

Accountable Care Collaborative Launched

BY ALICIA AULT

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

They 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).

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.

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Sen. Baucus said that the ACOs 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.” But Rep. Boustany, 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 ACO model can work in rural areas where there may be great distances between facilities and disparate missions from urban or suburban counterparts.

According to Premier president and CEO Susan S. DeVore, all members of the 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 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, 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. Dr. Nicholas Wolter, the CEO of the Billings Clinic, which is part of the ACO collaborative, said although ACOs 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.” ■

☞ To view a video interview with Dr. Wolter, go to www.youtube.com/elsglobalmedicalnews and click on “Playlists.” Then search for RHEUMATOLOGY NEWS.



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Boniva Gets Dubious Distinction

The osteoporosis therapy ibandronate (Boniva) ranked in the top 10 drugs most cited as possibly contributing to patient deaths in 2009, according to a report from the Institute for Safe Medication Practices. But those figures don't indicate a safety problem with the drug, the same report said. The large volume of patient deaths was actually attributable to marketing by the manufacturer, Roche. The company used postcards to remind patients, most of whom were elderly, to take their medication each month. If the postcard was returned to the manufacturer with the note “addressee deceased,” Roche reported an adverse event associated with ibandronate. Nearly 90% of the 250 ibandronate-associated deaths in the United States last year were reported through this program, according to Roche.

Gout Patients Report Pain, Stress

More than a third of gout patients polled in a recent survey said they would give up winning the lottery if it meant they would never have to have another gout flare. The telephone survey of 1,000 people found that they experienced significant pain and stress from the condition, even though 91% said they feel that their condition is under control. The survey revealed that 22% feared their next gout attack, and 28% have had to take time off from work because of flares. The survey was conducted by Braun Research Inc. and supported by Takeda Pharmaceuticals North America Inc., which markets the gout drug febuxostat (Uloric).

PsA Coverage Is Limited

About a third of patients with psoriatic arthritis (PsA) and psoriasis go without treatment because of insurance barriers, according to a survey by the National Psoriasis Foundation. About 12% of those surveyed reported having no insurance. However, even people with insurance had limited access to treatment. About 11% of patients said that the treatment they needed was not covered so they went without it. Another 11% said that high copayments prevented them from obtaining treatment. Access to care appeared to be worst among people with the most severe psoriatic conditions. For example, 10% of all survey respondents said that they had no prescription drug coverage vs. 21% of those with a severe psoriatic condition. The results are based on phone and online interviews with 422 individuals. About 54% of respondents had psoriasis alone, 2% had PsA alone, and 44% had both.

FDA Drafts Transparency Rules

The Food and Drug Administration's Transparency Task Force has issued

21 draft proposals concerning public disclosure of FDA operations without compromising patents or companies' trade secrets. Part of the FDA's transparency initiative that was launched last summer, the proposals are aimed at helping consumers, stakeholders, and others understand how the agency makes and enforces decisions. The FDA said that one of the draft proposals would support research into rare diseases by freeing the agency to discuss that a company has abandoned its application for an orphan drug. Once made public, this information could enable another drug manufacturer to pick up where the first one left off toward a potentially new therapy for a rare disease, the agency said.

House Probes OTC Genetic Testing

Three key House lawmakers have launched an investigation into over-the-counter (OTC) genetic-testing kits. The investigation, spearheaded by House Energy and Commerce Committee Chairman Henry A. Waxman (D-Calif.) and supported by Rep. Joe Barton (R-Tex.), Rep. Bart Stupak (D-Mich.), and Rep. Michael C. Burgess (R-Tex.), has targeted the companies 23andMe Inc., Navigenics Inc., and Pathway Genomics Corp. The companies already offer their tests to consumers by phone or online, and San Diego-based Pathway announced in May that it is seeking to sell testing kits in retail locations, despite concerns from the scientific community about the accuracy of test results. In letters to the companies, the lawmakers said they want information on how the companies analyze test results and identify potential genetic risks. The three lawmakers also want to know how the companies collect, store, and process individual genetic samples collected from consumers.

Survey: Telehealth Improves Care

Eight of 10 health care and information technology professionals believe that telehealth technology will improve quality of care, especially for the aging population, according to a survey conducted for the technology company Intel Corp. It surveyed top medical and IT executives at hospitals, clinics, home health organizations, disease management companies, and private payers. Challenges to the adoption of telehealth technology reside mainly in financial issues, such as reimbursement for services provided via telehealth, the survey respondents said. More than two-thirds said that health care providers probably will implement telehealth technology if financial issues are resolved. Intel is a developer of telehealth devices.

—Mary Ellen Schneider

Premier ACO Roster to Date

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
University Hospitals, Cleveland