New Initiatives Aim to Encourage ACOs

BY FRANCES CORREA

FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES

Three new initiatives aim to help physicians make the jump to becoming part of an accountable care organization, officials from the Centers for Medicare and Medicaid services announced May 17.

The Pioneer ACO Model would accelerate the process for ACOs that already have the infrastructure in place to coordinate care for patients. Under this model, private payers would offer provider incentives and would function on a separate contract from the Medicare Shared Savings Program. About 30 integrated health systems are expected to participate in the Pioneer ACO Model project this summer, making a full transition to ACO by September or October, according to Jonathan Blum, director of the Center for Medicare Management, a part of the CMS.

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The second initiative is a series of free accelerated development learning sessions to educate providers on becoming an ACO and implementing a coordinated care model. The first of the four learning sessions offered in 2011 will be available June 20-22 in Minneapolis. All materials from the sessions, including webcast sessions, will be publicly available.

Finally, the CMS is requesting public comment on the proposal for providing upfront payments to providers who are interested in becoming ACOs but lack the resources. The accelerated payment program would allow providers who lack the capital to invest in the necessary infrastructure and staffing, Mr. Blum said, adding that the CMS plans to determine how much funding might be provided after evaluating public comments.

These initiatives came as a result of feedback from medical associations during the comment period of the ACO regulations, according to Dr. Donald Berwick, CMS administrator, who added that the challenge to implementing the best model is striking a balance between patient and provider needs. This includes balancing an ACO's need for data with patient privacy, the need for better coordinated care without overburdening providers with regulations, and the need for creating provider incentives without allowing them to avoid methods of care that might threaten those incentives.

Regardless, Mr. Blum said the CMS is devising a model that will greatly improve care. "We think that the ACO model, both the base model but also the Pioneer [model], is one of the best ways for us to improve care and so we're very conscious of the fact that we have to create payment policies and other requirements that provide an attractive model." ■

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