Delaware Valley Accountable Care Awarded 2019 Doyle Award for Innovative Post-Acute Care Strategy

ACO implements evidence-based guidelines within SNF network to improve care coordination and reduce costs by $1.3 million

Radnor, PA, July 24, 2020 – MCG Health, part of the Hearst Health network and a leading provider of informed care strategies, has named Delaware Valley Accountable Care Organization (DVACO) a recipient of the 2019 Richard L. Doyle Award for Innovation and Leadership in Healthcare, awarded to the organization this spring.

The Philadelphia-area ACO was recognized for implementing a unique post-acute strategy which significantly reduced patient length of stay in skilled nursing facilities (SNFs) and improved care coordination across the post-acute continuum of care. By leveraging MCG’s Chronic Care and Recovery Facility Care guidelines and a web-based tool to track their patients’ stays in post-acute care, Delaware Valley ACO reduced the average length of stay (LOS) by one full day and achieved a $1.3 million savings in Medicare expenditures. The ACO also decreased home health spend by 8% over the same timeframe. Since the ACO’s inception in 2014, they have been able to reduce overall SNF spend in their network by an impressive 30%.

Delaware Valley ACO’s strategic initiative used claims data to define the top 20 diagnoses for patients utilizing a SNF. The ACO then partnered with MCG to publish length of stay guidelines for these diagnoses and share them across their SNF network. This critical step encouraged proactive multi-disciplinary care planning at the time of admission. In turn, this helped to identify barriers to discharge earlier in the patient’s stay and initiate the proper actions to resolve them. Delaware Valley ACO’s SNF partners now proactively communicate with a patient’s primary care physician (and/or ambulatory care coordinator) to discuss clinical, social, medication, or palliative care goals.

“We learned pretty quickly that establishing preferred post-acute care networks was the easy part of our strategy; leveraging them to improve the care of our patients and improve value was more challenging,” said Beth Souder, PT, MSPT, the Director of Post-Acute Networks at Delaware Valley ACO. She added, “Having MCG’s care guidelines as evidence-based tools to help guide our care coordination efforts with our post-acute care partners are some of the important components that help drive our success.”

“We’re seeing more risk-bearing organizations implement evidence-based, informed care strategies across the full spectrum of patient care,” said MCG President and CEO, Jon Shreve. “Delaware Valley ACO’s results show that applying the evidence properly can positively impact coordination efforts between providers working across different settings. We congratulate them on this significant achievement.”
About Delaware Valley Accountable Care Organization (DVACO)
The Delaware Valley Accountable Care Organization (DVACO) is a limited liability company that is owned by Main Line Health and Jefferson Health, serving the Greater Philadelphia region. DVACO’s purpose is to enhance the quality of health care and reduce the growth rate of health care costs by acting as a convener, accelerator, and provider of the foundation needed to assist its participating members to transition from fee for service, a business model focused on volume, to a model focused on population health.

DVACO operates under the Medicare Shared Savings Program (MSSP) through an agreement with the Centers for Medicare and Medicaid Services (CMS). Currently, DVACO is the region’s largest Medicare ACO with more than 2,000 physicians and 90,000 Medicare fee-for-service beneficiaries. Additionally, DVACO currently holds three performance-based contracts with private payers as well as the employees and dependents of its owners — enhancing DVACO’s total number of beneficiaries to above 250,000—a number that will likely increase in the future as DVACO participates with additional insurance payers in population health contracts.

About MCG Health
MCG, part of the Hearst Health network, helps healthcare organizations implement informed care strategies that proactively and efficiently move people toward health. MCG’s transparent assessment of the latest research and scholarly articles, along with our own data analysis, gives patients, providers, and payers the vetted information they need to feel confident in every care decision, in every moment. For more information visit https://www.mcg.com or follow our Twitter handle at @MCG_Health.

About Hearst Health
The mission of Hearst Health is to help guide the most important care moments by delivering vital information into the hands of everyone who touches a person’s health journey. Each year in the U.S., care guidance from Hearst Health reaches 85 percent of discharged patients, 205 million insured individuals, 90 million home health visits and 3.2 billion dispensed prescriptions. The Hearst Health network includes FDB (First Databank), Zynx Health, MCG, Homecare Homebase, MHK (formerly MedHOK—Medical House of Knowledge) and Hearst Health Ventures (www.hearsthealth.com). Hearst also holds a minority interest in the precision medicine and oncology analytics company M2Gen. Follow Hearst Health on Twitter @HearstHealth or LinkedIn @Hearst-Health.

About the Richard L. Doyle Award for Innovation and Leadership in Healthcare
The Doyle Award was developed to recognize organizations that make innovative use of the care guidelines to help deliver effective healthcare. Dr. Doyle, the care guidelines founding editor, was a hospital chief-of-staff when he began creating clinical guidelines in the 1980s to help improve healthcare efficiency and quality at Mercy Hospital in San Diego. He later joined Milliman & Robertson and in 1988 published the first set of what was to become the care guidelines.
Judges for this award are independent healthcare quality experts, not currently
associated with MCG. Applicants were judged on how well their projects supported the
MCG mission to help drive effective care, and the names and locations of the nominees
were redacted prior to the judges’ review. Judges looked for evidence of improvements
in healthcare quality and patient safety; patient/member satisfaction; staff efficiency,
productivity and satisfaction; internal/external communication; and effective use of
resources.