

2011 Benchmarks in Accountable Care Organizations:

ACO Metrics from Early Adopters



Note: This is an authorized excerpt from *2011 Benchmarks in Accountable Care Organizations: Metrics from Early ACO Adopters*. To download the entire report, go to <http://store.hin.com/product.asp?itemid=4151> or call 888-446-3530.

The Healthcare Intelligence Network
800 State Highway 71, Suite 2
Sea Girt, NJ 08750

2011 Benchmarks in Accountable Care Organizations: Metrics from Early ACO Adopters

This special report is based on results from the 2011 Healthcare Intelligence Network Benchmark Survey on Accountable Care Organizations conducted in February 2011 as well as excerpts from recent webinars on accountable care organizations.

Contributing Authors

John Harris, principal, DGA Partners

Jeffrey R. Ruggiero, Esq., a partner in Arnold & Porter LLP

Mark Shields, MD, MBA, senior medical director for Advocate Physician Partners and vice president of medical management for Advocate Health Care

Executive Editor

Melanie Matthews

HIN executive vice president and chief operating officer

Project Editors

Patricia Donovan

Jessica Papay

Cover Design

Jane Salmon

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About the Healthcare Intelligence Network

The Healthcare Intelligence Network (HIN) is an electronic publishing company providing high-quality information on the business of healthcare. In one place, healthcare executives can receive exclusive, customized up-to-the-minute information in five key areas: the healthcare and managed care industry, hospital and health system management, health law and regulation, behavioral healthcare and long-term care.

Executive Summary

***Almost half
of current
ACOs — 46
percent
— expect
100 to 500
physicians to
participate.***

The 2010 Patient Protection and Affordable Care Act (PPACA) requires the U.S. Secretary of Health and Human Services to establish a Shared Savings Program — an ACO that will be accountable for the quality, cost and overall care of assigned Medicare beneficiaries enrolled in the traditional fee for service program. Its expected launch date is January 2012.

To assess the industry's awareness of and readiness for ACOs, the Healthcare Intelligence Network conducted a e-survey on Accountable Care Organizations in February 2011. Responses from 228 healthcare organizations, which were analyzed before CMS released its proposed rule governing ACOs, indicated that a significant segment of the industry is reframing its care delivery structure as an ACO or will do so in the near future.

The survey results indicate that while hospitals are at the helm of ACOs in operation today, the future of ACO management will be in the hands of physicians.

A lack of awareness about the accountable care organization model is the greatest barrier to ACO engagement, according to 18 percent of respondents with no plans to join or launch an ACO, followed by cost restrictions (13 percent) and reimbursement hurdles (11 percent). The lack of federal standards for ACOs was also a deterrent for several respondents. Most respondents said it was too early to report on impact and ROI from ACO implementation.

Survey Highlights

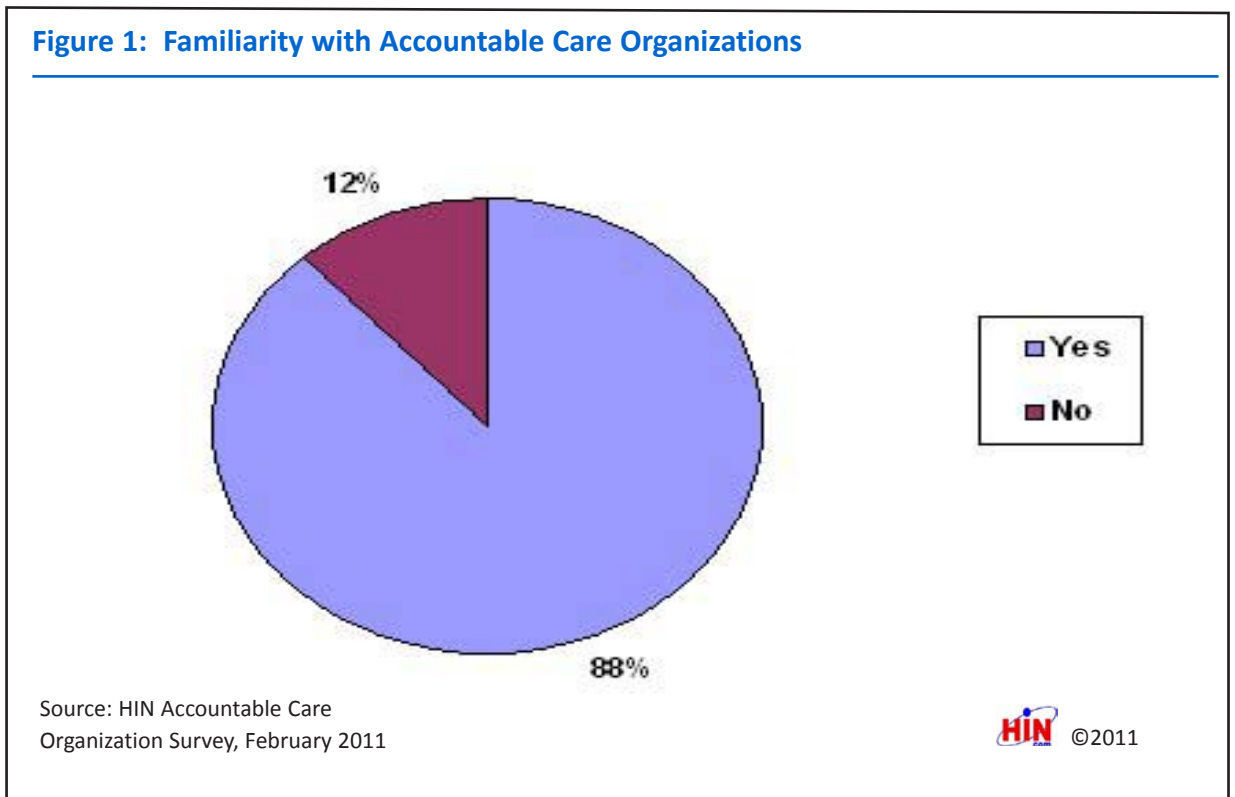
- ▶ About 88 percent of respondents are familiar with the term “accountable care organization.”
- ▶ 14 percent of respondents currently participate in an ACO.
- ▶ 65 percent of current and planned ACOs plan to participate in CMS's Shared Savings Program, an ACO for Medicare beneficiaries.
- ▶ One-third of current ACOs are administered by a hospital.

Responses to Questions

The 2011 Accountable Care Organization survey results are divided into three parts. Part One summarizes data from all survey respondents. Part Two looks at responses to key questions from hospitals. Part Three presents health plans' responses to key survey questions.

Part I: Overall Survey Responses

Is your organization familiar with the term “accountable care organization”?



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2011 Benchmarks in Accountable Care Organizations: Metrics from Early ACO Adopters delivers a comprehensive snapshot of ACO awareness, participation, administration, targeted populations, payment models and much more from healthcare companies already immersed in the ACO architecture.

Includes:

- Expected participation in CMS Shared Savings program launching in January 2012;
- Numbers of physicians participating in ACOs;
- Types of providers participating in ACOs;
- Principal ACO administrators;
- Populations and number of lives covered by current ACOs;
- Anticipated time needed to create the ACO;
- Use of electronic health records in existing ACOs;
- Top three reimbursement models in use in ACOs;
- Metrics to evaluate ACO success, quality, efficiency and satisfaction;
- Greatest challenges associated with an ACO launch.

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