Health Systems Launch Collaborative Care Effort

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).

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

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."

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 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 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, 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," Dr. Wolter said. ■

To view a video interview with Dr. Wolter, go to www.youtube.com/familypracticenews.

Members of the Premier ACO

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-Long Island Jewish 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
Summa Health System, Akron, Ohio
Texas Health Resources, Arlington, Tex.
University Hospitals, Cleveland

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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 launched last summer, the proposals are aimed at helping consumers, stakeholders, and others understand how the agency makes decisions and enforces them. 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. The FDA will accept comments on the public disclosure policies until July 20.

Medical Home Service Expands

The American Academy of Family Physicians subsidiary TransforMED, which helps primary care physicians turn their practices into patient-centered medical homes, has launched a new product aimed at practices with four or fewer physicians. The Small Practice Package bundles the usual components of the product but streamlines the process of converting to medical home practice, the company said. The materials and individualized guidance can come strictly online for a cost of $1,250 per practice per quarter or include on-site assessments at $2,500 per practice per quarter. The TransforMED announcement said that the package will enable small practices to implement the patient-centered medical home model in 2 years. TransforMED said it already has helped more than 500 practices convert to patient-centered medical homes.

House Probes Home Gene Testing

Three key House lawmakers have launched an investigation into personal genetic testing kits being marketed directly to the public. 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 last month 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.

Growth in Health Accounts

About 10 million Americans are now covered by high-deductible health insurance plans, which make them eligible to open health savings accounts. That's a 25% increase over total enrollment in early 2009, according to a report from the health insurance industry group America's Health Insurance Plans. The fastest-growing market for high-deductible health plans last year was among large groups, where such plans increased by 33%, the report said. The increase of high-deductible plans was 22% among small groups of insured people and 17% among those individually insured. States with the highest percentages of enrollment in high-deductible policies were Vermont, Minnesota, Colorado, Arkansas, Indiana, and Ohio.

Seniors Did Blow the Whistle

A program that uses volunteers to train senior citizens to identify fraud in the Medicare program recovered $76,176 in 2009 and saved Medicare, Medicaid, and individuals $214,060, but Administration on Aging grants to conduct the program totaled $9.3 million, according to a report from the Department of Health and Human Services Office of Inspector General. The 55 Senior Medicare Patrol Projects had a total of 4,444 active volunteers, who conducted more than 78,000 educational sessions and media and community outreach activities, the report said. Since the Senior Medicare Patrol Projects program began in 1997, it has recovered nearly $4.6 million in Medicare funds, the report said, but the program may not be getting full credit for savings attributable to the volunteers' work because it can't account for savings from seniors scrutinizing their bills for fraud and abuse.

Survey: Telehealth Improves Care

Eight of ten health care and information technology professionals believe telehealth technology will improve quality of care, especially for the aging population, according to a survey conducted for the technology company Intel. 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. Intel is a developer of telehealth devices.

—Jane Anderson