

ACCOUNTABLE CARE ORGANIZATION LEARNING NETWORK

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ACO Policy Issues



Next Steps from the CMS

- **Regulations for the Medicare Shared Savings program expected around Dec 2010**
 - ACOs main aim is to improve population health and reduce costs through better care
 - CMS will be following the Triple Aim: Improve the health of the population; enhance the patient experience of care; and, reduce, or control, the per capita cost of care
 - Some form of patient notification likely to be required
 - Expect use of core set of nationally consistent performance metrics to measure progress
- **Center for Medicare and Medicaid Innovation (CMI)**
 - To evaluate broad range of payment and delivery reforms by Jan. 1, 2011
 - \$10 billion appropriated for FY2011 to FY2019
 - Activity on ACO and related pilots expected before the start of the 2012 Shared Savings program, to test different ACO concepts
- **Interaction with Other Payment Reforms Key**
 - Health IT Meaningful Use Payments
 - Payments for Quality Reporting and Improvement
 - Other Medicare Payment Reform Initiatives



Next Steps from the FTC/DOJ

- **Support for ACO-Like Coordination/ Integration in Existing Health Care Policy Statements and Business Reviews/ Advisory Opinions**
 - Sufficient clinical integration and a comprehensive program of care coordination to achieve improvements in quality and efficiency for consumers
 - Significant financial incentives to promote efficiency, based on measuring quality and cost
 - Mechanism for addressing poor-quality providers in organization
- **Accountability on meeting performance measures likely to be required for payment**
 - ACOs can help encourage more robust measures
 - Need to measure across the care continuum to be accurate
- **DOJ/FTC Taking Further Steps to Clarify**
 - “Antitrust is not an impediment to legitimate clinical integration and should not be a concern to those contemplating such efforts” (Christina Varney, AAG Antitrust, DOJ)
 - DOJ/FTC joint effort to streamline review of integration activities
- **Market consolidation is a growing issue**
 - ACOs need to be a model for improving patient care; not for using market power to drive up prices
- **OIG anti-fraud enforcement likely to occur in parallel**
 - OIG does not believe fraud and abuse laws should stand in the way of improving quality and reducing costs through ACOs
 - Secretary has waiver authority

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**Brookings-Dartmouth
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www.acolearningnetwork.org

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