Practice Implications for Accountable Care Organizations
An Overview following the Final Rule
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Why CCME?
Effective EHR/HIE implementation will:
  • Improve patient quality of care
  • Prevent medical errors
  • Reduce health care costs
  • Increase administrative efficiencies
  • Engage patients/families in their health care
  • Expand access to affordable care

Objectives
  • Overview of legislation surrounding Accountable Care Organizations
  • Key Competencies required of ACOs
  • Structure of the ACO
  • Quality Measures
  • Legal and Regulatory Barriers
The Triple Aim

- Better Care for Populations
- Better Care for Individuals
- Reducing Costs

Affordable Care Act

“Not later than January 1, 2012, the Secretary shall establish a shared savings program that promotes accountability for a patient population and coordinates items and services under parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery.”

Shared Savings Program

- Will be established by January 1, 2012
- Establishes the creation of Accountable Care Organizations
- Demonstration Projects
  - Pediatric ACO
  - CMS Physician Group Practice Demonstration
  - Medicare Rural Flexibility Program
  - Private Demonstrations
Accountable Care Organizations

“ACOs are group of health care providers who give coordinated care, chronic disease management, and thereby improve the quality of care patients get. The organization’s payment is tied to achieving health care quality goals and outcomes that result in cost savings.”

Accountable Care Organizations

• Group Practices
• Networks of Individual Practices (IPAs)
• Partnerships between Hospitals and Practices
• FQHCs and RHCs
• All Hospitals EXCEPT
  – Rehabilitation Hospitals
  – Psychiatric Hospitals
  – Children's Hospitals
  – Long Term Care Facilities
  – Specifically Designated Cancer Research Hospitals

*All groups must employ ACO Professionals

Keyword: ACO Professional

• Doctor of Medicine or osteopathy,
• Physician Assistant
• Nurse Practitioner
• Clinical Nurse Specialists*
**ACO Requirements**

- Organizational Structure
- Description of Shared Savings
- Commitment to Accountability
  - Cost
  - Quality
  - Assigned Beneficiaries
- Evidence that the governing body represents the participants who form the ACO

**ACO Requirements**

- Partnerships
- Population evaluation
  - Addressing diversity
  - Population health needs
- Individualized care programs
  - High Risk
  - Chronic Care
  - Co-Morbidities
- Information Technology Infrastructure

**Beneficiary Assignment**

- Beneficiaries will be assigned based on primary care service utilization.
  - Plurality - $ amount of allowable charges
  - Majority – Number of encounters
- Not less than 5000 beneficiaries
- Prospective vs. Retrospective
Shared Governance

- Provide all ACO participants with an appropriate proportionate control over ACO decision making processes
- At least 75 percent of the governing body must be Medicare enrolled providers and suppliers.
  - Remain provider driven
- Should include Beneficiary Representatives
- Should include Community Representatives and Non Providers.

Quality and Reporting Requirements

- Triple Aim
  - Better Care for Individuals
  - Better Population Health
  - Lower Costs
- 4 Domains
  - Patient/ Caregiver Experience
  - Care Coordination/ Patient Safety
  - Preventive Health
  - At-Risk Population
- Total of 33 measures

Quality and Reporting Requirements

- General
  - Aligning with HITECH and PQRS
  - Claims based and GPRO based measures
- Separate participation in:
  - Shared Savings
  - E-Prescribing Incentive Program
  - EHR Incentive Program
- GPRO (Group Practice Reporting Option) Tool
  - Database submission
  - Attestation
<table>
<thead>
<tr>
<th>Domain</th>
<th>ACO Measure Title</th>
<th>Method of Data Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient/Care Giver Experience</td>
<td>Clinician/Group CAHPS: Getting Timely Care, Appointments, and Information</td>
<td>Survey</td>
</tr>
<tr>
<td>2. Patient/Care Giver Experience</td>
<td>Clinician/Group CAHPS: How Well Your Doctors Communicate</td>
<td>Survey</td>
</tr>
<tr>
<td>3. Patient/Care Giver Experience</td>
<td>Clinician/Group CAHPS: Patients’ Rating of Doctor</td>
<td>Survey</td>
</tr>
<tr>
<td>5. Patient/Care Giver Experience</td>
<td>Clinician/Group CAHPS: Health Promotion and Education</td>
<td>Survey</td>
</tr>
<tr>
<td>6. Patient/Care Giver Experience</td>
<td>Clinician/Group CAHPS: Shared Decision Making</td>
<td>Survey</td>
</tr>
<tr>
<td>7. Patient/Care Giver Experience</td>
<td>Medicare Advantage CAHPS: Health Status/Functional Status</td>
<td>Survey</td>
</tr>
<tr>
<td>8. Care Coordination/Patient Safety</td>
<td>Risk-Standardized, All Condition Readmission:</td>
<td>Claims</td>
</tr>
</tbody>
</table>

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<th>Domain</th>
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<tbody>
<tr>
<td>9. Care Coordination/Patient Safety</td>
<td>Ambulatory Sensitive Conditions: Chronic Obstructive Pulmonary Disease</td>
<td>EHRIS</td>
</tr>
<tr>
<td>10. Care Coordination/Patient Safety</td>
<td>Ambulatory Sensitive Conditions: Congestive Heart Failure</td>
<td>Claims</td>
</tr>
<tr>
<td>11. Care Coordination/Patient Safety</td>
<td>Percent of PCPs who qualify for an EHR Incentive Program Payment</td>
<td>EHR Incentive Program Reporting</td>
</tr>
<tr>
<td>12. Care Coordination/Patient Safety</td>
<td>Medication Reconciliation: Reconciliation after discharge from an inpatient facility</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>13. Care Coordination/Patient Safety</td>
<td>Falls: Screening for High Risk</td>
<td>GPRO Web Interface</td>
</tr>
</tbody>
</table>
### AIM: Better Health for Populations

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<th>ACO Measure Title</th>
<th>Method of Data Submission</th>
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<tr>
<td>14. Preventive Health</td>
<td>Influenza Immunization*</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>15. Preventive Health</td>
<td>Pneumococcal Vaccinations*</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>16. Preventive Health</td>
<td>Adult Weight Screening and Follow-up</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>17. Preventive Health</td>
<td>Tobacco Use Assessment and Tobacco Cessation Intervention*</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>18. Preventive Health</td>
<td>Depression Screening</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>19. Preventive Health</td>
<td>Colon/Rectal Cancer Screening*</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>20. Preventive Health</td>
<td>Mammography Screening*</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>21. Preventive Health</td>
<td>Proportion of Adults 18+ who had their Blood Pressure Measured within the preceding 2 years*</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>22. At-Risk Population: Diabetes</td>
<td>Diabetes Composite (All or Nothing Scoring): Hemoglobin A1c Control (&lt;8 percent)</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>23. At-Risk Population: Diabetes</td>
<td>Diabetes Composite (All or Nothing Scoring): Low Density Lipoprotein (&lt;100)</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>25. At-Risk Population: Diabetes</td>
<td>Diabetes Composite (All or Nothing Scoring): Tobacco Non Use</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>26. At-Risk Population: Diabetes</td>
<td>Diabetes Composite (All or Nothing Scoring): Aspirin Use</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>27. At-Risk Population: Diabetes</td>
<td>Diabetes Mellitus: Hemoglobin A1c Poor Control (&gt;9 percent)</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>28. At Risk Population: Hypertension</td>
<td>Hypertension (HTN): Blood Pressure Control*</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>29. At-Risk Population: Ischemic Vascular Disease</td>
<td>Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control &lt;100 mg/dl *</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>30. At-Risk Population: Ischemic Vascular Disease</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic *</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>31. At-Risk Population: Heart Failure</td>
<td>Heart Failure (HF): Blocker for LVSD</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>32. At-Risk Population: Coronary Artery Disease</td>
<td>Coronary Artery Disease (CAD): Composite All or Nothing Scoring: Drug Therapy for Lowering LDL Cholesterol</td>
<td>GPRO Web Interface</td>
</tr>
<tr>
<td>33. At-Risk Population: Coronary Artery Disease</td>
<td>Coronary Artery Disease (CAD): Composite All or Nothing Scoring: ACE/ARB Therapy for CAD and Diabetes and/or OVD</td>
<td>GPRO Web Interface</td>
</tr>
</tbody>
</table>
Phased ACO Pay for Performance

- Year 1: Pay for reporting applies to all 33 measures.
- Year 2: Pay for performance applies to 25 measures. Pay for reporting applies to eight measures.
- Year 3: Pay for performance applies to 32 measures. Pay for reporting applies to one measure.

<table>
<thead>
<tr>
<th>ACO Performance Level</th>
<th>Quality Points</th>
<th>Utilization Quality Points</th>
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<tbody>
<tr>
<td>90th percentile FFS/MA Rate</td>
<td>2 points</td>
<td>4 points</td>
</tr>
<tr>
<td>80th percentile FFS/MA Rate</td>
<td>1.85 points</td>
<td>3.7 points</td>
</tr>
<tr>
<td>70th percentile FFS/MA Rate</td>
<td>1.7 points</td>
<td>3.4 points</td>
</tr>
<tr>
<td>60th percentile FFS/MA Rate</td>
<td>1.55 points</td>
<td>3.1 points</td>
</tr>
<tr>
<td>50th percentile FFS/MA Rate</td>
<td>1.4 points</td>
<td>2.8 points</td>
</tr>
<tr>
<td>40th percentile FFS/MA Rate</td>
<td>1.25 points</td>
<td>2.5 points</td>
</tr>
<tr>
<td>30th percentile FFS/MA Rate</td>
<td>1.10 points</td>
<td>2.2 points</td>
</tr>
<tr>
<td>&lt; 30th percentile FFS/MA Rate</td>
<td>No points</td>
<td>No points</td>
</tr>
</tbody>
</table>

Weighted Domain Scoring

<table>
<thead>
<tr>
<th>Domain</th>
<th>Total Individual Measures</th>
<th>Total Measures for Scoring</th>
<th>Total Potential Points per Domain</th>
<th>Domain Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Caregiver Experience</td>
<td>7</td>
<td>4</td>
<td>25 %</td>
<td></td>
</tr>
<tr>
<td>Care Coordination/ Patient Safety</td>
<td>6</td>
<td>14</td>
<td>25 %</td>
<td></td>
</tr>
<tr>
<td>Preventative Health</td>
<td>8</td>
<td>16</td>
<td>25 %</td>
<td></td>
</tr>
<tr>
<td>At Risk Population</td>
<td>12</td>
<td>14</td>
<td>25 %</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>48</td>
<td>100 %</td>
<td></td>
</tr>
</tbody>
</table>
**Shared Savings Determination**

- **Track 1 – Low Risk**
  - Shared savings only model
  - Lower sharing rates (50%)

- **Track 2 – Higher Risk**
  - All 3 years two-sided payment model
  - Higher sharing rates (60%)

- Increases for Federally Qualified Health Centers and Rural Health Clinics

**Expenditure Projection**

- Based on claim records for ACO participants
  - Assigned beneficiaries

- Most recent three (3) years of expenditures for each beneficiary for Medicare parts A and B.
  - Most recent 60%
  - Two years ago 30%
  - Three years ago 10%

- Adjusted for overall growth and patient characteristics

**Minimum Savings Rate (MSR) Table**

<table>
<thead>
<tr>
<th>Number of Beneficiaries</th>
<th>MSR (low end of assigned beneficiaries)</th>
<th>MSR (high end of assigned beneficiaries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000–5,999</td>
<td>3.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>6,000–6,999</td>
<td>3.6%</td>
<td>3.4%</td>
</tr>
<tr>
<td>7,000–7,999</td>
<td>3.4%</td>
<td>3.2%</td>
</tr>
<tr>
<td>8,000–8,999</td>
<td>3.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>9,000–9,999</td>
<td>3.1%</td>
<td>3.0%</td>
</tr>
<tr>
<td>10,000–14,999</td>
<td>3.0%</td>
<td>2.7%</td>
</tr>
<tr>
<td>15,000–19,999</td>
<td>2.7%</td>
<td>2.5%</td>
</tr>
<tr>
<td>20,000–49,999</td>
<td>2.5%</td>
<td>2.2%</td>
</tr>
<tr>
<td>50,000–59,999</td>
<td>2.2%</td>
<td>2.0%</td>
</tr>
<tr>
<td>60,000+</td>
<td>2.0%</td>
<td></td>
</tr>
</tbody>
</table>
ACOs Right Now

- Medicare Shard Savings Program
- Medicare Pioneer ACO Model
- Medicare Advanced Payment Initiative

Challenges

- Legal
  - Antitrust Laws
  - State Practice of Medicine Statutes
  - The federal Anti-Kickback Statute
  - The Federal Stark Law
  - The Federal Civil Monetary Penalties Law
- Ethical
  - Patient Rights
- Financial
**Benefits**
- Rewarding both Cost AND Quality
- Accountability
- HiE
- Transparency (Public Reporting)

**Support Roles**
- Clinical Transformation
- Reporting Methodology
- Practice Redesign
- Process Improvement/ QI
- Teamwork and Leadership Training
- EHR Implementation/ Utilizations
- PDSAs
- Lean/ 6σ

**Necessary Support**
- Meaningful Use
- Securing Funding
- EHR Adoption
- Interoperability
- Interface building
Conclusion

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PQRS and QIO Information

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