



## Preparing Consumers for Accountable Care

*Presented by:*

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For

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## Preparing Consumers for Accountable Care

### **Today's agenda:**

- About CAPP
- What to Expect about the Evolution of ACOs
- Patients and ACOs
- Accountable Care Public Education and Advocacy Project
- Questions

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*Common goals. Outstanding results. Better together.*



## About CAPP

### Council of Accountable Physician Practices (CAPP)

- An affiliate of the American Medical Group Association
- Consortium of some of the most organized medial groups and delivery systems in the country; i.e., Geisinger, The Cleveland Clinic, the Permanente federation, Mayo Clinic, HealthCare Partners, Billings Clinic, Intermountain Healthcare, others
- [www.amga-capp.org](http://www.amga-capp.org)



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## Understanding Accountable Care

### Why Accountable Care or ACOs?

- “System-ness --consistency of quality, the operational imperatives of any efficient enterprise--is sorely lacking in the U.S. health care system.
- Clinical and financial integration and/or alignment will be necessary to achieve the aims of an ACO, but a successful integration cannot occur without systematic consistency of quality.
- Despite the evidence that the more highly integrated and organized health care systems in this country have proven to be more adept at manage cost and quality, integrated systems of care are not the norm.
- Payers embracing health care organization and “system-ness” as the best hope for cost efficiencies and quality improvement



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## Understanding Accountable Care

### What Are Accountable Care Organizations?

- Today we must differentiate between:
  - Existing ACOs: self-motivated organized provider groups and health systems that have already shown quality improvement and cost efficiencies, like CAPP groups; deliver “accountable care” under any form of payment and through a variety of different structural models
  - Medicare ACO Shared Savings: payment program to incentivize development of ACOs
  - Commercial payer ACOs; forming under Brookings/Dartmouth
- ACOs versus medical homes:
  - Medical homes: enhanced, patient-focused primary care
  - ACOs have components of medical homes; include coordination between specialists, hospitals, and other ancillary services



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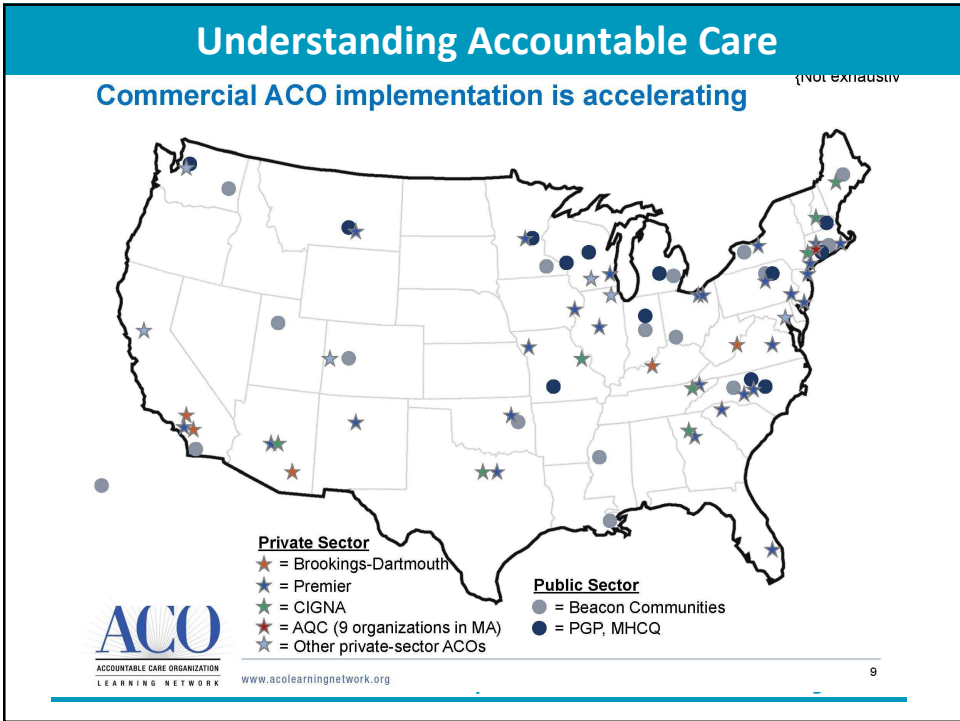
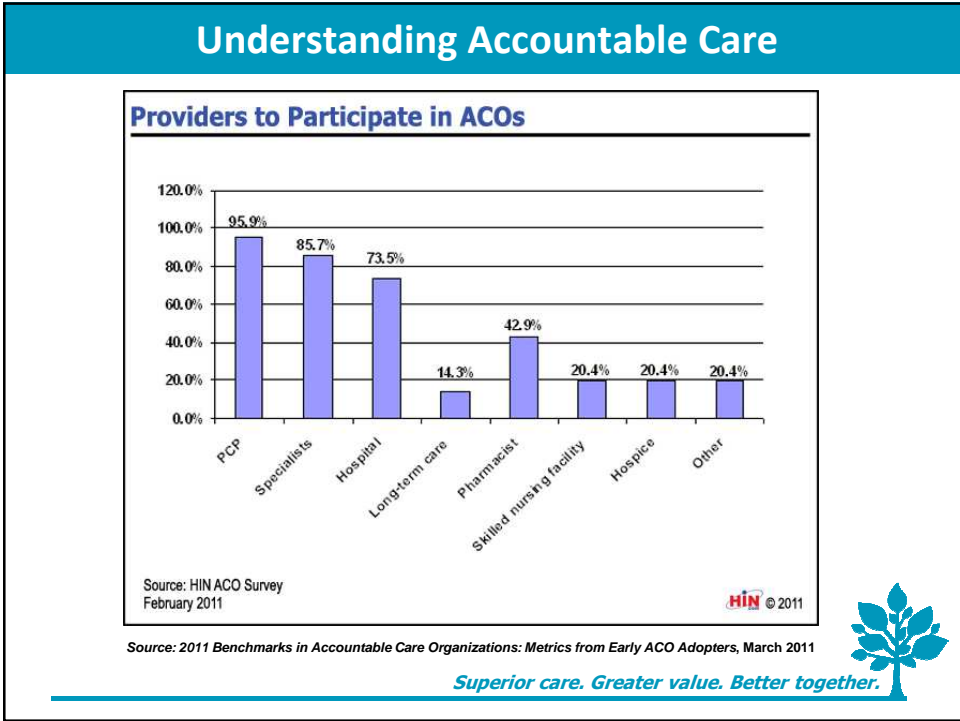
## Understanding Accountable Care

### Future of ACOs:

- Healthcare payment will move from payment for volume to payment for value (quality/cost); physicians will need to learn how to think about population health, not service-driven
- Hospitals and physicians will be expected to work together and coordinate care to improve quality and reduce cost; reduce readmissions, better hand-offs from inpatient to outpatient
- ACO and medical home models are in development on many fronts: physician groups, hospitals, health systems and health plans. Also necessary to bring in community hospitals and clinics to truly affect population health.



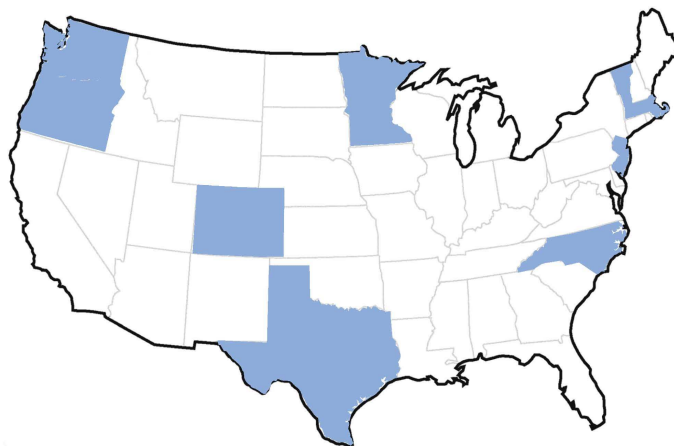
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## Understanding Accountable Care

### Growing state and Medicaid ACO activity

{Not exhaustive}



www.acolearningnetwork.org

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## Understanding Accountable Care

### Challenges for Implementing ACOs:

- Those health care organizations that have not done the work of strengthening primary care services, who do not manage populations well, have not embarked on clinical integration, and/or have not adopted health care technology to facilitate care delivery while measuring quality will have great hurdles to cross.
- A highly functioning ACO will not evolve solely through the financial and clinical integration of parts of the delivery system.
- Moving an organization towards accountability will not only require integrated clinical and financial processes, an investment in technology, and waivers of legal barriers, it will also take time and commitment.
- Culture of patient-centeredness, accountability, continuous improvement and physician leadership is key. Alignment of cultures between organizations necessary.

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## Understanding Accountable Care

### Concerns About ACO Evolution:

- Health plans: worried about being cut out of the equation—disintermediation; diminution of clinical role; less profitable.
- Physicians: Hospital domination in a model that requires physician control; start-up costs of evolving into an ACO; less money for specialties.
- Hospitals: improved care management will result in unfilled beds, a decline in revenue.
- Hospitals may purchase physician groups without understanding the work that is needed to align cultures and mission.
- Regulators: ACOs may be formed to try take advantage of incentives and increase market share without doing the work of quality improvement simply to concentrate provider market power and increase prices.



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## Patients and ACOs

### How Will ACOs Affect Patients?

- Unclear –dependent on how ACOs are rolled out and marketed
- There are clear areas of communications concern:
  - Don't understand "system-ness" of health care; want their trusted doctor
  - Don't understand why health care costs so much
  - Don't understand the payment systems
  - Competing health care interests have confused patients: providers and payers point fingers at one another when confronted by patient concerns
  - Still believe the U.S. has the best care in the world. In fact, we do have great acute care, but poor chronic care
  - Patients want to curb costs (federal spending) but also want all the health care they think they need
- But patients do want what ACOs promise (CAPP research)



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## Patients and ACOs

### Patient Acceptance of ACOs Is Key Success Factor:

- Concern that not enough communication and explanation will be done to the general public about the benefits of the ACO movement to patients
- Medicare's ACO Shared Savings program will be confusing to patients when pilots are rolled out—prospective attribution necessary for management, but against the law. Implementation and communications conundrum.
- Private payer ACO pilots starting to communicate with beneficiaries—but with the usual health plan perspective, which is not in alignment with the aims of the model
- Other patient communications issues expected: shared decision-making, evidence-based medicine
- Concerns that opponents of the model will start preying on the fears of patients: rationing, choice

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## Patients and ACOs

### What Does This Mean for MarCom Professionals?

- Internal:
  - Need for organizational development communications:
    - *Vision setting: why the change?*
    - *Culture-building: employee and physician awareness and buy-in; aligned values and goals*
  - Change management communications to support smooth implementation and adoption of new system and process: EMR roll-outs; new care transitions between divisions and organizations
  - Physician and staff communications to generate to create understanding of the need for hard charge, generating buy-in
  - Physician and staff training on how to communicate changes positively to patients, and how the changes will help both the patients get better care and help the nation's bigger health care problems

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## Patients and ACOs

### What Does This Mean for MarCom Professionals?

- External:
  - Assessment of market impact and opportunities of new provider partnerships from a marcom perspective
  - Brand management between partnering organizations and among key stakeholders: payers, employers, patients
  - Marketing the benefits of ACOs:
    - *Define and promote quality, patient support (using new words, like care teams) and convenience, in addition to doctors and services*
    - *Being prepared to address the patient push-backs as a result of national anti-reform messaging*
    - *But you must be able to keep the promise!*
  - National standardized quality scores may be opportunities to differentiate your organization



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## Understanding Accountable Care

### How CAPP and Like-Minded Organizations Can Assist:

- Create the vision of accountable care for a nation that doesn't understand it
- Promote the model of accountability and "system-ness" as a solution to our health care problems
- Share knowledge and best practices—don't have to reinvent the wheel



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## Accountable Care Education & Advocacy Project

### 5RealAnswers.org

- Series of three coordinated micro sites
  - Objective is to create a unified vision of how care should be delivered to the average patient in a world of accountability
  - Messaging built around 5 core principles of accountable care—those consumers would easily understand and deem most valuable:
    - PREVENTION
    - TEAM COORDINATION
    - ELECTRONIC RECORDS
    - EVIDENCE-BASED TREATMENT
    - DAY OR NIGHT ACCESS



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## Accountable Care Education & Advocacy Project

**Consumer:** [www.accountablecarechoices.org](http://www.accountablecarechoices.org)

**Media:** [www.accountablecarestories.org](http://www.accountablecarestories.org)

**Policy:** [www.accountablecarefacts.org](http://www.accountablecarefacts.org)

**Viral video/interstitial:** [www.5Realanswers.org](http://www.5Realanswers.org)

**Launched: April 5, 2011**



*Now is the time to start working together.*

## Understanding Accountable Care

### Future of Accountable Care? Success depends on:

- Continued political support, especially from Congress and the administration
- **Public understanding and support**
- Support of payers
- Development of good partnerships between physicians and hospitals
- Adequate up-front financial resources for nascent ACOs
- Enough time to allow hospitals and the least-integrated physicians to organize
- Patience and determination!



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