

Key Elements of a Successful ACO

I. Establish Appropriate Leadership & Governance

- a. **Leadership:** Identify the leaders in your organization and assist them in leading the difficult and necessary change.
- b. **Governance:** Create an effective structure that is consistent with the culture of your organization.
- c. **Primary Care Base:** Identify primary care physician (PCP) leaders and organize the base in actuarially and politically stable groups that can take on risk.

3. Determine Clinical Care Priorities

- a. **Care Management:** Leverage health information technology (HIT) to risk-stratify all global payment patients by probability of admission to the hospital; develop registered nurse and nurse practitioner programs for home visits and telephonic intervention.
- b. **Disease Management:** Create registries and outreach programs especially for Medicare patients in the high-value areas of: heart failure, diabetes, chronic kidney disease, emphysema, behavioral health, and end-of-life care/palliative care to prevent Emergency Room visits and hospital admissions.

5. Engaging the Hospital/System Leadership

- a. **Hospital Leadership Participation:** Encourage hospital leaders to focus on the Emergency Room visits to safely discharge stable patients.
- b. **Improve Hospital Discharge Process:** Ensure safe ambulatory follow-up and minimize use of Skilled Nursing Facilities.

2. Create Data & Information Management Systems

- a. **Information Technology:** Assess current capabilities and gaps and offer guidance to bring the system up-to-speed to achieve TME, Quality and Care Management goals.
- b. **Total Medical Expense:** Determine where every dollar is spent and develop the expertise to target areas for saving.
- c. **Quality Measures:** Review all measures in all contracts and devise plans to achieve the highest possible scores.

4. Provider Care Patterns & Variations

- a. **Coding:** Educate providers and maximize use of electronic health records (EHRs) for complete, accurate and comprehensive coding to maximize global budgets.
- b. **Pharmacy:** Identify patterns of expensive prescription drug utilization and target opportunities for brand-to-generic interchange; also determine “gaps in care,” e.g. patients with asthma and depression who don’t fill or refill prescriptions.
- c. **Practice Pattern Variation:** Identify variations in practice from established guidelines, e.g. chronic sinusitis, gastroesophageal reflux disease or joint pain; motivate doctors to improve practice through various initiatives.