



# **ASPA Connected Community**

## **ACO/CIN Overview**

Presented by

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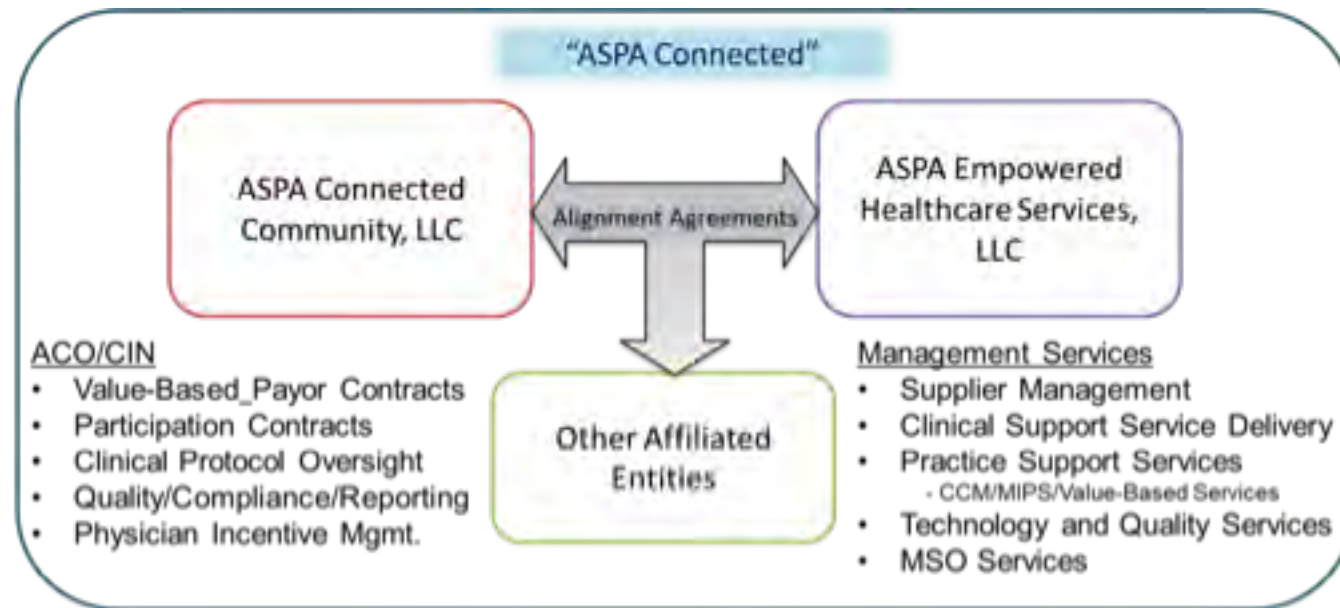
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# ASPA Formation of ACO/CIN

- Who we are: Arizona State Physicians Association (ASPA)
- ASPA is an Independent Physician Association.
  - 2,400 +/- members with 24 Fee For Service Contracts and other services
- ASPA Formed ASPA Connected Community, LLC in 2015
  - Established as an ACO/CIN for value-based payor contracting
  - 100% owned by ASPA for the benefit of its member participants
  - Non ASPA members may join ACO/CIN (and become ASPA IPA members)
- ACO/CIN is a voluntary alignment of practices
  - Brought together by value-based payor contracts
  - MSSP is only a small part of overall ASPA Connected Strategy
  - All current and future contracts managed in the spirit and intent of MSSP

# Size and Scope of ASPA Connected

- ASPA Connected is a combination of 2 legal entities
  - ASPA Connected Community, LLC is the payor contracting entity
    - MSSP (ACO) has 6,500 beneficiaries and over 100 physicians
    - CIN has over 500 committed physicians
  - ASPA Empowered Healthcare Services, LLC is management services entity
    - Provides ACO/CIN support services as well as practice support services
  - Collectively the structure and services of “ASPA Connected” are shown below



# ASPA Connected Charter / Strategy

- ASPA Created ASPA Connected to help ASPA members:
  1. Better meet the evolving needs of payors in healthcare reform
  2. Pursue value based contracts and services as an ACO/CIN
  3. Pursue other value-based clinical service opportunities
  4. Maximize coordination of patient care and patient satisfaction
  5. Continue to thrive as independent practices!
- Key goals in support of our strategy is to:
  1. Financially reward practices for performance tied to payor requirements
  2. Provide maximum support to participants with minimal costs

# What is Unique About Us



- ASPA Connected is member controlled and managed
  - ASPA Connected is simply a product of its members
  - Physicians don't work under contract to us....they are us
  - Profits substantially accrue to participants
    - ASPA commits to operate within a minimal administrative cost
- We leverage value-based opportunities whether there is an ACO/CIN contract or not
  - We apply consistent protocols and processes for all patients
- ASPA Connected promotes physician independence
  - Primary goal is to sustain this independence
  - Alignment and performance is accomplished as independent practices

# What is Unique about us (cont.)



- Continued Development of Ambulatory CIN:
  - PCP, Specialist, non physician practitioners
  - Ancillary service providers
  - Non-hospital based surgical facilities and labs
  - Use network in non-exclusive fashion as permitted by law/contract
- Ambulatory CIN is designed to drive the following
  - Effective patient care/ coordination of care across the network
  - Clinical data share across network (with patient consent)
  - Commitment to care in lowest-cost appropriate care environment
  - High cost services based on clinical need, not based on alignment

# Governance

- ACO/CIN Governance
  - Board of Directors is exclusively made up of MSSP participants
  - Governance of MSSP applies to all payor contracts in CIN
    - We intend to manage all payor contracts consistently
    - We intend to manage all patients (attributed or not) consistently
  - Committees to deal with clinical protocols, quality, technology, operations and finance.
  - Physician advisory created to assure enabling technology implementations meet clinical requirements

# Lessons Learned Looking Back



- ASPA Connected, like most other ACO/CIN, observes
  - Ongoing operational challenges
  - Management challenges with reporting
  - Time challenges with busy practices
- One key thing we have learned
  - Blend the promise of future rewards (shared savings) with real near term rewards
    - CCM, MIPS, and many other practice-based, value-based opportunities



# ASPA Connected

## Looking Forward-The Next 3 Years



- ASPA Connected Commitment to Growth and Maturity
  - Continue to develop the CIN (size and scope)
  - Pursue multiple new payors each year
  - Expand our processes and protocols to ready ourselves for risk
  - Expand and add new value-based service offerings
  - Expand practice support and practice extension services
  - Create a support model for at-risk independent practices
- ASPA Connected Growth sustained by
  - Funds generated from existing and new service offerings
  - Limited external investment (aligned parties)



# Thank You

For more information on ASPA Connected Community contact:  
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