Clinically Integrated Networks and Accountable Care Organizations
Physicians Choices

1. Do Nothing

2. Become Someone’s Employee

3. Join a Network Provider
The wake up call is for POPULATION health management ...

... managing clinical risk beyond the hospital.
HEALTH CARE REFORM

- Value-based purchasing
- Bundled payments
- Individual mandates for coverage
- Exchanges
- Accountable Care Organizations
It’s a Trend, But Not For Everyone

Source: MGMA Physician Compensation and Production Survey
The goal is **quality** care that is **coordinated** and **efficient**.
Physicians Lead the Way

Key decisions being made every day... by your peers.
Be a Part Of Something Bigger

- Opportunity to be a part of something larger and still remain independent

- Ability to guide decisions within a physician-led organization

- Help re-establish consumer confidence in our profession
Network Benefits

- Greater support, access and integration of medical information technology
  - Clinical outcomes reporting systems
  - Care management and chronic disease mgmt.
  - Staff relief

- Opportunity to demonstrate value and link reimbursement for better performance through physician-defined Quality and Efficiency measures

- Bonus eligibility through negotiated incentive compensation
The Network Is NOT...

- A “bargaining” organization for physicians to increase negotiating power
- A replacement or extension of the hospital medical staff
- A practice management (or billing service) for private practice
Benefits Of Choosing

Financial Stability
- Informatics
- Quality reporting experience

Strong Infrastructure

Forward-Thinking
- Track record of delivering

Physician-Led
- Physician-developed
- Physician-managed
The Missing Piece Is You!

Creating a Clinically Integrated Network

PHYSICIANS
“Physicians working together systematically, with or without other organizations or professionals, to improve their collective ability to deliver high quality, safe, and valued care to their patients and communities”.

---Alice Gosfield, J.D.
Physicians working... Interdependently... to improve the outcomes of ALL of their patients...one at a time;

Physicians sharing the responsibilities of adopting and modifying evidence based medicine protocols for disease management and quality measurement, based on local community needs;
Clinical Integration

- Physicians being rewarded appropriately for a job well done, AND sharing in savings generated by their efforts;

- Physicians providing a service valued by ALL payers.
An Accountable Care Organization is a newly designated (see the Affordable Care Act—ACA) delivery and reimbursement model that will function in the MSSP (Medicare Shared Savings Plan).

The ACO will be responsible for delivering high quality coordinated care to Medicare Fee For Service beneficiaries.
What is an ACO?

- The services are billed just like Medicare Fee For Service, including submission of PQRS codes.

- Patients are attributed to an ACO based on the PCP, and when a PCP joins an ACO, all of her/his Medicare Fee For Service patients are attributed to the ACO she/he has joined.

- A PCP can participate in ONLY ONE Shared Savings Plan, i.e. ONE ACO.
What is an ACO?

- A patient must be informed that the PCP is in the ACO, and has the option to decline, in which case they are not counted as attributed to the ACO.

- Medicare tracks the performance of the ACO, and if the ACO meets the quality measures, and saves money as a result of the coordinated care, the ACO and its physicians share in those savings, with the majority going to the physicians, and distributed however they decide to distribute it.
There are 33 quality measures specific to the ACO, and the ability to share any savings is dependent on the ACO meeting these measures.

The measures are essentially some of the PQRS measures plus some patient satisfaction measures as well.
What is an ACO?

- Reliable estimates anticipate that there is 30% or more potential savings.
- That is a lot of money.
Data Sharing: What, and How

- **Statistical Numbers**
  - Coding and Billing;

- PQRS, HEDIS, AHRQ, USPSTF, NQF, IOM, other quality or protocol measures, Lab Values...any numerically reportable information that supports documentation as to how well we take care of our patients using evidence based medicine;

- Applies to both individual patients (Mr. Jones, who has Diabetes) AND population groups (all patients who have Diabetes);

- This data is extractable at the individual practice level, and goes to a “data warehouse”, or “Health Information Exchange” (HIE).
Data Sharing: What, and How

- Clinical= Words

- Clinicians’ notes; Assessments and Plans; Medication Lists and Changes to Meds; Discharge Planning; H and P’s; DC Summaries; Procedure Reports; any Follow Up appointments needed…the things that show us the Clinical Thinking of anyone involved in taking care of our patients;

- Information that is needed to allow Coordination of Care for patients with multiple problems;

- Applies to individual, particular patients...NOT population groups;

- This data requires a secure portal or window that can be accessed by the people directly involved with a patient’s ongoing care.
Clinical Integrated groups determine, among the providers, a base rate of reimbursement, a method of rewarding high quality performance, AND a method of distributing any savings (if there are any) among the providers.

In the example of an ACO, the program draws its patients from the Medicare FFS population that you are already seeing, and the base rate is usually Medicare FFS;

The quality reporting measures will be the PQRS program for the individual providers, and in addition, there are the 33 ACO measures (many of which overlap with PQRS) that, if achieved, allow the ACO as an organization, to share in any savings that are generated, and share those savings with the providers as well.
How Do We Get Paid?

- **Medicare** is the intended focus of Health Care Reform, because it is such a huge chunk of government spending, and it is currently out of control; **commercial payers follow Medicare**;
- **Medicaid reform and expansion** is an integral part of Health Care Reform intended to take care of **part of the problem of the un- and under-insured population**;
- The **Health Insurance Exchange** program (NOT Health Information Exchange) is designed to allow individuals and small groups to buy health insurance at competitive rates, and is designed to take care of **most of the rest of the un- and under-insured population**...and represents a **HUGE new market for the commercial insurers**... what’s left?
- **ALL payers** are looking for integrated care;
- **THAT’S** what we want you to be a part of.