



Competency Expectations

- Not Started
- ◐ In Process
- Complete

ACO Journey Map



Clinical Governance

Provider Responsibility

- | | | |
|--|---|--|
| ○ Providers approve clinical and operational goals and plans | ○ PCPs and specialists oversee quality and patient experience | ○ Accountable for achieving sustained high performance |
|--|---|--|

Network

- Primary Care (PCP)
- Hospitals & Specialists

- | | | |
|--------------------------|--|--------------------------------|
| ○ Established | ○ Add high value PCPs | ○ Optimized and refine network |
| ○ Identified and recruit | ○ Add high value hospitals and specialists | ○ Optimized and refine network |

Care Model

- Medical Home
- Risk Stratification
- Clinical Guidelines
- Quality
- Care Coordination
- Site of Care
- Medication

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|--------------------------------------|--|---------------------------------------|
| ○ Implementing | ○ Established, integrating behavioral health | ○ Optimized and complete |
| ○ High-risk patients targeted | ○ Expanded to include moderate risk consumers | ○ All consumers targeted |
| ○ Established for high-risk patients | ○ EMR-based, expanded use across conditions | ○ Complete guidelines across ACO |
| ○ Siloed quality efforts | ○ Coordinated quality efforts | ○ Continuous quality improvement |
| ○ Through health plan or ACO | ○ Shifting to ACO | ○ ACO driven |
| ○ Adding low costs sites of care | ○ Refer to efficient sites of care | ○ Integrated into care model |
| ○ Polypharmacy and reconciliations | ○ Evidence-based use, adherence and efficiency | ○ Value-based, efficient across sites |

Consumer Experience

- Access
- Pro-active Outreach
- Satisfaction
- Portal

- | | | |
|---|---|--|
| ○ 24/7 access is available but inconsistent | ○ Expanded 24/7 and same day urgent access | ○ Consistent 24/7 and urgent access |
| ○ Limited to high-risk patients | ○ Expanded for moderate risk consumers | ○ Consistent outreach to all consumers |
| ○ Measured for high-risk patients | ○ Improves for high/moderate risk consumers | ○ Concierge model for all consumers |
| ○ Basic, includes records, messaging | ○ Addition of care plans and content | ○ Comprehensive and mobile-enabled |

Technology & Analytics

- Electronic Hlth Record
- Predictive Analytics/Reg.
- Data Analytics

- | | | |
|--------------------------------|---|--|
| ○ Multiple separate systems | ○ Limited data exchange | ○ Complete interoperability |
| ○ Primary care registries only | ○ Primary and specialty care registries | ○ Integrated registries |
| ○ Limited to EHR data | ○ Multiple data sources to identify opportunities | ○ Use comprehensive clinical/claims data |

Finance Model

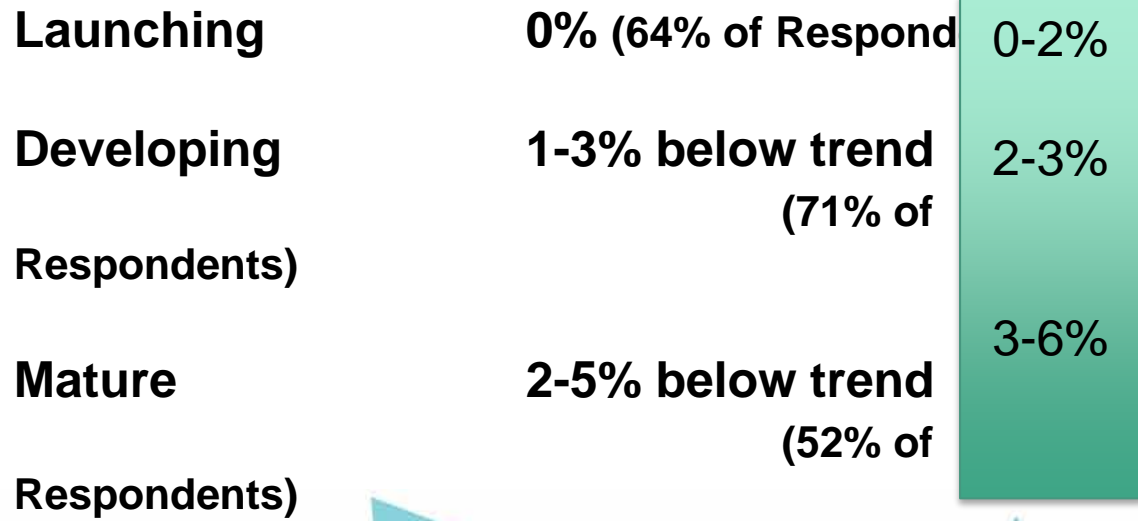
- ACO Risk
- Physician Incentives

- | | | |
|--------------------------------------|--|--|
| ○ Gain-sharing tied to quality/cost | ○ Gain-/Loss-sharing tied to quality/cost | ○ At risk for total cost of care |
| ○ Small incentive, limited ACO panel | ○ Increased incentive, expanded ACO panel, introduce downside risk | ○ Compensation with incentives tied to performance |

Employers' Expectations for ACO Performance vs. Market

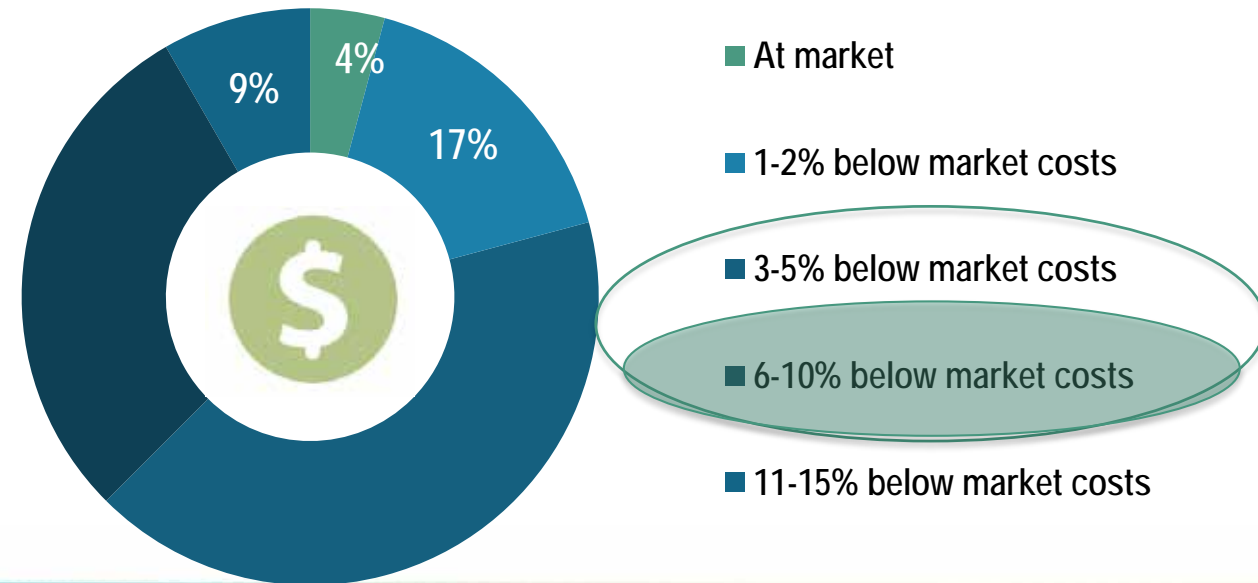
ACO Impact on *Medical Trend**

Q: If ACOs in the following stages of development were adopted, what would you consider to be a reasonable expectation for the impact on annual medical trend?



Mature ACO vs. Market

Q: For an ACO that is mature and achieving high sustained performance, what is a reasonable expectation for total risk adjusted cost of care vs. the market?



***41% did not know**