

Accountable Care Organizations (ACOs) helping Nevada's Medicare Population

Many in the health care community are just learning about Accountable Care Organizations (ACOs) as they spring up throughout Nevada. Medicare defines ACOs as groups of doctors, hospitals, and other health care providers who have come together voluntarily to give coordinated, quality care to their Medicare patients. The goal of the ACO is to provide timely quality care and reduce duplicate services and testing while preventing medical errors and reducing costs. ACOs across the country are taking advantage of the services offered by their local Health Information Exchange (HIE) to ensure that they can enhance communication amongst their participating providers.

Medicare offers three ACO programs, the Medicare Shared Savings Program, the Advance Payment ACO Model, and the Pioneer ACO Model. Each program has different goals and requirements prescribed by CMS.

1. Medicare Shared Savings Program: Facilitates coordination and cooperation amongst providers to improve quality of care for Medicare Fee-For-Service beneficiaries.
2. Advance Payment ACO Model: Supplementary to the Medicare Shared Savings Program, it is offered to rural providers to receive upfront payments and monthly payments to establish their coordination.
3. Pioneer ACO Model: For early adopter ACOs who are already coordinated across care settings and will proceed to a population-based payment model. For more information visit www.medicare.gov/aco.

The Medicare ACO models emphasize coordination of care. This care is possible through providers joining a HIE. Participating in a HIE to exchange clinical data on their Medicare patients is essential to meet the requirements of the all Medicare ACO programs. One of our Southern Nevada ACOs believes there are three key components to be successful:

1. Providers performing high-quality care and meeting or exceeding quality measure thresholds.
2. Efficient workflow for each practice and for the coordination of the ACO providers to share patient information and ensure the patient receives treatment in a timely manner.
3. Integration, such as a HIE.

It is rare for each provider within an ACO to be on the same Electronic Health Record (EHR); therefore, it is essential that they connect to the HIE to send and receive clinical data in a structured format.

Currently, participants of HealthIE Nevada can send and receive laboratory, images, transcriptions and Admissions, Discharges and Transfer (ADTs) data for these groups and other members of the healthcare community. Additional benefits of the HIE for an ACO is the ability to improve provider-payer dialogue. This dialogue is performed through analytics to show improved patient care and improve payment reimbursement as payment models transition from fee-for-service models to reimbursement based upon quality of care. In addition, getting the patient engaged in their care, identifying new best practices from other providers, improving operations, and enhancing communications amongst providers, enabling them to communicate with relevant parties in the patient's care.

HealthIE Nevada is a private non-profit, community-funded, community-based Health Information Exchange. One of our goals is to assist ACOs and providers in streamlining and improving patient care in Nevada. Participating in HealthIE Nevada starts by contact us at hie@healthinsight.org, visiting our new website www.healthinevada.org , or call at 855-4-THE-HIE.

References:

"Accountable Care Organizations (ACO)." *Centers for Medicare and Medicaid Services*. N.p., 22 Mar. 2013. Web. 15 Apr. 2013.

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