ACO Coalition Members Share “Best Practices”

The American Journal of Managed Care followed up the first meeting of its ACO and Emerging Healthcare Delivery Coalition with its first interactive conference call, which was open to all members. Anthony Slonim, MD, DrPH, a Coalition co-chair who on July 1 will become president and CEO at Renown Health in Reno, Nev., moderated the roundtable discussion.

PLAINSBORO, N.J. (PRWEB) June 23, 2014 -- Success in the new world under the Affordable Care Act boils down to one essential: engaging patients.

That was the theme of a recent interactive conference call, which featured members of the ACO and Emerging Healthcare Delivery Coalition. The Coalition, created by The American Journal of Managed Care, includes stakeholders from across the spectrum: practicing physicians, leaders from provider groups and accountable care organizations, payers and retail pharmacies.

Dr. Anthony Slonim, the incoming president and CEO of Renown Health (previously, executive vice president and CMO, Barnabas Health, East Orange, N.J.), led a roundtable discussion that reviewed key take-aways from the Coalition’s first live meeting May 15-16 in Baltimore, Md. Dr. Slonim urged participants to share best practices as they move toward a reimbursement system that will increasingly tie revenue to patient health and satisfaction. ACOs, the entities forming to ensure quality care, are forming across the country. Dr. Slonim noted that the remaining “Pioneer” ACOs – which launched new Medicare payment models in 2012 – are now in their third year.

Finding success, and shared savings, increasingly will require ACOs to come up with new ways to enlist patients in the cause, perhaps through incentives and the use of mobile technology. It’s perhaps the hardest part of the ACO's job, Dr. Slonim said, “despite the fact that patients are more tech savvy these days than ever before.”

Dr. Slonim highlighted other best practices that emerged from Coalition’s meeting:

• Technology experts are looking for ways to integrate information from electronic health records (EHR) into mobile platforms, to get patients more involved in their own care.
• It’s essential to gather data on patient satisfaction during the course of normal workflow, so that collecting it does not become a separate burden.
• ACOs will see increased use of “patient activation measures,” which are surveys that gauge how confident patients are in managing their own care.
• As bonuses from shared savings flow to providers, some must be shared with front-line staff to achieve “buy in” with quality care and savings goals.

Other ideas shared during the one-hour call included:

• ACOs must define the criteria for creating narrow networks and selecting high-performing provider groups. At the same time, providers who are still adapting to new models must have a fair path to ACO participation.
• Care pathways in diabetes offer a strong example of how ACOs can achieve savings and deliver better care. Successful tools include putting Certified Diabetes Educators (CDEs) into practices and contacting
patients who are overdue for A1C tests.

- Several participants talked about the need for patients to have “skin in the game,” so that doctors and ACOs do not bear all the risk if patients do not embrace healthy lifestyles to adhere to care protocols. “Negative incentives” for such patients, in the form of higher premiums, were discussed.
- ACOs must work to change the provider mindset from, “what can I get approved?” to “what is the right thing to do?”
- ACOs and pharmacies need to embrace modern, consumer-oriented retail strategies. For example, participants discussed how to address the patient who self-medicates too long when he should see a doctor. The first problem is capturing this data. To address this, pharmacies are developing models similar to that of an Apple store, in which trained personnel are on the retail floor with customers to discuss symptoms and what they need.

Notably, participants discussed ways to integrate best practices into the everyday work flow, making the distinction between “motivational communication” and “knowledge transfer.” Different education methods are needed to weave ACO best practices through organizations.

The Coalition’s next forum, an interactive Web-based meeting, will take place July 10 at 3:30 p.m. EST.

About the Coalition

As ACOs and other emerging delivery and payment models evolve and move away from traditional fee-for-service system models toward cost-effective and value-based care, the need to understand how these models will evolve is critical to building long-term strategic solutions. The mission of the Coalition is to bring together a diverse group of key stakeholders, including ACO providers and leaders, payers, IDNs, specialty pharmacy, and pharmaceutical manufacturers to work collaboratively to build value and improve the quality and overall outcomes of patient care. Coalition members share ideas and best practices through live meetings, Web-based interactive sessions and conference calls. Distinguishing features are the Coalition’s access to leading experts and its small workshops that allow creative problem-solving. To learn more, click here.

About the Journal

The American Journal of Managed Care, now in its 20th year of publication, is the leading peer-reviewed journal dedicated to issues in managed care. In December 2013, AJMC launched The American Journal of Accountable Care, which publishes research and commentary devoted to understanding changes to the healthcare system due to the 2010 Affordable Care Act. AJMC’s news publications, the Evidence-Based series, bring together stakeholder views from payers, providers, policymakers and pharmaceutical leaders in the areas of oncology, diabetes management, respiratory care, and immunology and infectious disease.

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