



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

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For immediate release

**Michigan physicians save Medicare \$43.1 million,
while improving care for Michiganders**

New data on POM ACO performance show continued achievement

ANN ARBOR, Mich. — A team of Michigan physician organizations improved care for more than 77,500 Medicare participants across the state, while making a positive difference in the cost of that care, according to new data just released by the federal government.

In fact, the Medicare system saved \$43.1 million on the care of those Michiganders in 2018. At the same time, that care met high quality standards.

The data, released by the federal Centers for Medicare and Medicaid Services, show the results of a concerted effort by nearly 6,000 physicians and other providers who take part in the statewide [Physician Organization of Michigan Accountable Care Organization](#), LLC (POM ACO).

POM ACO was the thirteenth largest of the nation's 548 shared-savings ACOs in 2018, as measured by the number of traditional Medicare beneficiaries assigned to its providers. For 2019, it has elected to join the Pathways to Success program recently established by CMS to build on the ACO program.

POM ACO is one of the few ACOs to have such a long track record of both savings and high quality of care every year under the [Medicare Shared Savings Program](#) created under the Affordable Care Act.

"We are proud to report savings yet again in 2018, which continues our strong track record of saving CMS over \$146 million of taxpayer's dollars during the life of our ACO and sharing in those savings the last two years," said David Serlin, M.D., POM ACO's medical director and an assistant professor and associate chair for clinical programs in the Department of Family Medicine at the University of Michigan Medical School.

"From my perspective as a physician at Michigan Medicine, it is important we place the best interests of the patient at the center of what we do as an ACO," Serlin adds. "We have a strong and committed group of participating health care organizations doing just that, working together to identify best practices to provide better value to their patients, while continuously identifying ways to improve the quality of care. We look forward to working with CMS and our partner organizations to continue our work and momentum into the new CMS Pathways to Success ACO Model."

POM ACO providers, who serve patients across Michigan, will share a portion of the savings that they achieved for the Medicare system. Much of the money will be invested in improvements aimed at continuing to move the needle on care quality and cost.

“Every partner engaged in POM ACO has reason to celebrate. Through collaboration, we achieved significant success over the last couple years, particularly when you compare our results with other ACOs of similar size and scope across the country,” said Terrisca Des Jardins, MHSA, chief operating officer of POM ACO and a lecturer at the University of Michigan School of Public Health. “However, our work together is not finished. We will redouble efforts in the coming year, and into the future, to ensure coordinated, high quality care at lower cost. Ultimately, our aim is to serve as a model to transform health care delivery for a healthy Michigan. We believe we can realize this ambitious vision by always placing our guiding values first: we are community-oriented and patient-centered, and focused on collaboration, innovation, quality and leadership, while ensuring we maintain integrity and value in everything we do.”

A focus on care transitions

“It has been a rewarding journey to work together through POM ACO, to provide evidence-based, efficient and coordinated care for our patients, while successfully controlling health care expenditures,” said Madhura Mansabdar, MD, chief clinical integration officer at MidMichigan Health and medical director for the MidMichigan Collaborative Care Organization. “POM ACO brings together the expertise of a world class academic institution with the unique skills of community health systems and rural practices, along with the most important perspective- that of our patients, to improve their lives and health care outcomes.”

In 2018, POM ACO members focused on the transition between hospitals and nursing homes or other skilled nursing facilities, and in the number of days spent in both types of facilities. By partnering with the facilities where its participating beneficiaries tend to receive care, POM ACO members continue to find opportunities to improve care and reduce costs.

Each provider receives detailed information about his or her performance on quality measures, and practices and groups share best practices and innovations with one another. This allows them to coordinate the care that Medicare beneficiaries receive from different primary care and specialty providers, and to prevent health issues and repeat hospitalizations.

“The POM ACO partnership promotes best practice sharing among providers and health systems across Michigan.” says Jeni Hughes, executive director of Oakland Southfield Physicians PC. “We have been able to take the data POM ACO offers to providers, and drill down to the practice-level in identifying improvement plans for our providers and the Medicare beneficiaries they serve. We are thrilled to continue as a partner in POM ACO and with the progress we’ve all made together.”

A history of improving care & bending the cost curve

Launched in 2013 as a joint venture of U-M and six physician groups, POM ACO complemented the Pioneer accountable care organization that U-M’s physicians already belonged to at the time.

“As a member of POM ACO from the beginning, we have been fortunate to have the opportunity to collaborate with the other POM ACO partners across Michigan,” said Kim Speese, executive director of the Wexford PHO and Crawford PHO, in a statement. “As a provider organization in Northern Michigan, we sometimes face different challenges, given we provide care in rural areas. However, having the opportunity to share learnings across the ACO with trusted partners allows us to think about some of our issues from different perspectives and identify creative solutions.”

Speese, who also is executive director of population health with Munson Healthcare, said having access to performance data also helps identify areas for ongoing improvement. “Having data for Medicare patients also allows us a deeper understanding of practice patterns and areas of opportunity that can be applied to the entire population of patients that we care for,” she said.

By moving U-M physicians and other providers into POM ACO in 2014, U-M continued its longstanding commitment to new models of care. That commitment began in 2005, with participation in the CMS Physician Group Practice demonstration project that led to the creation of the now-national ACO model. This is the thirteenth year in a row in which U-M physicians have saved the Medicare system money by coordinating and improving care as part of innovative federal programs. More about U-M's participation in these efforts: <http://www.uofmhealth.org/pophealth>.

Learn more about POM ACO and its participating clinical locations at www.pom-aco.com