



NATIONAL ASSOCIATION OF

Community Health Centers



America's Voice for Community Health Care



America's Voice for Community Health Care

The NACHC Mission

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.

FQHC ACO Panel Discussion

Maine Primary Care Association

April 29, 2019

Accountable Care Organization (ACO)

An **Accountable Care Organization** is a group of providers who have organized themselves in a way that enables them to take accountability for the overall quality of care and the total cost to payers of all or most of the healthcare services needed by a group of patients over a period of time.

Accountable for the Entire Health of a Population

- An ACO is a provider-led organization whose mission is to be **accountable** for the overall cost and quality for a full spectrum of care for a defined population
- Prior research shows that most physicians already practice within referral networks around one or a few hospitals, paving the way for **care coordination**
- ACOs provide support to provider organizations through **shared savings** to coordinate and deliver care in new ways that improve outcomes while reducing costs
- Because the ACO framework offers a basic method of decoupling volume and intensity from revenue and profit, it is the first step to achieving a **sustainable health care delivery system**.

What is an ACO?*

Designed to connect groups of providers who are willing and able to take responsibility for improving the **health status**, **efficiency** and **experience of care** the “**Three Part Aim**” for defined populations.

- Patient-centered primary care medical homes that coordinate with other providers.
- Aligned networks of specialists, ancillary providers and hospitals focused on outcomes.
- Explicit care integration, transition of setting coordination and quality tracking and reporting.
- Payor provider partnership relationships and financial reimbursement models identified under healthcare reform that facilitate and reward high value, not just high volume, healthcare.
- Population health information infrastructure to enable community-wide care coordination.

**per the Central Maine Healthcare website*

Most (or All) Costs, Utilization, and Quality are the responsibility of all providers in the ACO.

Critical elements of an ACO:

- ***Providers***
- ***Patients – Specific Population – Unique Participation***
- ***Data and Information - Reporting***
- ***Evaluation Measures***
- ***Engagement***



Understanding the ACO Patient

- *Defined by the Health Center*
- *Defined by the Payer / ACO*
- *Proactive vs. Reactive – do we understand the difference?*



Reimbursement or Payment Model of an ACO

Rewards the **ACO as an entity** for measurable effectiveness in improving quality, clinical outcomes, patient experience, and reducing the overall cost of health care

- Quality Measures
- Shared Savings (upside risk) / Losses (downside risk)
- Benchmarks adjusted annually

Maine ACOs

- Central Maine ACO
- CCPM (Community Care Partnership of Maine)
- Maine General ACO