

# MAKING THE LEAP

## A FIVE-POINT CHECKLIST FOR ACCOUNTABLE CARE SUCCESS



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### WHY JOIN AN ACCOUNTABLE CARE ORGANIZATION?

Establishing or joining an Accountable Care Organization gives physicians, hospitals and other medical providers opportunities to earn compensation for delivering a measurably superior level of care. But meeting ACO requirements and achieving the level of quality and efficiency needed to recognize benefits takes a significant investment and commitment to managing IT, care protocols, and more.

Anyone contemplating becoming part of an ACO should consider the following:

- Is this a good fit?
- Am I ready to take this step?
- What planning and preparation is necessary for success?

If you believe participating in an ACO might be the right move for your organization to make in the future, there are steps you should take right now. Here is a list of some actionable items you can begin working on to establish the groundwork not only for ACO acceptance, but for a successful first year and beyond.



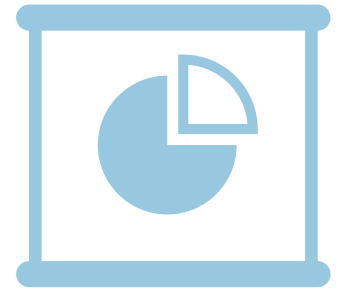
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### RESEARCH YOUR DIFFERENT ACO OPTIONS

The accountable care movement has led to the creation of many types of ACOs, and they all operate differently. From government-backed ACOs to those that are supported by commercial payers, you have options to weigh and decisions to make about what kind of payment structure and program you want.

Since there are hundreds of unique ACOs, you won't be able to learn the nuances of all of them, and you don't need to. Focus on learning about the quality measures, payment structures, and the requirements of the Medicare ACO programs, like the Medicare Shared Savings Program. Medicare has been the trailblazer that most commercial payers have modeled their ACOs after.

Take time to learn how Medicare programs have been evolving since the introduction of the Pioneer model and how Medicare's drive toward two-sided risk is shaping the future of ACOs. This will help you define expectations for your ACO, and then you can begin exploring commercial payer options as well.



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### EVALUATE YOUR DATA MANAGEMENT CAPABILITIES.

A must-have for participation in any ACO, regardless of type or size, is the ability to manage large amounts of data. This requires advanced information technology infrastructure. You need a way to keep track of what your patients are doing, what care they are receiving and how their health is progressing. The only way to intelligently monitor these things across an entire population of thousands of patients and a large group of providers is to maintain an extensive database.

Data analytics alone is not enough. One cannot passively manage anything let alone a diverse patient population. Insights gained through analytics within the hospital walls are of limited usefulness if not acted upon.

With Medicare you need to prove in advance that you are able to manage patient population data or you will not even be granted permission to embark on an ACO. Evaluating your data management capabilities and making plans for how you will use technology to communicate with other providers, track patient information, and report quality measurements is a critical step you must take prior to getting started.

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### FIND A PARTNER TO HELP YOU WITH DATA MANAGEMENT DEFICIENCIES.

After evaluating your data management capabilities, you may find that you need assistance. This is common. Because data mining has been owned by insurance companies for so long, most providers are not experienced in this area and simply are not prepared to handle this responsibility. In this case, it is imperative to find a partner to help.

Don't overlook the importance of researching companies and finding one that specializes in this field. While a lot of companies offer data management services, not all of them are in the same class.

Reliable data is at the foundation of accountable care. Entering into an ACO means agreeing to be accountable for the health of an entire group of patients. Therefore, vetting potential partners is a step you must take to ensure you are positioned to deliver high-quality care.



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### RESTRUCTURE ROLES TO MAKE PATIENT CARE A TEAM EFFORT.

It is nearly impossible to meet care quality measures if you don't adopt a team approach to patient care. It takes an entire team of people working together and sharing daily patient maintenance responsibilities in order to meet care standards. Prior to entering into an ACO it is important to shift some responsibility away from physicians and onto other team members, for example, like care coordinators.

Medicare requires ACOs to have a patient population of 6,500 at the very minimum, and they would prefer the number to be much higher. Even with a physician group to care for that population, it is not realistic to expect physicians to be able to work with individual patients on a weekly or daily basis to provide simple instruction and preventive care. But physicians can rely on other members of their team to intervene and carry out instruction or routine care that helps manage health and prevent acute issues.

It is not always easy for teams to redesign their processes and adopt new roles. Because it can be challenging to adopt a more balanced team approach, it is important to begin making changes and adjustments early on as you plan out ACO strategies.



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### DEVELOP MORE PROACTIVE CARE PROCESSES.

The old approach to care was to wait for patients to come to you. But physician groups can no longer do this. Waiting to treat patients when they are sick (especially those patients with chronic conditions) does not achieve accountable care's aim of quality and efficiency. Instead, providers must implement processes and procedures that proactively work to deliver high-quality care to patients.

To effectively manage population health, healthcare providers must be proactive in engaging with patient populations. Sophisticated tools for engaging with customers and influencing their behavior exist and are widely used today. The same tools can be used to influence patient behavior for good. These changes will drive better health, and improved performance on the CMS population health metrics and higher payouts for healthcare providers most effectively actively managing their population.

Under ACOs, hospitals are expected to keep readmission rates low. They can do this by making sure patients are healthy before they are discharged, giving them follow-up care instructions, communicating with primary care physicians about patient needs, and more.

**THE BOTTOM LINE:** Physicians, hospitals and other healthcare providers need to focus on prevention. Because proactive care is necessary to hit quality and efficiency goals which must be met to receive compensation. Many of the providers that have experienced ACO success will tell you that they actually implemented accountable care processes long before they officially became part of an ACO. If you haven't already, get started now on the steps above to ready yourself for ACO participation.