

**ACO = Accountable Care Organization  
But what does it really mean?  
October 17<sup>th</sup>, 2013**

**I.Introduction**

A. *Define an ACO*

B. *Objective: The Audience Will Understand:*

1. **ACO and Other Evolving Payment Models**
2. Forces behind Changes in Medical Imaging
3. What Steps Medical Imaging Departments Can Take to Improve future Prospects

**II.ACO's and Other Evolving Payment Models**

A. *Bundled Payment*

1. Insurers Disburse a Single Payment for a Specified DRG.

**a) Hospital and Physicians Split the Payment**

*(1) Increased Collaboration with Specialist to identify the Correct Exam*

B. *Episodic Bundled Payment*

1. Single Payment to cover an Episode of Care

a) Hospitals and Physicians Split the Payment

*(1) Episode is likely defined as 3 days Prior to Admission to 30 Days Post Discharge*

*(2) Imaging Services Become and Expense Rather than a Revenue Driver*

C. *Shared Savings*

1. Performance Bonus

a) *ACO's receive shared savings for delivering care below the defined market's average cost per beneficiary.*

**(1) Appropriate Utilization**

**(2) "Attributed" or "Covered" Lives**

**(3) Need to "Remove Cost from the System"**

### **III. ACO, Shared Savings, Bundled Payments, Capitation, Obama care? Whatever it is, the Model is Changing**

- 1. Decelerating (or Declining) Reimbursement Growth**
  - a) **Government Budget Constraints**
  - b) Payments Subject to Quality and Cost Based Risks Payments
  - c) Payer Steerage to Low Cost Provider (RBMⓈ)
  - d) Limited ability to shift Costs to Consumers
  - e) Choosing Wisely Campaign (Heavy Focus on Imaging)
- 2. Shifting Payer and Case Mix**
  - a) Expansion of Medicaid Eligibility
  - b) Increased Medicare Enrollment (Baby Boomers)
  - c) Increased Influx of Government Insured patient will cause capacity constraints for Higher Paying Services
  - d) Increase of Chronic Disease and Comorbidities

### **IV. Where Do We Go From Here? Things We Can Do Now!**

#### ***A. Focus On Department Efficiencies to Reduce Costs***

- 1. Labor Productivity**
- 2. Equipment Utilization Metrics**
- 3. Work with Radiologists to Identify/Update Appropriate Protocol Utilization**

#### ***B. Enhance Collaboration with Other Departments and Service Line Leaders***

- 1. Enhance Patient Care**
- 2. Opportunity for Radiology to Extend Expertise**
- 3. Increased Likelihood for Obtaining Capital Request, When Service Line Leaders are in Support**
- 4. Multidisciplinary Meeting Attendance**
  - a) **Both Invite and Attend**
    - (1) Oncology*
    - (2) Surgical Services*
    - (3) Women's Service*

**(4) Emergency Department**

**C. Improving Patient Care Coordination**

- 1. Enhance Physician Relations Staff**
  - a) Appropriate Exam Orders**
  - b) Departmental Updates**
  - c) Service Recovery**
- 2. Care Coordinator**
  - a) Track and Follow up on Recommended Care**
  - b) Follow up with Physicians Offices for Cancelled Exams/ No Shows**
  - c) Resource for Patient, Physician and Other Department Questions and Concerns**

**D. Promote High Value Imaging**

- 1. CCTA for Chest Pain**
- 2. Pre-Operative MRI for Prostate Cancer**
- 3. Appropriate Risk Candidates for Screening Procedures**

**V.Conclusion: Dash Board**