What You Need to Know When Considering an Accountable Care Organization (ACO)

External Assessment

- Identify the current and projected ACOs in your area
  - Are they hospital or physician driven?
  - Do they qualify, or intend to qualify, as an Advanced Alternative Payment Model (APM) under MACRA?
- How many neurologists are in your area?
- Do other neurologists participate in ACOs?
- Are you in a small or large group?
- Are your primary referral sources migrating to an ACO or Clinically Integrated Network (CIN) in which you don’t participate?

Internal Assessment

- How many patients have you, or your group, seen in the past 12 months?
  - How are these distributed by payor? (with particular attention to Medicare patients)
  - Subspecialty?
- Are you able to track cost of providing care at the group level? By diagnosis? Associated revenues? Example: What is the average cost to treat a new migraine patient for 12 months at your center? A stable migraine? A refractory migraine?
- Have you reviewed your Quality and Resource Use Report (QRUR)?
- Are you participating in the AAN's Axon Registry®?
  - How do you compare to your peers?
- 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?
  - Are you able to track treatment adherence? Do you have a system to address patient outliers to control costs and/or improve treatment adherence?
- Have you participated internally, or externally, with a cost/quality improvement program?
- Do you have a certified EHR?
- Are you able to electronically exchange clinical information with providers in which you co-manage patients?
Questions for the ACO

- Basic questions
  - How long has the ACO existed?
  - What is the governance structure of the ACO?
    - Board/committee chairs
  - How has the ACO performed to date?
  - Who are the participating physicians in the ACO?
    - PCP’s
    - Specialists
    - Hospitals
    - Urgent Care Facilities
    - Diagnostic Imaging Facilities/Lab/Pharmacy
    - Hospice/Home Health
  - Who are the patients, population size, and catchment area?
  - Which payors do they maintain contracts?
    - Are you able to maintain your individual managed care contracts?
    - Are 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.
    - Do they currently, or intend to, qualify as an Advanced Alternative Payment Model under MACRA? (see link regarding Advanced APMs in MACRA)
  - What hospital(s) are aligned with the ACO (if any)?
  - What physician groups are aligned with the ACO?
  - 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?
  - Does their agreement include a restrictive covenant clause?
  - How will the ACO monitor your utilization and charges for purposes of economic credentialing?
  - What is the ACO’s growth strategy?
  - What population health strategies are in place?
    - How many care managers do they employ per 1,000 covered lives?
- Questions about specialists in the ACO
  - Does a neurologist have a leadership role in the ACO? Governance? Committees?
  - Do any specialists have a leadership role in the ACO? Governance? Committees?
  - What is the strategy for bringing specialists into this ACO?
• How many neurologists do they anticipate needing for this 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?
• 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?
• Will there be additional referrals for patients outside the ACO from the primary care physicians in the ACO?
• How are shared savings determined? Distributed?
• Questions about data in the ACO
  • How will the ACO gather value data (EHR, registry, claims, other)? Will it be shared? How granular or accessible will it be?
  • How often and what will data be shared with the neurologist?
  • 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?

Questions to ask after meeting with the ACO
• How much will the transition cost in time and money?
• What is your relationship with the other physicians in the ACO?
• 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?
• Is this ACO good for you?
• How will savings be measured? Distributed?
• Have you had the agreement to participate reviewed by an attorney familiar with ACO contracts? If so, is the ACO agreeable to the revisions suggested by your attorney? If not, consider the impact of any items that they are not agreeable to change?

AAN Resources:
• Advanced APM under MACRA
• Review your QRUR
• Axon Registry