Rural Innovation Profile
MaineHealth ACO – Integrating and Using Data to Support Care Delivery

What: MaineHealth Accountable Care Organization (ACO) integrates clinical and claims data to support care delivery and target patient needs.

Why: To reduce healthcare costs, improve patient outcomes, and identify and share strategies to support improvement informed by more comprehensive data.

Who: A predominantly rural network of 11 hospitals, 353 clinical practice locations, 18 rural health clinics, 2 Federally Qualified Health Centers that make up MaineHealth ACO.

How: Focus on the 10 highest-impact quality measures, manage utilization and costs, and accurately represent and improve the health of patients.

Key Points

- Investment in data, systems, and analytic experts who can support the development of standardized production reports, so providers and decision-makers have access to consistent information.
- Use of a single data analytics platform to integrate and aggregate claims data and clinical data representing 85% of patients across the ACO.
- Creation of Value-Based Opportunity Reports to support clinician and care team conversations with analytics to offer insights that can lead to action within and across all ACO regions.

OVERVIEW

Established in 2011, MaineHealth ACO is a limited liability company majority owned by MaineHealth. The ACO consists of a predominantly rural network of 11 hospitals, 353 clinical practices, 18 rural health clinics, and 2 Federally Qualified Health Centers that has risen to this challenge managing 261,213 lives for medical care, and 160,000 lives for behavioral health care. As an ACO, they are developing complex data integration, analysis, and decision-support systems as well as methods to engage providers, so they have additional insight into patients' care needs and behaviors and their own operations; they are using data to drive action. The ACO's large patient population translates into economies of scale both operationally and clinically to support access to and the implementation of sophisticated data analytics.

DESCRIPTION

MaineHealth ACO integrates clinical and claims data to support care delivery, target patient needs, and reduce costs. Clinical data from their largest electronic health record (EHR) system (EPIC), representing 85 percent of covered lives: all Medicare, Medicare Advantage, Medicaid (aka. MaineCare), and commercial lives are available for analysis and integration. Medical and pharmacy claims data for all enrolled patients, regardless of where the service was performed (inside/outside MaineHealth), are integrated with the clinical data.

They then use a vendor supported data analytics population health platform to integrate and aggregate the claims and clinical data. For the practices not using EPIC but serving 15 percent of covered lives, a manual process is required to abstract data and document care for payers and performance for providers. The data integration and data use processes are very complex because the data are coming from several service providers without standardization or a means to make it valuable to the user or the payer.

> **"Data integration is the hardest part towards presenting an accurate picture of patient information."**
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> *Marc McDonald, Senior Manager of Data and Analytics*

The complexity of the data systems and personnel needed to aggregate and analyze the data is significant. Therefore, MaineHealth ACO established a team of eight internal IT and data analytics experts (e.g., Epic certified data scientist, data architect, business intelligence analysts, including an RN for clinical analysis) who manage, leverage, and operationalize resources and data. Using this approach, they can report back to payers and provide executive leaders and care teams with clear, accurate, and comparable information about patients and operations. An example is the clinical quality gap lists that inform local providers if patients are due for a test or screening or have visits that need to be scheduled. The clinical quality gap lists act as an alert so providers can deliver care proactively. The ACO's population health tools update the gap lists every five days for clinical (EHR) updates; and then, once a

month, the gap lists update with the claims information received from payers. For private practices, the gap lists are also sent out monthly. Additionally, clinical quality gap list information is aggregated and compared across the health care system. Prior to launching the gap lists, training on their value and use was provided to clinicians and care teams, health systems, and primary care practices. Currently, the data team is in the process of partnering with payer operations teams to meet with local health system leadership to provide refresher training on how to use the tools.

For care management decision-making, MaineHealth ACO has embedded the Johns Hopkins ACG model into its vendor supported population health analytics platform. This ACG modeling includes an algorithm that uses patient care history and attributes to identify those at risk for high utilization and high cost and would benefit from care management. The data team partners with the ACO's care management department to take the ACG model, the CMS-HCC model, patient utilization, chronic condition flag, and a number of other data attributes to help the care management staff identify and stratify a population of patients that could best use care management. All ACO patients are run through the model. Usually the output is a sorted patient list by ACG score descending, with the ability to toggle to the CMS-HCC risk score for comparison. This is updated monthly.

The data and analysis are shared with providers for decision-making and to inform care managers. Approximately 80 percent of the patients selected for care management were identified based on the algorithm and 20 percent by the health care providers. Other decision-making models such as the Centers for Medicare & Medicaid Services (CMS) Accountable Health Communities Model are also used.

In addition to implementing care decision-making models, MaineHealth ACO is working on managing bundles of care. An example is analysis of joint replacements that includes costs associated with pre-operative care, the surgical procedure, and post-operative care, resulting in a total cost for each patient and for each provider. Adding to this, the analysts meet with the providers to better understand each bundle and data variation. Using this combined information, MaineHealth ACO and its providers can partner to decrease costs, decrease unnecessary care, and increase value.

> **"The ACO allows individual practices to have insight into their own performance beyond their own financial systems."**
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> *Shannon Banks, Chief Operating Officer*

Combining analytics with conversation, MaineHealth ACO also creates, presents, and discusses bi-annual value-based opportunity reports with each of its 11 network hospitals. Each report includes data on the 10 highest impact quality measures and is customized to the region, comparing each to the MaineHealth ACO as a whole. The data sharing and presentations offer the opportunity to discuss the data, successes, challenges, needs, and strategies.

NEXT STEPS

MaineHealth ACO will continue to leverage its data and analytic capabilities and exploring new and evolving analytic tools and opportunities. Additionally, they have engaged with their population health analytics vendor to explore how to move from reporting electronic clinical quality measures (eCQMs) that measure and track quality of care to the future requirements in the Medicare Shared Savings Program (MSSP) which includes submitting all qualifying data electronically for all participants and all payers by 2025.

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