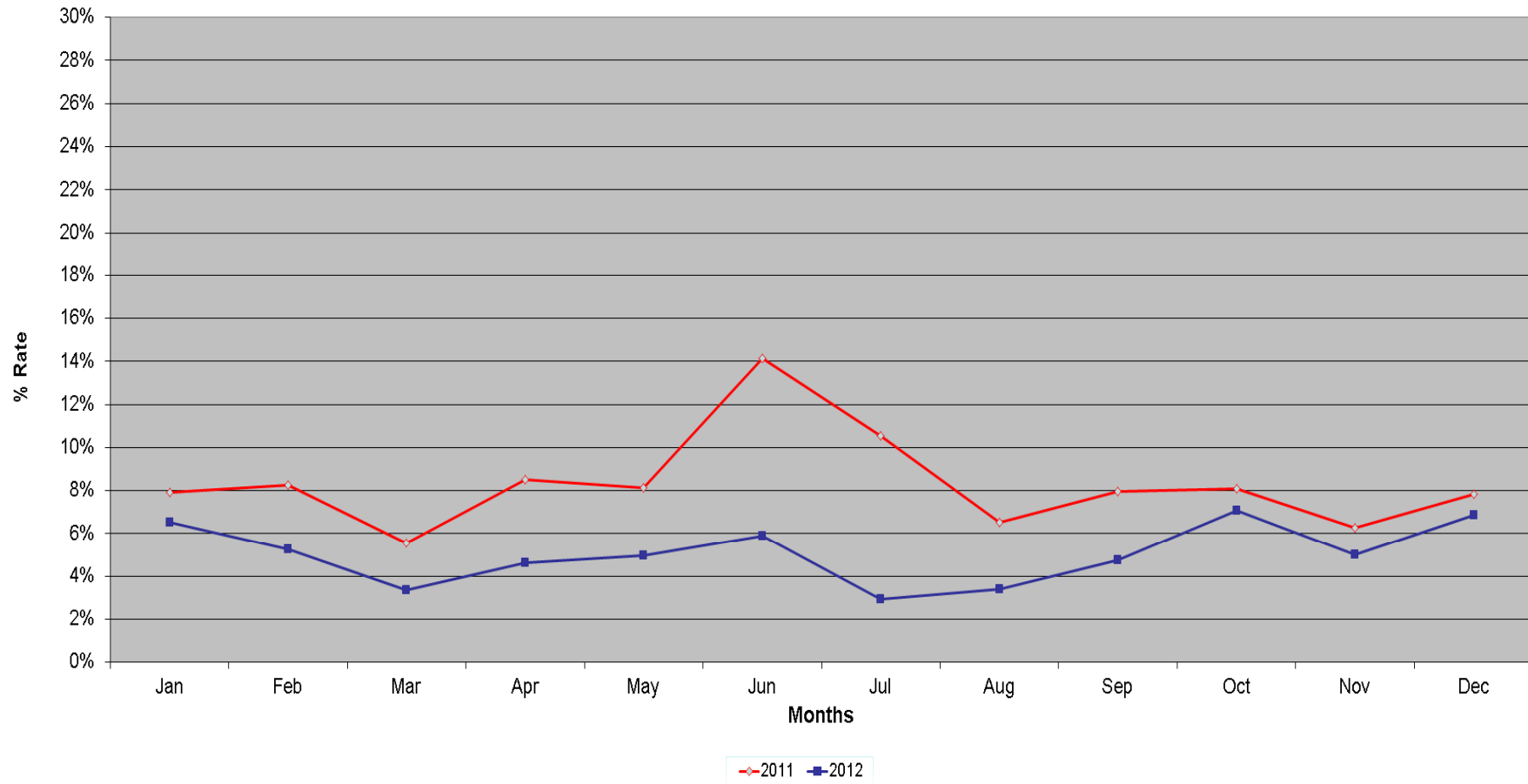
Visits W/Actionable Items (n=114; 33% of visits)



# CARETEAM

## 30 Day Readmission Rate (>65yo)

30 Day Readmission Rate for patients >65 years of age



# Efforts To Reduce Cost

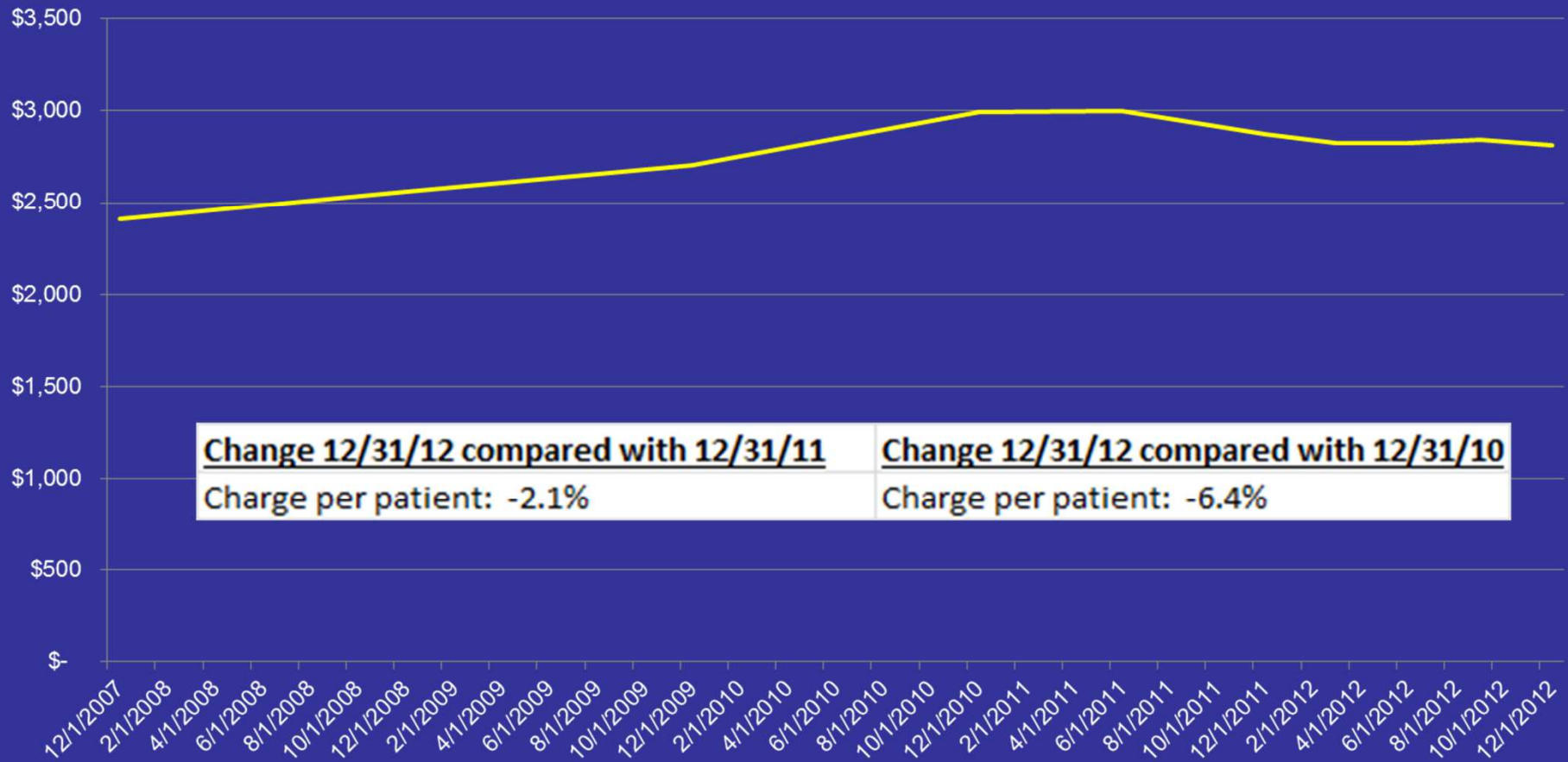
- Variation Reduction
- CARETEAM
- **Element on Physician Matrix (Charges/Patient)**

# Included in Physician Matrix

- First cost results shared with providers
- Started measuring Q4 2011
- Tied to compensation mid 2012
- Counts for 10% of total score

# Charges/Patient Q4 2007-Q4 2012

## Charges Per Patient



# Advice To Others

- NCQA ACO accreditation is a valuable tool for assessing an organization's ability to provide value based care and can help align your medical staff
- Create policies and procedures throughout your transition from volume to value even before starting the process of NCQA ACO accreditation
- Start the process early and identify members of your organization that are expert in each domain of the application to assist