

ONLINE APPENDIXES



**Medicare accountable care
organization models:
Recent performance and
long-term issues**

ONLINE APPENDIX

8

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**Accountable care organization
(ACO) quality**

Accountable care organization (ACO) quality

The Pioneer accountable care organization (ACO), Next Generation ACO, and Medicare Shared Savings Program (MSSP) models use the same set of measures to calculate an annual quality score for each of the ACOs. The measure set in 2016 included 34 process and outcome measures covering the following four quality domains: patient experience measures (e.g., getting timely care); care coordination and patient safety (e.g., readmissions, screening for risks of falls); preventive health (e.g., influenza immunization), and at-risk populations (e.g., depression remission at 12 months) (RTI International 2017). Below are each of the measures in the quality program by domain.

Patient experience measures

- ACO-1: CAHPS[®] (Consumer Assessment of Healthcare Providers and Systems[®]): Getting Timely Care, Appointments, and Information
- ACO-2: CAHPS: How Well Your Providers Communicate
- ACO-3: CAHPS: Patients' Rating of Provider
- ACO-4: CAHPS: Access to Specialists
- ACO-5: CAHPS: Health Promotion and Education
- ACO-6: CAHPS: Shared Decision Making
- ACO-7: CAHPS: Health Status/Functional Status
- ACO-34: CAHPS: Stewardship of Patient Resources

Care coordination and patient safety

- ACO-8: Risk-Standardized, All Condition Readmission
- ACO-35: Skilled Nursing Facility 30-Day All-Cause Readmission Measures (SNFRM)
- ACO-36: All-Cause Unplanned Admissions for Patients with Diabetes
- ACO-37: All-Cause Unplanned Admissions for Patients with Heart Failure
- ACO-38: All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
- ACO-43: Acute Composite (Agency for Healthcare Research and Quality Prevention Quality Indicator [PQI] #91)

- ACO-11: Use of Certified Electronic Health Record Technology
- ACO-12: Medication Reconciliation Post Discharge
- ACO-13: Falls: Screening for Future Fall Risk
- ACO-44: Use of Imaging Studies for Low Back Pain

Preventive health

- ACO-14: Preventive Care and Screening: Influenza Immunization
- ACO-15: Pneumonia Vaccination Status for Older Adults
- ACO-16: Preventive Care and Screening: Body Mass Index Screening and Follow-Up
- ACO-17: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- ACO-18: Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan
- ACO-19: Colorectal Cancer Screening
- ACO-20: Breast Cancer Screening
- ACO-42: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

At-risk populations

- ACO-40: Depression Remission at 12 Months
- ACO-27: Diabetes: Hemoglobin A1c Poor Control
- ACO-41: Diabetes: Eye Exam
- ACO-28: Controlling High Blood Pressure
- ACO-30: Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic

ACO quality results

The tables in this appendix (Table 8-A1, Table 8-A2, and Table 8-A3) include summary quality performance information for the various ACO programs. We focused on the population-based quality measures the Commission supports, such as patient experience and readmissions, and sources where CMS has made information publicly available.

**TABLE
8-A1**

Pioneer, MSSP, and Next Generation ACO population-based quality results are similar and stable, 2012-2016

	Pioneer (8 ACOs)		MSSP (73 ACOs)		Next Generation (18 ACOs)	Benchmarks for all 2016 ACOs	
	2016 average score	Change in score 2012-2016	2016 average score	Change in score 2012-2016	2016 average score	Minimum score to receive quality points	Score needed to receive maximum points
Patient experience (ACO CAHPS®)							
Getting timely care, appointments, and information	81.1%	-1.1	80.3%	-0.7	81.2%	30.0	90.0
How well your providers communicate	93.0	0	92.9	0.1	93.1	30.0	90.0
Patients' rating of provider	92.1	0.2	92.0	0.2	92.4	30.0	90.0
Access to specialists	83.5	-0.6	83.7	-1.5	83.6	30.0	90.0
Health promotion and education	62.3	4.8	61.6	3.5	61.1	30.0	63.4
Shared decision making	74.0	0.8	75.6	1.2	76.3	30.0	77.7
Health status/ functional status	73.6	3.5	71.9	1.1	73.4	N/A	N/A
Readmissions							
Risk-standardized, all-condition readmissions ^a	15.0%	0.7	14.7	0.2	14.8	15.3	14.5
Skilled nursing facility 30-day all-cause readmissions ^a	18.7	N/A	18.2	N/A	18.6	19.3	16.9
Unplanned admissions^b							
All-cause unplanned admissions for patients with diabetes ^a	54.7%	N/A	53.8	N/A	53.1	59.3	37.8
All-cause unplanned admissions for patients with heart failure ^a	78.1	N/A	75.6	N/A	75.8	83.8	52.5
All-cause unplanned admissions for patients with multiple chronic conditions ^a	62.2	N/A	59.8	N/A	60.7	68.3	43.7

Note: MSSP (Medicare Shared Savings Program), CAHPS® (Consumer Assessment of Healthcare Providers and Systems®), ACO (accountable care organization), N/A (not applicable [because consistent 2012 data not available]). The patient experience and readmissions analysis includes only the Pioneer and MSSP ACOs that participated every year from 2012 to 2016. Next Generation ACOs began in 2016. This analysis does not include change from 2012 to 2016 for the skilled nursing readmission and admissions measures because they were added to the quality measure set after 2012. CMS sets the minimum score needed for any quality points at the 30th percentile and the maximum points at the 90th percentile. Bolded changes in scores note meaningful changes over time (greater than 3 percent). A negative change in score from 2012 to 2016 notes a decrease in performance.

^a Lower score is better. The 0.7 change for Pioneer ACOs from 2012 to 2016 represents a decrease in readmission rates of 0.7 percentage points and represents an improvement in performance. The 0.2 change for MSSP ACOs is also an improvement in performance.

^b The measure score represents the predicted acute admission rate divided by the expected acute admission rate. This result is multiplied by an average acute admission rate (across all ACOs), resulting in the risk-standardized, acute, unplanned hospital admissions rate.

Source: Centers for Medicare & Medicaid Services Pioneer, MSSP and Next Generation ACO quality results (2012 and 2016).

**TABLE
8-A2**

2016 MSSP ACO Tracks 1, 2, and 3 are similar on population-based quality performance

MSSP 2016 average quality scores (in percent)

	Track 1 (432 ACOs)	Track 2 (6 ACOs)	Track 3 (16 ACOs)
Patient experience (ACO CAHPS®)			
Getting timely care, appointments, and information	79.9%	80.7%	80.6%
How well your providers communicate	92.6	92.5	92.9
Patients' rating of provider	91.9	91.2	92.3
Access to specialists	83.5	84.4	82.9
Health promotion and education	60.0	61.0	92.6
Shared decision making	75.3	74.7	76.0
Health status/ functional status	71.8	71.9	72.2
Readmissions			
Risk-standardized, all-condition readmissions ^a	14.7	14.5	14.6
Skilled nursing facility 30-day all-cause readmissions ^a	18.2	18.1	18.6
Unplanned admissions^b			
All-cause unplanned admissions for patients with diabetes ^a	53.2	53.8	52.1
All-cause unplanned admissions for patients with heart failure ^a	75.2	72.6	73.3
All-cause unplanned admissions for patients with multiple chronic conditions ^a	59.8	59.9	59.0

Note: MSSP (Medicare Shared Savings Program), ACO (accountable care organization), CAHPS® (Consumer Assessment of Healthcare Providers and Systems®). The analysis includes all MSSP ACOs that participated in 2016.

^a Lower score is better.

^b The measure score represents the predicted acute admission rate divided by the expected acute admission rate. This result is multiplied by an average acute admission rate (across all ACOs), resulting in the risk-standardized, acute, unplanned hospital admissions rate.

Source: MedPAC analysis of Centers for Medicare & Medicaid MSSP 2016 quality results.

**TABLE
8-A3**

2016 ESCO quality results are similar to national average

	ESCO average (13 ESCOs) (in percent)	National mean (in percent)
Patient experience (ICH CAHPS®)		
Nephrologists' communication and caring	67.8%	66%
Providing information to patients	78.7	79
Dialysis center care and operation	60.9	61
Rating of kidney doctors	59.7	61
Rating of dialysis center staff	59.5	62
Rating of dialysis center	64.7	66
Mortality		
Standardized mortality ratio ^a	0.9	— ^b

Note: ESCO (ESRD Seamless Care Organization), ICH (In-Center Hemodialysis), CAHPS® (Consumer Assessment of Healthcare Providers and Systems®).
 a This measure is a ratio of observed-to-expected results. Scores less than one represent better-than-expected performance, scores greater than one represent worse-than-expected performance.
 b National standardized mortality rate unknown.

Source: Centers for Medicare & Medicaid ESCO 2016 quality results.

References

RTI International. 2017. *Accountable care organization 2017 quality measure narrative specifications*. Report prepared for the Centers for Medicare & Medicaid Services. Waltham, MA: RTI International.