



## **Accountable Care Organizations: Implications for Consumers**

**Sponsored by the Aetna Foundation and  
America's Health Insurance Plans**

**Mayflower Renaissance Hotel  
1127 Connecticut Ave. Washington, D.C.**

**October 14, 2010**

**8:00 a.m. Continental Breakfast**

**8:30 a.m. ACOs: An Introduction to the Coming Debate**

Presenter: Stuart Altman, Ph.D., Professor of National Health Policy, Brandeis University

Policymakers are now debating how accountable care organizations (ACOs) should be defined. Under the new Medicare program, organizations apply for an ACO designation and most would be paid based on a shared savings model. Beneficiaries would be assigned to ACOs based on historical service patterns. An alternative model currently used in the private sector is for commercial HMO members to select primary care providers in capitated networks and receive most care within these networks. These models have different implications for cost control, provider risk, and consumer choice.

**8:45 a.m. Session 1: How Will Consumers Navigate in an Era of ACOs?**

Over the past decade, broad consumer choice has been a defining characteristic of the US health care system. As the system returns to a more intensive focus on cost management, consumers will be affected in many ways. Policymakers have heralded ACOs as a model for more efficient, effective health care delivery. However, there has been little examination of the consumers' perspective in the movement towards ACOs. How will benefit design change in response to ACOs? What are consumer's rights and responsibilities? And who is responsible for ensuring that patients are educated about the implications of selecting ACO providers?

Presenter: Kirsten Sloan, Vice President, National Partnership for Women & Families  
Responder: Robert Galvin, M.D., CEO of Equity Healthcare, the Blackstone Group

**9:30 a.m. Session 2: Benefit Design and ACOs: How will Private Employers and Health Plans Proceed?**

ACOs can more successfully deliver high-value care if insurance benefit structures complement the goals of integrated service delivery. However, private employers have been reticent to implement benefit designs that could be perceived as limiting patient choice and health plans have been slow to adopt new payment models. This session will examine benefit and network design issues that would arise under an ACO from the perspective of employers, delivery systems, payers, and consumers including transparency, consumer choice, the role of limited networks and which services, if any, should be carved out of ACO contracts.

Moderator: Rob Mechanic, M.B.A., Executive Director, The Health Industry Forum, Brandeis University  
Panelists: John Bertko, F.S.A., M.A.A.A., Senior Fellow, LMI Center for Health Reform  
Dianne Kiehl, R.N., C.L.T., Executive Director, The Business Health Care Group  
Steve Lafferty, Director of Health Benefits, Target  
Jeffrey J. Rice, M.D., J.D. Aetna - Accountable Care Solutions, Aetna  
Samuel Nussbaum, M.D., E.V.P., Clinical Health Policy, and Chief Medical Officer, WellPoint, Inc.

**10:45 a.m. Break**

**11:00 a.m. Session 3: Medicare Beneficiaries and ACOs: A CMS Perspective**

Speaker: Donald Berwick, M.D., Administrator, Centers for Medicare and Medicaid Services, HHS

**12:00 p.m. Break & Lunch**

**12:15 p.m. Session 4: How Will ACOs Engage Patients?**

ACOs will potentially alter the ways in which consumers interact with the health care system. This will require specific attention and methods to engage and educate consumers. Many ACOs will want to establish programs that engage Medicare beneficiaries and private enrollees, and try to create a member preference for using providers and services within the ACO's network. Successful ACOs will also help patients become more engaged in their own care, understand treatment choices and make informed decisions.

Moderator: Jay Want, M.D., President and Chief Executive Officer, Physician Health Partners, LLC

Panelists: John Santa, M.D., M.P.H., Director, Consumer Reports Health Ratings Center  
Patricia Goldsmith, Executive Vice President/Chief Operating Officer,  
National Comprehensive Cancer Network  
David Howes, M.D., President and CEO, Martin's Point Health Care  
Dick Salmon, M.D., Ph.D., National Medical Executive Performance Measurement and  
Improvement, CIGNA Healthcare

**1:30 p.m. Meeting Adjourns**