

How to Improve Your ACO? Just Ask!



By seeking to directly hear the voice of your patients, based on the types and qualities of the services you provide, your ACO will be much better prepared to improve your patient experience and satisfaction.

Accountable care organizations (ACOs) are the mechanism, in public and private settings, to address meeting both health care quality and cost-reduction goals. As of January 1, 2020, nearly every state across the U.S. had at least one public or private ACO, according to recent CMS [data](#).

With ACOs firmly entrenched within the U.S. health care system, ACO administrators in recent years have focused their success and performance metrics based on financial, quality and care coordination measures. Yet an entire range of key accountable care organization performance data is also available from ACOs' most readily accessible information resource: their patients.

By directly querying patients and taking appropriate follow-up measures based on patient feedback – including telling patients of feedback-driven changes – ACOs can ensure they are properly serving their clientele. Moreover, as ACO patient satisfaction also affects financial and quality metrics, improving patient satisfaction directly impacts ACO finances. The key is regularly measuring and assessing patients' experiences and quickly following up based on this feedback. Here's how to measure your ACO's performance based on patient feedback.

Getting Started with ACO Improvements

Assessing ACO performance need not be complicated. Fundamentally, most ACO patients simply want to share their perspectives to such questions as:

- Do I have swift access to the care I need?
- Do I feel supported in my health goals by my health care practitioners?
- Am I taken care of properly when I am sick?
- Do I receive the health care information I need to properly affect my care?
- Overall, am I happy with the care I'm receiving?

While these are all basic questions, they may be complicated to address across large integrated networks. For instance, if your patient feedback is indicating that patients wish to gain better access, determine if your clinical hours align with the populations you serve.

For example, a standard Monday through Friday 8 a.m. to 5 p.m. general practitioner shift may work well for your Medicare population. However, for a commercial population with full-time jobs and long commutes, these clinical working hours may be insufficient to meet patient needs. Most patients with full-time jobs are unable or unwilling to come in for clinical visits that will consume a good portion of their workdays. If a substantial number of patients are saying that your operating hours don't work for their schedules, determine how you can address their interests!

Assess patients' in-person and digital care availability options to ensure you're meeting their access needs and expectations. Additionally, be sure your patients have access to the specialists and care teams they need to support their health. As with patient input around time-of-day access to generalists, the same holds true for specialists. ACOs seeking to optimally serve patients should strive to meet patients as they live, not require patients to accommodate clinical schedules unaligned with their lives.

Assist with Patients' Health Goals

A greater emphasis on preventive medicine increases the need for accountable care organizations to deliver high-quality risk assessment and goal-setting services to patients. To support patients' health goals, determine if your care team has processes in place to document these goals, assist with patient counseling/consulting relative to these goals, and determine if the goals are readily achievable. Ask your patients about their health goals, then follow up accordingly.

For example, a patient may initially state a desire to lose 50 pounds to prevent diabetes, based on his family's health history and clinical tests and input. The [care team](#) might suggest breaking this total weight loss goal into 10-pound loss increments over the next several months. Thus, the patient's care plan becomes a living document

which is updated and refined as goals and needs change.

Prepare to Deliver When Needed

The occurrence and recurrence of many patient illnesses and ailments can often be predicted based on time of year and typical patient activities. How are you ensuring proper care and treatment when patients inevitably seek predictable services?

From seasonal illnesses to sports-related injuries to cardiac-related events, 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 physician in your system. Are you prepared to deliver the services that your patients expect, based on their input, at a time and place when they need it?

Remember your patients are not living in a health information vacuum with your organization as their sole information provider. Patients are typically bombarded with input about health care treatment options not only from you but also from other clinical care providers, as well as from online and media sources, friends and family members. If you have, for example, a mother with a young, feverish child wailing and pulling at her ears at 1 a.m., likely all this patient wants from you at that time of night is readily accessible information resolving this issue. Are you prepared to deliver it?

Patients with chronic health care needs may want ongoing input on topics such as staying healthy and preventing certain types of diseases. If that's the type of information your chronically ill patients are requesting, determine if such information is readily available and understandable to patients when and where they need it.

In Conclusion

Patients expect high levels of customer service from the health care industry, which is why it's unsurprising that, nationally, providers' Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys often fall below targets. Patients justifiably have high expectations about their medical care. However, while CAHPS data is useful, it's just one component in assessing your organization's operating performance.

By seeking to directly hear the voice of your patients, based on the types and qualities of the services you provide, you will be much better prepared to improve your patient experience and satisfaction. Correspondingly, any improvements you make in these areas will also likely benefit your bottom line.