The Affordable Care Act: Helping Providers Help Patients
A Menu of Options for Improving Care

When doctors and other health care providers can work together to coordinate patient care, patients receive higher quality care and we all see lower costs. Thanks to the Affordable Care Act, healthcare providers have a range of ways to partner with the Centers for Medicare & Medicaid Services (CMS) to get new support and resources to do just that. There are options for healthcare providers of all sizes, types, all across the country.

Partnership for Patients: CMS has dedicated up to $1 billion over three years to test care models to reduce hospital-acquired conditions and improve transitions in care. This public-private partnership supports the efforts of physicians, nurses and other clinicians to make care safer and better coordinate patients' transitions from hospitals to other settings. The CMS Innovation Center will aid dissemination of proven methods for dramatically reducing both harm caused in hospitals and preventable hospital readmissions. To date, over 6,000 organizations—including more than 3,000 hospitals—have joined the Partnership for Patients and pledged to support its goals. The partnership has the potential to save 60,000 lives and reduce millions of preventable injuries and complications in patient care over the next three years and save up to $50 billion over 10 years;

Bundled Payments for Care Improvement: The Bundled Payments for Care Improvement initiative seeks to improve patient care by fostering improved coordination through four broadly-defined, patient-centered approaches. Three models involve a retrospective bundled payment arrangement, and one model would pay providers prospectively. Through the Bundled Payments initiative, providers have great flexibility in selecting conditions to bundle, developing the health care delivery structure, and determining how payments will be allocated among participating providers.

Comprehensive Primary Care Initiative: This initiative will help primary care practices deliver higher quality, more coordinated and patient-centered care in a handful of selected markets. In addition to regular fee-for-service payments, CMS will pay primary care practices a monthly fee for clinicians to: help patients with serious or chronic diseases follow personalized care plans; give patients 24-hour access to care and health information; deliver preventive care; engage patients and their families in their own care; and to work together with other doctors, including specialists, to provide better coordinated care. Under the initiative, Medicare will work with private and State health insurance plans to offer similar support to primary care practices that better coordinate care for their patients.

Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration: This demonstration evaluates the impact of advanced primary care practice on improving care, focusing on prevention, and reducing healthcare costs among Medicare beneficiaries served by FQHCs. It will assess the impact that additional support has on FQHCs' ability to transform their practice and become formally recognized as a patient-centered medical home. This demonstration, operated by the CMS Innovation Center in partnership with the Health Resources Services Administration (HRSA), will test the effectiveness of doctors and

other health professionals working in teams to coordinate and improve care for up to 195,000 Medicare patients.

Medicare Shared Savings Program for Accountable Care Organizations (ACOs): The Medicare Shared Savings Program will allow providers who voluntarily agree to work together to coordinate care for patients and who meet certain quality standards to share in any savings they achieve for the Medicare program. ACOs which elect to become accountable for shared losses have the opportunity to share in greater savings. ACOs will coordinate and integrate Medicare services, with success being gauged by roughly 30 quality measures organized in four domains. These domains include patient experience, care coordination and patient safety, preventive health and at-risk populations. The higher the quality of care providers deliver, the more shared savings their Accountable Care Organization may earn, provided they also lower growth in health care expenditures.

Advance Payment Accountable Care Organization Model: The Advanced Payment model will provide additional support to physician-owned and rural providers participating in the Medicare Shared Savings Program who also would benefit from additional start-up resources to build the necessary infrastructure, such as new staff or information technology systems. The advance payments would be recovered from shared savings achieved by the Accountable Care Organization.

Pioneer Accountable Care Organization Model: The Pioneer model is an initiative complementary to the Medicare Shared Savings Program designed for organizations with experience providing integrated care across settings. The Pioneer Model tests a rapid transition to a population-based model of care, and engages other payers in moving toward outcomes-based contracts. The initial group of Pioneer sites, slated to be announced later this year, will be positioned to rapidly demonstrate what can be achieved when we provide highly coordinated care to Medicare fee-for-service beneficiaries.

Financial Models to Support State Efforts to Integrate Care for Medicare-Medicaid Enrollees: A longstanding barrier to coordinating care for Medicare-Medicaid enrollees has been the financial misalignment between Medicare and Medicaid. This initiative will test two models – a capitated model and a managed fee-for-service model -- for States to better align the financing of the Medicare and Medicaid programs and integrate primary, acute, behavioral health and long term services and supports for Medicare-Medicaid enrollees. For those States that are interested in testing these two models, CMS is offering streamlined approaches and technical assistance to support necessary planning activities.