



# Accountable Care Organizations (ACOs) Leverage High-Tech, High-Touch Population Health Tools to Support Patients at High Risk for COVID-19

April 2020

## ACOs and COVID-19

Faced with the greatest public health threat in a century, ACOs across America are identifying patients at high risk for COVID-19, educating them about minimizing exposure, making sure they have enough food and medication to stay home, and remotely monitoring their underlying conditions.

As of January 2020, about 550 Medicare Shared Savings Program (MSSP) ACOs cared for more than 12.3 million beneficiaries. The MSSP is a voluntary program that maintains beneficiary choice of providers while encouraging local physicians, hospitals and others to work together and take responsibility for improving quality, enhancing patient experience, and reducing waste to keep care affordable. Hundreds more commercial and Medicaid ACOs serve millions of additional patients.

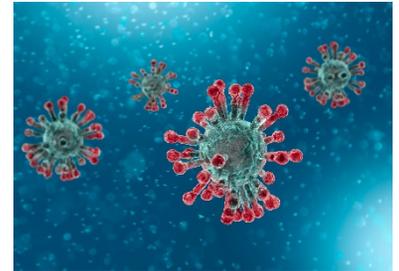
In response to the COVID-19 pandemic, ACOs are using high-tech, high-touch population health strategies that leverage in-depth information with trusted relationships to support high-risk patients.

## The ACO Difference

Too often, health care delivery is fragmented and siloed. Health plans and other payers, for example, might have information about emergency department visits, hospitalizations and other health care utilization but lack trusted relationships with patients, limiting opportunities to improve care. On the flip side, providers might have strong relationships with patients but lack information about their care in other settings, creating missed opportunities to improve outcomes. The ACO model helps bridge this gap by getting providers in-depth data they can use to build on strong ongoing relationships with patients to improve care.

## Identifying and Reaching Out to High-Risk Patients

At the epicenter of the nation's worst COVID-19 outbreak, New York-based Mount Sinai Health System's ACO lost no time in identifying and reaching out to high-risk patients—both for COVID-19 and with chronic conditions, such as COPD, heart failure and diabetes, that can spiral out of control if left unmanaged. Trained staff call each patient, checking for food insecurity; verifying they have needed medications; screening for COVID-19 symptoms, underlying physical conditions, and mental health and wellbeing; and making sure patients know how to access their provider, either in person or via telehealth. In North Carolina, where Coastal Carolina Quality Care ACO has seen less than a dozen COVID-19 cases and few hospitalizations to date, care managers also are reaching out to patients, especially those with



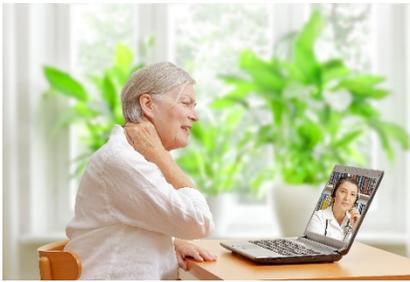
### ***ACOs connect population health and public health strategies to solve COVID-19 challenges.***

mental health conditions, to answer questions, check on medications, make sure patients have food, or arrange to get groceries delivered. The ACO also informed the local hospital that it can monitor patients in their homes, multiple times a day, so that patients can leave the hospital

more quickly and bypass nursing homes where they may be a risk to other patients or at higher risk themselves for coronavirus.

## Telehealth and Remote Monitoring

Already leaders in deploying telehealth, many ACOs are accelerating the move to virtual visits in the face of the COVID-19 pandemic. For example, Adelaide, which partners with independent physicians, provided its national



network of physician-led ACOs with a comprehensive telehealth solution in a matter of days in late March, allowing primary care practices to maintain access for elderly and high-risk patients while staying safe in their homes and minimizing the spread of the virus. Similarly, New Jersey-based Atlantic Health System's ACO is using predictive modeling to identify high-risk patients and, along with telehealth visits, providing remote patient monitoring, for example, for oxygen levels, to avoid hospitalizations or enable a discharge to home rather than a nursing home. In the same vein,

Mount Sinai, along with conducting 2,500 video visits daily, has arranged for patients with high-blood pressure and/or heart failure to obtain blood pressure monitors and scales at no out-of-pocket cost to patients.

## Care Transitions

At Michigan-based Trinity Health, one of the nation's largest Catholic health systems, serving more than 30 million people across 22 states, the system's ACOs and other population health initiatives are focused on

***ACOs are focused on transitions of care to ensure 'handovers' are in place for all patients discharged from inpatient, skilled nursing facility and other settings to get patients home as quickly as possible to avoid exposure to the coronavirus.***

transitions of care to ensure "handovers" are in place for all patients discharged from inpatient, skilled nursing facility and other settings. The goal is to get patients home as quickly as possible to avoid exposure to the coronavirus. Concurrently, Trinity has expanded home health care services to make sure patient needs for wound care, oxygen, and other resources are met. All home health workers take their own temperatures before entering patient homes to allay



concerns about spreading the virus. Since hospitals and nursing homes are such high-risk sites for virus transmission, Atlantic Health System has converted an empty assisted living facility to serve as a temporary skilled-nursing site to transition patients out of the hospital sooner with continued isolation until transmission-based precautions are no longer needed.

## ACOs at a Glance

**Adelade**, based in Bethesda, Md., and Dublin, Ohio, partners with primary care physicians to build and lead ACOs across 25 states and in partnership with more than 650,000 patients in more than 300 practices.

**Atlantic ACO**, based in New Jersey, is a health system and physician partnership with close to 2,000 physicians and more than 270,000 attributed covered lives across Medicare and commercial contracts.

**Coastal Carolina Quality Care ACO**, based in Bern, N.C., includes 40-plus physicians and about 20 mid-level practitioners caring for 12,000 Medicare patients spread over five counties in eastern North Carolina.

**New York Medical Partners ACO** is affiliated with New York City-based Mount Sinai Health System, which has more than 400 locations across New York and employs 7,400 primary care physicians and specialists.

**Trinity Health**, based in Livonia, Mich., serves diverse communities that include more than 30 million people across 22 states and participates in the Medicare Next Generation ACO model, caring for more than 80,000 Medicare beneficiaries across Illinois, Michigan, New Jersey, and Ohio.