Affordable Care Act
3 areas of focus:
1. Improving health of a population
2. Improving patient care experience for the individual patient
3. Lowering healthcare costs per individual

Switching from Fee-for-service payment model to providing (low cost and high quality) care which is coordinated across the continuum

Development of ACO (Accountable Care Organization)
An ACO is a network group of healthcare providers that provide collaborative/coordinated care and are held accountable for the quality and cost of patient care provided to a patient population. The providers in an ACO must include PCPs, specialists, and hospitals.

Components of ACOs:
- EMR accessible to inpatient and outpatient providers
- Designed to save US and Medicare billions of dollars
- Over 250 ACO models currently
- Pioneer ACOs began in 2012 and continue for 3 years with option 2 year extension
- 11% of hospitals claim to be a part of an ACO
- Minimum of 3000-5000 beneficiaries
- Promotes shared savings for ACO if quality and cost reduction goals are met
- Examples of ACOs: Mount Sinai Care, Partners for Kids, Advocate Health Partners, Geisinger, Group Health Cooperative
- ACO models target “at risk” patient populations
- All commercial insurance carriers have an ACO-type plan
- Bundled payments, shared savings, capitated arrangements
**PCMH (Patient-Centered Medical Home)**

A PCMH is a primary care healthcare delivery model focused on better care coordination, prevention, safety, quality, access, and developing a partnership between a PCP and his/her patient.

- National Committee for Quality Assurance (NCQA): certification body for PCMHs
- Launched by multiple physician organizations
- Providers rewarded with a per member extra incentive payment for achieving healthcare services for patients of the medical home
- Coordination of care from medical home: 1 stop shop
- Medical homes which are NCQA-recognized may be eligible for additional payments
- NCQA recognition levels I-III with III indicating compliance with all elements
  - 9 standards: Access and communication, patient tracking and registry functions, care management, patient self-management and support, electronic prescribing, test tracking, referral tracking, performance reporting and improvement, and advanced electronic communication
- Fixed savings and shared savings reimbursement for NCQA recognition

**Pharmacist Role in ACOs and PCMHs**

- 45% of US population have a chronic condition
- 78% of healthcare resources are provided to patients with chronic conditions
- 33-50% of patients who have chronic disease take medication therapies as prescribed
- Interdisciplinary team care model demonstration
- MTM
- Roles of pharmacists:
  - Medication Therapy management clinics
  - Polypharmacy Medication Reviews/Reconciliation
  - Drug therapy reviews
  - Prescription adherence clinics (medication possession ratios)
- Performance measures:
  - Better healthcare for individuals
  - Better health for a population
  - At-risk population health
- Strong Virtual component (telephonic)
- Pharmacist engagement in collaborative practice agreements (CPAs) with physicians
- Focus on Transition of Care component
- Collaboration with Part D sponsors (Pioneer ACOs)
- Reallocation of pharmacy talent with a larger focus on outpatient services
- Elevating technician role
- Requirement of pharmacist participation in impacting outcomes and engaging in direct patient care across transitions of care...or lose FTEs
- Retail, Colleges of Pharmacy partnering with ACO
References


