



Case STUDY

 **Learning Systems**
for Accountable Care Organizations

Montefiore Accountable Care Organization's Provider Engagement Strategy

This case study describes the strategy used by Montefiore Accountable Care Organization (ACO) to engage physician practices in quality improvement activities. The strategy consists of two parts: (1) a pair of assessments for new physician practices interested in joining the ACO and for existing ACO participants in order to identify opportunities and infrastructure needs for quality improvement and (2) ongoing information-sharing and technical assistance for practices to help them improve their performance on NGACO Model quality measures and implementation of health information technology and population health management tools and applications.

Montefiore ACO found that this strategy improved performance on a number of measures. Montefiore ACO's experience is valuable for ACOs that want to engage providers in quality improvement activities.

BACKGROUND

Montefiore ACO is part of the Montefiore Health System, which includes 11 hospitals and a primary and specialty care network with more than 180 locations in the New York metropolitan area, including the Bronx, Westchester County, and the lower Hudson Valley. Montefiore was selected as one of the 32 original participants in the Pioneer ACO model in 2012. In 2017, Montefiore became a Next Generation Model ACO (NGACO). As of 2018, Montefiore ACO served about 52,000 aligned beneficiaries and included 5,000 participating providers, approximately 70% of whom (~3,600) are directly employed by Montefiore Health System and the remaining providers are independent physician practices.

Montefiore ACO contracted with the Montefiore Care Management Organization (CMO) quality improvement team to develop and implement a provider engagement strategy. The team developed the strategy for the Pioneer ACO Model and has continued it for the NGACO Model. The strategy starts with a pair of assessments administered by the team to physician practices interested in joining the ACO. The team uses the assessments to select candidate practices for the ACO and to develop a targeted quality improvement strategy for ACO participants. The team then follows up with ongoing information-sharing and technical assistance to help ACO-affiliated practices improve their performance on quality measures. In addition to serving independent physician practices in the ACO, the team provides similar services to physicians employed by Montefiore Health System.

QUALITY IMPROVEMENT TEAM LEADS PROVIDER ENGAGEMENT EFFORTS

The quality improvement team has dedicated staff to plan and implement Montefiore ACO’s provider engagement strategy. The team also works closely with the health system’s provider relations team, which conducts the initial outreach to practices interested in joining the ACO and electronically fields the initial assessment used in the provider engagement strategy.

The following staff on the quality improvement team focus on provider engagement:

- *The leadership group* consists of administrative and clinical individuals who are responsible for overseeing and optimizing the provider engagement work.
- *Quality and performance improvement* are handled by nine individuals who work onsite with practices to help them implement quality improvement strategies.
- *The reporting and analytics group* includes four staff who use data to track performance on quality measures and who identify gaps in care and opportunities for improvement. This group is also responsible for the exchange of data between Montefiore ACO and CMS.

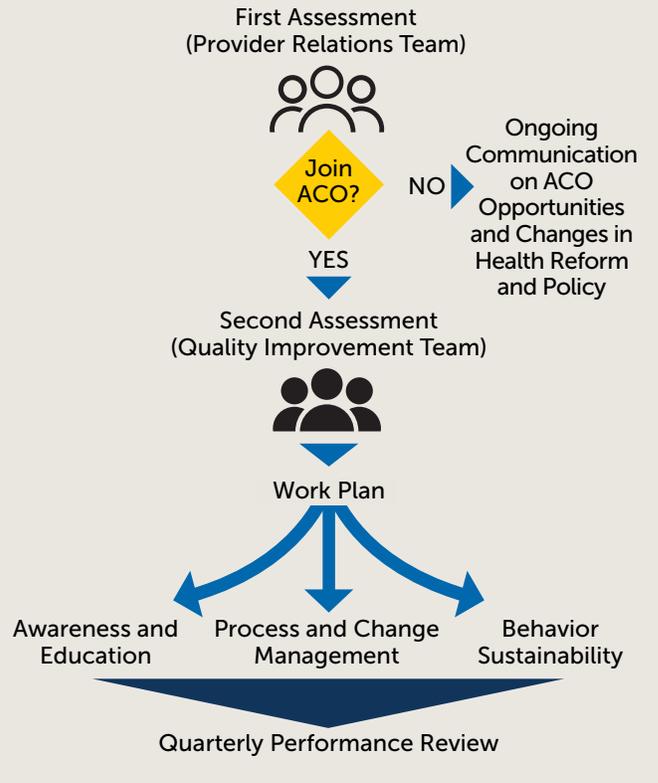
The quality and performance improvement team have the most direct contact with the practices, and each member of the quality and performance improvement team typically works with 15 - 20 practices on an ongoing basis. They focus on independent physician practices that are new to Montefiore ACO. All practices—including those targeted by the quality and performance improvement team and the larger group of Montefiore-employed and independent physicians—regularly receive written communications from the quality and performance improvement team about provider engagement, such as newsletters or mass emails. Beyond written communications, the quality and performance improvement team visits the new practices at least every quarter to review data on performance and to discuss quality improvement strategies. In the early stages of outreach, the quality and performance improvement team may visit some practices more frequently.

ASSESSING PHYSICIAN PRACTICES AND CREATING A QUALITY IMPROVEMENT WORK PLAN

Figure 1 illustrates the steps in the engagement strategy. The practice completes a pair of assessments, and the quality and performance improvement team uses those assessments to develop a work plan for the practice. The quality and performance improvement team uses the work plan to guide ongoing improvement efforts with the practice, assessing progress each quarter.

The process begins when the provider relations team conducts an initial assessment of the practice (see Box 1 for topics covered).

Figure 1
Montefiore ACO Provider Engagement Process



Based on the results of the initial assessment, the quality improvement team determines whether the practice has the infrastructure—in terms of electronic health record (EHR), staff, assessments, and other features—required to participate in the ACO. Vanessa Guzman, Montefiore ACO Associate Vice President of Quality and Network Management, explains, “If there is a risk where...we see, or the practice recognizes, that they’re unable to meet foundational requirements like having an EHR, then they are provided options to engage in the adoption and acquisition of an EHR platform. Inability to address such gaps may result in exclusion from programs like Next Generation ACO.”

Box 1:
Quality/Population Health Management Domains Covered by the Provider Relations Assessment

- Meaningful use of EHR
- Availability of EHR-based tools such as registries, dashboards, reporting tools, and decision support tools
- Use of assessments critical to quality measure reporting
- Ratio of staff to patient panel
- Availability of quality champion
- Patient-centered medical home recognition status (for primary care providers)
- Commitment to engagement in ACO-led clinical improvement activities

If an independent practice's response to the first assessment indicates that it may be a good candidate for joining the ACO, the quality improvement team visits the practice to conduct a second assessment. Like the first assessment, Montefiore developed the second assessment in house. A member of the quality and program improvement team conducts an in-depth, multi-visit interview with staff at the practice to discuss topics such as patient throughput, operations, revenue, and quality measure monitoring.

The comprehensive assessment includes evaluating readiness related to patient engagement; care coordination processes; patient access to timely care; provider awareness of hospital and ED events; social determinants affecting patient health and compliance; use of performance and satisfaction reports to address gaps in care; documentation and prompts to effectively capture metrics in an EHR; integration of behavioral health services; and social services support among other New York State National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) domains for primary care physician practices.

The quality and program improvement team then reviews the practice's assessment results and uses them to develop a work plan for the practice, accounting for its current performance and potential for improvement. The work plan outlines steps that practices should take related to appropriate improvement activities, use of technology, and tools to improve gaps in any areas and workflow enhancements leveraging EHR platform.

In developing the plan, the quality improvement team selects most relevant three or four of the 31 NGACO quality measures for the practice to prioritize at the time of the assessment. The team also conducts a quarterly performance review of the practice's performance on those measures and selects the measures to focus on for the next quarter. A practice may sometimes work on a measure throughout multiple quarters, or it will have made sufficient progress in one quarter and moves on to other measures and initiatives.

The quality improvement team considers a number of factors in prioritizing the measures for a practice's work plan. One factor is to have a practice focus initially on measures that are likely to yield early gains in order to build momentum for current and upcoming quality improvement efforts. For example, the quality improvement team often asks practices to start by adding screening tools for the risk of falling or depression to their workflows. This approach, with which the team can help practices, immediately boosts a practice's scores on these two measures. The team also gives priority to NGACO measures that are in Montefiore's other value-based agreements. The next two sections describe how the quality improvement team works with practices to improve quality and share data with them on their performance on quality measures.

PROVIDER ENGAGEMENT STRATEGY

The quality improvement team works with practices quarterly on the measures prioritized in the work plan. Based on the needs of the practice on a particular measure, the team focuses on one or more of the following areas of engagement:

1. Awareness and education
2. Process and change management
3. Behavior sustainability

Awareness and Education Engagement

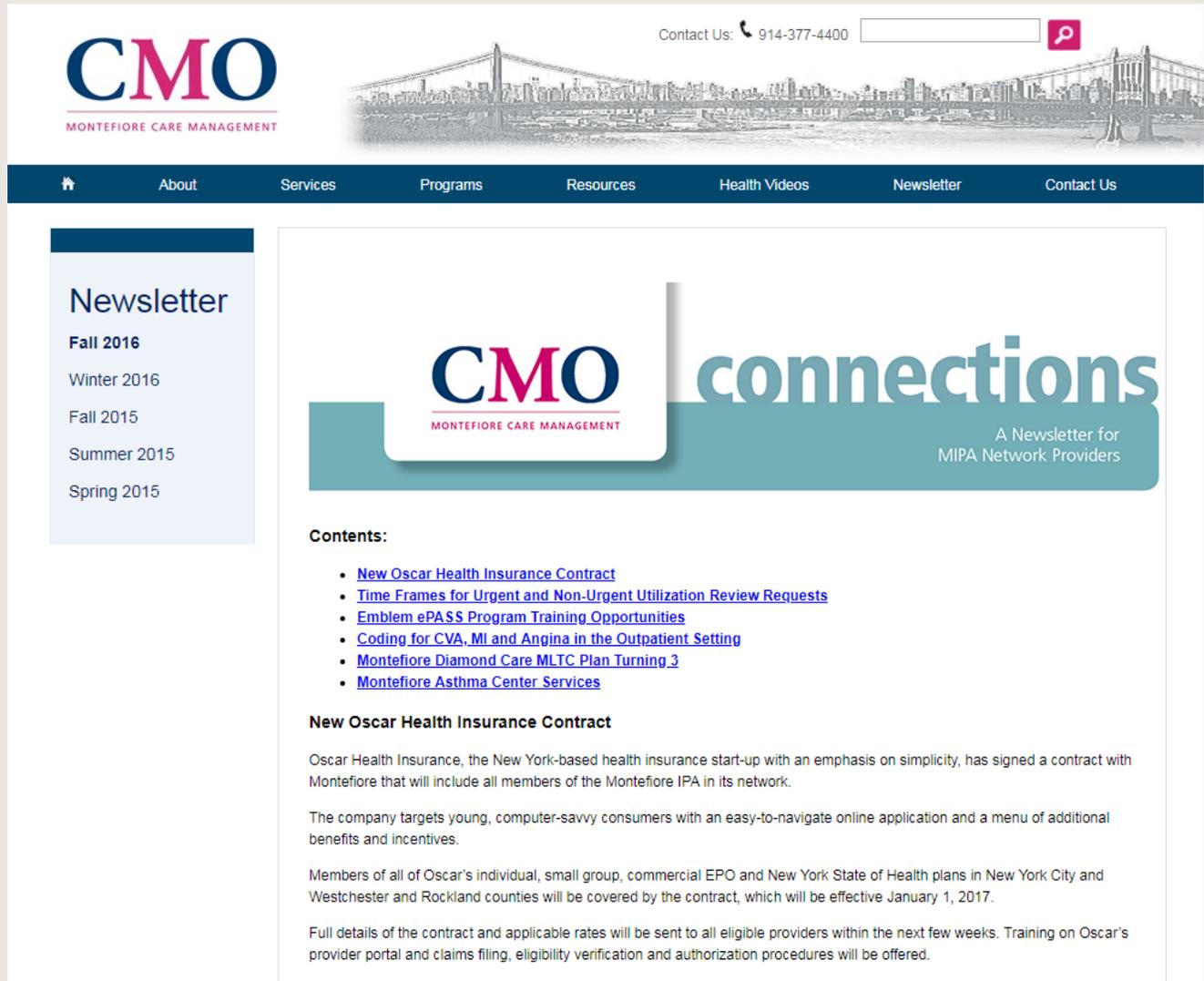
The quality improvement team often uses awareness and education engagement as a starting point, providing practices with information about the guidelines and standards of care related to a particular quality measure. The team often reaches out to its network of providers that share similar infrastructure configuration. For example, when the guidelines for the pneumococcal vaccine changed, the quality improvement team used email and newsletters (see Figure 2) to alert practices about the new requirements and to explain how to address the common challenges involved in implementing the new guidelines.

The quality improvement team uses a number of different approaches to educate and build awareness among practices. The team holds regular webinars on quality-related topics to disseminate best practices to ACO participants. The team also includes provider and practice baseline performance data in dashboards and reports, which serves as a foundation for the process and change management activities described in the next section. Awareness engagement also includes targeted activities, such as one-on-one sessions between the quality specialist and physicians to discuss clinical guidelines or documentation requirements and sharing of patient data.

Process and Change Management Engagement

The quality improvement team uses process and change management engagement to help practices change factors such as workflow, physical space, EHRs, policies and procedures, and training to improve performance on particular quality measures. For example, one common challenge for practices is that patients referred to an external eye specialist for a diabetes eye exam may not keep that appointment, or the specialist may not return the results to the patient's physician. The quality improvement team has addressed this challenge by implementing digital retinal cameras, allowing practices to perform the exams on site. Physicians and staff use the cameras to photograph a patient's eyes during a routine appointment; the physicians then send the image electronically to an eye specialist; the specialist commits to sending a report to the physician within 24 hours of receiving the scan, but in practice the specialist often turns the reports around in as little as two hours. By helping practices integrate retinal specialty services into their workflow, the quality improvement team helped practices to improve their performance on the diabetes eye exam measure.

Figure 2
Sample Quality Improvement Newsletter to Montefiore ACO Practices



Behavior Sustainability Engagement

The quality improvement team uses behavior sustainability engagement to modify providers’ perceptions and change behaviors by identifying what motivates providers and targeting their efforts accordingly. Vanessa Guzman said that providers are motivated by thinking about the tangible impact that their changes have on patients’ lives and practice operations. For example, she and her team worked with the medical director of one physician group to improve rates of depression screening, and the physician began to value this work when the quality improvement team showed him that 30 percent of the patients screened at his practice had some form of depression. “Now he believes it, and now his practice adheres to that measure,” said Ms. Guzman. “The group went from 7 percent adherence to

well above 80 percent within 18 months.” At other practices, the quality improvement team helped providers understand the value of making quality improvements by framing the improvements in terms of turning all of the indicators on their report card from red to green, which also improves incentive opportunities. Changes in behavior in part are a natural byproduct of process changes as physicians come to recognize the value of introducing new processes.

USING DATA TO PROMOTE PROVIDER ENGAGEMENT

The quality improvement team engages physicians by providing them with a dashboard, which allows them to track their performance on measures included in their work plan and on

other NGACO measures. Provider and practice performance is connected to end-of-year incentive opportunities and is discussed during dashboard reviews. The format and the frequency at which the dashboard is updated varies between physicians employed by the Montefiore Health System and those employed by independent physician practices because the latter are not on the Montefiore Health System EHR.

“It’s important that people understand how you’re contributing clinical and technological resources to their operations, and act as an extension of their staff, lessening the administrative burden that often comes with participating in value-based models.”

—Vanessa Guzman, Associate Vice President of Quality and Network Management, Montefiore ACO

For both sets of physicians, the dashboard includes performance on all NGACO quality measures, allowing users to view 6- or 12-month rolling performance periods. The dashboards also include comparisons both to peers within the same practice or group and to overall performance across the Montefiore network, with information on measure-specific targets and benchmarks. Montefiore-employed physicians can view an electronic version of the dashboard, and the frequency at which measures are updated varies by practice and by measure.

The quality improvement team is working to build quality measures directly into Montefiore-employed physicians’ EHRs so that they can be updated on a real-time basis. The team updates other measures in the dashboard for Montefiore-employed physicians as data are available, which, in most cases, is quarterly. For physicians in independent practices, the quality improvement team sends out a static version of the dashboard quarterly through secure email, but over the next year, the team plans to launch a central portal in which it will more frequently post updated dashboards for physicians in independent practices.

LESSONS LEARNED

The quality improvement team found that, for screening measures, boosting the screening rates was often relatively simple, but improving the follow-up process was more complicated. The team made swift improvements in some screening measures by helping practices to build the screening efforts into their clinical workflows. Examples include measuring body mass index (BMI), and assessing the risks of falling and depression. However, some practices struggled with how to use the information obtained from the screening instruments to intervene with patients identified as at risk (for example, to connect at-risk patients to relevant educational, community, or clinical resources). The quality improvement team has found that helping practices to develop and sustain follow-up processes has been more challenging, since

these processes must be targeted to the specific circumstances of the practice. Developing and sustaining these follow-up processes has required the team to help practices use technology to reduce variability, enhance care coordination efforts, automate and expedite patient outreach, and increase efficiency. “Follow-up processes have obviously taken more time to develop because it all depends on provider readiness, patient engagement, system access, and having the processes in place to know with whom or to what to connect the patient,” explained Ms. Guzman.

Another important lesson is the importance of building strong relationships with practices onsite. The quality improvement team has earned the trust of people by working closely with their staff at their sites and providing them with valuable support. Consequently, when the quality improvement team suggests how to improve performance on quality measures, the practices are ready to listen.

“[Our quality results] demonstrate Montefiore’s leadership in improving patient care and our emphasis on engaging patients so we can provide the very best care in the setting that best meets their individual needs.”

—Vanessa Guzman, Associate Vice President of Quality and Network Management, Montefiore ACO

The quality improvement team also found that improving performance on some measures meant sharing tools to further support providers’ communication with their patients. For example, improving performance on the influenza immunization measure cannot rely only on changing a practice’s processes. It also involves changing patients’ behaviors, such as understanding and addressing patient’s motives of refusing to get a flu shot. The quality improvement team worked with practices on sharing tips on how to engage their patients in obtaining the flu shot. Ms. Guzman noted, for example, that her team shares content with practice staff on how to reiterate to patients the importance of being immunized and “clear up any misconceptions of care and side effects.”

PROVIDER ENGAGEMENT EFFORTS HAVE IMPROVED PERFORMANCE

Since 2012, when the quality improvement team launched its provider engagement activities, Montefiore ACO has improved its performance in several ways. First, it raised its overall quality score from 78 percent in 2013 to 95 percent in 2016. Second, the ACO improved its performance on a number of screening and the other measures, as shown in Figures 3 and 4. On several of these measures, the ACO’s performance was below 50 percent in 2012, when the quality improvement team began its work, but in the years since then, performance on these measures has risen above 80 percent. These gains demonstrated to the ACO leadership the value of the quality improvement team’s efforts.

Figure 3
Changes in Montefiore ACO's Performance on Screening Measures: 2012-2016

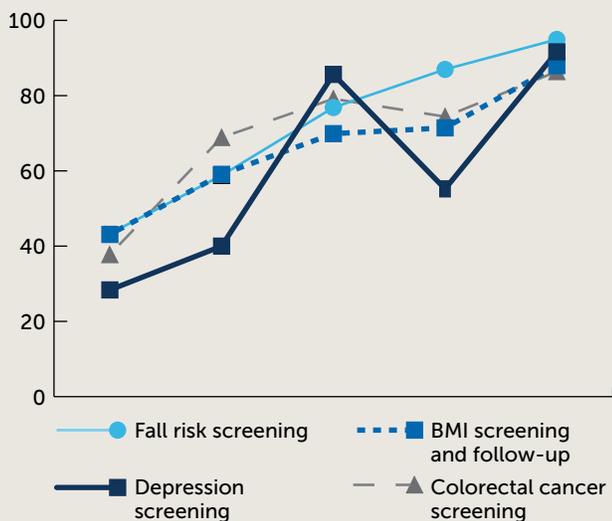
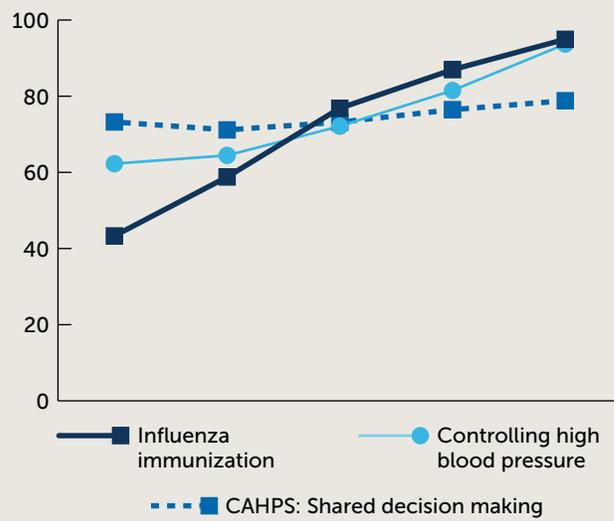


Figure 4
Changes in Montefiore ACO's Performance on Quality Measures (Non-Screening): 2012-2016



NEXT STEPS

Moving forward, Montefiore is providing clinicians with data on their performance in real time. For physicians employed by Montefiore, the quality improvement team is aiming to expand the build of the dashboard so all measures based on EHR data will be available in near real time. For physicians in independent practices, the quality improvement team is developing a portal that will allow the team to post dashboards and aggregate patient data across all patient care sites. The goal of both of these efforts is to give physicians more timely access to data to support their quality improvement efforts and enhance the health of the patients they serve.

About the ACO Learning Systems project

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