

Updates from the RUPRI Center

Presentation to the NRHA 2014 Policy Institute
February 6, 2014
Capital Hill, Washington, DC

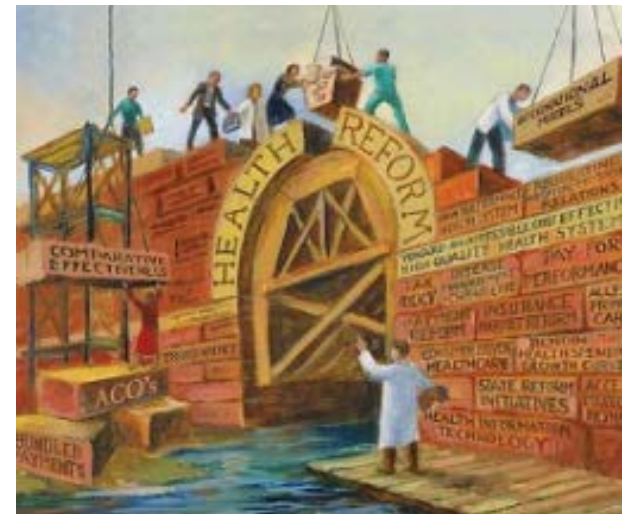
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Changes in the delivery system: Accountable Care Organizations (ACO)

- Including Medicare Shared Savings Program (MSSP)
- Including Pioneer Demonstration from Centers for Medicare and Medicaid Innovation (CMMI)
- And much more.....



Tally Sheet

- 606 public and private ACOs
- 366 Medicare ACOs
- 23 Pioneer ACOs
- 35 are Advance Payment
- Medicare ACOs located in 48 states (and DC and Puerto Rico)



Serving Millions

- Estimated 14% of U.S. population now being served by an ACO
- 5.3 million in Medicare ACOs
- More than 6.5% of the Medicare population



Sources: “The ACO Surprise” by Niyum Gandhi and Richard Weil. Oliver Wyman, Marsh & McLennan Companies. 2012.

http://www.oliverwyman.com/media/OW_ENG_HLS_PUBL_The_ACO_Surprise.pdf

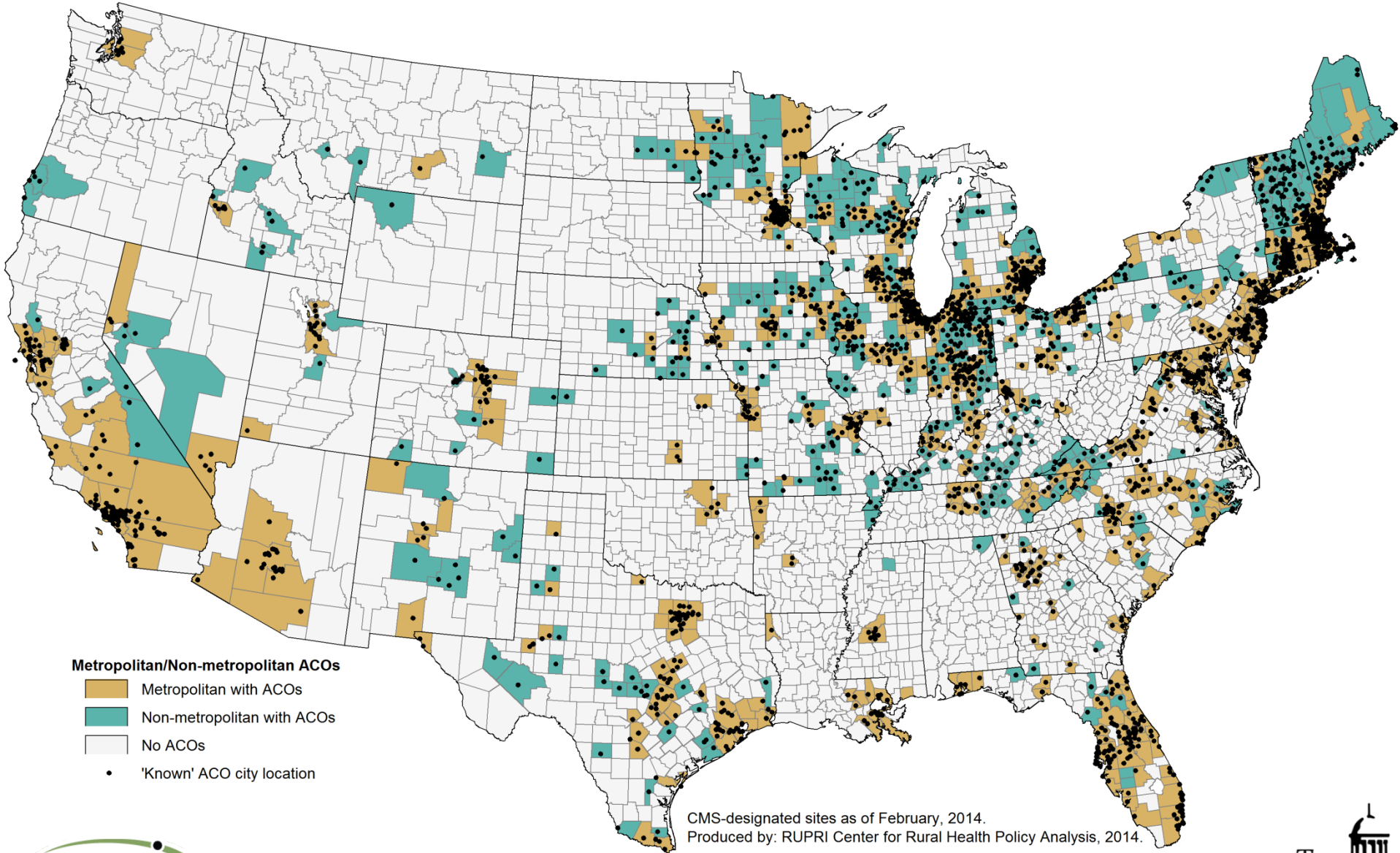
Centers for Medicare and Medicaid Services *Fast Facts* as of May, 2013

ACO's in Rural Places

- 109 ACOs operate in a combination of metro and non-metro counties
- 8 ACOs operate exclusively in rural areas, including 1 such ACO in each of the 4 census regions
- 24.4% of non-metropolitan counties include a primary care provider being assigned Medicare patients

Source: RUPRI analysis of data obtained from public sources and ACOs

County Medicare ACO Presence Continental United States



CMS-designated sites as of February, 2014.
Produced by: RUPRI Center for Rural Health Policy Analysis, 2014.

Parallel Developments in Medicaid

- States implementing care coordination models include: CO, OR, NC, ME
- 25 states implemented new payment systems so providers function as PCMHs

Source: *Health Affairs*, November 2012 article by Takach

Early Results in Medicaid

- Colorado: \$44 million in gross savings or cost avoidance in FY 2013; reduced hospital readmissions 15-20%
- Oregon: in place 16 months, 90% of Medicaid beneficiaries

Source: *ACO Business News* January, 2014

Jump In?

- Meeting requirements in governing, leadership and structure, quality assurance, care management, and plan for use of shared savings
- Beneficiary assignment
- Quality measures

Forthcoming Policy Brief

What We Are Learning

- Importance of experience coming in
- Prerequisite: Data being used in clinical and care management decisions
- Primacy of primary care
- Community focus
- Experience in risk management

For further information

The RUPRI Center for Rural Health Policy
Analysis

<http://cph.uiowa.edu/rupri>

The RUPRI Health Panel

<http://www.rupri.org>

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