What you need to know before talking to the ACO (Accountable Care Organization)

External Assessment
- Identify the current and projected ACOs in your area
  - Are they hospital- or physician-driven?
- How many neurologists are in your area?
- Are you in a small or large group?
- Are you the preeminent neurology group in your area?

Internal Assessment
- How many patients have you, or your group, seen in the past 12 months?
  - How are these distributed by payer?
  - How are these distributed by subspecialty?
- Are you able to track variances of cost within your group, by diagnosis?
- Do you have any ancillary services in your practice?
  - Will the ACO restrict any ancillary use in your practice?
- Do you have a mechanism to identify patient outliers?
  - Based on costs of care? Adherence?
- Have you participated internally, or externally, with a cost/quality improvement program?
- Do you have an EHR?
- Do you have access to a health information exchange (HIE)?

Questions to ask the ACO

Basic questions
- How long has the ACO existed?
- What is the basic structure of the ACO?
- Who are the physicians?
- What is the leadership structure?
- Who are the patients, and how many?
- Which payers do they maintain contracts?
  - Do you maintain your individual contracts?
  - Do they, or do they plan to, participate in the Medicare Shared Savings Program (MSSP)? If so, and you intend to participate in more than one ACO which participates in the MSSP, have a clear understanding of how attribution of members related to exclusivity will apply.
• What hospital(s) are aligned with the ACO (if any)?
• What is the ACO’s basic strategy to produce value?
• Are there any fees to participate in the ACO?
• What is the mechanism of leaving the ACO if you are not pleased?
• How will the ACO monitor your utilization and charges for purposes of economic credentialing?

Questions about specialists in the ACO
• Does a neurologist have a leadership role in the ACO? —OR—Do any specialists have a leadership role in the ACO?
• What is the strategy for bringing specialists into this ACO? —OR—How many neurologists do they anticipate needing for this ACO, and what relationship will the neurologists have with the ACO?
• Is there a strategy to incorporate neurologists into the care coordination plan for this ACO? If so, what is that plan, and will this change your practice significantly?
• Are there cost-containment (or “value”) programs that will include major neurologic disease in this ACO?
• What is the strategy to determine payment or value-based payment to neurologists in the ACO?
  • Has the ACO chosen or created quality measures pertinent to neurologists?
  • How will performance be reported?
• What services does the ACO provide or plan to provide that duplicate services already belonging to you, and are there opportunities for you to be the provider of those services?
• Must you or your group be exclusive to this ACO?

Questions about data in the ACO
• How will the ACO gather value data (EHR, registry, claims, other?)
• What will data be shared with the neurologist and how often?
• What technology will be required to provide and receive neurologist’s population data?
• What is the strategy for provider attribution of patient costs and quality?
• Will there be a mechanism to refute incorrect data?
• Does the ACO have, and will it share existing data it may use to project costs for neurologic care?
• Does their data support improved outcomes along with reduced costs? Will they limit cost reductions if outcomes suffer?
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Questions to ask after meeting with the ACO

- How much will the transition cost in time and money?
- Will you be able to change the way you practice to work with the ACO?
- Will you be able to interpret their population data to your advantage?
- Is this ACO good for your patients? Do they really care about outcomes?
- Is this ACO good for you?
- How will savings be measured? Distributed?