American Heart Association.

Opportunities for Improvement

The American Heart Association conducted 15 confidential interviews with various health care team members practicing in Accountable Care Organizations (ACOs) across the country. These ACOs, which hold providers accountable for both cost and quality of care, aim to improve patient experiences and overall health while utilizing health care resources more efficiently. Health care team members who participated in research conducted by the American Heart Association about their experience practicing in an ACO model shared what they think would help improve the care experience, quality and efficiency of care delivery through value-based care such as ACO models.

Suggested Improvements

Emphasizing value-based care that offers more comprehensive services and facilitates preventative care.

Team members suggested that expanding availability of ACO models would make sure patients from a wide range of backgrounds have access to needed services.

"There needs to be a greater push toward value-based care because we are still in limbo between fee for service and value-based care. In value-based care, you are better able to provide needed servicesfor patients. For example, remote patient monitoring isn't done in the fee for service. Value-based care allows earlier intervention and makes sure patients stay healthy."

– Specialist Physician

Expanding access to educational information regarding ACOs to both providers and people.

Team members recommended expanding educational efforts to patients, families and providers across different backgrounds about the benefits of ACOs for patients and providers and how ACO models address the whole person (physical, mental and health-related social needs).

"I think buy-in is really what needs to be step one, and people need to get more information out about how the ACOs are beneficial and to get providers to understand, from all levels in the health care spectrum, what the benefits are and how it has already been impactful to the people that have been involved."

– Care Manager

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Opportunities for Improvement

Improving payment for primary care.

As primary care providers are a regular source of care that provides crucial services, team members argued that these providers should be better compensated.

> ***"We are limited by the number of PCPs, mid-levels and MDs. We have 6,000 patients attributed to each so it is too hard to see these people adequately, especially those with high socio-economic needs. We need to pay them as if primary care is important."***
>
> *— Community Health Worker*

Improving data sharing between outside providers and primary care physicians.

Team members recommended increasing transparency in data sharing to minimize barriers to accessing patient data from outside providers.

> ***"Groups are not on the same medical record. It would be better if they were [or had access to external records] and then the patient feels that everyone is on the same team. There would be less guessing, and an improvement in communication and quality."***
>
> *— Primary Care Physician*

Addressing workforce shortages in primary care, mental health and social work.

Team members encouraged investing in primary care, mental health and social work services to increase the workforce and help more patients.

> ***"Mental health is one of our biggest challenges, and we are providing more mental health services, but there aren't enough mental health providers to refer patients for mental health problems."***
>
> *– Primary Care Physician*

Creating consistency across programs and payers and allowing for flexibility.

Team members additionally proposed aligning incentives across programs and payers to maximize delivery that wastes fewer financial resources.

> ***"Providing care under the ACO model is better, results in better outcomes, is more focused on the whole patient and whole family care. The downsides are that you see the limitations of working on a fee for service chassis as well as the variations in how different payers approach value-base care, which can be very frustrating."***
>
> *– Primary Care Physician*

American Heart Association.

Opportunities for Improvement

Ensuring access to advance information about patient out-of-pocket expenses for patients and providers.

Team members suggested boosting information access nationally.

> ***"Access to information about patient out-of-pocket expenses needs to be done nationally! It shouldn't be that difficult."***
>
> *— Primary Care Physician*

Improving providers' ability to address non-medical drivers of health.

Team members proposed increasing access to non-medical health-related services for patients, such as addressing transportation barriers.

> ***"I wish there was a way to better reduce transportation barriers and simplify how transportation services are provided."***
>
> *– Community Health Worker*

Providing oversight of payer-sponsored ACO models.

Team members suggested that payers offering ACO contracts should be subject to supervision to guarantee high quality performance is appropriately compensated.

> ***"There should be better oversight of payers who keep raising the bar and reducing compensation."***
>
> *– Primary Care Physician*