

ACO/ICO/CPCI Comparison

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 November 10, 2011

Applying relevant provisions of the Affordable Care Act (ACA), the Centers for Medicare and Medicaid Services (CMS) has evidenced intent to focus on a “three-part aim” as follows:

- **better care for individuals**, evidenced in dimensions of safety, effectiveness, patient-centeredness, timeliness, efficiency and equity;
- **better health for populations** through public health education on causal factors for poor health and the influence of preventative services; and
- **“lower growth in expenditures** by eliminating waste and inefficiencies while not withholding any needed care that helps beneficiaries.”

In support of these elements CMS is making available diverse funding opportunities, three of which are contrasted below.

Model	Accountable Care Organization (ACO)	Integrated Care Organization (ICO)	Comprehensive Primary Care Initiative (CPCI)
Description	An ACO refers to a group of providers and suppliers of services (e.g., hospitals, physicians, and others involved in patient care) that will work together to coordinate care for the Medicare fee-for service patients they serve.	An ICO refers to a group of providers and suppliers of service that has as its hub either a primary care center or a small group practice; and also includes APRNs, specialists, hospitals, pharmacists, behavioral health practitioners, and providers of long-term care; that will work together to coordinate care for individuals who are dually eligible for Medicare and Medicaid.	Expanding upon the patient-centered medical home (PCMH) concept, CPCI intends to improve the practice of primary care through both "practice transformation" (e.g. holistic, person-centered, integrated, preventative care; characterized by use of electronic health records, care management and access accommodations such as extended hours and facilitation/follow-up with hospital discharge) and multi-payer payment reform. Successful applications will yield enhanced Medicare and if applicable Medicaid PMPM payments for primary care practices to underwrite the costs of coordinating and integrating care.
Goal	The goal of an ACO is to deliver seamless, high-quality care for Medicare beneficiaries, instead of the fragmented care that often results from a fee-for-service payment system in which different providers receive different, disconnected payments. The ACO will be a patient-centered organization where the patient and providers are partners in care decisions.	Connecticut’s ICO goal is to “create a person-centered system of care that enhances quality, cost-effectiveness and experience of care for dually eligible individuals in Connecticut by creating a single point of accountability for the delivery of medical and non-medical support services across the continuum of care.”	The CPCI "will seek to strengthen free-standing primary care capacity by testing a model for comprehensive, accountable primary care supported by multiple payers".

Model	Accountable Care Organization (ACO)	Integrated Care Organization (ICO)	Comprehensive Primary Care Initiative (CPCI)
Minimum Enrollment	5,000	?	None
Additional Detail	<p>The Rule identifies the following elements as key to achieving the above "three-part aim":</p> <ul style="list-style-type: none"> • person-centeredness • coordination of care; • attentiveness to care transitions; • efficiency, waste reduction and a focus on use of internal resources, preventative interventions, diversion from and/or coordinated discharges from hospital care, and avoidance of hospital re-admission; • prompt and regular communication with patients; • use of data to improve care delivery and outcomes; • innovation; and • staff skill-building. 	<p>Connecticut's stated objectives include:</p> <ul style="list-style-type: none"> • promoting practical strategies for person-centered care; • facilitating collaboration across the care continuum; • offering access to a seamless continuum of services; • leveraging health information technology/electronic data; • focusing on achievement of medical service outcomes and the effectiveness of home and community-based services; • aligning financial incentives to promote value (quality, cost-effectiveness); and • establishing a financial model that rewards performance and incentivizes enhanced quality of care. 	<p>The CMS solicitation identifies five core functions of primary care that will be evaluated in assessing practice transformation:</p> <ul style="list-style-type: none"> • risk-stratified care management; • access and continuity; • planned care for chronic conditions and preventive care; • patient and caregiver engagement; and • coordination of care across the "medical neighborhood". <p>CMS will be looking at such factors as current use of "non-fee-for-service support" to primary care practices, past success with practice transformation, capacity for data sharing, use of common quality metrics and experience with multi-payer/multi-stakeholder initiatives.</p>
Discussion	<p>The ACO model provides a framework of requirements relating to such factors as quality measures, person-centeredness and payment modalities upon which Connecticut's application of integrated care could be based.</p>	<p>Pros:</p> <ul style="list-style-type: none"> • focus is on coordination of Medicare and Medicaid payments • savings are based on coordination of care <p>Cons:</p> <ul style="list-style-type: none"> • does not address other payers • no up-front per member per month (pmpm) payment 	<p>Pros:</p> <ul style="list-style-type: none"> • focus is on multi-payer coordination • associated with a \$20 payment per member per month (pmpm) that can offset costs relating to care management, electronic health records • savings are based on coordination of care <p>Cons:</p> <ul style="list-style-type: none"> • high threshold for provider enrollment – must contract with payers that are associated with 75 qualified practices in identified geographic region