



AWV

Learning Lab



January 18, 2024
2:00 pm to 3:30 pm ET

Learning Lab Documents



- Agenda
- Learning Lab Note Template – used to add takeaway information for future use
- Presentations by Member ACOs
- Meeting recordings and documents found on Learning Lab under Education & Events on the NAACOS [website](#).

Housekeeping Items



- The learning lab is meant to be a classroom type of setting
- We request that participants be on camera whenever possible. This helps keep you engaged in the meeting material and place faces with names of participants.
- Questions are not only welcomed, but they are also imperative to enhance everyone's learning experience.
- We may call on you at any time for your opinion on the current topic of discussion
- Please mute your microphone when not speaking and unmute when speaking.
- Please add your First and Last Name to Zoom.

Agenda



AGENDA

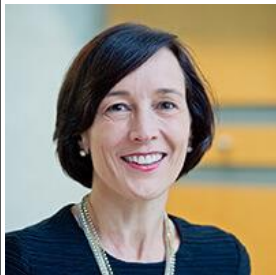
Annual Wellness Visit (AWV)
Learning Lab Virtual Series

January 18, 2024
2:00 pm – 3:30 pm

Location: Zoom Meeting **Sent to participants**

		Speakers
2:00 pm – 2:10 pm	Learning Lab Opening Introduction	Melody Danko-Holsomback, NAACOS
2:15 pm – 3:15pm	AWVs for Older Adults with Complex Care Needs in ACOs: The SPIRE Study	Christine Seel Ritchie MD, MSPH Director, Mongan Institute Center for Aging and Serious Illness Massachusetts General Hospital Professor of Medicine, Harvard Medical School
3:15pm – 3:25 pm	Q and A	Jennifer Perloff, PHD Attendee participation
3:25 pm - 3:30 pm	Adjourn	Melody Danko-Holsomback

Introductions



Christine Seel Ritchie, MD, MSPH

Dr. Christine Ritchie, is a geriatrician and palliative care physician and health services researcher, who brings to this work a passion that began with her own family experience, when she cared for her aging parents with complex needs in her home. Her expertise in implementation science, development of clinical care delivery models for older adults with complex needs, and substantial background in home-based medical care, multimorbidity and dementia care has been shaped by her work in North Carolina, Kentucky, Alabama, California and Massachusetts where she was recruited to Massachusetts General Hospital (MGH) to hold the endowed chair honoring Dr. Kenneth L. Minaker, who is widely recognized as a foundational leader in senior health and to build a new Center on Aging and Serious Illness within the Mongan Institute at MGH. Dr. Ritchie directs the research program in the MGH Division of Palliative Care and Geriatric Medicine, which is engaged in multiple clinical trials evaluating geriatric and palliative care delivery models. Dr. Ritchie is also co-chair of the national Palliative Care Research Cooperative and the Dementia Palliative Care



Jennifer Perloff, PhD

Jennifer Perloff is director of research at the Institute for Accountable Care and a senior scientist at Brandeis University with over 15 years of evaluation and health services research experience. In addition to supporting ACO analytics for IAC, Dr. Perloff directs a variety of research projects analyzing population health models including beneficiary attribution, nurse practitioner/ACO staffing and low value care. She is a national expert in episode-based payment and led the design of analytic reports for health systems participating in CMMI's bundled payment for care improvement (BPCI) model. Dr. Perloff helped lead the team that developed the Episode Grouper for Medicare (EGM), a comprehensive system with over 800 chronic, acute and treatment episodes. She has done extensive research on the cost and quality of nurse practitioner led primary care. Dr. Perloff currently sits on the National Quality Forum's Scientific Methods Panel and the Heller School Information Security Committee.

*AWVs for Older Adults with Complex Care Needs
in ACOs:*
The SPIRE Study

Christine Seel Ritchie, MD, MSPH
Jennifer Perloff, PhD

SPRIE Study Leadership Team



Karen Donelan, ScD, EdM



Christine Ritchie, MD, MSPH



Jennifer Perloff, PhD



Rob Mechanic, MBA (IAC)



Carie Michael, SM

Why do Annual Wellness Visits (AWVs)?

1. Capture/renew diagnosis codes for risk scores
2. Improve attributions, particularly for healthy beneficiaries who do not use a lot of care
3. Develop a comprehensive care plan to guide and coordinate services



Is this enough?



Background

- Perfect storm of reduced primary care capacity to engage in proactive care, increased care needs of older adults with complex care conditions, and reduced inpatient capacity to address crisis care
- Older adults with complex have overall increased TME and care fragmentation
- These patients need age-friendly care that integrates geriatrics and palliative care principles

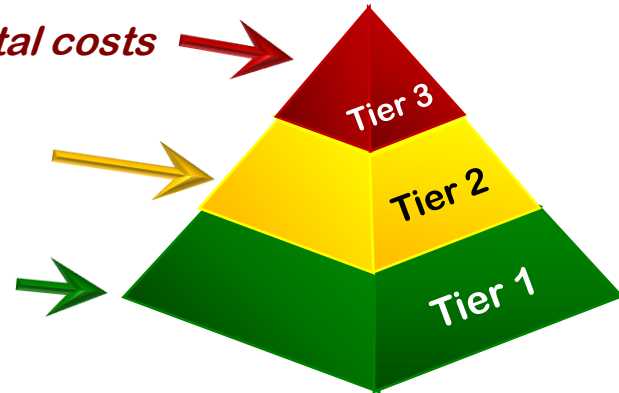
Background

- Complex care
 - Health needs that are complicated by significant medical and social factors
 - Major driver of health care costs

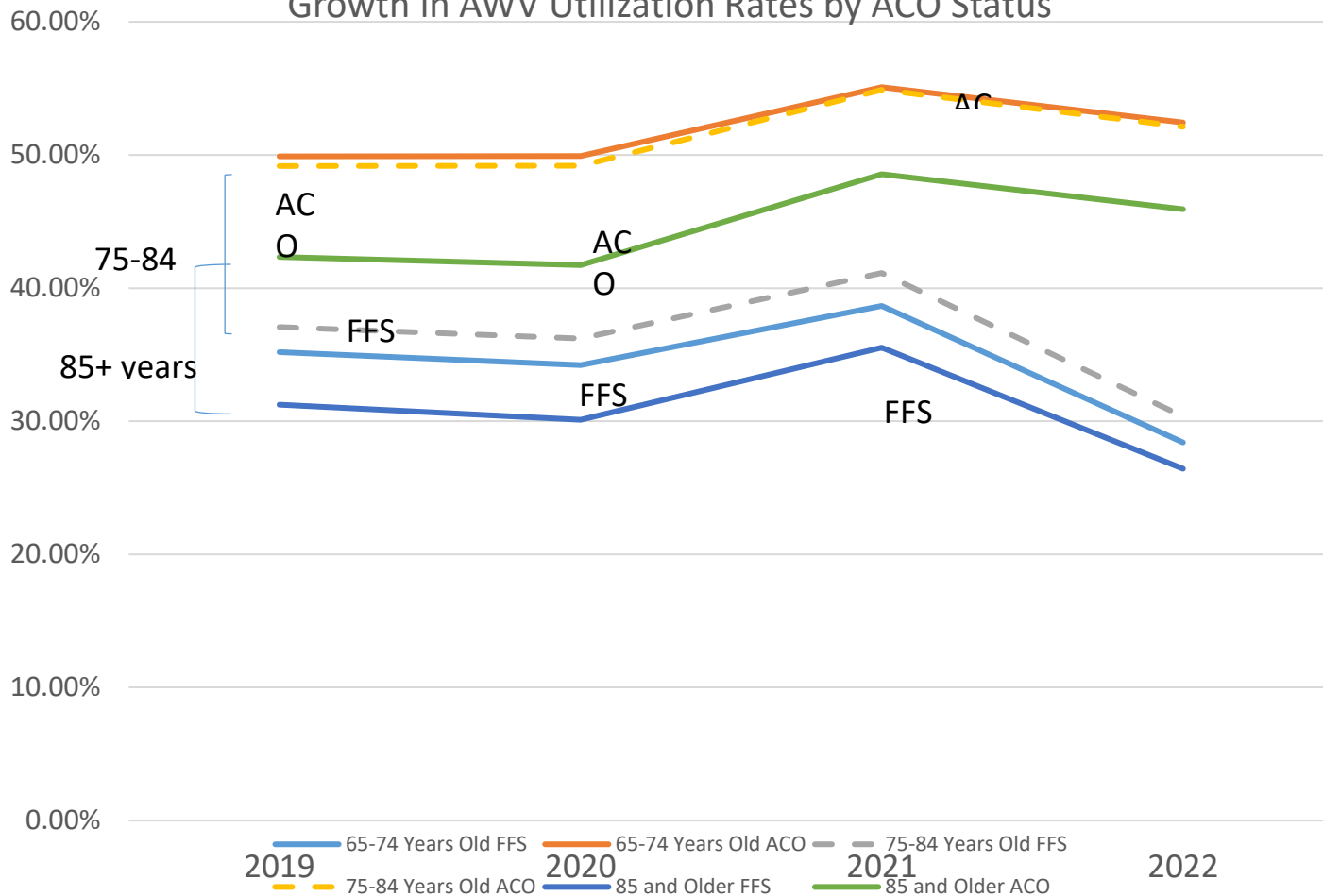
10% of patients account for *64% of total costs*

40% account for *31% of total costs*

50% account for *3% of total costs*



Growth in AWW Utilization Rates by ACO Status



Potential benefits to beneficiaries, care givers and providers

- Opportunity to reflect/plan across multiple providers
- Time to consider/address social drivers of health
- Time to discuss advanced directives and end-of-life care
- Craft a meaningful care plan
- Engage in patient-centered care

Two Potential Strategies



Annual Wellness Visits

- Incorporation of geriatric assessments in primary care to produce a Personalized Preventive Plan
- Uptake about 50+%>>>> less in older adults with complex care needs
- May reduce hospital care and increase preventive care
- Not implemented in a standard way
- Often used to ↑HCC scores

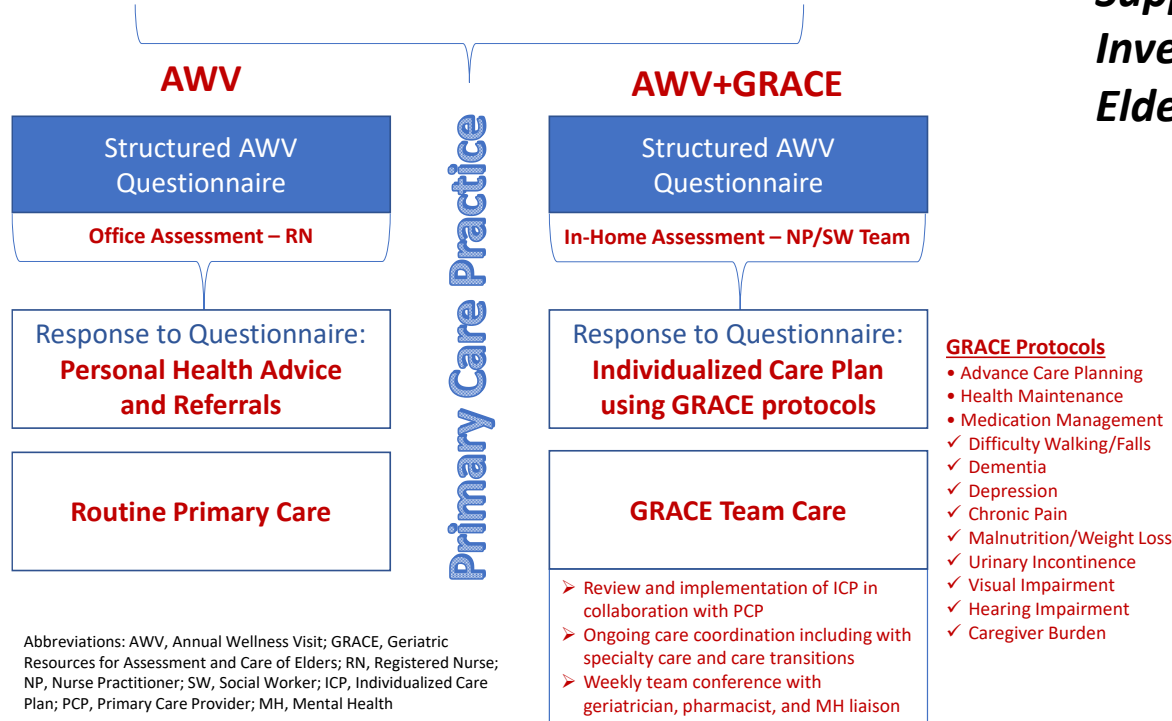
Age-friendly Collaborative Care (GRACE)

- Protocolized co-management model designed to reduce costs and support overburdened primary care providers
- Core components
 - 1) an initial in-home assessment
 - 2) an individualized care plan by a nursing/social work team
 - 3) structured protocols,
 - 4) integrated co-management with the PCP

Plan: Compare
the Two Models

A yellow right-angled triangle is positioned in the bottom right corner of the slide, pointing towards the top-left.

Older Adults with Complex Health Care Needs



Abbreviations: AWW, Annual Wellness Visit; GRACE, Geriatric Resources for Assessment and Care of Elders; RN, Registered Nurse; NP, Nurse Practitioner; SW, Social Worker; ICP, Individualized Care Plan; PCP, Primary Care Provider; MH, Mental Health

Support for Practices Invested in Respecting Elders (SPIRE) Study

Study Outcomes

Primary

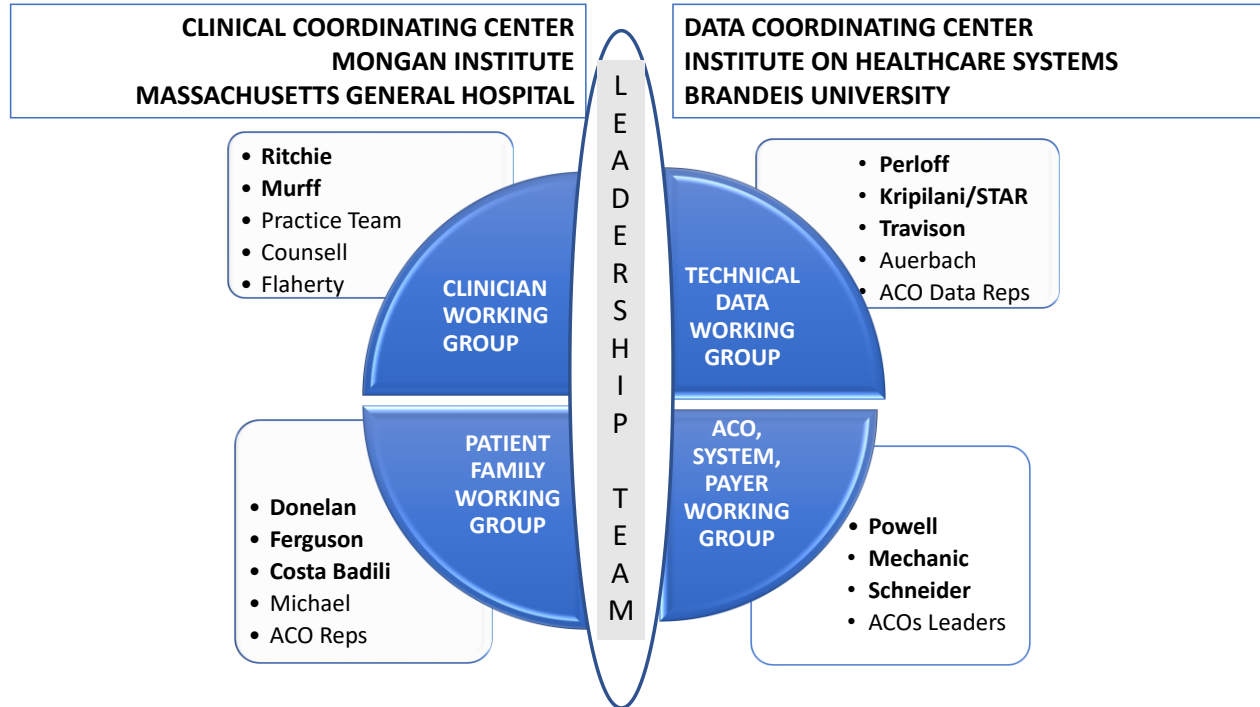
- Count of acute care admissions (Medicare claims data)
- Patient experience (PROMIS survey)

Secondary

- Physical and mental functioning, PROMIS Global
- Caregiver Strain, Modified Caregiver Strain Index
- Clinician Well-being, Professional Fulfillment Index
- Out-of-pocket costs, Medicare claims
- Hours spent caregiving and staffing costs

Stakeholder Engagement is Key to PCORI Research

STAKEHOLDER ENGAGEMENT PLAN

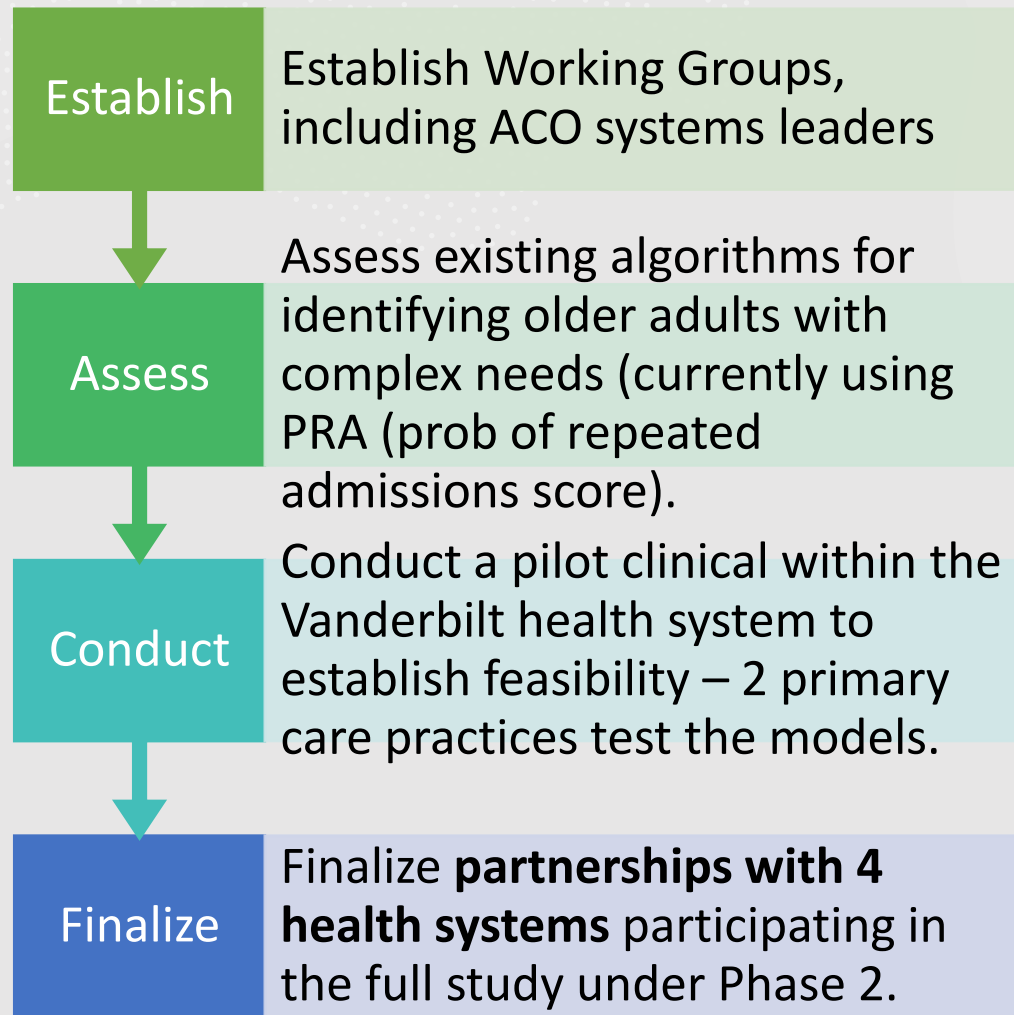


The ACO System Leaders Group – Learning by Watching

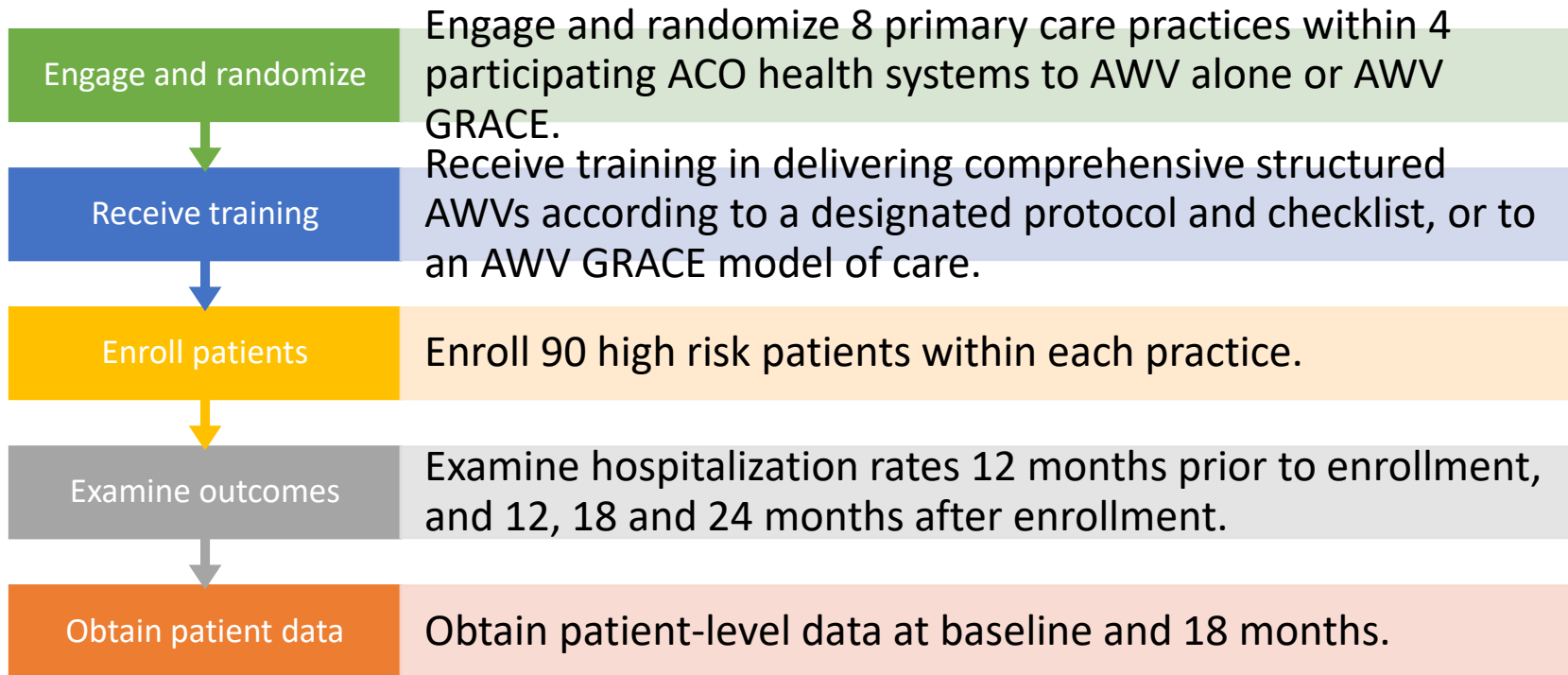


Seid M, Hartley DM, Margolis PA. A science of collaborative learning health systems. *Learn Health Syst.* 2021 PMID: 34277944; PMCID: PMC8278442.

Phase 1:
Jan 2024-June
2025
Pilot Phase



Phase 2 Full Study Phase: July 2025-July 2029



Ways of getting involved

1

Join the ACO
Systems Leaders
Working Group

2

Contribute staff
to other working
groups

3

Receive monthly
updates on
project

Communication Plan

Leadership/Stakeholder Meetings

Newsletters

Email updates

Website

Scheduling from SPIRE@mgh.harvard.edu



Questions?

Contact us: SPIRE@mgh.harvard.edu

Upcoming Events

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NAACOS Winter Boot Camps

- February 8-9, 2024
- Marriott Orlando Airport Lakeside, Orlando, FL
- 2 Concurrent Boot Camps
 - Clinical Operations in Care Transformation Boot Camp
 - Data and Analytics for Care Excellence Boot Camp

Seats are filling fast

[Register Now before it's too late!](#)

Upcoming Events

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NAACOS Spring Conference 2024

April 10–12

Hilton Baltimore Inner Harbor

[Registration Now Open!](#)

Discovery Calls



Discovery Call: Potential DME Fraud Within Your ACO

Date / Time: January 22nd, 2024, 02:00 PM - 03:00 PM (ET)

[Register Here](#)

Discovery Call: Using the MSSP Benchmark Tool to Estimate Year End Results

Date / Time: March 7th, 2024, 02:00 PM - 03:00 PM (ET)

[Register Here](#)

Webinars



Webinar Title: New Years Resolution: Prepping for ACO Compliance in PY24 (MSSP)

Date / Time: February 27th, 2024, 02:00 PM - 03:00 PM (Eastern)

[MSSP Compliance Webinar Registration](#)

Webinar Title: New Year's Resolution: Prepping for ACO Compliance in PY24 (REACH)

Date / Time: February 28th, 2024, 02:00 PM - 03:00 PM (Eastern)

[REACH Compliance Webinar Registration](#)



Thank you!



Contact Information



- **Melody Danko-Holsomback**, mdholsomback@naacos.com
- **Christine Ritchie, MD**, CSRITCHIE@mgh.harvard.edu
- **Jennifer Perloff, PHD**, perloff@brandeis.edu

Appendix



Group Discussion



Note Template Questions:

1. What problem does the topic address?
2. What population of patients could benefit from this?
3. What didn't I know or haven't thought about trying in my ACO?
4. Could any of this presentation work in your ACO or CIN?
5. If yes, how? If no, why not?

You may use this template to document notes from the presentation that you feel would be helpful in your practice.