



**ACCOUNTABLE CARE**  
LEARNING COLLABORATIVE

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## An Overview

**ACO** ACCOUNTABLE CARE ORGANIZATION  
LEARNING NETWORK

**LP** *Accountable Care* **COOPERATIVE**



Mark B. McClellan, MD, PhD  
Co-Chairman, ACLC

**Former Brookings Institution ACO LN Leadership**

- Larry Kocot, Visiting Fellow and Deputy Director, Engelberg Center for Health Care Reform
- Ross White, Senior Project Manager



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WGU<sup>®</sup>



Gov. Mike Leavitt  
Co-Chairman, ACLC

**Key Leavitt Partners Leadership**

- Andrew Croshaw, President, LP Consulting
- David Muhlestein, Senior Director of Research and Development

## The transition to value based-payments is accelerating

- HHS Secretary Goal: 50% Medicare payments in APMs by 2018
- Projections suggest 10% of all lives may be in commercial or public ACOs by 2017

## Many providers are not ready for the pace of change

- Changing the care delivery system takes time
- There is no clear path to follow
- Moving to APMs without changing care delivery may be challenging for providers and patients

## For payment and delivery reform to succeed, health care professionals need support in identifying and defining **essential competencies**

- Competencies are the common skills and attributes necessary for making the transition from volume to value
- Understanding competencies will allow organizations to assess their readiness for value-based care adoption and identify areas for improvement

# MEMBERS OF ACLC



- Accenture
- Aetna
- Allergan
- American College of Cardiology
- American Medical Association (AMA)
- Aon Risk Services
- AstraZeneca LP
- athenahealth
- Children's Mercy Integrated Care Solutions
- Cigna
- College of American Pathologists
- Connecticut State Medical Society (CSMS-IPA)
- Dartmouth-Hitchcock Health
- DaVita HealthCare Partners
- Eastern Connecticut Healthcare Network
- Eli Lilly and Company
- Epstein Becker Green
- Genentech
- Health Catalyst
- Healthcare Financial Management Association (HFMA)
- Henry Ford
- Horne LLP
- Humana
- Integrated Health Partners
- Jefferson Center for Mental Health
- Johnson & Johnson Health Care Systems Inc.
- Kansas Association for the Medically Underserved
- KPMG, LLP
- Lumeris
- Medtronic
- Merck
- MHA ACO Network
- Milliman
- National Association of Chain Drug Stores Foundation
- National Association of Community Health Centers
- New West Physicians
- New York Presbyterian Hospital
- Novartis Pharmaceuticals Corporation
- Parkview Health
- Pennsylvania Primary Care Association
- RGV ACO Health Providers, LLC
- Sanford
- Sentara Quality Care Network
- Seton Health Alliance
- Signature Health
- Spectrum
- St. Vincent's Health Partners
- Takeda Pharmaceuticals
- Tenet
- U.S. Medical Management
- UMass Memorial ACO
- URAC
- Valence Health
- WellSpan Health

## 2016

1. Review, analyze and map commonalities among **existing assessment tools** (public and private)
2. Collaboratively identify and define **initial list** of essential competencies under seven domains
3. **Develop metrics** for assessment

## 2017

1. Public Rollout of **self-assessment tool**
2. Regularly **improve and refresh** based on evolving industry learning

## Draft Competency Domains and Categories

If you have recommendations for restructuring please email [info@leavittpartners.com](mailto:info@leavittpartners.com)

### Governance and Structure

1. Driving principle and mission
2. Effective leadership
3. Composition of providers
4. Communication of mission

### Financial Readiness

1. Budget projections
2. Staff and infrastructure investment
3. Incentives for care improvement
4. Provider financial model alignment

### Health IT Infrastructure and Data Use

1. Collection of patient and clinical data
2. Patient and physician engagement
3. System communication
4. Staff education

### Quality and Process Improvement

1. Quality and outcomes measurements
2. Payer reporting processes
3. Physician incentives for improvement
4. Practice guideline goals

### Patient Risk Assessment and Stratification

1. Data to stratify patients
2. Strategic care segmentation
3. Patient risk and care planning tools
4. Integration of social services

### Care Coordination

1. Cross provider and team-based care
2. Care setting transitions
3. Community population health programs
4. Patient/provider documentation sharing
5. Medication management

### Patient Engagement

1. Care plan for chronic illnesses
2. Patient activation strategies
3. Nonfinancial incentives for participation
4. Financial incentives for participation
5. Patient education tools

# WORKGROUP CHAIRS

Workgroup	Chair
<b>Governance and Culture</b>	Rulon Stacey, Chair, Board of Overseers; Malcolm Baldrige National Quality Award
<b>Financial Readiness</b>	Patrick Holland, Principal, Advisory, KPMG
<b>Health IT Infrastructure and Data Use</b>	Karen Bell, Former Chair, CCHIT
<b>Patient Risk Assessment and Stratification</b>	TBD
<b>Quality Improvement</b>	TBD
<b>Care Coordination</b>	Bruce Bagley, Former CEO, TransforMed
<b>Patient Engagement</b>	Michael Millenson, President, Health Quality Advisors, LLC

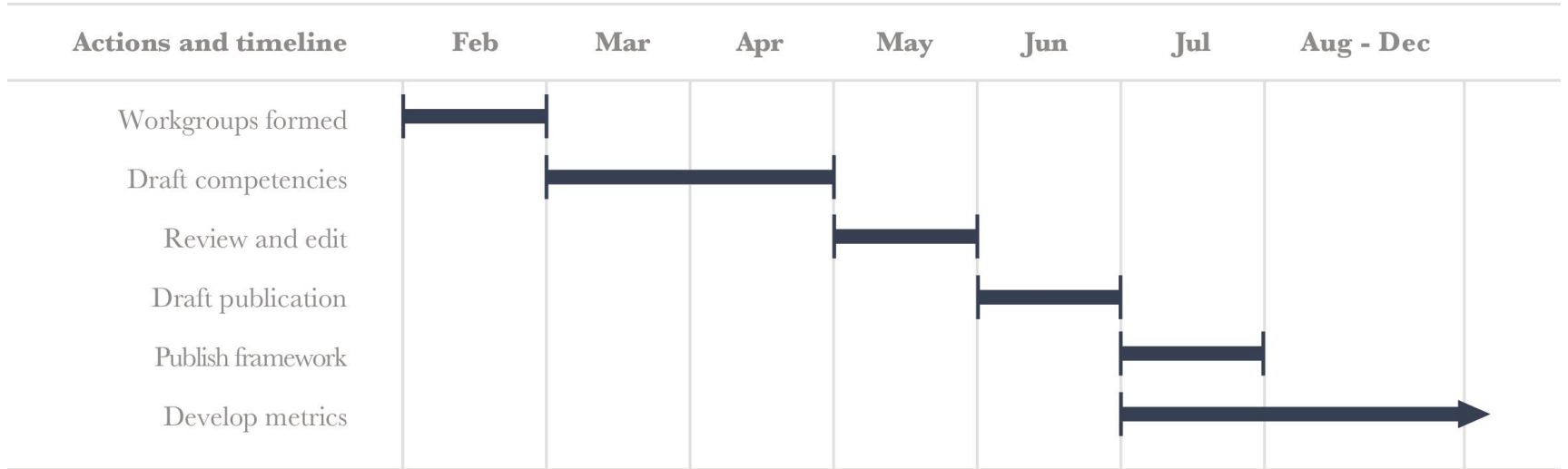
Competencies and definitions will be reviewed by an Expert Advisory Board representing:

- Academics
- Industry
- Government
- Patients

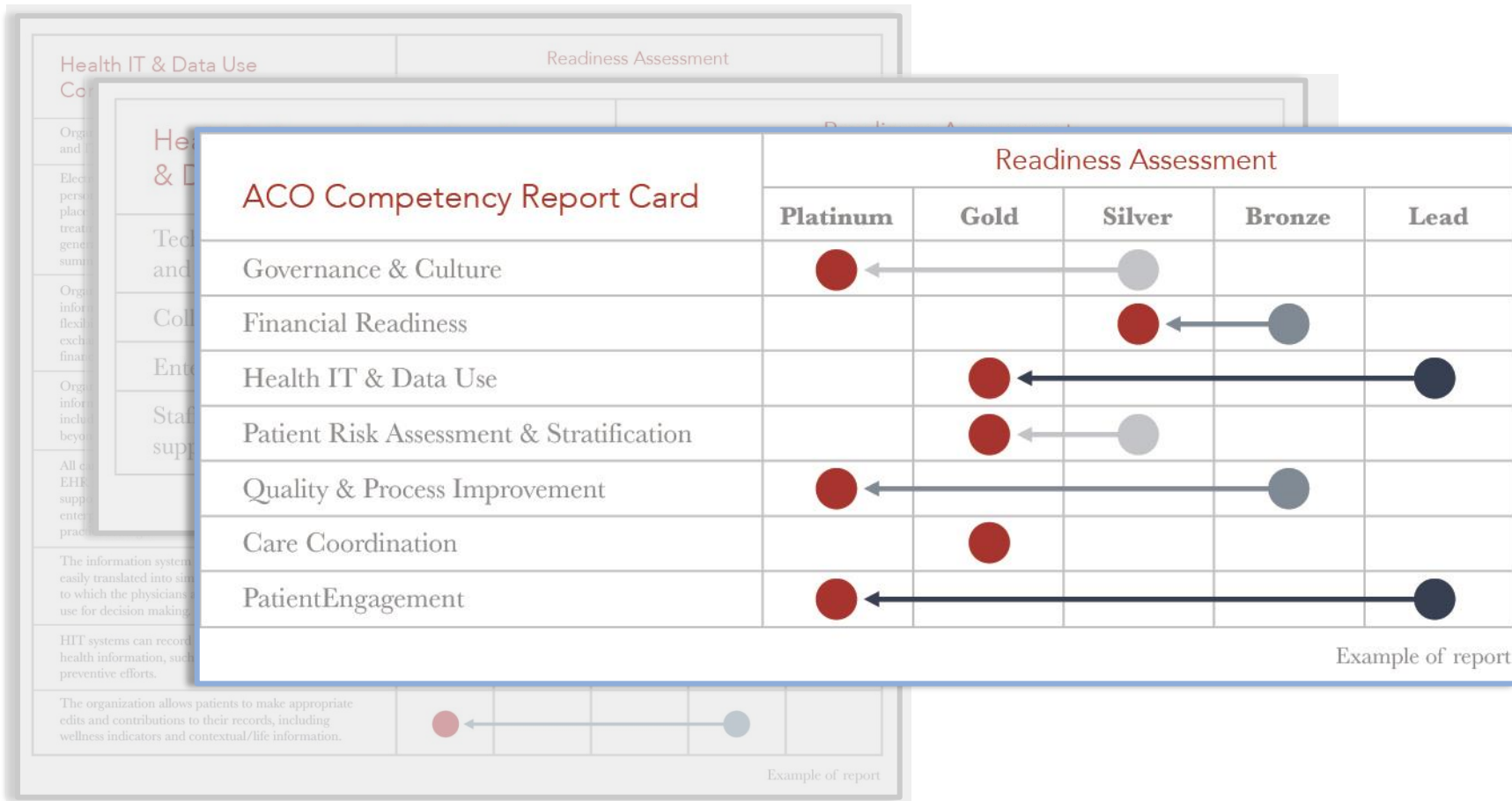




# TIMELINE: 2016



# SCORECARD



# COMMON GOALS

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Shared missions with distinct roles





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