An ACO is a group of health care providers who agree to take on a shared responsibility for the care of a defined population of patients while assuring active management of both the quality and the cost of that care.
Accountable Care Organization

- Providers
- Responsibility
- Clinical Care
- Defined Population
- Active Management
- Quality
- Cost
Why the ACO model?

The Physician Group Practice Demonstration (PGPD) was an experimental program that led to ACO inclusion in the Affordable Care Act because it had some success. CMS estimated that PGPD participants reduced spending by $137 million over the program’s 5 years.¹

- On average, PGPD groups saved an average of $114 annually per assigned beneficiary in an ACO-like model.
  - The PGPD groups achieved an average annual per capita savings of $523, or 5% on dually eligible beneficiaries.
  - Reductions in acute care hospitalizations, procedures and home health care contributed to cost savings.
  - The research suggests that it’s possible the savings were achieved through better care coordination overall rather than through disease specific interventions.
ACO Goals

- Reduce fragmentation of care
  - Improve disease screening and prevention rates, delivery of care and manage the health of patients.

- Improve individual and population health
  - 2 in 3 Americans over 65 have multiple chronic conditions. Care for these beneficiaries accounts for 93% of Medicare Fee-For-Service expenditures. Improving the health of this population will increase their quality of life, while decreasing costs.

- Address escalating health care costs
  - Improved coordination and communication will improve the care beneficiaries receive while potentially saving Medicare $960 million over three years.
Primary Care Driven

- PCPs deliver the most care to patients and are central to care coordination
- PCPs have ongoing, long-term relationships with patients
- Having one main point of contact will make receiving care easier for patients
- Making sure your primary care provider has your most up-to-date medical information will mean you have to fill out less paperwork, avoid unnecessary tests and will receive more help dealing with any health conditions.
- Evidence shows that increased primary care presence reduces imaging, testing and more expensive care while improving the health of communities.
- Driven by physicians embedded in the governance and structure.
ACO Components

- Must have enough members to serve at least 5,000 Medicare beneficiaries.
- Agree to 3 year participation.

Reduce fragmentation of care.
Improve individual and population health.

Meet quality and reporting standards.
Establish defined processes to promote evidence based medicine.

Have health information infrastructure to enable community wide assessment and coordination, including functional integrated electronic health records.
ACO model benefits:

- Partnership creation helps us achieve the triple aim while we work with purchasers to develop new contracts and payments methods that promote high performance².

- Sustainable model because it creates payment incentives to support the delivery system reforms².

- Ability to participate in the Shared Savings Program without risk. This will give us time to establish processes and best practices so we can enter into ACO risk models confidently in the future to maximize our Shared Savings.

- Continue to receive Medicare Fee-For-Service payments while the ACO will be eligible for a portion of the Shared Savings.

- Delivering a more patient-centered experience through enhanced care coordination and reduction in duplicative testing.
Mercy-CR/UI Health Care ACO Organizational Structure

Board of Managers

- Chief Compliance Officer
- Provider Executive Committee
- Executive Medical Director
- ACO Administrator

Data Management and IT Committee
- Operations
  - Finance
  - Marketing
  - Credentialing / Provider Relations
- Care Coordination Committee
- Quality Committee

Executive Medical Director: Timothy Quinn, MD
ACO Administrator: Christine Miller, MBA
Chief Compliance Officer: Debbie Thoman, BA, BS, MA, RHIA, CHP

Required to create a formal legal structure: shared governance and a leadership management structure.
Mercy-CR/UI Health Care ACO
Care Coordination

All patients and their families will have seamless access to healthcare across the continuum, enhanced by the availability of a designated care coordinator who facilitates patient-centered care coordination services by collaborating with multidisciplinary teams and other specialized care coordinators.

- Care Coordination Priorities:
  - Develop and maintain patient/family relationships
  - Assessment/reassessment of health care needs
  - Collaborate with medical and social service providers to facilitate care and integrate health care resources needed.
  - Individualized care planning and mutual goal setting.
  - Ensure cost effectiveness while maintaining quality
  - Educate patients and their families/care advocates in self-care management
  - Ongoing quality improvement efforts across the ACO
Care Coordinator Responsibilities

- Review ACO activity for IP patient opportunities
- Review ACO activity for ER patient opportunities
- Prep ACO patients coming to PCP
- Ongoing care coordination follow-up for at-risk patients
- Prioritization using Clinical Risk Groups (CRG’s)
Focus of Clinical Risk Groups

Medicare patient 65 years of age or older

Patient has a MercyCare or UI Health Care PCP

Patient has one or more of the following conditions:
- Type II Diabetes
- COPD
- CHF
Specific Actions

- Work groups focused on Diabetes, CHF, COPD
  - Assessment tools to monitor and coordinate care needs
  - Readmission prevention
    - Attending Care Conferences
    - Follow-up within 48 hours of discharge
      - Transition visits
      - Phone call
    - Follow-up office visit
- Transition of care planning with Mercy Home Health and Palliative Care Services, UIHC specialty clinics
ACO Quality Requirements

The Shared Savings Program rewards ACOs that reduce expenses while meeting performance standards on quality of care and patient experience. ACOs must collect a set of performance measures to ensure that appropriate care is being delivered and that cost savings are not the result of limiting necessary care.

- 33 Quality Measures in Five Areas:
  - Patient Experience
  - Care Coordination
  - Patient Safety
  - Preventive Health
  - At-Risk Populations

- Several of the measures are similar to other CMS programs, such as Physician Quality Reporting System and EHR Meaningful Use.
Challenges of Partnering

- Combining different organizations and processes
- Overcoming negative community perceptions
- Creating cohesive support structures
  - Data systems/IT analytics
  - Care Coordination
  - Quality Reporting
- Access
- Informing patients
  - Keeping patients on our attributed list (reduce quarterly list turnover)
  - Developing processes for patient notification
  - Engaging patients as partners in their care coordination plan
Benefits of Mercy-CR/UI Health Care ACO

- Partnering through an ACO allows for more projects to be taken on jointly which will increase everyone’s bargaining power and effectiveness.

- Leveraging each other’s strengths and capabilities to provide patients access to a broader, more comprehensive range of healthcare services to improve screening, preventive care and population health.

- Formal, frequent sharing of success strategies
References

