



Understanding Next Generation ACOs

It's all about demonstrating quality and cost-effective care.

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NEXT GENERATION

"Talking Tech" is an every-issue column By Dr. Brody focusing on the many ways in which technology can be implemented in your practice to increase efficiency, lower costs, and keep your office running smoothly.

Each of the ACO organizations that participates in the Next-Generation Program has significant experience with accountable care initiatives such as the Medicare Shared Savings Program and the Pioneer ACO Program. 28 new organizations have joined the next-generation ACO model for 2018. These numbers bode very well for next-generation's future. Historically, ACOs have been primary care-centric, but CMS does have a dialysis model for ACOs and that particular model has also demonstrated significant savings. In fact, that disease-specific ACO resulted in over \$51 million dollars in savings across 13 organizations. Every participating organization realized savings ranging from 1.57% to 12.55%.

The results of the next-generation ACO and the end-stage renal disease-specific ACO demonstrate

that these programs are effective in achieving cost reductions for Medicare. The programs are working and more organizations are buying into the model. For 2018, it appears that there will be 43 next-generation ACOs and one specialty-specific

cost-effective care. Cost-effective care is best demonstrated by reporting on quality measures. When selecting which quality measures to report, it is important to select measures that are specific to the specialist. Selecting measures that

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ic ACO. This does not represent a majority of the care providers in the country at this time, but as long as the organizations are able to participate in the program in a cost-effective manner and achieve shared savings, the program is likely to grow in size and scope.

There are a number of potential paths forward for specialists. As mentioned, the next-generation ACOs are primary care-specific but will be looking to contract with specialists who can demonstrate

are primary care-centric is less likely to make a specialist attractive to an ACO in that the ACO is probably already ensuring quality and cost-effective treatment for the quality measures that are in the realm of the primary care provider. Demonstrating quality and cost-effective care in the areas where the specialist is practicing can be much more effective in marketing your practice to an ACO and negotiating better contracts.

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When thinking about which quality measures to report on, the following items need to be taken into consideration:

What percentage of my patient

fore, you want to adjust your workflows to allow you to demonstrate high scores for the measures that best represent your scope of practice. ACOs and insurance companies will look to be that granular when evaluating your practice. The keys

site at <https://innovation.cms.gov/initiatives/comprehensive-esrd-care/>.

Details on the performance of next-generation ACOs can be found at the Data.CMS.gov web site at <https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/Medicare-Shared-Savings-Program-Accountable-Care-O/yuq5-65xt>. **PM**

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76 population is eligible for reporting on this measure? If you can report a quality measure that reflects quality for 90% of your patients, it is much more compelling than a quality measure that reflects only 10% of your practice. Demonstrating quality and cost-effective care for a majority of your patients will put you in a better negotiating position. There-

to protecting the financial health of your practice are to be prepared to participate in the payment paradigms of tomorrow to ensure that you have access to patients and that the patients have access to your office with their insurance plans.

Details on the end-stage renal disease ACO can be found on the Medicare Innovation Center web-



Dr. Michael Brody has presented webinars for the e-Health initiative, (www.ehealthinitiative.org/) and is active in the EMR workgroup of the New York E-Health Collaborative (www.nyehealth.org). He has provided consulting services to physicians for the implementation of EHR software and to EHR vendors to assist in making their products more compatible with CCHIT and HIPAA guidelines. Dr. Brody is a member of AAPP.