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# ACOs: The Consumer Perspective

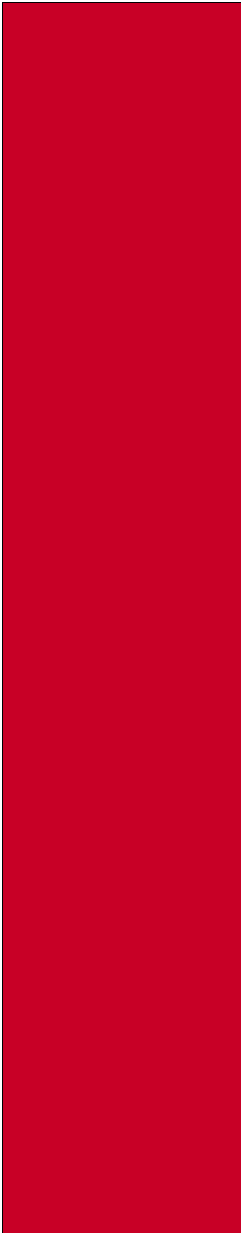


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# Consumers Face Considerable Challenges in Today's Health Care System

- ~ Uncoordinated Care
- ~ Very Little Chronic Care Management
- ~ Poor Communication
- ~ Duplicative Tests



# Can ACOs Help Address These Challenges?

- ~ Consumers need and want a better system for delivering health care
- ~ New care models like ACOs are potentially promising approaches to improve health care delivery and payment – if done right

# Ensuring ACOs Work for Consumers

- ~ Pervasive notion that if a system is built the “right way” patients will embrace it
- ~ Consumers not typically engaged in health care delivery and payment model design
- ~ Consumer engagement is typically “education” designed to convince or compel them to participate

# Ensuring ACOs Work for Consumers

- ~ Often a disconnect between what consumers say they want and what payers or policymakers think they want
- ~ Success depends on asking patients and families what they most want and need
- ~ NPWF research – consumers want a truly patient-centered model





# How Should Benefit Design Change?

Reflect what consumers have identified as most important elements of patient-centered care:

- “whole person” care
- comprehensive communication and coordination
- patient support
- ready access

# **“Whole Person” Care**

- ~ More than a collection of body parts**
- ~ Clinicians know patients and understand full range of factors affecting ability to get and stay well**
- ~ Treatment recommendations align with patients’ values**



# Coordination and Communication

- ~ Providers organized in teams
- ~ A “go-to” person – navigator
- ~ Assistance choosing specialists - getting appointments in a timely manner
- ~ Ensuring other providers have patient’s medical information ahead of time
- ~ Help in understanding test results/treatment recommendations
- ~ Ensuring smooth transitions between care settings

# Patient Support

- ~ Expanding patients' and caregivers' capacity to manage health conditions more effectively
- ~ Patient partnership with clinicians - treatment options and care plans
- ~ Support for self-management - tools and services that help patients and caregivers better manage their conditions
- ~ Trust and respect – patient preferences, physical and emotional comfort, and privacy

# Ready Access

- ~ Having care team members available when needed
- ~ Accommodating needs that arise from limited physical mobility, cognitive impairment, language barriers, or cultural differences



# Health Information Technology

- ~ Key tool for supporting more efficient and whole-person care, potential to reduce patient/caregiver burden
- ~ Could help reduce medical errors caused by system fragmentation

# Beyond Benefit Design

- ~ Patients want/need to know they are part of an ACO – transparent attribution
- ~ Transparency of financial incentives
- ~ Right to appeal decisions

# Patient Engagement – a Critical Key

- ~ A partnership and shared decision making with providers - resonates with consumers
- ~ A way to strengthen patient's voice in deciding what is best for them

# The Bigger Picture

- ~ Some attributes of new models like ACOs conjure up concerns over early managed care
- ~ Models designed without consumer input run the risk that patients perceive them as contrary to their best interests and won't embrace them
- ~ Any consumer backlash will threaten the long-term scalability and sustainability of these approaches

# Next Steps

- ~ **Engaging Consumers**
  - full partners in their care and in design of their care
  - a seat at the tables where design decisions are made
  - new skills and pathways for becoming informed and activated patients
  
- ~ **Linking Payment To Patient-Centered Metrics**
  - payment models assessed against measurable improvement in patients' outcomes and functional status, patients' experiences, care coordination, and resource use
  
- ~ **Putting A Higher Priority On Patient Experience**
  - patient-experience surveys – different from patient satisfaction
  - payment should reward these surveys and foster their use





# Conclusion

- ~ New models of care like ACOs must be designed to fully address the challenges that patients themselves say most affect their health outcomes
- ~ If changes in payment and delivery are perceived as primarily benefiting health plans, providers, and Medicare high probability that patients will see them as ineffective at best, and contrary to their interests at worst
- ~ Patients' influence and needs should be considered as being just as important as those of providers and payers
- ~ The attributes of patient-centered care articulated by patients and consumers provide a clear path forward
- ~ If we build a truly patient-centered system in collaboration with consumers, they will embrace it, benefit from it, and help ensure its successes





**thank you**