

A UNIQUE AND INNOVATIVE COLLABORATION OF AN ADULT AND PEDIATRIC VALUE-BASED CARE MODEL

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Arkansas Health Network (AHN), the largest provider-led clinically integrated network (CIN) in Arkansas and a national best practice in population health management, shows how a functional collaboration between independent CINs created a win-win situation for all stakeholders in the market.

APPROACH

In 2018, AHN began researching a collaborative value-based model of care to cover entire families in Arkansas. After an independent study to find similar US models yielded no examples, AHN decided to establish a new model in Arkansas. Instead of competing with CINs within the state, AHN initiated a collaborative approach with Arkansas Children's Care Network (ACCN), the state's only pediatric CIN. Recognizing that access to care is critical in a rural state, NextHealth (NH) CIN was added to broaden the scope and geographical reach of services to jointly provide better care for Arkansans through a memorandum of understanding (MOU).

While each CIN is an independent and autonomous entity, they align their care delivery models to assist one another in providing high-quality and efficient care to beneficiaries. The success of this collaboration was predicated on trust at the highest leadership levels and proven successes in value-based care (for example, just in MSSP ACO, AHN has saved over \$50 million since 2014).

Further success can be attributed to the following elements:

Organizational governance is cross-pollinated between the CINs at the leadership, care team and provider levels. This includes participation in each other's boards and committees, monthly meetings and regular communications. An early success catalyst was support for managing the CINs' sponsors' employee health plans. AHN and NH brought value-based care services to adult employees while ACCN was charged with pediatric dependents. This created a "learning lab" for the collaborative to innovate and analyze outcomes, a major factor in process improvement for other commercial contracts.

Operational structure is based on peer and care coordination teams working collaboratively to achieve the "quadruple aim." Redundancies in longitudinal and transitional care management are eliminated. Although each CIN manages its own data, they are all funneled into a single analytics platform allowing for more complete, accurate, timely and actionable data, which is shared.

ACO = accountable health organization; MSSP = Medicare Shared Savings Program.

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Articulating revenue distribution and the allocation of resources for current and future contracts have been key to lasting success. The MOU clearly outlines the aggregation and distribution of funds earned, shared financial benefits, operating costs and financial reserve pool. This clarity allows the flexibility needed for future contracts, risk and market opportunities.

TAKEAWAYS

Results include improvements in both financial and quality metrics for major central Arkansas employer contracts in 2020 with preliminary data showing significant savings for 2021.

Instead of competing with CINs, AHN has partnered to offer a more comprehensive range of quality services to Arkansas. Sharing data, resources and expertise helps lower cost and increase the data points for care teams and providers, resulting in better quality outcomes.

Moving forward, this collaborative is actively engaging with brokers and employers in Arkansas to offer a new option of care for the employers of the state. Through a willingness to take on unprecedented and higher levels of risk, with appropriate guardrails, AHN, ACCN and NH show employer-clients their belief in this value-based model of care in Arkansas.

This strategy has yielded excellent growth, quality and financial results, such as:

 **1.3M** in savings for a single midsize employer in 2019 and 2020

 **3.4K** network providers, a 122% increase since 2018

To learn more about this collaborative model visit the Arkansas Health Network website.