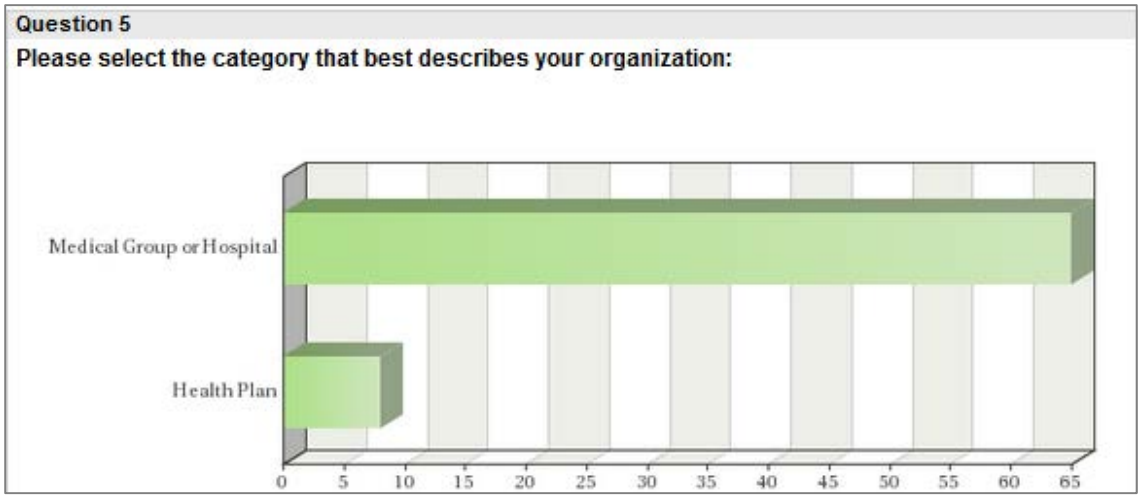
Minnesota ACO Baseline Assessment Report - Appendix C: Detailed Chart Results

Contains Provider Responses and Health Plan Responses.

Source for all data: Accountable Care Organization Survey, April 2015. Survey participants represent 8 health plans, 65 medical groups/hospitals/clinics. Survey participants are geographically representative of the patient population and include leading health systems/health plans. Because not all survey questions were relevant to all survey participants, the survey reader may find the adjusted relative frequency percentage column applicable on some questions.

Medical Group/Hospital Question 5: Please select the category that best describes your organization:

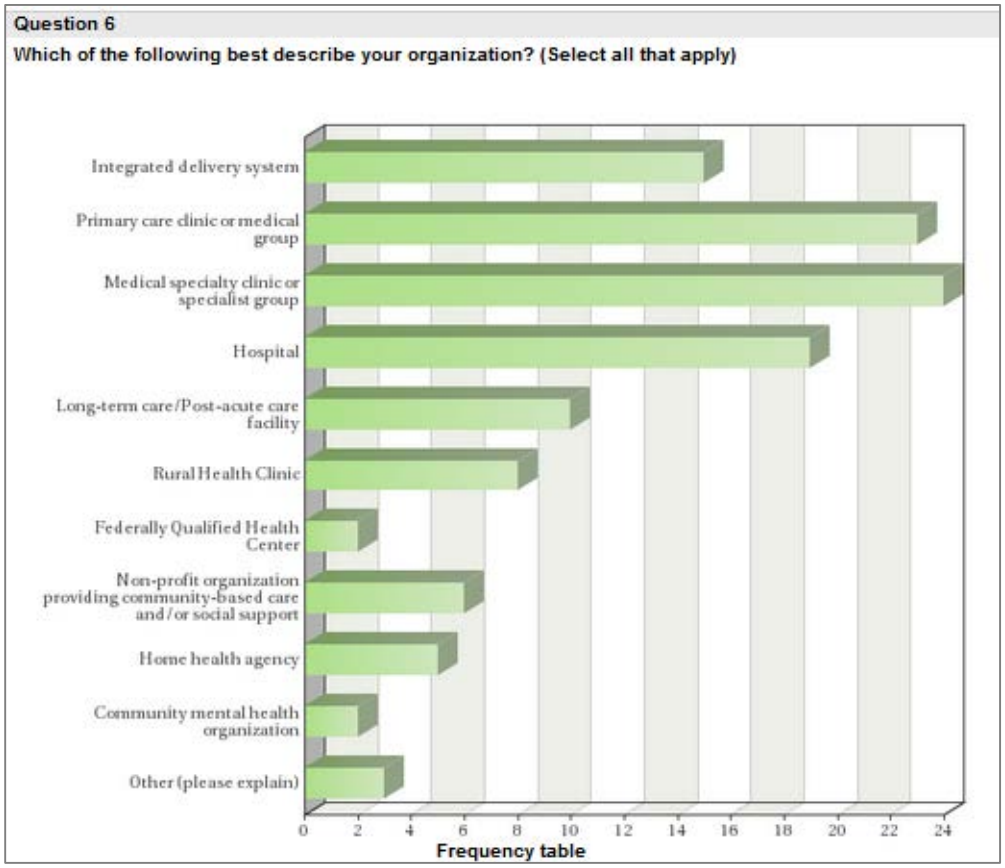


Notes: Survey Participants included both Medical Group/Hospitals and Health Plans. Each survey group was provided their own survey.

Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Medical Group or Hospital	65	89.04%	89.04%
Health Plan	8	10.96%	10.96%
Sum	73	100%	100%
Not Answered	0	0%	-
Total Answered: 73			

Medical Group/Hospital Question 6: Which of the following best describes your organization? (select all that apply)

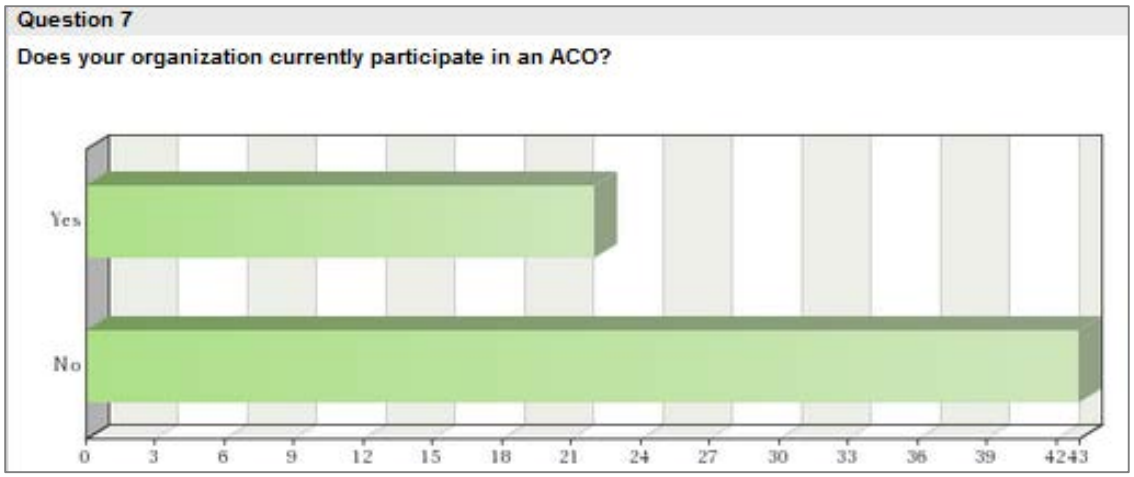
Notes: Primary Care, Specialist, Integrated Delivery and Hospital organizations largely represent the participating organizations.



Choices	Absolute Frequency	Relative Frequency by Choice
Integrated delivery system	15	12.82%
Primary care clinic or medical group	23	19.66%
Medical specialty clinic or specialist group	24	20.51%
Hospital	19	16.24%
Long-term care/Post-acute care facility	10	8.55%
Rural Health Clinic	8	6.84%
Federally Qualified Health Center	2	1.71%
Non-profit organization providing community-based care and/or social support	6	5.13%
Home health agency	5	4.27%
Community mental health organization	2	1.71%
Other (please explain)	3	2.56%
Sum	117	100%

Medical Group/Hospital Question 7: Does your organization currently participate in an ACO?

Notes: One-third of participants currently participate in an ACO.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Yes	22	30.14%	33.85%
No	43	58.9%	66.15%
Sum	65	89.04%	100%

Medical Group/Hospital Question 8: Please identify the ACO or ACOs affiliated with your organization:

Notes: A number of affiliated ACOs were cited by the participants, including Fairview, AIM and Community Health.

Text Input
Essentia Health MSP
Ridgeview Community Network
Southern Prairie Community Care
AIMN
AIMN and FHN
Pioneer ACO Program, Integrated Health Partnership and several ACO types of agreements with health plans
Children's Health Network, AIM
Community Health Network (MSSP), Inspiration Health (Medica)
Community Health Network, Inspiration Health, PreferredHealth
AIM Network
Fairview Physicians Healthcare Network (used to be called the Fairview Physicians Association)
CHN and RCN
Wilderness Health
Allina Integrated Medical Network
Northwest Alliance, Pioneer ACO
Fairview Health Network
Essentia Health
Fairview Health Network
Pioneer (FHN)
North Collaborative Care
Willmar Medical Services
DHS IHP

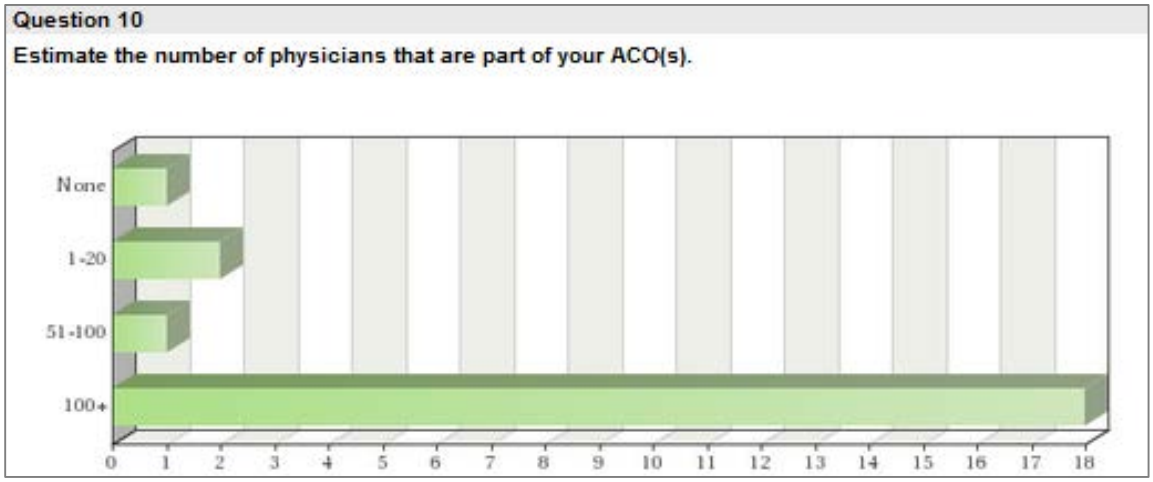
Medical Group/Hospital Question 9: For each of the following, how many covered lives does your organization have attributed to an ACO?

Notes: Of survey respondents participating in an ACO, ACO covered lives are most significantly represented by commercial coverage.

	Minimum	Maximum	Average	Total Answered
Medicaid	0	30,000	7,128	18
Medicare	0	114,500	17,722	18
Dual Eligible	0	5,000	589	18
Commercial	0	288,000	40,128	18

Medical Group/Hospital Question 10: Estimate the number of physicians that are part of your ACO(s).

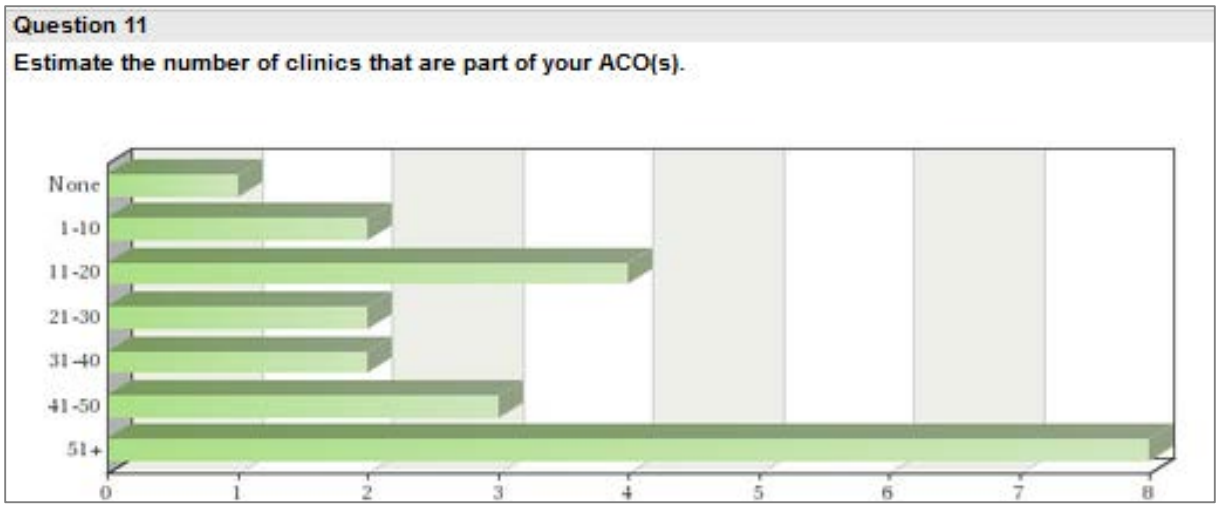
Notes: Of survey respondents participating in an ACO, more than 80% report 100 or more physicians are part of the ACO.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
None	1	1.37%	4.55%
1-20	2	2.74%	9.09%
51-100	1	1.37%	4.55%
100+	18	24.66%	81.82%
Sum	22	30.14%	100%

Medical Group/Hospital Question 11: Estimate the number of clinics that are part of your ACO(s).

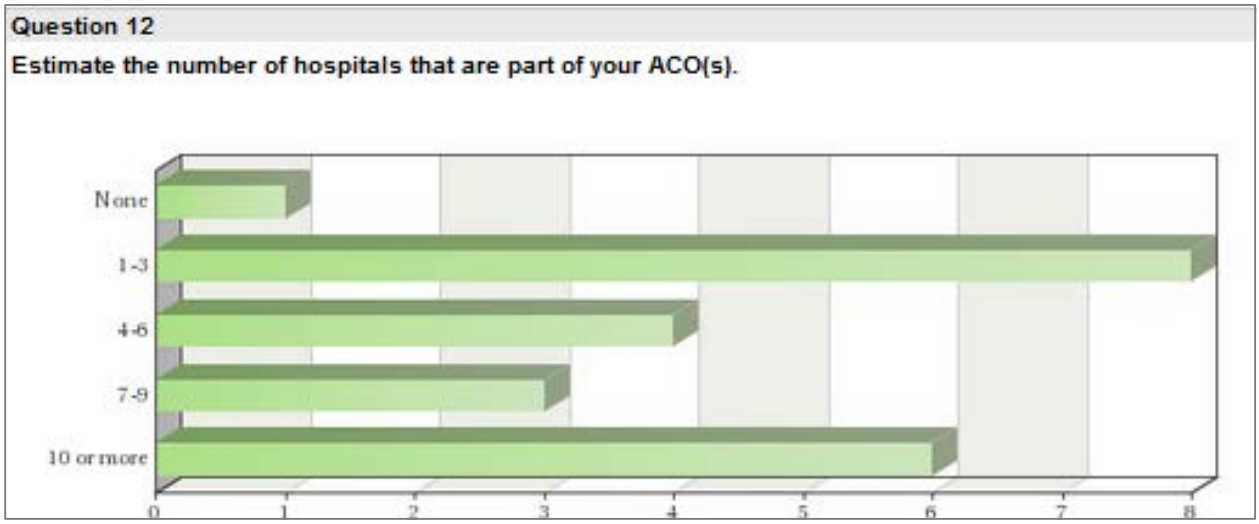
Notes: Of survey respondents participating in an ACO, 50% report 41 or more clinics are part of the ACO.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
None	1	1.37%	4.55%
1-10	2	2.74%	9.09%
11-20	4	5.48%	18.18%
21-30	2	2.74%	9.09%
31-40	2	2.74%	9.09%
41-50	3	4.11%	13.64%
50+	8	10.96%	36.36%
Sum	22	30.14%	100%

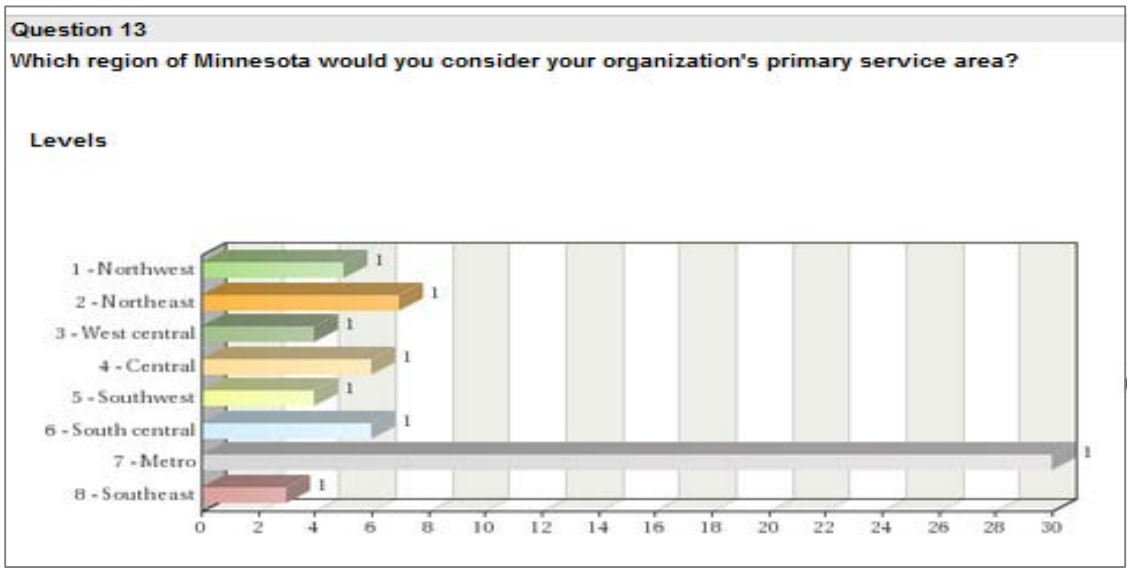
Medical Group/Hospital Question 12: Estimate the number of hospitals that are part of your ACO(s).

Notes: Of survey respondents participating in an ACO, more than 40% report 7 or more hospitals are part of the ACO.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
None	1	1.37%	4.55%
1-3	8	10.96%	36.36%
4-6	4	5.48%	18.18%
7-9	3	4.11%	13.64%
10 or more	6	8.22%	27.27%
Sum	22	30.14%	100%

Medical Group/Hospital Question 13: Which region of Minnesota would you consider your organization's primary service area?

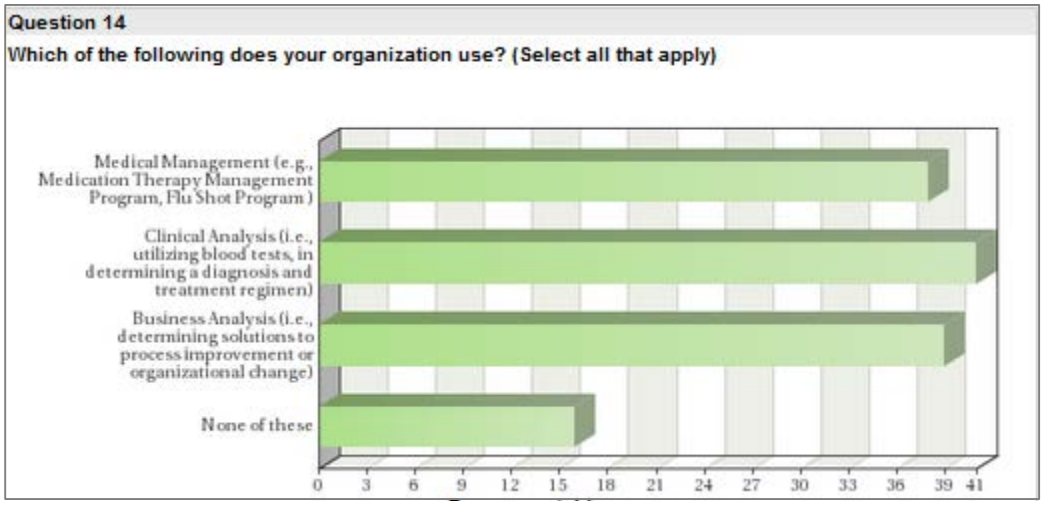


Notes: All geographic areas of Minnesota are represented, and the Metro region of MN represented nearly 50% of survey participants.

Levels	Absolute Frequency	Relative Frequency
Northwest	5	6.85%
Northeast	7	9.59%
West central	4	5.48%
Central	6	8.22%
Southwest	4	5.48%
South central	6	8.22%
Metro	30	41.1%
Southeast	3	4.11%
Sum	65	89.04%

Medical Group/Hospital Question 14: Which of the following does your organization use? (Select all that apply)

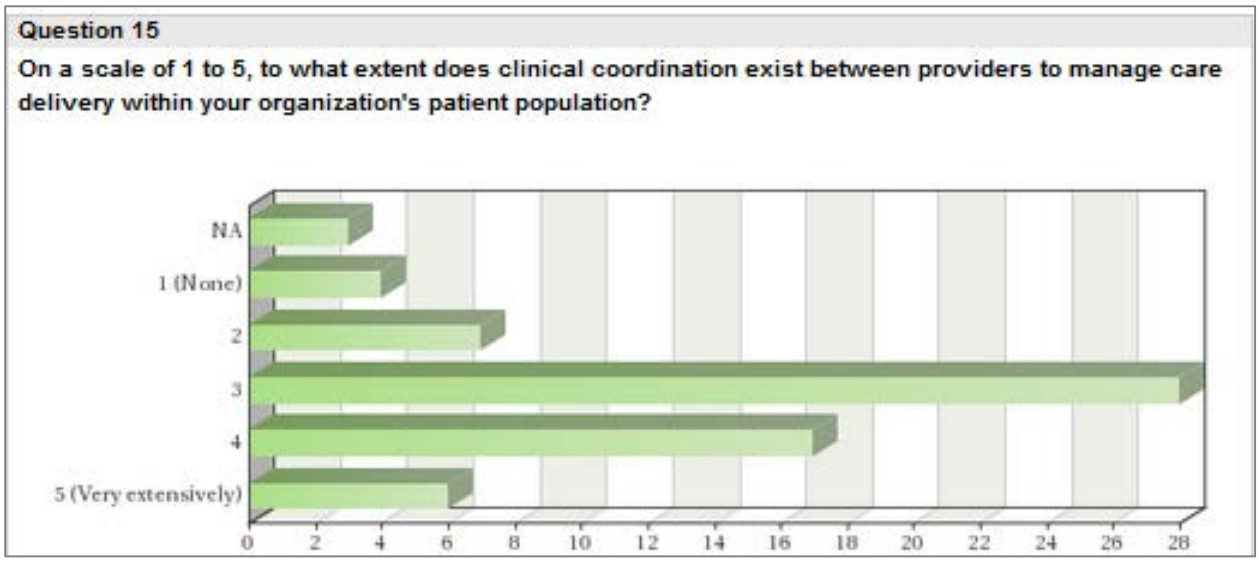
Notes: Nearly 60% of survey participants use *all* of the following programs: Medical Management, Clinical Analysis, and Business Analysis.



Choices	Absolute Frequency	Relative Frequency by choice	Relative Frequency	Adjusted Relative Frequency
Medical Management (e.g., Medication Therapy Management Program, Flu Shot Program)	38	28.36%	52.05%	58.46%
Clinical Analysis (i.e., utilizing blood tests, in determining a diagnosis and treatment regimen)	41	30.6%	56.16%	63.08%
Business Analysis (i.e., determining solutions to process improvement or organization change)	39	29.1%	53.42%	60%
None of these	16	11.94%	21.92%	24.625
Sum	134	100%	-	-
Text Input	Clinical analysis for mental health and substance abuse via clinical assessment. We work a lot with Clinical Performance Objectives.			
Text Input	We use registries through our EMR for various chronic disease populations, and I can run reports analyzing our finances.			

Medical Group/Hospital Question 15: On a scale of 1 to 5, to what extent does clinical coordination exist between providers to manage care delivery within your organization's patient population?

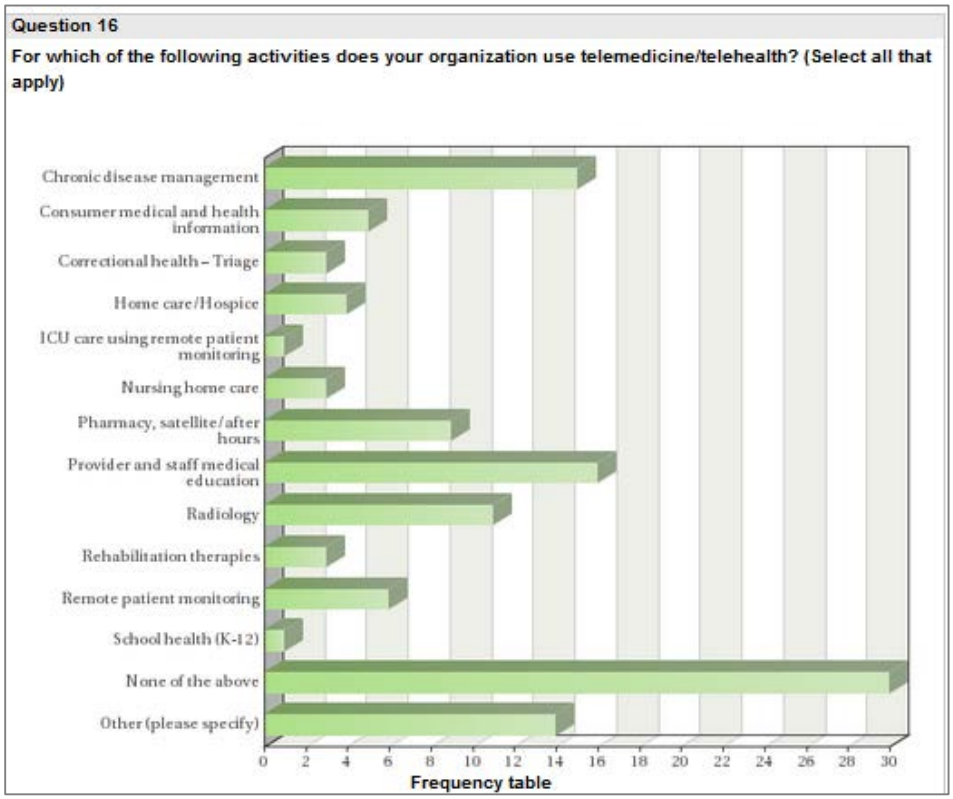
Notes: More than one-third of participants rate the extent of clinical coordination between providers to manage care delivery as extensive or very extensive (4 or 5 out of 5).



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
NA	3	4.11%	4.62%
1 (None)	4	5.48%	6.15%
2	7	9.59%	10.77%
3	28	38.36%	43.08%
4	17	23.29%	26.15%
5 (Very extensively)	6	8.22%	9.23%
Sum	65	89.04%	100%

Medical Group/Hospital Question 16: For which of the following activities does your organization use telemedicine/telehealth? (Select all that apply)

Notes: More than one-half of participants cited an application for telemedicine/tele-health, with staff education and chronic disease management cited most frequently.



Choices	Absolute Frequency	Relative Frequency by Choice	Relative Frequency	Adjusted Relative Frequency
Chronic disease management	15	12.4%	20.55%	23.08%
Consumer medical and health information	5	4.13%	6.85%	7.69%
Correction health – Triage	3	2.48%	4.11%	4.62%
Home care/Hospice	4	3.31%	5.48%	6.15%
ICU care using remote patient monitoring	1	0.83%	1.37%	1.54%
Nursing home care	3	2.48%	4.11%	4.62%
Pharmacy, satellite/after hours	9	7.44%	12.33%	13.85%
Provider and staff medical education	16	13.22%	21.92%	24.62%
Radiology	11	9.09%	15.07%	16.92%
Rehabilitation therapies	3	2.48%	4.11%	4.62%
Remote patient monitoring	6	4.96%	8.22%	9.23%
School health (K-12)	1	0.83%	1.37%	1.54%
None of the above	30	24.79%	41.1%	46.15%
Other (please specify)	14	11.57%	19.18%	21.54%
Sum	121	100%	-	-

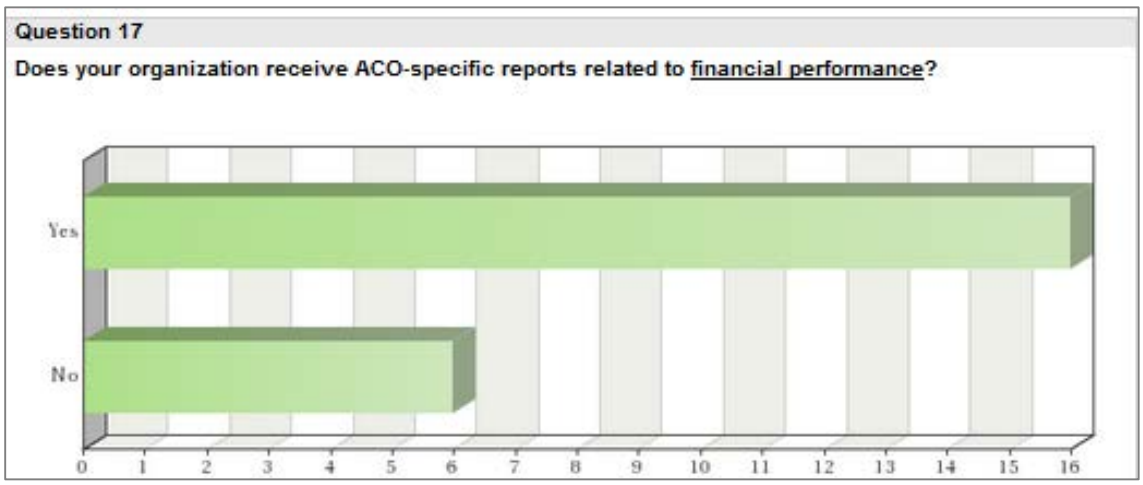
Medical Group/Hospital Question 16: Other uses of tele-health/telemedicine:

Notes: Mental health services and stroke care lead the list of other uses of telemedicine/tele-health.

Text input
In the process of developing procedures to implement telehealth for chronic medication management (outside of narcotics) and potentially for mental health services.
Stroke care in ER
Psychiatrist session
Telestroke services for outstate MN hospitals
TeleStroke; Interpreter Services; Mental Health
Mental health, stroke and ED assessments
Specialists
Stroke program in ER, psychiatry, genetic counseling
E-emergency-Emergency Medicine support, Soon to implement Cardiology visits via telemed
Convenience clinic, behavioral health and medication therapy management services
Really wish we had access to telemedicine especially for mental health
Interpreting services
ED
Limited mental health services
Stroke Program, Trauma
Psychiatric outreach; diabetic, nutritional and tobacco dependence counseling
ED physician to physician

Medical Group/Hospital Question 17: Does your organization receive ACO-specific reports related to financial performance?

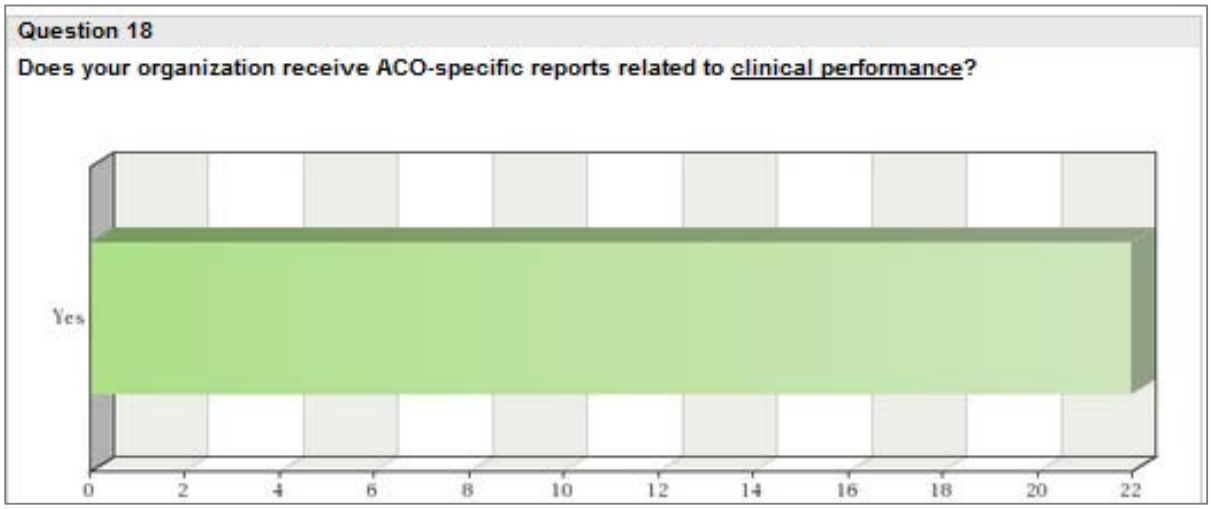
Notes: Of survey respondents participating in an ACO, nearly 75% receive ACO-specific reports related to financial performance.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Yes	16	21.92%	72.73%
No	6	8.22%	27.27%
Sum	22	30.14%	100%

Medical Group/Hospital Question 18: Does your organization receive ACO-specific reports related to clinical performance?

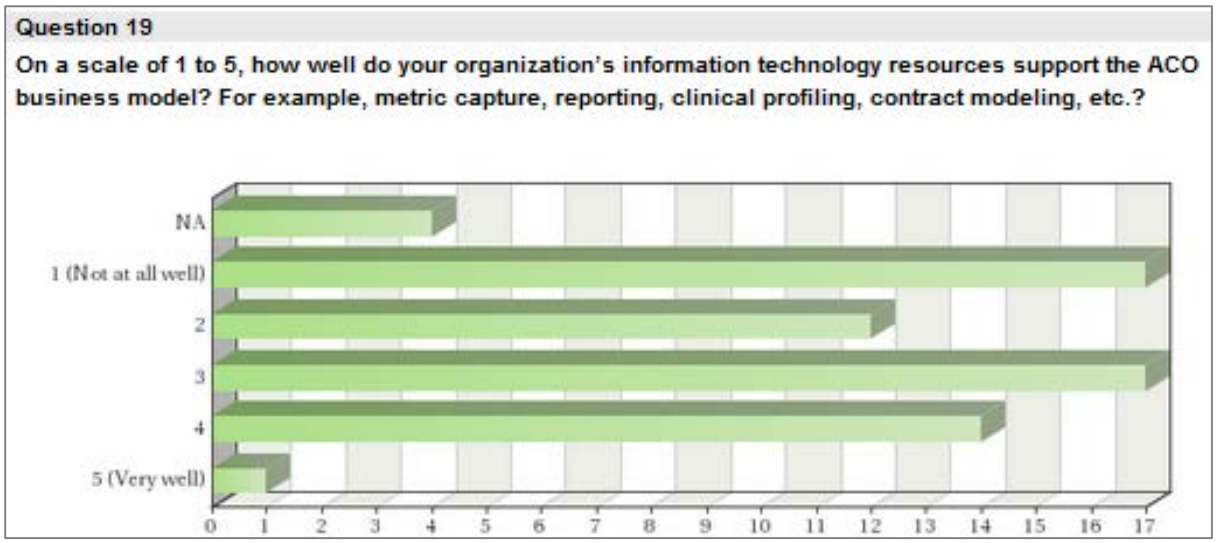
Notes: Of survey respondents participating in an ACO, 100% receive ACO-specific reports related to clinical performance.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Yes	22	30.14%	100%
Sum	22	30.14%	100%

Medical Group/Hospital Question 19: On a scale of 1 to 5, how well do your organization's information technology resources support the ACO business model? For example, metric capture, reporting, clinical profiling, contract modeling, etc.?

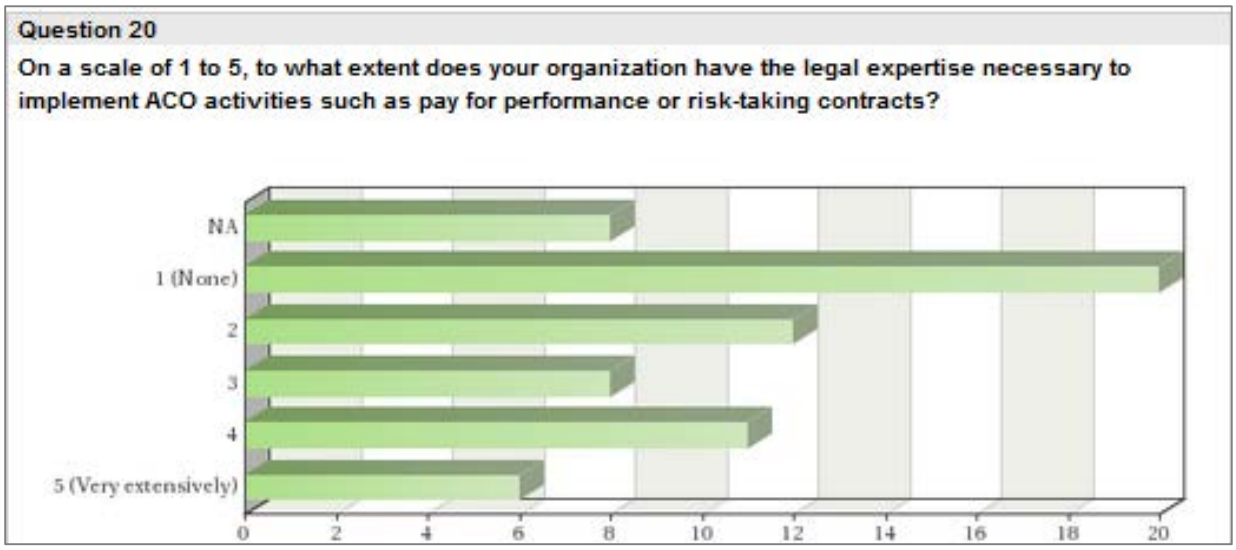
Notes: Survey participants report significant variation in how well the organization's information technology resources support the ACO business model.



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
NA	4	5.48%	6.15%
1	17	23.29%	26.15%
2	12	16.44%	18.46%
3	17	23.29%	26.15%
4	14	19.18%	21.54%
5 (Very well)	1	1.37%	1.54%
Sum	65	89.04%	100%

Medical Group/Hospital Question 20: On a scale of 1 to 5, to what extent does your organization have the legal expertise necessary to implement ACO activities such as pay for performance or risk-taking contracts?

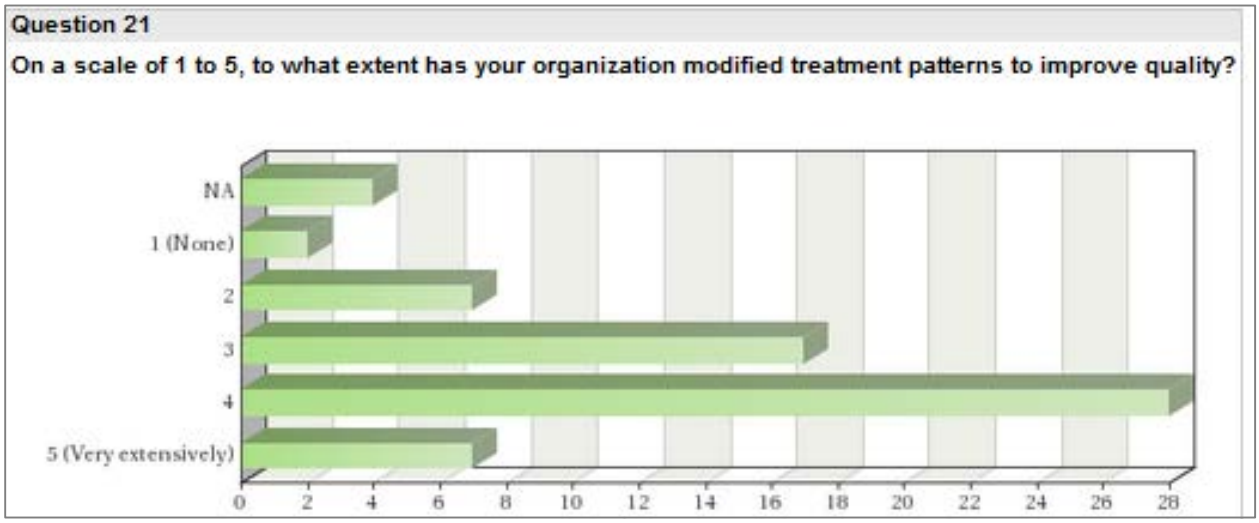
Notes: One-fourth of participants rate the extent of legal expertise within their organization to implement ACO activities as extensive or very extensive (4 or 5 out of 5).



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
NA	8	10.96%	12.31%
1	20	27.4%	30.77%
2	12	16.44%	18.46%
3	8	10.96%	12.31%
4	11	15.07%	16.92%
5 (Very well)	6	8.22%	9.23%
Sum	65	89.04%	100%

Medical Group/Hospital Question 21: On a scale of 1 to 5, to what extent has your organization modified treatment patterns to improve quality?

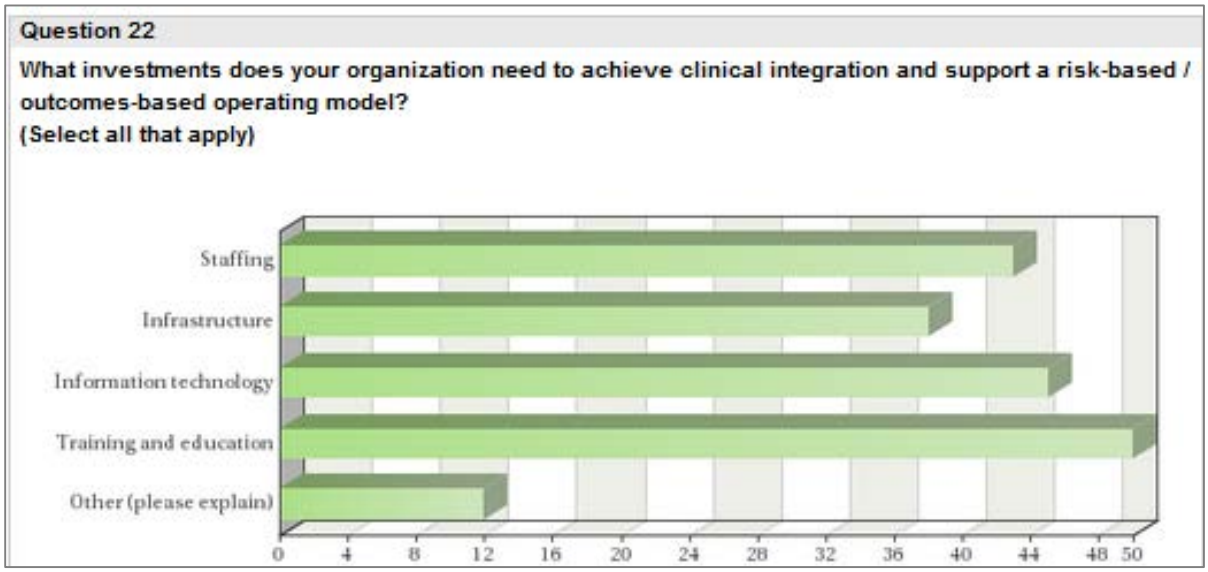
Notes: 54% of the participants rate the extent to which their organization has modified treatment patterns to improve quality as extensive or very extensive (4 or 5 out of 5).



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
NA	4	5.48%	6.15%
1	2	2.74%	3.08%
2	7	9.59%	10.77%
3	17	23.29%	26.15%
4	28	38.36%	43.08%
5 (Very well)	7	9.59%	10.77%
Sum	65	89.04%	100%

Medical Group/Hospital Question 22: What investments does your organization need to achieve clinical integration and support a risk-based/outcomes-based operating model? (select all that apply)

Notes: Nearly two-thirds of participants separately cited staffing, infrastructure, information technology and training and education as needed to achieve clinical integration.

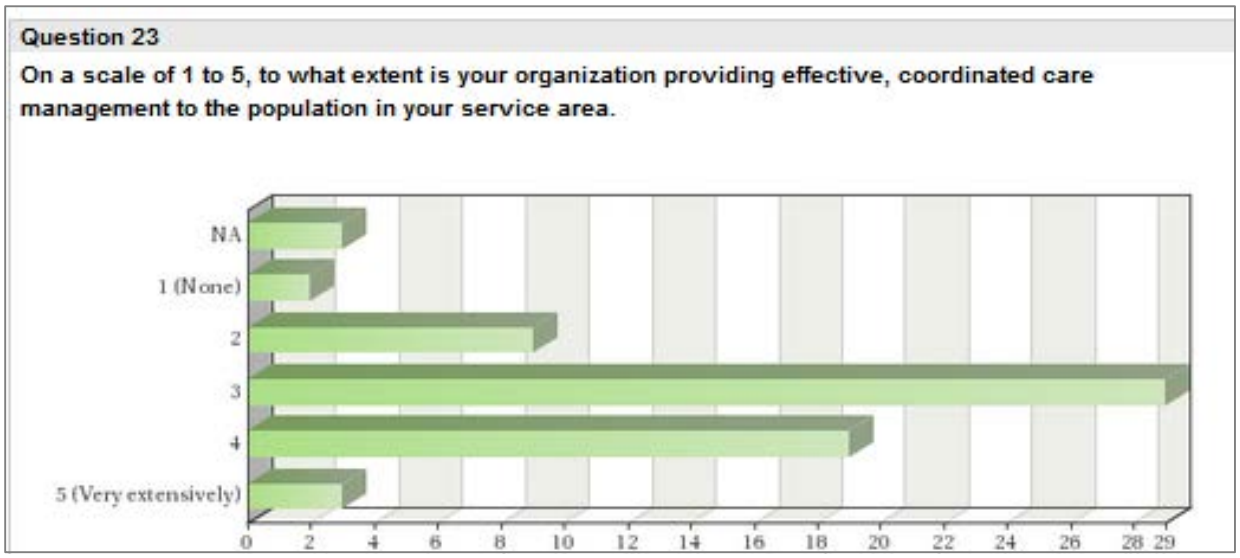


Choices	Absolute Frequency	Relative Frequency by Choice	Relative Frequency	Adjusted Relative Frequency
Staffing	43	22.87%	58.9%	66.15%
Infrastructure	38	20.21%	52.05%	58.46%
Information Technology	45	23.94%	61.64%	69.23%
Training and education	50	26.6%	68.49%	76.92%
Other (please explain)	12	6.38%	16.44%	18.46%
Sum	188	100%	-	-

Text input of Other (please explain) removed for confidentiality.

Medical Group/Hospital Question 23: On a scale of 1 to 5, to what extent is your organization providing effective, coordinated care management to the population in your service area.

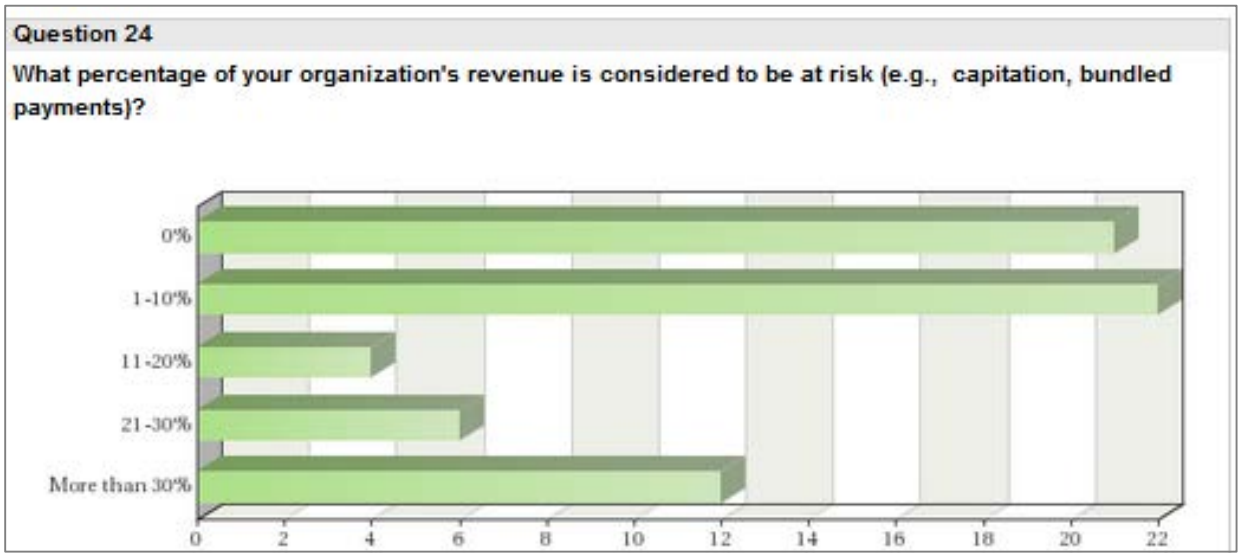
Notes: One-third of participants rate the extent to which their organization is providing effective, coordinated care management as extensive/very extensive (4 or 5 out of 5).



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
NA	3	4.11%	4.62%
1 (None)	2	2.74%	3.08%
2	9	12.33%	13.85%
3	29	39.73%	44.62%
4	19	26.03%	29.23%
5 (Very extensively)	3	4.11%	4.62%
Sum	65	89.04%	100%

Medical Group/Hospital Question 24: What percentage of your organization's revenue is considered to be at risk (e.g., capitation, bundled payments)?

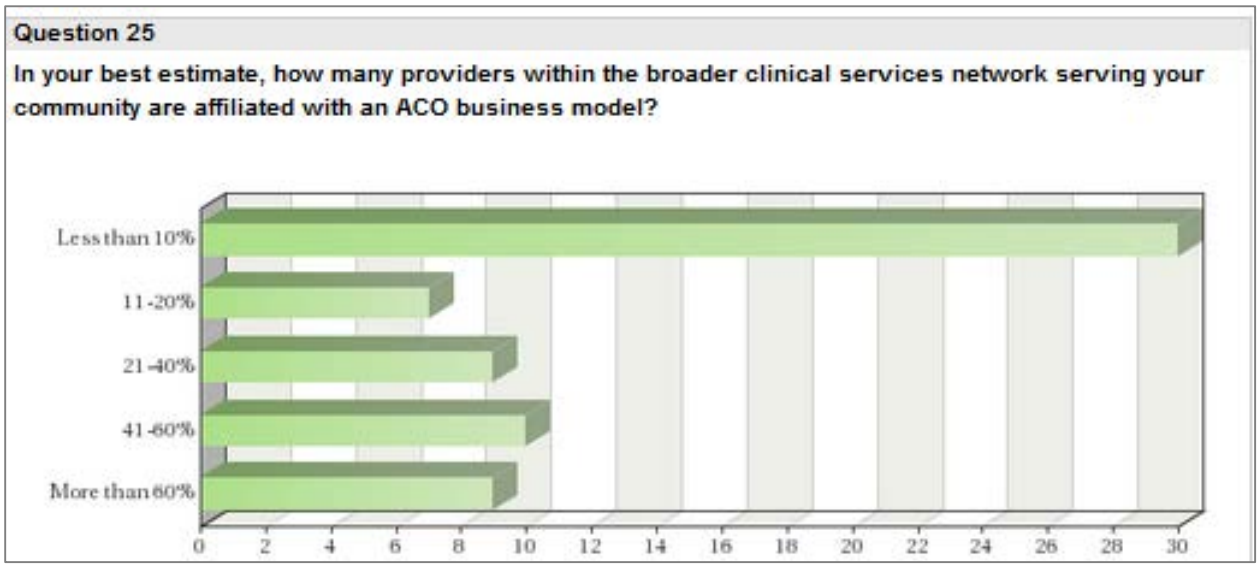
Notes: Two-thirds of participants report the percentage of revenue which is considered to be at risk at 10% or less.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
0%	21	28.77%	32.31%
1-10%	22	30.14%	33.85%
11-20%	4	5.48%	6.15%
21-30%	6	8.22%	9.23%
More than 30%	12	16.44%	18.46%
Sum	65	89.04%	100%

Medical Group/Hospital Question 25: In your best estimate, how many providers within the broader clinical services network serving your community are affiliated with an ACO business model?

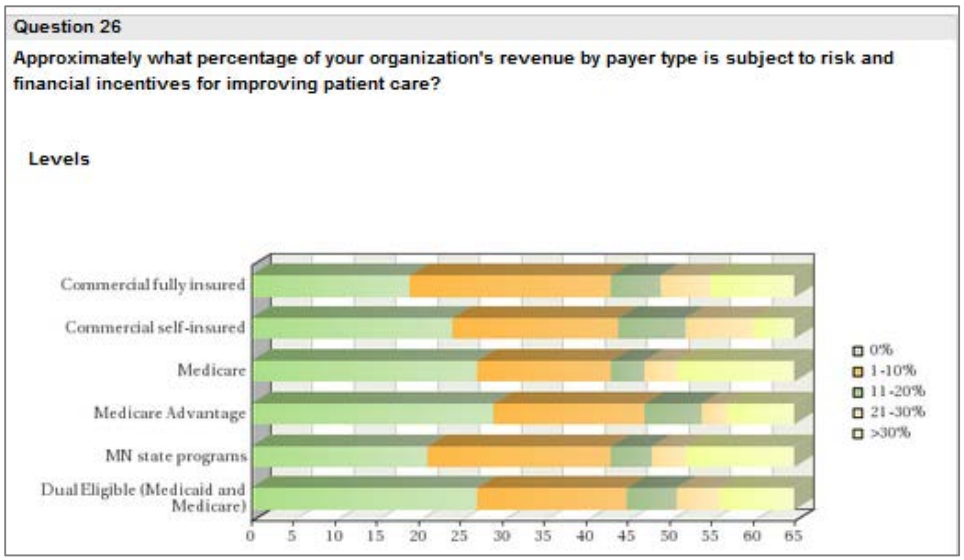
Notes: 56% of the participants estimate that less than 10% of providers within the broader clinical services network are affiliated with an ACO business model.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Less than 10%	30	41.1%	46.15%
11-20%	7	9.59%	10.77%
21-40%	9	12.33%	13.85%
41-60%	10	13.7%	15.38%
More than 60%	9	12.33%	13.85%
Sum	65	89.04%	100%

Medical Group/Hospital Question 26: Approximately what percentage of your organization's revenue by payer type is subject to risk and financial incentives for improving patient care?

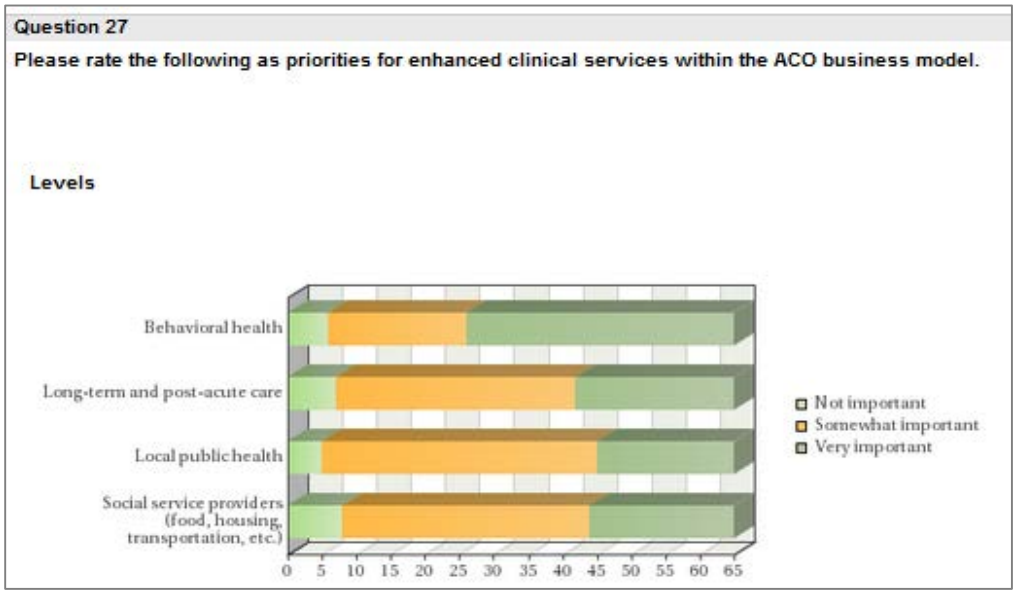
Notes: At-risk percentage by payer category does not show significant variation and is consistent with overall at-risk distribution for the organization.



		0%	1-10%	11-20%	21-30%	>30%	Sum
Commercial fully insured	Absolute Frequency	19	24	6	6	10	65
	Relative frequency row	29.23%	36.92%	9.23%	9.23%	15.38%	100%
	Relative frequency	4.87%	6.15%	1.54%	1.54%	2.56%	16.67%
Commercial self-insured	Absolute Frequency	24	20	8	8	5	65
	Relative frequency row	36.92%	30.77%	12.31%	12.31%	7.69%	100%
	Relative frequency	6.15%	5.13%	2.05%	2.05%	1.28%	16.67%
Medicare	Absolute Frequency	27	16	4	4	14	65
	Relative frequency row	41.54%	24.62%	6.15%	6.15%	21.54%	100%
	Relative frequency	6.92%	4.1%	1.03%	1.03%	3.59%	16.67%
Medicare Advantage	Absolute Frequency	29	18	7	3	8	65
	Relative frequency row	44.62%	27.69%	10.77%	4.62%	12.31%	100%
	Relative frequency	7.44%	4.62%	1.79%	0.77%	2.05%	16.67%
MN state programs	Absolute Frequency	21	22	5	4	13	65
	Relative frequency row	32.31%	33.85%	7.69%	6.15%	20%	100%
	Relative frequency	5.38%	5.64%	1.28%	1.03%	3.33%	16.67%
Dual Eligible (Medicaid and Medicare)	Absolute Frequency	27	18	6	5	9	65
	Relative frequency row	41.54%	27.69%	9.23%	7.69%	13.85%	100%
	Relative frequency	6.92%	4.62%	1.54%	1.28%	2.31%	16.67%
Sum	Absolute Frequency	147	118	36	30	59	390
	Relative frequency row	100%	100%	100%	100%	100%	100%
	Relative frequency	37.69%	30.26%	9.23%	7.69%	15.13%	100%

Medical Group/Hospital Question 27: Please rate the following as priorities for enhanced clinical services within the ACO business model.

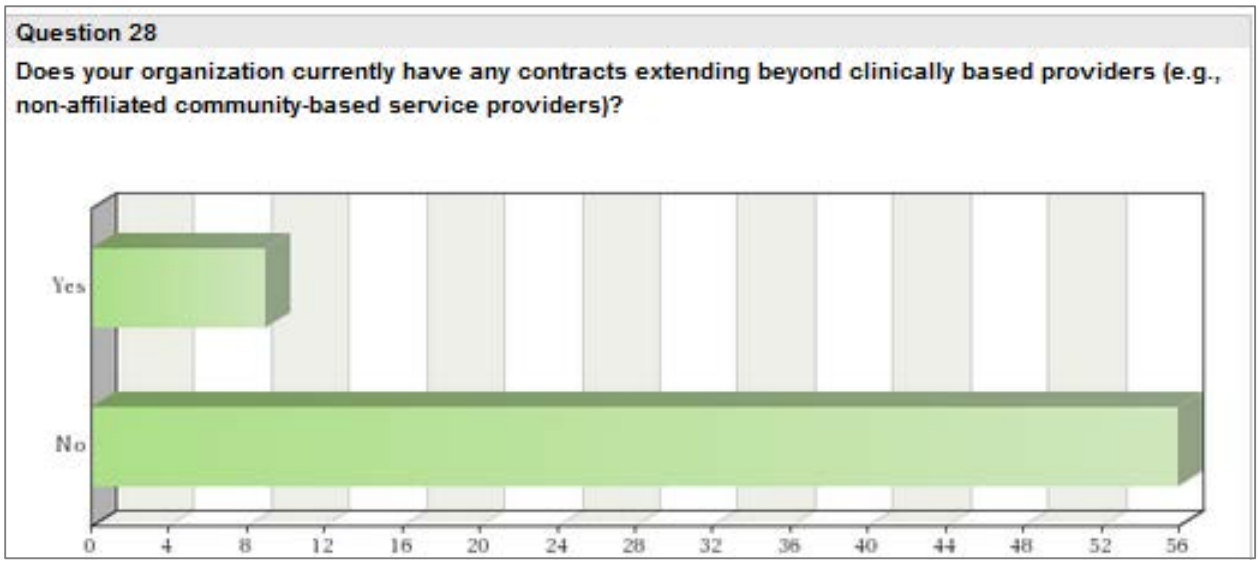
Notes: 60% of participants cited behavioral health as very important for enhanced clinical services, followed closely by long-term/post-acute care, public health and social services.



		Not important	Somewhat important	Very important	Sum
Behavioral health	Absolute Frequency	6	20	39	65
	Relative frequency row	9.23%	30.77%	60%	100%
	Relative frequency	2.31%	7.69%	15%	25%
Long-term and post-acute care	Absolute Frequency	7	35	23	65
	Relative frequency row	10.77%	53.85%	35.38%	100%
	Relative frequency	2.69%	13.46%	8.85%	25%
Local public health	Absolute Frequency	5	40	20	65
	Relative frequency row	7.69%	61.54%	30.77%	100%
	Relative frequency	1.92%	15.38%	7.69%	25%
Social service providers (food, housing, transporation, etc.)	Absolute Frequency	8	36	21	65
	Relative frequency row	12.31%	55.38%	32.31%	100%
	Relative frequency	3.08%	13.85%	8.08%	25%
Sum	Absolute Frequency	26	131	103	260
	Relative frequency row	100%	100%	100%	100%
	Relative frequency	10%	50.38%	39.62%	100%

Medical Group/Hospital Question 28: Does your organization currently have any contracts extending beyond clinically based providers (e.g., non-affiliated community-based service providers)?

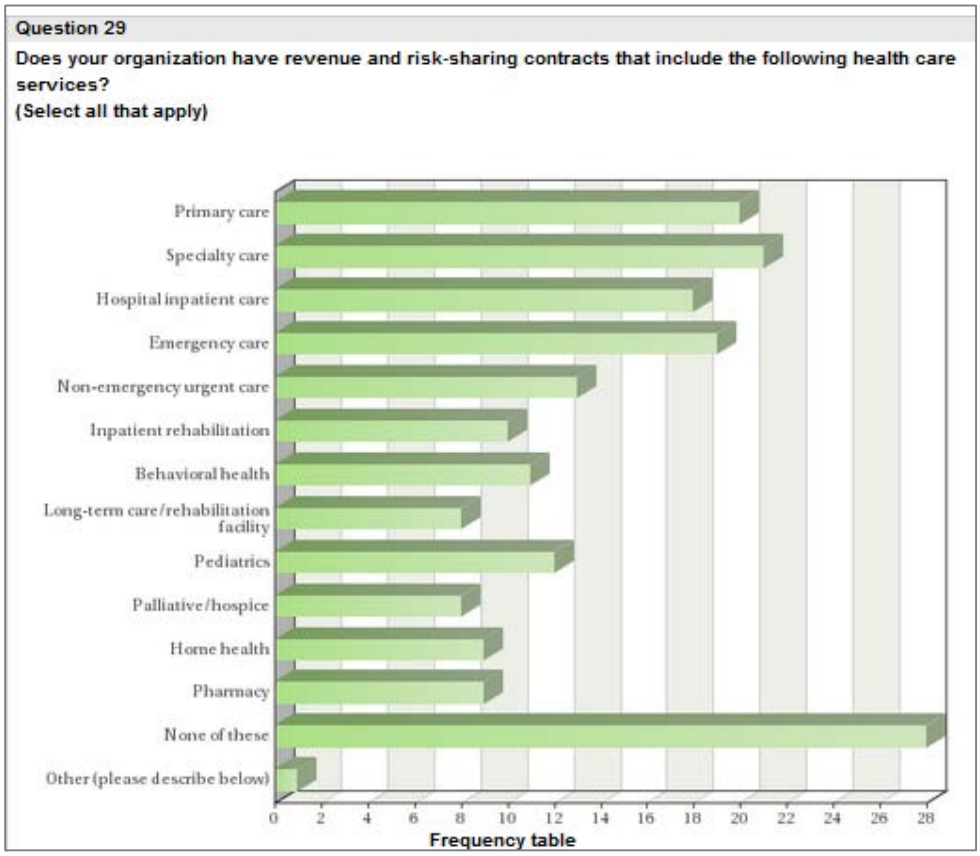
Notes: One-fourth of participants report a contract extending beyond clinically based providers (non-affiliated community-based service providers).



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Yes	9	12.33%	13.85%
No	56	76.71%	86.15%
Sum	65	89.04%	100%

Medical Group/Hospital Question 29: Does your organization have revenue and risk-sharing contracts that include the following health care services? (Select all that apply)

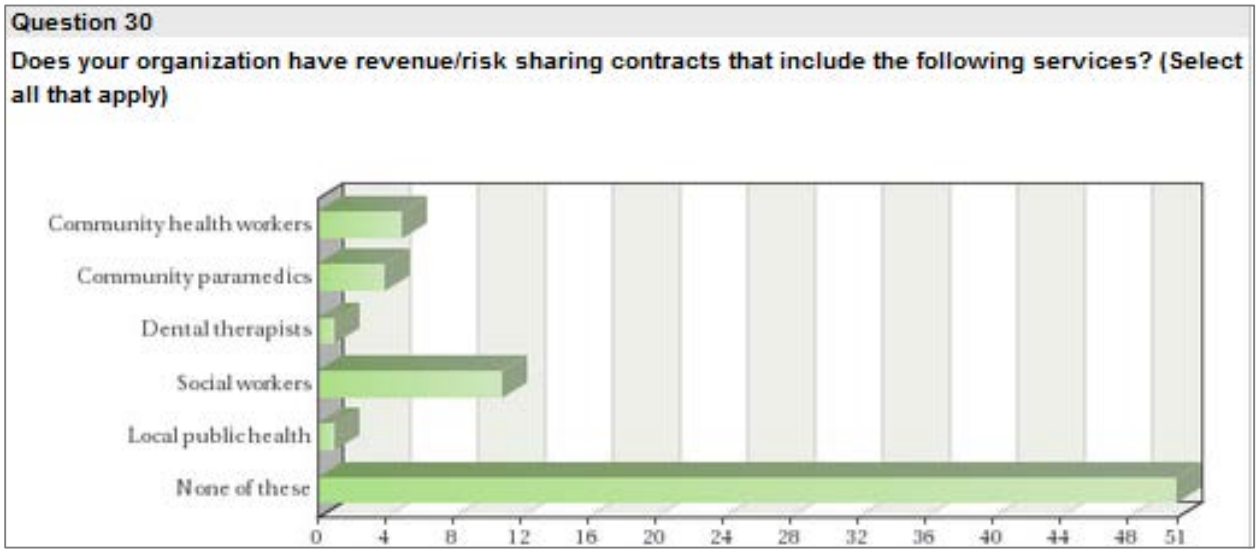
Notes: Participants report a wide variety of healthcare services covered under a risk-sharing contract, with primary, specialty, hospital and emergency care leading the list.



Choices	Absolute Frequency	Relative Frequency by Choice	Relative Frequency	Adjusted Relative Frequency
Primary care	20	10.7%	27.4%	30.77%
Specialty care	21	11.23%	28.77%	32.31%
Hospital inpatient care	18	9.63%	24.66%	27.69%
Emergency care	19	10.16%	26.03%	29.23%
Non-emergency urgent care	13	6.95%	17.81%	20%
Inpatient rehabilitation	10	5.35%	13.7%	15.38%
Behavioral health	11	5.88%	15.07%	16.92%
Long-term care/rehabilitation facility	8	4.28%	10.96%	12.31%
Pediatrics	12	6.42%	16.44%	18.46%
Palliative/hospice	8	4.28%	10.96%	12.31%
Home health	9	4.81%	12.33%	13.85%
Pharmacy	9	4.81%	12.33%	13.85%
None of these	28	14.97%	38.36%	43.08%
Other (please describe below)	1	0.53%	1.37%	1.54%
Sum	187	100%	-	-

Medical Group/Hospital Question 30: Does your organization have revenue/risk sharing contracts that include the following services? (Select all that apply)

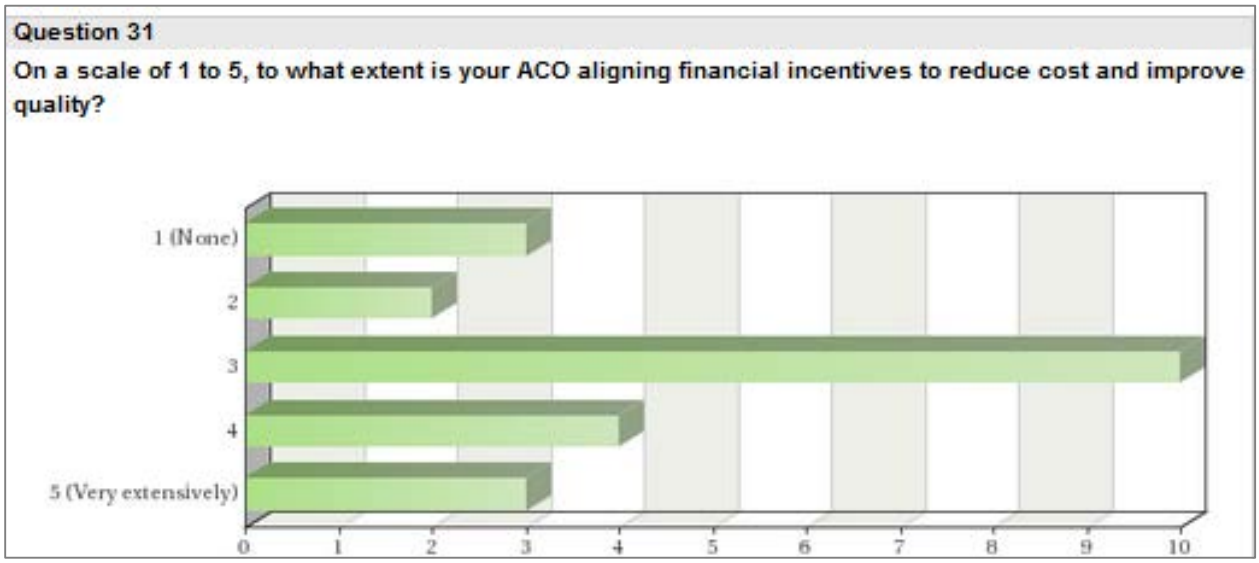
Notes: Nearly one-fourth of participants report a risk sharing contract classified as other than healthcare, with 17% citing social work.



Choices	Absolute Frequency	Relative Frequency by Choice	Relative Frequency	Adjusted Relative Frequency
Community health workers	5	6.85%	6.85%	7.69%
Community paramedics	4	5.48%	5.48%	6.15%
Dental therapists	1	1.37%	1.37%	1.54%
Social workers	11	15.07%	15.07%	16.92%
Local public health	1	1.37%	1.37%	1.54%
None of these	51	69.86%	69.86%	78.46%
Sum	73	100%	-	-

Medical Group/Hospital Question 31: On a scale of 1 to 5, to what extent is your ACO aligning financial incentives to reduce cost and improve quality?

Notes: Of survey respondents participating in an ACO, 45% report the alignment of financial incentives to reduce cost and improve quality as largely average (3 out of 5).



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
1 (None)	3	4.11%	13.64%
2	2	2.74%	9.09%
3	10	13.7%	45.45%
4	4	5.48%	18.18%
5 (Very extensively)	3	4.11%	13.64%
Sum	22	30.14%	100%

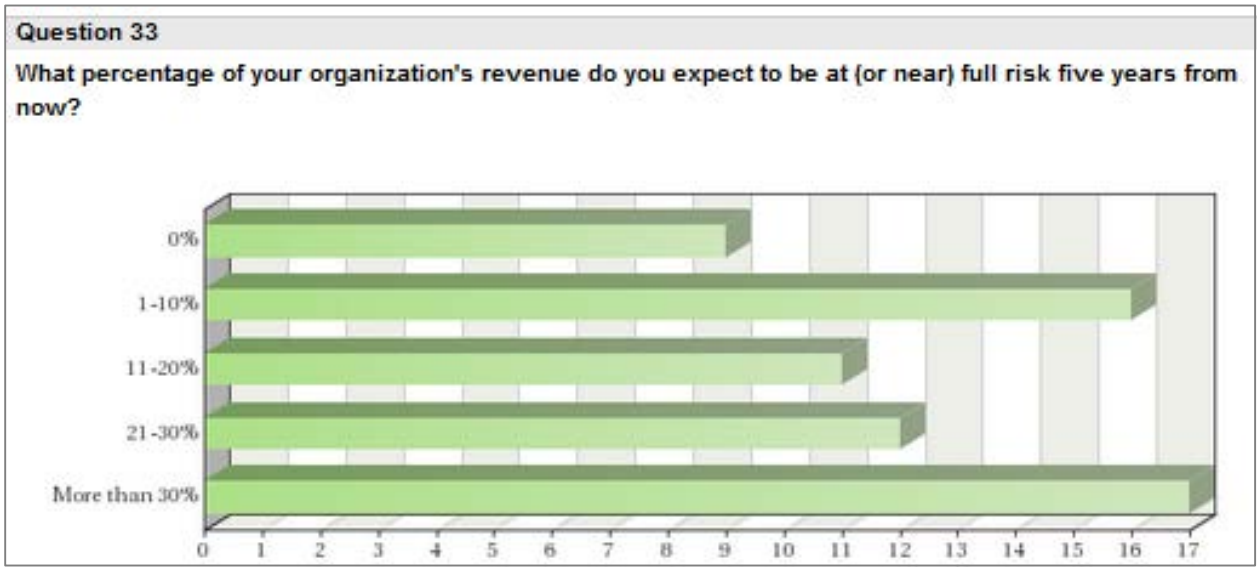
Medical Group/Hospital Question 32: How many health plans are part of your ACO?

Notes: Of survey respondents participating in an ACO, participants report an average number of 2.6 participating health plans.

Minimum	0
Maximum	7
Average	2.6
Total answered	21

Medical Group/Hospital Question 33: What percentage of your organization's revenue do you expect to be at (or near) full risk five years from now?

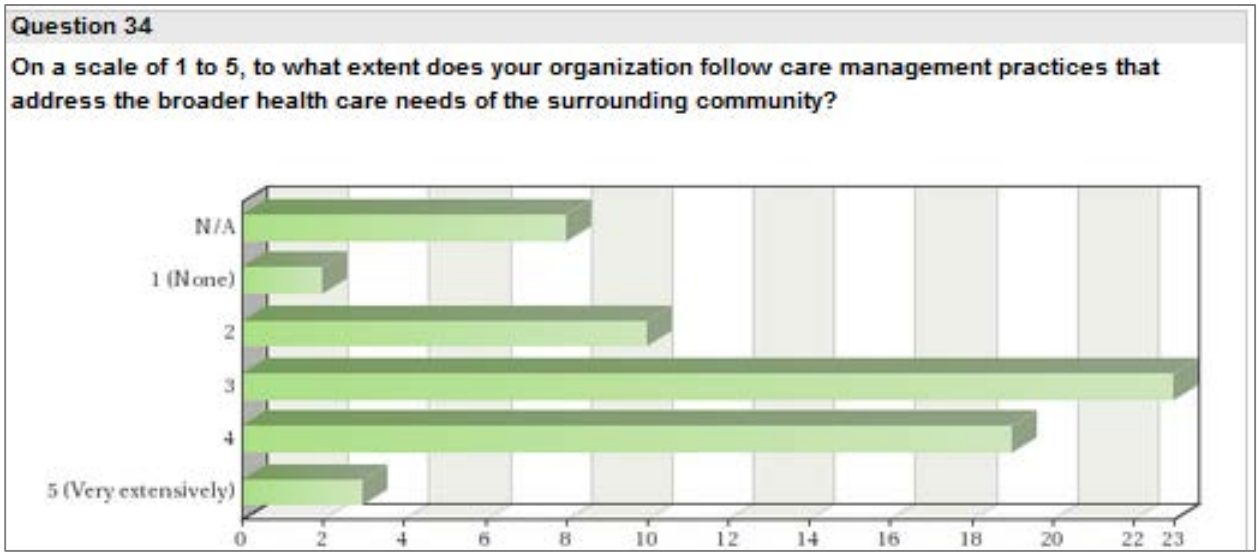
Notes: Five years from now, more than 25% of the survey participants expect more than 30% of the organization's revenue to be at (or near) full risk.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
0%	9	12.33%	13.85%
1-10%	16	21.92%	24.62%
11-20%	11	15.07%	16.92%
21-30%	12	16.44%	18.46%
More than 30%	17	23.29%	26.15%
Sum	65	89.04%	100%

Medical Group/Hospital Question 34: On a scale of 1 to 5, to what extent does your organization follow care management practices that address the broader health care needs of the surrounding community?

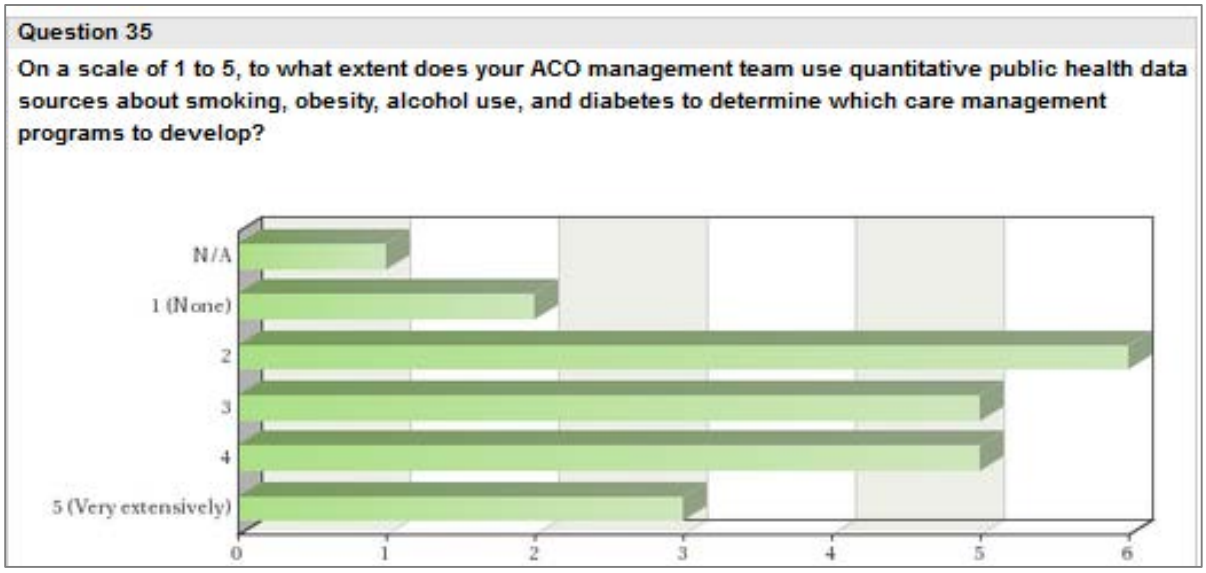
Notes: One-third of participants rate the extent to which their organization follows care management practices that address the broader health care needs of the community as extensive/very extensive (4 or 5 out of 5).



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
N/A	8	10.96%	12.31%
1 (None)	2	2.74%	3.08%
2	10	13.7%	15.38%
3	23	31.51%	35.38%
4	19	26.03%	29.23%
5 (Very extensively)	3	4.11%	4.62%
Sum	65	89.04%	100%

Medical Group/Hospital Question 35: On a scale of 1 to 5, to what extent does your ACO management team use quantitative public health data sources about smoking, obesity, alcohol use, and diabetes to determine which care management programs to develop?

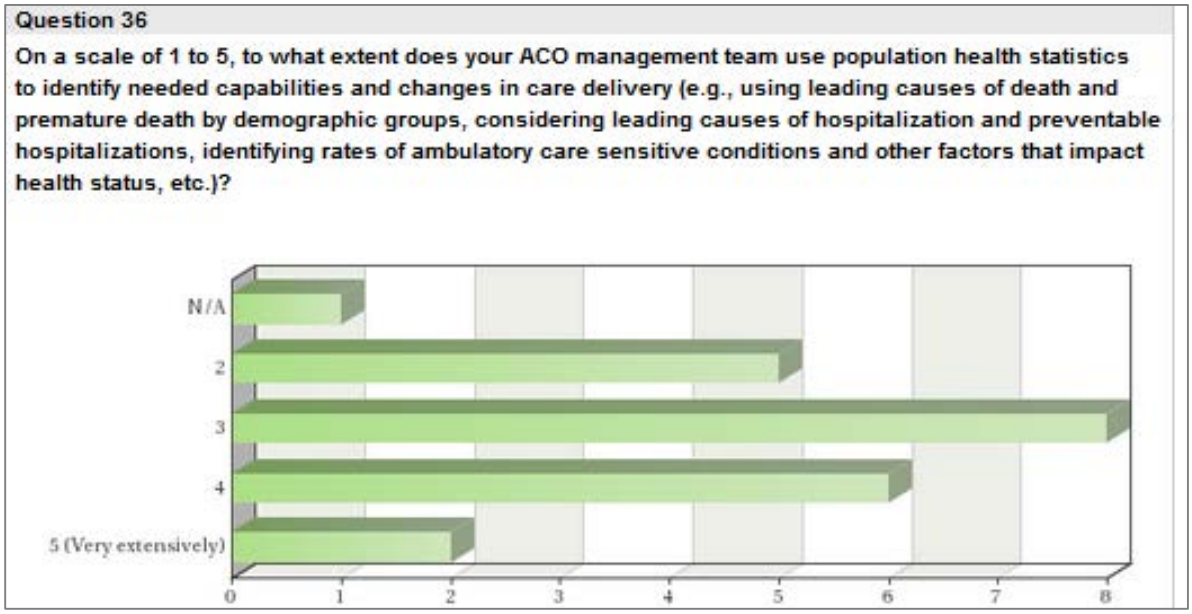
Notes: Of survey respondents participating in an ACO, one-third report the extent to which the ACO management team uses quantitative public health data sources to determine which care management programs to develop as extensive/very extensive (4 or 5 out of 5).



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
N/A	1	1.37%	4.55%
1 (None)	2	2.74%	9.09%
2	6	8.22%	27.27%
3	5	6.85%	22.73%
4	5	6.85%	22.73%
5 (Very extensively)	3	4.11%	13.64%
Sum	22	30.14%	100%

Medical Group/Hospital Question 36: On a scale of 1 to 5, to what extent does your ACO management team use population health statistics to identify needed capabilities and changes in care delivery (e.g., using leading causes of death and premature death by demographic groups, considering leading causes of hospitalization and preventable hospitalizations, identifying rates of ambulatory care sensitive conditions and other factors that impact health status, etc.)?

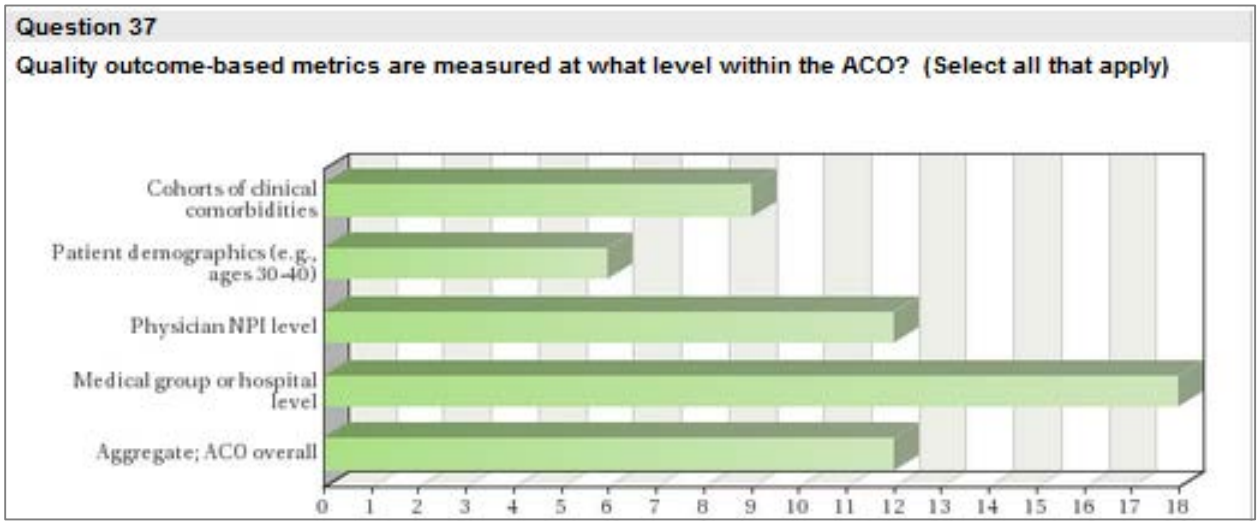
Notes: Of survey respondents participating in an ACO, one-third report the extent to which the ACO management team uses population health statistics to identify needed capabilities and changes in care delivery as extensive/very extensive (4 or 5 out of 5).



Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
N/A	1	1.37%	4.55%
2	5	6.85%	22.73%
3	8	10.96%	36.36%
4	6	8.22%	27.27%
5 (Very extensively)	2	2.74%	9.09%
Sum	22	30.14%	100%

Medical Group/Hospital Question 37: Quality outcome-based metrics are measured at what level within the ACO? (Select all that apply)

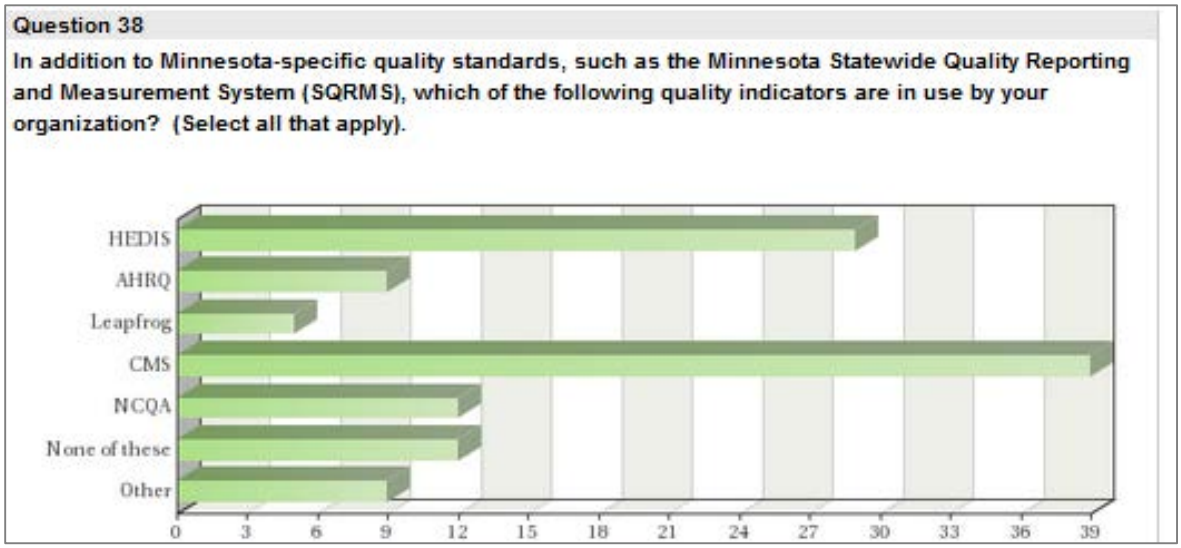
Notes: Of survey respondents participating in an ACO, more than 80% report measuring quality outcomes-based metrics at the medical group/hospital level.



Choices	Absolute Frequency	Relative Frequency by Choice	Relative Frequency	Adjusted Relative Frequency
Cohorts of clinical comorbidities	9	15.79%	12.33%	40.91%
Patient demographics (e.g., ages 30-40)	6	10.53%	8.22%	27.27%
Physician NPI level	12	21.05%	16.44%	54.55%
Medical group or hospital level	18	31.58%	24.66%	81.82%
Aggregate; ACO overall	12	21.05%	16.44%	54.55%
Sum	57	100%	-	-

Medical Group/Hospital Question 38: In addition to Minnesota-specific quality standards, such as the Minnesota Statewide Quality Reporting and Measurement System (SQRMS), which of the following quality indicators are in use by your organization? (Select all that apply)

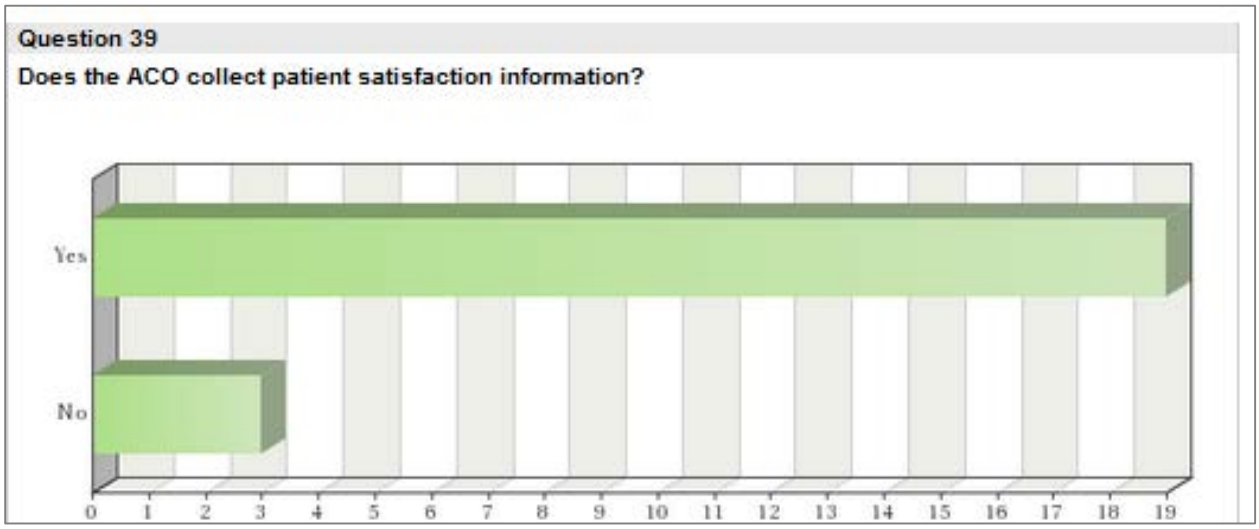
Notes: Participants report using CMS quality indicators 60% of the time, and 45% report using HEDIS.



Choices	Absolute Frequency	Relative Frequency by Choice	Relative Frequency	Adjusted Relative Frequency
HEDIS	29	25.22%	39.73%	44.62%
AHRQ	9	7.83%	12.33%	13.85%
Leapfrog	5	4.35%	6.85%	7.69%
CMS	39	33.91%	53.42%	60%
NCQA	12	10.43%	16.44%	18.46%
None of these	12	10.43%	16.44%	18.46%
Other	9	7.83%	12.33%	13.85%
Sum	115	100%	-	-

Medical Group/Hospital Question 39: Does the ACO collect patient satisfaction information?

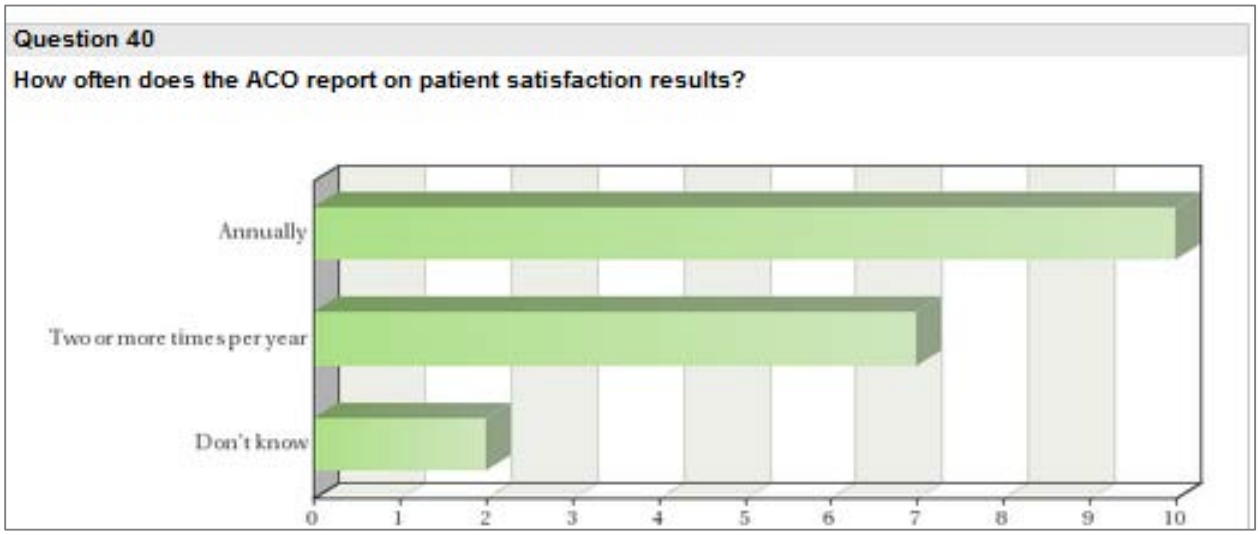
Notes: Of survey respondents participating in an ACO, 86% report that the ACO collects patient satisfaction information.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Yes	19	26.03%	86.36%
No	3	4.11%	13.64%
Sum	22	30.14%	100%

Medical Group/Hospital Question 40: How often does the ACO report on patient satisfaction results?

Notes: Of survey respondents participating in an ACO and collecting patient satisfaction information, nearly 90% report on patient satisfaction results at least annually.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Annually	10	13.7%	52.53%
Two or more times per year	7	9.59%	36.84%
Don't know	2	2.74%	10.53%
Sum	19	26.03%	100%

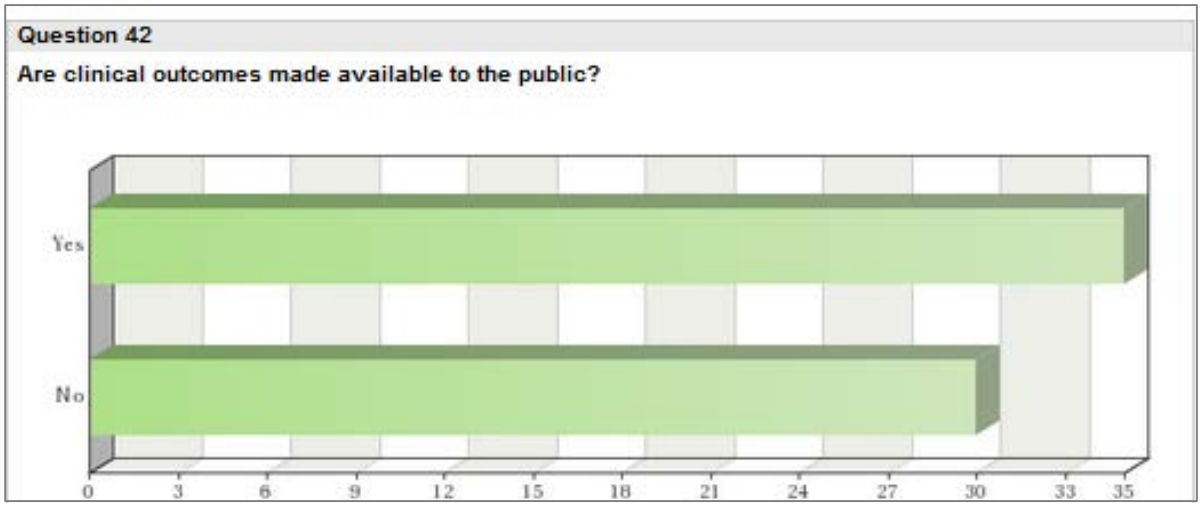
Medical Group/Hospital Question 41: Are quality measures other than patient satisfaction made available to the public?

Notes: Nearly two-thirds of participants report that quality measures other than patient satisfaction are made available to the public.

Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Yes	42	57.53%	64.62%
No	23	31.51%	35.38%
Sum	65	89.04%	100%

Medical Group/Hospital Question 42: Are clinical outcomes made available to the public?

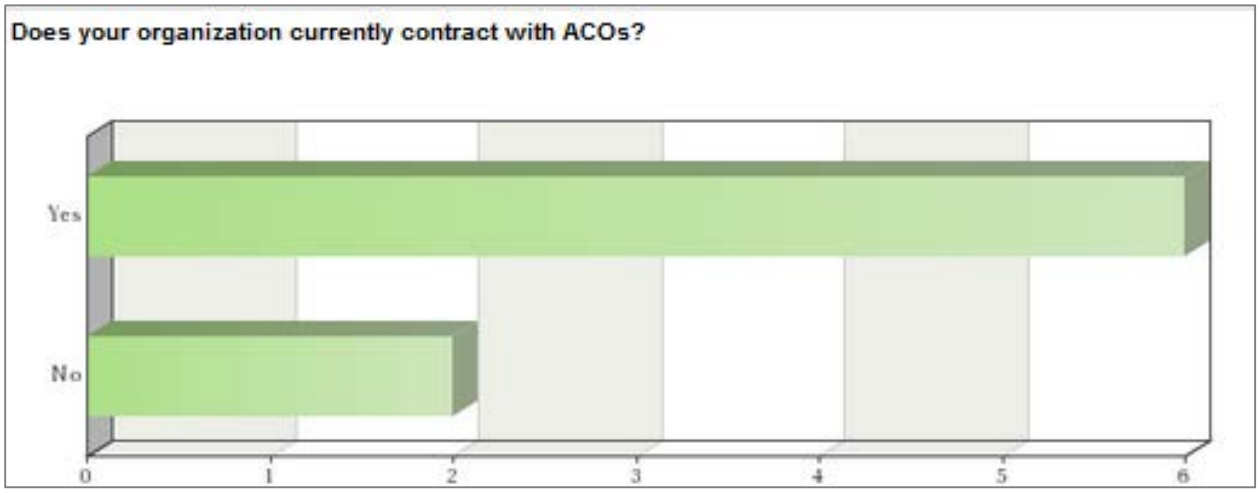
Notes: More than half of participants report that clinical outcomes are made available to the public.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Yes	35	47.95%	53.85%
No	30	41.1%	46.15%
Sum	65	89.04%	100%

Health Plan Question 6: Does your organization currently contract with ACOs?

Notes: Six out of eight participants currently contract with an ACO.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Yes	6	8.22%	75%
No	2	2.74%	25%
Sum	8	10.96%	100%

Health Plan Question 7: Please identify the ACO or ACOs contracted with your organization:

Notes: A number of contracted ACOs were cited by the participants, including Fairview, HealthPartners and Allina.

Text input
HPMG; Park Nicollet; Allina; Fairview; North Memorial; HealthEast; CentraCare; Essentia; Altru; Entira; Northwest Family; Ridgeview; Lakeview; Stillwater Medical Gp.; Mankato Clinic; Integrity; St. Luke's; UMP; North Clinic; Lakewood; Hutchinson; Multicare;
Allina Health, Fairview Health Services, Healtheast, Entira, North Memorial, Park Nicollet, HealthPartners, Stillwater Medical Group, Essentia, May Health System, CentraCare, Mankato Clinic, ACMS, St Lukes, Minnesota Health Network
Affiliated Community Medical Centers, Douglas County Hospital-Alexandria Clinic, Glencoe Regional Health, Hutchinson Health, Sanford Health of Northern Minnesota
1) Fairview/North Memorial, 2) HealthEast, 3) Park Nicollet, 4) Ridgeview, 5) Mayo Clinic, 6) North Memorial, 7) Fairview Partners (dual eligible), 8) GSM (dual eligible)
There are several
HealthPartners, Allina, Park Nicollet

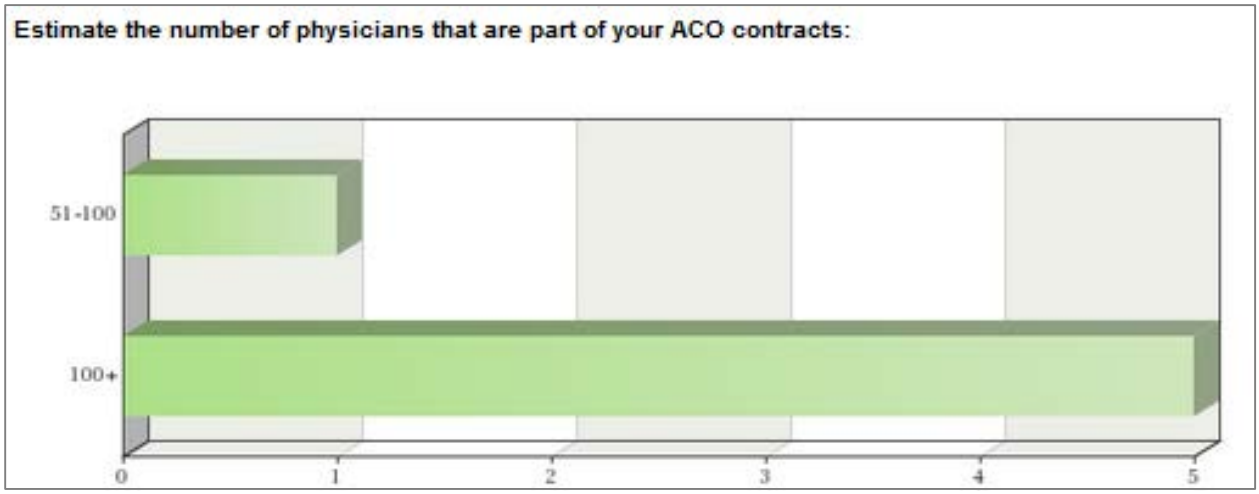
Health Plan Question 8: For each of the following, how many covered lives does your organization have attributed to your ACO?

Notes: Of survey respondents contracting with an ACO, the vast majority of attributed ACO covered lives is represented by Commercial coverage.

Choices	Minimum	Maximum	Average	Total Answered
Medicaid	0	70000	21164.5	6
Medicare	0	1000	166.67	6
Dual Eligible	0	3000	1426.33	6
Commercial	0	750000	234366.67	6

Health Plan Question 9: Estimate the number of physicians that are part of your ACO contracts:

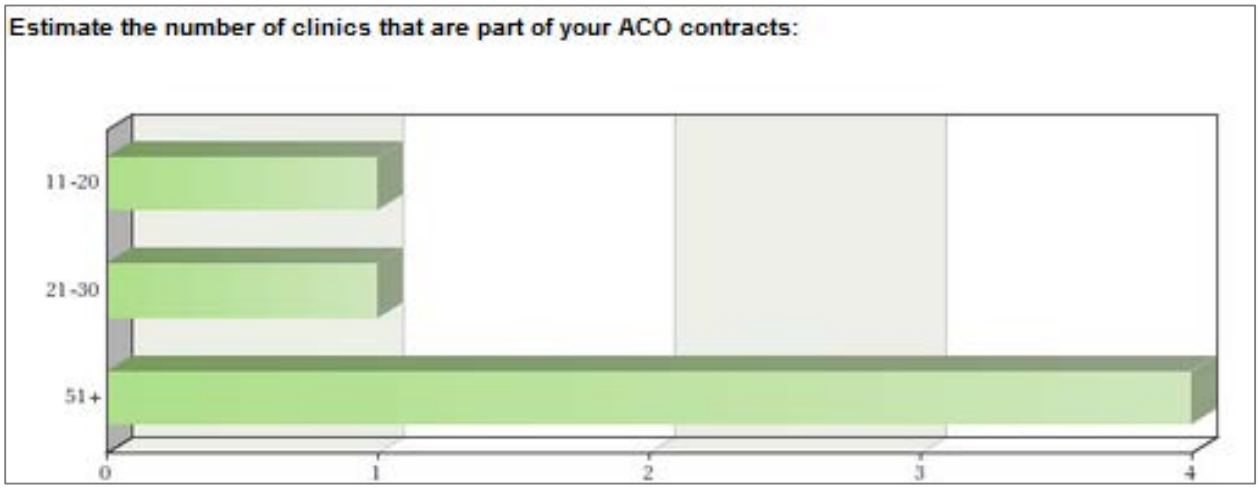
Notes: Of survey respondents contracting with an ACO, five out of six report 100 or more physicians in this ACO.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
51-100	1	1.37%	16.67%
100+	5	6.85%	83.33%
Sum	6	8.22%	100%

Health Plan Question 10: Estimate the number of clinics that are part of your ACO contracts:

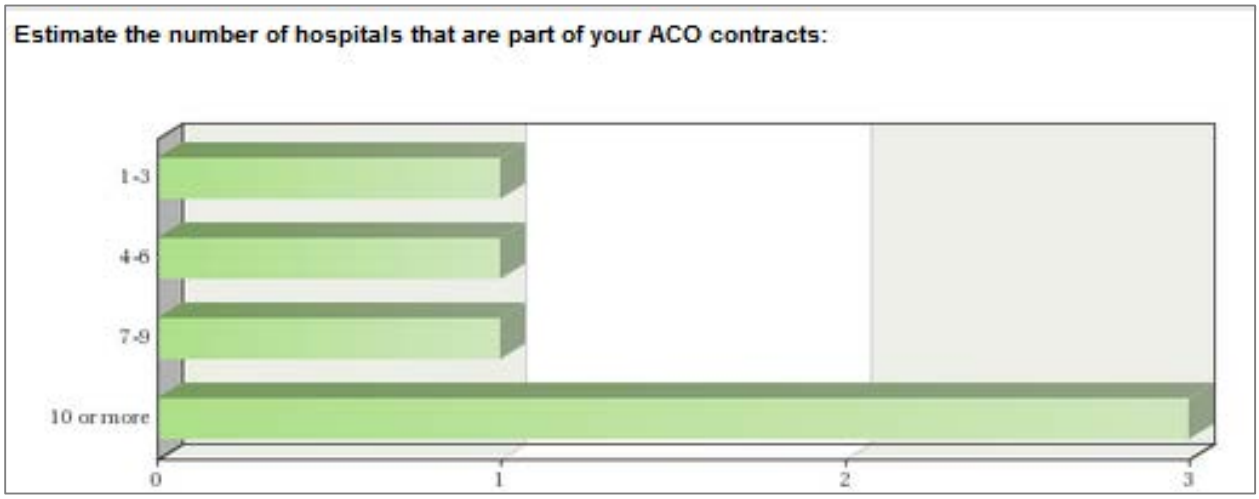
Notes: Of survey respondents contracting with an ACO, four out of six report 51 or more clinics in this ACO.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
11-20	1	1.37%	16.67%
21-30	1	1.37%	16.67%
51+	4	5.48%	66.67%
Sum	6	8.22%	100%

Health Plan Question 11: Estimate the number of hospitals that are part of your ACO contracts:

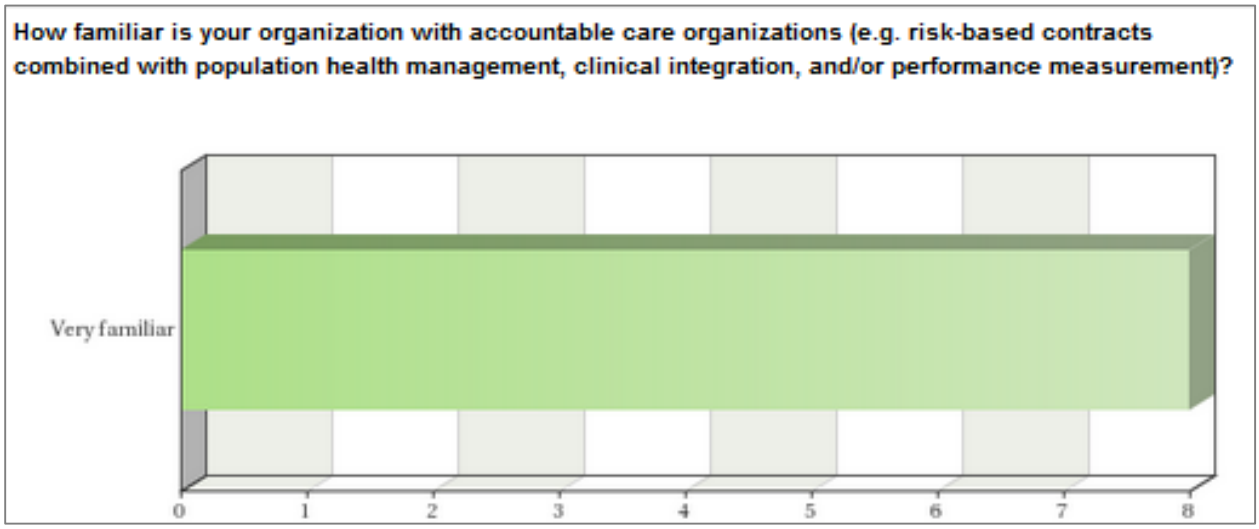
Notes: Of survey respondents contracting with an ACO, three out of six report 10 or more hospitals in this ACO.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
1-3	1	1.37%	16.67%
4-6	1	1.37%	16.67%
7-9	1	1.37%	16.67%
10 or more	3	4.11%	50%
Sum	6	8.22%	100%

Health Plan Question 12: How familiar is your organization with accountable care organizations (e.g. risk-based contracts combined with population health management, clinical integration, and/or performance measurement)?

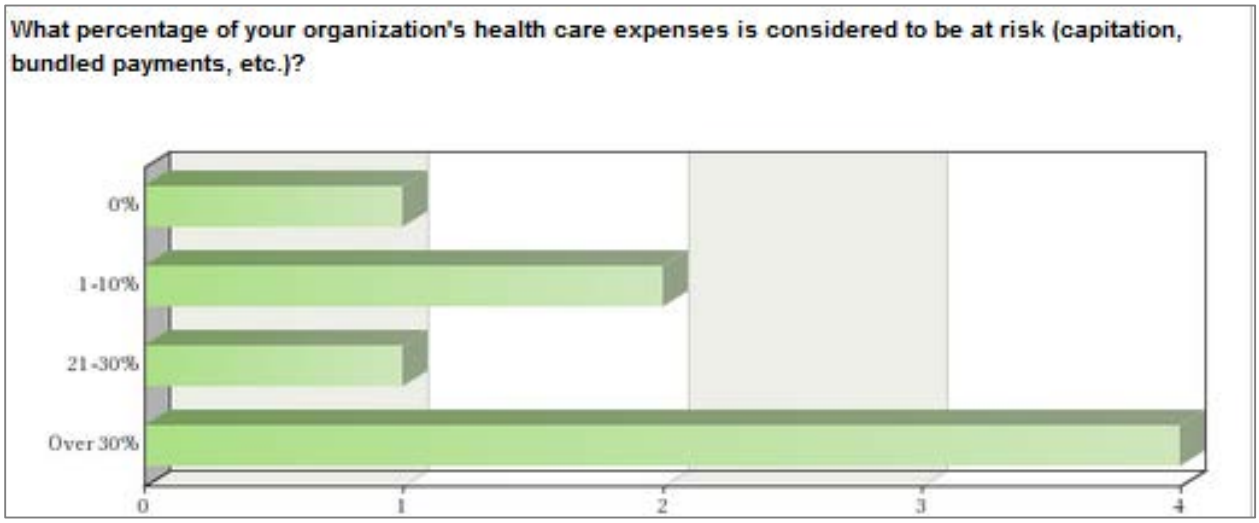
Notes: All participants report that they are very familiar with accountable care organizations.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
Very familiar	8	10.96%	100%
Sum	8	10.96%	100%

Health Plan Question 13: What percentage of your organization's health care expenses is considered to be at risk (capitation, bundled payments, etc.)?

Notes: Four out of eight participants report that more than 30% of the organization's healthcare expenses are considered to be at risk.



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
0%	1	1.37%	12.5%
1-10%	2	2.74%	25%
21-30%	1	1.37%	12.5%
Over 30%	4	5.48%	50%
Sum	8	10.96%	100%

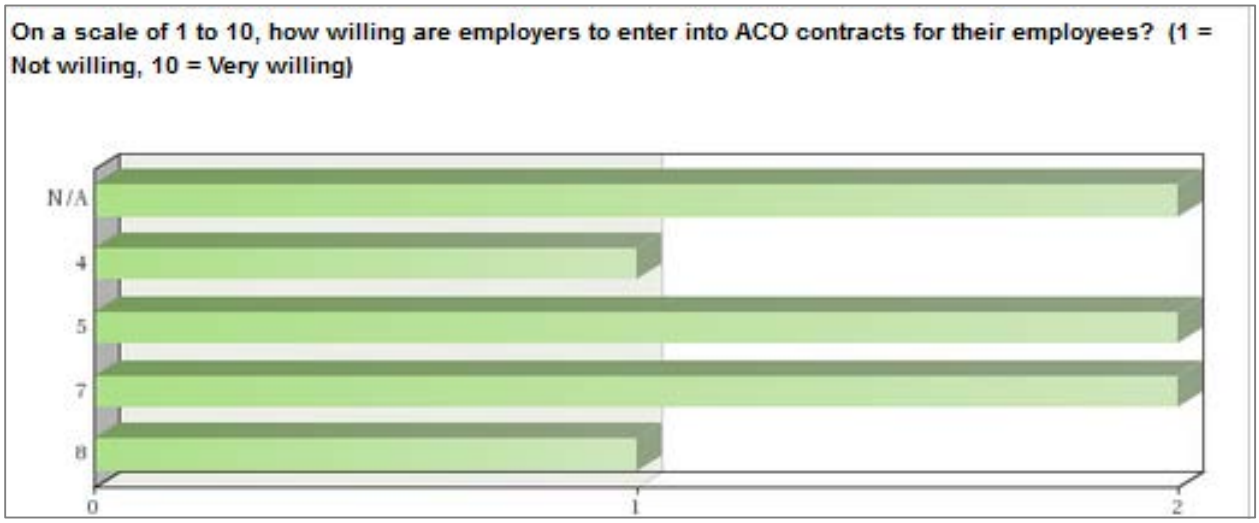
Health Plan Question 14: On a scale of 1 to 10, please rate your organization's financial and claims system' capabilities at being able to adjudicate claims subject to value-based or outcomes-based contracts (1=Not able to adjudicate, 10=Currently adjudicating outcomes-based contracts)

Notes: Five out of eight participants rated their capability to adjudicate claims subject to value-based/outcomes-based contracts as 7 or higher, based on a scale of 1 to 10, 10 representing most proficient, currently adjudicating).

Levels	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
N/A	1	1.37%	12.5%
3	1	1.37%	12.5%
5	1	1.37%	12.5%
7	2	2.74%	25%
10 (Currently adjudicating outcomes-based contracts)	3	4.11	37.5%
Sum	8	10.96%	100%

Health Plan Question 15: On a scale of 1 to 10, how willing are employers to enter into ACO contracts for their employees? (1=Not willing, 10=Very willing)

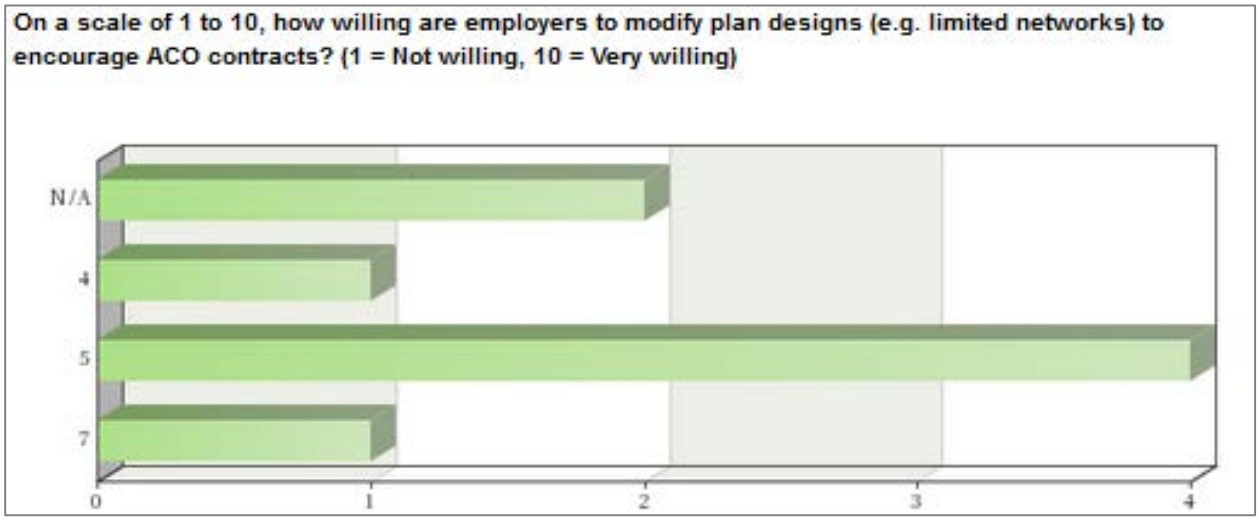
Notes: Six out of eight participants rated employers willingness to enter into ACO contracts for their employees between 5 and 8 (based on a scale of 1 to 10, 10 representing most willing).



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
N/A	2	2.74%	25%
4	1	1.37%	12.5%
5	2	2.74%	25%
7	2	2.74%	25%
8	1	1.37%	12.5%
Sum	8	10.96%	100%

Health Plan Question 16: On a scale of 1 to 10, how willing are employers to modify plan designs (e.g. limited networks) to encourage ACO contracts? (1=Not willing, 10=Very willing)

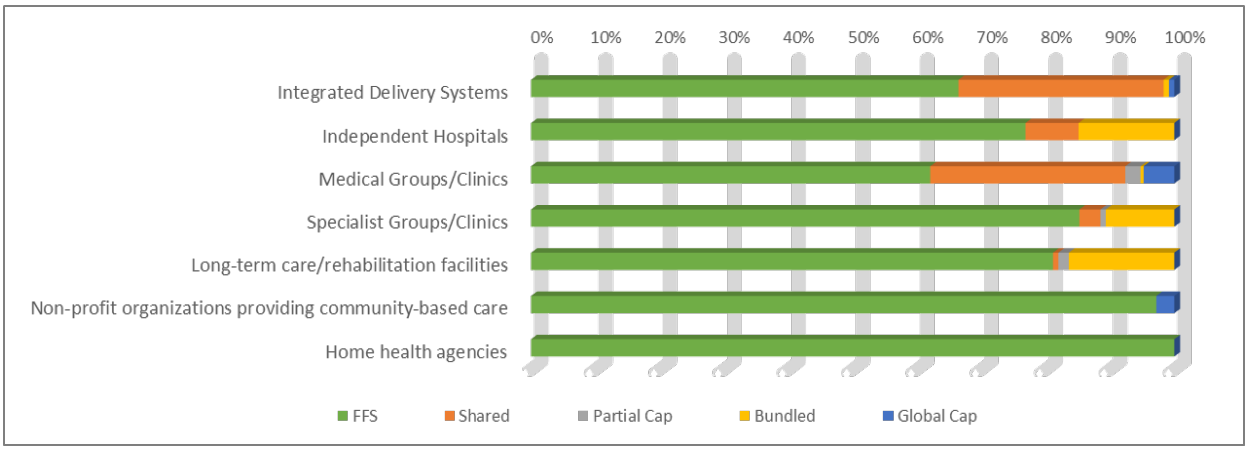
Notes: Four out of eight participants rated employers willingness to modify plan designs as a 5 (based on a scale of 1 to 10, 10 representing most willing).



Choices	Absolute Frequency	Relative Frequency	Adjusted Relative Frequency
N/A	2	2.74%	25%
4	1	1.37%	12.5%
5	4	5.48%	50%
7	1	1.37%	12.5%
Sum	8	10.96%	100%

Health Plan Question 17: For each of the provider types, enter the approximate percentages of expenses that are paid under each payment type.

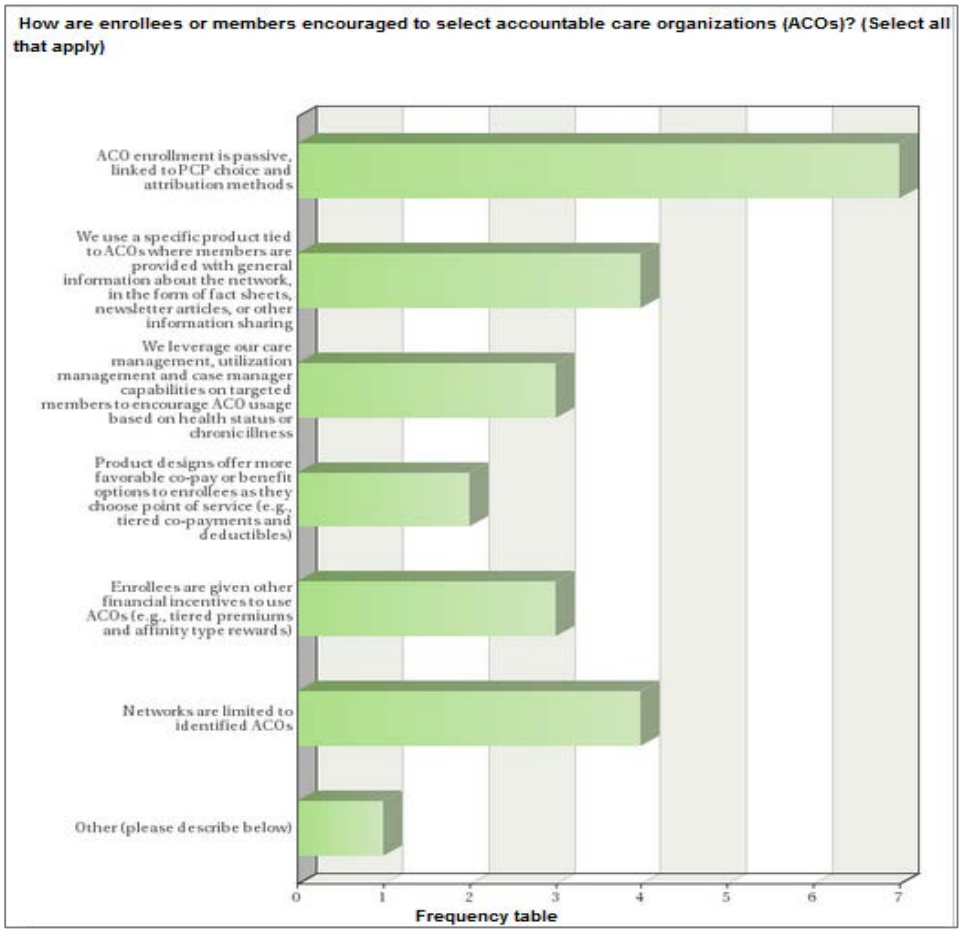
Notes: Fee-for-service represents the most prevalent type of expense across provider types, with shared savings and bundled episodes representing at least 20% of expense within integrated delivery systems, medical groups and hospitals.



Choices	FFS	Shared	Partial Cap	Bundled	Global Cap
Integrated Delivery Systems	50.0	24.0	0.0	0.6	0.6
Independent Hospitals	58.1	6.3	0.0	11.3	0.0
Medical Groups/Clinics	48.9	23.9	1.9	0.4	3.8
Specialist Groups/Clinics	65.0	2.5	0.6	8.1	0.0
Long-term care/rehabilitation facilities	61.9	0.6	1.3	12.5	0.0
Non-profit organizations providing community-based care	86.9	0.0	0.0	0.0	2.5
Home health agencies	87.5	0.0	0.0	0.0	0.0

Health Plan Question 18: How are enrollees or members encouraged to select accountable care organizations (ACOs)? (Select all that apply)

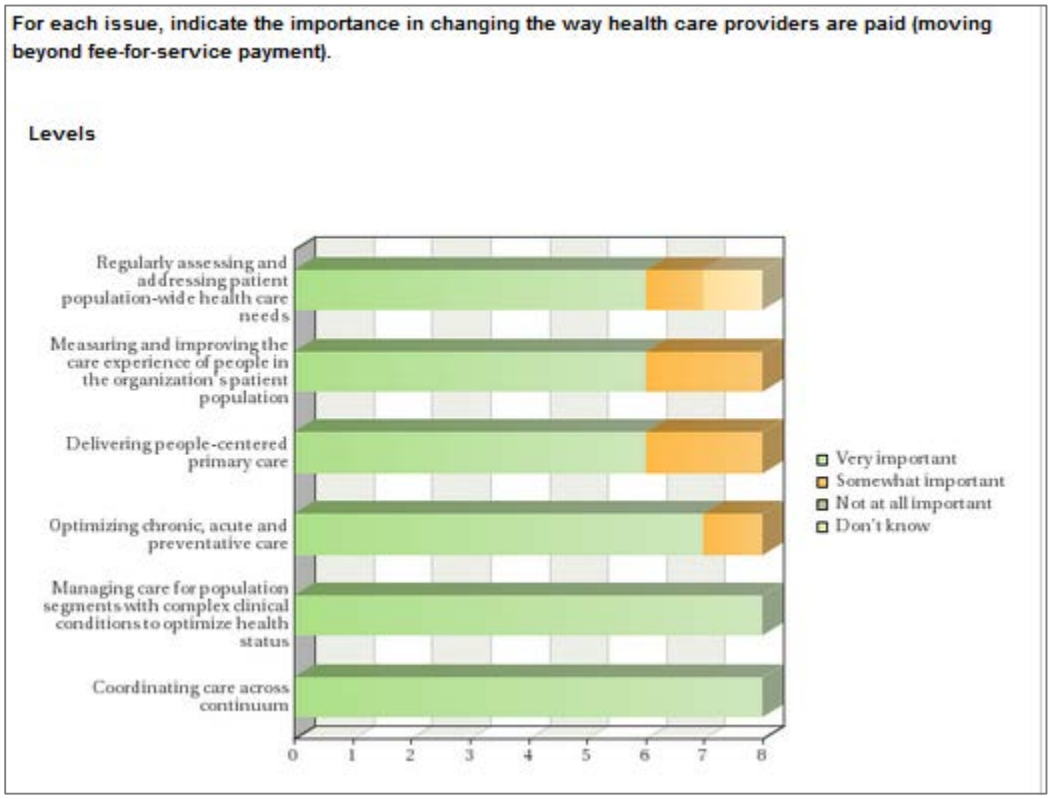
Notes: Enrollees are encouraged to select ACOs through multiple strategies, and seven out of eight participants cited passive enrollment, linked to PCP choice and attribution methods.



Choices	Absolute Frequency	Relative Frequency by choice	Relative Frequency	Adjusted Relative Frequency
ACO enrollment is passive, linked to PCP choice and attribution methods	7	29.17%	9.59%	87.5%
We use a specific product tied to ACOs where members are provided with general information about the network, in the form of fact sheets, newsletter articles, or other information sharing	4	16.67%	5.48%	50%
We leverage our care management, utilization management and case manager capabilities on targeted members to encourage ACO usage based on health status or chronic illness	3	12.5%	4.11%	37.5%
Product designs offer more favorable co-pay or benefit options to enrollees as they choose point of service (e.g., tiered co-payments and deductibles)	2	8.33%	2.74%	25%
Enrollees are given other financial incentives to use ACOs (e.g., tiered premiums and affinity type rewards)	3	12.5%	4.11%	37.5%
Networks are limited to identified ACOs	4	16.67%	5.48%	50%
Other (please describe below)	1	4.17%	1.37%	12.5%
Sum	24	100%	-	-

Health Plan Question 19: For each issue, indicate the importance of changing the way health care providers are paid (moving beyond fee-for-service payment).

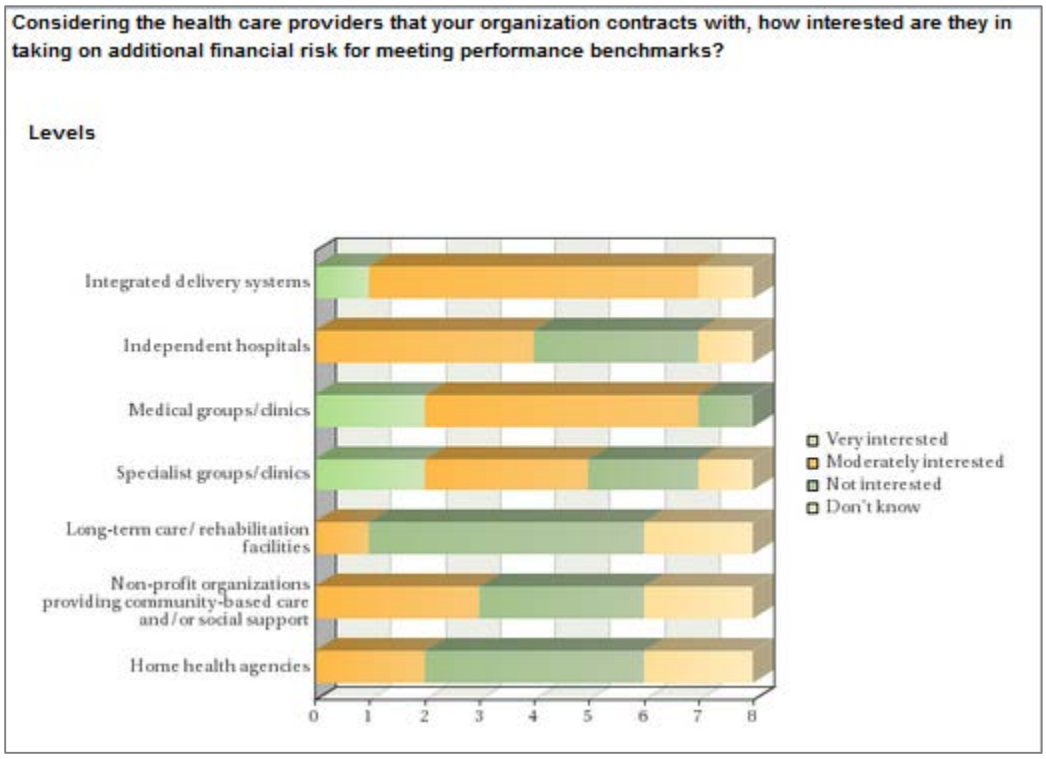
Notes: All eight participants cited managing/coordinating care as very important issues in changing the way healthcare providers are paid, moving beyond FFS payment.



		Very important	Somewhat important	Not at all important	Don't know	Sum
Regularly addressing and addressing patient population-wide health care needs	Absolute Frequency	6	1	0	1	8
	Relative frequency row	75%	12.5%	0%	12.5%	100%
	Relative frequency	12.5%	2.08%	0%	2.08%	16.67%
Measuring and improving the care experience of people in the organization's patient population	Absolute Frequency	6	2	0	0	8
	Relative frequency row	75%	25%	0%	0%	100%
	Relative frequency	12.5%	4.17%	0%	0%	16.67%
Delivering people-centered primary care	Absolute Frequency	6	2	0	0	8
	Relative frequency row	75%	25%	0%	0%	100%
	Relative frequency	12.5%	4.17%	0%	0%	16.67%
Optimizing chronic, acute and preventative care	Absolute Frequency	7	1	0	0	8
	Relative frequency row	87.5%	12.5%	0%	0%	100%
	Relative frequency	14.58%	2.08%	0%	0%	16.67%
Managing care for population segments with complex clinical conditions to optimize health status	Absolute Frequency	8	0	0	0	8
	Relative frequency row	100%	0%	0%	0%	100%
	Relative frequency	16.67%	0%	0%	0%	16.67%
Coordinating care across continuum	Absolute Frequency	8	0	0	0	8
	Relative frequency row	100%	0%	0%	0%	100%
	Relative frequency	16.67%	0%	0%	0%	16.67%
Sum	Absolute Frequency	41	6	0	1	48
	Relative frequency row	100%	100%	100%	100%	100%
	Relative frequency	85.42%	12.5%	0%	1.08%	100%

Health Plan Question 20: Considering the health care providers that your organization contracts with, how interested are they in taking on additional financial risk for meeting performance benchmarks?

Notes: Two out of eight participants cited medical groups and specialist groups as being very interested in taking on additional financial risk for meeting performance benchmarks.



		Very interested	Moderately interested	Not interested	Don't know	Sum
Integrated delivery systems	Absolute Frequency	1	6	0	1	8
	Relative frequency row	12.5%	75%	0%	12.5%	100%
	Relative frequency	1.79%	10.71%	0%	1.79%	14.29%
Independent hospitals	Absolute Frequency	0	4	3	1	8
	Relative frequency row	0%	50%	37.5%	12.5%	100%
	Relative frequency	0%	7.14%	5.36%	1.79%	14.29%
Medical groups/clinics	Absolute Frequency	2	5	1	0	8
	Relative frequency row	25%	62.5%	12.5%	0%	100%
	Relative frequency	3.57%a	8.93%	1.79%	0%	14.29%
Specialist groups/clinics	Absolute Frequency	2	3	2	1	8
	Relative frequency row	25%	37.5%	25%	12.5%	100%
	Relative frequency	3.57%a	5.36%	3.57%a	1.79%	14.29%
Long-term care/rehabilitation facilities	Absolute Frequency	0	1	5	2	8
	Relative frequency row	0%	12.5%	62.5%	25%	100%
	Relative frequency	0%	1.79%	8.93%	3.57%a	14.29%
Non-profit organizations providing community-based care and/or social support	Absolute Frequency	0	3	3	2	8
	Relative frequency row	0%	37.5%	37.5%	25%	100%
	Relative frequency	0%	5.36%	5.36%	3.57%a	14.29%
Home health agencies	Absolute Frequency	0	2	4	2	8
	Relative frequency row	0%	25%	50%	25%	100%
	Relative frequency	0%	3.57%a	7.14%	3.57%a	14.29%
Sum	Absolute Frequency	5	24	18	9	56
	Relative frequency row	100%	100%	100%	100%	100%
	Relative frequency	8.93%	42.86%	32.14%	16.07%	100%