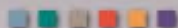
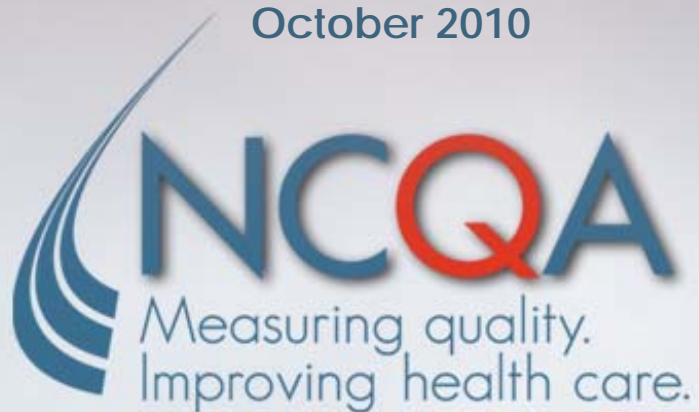


Measuring Accountable Care



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Overview

- **What we know that will impact how ACOs measure quality and cost**
 - Affordable Care Act
 - Other
- **What we don't know that will impact how ACOs measure quality and cost, as of early October**

WHAT WE KNOW

The Affordable Care Act and ACOs

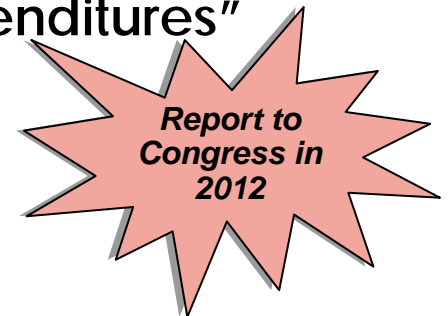
- Medicare Shared Savings Program (*by January 2012*)
 - Allow organizations that meet quality-of-care targets and reduce costs to share in savings
 - Encourages investment in infrastructure, redesigned care process
 - Secretary will determine quality measures and performance standards such as
 - Clinical processes, outcomes
 - Patient, caregiver experience
 - Utilization
 - Secretary will establish method to assign FFS beneficiaries to ACO

ACOs must:

- Be willing to become accountable for quality, cost, overall care
- Participate for at least 3-year period
- Have formal legal structure to receive, distribute payments
- Include primary care providers
- Have at least 5,000 beneficiaries
- Have a process promoting evidence based medicine, patient engagement, reporting on quality/
cost measures,
coordinate care
- Meet patient-centeredness criteria

The Affordable Care Act and ACOs

- Establishes Center for Medicare and Medicaid Innovation (CMI) within CMS (*by January 2011*)
 - Test innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care
 - Give preference to models that improve coordination, quality and efficiency
 - Model selection: “Evidence that the model addresses a defined population for which there are deficits in care leading to poor clinical outcomes or potentially avoidable expenditures”
 - Models under consideration
 - Include processes for updating care plans
 - Use HIT
 - Use a team-based approach to care delivery
 - Involve the exchange of information between providers and supplier
 - \$10 billion appropriated for activities until 2019



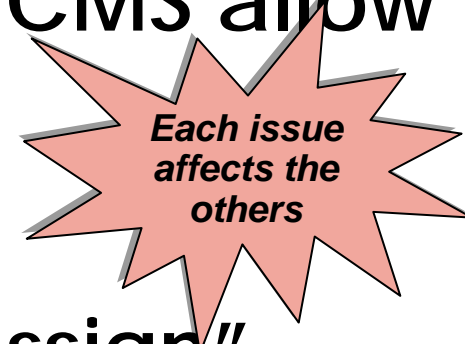
The Affordable Care Act and ACOs

- **Pediatric ACOs** (*established by January 2012*)
 - States apply to participate in program that recognizes ACOs and distributes incentives
 - Secretary will establish guidelines for states
 - Performance, quality
 - Minimum level of savings
 - Minimum participation period
 - Incentives granted to ACOs that meet performance guidelines and achieve greater than minimum savings level

WHAT WE DON'T KNOW

What We Don't Know (Medicare)

- What types of organizations will CMS allow to be ACOs?
- What size will be allowed?
- What process will CMS use to “assign” patients to ACOs?
- What will the data collection process for measures be?
- What data sources will be available?
- Will there be any validation (auditing)?



Key Dates (Medicare)

- Dec 2010 Medicare proposed regulation
- Jan 2012 CMS ACO begins
- June 2013 (?) first performance data available on ACOs

What We Don't Know (Private Sector)

- Will private payers support ACOs?
 - Financially?
 - With data?
- To what degree will private payers align with Medicare?



Measurement Issues

- Time for ACOs to get up and running
- Small numbers
- Access to data sources
- Out-of-network care
- Ability to benchmark data, understand results