



Discussion Forum

Are ACOs Delivering on Their Fullest Potential?

January 12, 2015

The Accountable Care Organization (ACO) is a new model of delivering and paying for care that is gaining significant traction in the marketplace. The belief is that ACOs, if done “right,” can improve both quality and cost of care through better coordination and collaboration driven by shared financial accountability for a defined patient population. Spurred by the Affordable Care Act’s establishment of ACO programs, the number of ACOs has catapulted to over 600 in 2014. Some recent evidence indicates that ACOs can provide higher quality care at a lower cost, yet not all ACOs are successful. CMS recently released a proposed rule for the next iteration of the Medicare Shared Savings Program. What we learn from experts about promising practices and innovations will inform our comments on the proposed rule.

The specific goals of this discussion forum are to help leaders from the consumer, labor, and employer communities:

- Understand the current landscape of ACOs
- Learn about strategies from the commercial and public sectors that facilitate better quality care and value
- Identify key areas for consumer and purchaser advocacy

Agenda

Welcome and Overview

Are ACOs Delivering on Their Fullest Potential?

Jennifer Eames Huff, MPH
Director, Consumer-Purchaser Alliance
Pacific Business Group on Health

ACOs: Overview of Preliminary Evidence and Next Steps

Mark McClellan, MD, PhD
Director, Health Care Innovation and Value Initiative
Brookings Institution

Lessons from Public Sector ACO: 2nd Generation ACOs

Colin LeClair
Executive Director, ACO
Monarch HealthCare

Lessons from Private Sector ACO: Preferred Partnership

Greg Marchand
Director, Benefits Policy and Strategy
The Boeing Company

Discussion and Wrap-Up