

Accountable Care Organizations: The Future of Quality Healthcare?

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Healthcare reform is about accountability for care. As a nurse, should someone ask me if I provide quality care, I would answer, “Absolutely.” But if they ask me, “What is your data to support that claim of quality care?” Then I may need to say, “I’ll be right back with you on that.”

That’s where the ACO comes in. ACOs are a type of payment and delivery reform model that begins to tie provider reimbursements to quality metrics (measures of qual-

ity indicators) and reductions in the total cost of care (performance and process improvement) for an assigned population of people; i.e. Medicare patients.

The Center for Medicare and Medicaid Services (CMS) is asking healthcare providers to be accountable to the care provided. That includes administration, governance, and implementation either within the scope of our roles or in our employment positions. It also encompasses the obligation to report, explain and be answerable for any resulting consequences.

Initiated by the goals of the Affordable Care Act to improve care while lowering its cost, ACOs will help make quality a habit in healthcare. Those ACOs that meet required quality performance standards have the potential to receive payments from the Medicare Shared Savings Program, which “promotes accountability for a patient population, coordinates items and services under Parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery.”¹

From an operational perspective, as well as from a clinical one, the

ACO model makes sense. Today’s healthcare organizations are often fraught with inefficient workflows and faulty communication habits, causing quality and outcomes to suffer. To combat these issues, a recognized ACO will need to meet indicators and data derived from five key areas:

1. Patient and providers’ experience of care (patient and staff satisfaction scores)
2. Care coordination (information sharing across the continuum of care)
3. Patient safety (reporting, analysis and error prevention)
4. Preventive health (treatments to minimize illness and hospital admissions)
5. At risk population, frail and elderly health (using proven care standards to assist with care provision)

The overall quality performance score will be calculated on 65 quality metrics within those five defined key areas, equally weighted. CMS will define the quality performance benchmarks based on Medicare Fee-For-Service (FFS),

Medicare Advantage or ACO performance data over time.

Note that the ACO is eligible for monetary compensation **only** if it demonstrates to CMS that it has fulfilled the required quality performance elements and achieves the other regulatory performance criteria. Mature organizations exist that already meet the measures required. Those organizations not only meet the clinical measures, but are also likely made up of high performance teams.

Creating High Performance Teams

Healthcare is complex, so approaching issues as a cohesive group working together to achieve a goal allows for creativity, sharing expertise, developing new skills, increasing personal autonomy and influencing decisions. Such teams can only come together through eliminating barriers encountered in everyday communications. Communication excellence is the key to unlocking team performance and quality outcomes.

Communication should be a simple concept, particularly in healthcare. Patients talk to doctors, nurses and other staff members. Healthcare providers talk to each other. Unfortunately, the barriers that frequently block understandable exchanges create gaps. Those gaps in quality communication limit quality service to patients and staff alike. The natural progression? Pa-

tient and staff dissatisfaction and frustration.

Failure to address these communication issues in healthcare leads to inefficiency, ineffective and potentially unsafe care, rework, a diminished capacity for **team** performance and unintended outcomes. Simply improving and standardizing parts of our communication strategies can eliminate these types of costly wastes.

Consider this: the products of healthcare systems are services. Therefore, measuring healthcare quality must extend beyond clinical measures. Organizations must also measure patient perceptions and experiences. So, although service quality is usually measured by five dimensions:

1. Tangibles
2. Reliability
3. Responsiveness
4. Assurance
5. Empathy

We will add two more:

6. Accessibility
7. Communication

The high performance teams that grow from achieving these measures experience bonus benefits: job satisfaction and communica-

tion improves, mutual respect grows. If your healthcare organization can build such high performance teams, you will naturally evolve to improved quality and outcomes. Your healthcare organization can meet ACO performance criteria. But first, we must begin to truly communicate, laying the foundation for the high performance teams that will make quality a habit.

¹<http://www.modernhealthcare.com/assets/pdf/CH7349848.PDF>, page 4, Section B. Statutory Basis for the Medicare Shared Savings Program.

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