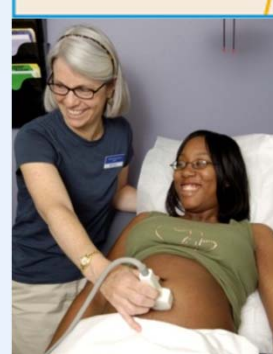
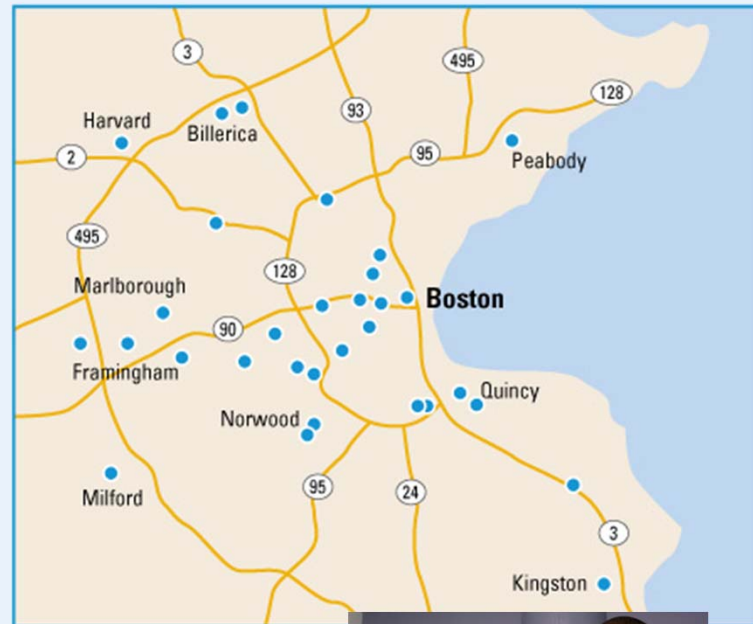
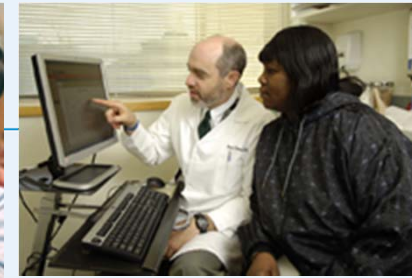


Becoming a (Better) ACO

Gene Lindsey, MD, President & CEO
Atrius Health

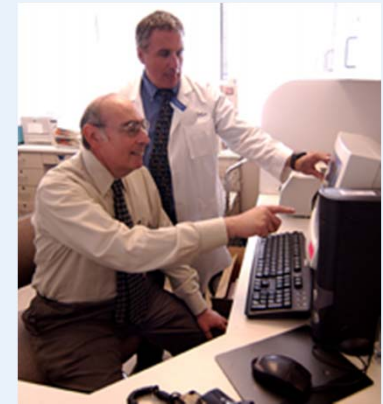
Atrius Health

- Non-profit alliance of five leading independent medical groups
 - Granite Medical
 - Dedham Medical Associates
 - Harvard Vanguard Medical Associates
 - Southboro Medical Group
 - South Shore Medical Center
- Provide care for almost 700,000 adult and pediatric patients from 30 ambulatory sites
- 800 physicians, 1250 other healthcare professionals across 35 specialties



Atrius Health

- 100% on EMR combined with corporate data warehouse, used for managing quality and cost.
- Long history with global payments, currently managing 225,000 risk patients across commercial, Medicare and Medicaid populations.
- Strong infrastructure to manage risk



Virtual Integration

- Collaborative relationships with about 15 preferred hospitals across our geography
- BIDMC is preferred tertiary hospital
 - “Magic button”
 - Single referral line for Atrius Health patients
 - Executive Liaison Officer
 - Clinical collaboration committees
 - Close executive working relationships
 - Beginning joint projects for process improvement and program development



Beth Israel Deaconess
Medical Center

The Concept of an Accountable Care Organization is not New

“The existing deficiencies in health care cannot be corrected simply by supplying more personnel, more facilities and more money. These problems can only be solved by organizing the personnel, facilities and financing into a conceptual framework and operating system that will provide optimally for the health needs of the population.”

Dr. Robert Ebert, Founder,
Harvard Community Health Plan, 1969

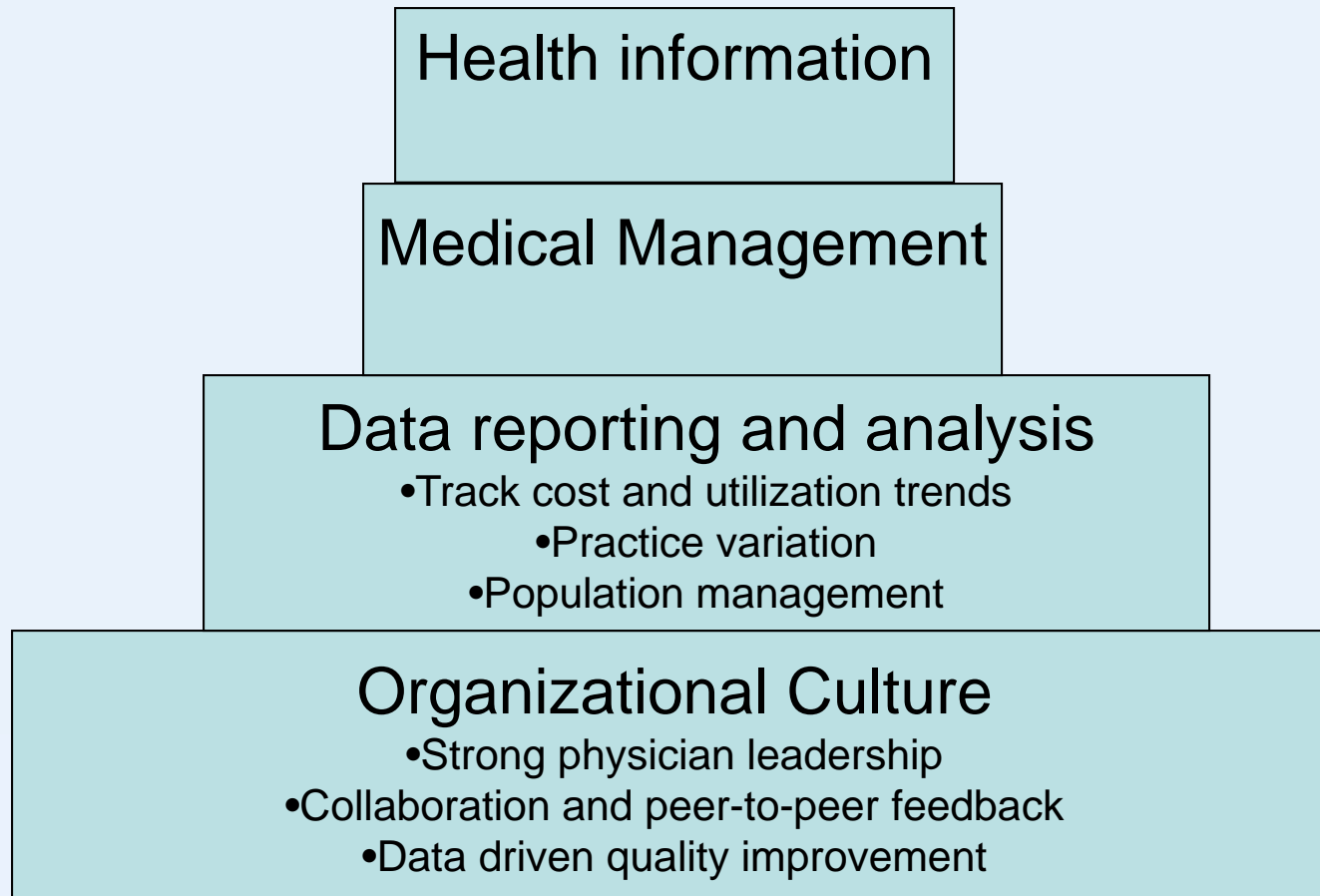
Atrius Health Assessment in 2008

- Growth in health care costs not sustainable
- All payers looking for increased value
 - We were then negotiating with BCBSMA on Alternative Quality Contract (AQC)
- Quality must be the focus; Cost will follow
- Physician “job do-ability” is an issue we also must solve at a time of growing shortages
 - Epic overly cumbersome
 - Not working at “top of license”

From 2009-2012 Strategic Planning

- Increase ability to work in well-functioning clinical teams
- Toyota Lean as an operating system
- Rescue and reallocate resources
 - Ensure right care in the right place
 - Minimize misuse and overuse
- Innovation in clinical delivery
 - Advanced Medical Home
 - Shared Medical Appointments
- Decision-making close to the patient
- Epic standard model

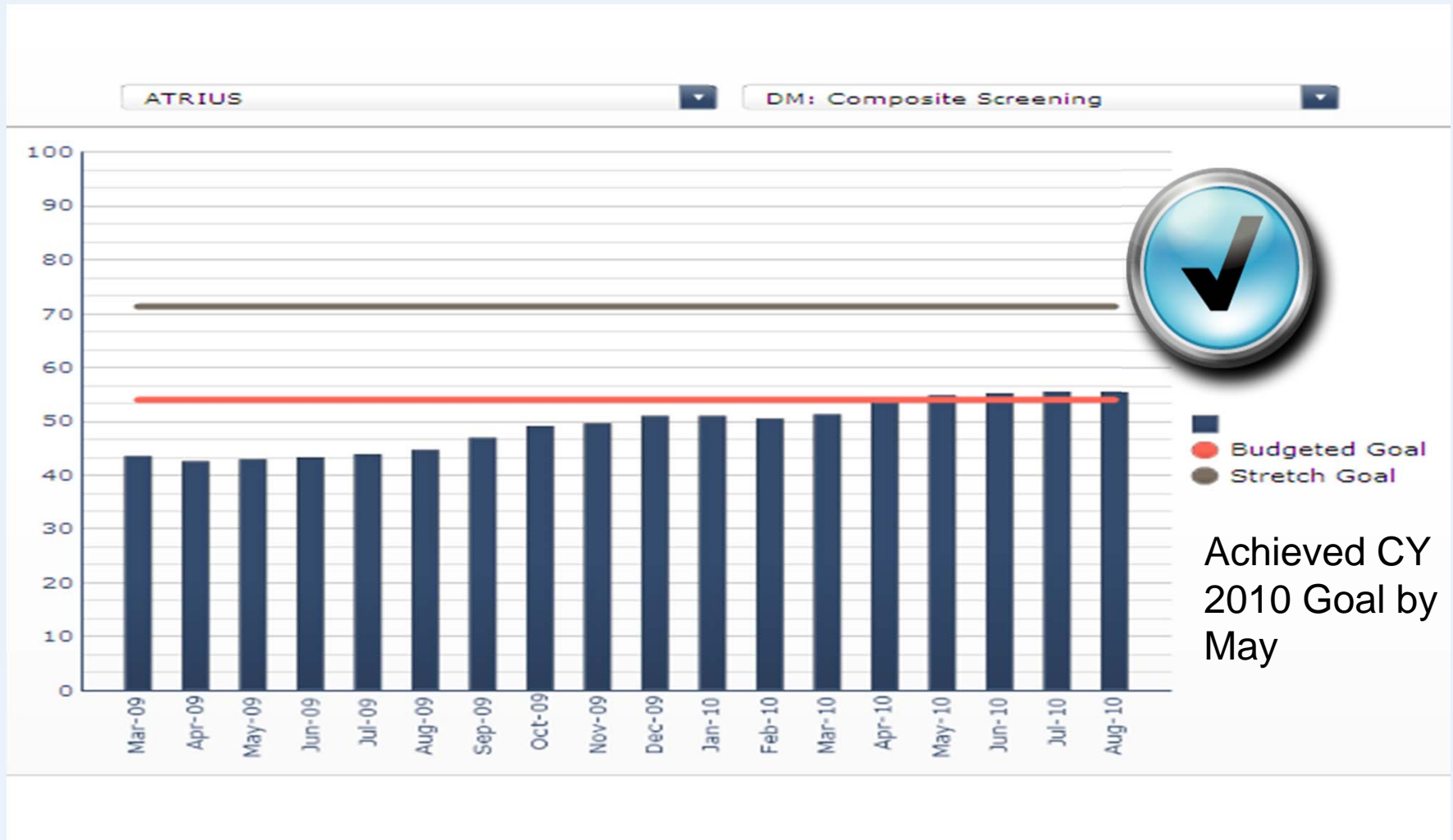
Continue to Improve Infrastructure to Manage Quality and Cost Effectively



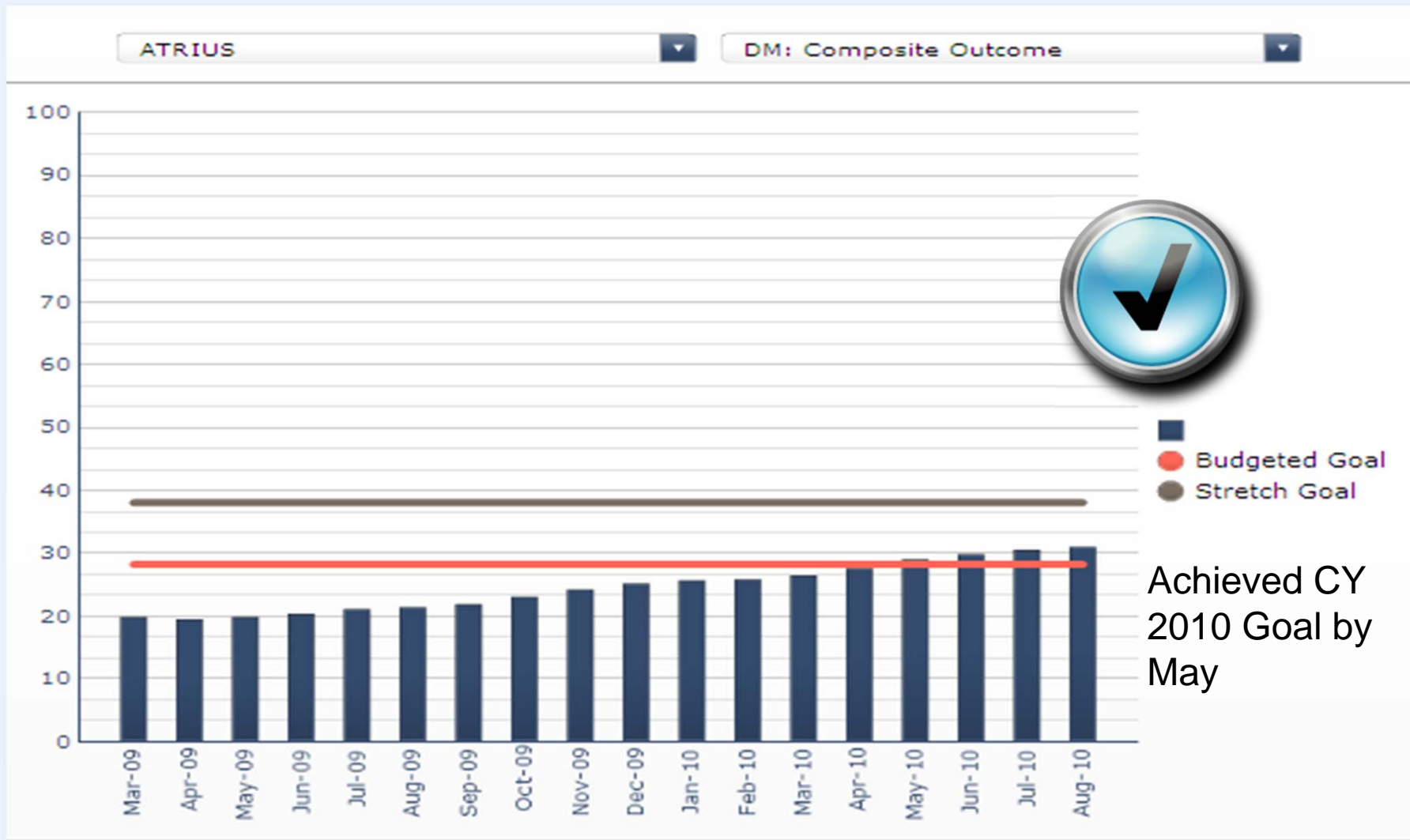
Atrius Health Quality Activities Post AQC

- Atrius QI Council
- Regular Site Visits
- Population Managers
- Monthly Quality & Safety Newsletters
- Standard Work for Clinical Care & Cross-Specialty Work
- Data Development
 - improved group, site, and PCP quality measurement reporting

Atrius Diabetes Composite Screening (LDL, A1cx2, Eye, Neph) March 2009 (43.5) – August 2010 (55.5)



Atrius Diabetes Composite Outcome (LDL<100, A1c<9%, BP<130/80) March 2009 (19.9) – August 2010 (31.0)



Facilitating the Systematic Reduction of Spending

- Utilize clinician skill well to:
 - Eliminate waste in our processes (Lean)
 - Reduce overuse of inappropriate or unnecessary procedures
 - Reduce unnecessary clinical variation
 - Make more cost-effective choices (e.g. generic drugs, ambulatory procedures)
 - Prevention and better chronic disease management
 - Manage care for high risk patients more effectively to reduce need for hospitalization and re-admits
 - Use staff at top of license

Where are We Going?

- Position ourselves as a successful Accountable Care Organization without hospital ownership but in collaboration with many hospital and provider entities
- Continue our LEAN journey to improve quality, patient safety, patient experience, and value to payers.
- Implement patient centered medical home concepts in each practice
- Improve our clinical integration and growth of joint specialty and ancillary services
- Reduce spending
- Provide physician leadership with a community practice perspective in the state as health care reform evolves.

Contact Information

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