

Accountable Care Organization Readiness Assessment

The Readiness Assessment Tool is provided by AMGA to assist healthcare organizations in evaluating their readiness to succeed as an Accountable Care Organization (ACO). In order to produce successful clinical and financial outcomes, the elements of organizational structure, governance, and care coordination all must be robust and systematically working together to manage patient care from a population perspective. The Readiness Assessment Tool is based on AMGA's ACO Guiding Principle which states that multispecialty medical groups and other organized systems of care make the strongest foundation for ACOs.

How to Use the Readiness Assessment Tool

This tool will assist organizations in performing a **self assessment** of attributes, capabilities, and experiences that are critical to the success of an Accountable Care Organization. The **self assessment** should be conducted by an internal team of people who can provide a dispassionate and honest evaluation of how the organization is structured, how it conducts itself, and to what degree there are experiential strengths that can be leveraged or weaknesses that need to be addressed. It is important that the team be able to produce documentation or evidence of meeting each of the elements and capabilities.

Each critical element should be rated on a scale from 1 to 5 with 5 being the highest. Where there is not unanimity in ratings among team members, the lower score should prevail. After completing the self assessment, the following guidelines will assist in the determining which of the two Collaboratives will be the most beneficial to your organization.

Organizations that score 1-3 in any of the categories should consider joining the **ACO Development Collaborative** which will begin October 1, 2010 in conjunction with the AMGA's ACO Summit. Scores of 4-5 indicate a high level of preparedness and these organizations are encouraged to join the **ACO Implementation Collaborative** which will begin in January 2011. By that time, the proposed rules should be available for comment and they will provide greater insight regarding the finer points of ACO implementation.

Organizational Attributes	Critical Elements and Capabilities	Self Assessment Rating
	<ul style="list-style-type: none"> • Systems are in place for monitoring informed patient choice for preference-sensitive conditions. 	<p>_____</p>
<p>The organization has a Primary Care Core supported by the appropriate specialties and practice teams.</p>	<ul style="list-style-type: none"> • There are sufficient primary care providers for the size of the population being managed. • Primary care is augmented by physician extenders or other licensed practitioners. • Practice teams are used to support primary care physicians. • Referral patterns for specialty care are routinely monitored. • Appropriate training and education is in place to ensure that each member of a practice team is working to top of his/her license. • Group visits, e-visits, or other alternative forms of patient encounter are in place. • Communication tools are used to facilitate tight integration of practice teams, including clear hand-offs of responsibility. • Patient satisfaction is monitored for all members of the care teams. 	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>IT infrastructure supports efficient and effective practice and also tracks and reports on cost and quality of care.</p>	<ul style="list-style-type: none"> • All care providers have access to and use a common EHR system (or interoperable EHR systems). • Practice guidelines are embedded in the EHR with the appropriate alerts for clinical decision support. • Clinical decision support tools are monitored to ensure a proper balance between under-alerting and “alert fatigue.” • There are systems in place for risk assessment and risk stratification of patient populations. • There is a systematic approach to improving the accuracy and completeness of diagnosis coding. • Internal data are used in a feedback loop to standardize care processes, continually improve performance, and measure and improve patient safety. • Registries are used for patients with chronic conditions, and adult and pediatric preventive measures, and registries can be linked to the EHR. • E-prescribing is being used by primary care providers within the system or network. • A formulary is in place to encourage use of generic drugs when appropriate. • Electronic patient communication and patient engagement tools, such as interactive personal health records and provider e-mail, are in place and widely used. 	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

