

Reaping the Benefits of Collaborative Care

MEDICARE ALLOWS DCS TO PARTICIPATE IN ACCOUNTABLE CARE ORGANIZATIONS - AND SHARE IN THE POTENTIAL COST SAVINGS.

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Are you ready to network with other health care providers across disciplines to coordinate and optimize the delivery of health care? If your response is that you're already doing so, then here's another question: Are you ready to do all that - and share in the cost savings? The Centers for Medicare & Medicaid Services (CMS) has just released its [final rule](#) regarding Accountable Care Organizations, and the rule clearly states that while doctors of chiropractic are not eligible to form / sponsor ACOs (based on the definition of *physician* in the Patient Protection and Affordable Care Act, a provision of which establishes ACOs), "this restriction certainly does not preclude Medicare-enrolled chiropractors from participating in ACOs, or from sharing in the savings that an ACO may realize in part because of the quality and cost-effective services [chiropractors] may be able to provide."

The ACO is a component of the Medicare Shared Savings Program, both of which were mandated under the health care act. The Shared Savings Program is "intended to give Medicare fee-for-service beneficiaries the advantages of better coordination of care whether they get care in the hospital, a nursing facility, their doctor's office, or their home. The goal is to deliver seamless, high quality care for Medicare beneficiaries, and to make patients and providers true partners in care decisions."



Among the many comments CMS received in support of naming chiropractors (and other non-MD, DO health care providers) as eligible to participate in the program was a letter from the American Chiropractic Association. In that letter, sent to CMS in May 2011, then-ACA President Rick McMichael, DC, said: "[S]tudies do not simply show that DCs are skilled at treating low back pain, they also demonstrate that compared to other healthcare providers, DCs can be more cost-effective in treating these conditions. Therefore, including highly skilled DCs in the ACO program will assist in meeting the three-part aim of the ACO program: better care for individuals, better health for populations, and lower growth in expenditures."

In an October release announcing the finalized guidelines, CMS characterized the ACO / Shared Savings Program as a "new opportunity for financial support to help doctors, hospitals, and other health care providers work together to improve the care for Medicare patients. By choosing to become Accountable Care Organizations, providers will be able to share in savings by better coordinating patient care, providing high-quality care, and using health care dollars more wisely."

The premise is fairly straightforward: deliver cost-efficient, high-quality health care and share in the resulting cost savings to the Medicare system. Each ACO will be evaluated on its performance of 33 quality measures grouped into four domains: patient experience; care coordination and patient safety; preventive health; and caring for at-risk populations. According to CMS, "The higher the quality of care providers deliver and the greater the effectiveness of their care coordination" with respect to these performance measures, "the more savings they may keep."

ACOs can be comprised of health care providers (representing any number of specialties) and suppliers of health care services, including health clinics, hospitals, etc. The final rule requires that each ACO be accountable for 5,000 or more Medicare beneficiaries annually for a three-year period. During that time, members of the ACO can earn shared savings in the first performance year by accurately and completely reporting across all four quality domains; and in the second and third performance years based on their per-year performance relative to the 33 quality measures within those four domains.

Participation in an ACO is voluntary, and non-participation does not impact a provider's ability to see Medicare patients; but of course, lack of participation eliminates the possibility of sharing in the cost savings derived from accountable, collaborative care. It's also important to note that an ACO is not a managed care organization. According to CMS, an Accountable Care Organization "cannot restrict care or limit a Medicare beneficiary's access to a physician or other health care professional. Medical decision making remains the responsibility of the patient and his or her doctor." For more information on ACOs and the Medicare Shared Savings Program, visit www.cms.gov/sharedsavingsprogram.

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