

Survey of Care Systems and Payment

Overview and Preliminary Results

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In April, 2013, Health Forum launched a new survey to track and monitor the evolution of new systems of care including ACOs, Medical Homes and entities engaged in various payment models providing care to a population.

The 2013 survey covers:

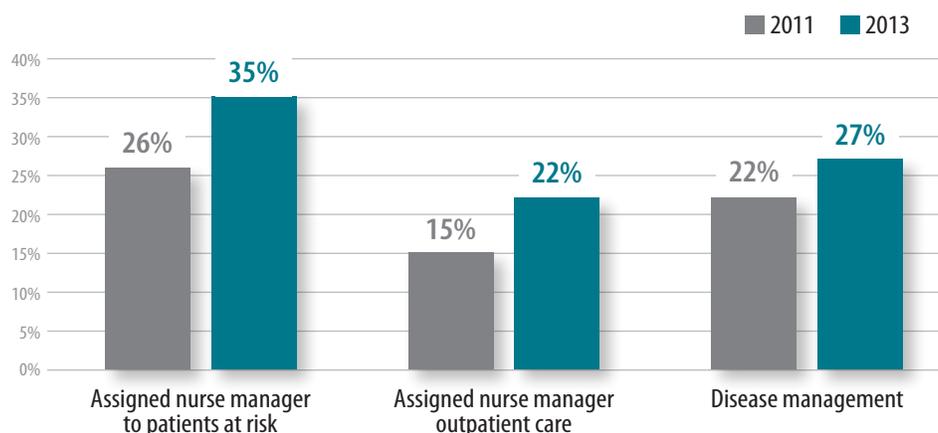
- Care coordination and patient population efforts
- Payment models
- New models of care: patient-centered medical homes, clinically integrated networks, ACOs and combinations of those
- Section on ACOs: risk arrangements, governance, physician arrangements and more

These results will:

- Identify the types of hospitals leading, a part of, or planning to engage in a new care model, and types
- Identify current and expected payment structures
- Establish a baseline for care coordination and patient population efforts
- Track physician relations and role with new models of care
- Provide trends using the 2011 Care Coordination Survey results, and other Health Forum surveys

The following are some preliminary findings.

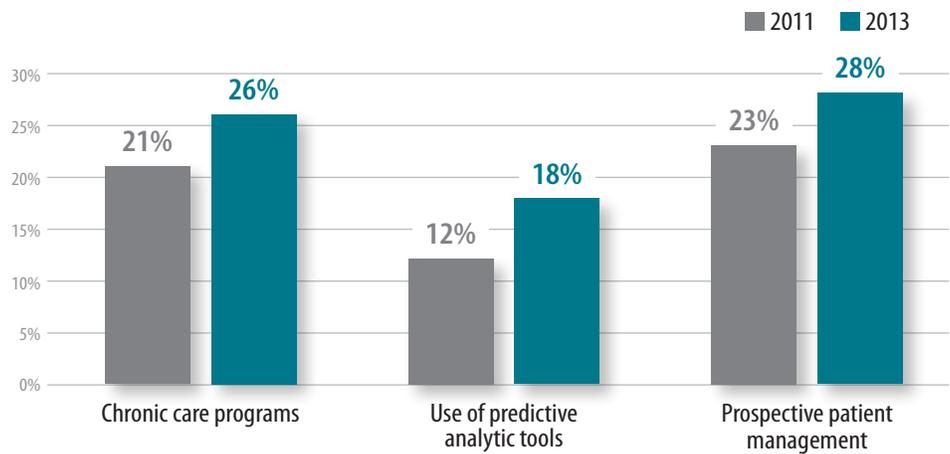
Care Coordination / Population Health Management



2011 data based on the 2011 Care Coordination Survey (n = 1,680). 2013 data based on preliminary data from the AHA's 2013 New Care Systems & Payment Survey (n = 1,323). PRELIMINARY DATA. Copyright 2013 Health Forum

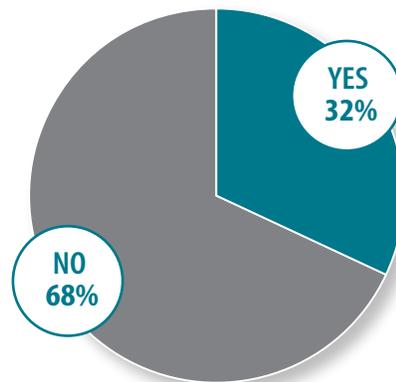
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Established Clinically Integrated Networks

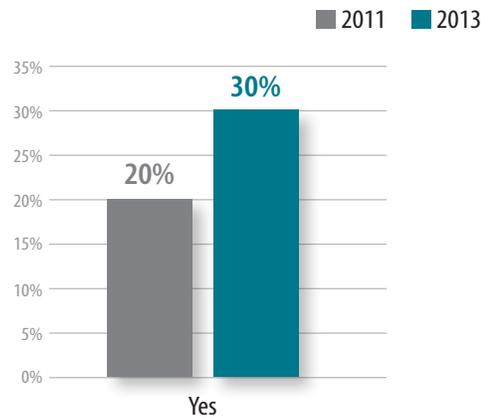


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Clinical integration is a network of physicians working in collaboration with a hospital or health system. It includes a program of initiatives to improve the quality and efficiency of patient care, developed and managed by physicians, and supported by a performance management infrastructure. Clinical integration provides a legal basis for collective negotiation by independent physicians for improved reimbursement on the basis of improved clinical outcomes and efficiency.

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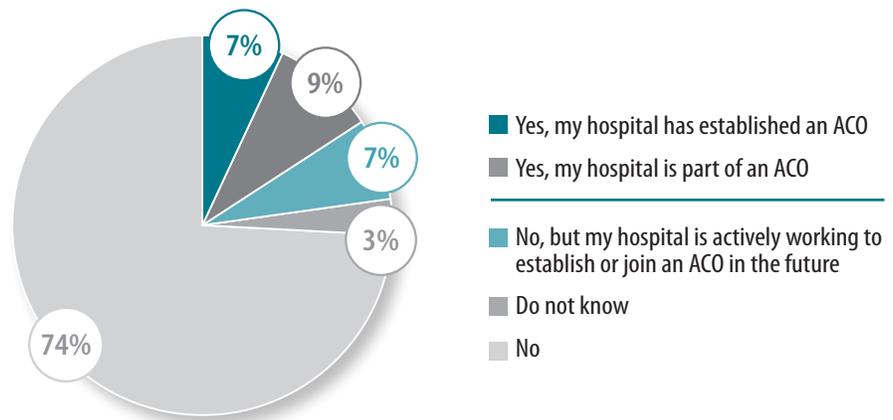
Patient-centered Medical Homes



2011 data based on the 2011 Care Coordination Survey (n = 1,680). 2013 data based on preliminary data from the AHA's 2013 New Care Systems & Payment Survey (n = 1,323). PRELIMINARY DATA. Copyright 2013 Health Forum

The medical home concept refers to the provision of comprehensive primary care services that facilitates communication and shared decision-making between the patient, his/her primary care providers, other providers and the patient's family.

Accountable Care Organizations



2013 data based on preliminary data from the AHA's 2013 New Care Systems & Payment Survey (n = 1,323). PRELIMINARY DATA. Copyright 2013 Health Forum

An ACO contract is defined as having two essential elements: (1) accountability for the total costs of care for the population of patients attributed to the primary care physicians in the organization; (2) financial incentives that link the magnitude of bonus payments to performance on quality measures (which could include technical quality, patient experience and/or health outcome measures). This will generally involve a contract where the payer establishes a target budget for one or more years for the total costs of care for the agreed-upon patient population, the payer tracks actual spending and performance on quality; and the provider receives bonus payments that could include a share of savings that are (or are not) contingent on meeting quality targets, with (or without) additional bonuses related to performance on those quality measures. Include any type of qualifying contract, not just those relating to CMS.

For more information on how to participate in the *New Care Systems and Payment Survey* or learn more about the results, please call **866-375-3633** or email [**ahadatainfo@healthforum.com**](mailto:ahadatainfo@healthforum.com).

American Hospital Association

