



Robert Wood Johnson Foundation

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Defining High-Value Specialists for ACO Partnerships

A leader's guide to potential partner assessment

As the health care industry moves toward population-based models of care, providers are seeking partnerships to help manage the continuum of services. Many will rely on existing partnerships while others will need to develop new relationships. The overall brief series is designed to give provider leadership guidance on how to begin that evaluation process in a time when performance data is scarce. This brief looks particularly at specialty providers and the specific considerations that should be included in a qualitative assessment of a potential specialist partner.

AN ESSENTIAL PARTNER

Due to the natures of their practice and their patient's health status, specialists will be required partners in an ACO. Specialists frequently treat patients whose needs are more complex, have a higher risk of complication, and require a greater amount of care coordination.¹ Specialists also tend to provide services that are, by definition, more specialized and therefore costlier²— which is a foundational concern for provider organizations taking on financial accountability for the cost and quality of a population.³

OPPORTUNITIES FOR SPECIALISTS IN AN ACO

Since specialists are more likely to be working with an ACO's most complex patients, they likewise have the greatest opportunity to affect a patient's trajectory, both in terms of clinical and cost outcomes. A good specialty partner can help patients re-engage with their primary care providers for more preventive attention and to fill dangerous gaps in care.⁴ Similar efforts can be used to direct patients to the most appropriate care settings, making better use of patients' limited resources and avoiding unnecessary care. A trusted specialty partner can help an ACO give patients the confidence that financial considerations are being balanced with good clinical judgement. Conversely, a specialty partner who has not yet committed to the idea of providing high-value care and is more concerned with ensuring a referral base can cause difficulties when fluctuations in patient and service volume affect their short-term financial situation.⁵

EVALUATING SPECIALISTS

ACO leadership may feel inclined to assess potential specialty partners from a distance, preferring to use utilization, cost, or quality data where available. Such a strategy should be considered only preliminary and used in situations where the pool of available specialty partners needs to be narrowed. The ACO model requires a deeper level of integration and likewise demands a deeper level of evaluation of potential partners. When pursuing specialty partnerships, an ACO should focus its efforts on those specialists that will have the greatest impact on a given population. Cardiologists, for example, would be a high priority for an ACO in any of the Medicare ACO programs due to the prevalence of heart-related conditions in the senior population.⁶ Lastly, as consumers are being asked to bear more of the financial risk for their health care coverage through the increase in cost sharing,⁷ ACO providers will need to justify why they

send patients to one specialty provider over another – especially with such high variation in quality and cost.⁸

The following page includes a table with a list of suggested high-value indicators (or characteristics) along with potential questions for the evaluating provider to consider.

EXAMPLE HIGH-VALUE ATTRIBUTES

- Form and maintain strong relationships with the patient
- Openness to collaborate with external partners on clinical improvement initiatives
- Internal measurement systems and transparency mechanisms
- Commitment to care coordination and collaboration
- Bi-directional data sharing
- Experience with quality improvement initiatives
- Aligned on accountability for total cost of care

See page 2 for full table

RESEARCH METHODOLOGY

Research findings represent an 18-month project which included: (1) Literature review of resources discussing high value in health care; (2) Expert panel meeting with 13 leaders from a variety of health care sectors to establish high-value domains and provider categories; (3) Interviews with ACOs and provider associations to field-test high-value criteria; and, (4) Transcript coding and qualitative analysis of interview findings.

"Specialists" definition: a physician who has completed advanced education and clinical training in a specific area of medicine; provides medical care at the request of a primary physician.

- Example settings:
- Hospital
 - Community-based clinic
 - Ambulatory surgical center

1. Integrating Specialty Care Into Accountable Care Organizations, Health Affairs. **2.** A Role for Specialists in Resuscitating Accountable Care Organizations, HBR. **3.** ACOs redefine relationships with specialists, Medical Economics. **4.** Importance of Specialist Engagement in Accountable Care Organizations, Circulation. **5.** Referral System Turns Patients Into Commodities, NYTimes. **6.** Cardiology and Accountable Care, Circoutcomes. **7.** Payments for cost sharing increasing rapidly over time, KFF. **8.** The Implications of Regional Variations in Medicare Spending. Part 1, Annals of Internal Medicine

HV DOMAIN	CHARACTERISTIC/ABILITIES	POTENTIAL CRITERIA
 Patient-centeredness	Form and maintain strong relationships with the patient	<ul style="list-style-type: none"> Do they have mechanisms for systematic patient feedback? What are the trends in attributable number of patients or panel size? How long has the practice been in business in the community?
	Concern for patient finances and ability to pay	<ul style="list-style-type: none"> Do they have protocols for addressing patient cost considerations? Do they have specific programs for ensuring care is provided for in the most cost-effective setting?
	Ensure patient access and effective in-person visits	<ul style="list-style-type: none"> Have they adjusted office hours to accommodate patient schedules? Do they coordinate with and ensure timely ancillary services to ensure providers have all the necessary information for a visit?
 High Value Culture	Openness to collaborate with external partners on clinical improvement initiatives	<ul style="list-style-type: none"> Have they partnered with outside groups before on clinical improvement initiatives? Are they willing to share internally generated clinical data?
	Partner's vision of the future aligns with that of the ACO and is shared throughout the organization	<ul style="list-style-type: none"> Can their leadership articulate a clear mission and vision for the future? Is the organizational vision shared by frontline providers? Are existing cost and quality goals explicit and reviewable?
	Commitment to providing care in the lowest-cost setting possible	<ul style="list-style-type: none"> Do they have specific PCP training programs to ensure more appropriate referrals? Do they have a communication strategy for addressing urgent/non-urgent triage situations? Do they have specific programs in place to re-direct patients to most cost effective care settings?
 System & Public Accountability	Internal measurement systems and transparency mechanisms	<ul style="list-style-type: none"> Are utilization and clinical variation data made available internally and updated on a consistent basis?
	Clear performance expectations for employed and partner providers	<ul style="list-style-type: none"> Does every employee have clear guidance on job expectations as they relate to cost and quality goals? Are there internal programs to allow peer pressure to drive quality improvement?
	Clear performance expectations between provider partners	<ul style="list-style-type: none"> Are the performance metrics for joint initiatives clearly laid out? Do they have a clinical collaboration committee?
 Team Based Care	Commitment to care coordination and collaboration	<ul style="list-style-type: none"> Are they willing to sign quality compacts? Do they have a care coordinator position or team in place? Do they have in place clear communication protocols with PCPs?
	Care coordination team is aligned with all the services a patient needs – including underlying conditions	<ul style="list-style-type: none"> Do they have in place a patient risk assessment and stratification process to enable effective care coordination?
	“Plug and Play” ability to interact with multiple hospitals and ACOs and act as a coordinating entity	<ul style="list-style-type: none"> Have they been able to successfully maintain multiple hospital affiliations?
 HIT Systems	Bi-directional data sharing	<ul style="list-style-type: none"> Can they electronically share and receive important clinical information?
	Data management abilities to understand patient's clinical history	<ul style="list-style-type: none"> Can their clinical data platform handle longitudinal data?
	Information flows from relevant clinical partners	<ul style="list-style-type: none"> Do they have access to hospital admission and discharge information?
 Performance Improvement	Experience with quality improvement initiatives	<ul style="list-style-type: none"> Can they show evidence of past improvement initiatives? Can they demonstrate how results were achieved (i.e. not just by happenstance)?
	Awareness and experience with clinical guidelines	<ul style="list-style-type: none"> Do they have examples of clinical guidelines currently in use and the level of implantation and acceptance? Do they have plans for implementing new guidelines or making improvements on current guidelines?
	QI happens at all levels of the organization	<ul style="list-style-type: none"> Can providers at every level point to their place within the performance improvement process?
 Financial Readiness	Aligned on accountability for total cost of care	<ul style="list-style-type: none"> Are they willing to enter into total cost of care risk contract?
	Size makes partnership financially worthwhile	<ul style="list-style-type: none"> What is their average panel size? Do they have a staffing structure that can work efficiently?
	Internal financial rewards system aligns with broader contracting parameters	<ul style="list-style-type: none"> Do individual providers have a clear understanding of why they are getting paid a bonus? Have appropriate changes to payment structure been made at all levels?