



ACCOUNTABLE CARE: WHAT WE KNOW

ELLIOTT S. FISHER, MD, MPH

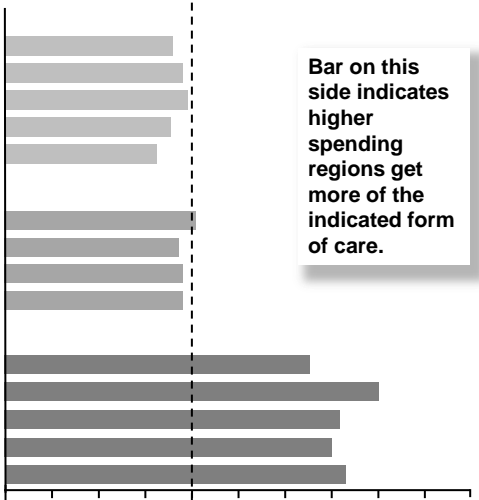
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BACKGROUND

<p>Effective Care: <i>Benefit clear for all</i></p> <ul style="list-style-type: none"> Reperfusion in 12 hours (Heart attack) Aspirin at admission (Heart attack) Mammogram, Women 65-69 Pap Smear, Women 65+ Pneumococcal Immunization (ever) <p>Preference Sensitive: <i>Values matter</i></p> <ul style="list-style-type: none"> Total Hip Replacement Total Knee Replacement Back Surgery CABG following heart attack <p>Supply Sensitive: <i>Often avoidable care</i></p> <ul style="list-style-type: none"> Total Inpatient Days Inpatient Days in ICU or CCU Evaluation and Management (visits) Imaging Diagnostic Tests 	 <div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Bar on this side indicates higher spending regions get more of the indicated form of care.</p> </div>
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Source: The Dartmouth Atlas

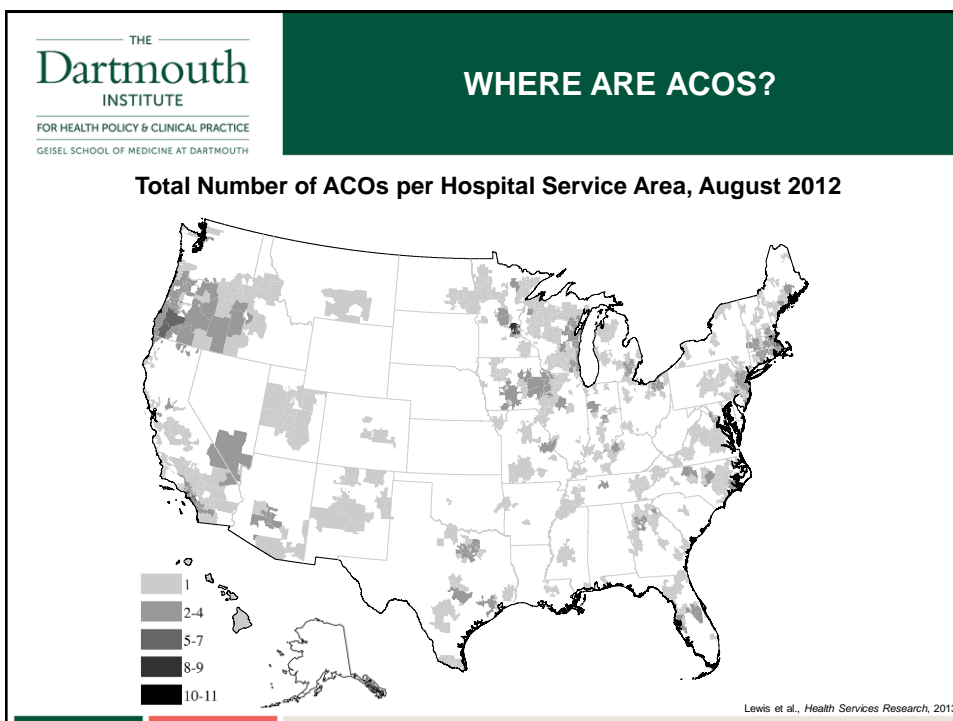
Ratio of rate in high spending to low spending regions

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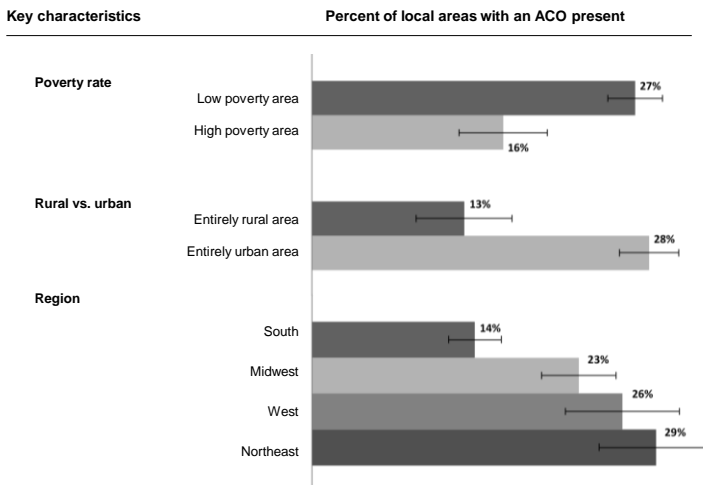
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BACKGROUND

Underlying Problem	Key Principles
<p>Confusion about aims: Is it about money or something more?</p>	<p>Clarify aims: Better health, better care, lower costs – for patients and communities.</p>
<p>Absent or poor data leaves practice unexamined and unable to improve; choices uninformed by evidence.</p>	<p>Better information that engages physicians, supports improvement; informs consumers and patients.</p>
<p>Flawed conceptual model: Health is produced by face-to-face visits with physicians. Care is fragmented.</p>	<p>New model: <i>It's the system.</i> Establish organizations capable of redesigning practice and eliminating waste.</p>
<p>Wrong incentives reinforce model, reward fragmentation, induce overuse of unnecessary care.</p>	<p>Rethink our incentives: Realign incentives – both financial and professional – with aims.</p>

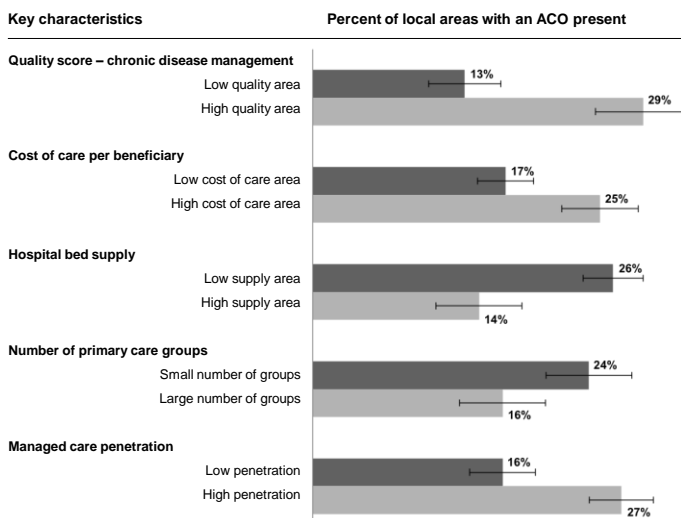


WHERE ARE ACOS?



Lewis et al., *Health Services Research*, 2013.
Regression adjusted percentages of local areas with ACOs by key characteristics; key characteristics are compared at low values (mean of lowest quintile) and high values (mean of highest quintile)

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WHAT ARE WE LEARNING?



FQHC Urban Health Network
Coalition of 10 independent federally qualified health centers; 40 service sites extending through seven Minnesota counties



Three MSSP ACOs in partnership with health systems and physician organizations in FL, NJ, and TX



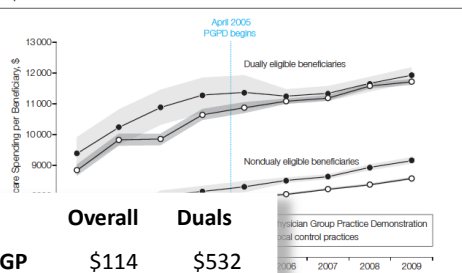
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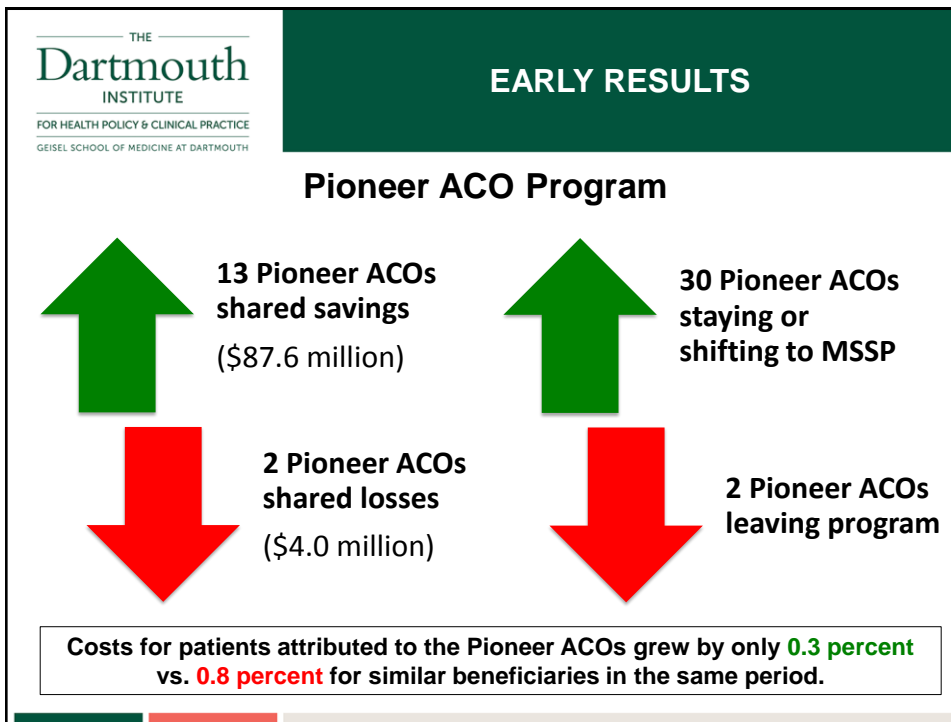
EARLY RESULTS

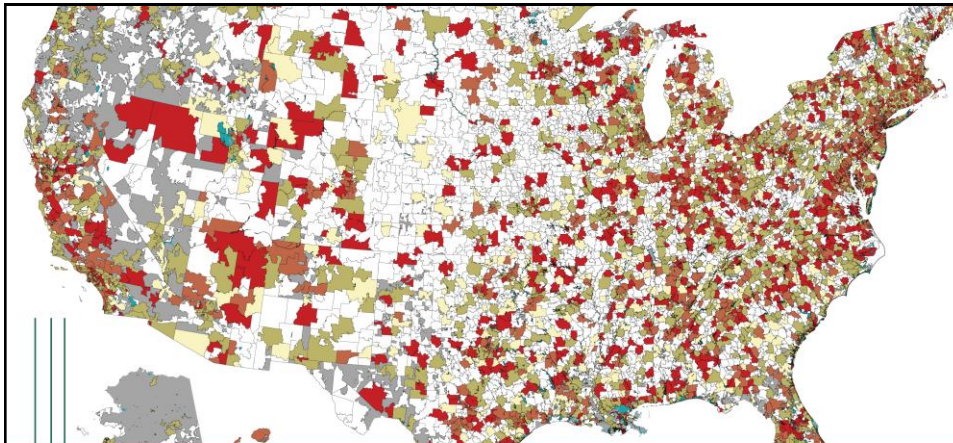


Figure. Medicare Spending per Beneficiary: Physician Group Practice Demonstration Participants and Local Controls



	Overall	Duals
All PGP	\$114 (1%)	\$532 (5%)
Marshfield	\$642 (9%)	\$987 (11%)
D-H	\$-132 (-2%)	\$397 (3.2%)





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