

# Accountable Care NEWS

## Making ACOs a Reality

### *HIT vendors step up to enable care coordination*



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Since CMS finalized the new rules of the Medicare Shared Savings Program under the Affordable Care Act in 2011, the healthcare industry has been abuzz with the promise of the ACO model, and all for good reason. With the power to bring together stakeholders across the care continuum, adopt new risk-sharing models, and make improvements in population health and enhance coordination across various care settings, many providers have been keen to participate.

However, while the success of ACOs is largely seen as a provider challenge, what many fail to realize is that the burden of making ACOs a reality falls largely on healthcare IT (HIT) vendors.

Without the necessary technology tools, it is extremely difficult, if not impossible for providers to implement efficient collaboration among diverse care teams. With the recent news that nearly a third of the health systems chosen for the Pioneer ACO Model are leaving after the first year of the three-year program, it is evident that vendors need to step up and fill the void with meaningful solutions, beyond just EHR technology. The roadmap for a successful ACO includes:

#### **Advanced Interoperability & Data Aggregation**

Despite the best efforts of policy makers, EHR and HIE vendors, data standardization challenges along with the broad disparity of healthcare applications in use continue to limit the movement of patient data across organizations. For example, many providers have successfully implemented an MPI solution for patient matching; however, their ability to drive a similar implementation across other organizations is limited. With the National Patient Identifier still a notional concept, providers are looking to their HIT vendors to solve this problem of cross-organization interoperability.

#### **Analytics & Reporting**

Most ACO participants today typically use a variety of options for reporting, and in many cases, this involves a combination of internal EHRs, data warehouses, and *ad hoc* analytics tools. Such approaches, however effective they may have been in the past, do not come anywhere near the comprehensive reporting needs of an ACO -- covering administrative, operational and clinical data from a wide variety of information systems across the care continuum.

For example, if a provider were to monitor a diabetes population within an ACO and track the implementation of evidence-based protocols, a single EHR and a few source systems would not provide all the clinical, financial, and operational metrics required for this level of analysis. HIE technology vendors would need to come into play to aggregate cross-enterprise data, provide packaged use-cases and give ad-hoc analytics capabilities to ACO users.

#### **Care-Coordination and Actionable Intelligence**

Lastly, the infrastructure provided by interoperability and analytics solutions needs to be leveraged to drive care coordination. As ACOs look for avenues to improve preventive care and maintain quality while also tracking utilization and costs related to the patient, they will look for innovative solutions which can drive patient and physician engagement -- including point-of-care decision support. A typical ACO business case would be to send notifications or alerts to the PCPs for patient related incidents (e.g., ED admission).

And while many analytics offerings continue to evolve, ACOs should expect vendors and their data partners to provide the tools necessary to enhance care-coordination on an ongoing basis.

**Making ACOs a Reality**...continued

To start, the Accountable Care initiative is still very much a work in progress. While policy makers are driving the business need, commitment from HIT vendors offering a combination of interoperable solutions is, by and large, a must have for the concept to be successful.

From the technology standpoint, the path seems to be a bit clearer. The Certification Commission for Healthcare Information Technology (CCHIT) brought out its Health IT Framework for Accountable Care in June 2013, highlighting four primary HIT requirements that organizations will have to meet to support Accountable Care:

- Information sharing between and among clinicians, patients, and other authorized entities
- Aggregation of clinical, financial, operational, and patient-derived data
- Patient safety
- Privacy and security

The framework makes a clear case for BI/analytics and interoperability to play a major role in successful ACO implementations. Today there is likely no single vendor with out-of-box capabilities that can address all the technology challenges to support care management across a diverse care team. The success of an accountable care model thus relies greatly on the strength of collaboration and partnerships among different HIT vendors to develop all the necessary building blocks.

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