Improving the Quality and Accountability of Care for ACOs with Web-Based Technology

As an ACO, if you are finding it difficult to manage your patient populations to improve patient care, a new online software tool may be the solution you are looking for.

In March 2010, the government passed the Patient Protection and Affordable Care Act (PPACA), also known as, the Affordable Care Act (ACA), in response to the country’s failing healthcare system. The main goal of the ACA is to provide citizens with better quality care at lower costs. To carry this out, the government created the concept of Accountable Care Organizations (ACOs)—networks of primary care doctors, specialists, and hospitals—formed to coordinate care for a specific population of patients.

Under the ACA, the Centers for Medicare and Medicaid Services (CMS) established the first ACO program rules in March 2011. In this model, teams of doctors, hospitals, and other healthcare providers collaborate to coordinate and improve care for an assigned group of Medicare patients. ACOs would then be accountable for meeting quality benchmarks and keeping costs below defined thresholds set by CMS. As an incentive to meet the standards, the Medicare Shared Savings Program would reward ACOs by sharing the money saved in the effort to provide patients with the most efficient, cost-effective care. In turn, if the ACO failed, it could be liable to reimburse Medicare (Department of Health and Human Services, 2011). Three years after ACOs began functioning, the U.S. Department of Health and Human Services released news in January 2014 stating that “savings from both the Medicare ACOs and Pioneer ACOs exceed $380 million.”

ACOs, like Patient-Centered Medical Home (PCMH), have the potential to completely transform our nation’s healthcare delivery system, but they, too, need the help of Health Information Technology (HIT) systems to achieve success in the most critical areas of their program: care coordination, clinical information exchange, member/patient engagement, financial management, and reporting. According to Warren Skea, Ph.D., Director of Health Industries Advisory Practice at PricewaterhouseCoopers, “The success of ACOs will hinge on their ability to exchange individual patient information across different organizations and look for patterns, clues, and connections that can make population management more predictive.
and preventative” (Molpus, 2011). ACOs must concentrate on the overall health of their population, not just on fixing health problems after they’ve already begun.

Like the PCMH, the patient is the focus of the ACO. The network of providers works to keep their patients healthy by replacing episodic care with coordinated, proactive care. One of the main goals of the ACO is to eliminate unnecessary, costly tests and procedures, while still providing the highest quality of care, by engaging members in their own health and care.

The Health Care Advisory Board’s “Thriving as a Population Manager: A Playbook” uses a pyramid to discuss the three distinct patient populations in the US. The bottom tier is made up of 60%-80% of the population, which do not have any major conditions and can be easily managed. The middle tier represents the at-risk patients: 15-35% of the population. This group may have conditions not yet being managed and it is the ACO’s responsibility to get them under control to avoid unnecessary acuity and spending. 5% of the population resides in the top tier, which represents the high-risk patients who have one or more complex disease. For the ACO to be successful, it must manage these patients with the highest quality care, at the lowest possible cost. (Health Care Advisory Board, 2013)

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**About Estenda**

Estenda is a global project consulting and custom software development firm advancing healthcare, research and medical informatics. Estenda, an ISO 9001/13485 certified organization, collaborates with healthcare providers, research professionals, and healthcare industry to create innovative solutions. The company focuses on continuously providing tools to enable better patient care and management.

Estenda has a rich history of work in disease management/chronic care coordination, registries, screening programs, data warehousing, population health, PCMH and ACO, clinical research program conception and grant writing, clinical study management, telemedicine, and data integration (HL7 and DICOM).
Applying IT Solutions to Patient Engagement Strategies

Since health IT solutions are fundamental to managing the different patient populations under the ACO program, Estenda Solutions, Inc. created its Comprehensive Disease Management Program (CDMP) software to help an ACO succeed.

With CDMP, the entire ACO care team can successfully manage and engage each group of patients: low-risk, rising-risk, and high-risk. Low risk patients can manage their appointments and routine lab tests with CDMP’s reminder features, while care professionals can engage these patients in their own health by providing nutrition and physical activity plans that help them live healthy, active lifestyles.

CDMP also allows ACOs to identify and stratify rising-risk patients with clinical features that present integrated lab, medication, diagnosis, and procedure information. Providing rising risk patients with health education materials will help ACOs engage this percentage of the population, arming them with the necessary information they need to understand their health status and the necessary steps to prevent further illness.

Originally designed for complex disease management, CDMP has all of the necessary components to manage patients with multiple chronic conditions. The application has features that allow both the ACOs and their members’ complete control over care for chronic diseases. Research by Mantel (2012) supports the idea that fixing our healthcare system begins with changing the quality of care that chronically ill patients are given (Mantel, 2012). With CDMP, ACOs will be better equipped to manage the top tier of the patient population, providing them with the care they need to take control of diseases instead of letting the diseases control them.

CDMP enables all ACO members, no matter what part of the population they represent, to participate in their own care via the patient portal. Through the portal, the patient can take surveys, engage in private messaging with their care providers, and download personalized health information. Those with chronic illnesses have the ability to upload data from remote health monitoring devices that measure vitals, such as, blood glucose, blood pressure, weight, and heart rate. CDMP is also fully HIPAA compliant, making all patient information private.

Providing Better Care Coordination

Care coordination and clinical information exchange are other major focuses of ACOs. Since the responsibility to maintain the overall health and care of its members is shared, an ACO must be able to coordinate care and share all patient health information across the continuum of providers. Implementing HIT systems allow for the secure, electronic exchange of data, presenting the ACO with a unified view of the patient. CDMP’s native interoperability allows the ACO to securely exchange healthcare data.
Following an extensive set of Security and Technical Implementation Guides or STIGS (http://iase.disa.mil/stigs/index.html) defined by the Department of Defense (DoD), our software received the Authority to Operate (ATO) under the DoD Information Assurance Certification and Accreditation Process (DIACAP), which ensures that principles of strong security and risk management are applied to information systems from design and development to implementation and support.

**Implementing Your Reporting Tools**

ACOs must use reporting tools to measure not only their own outcomes, but also outcomes at the population and patient levels. According to the Accountable Care Organization 2013 Program Analysis, for ACOs to be eligible for the CMS Shared Savings Program maximum sharing rate of 60% (if they share only savings, not losses) and 50% (if they share both savings and losses), they must meet the quality standard per performance year.

In the first year, ACOs will be paid if they report on all 33 quality measures. In the second year, pay for reporting applies to eight measures and the ACO will be paid for performance on the other 25 measures. The third performance year will offer ACOs pay for performance on 32 quality measures, leaving one measure where only reporting is assessed.

ACOs will be measured on their ability to meet quality of care standards in four nationally-recognized domains – patient/caregiver experience, care coordination/patient safety, preventative health, and the at-risk population (RTI International & Telligen, 2012). CDMP provides ACOs with statistical reports that allow them to see exactly what they’re doing successfully, and what they might need to work on. Patient population and individual reports help ACOs identify and stratify patients, providing them with information they need to make better care decisions.
Conclusion

ACOs are being tasked with the greatest responsibility in our current healthcare system – changing it for the better. Having a knowledgeable, reliable HIT partner with a wealth of healthcare experience and expertise is essential to carrying out this duty.

Call Estenda Solutions today at 610.834.2908 or email us at info@estenda.com for more information about how we can help your ACO.

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References


