Learning on the job: Johns Hopkins Medicine Alliance for Patients

December 14 2015

Academic medical centers that take on community partners to form accountable care organizations face a number of unexpected challenges, says Scott Berkowitz, M.D., M.B.A., medical director of accountable care for the Office of Johns Hopkins Physicians and executive director of the Johns Hopkins Medicine accountable care organization (ACO) known as the Johns Hopkins Medicine Alliance for Patients (JMAP).

Twenty-two months after the inception of JMAP, Berkowitz and colleagues report on the startup experience in a "Perspective" article published recently in the journal *Academic Medicine*.

Information technology challenges, governance issues and provider engagement hurdles are among the barriers academic medical centers can expect when partnering in accountable care ventures, Berkowitz says.

"We've learned a lot in the first year-and-a-half of our ACO," Berkowitz says. "Changing our focus from one based on volume to one based on value requires some new ways of thinking. We're glad to share some of our initial findings."

JMAP is made up of the Johns Hopkins University School of Medicine, Johns Hopkins Community Physicians, The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital, Suburban Hospital and Sibley Memorial Hospital. JMAP partners include Columbia Medical Practice, Potomac Physician

Associates and Cardiovascular Specialists of Central Maryland. In all, nearly 2,900 providers care for 37,000 Medicare beneficiaries.

"We have been thrilled to be members of the JMAP team," says DeWayne Oberlander, CEO of Columbia Medical Practice. "Partnership in an ACO with Johns Hopkins has created the relationships and processes that have fundamentally changed the referral process and established the structure for collaborative working relationships. It is amazing to consider how far we've come, and we're looking forward to the important work ahead to improve the quality and efficiency of care."

In this piece, Berkowitz focused on academic medical centers in the Medicare Shared Savings Program, the most common type of ACO.

The generation and collection of data, Berkowitz says, were among the challenges Johns Hopkins Medicine faced in the early days of its ACO.

Both Johns Hopkins and its community partners in the ACO were in various stages of electronic medical records implementation. Training systems to communicate with one another is integral to long-term ACO success.

"The steps to receiving Medicare claims data and then the ability to use the data for analysis and risk prediction have taken nearly a year to implement," Berkowitz writes in the report. "Although one would hope to be able to leverage these powerful tools early on in the first performance year, the reality is that the complexity of systems can take time to properly navigate, and there is a need for upfront IT, analytic and electronic medical record expertise."

The ACO was a keystone of the Affordable Care Act, encouraging providers and hospitals to form networks that coordinate efficient patient care, keeping Americans healthier and reducing health costs at

the same time. More than 7.2 million Medicare beneficiaries are covered by 405 Shared Savings Program ACOs across the U.S.

Berkowitz also points to the inherent tension for academic medical centers in moving to a population health model.

"Maintaining specialty referrals and a high hospital bed occupancy rate can still be consistent with the overall philosophy of keeping people healthy and out of the hospital when appropriate," Berkowitz says. "The goal is the right care, in the right place, at the right time."

The U.S. Department of Health and Human Services has said that a target of 30 percent of Medicare payments will be tied to quality or value through alternative payment models such as ACOs by the end of 2016 and that, by the end of 2018, one-half of payments will have this requirement.

Provided by Johns Hopkins University School of Medicine