ACO Success Factors:
COMMUNICATIONS THAT CONNECT

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Overview

- How Things Work Now
- Brief Overview of ACOs to Date
- Who Are the ACO Stakeholders?
- Hurdles, Gaps and Barriers
- Measuring Up or Tripping Up?
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How Things Work... Now
How ACOs are Meant to Work
(ACOs) ...And They’re Off!

(Competitive 4-legged team racing in China)
Brief Overview of ACOs to Date

2006 conversation involving Dartmouth Atlas of Health Care leader and the MedPAC commissioners:

MedPAC was exploring fresh ways to control Medicare costs, Drew on the Dartmouth Atlas’ decade of research on how utilization patterns vary around local clusters of hospitals and physicians.

The ACO idea caught on and led to a wave of published papers, conferences and legislative proposals.
If you Fail to Aim, you Aim to Fail.
ACO Triple Aim

1. Better Health (Outcomes)
2. Lower Costs
3. Better Care (Quality)
Medicare Share Savings ACOs

CMS (Centers for Medicare and Medicaid Services) defines an ACO as "an organization of health care providers that agrees to be accountable for the quality, cost, and overall care of Medicare beneficiaries who are enrolled in the traditional fee-for-service program who are assigned to it."

January 2012 32 Pioneer ACOs launch
April 2012 27 MSSP ACOs launch
July 2012 89 additional MSSP ACOs launch
January 2013 Next MSSP launch date
Commercial ACOs

Commercial ACOs operate in a similar way, by shouldering risk and being accountable to a payer for improved quality, costs, and outcomes for a specific population. This model is replacing “fee for service” PPO / POS arrangements. (Aetna, Blue Shield of CA, Humana, UnitedHealthcare and Wellpoint all have commercial ACOs.)

2011  Less than 10 commercial ACOs operational
2012  Nearly 100 commercial ACOs will be in operation
2013  Estimated there will be over 200 new commercial ACOs
Medicare Advantage ACOs

Medicare Advantage payers have already been sharing risk and reimbursements with “capitated” or “delegated” provider partners (IPAs, medical groups, hospitals, etc.) while creating incentives for providers to achieve performance standards.

These are not ACO’s by most current definitions, but they are evolving to resemble ACOs in many markets.

Example: Coventry has an ACO “product” available in 17 markets through a select High Performance Provider network, which is branded as “Total Care” in the Medicare Advantage marketplace.
Who Are the ACO Stakeholders?
Payers

CMS, Medicaid, or health plans.

We will focus on payers who have commercial or Medicare Advantage ACO partnerships.

Within this stakeholder group are subsets like

- Medical Directors
- Health IT
- Provider Relations
- Quality Improvement
- Compliance
- Marketing and Sales
  (agents and brokers.)
Providers

These are the IDNs (Integrated Delivery Networks), IPAs, Hospitals or Medical Groups which are comprised of subsets like

- Corporate Leadership
- Medical Directors
- Health IT
- Physician Office Staff
- Physicians
- Quality Improvement
- Compliance
- Marketing
Patients

Patients become ACO patients in a variety of ways:

**Commercial patients** are *attributed* to their ACO provider as a result of their employer-provided healthcare coverage.

**Medicare Advantage patients** are *attributed or assigned* to the ACO provider affiliated with their selected MA ACO plan (could be HMO or PPO).

**Medicare Shared Savings Program patients** are *attributed* to their ACOs based on their historic patterns of utilization (which CMS plans to re-calculate as often as every 90 days).
Typical Payer-Provider Scenario

1. Patients
2. Providers
3. Providers
4. Multiple Payers

Patients
Payer-to-Patient Dialog
Provider-to-Patient Dialog
ACO 3-Way “Trialog”

1. Providers
   - 2.
   - 3.
   - 4.

Payer

Patients
Measuring Up or Tripping Up?

(Ouch!)
Hurdles, Gaps & Barriers - Payers

1. Challenge of defining and communicating the ACO value proposition within their own organization to educate and coordinate the internal customers so they can understand and support the ACO mission.

2. New ways of contracting with and measuring ACO providers’ performance have to be developed and managed.

3. New consideration for co-branding with ACO provider partners.

4. Agents and brokers initially don’t understand the difference between ACO and traditional HMO products, so ACO product development and positioning is vital.

5. Sales needs education and clear value propositions to explain why an ACO product may be best for a prospect.
Hurdles, Gaps & Barriers - Providers

1. New ACOs simultaneously fulfill a variety of healthcare missions. Each of these has different processes for enrollment, treatment, screenings, quality measures, compensation and reporting.

2. New ACO processes go head-to-head with entrenched Fee-for-Service (FFS) processes, which by comparison are simple and financially successful for physicians.

3. ACOs must measure physicians and staff on their customer service, since customer satisfaction is a big part of ACO quality measures.

4. In the Medicare Shared Savings Program, new ACOs are required to develop training and communication that support the new ACO processes.
Hurdles, Gaps & Barriers - Patients

1. ACOs add another layer of “newness” and change can be confusing. If patients are confused, they will likely dis-engage (since “a confused mind always says NO.”)

2. Traditionally, patients have low healthcare literacy levels, and arrive unprepared for office visits: they have no specific goals for the meeting; they haven’t documented their symptoms well; they haven’t written down important questions to ask.

3. Care givers can be left out of the decision making process, especially for the isolated elderly. This works against the physician’s efforts to engage the patient and achieve the most productive treatment plans possible.
Poorly Defined Value Propositions

1. Well-articulated, high-performance value propositions can shape the messages needed to educate and coordinate stakeholders so they understand and are prepared to engage with the ACO mission.

2. This can only be tackled strategically, with intention and investment.

3. Because the ACO mission is new and distinct, payers and providers tend to focus mainly on operational objectives.

4. Budget is not specified for defining and developing communication or ACO value propositions is for each stakeholder group.
Communication is Not Patient-Centric

1. ACO payers and providers will likely generate a lot of patient communication throughout the entire patient or customer lifecycle.

2. Unless these are thoughtfully orchestrated, they may end up being confusing and impersonal, or random and intrusive rather than consumer-friendly, informative and motivating.

3. Strategies for Personal Health Records (PHRs) should be part of the overall communication plan, and not left to Health IT alone.
Strategies to Connect
ACO Communications Checklist

- **INVEST** in a Communications Assessment
- **INVEST** in Strategic Communications Planning
- **IDENTIFY** the Key Stakeholders
- **CRAFT** the Value Propositions
Communications Assessment

1. Include a strategic communication assessment as foundational to the overall ACO game plan.

2. Begin with discovery and assessment to identify communication stakeholders, requirements, gaps, barriers, and opportunities.

3. Include analysis of existing internal and external patient and provider communication touch points.

4. Document findings to create a framework for developing a new and comprehensive ACO Communication Strategy.
Strategic Communications Planning

1. ACOs that take the time to analyze the big picture of patient communication have an enormous competitive advantage.

2. Change and Process Management can not be achieved without effective communications. Incorporating new communication development as part of the strategic plan insures that change will be supported by effective messaging.

3. Communication and education can be tailored & modeled to utilize the best tactics, channels and “call-to-action” messages so that each stakeholder understands the ACO Value Proposition.
Identify the Key Stakeholders

Look at the ACO organization/s and workflow. Then determine:

1. Who is critical to the ACO’s success?
2. Who needs to do something NEW?
3. Who will need education?
4. Who may have workflow challenges?
5. Who may need to be motivated or given incentives?
6. Who will benefit from the ACO?

Answering these questions will reveal who will be impacted by the ACO and therefore, who the ACO stakeholders will be.
Craft the Value Propositions

1. Assess the potential benefits and gains the ACO offers each stakeholder.

2. Invest in developing short statements that embody the critical vision, value and message each stakeholder should receive.

3. Develop ACO communications and education that embodies these value propositions and “call-to-action” messages that help each stakeholder understand their opportunities.
Creative & Tactical Execution
Some ACO Communication Tactics

1. ACO Marketing Playbook
2. ACO Leadership & Governance Manuals
3. ACO Provider Orientation, Training & Handbooks
4. Office Staff Toolkits
5. Patient Communications
6. Patient Education & Support Tools
7. Multi-Channel, Digital & Social Media
Tactical Examples
Remember…
If you Fail to Aim, you Aim to Fail.

- Observe the OPPORTUNITIES
- Remember the REGULATIONS
- Mind the MOVING PARTS
- Consider the COMPETITION
- COUNT THE COSTS
  (of not having a plan)
Better Communication for Better Care

Strategic Consulting

Patient Experience

ACO Communications

Creative Execution