



NATIONAL ASSOCIATION OF

Community Health Centers

Important Content Note:

This technical assistance resource was developed prior to the August 2017 release of the Health Center Compliance Manual by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC). The BPHC Compliance Manual, issued August 2017, indicates where PINS, PALs and other program guidance are now superseded or subsumed by the BPHC Compliance Manual.

See: <https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>



Successful Practices in Accountable Care: Alcona Health Center

Health Center Profile

Health Center: Alcona Health Center

Location: Alpena, MI

Number of unique patients served: Over 27,000

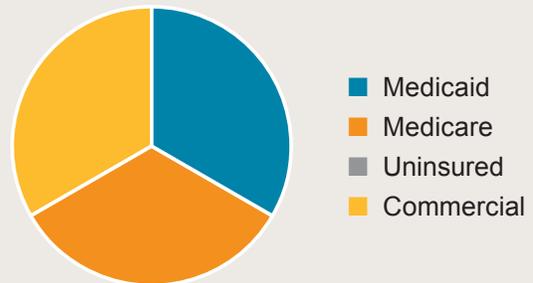
Number of sites: 18

Services offered: Medical, pharmacy, dental, behavioral health, pediatrics

Certifications: NCQA PCMH Level 2

Unique Features: Children's advocacy center

Payer mix (approximate): 33% Medicaid, 33% Medicare, 33% commercial, small portion uninsured



Source: Baumgardner, C. (2016 June 23). Telephone Interview.

Laying the Foundation

Alcona Health Center (Alcona) is a Federally Qualified Health Center (FQHC) located in Michigan. With 18 sites across Michigan, Alcona serves over 27,000 patients. It is a level two Patient Centered Medical Home (PCMH). Approximately five years ago, the Chief Operating Officer (COO) of Alcona was serving on the state rural health association board when the discussion of Medicare accountable care organizations and rural health was discussed. The COO brought the conversation back to Chris Baumgardner, the CEO of Alcona, who in turn brought the subject to the Health Center's Board. In Chris's words, the idea of a Medicare ACO was an easy sell because it was "what we were already doing" with a large Medicare practice already established.

Initially, Alcona attempted to create their own Medicare ACO by working with an attorney to create a separate LLC (the Northern Michigan ACO). The Northern Michigan ACO consisted of Alcona, two other FQHCs, and two private practices. During this time they also worked with the Centers for Medicare & Medicaid Services to update

their information technology system. However, this attempt was unsuccessful due to problems the ACO faced in adequately attributing its patients. The algorithm used to calculate attribution only counted approximately 1,500 of their 7,000 Medicare patients. One attribution challenge they faced was having many "snow birds" who, once attributed, could leave making it difficult to accurately predict their numbers or retain them in subsequent years.

After the initial unsuccessful attempt, Alcona's lawyer reached out to discuss the possibility of joining the National Rural Accountable Care Consortium (NRACC) and its partner company, Caravan Health. NRACC had the resources to establish the ACO as well as support the work. Working with Lynn Barr at NRACC, Alcona continued on the accountable care journey.

Alcona's relationship with the other members of the ACO faced significant challenges at the beginning. In particular, after the first year, Alcona's participation was threatened due to the realization they were a significantly higher cost provider when compared to the other members of the ACO. Specifically, the Alcona providers were referring to a lot of high-cost specialists as well as using high-

cost services such as radiology. Rather than removing Alcona from the ACO, NRACC instead worked with Alcona to reduce costs through care coordination. One example Chris provided, which she says is indicative of the importance of accountability within an ACO, was hiring a new person to be in charge of the care coordination program to further progress and achieve greater results. Additional issues overcome during this time resulted in their hospital partners becoming stronger proponents of the FQHC model and creating strong physician champions.

Alcona has learned their patient population tends to face many chronic health issues, be older, utilize more services, and nearly one-third is on disability. Participating in the ACO has allowed Alcona to receive and utilize data to better understand their patient population and deliver care in a more effective manner.

Data Management and Analysis

When they first began the accountable care process, Alcona was using SuccessEHS which Chris said was good for collecting data but was only able to provide a flat file transfer back making it difficult to understand and utilize the data. By transitioning to the Lightbeam system utilized by NRACC and the ACO, Alcona is now able to receive information specific to their health center, passed through Medicare, and broken down by patient and practitioner. Alcona now receives a data feed monthly, if not weekly. They have been able to risk stratify their patients by a variety of factors, of which Chris says hospital utilization was key. One of the key lessons Alcona has learned is they “do not know what they do not know” and through better EHR utilization they have been able to better understand their population, including the critical fact that approximately 1/3 is on disability as noted earlier. Alcona now has a better understanding of patient needs.

Better Care Coordination

As a PCMH, Alcona had already been practicing care coordination; however, as Chris Baumgardner explained, “it was in a haphazard manner”. Caravan health provided the tools and training for nurses at Alcona to do better care coordination, contacting patients and working with local hospitals, in a more effective manner. This has been one of the key changes for Alcona. In some cases Caravan health will provide staff for care coordination; however, Chris warns that it has to be “culture change from the inside of the organization” in order for the efforts to be successful. It also helped Alcona to remember the patients, not the potential for financial gain, were at the core of their efforts.

Chris stated that the key elements of care coordination were successful

- chronic disease management through trusting relationships,
- patient-centered care using health coaching,
- partnering with primary care providers for a coordinated plan of care,
- connecting patients with community resources,
- optimally managing transitions of care, and
- avoiding duplication of services.

She says all of the elements and benefits coming from care coordination rely on patient engagement.

Annual Wellness Visits

One of the other efforts Chris highlighted was Alcona's increased focus on annual wellness visits. She says they were previously completing two a day where they now are doing approximately two hundred! Moreover, the data shows not only is it a great revenue generator, it allows for better care. It required a team effort to increase their efforts in this area.

Alcona alerted providers to educate their patients on the importance of annual wellness visits, the nursing staff then followed-up with the patients to schedule appointments and take care of the administrative portion in advance by the phone. By eliminating the administrative portion of the visit, doctors were able to provide more hands-on care to more patients.

This is one of the other key lessons Alcona learned in the process of working with an ACO, which is simple solutions are often the best solution.

Next Steps

Although Emergency Room utilization is still high in the Michigan area, through care coordination efforts Alcona is positive this will change in the near future. Alcona also plans to do greater inpatient follow-up, patient education, and address hospice costs. In the coming months, Alcona will learn how they performed on their quality measures and expects to see some reduced costs although they still do not expect to receive shared savings. Chris was quick to caution that an FQHC looking to participate in an ACO will not see savings for quite some time and this is a much longer process. When Alcona receives shared savings they look forward to sharing it with their staff to demonstrate the reward and payoff for the work put in by all to improve care.

Alcona is using the Accountable Care Organization as an opportunity to prepare for alternative payment models (APM). Michigan is one of a few states that will receive training and technical assistance from the National Academy for State Health Policy and Alcona plans to use one of their sites to beta test and further study APM. They are also under a state innovation model.

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For more information contact:

Ashlee Wimberly at awimberly@nachc.com

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Christine Baumgardner, Executive Director, Alcona Citizens for Health, Inc.

Ms. Baumgardner may be reached at cbaumgard@alconahc.org

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