



Organized System of Care

Northern Physicians Organization
February 2013

What is an Organized System of Care

- o An OSC is a community of care givers who have a shared commitment to quality and cost-effective health care delivery for a defined population.
- o OSC's are responsible for the care and treatment provided to a patient population attributed to the community's PCP

Organized System of Care (OSC) ↔ Accountable Care Organization (ACO)

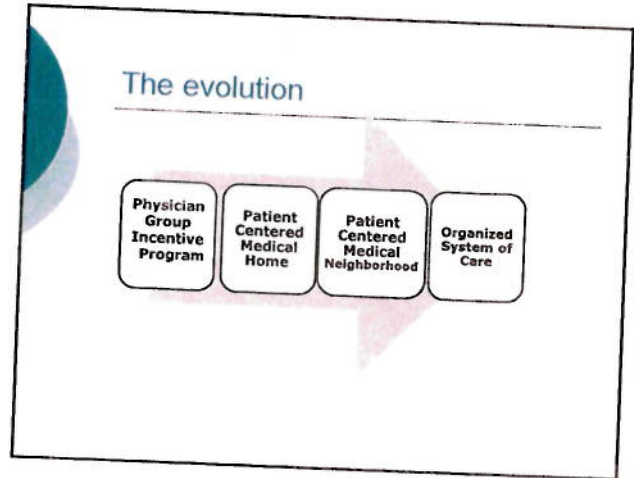
Is there a Difference?

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	(OSC) Organized System of Care	(ACO) Accountable Care Organization
Name:	Organized System of Care	Accountable Care Organization
Objective:	Triple Aim: Better Care, Improved health and Reduced Costs	
Target Patient Population:	All Patients and All Payers	Medicare FFS beneficiaries
PC focused?	Yes	Yes
Can PCP be assigned to more than one OSC/ACO?	No	No- unless individual within a Medicare enrolled TIN applies
Eligibility Requirements:	Complete OSC Application & Agreement	ACO must have the following: 1) Be a legal entity 2) Taxpayer ID # 3) Group of ACO participants working together to manage & coordinate for Medicare patients assigned to ACO 4) Have a mechanism for shared governance with appropriate

Is there a Difference?

	(OSC) Organized System of Care	(ACO) Accountable Care Organization
Name:	20,000 BCBSM PCP- attributed patients	5,000 assigned Medicare beneficiaries for 3 years
Minimum # of Patients	None	3 years for MSSP and 5 years for Pioneer ACOs.
Minimum year commitment	Over time, the OSC will accept accountability for management of financial risk associated with population based measures of system performance.	Yes- includes Medicare Part A and B expenditures. ACO's ability to generate shared savings will be dependent on achieving quality metrics that apply to both physician & hospital.
Is OSC/ACO responsible for total costs of care including professional & facility costs?		



OSCs: High-Performing Systems of Care

Organized Systems of Care

Measure performance, set goals, track progress, coordinate care across the continuum for a defined patient population

Primary Care practices assume responsibility for patients **over time** and **across settings** of care

Facilities and specialists who partner with PCPs in care of patients share **responsibility** and **accountability**

The OSC is called:

Northern Michigan Health Network

(NMHN)

NMHN current community partners are:

- Northwestern Michigan College
- Munson Health Care
- Northern Michigan Regional Chamber Alliance
- McLaren Northern Michigan Hospital
- Alpena Regional Medical Center

NMHN

Mission

To improve the health of Northern MI's population, improve our residents' experience of health care, reduce health care costs, and support our community of care givers.

Vision

Our communities will demonstrate improved wellness, decreased incidence of health problems, and effective disease management.

Values

Physician led, patient-centric, accountable care, continuous improvement, inclusive participation of all payers, providers, patients, and other health-related entities.

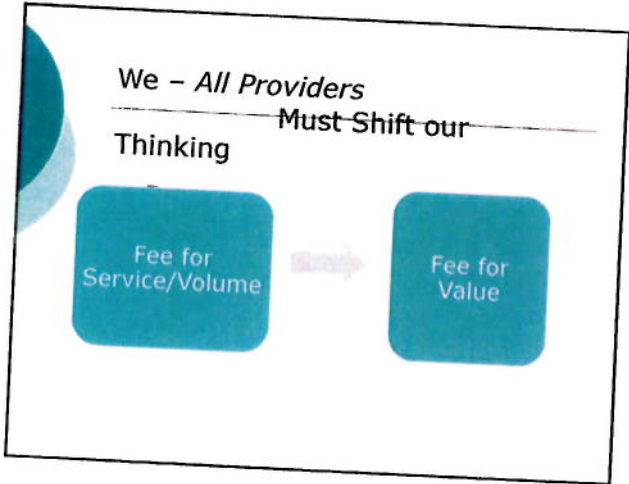
NMHN Performance Metrics

Improve Health of Population (Awaiting results for Community Health Assessment)	% of Population Fully Immunized
	% of Population with diagnosed obesity
Improve our Residents' experience	Patient satisfaction survey measure
	Hospital patient days per hospital
	ED visits for ambulatory conditions
Reduce Health Care Costs	PM/PM Cost (per member per month)
Support our Community of Care Givers	# of new PCPs in area per year
	# of PCPs adopting technology as evidence by monitoring tech adoption at the PU level.

Clinical Integration:

Clinical integration is a network of physicians working in collaboration with a hospital. It includes a program of initiatives to improve the quality and efficiency of patient care, developed and managed by physicians, and supported by a performance management infrastructure.

Clinical integration provides a legal basis for collective negotiation by independent physicians for improved reimbursement on the basis of improved clinical outcomes and efficiency.



- NPO's role in the OSC
- The agent
 - Selection of a registry
 - Clinical integration
 - All-payer OSC

Next steps...

Questions

NPO

Mission
To provide healthcare leadership through a northern Michigan physician led organization.

Vision
NPO will be the model by which physician led, patient-centric, accountable care demonstrates the value of a patient/physician partnership.

Values
Physician led
Sustainably steward resources
Operate with integrity and transparency
Proactive in being a good community partner
Collaborative with community stakeholders

NMHN Goals and Activities

I. Deploy IT infrastructure

- Select/Implement Registry
- Integrate/normalize clinical data
- Provide resources and technology implementation strategy

II. Lead PCMH adoption

- Encourage PCMH PU to promote PCMH model to late adopters
- Educate patients and public on value of PCMH
- Implement a standardized set of evidence based measures for all payers
- Enhance care coordination across the continuum

NMHN Goals and Activities cont.

III. Build Network

- Promote, Market, Educate key stakeholders on Network
- Develop governance structure to manage risk
- Increase to all-payer participation

IV. Make the system more efficient

- Decrease over utilization i.e. Tests and procedures
- Collaborate with providers to reduce duplicative services
- Continuous process improvement to decrease waste and increase efficiency for community of care givers

NMHN Goals and Activities cont.

V. Provide Education to providers & other stakeholders

- Educate providers on best practices
- Transform our culture from reactive to proactive as evidence by wellness
- Transition health care curriculum to include prevention and wellness

VI. Increase Advocacy

- Engage elected officials and staff to affect health policy
- Support payment reform from fee-for-service to fee-for-value