Next Generation Accountable Care Organizations:
Developing a Learning and Action Network

Liane Wardlow, PhD,
Principal Investigator, West Health Institute
No financial conflicts of interest to disclose
Project Collaborators

West Health Institute Research Team
Liane Wardlow, PhD, MS
Jon Zifferblatt, MD, MPH, MBA
Chris Crowley, PhD
Amy Stuck, RN, PhD

Institute for Healthcare Improvement Team
Saranya Loehr, MD
Cory Sevin, RN
Mary Pisciotta, MPH
Joan Grebe, MS
The Unplanned Acute Event Learning and Action Network works to interrupt the ED-to-hospital trajectory

Acute medical events put seniors at risk

- Most seniors have multiple chronic conditions
- Acute medical exacerbations are regular and lead to the Emergency Department (ED)
- Seniors are disproportionally admitted to the hospital through the ED
Each ACO chose a new model to deploy to improve their response to senior’s acute medical events

**Acute Care at Home**
- Requires rapid deployment of resources to the home and community
  - Lower rates of clinical complications
  - Improved experience
  - Lower costs

**ED-Based Intervention**
- Needs assessment and mapping to services
- Develop highly coordinated care and care plans between various groups within the ACO
- Reduce barriers to care
  - Direct scheduling, transportation solutions, connect with community agencies
The Learning and Action Network (LAN) is made up of 6 NGACOs, WHI, the IHI and 4 faculty members

Next Generation ACO Collaborators:

- Atrius
- Bellin
- Integra
- Park Nicollet
- UnityPoint
- University of North Carolina

Faculty:
- Al Siu, MD, MSPH, Mt. Sinai
- April Kane, MSW, UPMC
- Mike Malone, MD, Aurora Health
- Regina Berman, RN, MA, Memorial Care
All ACOs have agreed-upon aims and drivers but engage in local, individualized testing

**Aim**

Improve care for seniors by leveraging innovative care delivery models in the ED, home and community

**Driver 1**

Patient and caregiver engagement

**Driver 1a**

Patient and caregiver understand options and can initiate desired response

**Test**

“Call First” campaign

Patient education program
Monthly outcome, process and balance measures are visualized for learning and sharing.

<table>
<thead>
<tr>
<th>Description</th>
<th>Measure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Percent unplanned emergency department visits</td>
<td>Outcome</td>
</tr>
<tr>
<td>2 Percent unplanned hospital admissions</td>
<td>Outcome</td>
</tr>
<tr>
<td>3 Estimated episodic cost savings</td>
<td>Outcome</td>
</tr>
<tr>
<td>4 Percent intervention response initiated</td>
<td>Process</td>
</tr>
<tr>
<td>5 Percent of intervention episodes executed according to protocol</td>
<td>Process</td>
</tr>
<tr>
<td>6 Percent of intervention episodes with a quality issue</td>
<td>Balance</td>
</tr>
<tr>
<td>7 Patient/caregiver experience: Likely to recommend the intervention/program</td>
<td>Balance</td>
</tr>
</tbody>
</table>

### Percentage Hospital Admissions Averted

<table>
<thead>
<tr>
<th>MONTH</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50</td>
<td>53</td>
<td>40</td>
<td>67</td>
<td>55</td>
<td>76</td>
<td>84</td>
<td>88</td>
<td>86</td>
<td>70</td>
<td>82</td>
<td>80</td>
</tr>
</tbody>
</table>

### Avg Estimated Cost Savings Per Episode

<table>
<thead>
<tr>
<th>MONTH</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,500</td>
<td>1,500</td>
<td>3,000</td>
<td>3,500</td>
<td>5,000</td>
<td>4,500</td>
<td>5,000</td>
<td>5,500</td>
<td>6,000</td>
<td>6,500</td>
<td>7,000</td>
<td>7,500</td>
</tr>
</tbody>
</table>
Network members use on-going communication to learn from one another

**On-Going**
- Extranet
- Listserv

**Monthly**
- All team calls
- Data
- Coaching

**Quarterly**
- Face-to-face
- Leadership calls
Multi-step processes are necessary to deploy new models

Choose → Identify → Engage → Develop

Identify clinical team → Develop criteria to identify target population → Develop a process map, protocol & order sets → Simulation practice → Deploy the intervention

Culture shift → Partner reception → Efficiency → Integration
Moving from research to reality requires multiple dissemination channels

“Health care is rich in evidence-based innovations, yet even when such innovations are implemented successfully in one location, they often disseminate slowly --- if at all.” Berwick, JAMA 2003

We are working towards innovation at the organization level
- West Health has convened 6 Next Generation ACOs

…and taking a systematic approach to dissemination as a force multiplier
- West Health has partnered with the Institute for Healthcare Improvement