

How Is Your ACO Doing? Check with Your Patients!



As seen in HealthITAnalytics.

While the growth rate of accountable care organizations (ACOs) has slowed over the past two years, and despite several departures from Medicare's Pioneer ACO program, approximately 70 percent of the US population live in areas served by ACOs. Nearly 45 percent reside in areas served by two or more ACOs, [based on data](#)- from consulting firm Oliver Wyman.

Since the start of 2014, an estimated 4.5 million more lives are now part of public and private ACOs, and 23.5 million patients total in ACOs, says consulting firm Leavitt Partners.

With so many relatively new ACOs and a paucity of comparative data on [ACO performance](#), how do you determine how your own ACO is doing?

Many organizations focus on their ACO's performance based on financial, quality, or care coordination metrics. However, another ACO perspective can come directly from your patients.

With regard to ACOs, most patients simply want to know:

- Do I have access to the care I need?
- Do I feel supported in my health goals?
- Am I taken care of when I am sick?
- Do I have the health information I need?
- Am I happy with my care?

While these are simple questions, they can be complicated to address across large integrated networks. For instance, to provide patients with better access, determine if your clinical hours align to the populations you serve.

For example, a standard Monday through Friday 9-5 shift may work for your Medicare population. However, for a commercial population that may have jobs during those hours, it may not.

Assess care availability options to meet all of your patients' access needs. Additionally, assess if your patients have access to the specialists and care team they need to support their health needs.

To support patients' health goals, determine if your care team has a process to document these goals and determine if the goals are achievable.

For example, a patient may state a desire to lose 50 pounds to prevent diabetes based on his family's history. However, the [care team](#) may want to work with the patient on breaking his goal into 10-pound increments by a specific date. Thus, the patient's care plan should be a living document that is updated and refined as the patient's goals and needs change.

All patients get sick at some point and require clinical care. How are you ensuring proper care and treatment when patients inevitably seek your services? From seasonal colds to heart attacks, patients need to know who to call, where to go, and how they will be cared for in the event they need to talk to or see a doctor.

Assess how well your patients understand their available options, and how you track metrics internally to look for performance improvement opportunities. This may include quality performance scores.

Patients are often bombarded with information about health care options, not only from your organization but also from other clinical care providers—not to mention via media sources, friends, family members, etc. Yet when you have, say, a mother who has a young, feverish child wailing and pulling at her ears at 1:00 in the morning, all

she likely wants at this time of night is quick information on how to resolve this issue.

Other patients may want [ongoing information](#) on staying healthy or preventing diseases. Determine if the health information you have is easily available to patients when and where they need it.

Patients expect high levels of customer service from the health care industry, which is why it's unsurprising that, nationally, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys fall below targets. However, that doesn't mean that CAHPS data must define your organization.

Use your customer's voice to determine what steps you can take to improve your patient experience and overall satisfaction.