

Alliance Aims for Quality, Cost-Effective Care

BY ALICIA AULT

WASHINGTON — A group of 19 health systems are taking the first steps toward becoming accountable care organizations, joining together to share best practices, coordinate care, and improve quality.

The health systems are all members of Premier Inc., a nonprofit health purchasing and quality improvement alliance. Premier will provide the expertise and databases necessary for the systems to build the accountable care organizations (ACOs).

According to Premier, members of the ACO Implementation Collaborative may be ready in 2012 to start contracting with the Centers for Medicare and Medicaid Services under the shared savings program mandated under the

health reform law (Affordable Care Act).

Backbone of Health Reform

ACOs have been envisioned as the backbone of the new health care system, but they were not clearly defined in the law President Obama signed in March.

At a Capitol Hill briefing, Sen. Max Baucus (D-Mont.), Rep. Earl Pomeroy (D-N.D.), and Rep. Charles Boustany (R-La.) praised the Premier effort, saying that it would help speed up transformation of the health care system into one that values quality over quantity.

Sen. Baucus said that the accountable care organizations in the Premier alliance “put the new and innovative ideas in the health care reform law into practice to improve health care quality while reducing inefficient and wasteful spending.”

Rep. Boustany, who is a cardiovascular surgeon, said that the reform law did not go far enough to align incentives among health providers or to foster care coordination.

The Premier alliance will address some of these issues, he said, but it still is not clear if the accountable care organization model can work in rural areas where there may be great distances between facilities and separate missions from urban or suburban counterparts.

According to Susan S. DeVore, the president and CEO of Premier, all of the members of the ACO collaborative will build the “critical components of accountable care,” including a patient-centered foundation; medical homes that deliver primary care and wellness; incentives to reward coordination, efficiency, and productivity; tight integration among specialists, ancillary providers and hospitals; reimbursement models that reward value over volume; and health information technology systems that can be used to coordinate care across networks.

The 19 systems already have some of these elements in place and can pursue accountability for a portion of their population, according to Premier.

These hospitals and health systems have been participating in Premier’s QUEST: High-Performing Hospitals

collaborative. QUEST is a 3-year information and quality improvement sharing initiative involving 200 hospitals in 31 states.

In the first year, member hospitals reduced the cost of care by an average \$343 per patient. The facilities delivered care according to evidence-based quality measures 86% of the time, according to Premier.

The ACO Implementation Collaborative aims to build on that success.

The first step is to define value. According to Premier, the agreed-upon definition so far is to optimize patient outcomes, the patient care experience, and the total cost of care.

Patients Partner With Care Team

Dr. Nicholas Wolter, the CEO of the Billings Clinic, which is part of the ACO collaborative, said although accountable care organizations may seem to be a fad, much as managed care was in the early 1990s, more is known now about patient safety and delivering high quality care.

“In the ACO, patients are partners working with their care team to manage and improve their health. This is the real goal of health reform—the highest quality care at a more cost-effective price for patients and taxpayers,” he commented. ■

Members of the Collaborative

Aria Health, Philadelphia
 AtlantiCare, Egg Harbor Township, N.J.
 Baystate Health, Springfield, Mass.
 Billings Clinic, Mont.
 Bon Secours Health System Inc., Greenville, S.C. and Richmond, Va.
 CaroMont Health, Gastonia, N.C.
 Fairview Health Services, Minneapolis
 Geisinger Health System, Danville, Pa.
 Heartland Health, St. Joseph, Mo.
 Methodist Medical Center of Illinois, Peoria

North Shore-LIJ Health System, Long Island, N.Y.
 Presbyterian Healthcare Services, Albuquerque, N.M.
 Saint Francis Health System, Tulsa, Okla.
 Southcoast Hospitals Group, Fall River, Mass.
 SSM Health Care, St. Louis, Mo.
 Summa Health System, Akron, Ohio
 Texas Health Resources, Arlington, Tex.
 University Hospitals, Cleveland



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Women Know Little About Stroke

A survey has found that few women could name the primary stroke symptoms and many weren’t concerned about experiencing a stroke in their lifetimes. The online survey of about 2,000 adult women was commissioned by HealthyWomen, the National Stroke Association, and the American College of Emergency Physicians. The findings showed that only 27% of women could name more than two of the six primary stroke symptoms (sudden numbness or weakness on one side of the face; sudden numbness or weakness in an arm or leg; sudden confusion, trouble speaking or understanding speech; sudden trouble seeing; sudden trouble walking, dizziness, loss of balance or coordination; sudden severe headache with no known cause). About only 30% of the participants were aware that women are at higher risk for stroke than men. “The results of this survey underscore what we see too often with women when it comes to dealing with their unique health issues,” Elizabeth Battaglini

Cahill, executive director of HealthyWomen, said in a statement. “As they put the health of family members and everyone else first, they often underestimate their own risks and ignore warning signs of serious health problems like stroke.” The biotech company Genentech Inc. provided support for the survey.

Judge Hands Down Topamax Fine

Ortho-McNeil Pharmaceutical LLC, a subsidiary of Johnson & Johnson, recently pled guilty to one misdemeanor count of violating the Food, Drug & Cosmetic Act, for the illegal promotion of Topamax for psychiatric uses. Under a sentence delivered by a U.S. District Court judge in Boston last month, the company will pay a criminal fine of \$6.14 million. The sentence is consistent with an agreement the company reached with the Justice Department in April. Prosecutors alleged that Ortho-McNeil used a program called “Doctor for a Day” to promote the epilepsy and migraine treatment Topamax among psychiatrists for off-label uses. The company paid physi-

cians to accompany sales representatives meeting with psychiatrists. In its plea, the company acknowledged promoting the drug for certain unapproved uses between 2001 and 2003, but it said that it voluntarily discontinued the program before receiving the first subpoena in the government’s investigation.

Medicare Weighs Oxygen Coverage

Officials at the Centers for Medicare and Medicaid Services are considering Medicare coverage of home use of oxygen for cluster headache treatment. Currently, the program covers home oxygen only for patients with significant chronic stable hypoxemia. Last month, the American Academy of Neurology told the CMS that home oxygen is effective against cluster headaches, especially in the Medicare population. Other available cluster headache treatments, such as blood vessel constrictors and high-dose narcotics, may be contraindicated or pose dependency risks, Dr. Robert C. Griggs, AAN president, wrote in comments to the agency. Oxygen therapy, on the other hand, can be administered more than once a day without risk and is rapid in its effect, he said. The CMS is scheduled to propose a coverage decision in October and perhaps finalize it by next January.

New Stem Cell Lines Okayed

Officials at the National Institutes of Health have approved an additional 13 human embryonic stem cell lines for research supported by federal funding. The lines have also been added to the NIH stem cell registry, which now includes 64 lines eligible for federal research funding. Another 100 lines are pending approval at the NIH. Four of the new stem cell lines were originally approved during the George W. Bush administration, and two of those lines have been widely used by researchers, according to the announcement. NIH director Dr. Francis S. Collins said the approval of these older lines should provide reassurance to many researchers. “Scientists can continue their studies without interruption, and we can all be assured that valuable work will not be lost,” Dr. Collins said in a statement.

—Mary Ellen Schneider

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