Rural Innovation Profile
A Rural Accountable Care Organization's Journey

What: A patient-centered, rural, accountable care organization that remains value-based and committed to change.

Why: Leveraging health care payment and delivery models to provide high quality, comprehensive, coordinated, and patient-centered care at a lower cost.

Who: South East Rural Physicians Alliance Accountable Care Organization (SERPA-ACO), a physician-led ACO that includes 16 physician-owned clinics in Nebraska.

How: Accountable Care Organization model implementation by using patient data, complete and accurate coding, establishing primary care providers as change leaders, and supporting patients through robust care coordination.

Key Points

- Use patient level data to drive a patient-centered process. If you do not have patient level data, you do not know which patients to connect with and how to address them.
- Understand what drives cost, expenses, and quality. Complete history and comorbidities need to be documented and coded each year for every patient because it impacts their risk score and provides a more accurate picture of expected health care costs and outcomes.
- Value-based payments along with fee-for-service payments, are critical to advancing patient-centered primary care.

SERPA-ACO'S VALUE BASED PAYMENT JOURNEY

The South East Rural Physician Alliance – Accountable Care Organization (SERPA-ACO) is a rural, physician-led ACO based in Crete, Nebraska. Established in August 2012, SERPA-ACO includes 16 clinics (all physician-owned, 1 Rural Health Clinic, 13 rural-located, and 3 suburban-located) with 143 providers (77 physicians, 48 physician assistants, 18 nurse practitioners) and 27 care coordinators. The clinics formed SERPA-ACO as a new limited liability corporation. A physician from each clinic serves on the Board of Directors. A Chief Executive Officer, Chief Medical Director, Data Manager, Clinical Care Coordinator, and a Quality Care Coordinator staff SERPA-ACO. Joleen Huneke, SERPA-ACO Chief Executive Officer, notes that a desire to remain independent from large health systems helped bring the SERPA-ACO practices together.

> **"The growth I've seen in my 16 clinics is amazing. They used to say they provide high quality care and now they can prove it."**
>
> *Joleen Huneke, SERPA-ACO CEO*

Initially, SERPA-ACO participated in the Medical Sharing Savings Program (SSP) but found that participation in the SSP was not financially viable for their organization. Although SERPA-ACO chose to exit the Medicare SSP, SERPA-ACO will reassess Medicare SSP participation after CMS implements new ACO regulations in 2024. As a value-based alternative to the Medicare SSP, SERPA enrolled in the Comprehensive Primary Care Plus (CPC+) Model in 2017. Ten SERPA-ACO clinics signed on to CPC+ and six clinics joined Emergent-ACO (another ACO that was participating in the Medicare SSP). CPC+ was a regionally based, multi-payer care delivery model that used value-based payment to create flexible cash-flow opportunities practices could use to support whole-person, patient-centered care. The CPC+ model was active for five years and ended in 2022. At that point, five of the 10 clinics then joined Emergent-ACO. The other five clinics enrolled in Primary Care First (PCF), another five-year CMS Innovation model offering an alternative payment structure to support the delivery of advanced primary care. The model focuses on patients with chronic care by using financial incentives supporting a strong clinician-patient relationship.

In addition to Medicare value-based contracts, SERPA-ACO has commercial and Medicaid contracts with quality requirements, and they recently engaged in value-based Medicare Advantage contracts (it is too early to determine their impact). All the payment contracts that SERPA-ACO is engaged in include both a fee-for-service component and value-based payments. SERPA-ACO leadership believes the two payment models work together and that both are essential to assuring access to care and creating incentives to increase quality, improve patient outcomes and wellness, and decrease costs.

ACTIVITIES TO SUCCEED IN VALUE-BASED PAYMENT

SERPA-ACO clinics use nine different electronic medical record (EMR) systems. Because EMRs were not developed with "normalized" data (data organized to fit specific formats, ranges, and standard forms so data can be digested and analyzed easily), additional electronic tools are needed to organize the data, make it uniform, and make it useable for analysis and reporting. To accomplish this, SERPA-ACO uses nSights (a health data harmonizing and analysis platform). nSights uses claims data from CMS and other payers. nSights also uses EMR data from each clinic and matches patients to claims. As a result, SERPA-ACO physicians have access to accurate and comparable data based on cost, quality, patient safety, and patient satisfaction. Each clinic gets weekly, monthly, and quarterly reports:

- Weekly reports (based on claims) identify patients who were admitted to, and discharged from, a hospital and/or emergency room,
- Monthly reports identify patients in need of regularly scheduled services (e.g., mammograms and colonoscopies), and
- Quarterly reports indicate patients with chronic conditions who need follow-up and support.

> **"We believe in value-based care. We believe it is good care."**
>
> *Joleen Huneke, SERPA-ACO CEO*

The patient level reports allow each of the clinics and their care teams to know which patients to connect with. Using data, clinic teams can identify patient needs earlier, taking preventative care steps and managing care in the clinic instead of the hospital or emergency room where costs are significantly higher. The EMRs provide data for all patients but the ACO only uses data for patients enrolled in value-based programs (the programs that reimburse for the care coordination and/or shared savings).

SERPA implemented a process to support clinics in becoming level 3 Patient Centered Medical Home (PCMH). Important next steps included operationalizing PCMH and value-based payments helped create a framework and incentives for SERPA-ACO members to do that work. As of January 2023, all SERPA-ACO clinics are URAC Level 3 Certified Patient Centered Medical Homes.

Care coordination plays a significant role in SERPA-ACO clinics' care and so do the nurses, administrative staff, and health care providers who schedule preventative care and follow-up visits, provide care, and do billing and coding. Clinics have also engaged with community resources so they can better connect patients with services that address social determinants of health and other needs outside the clinic setting.

When SERPA-ACO was first established, providers and administrators did not understand the importance of accurate patient risk-scoring and risk-adjustment. This has become an important aspect of operations both in terms of billing and coding but also establishing patient care goals. To support coding accuracy SERPA-ACO: conducts coding education for providers; holds regular coder meetings; conducts regular chart audits through an external auditor; collaborates with providers to be sure they are documenting accurately; encourages providers to use scribes; and shares coding impact information with staff.

Each year, SERPA-ACO reviews its quality measures and identifies a target to address. Health care provider training is then focused on that target and is structured to align with the Maintenance of Certification Part 4 board certification requirement for physicians. In 2022, the targeted improvement focus was depression, and in 2023 it is HPV vaccination.

SERPA-ACO clinics have encountered several challenges along their ACO journey, including the COVID-19 pandemic and current workforce challenges. Because the organization was already well-established and relationships were in place prior to the pandemic, SERPA-ACO provided an outlet for providers to connect and share information about community conditions in a safe environment. Workforce issues, across all clinics and all positions, continue to be challenging.

NEXT STEPS
SERPA-ACO will continue to evolve but remains committed to, and believes in, value-based care and patient-centered care. SERPA-ACO continues to learn by participating in workshops and webinars aimed at improvement and by reaching out to other ACOs in the state and region to learn, strategize, and share. For primary care clinics considering developing or joining an ACO, SERPA-ACO recommends developing strong communications between clinics; developing an understanding of what is driving costs, expenses, and quality; providing team-based care so everyone on the care team is working at the top of their license; and celebrate successes.

June 2023

> "Paint the patient's picture with coding. If you don't do it accurately, it will be very difficult to hit the right target."
>
> *Joleen Huneke, SERPA-ACO CEO*

Tell us about your rural health care delivery or financing innovation.
Go to http://www.RuralHealthValue.org and click on "Share Your Innovation."