An Accountable Care Organization is a network of healthcare providers consisting of many stakeholders - payers, physician groups, hospitals - that receives reimbursement based on metrics of Quality Care, Patient Satisfaction and Reductions in Cost of Care. ACO Models Include Relationships Between:
- Hospitals, providers & payers
- Hospitals & physicians in a group practice arrangement
- Hospitals employing physician groups
- Networks of individual practices

In achieving healthcare quality goals and outcomes that result in cost savings, the organization receives payment from third-party payers in which participating providers are given a share.

The number of quality measures ACOs are measured on:

ACOs have been predicted to save Medicare $940 million in their first four years.

ACO success is driven by:
1. Strong physician leadership and involvement
2. Member education and engagement
3. Post-stay and post-visit follow up
4. Chronic disease management
5. Data - capturing, reporting and performance management
6. Quality and revenue outcomes
All supported through a comprehensive patient outreach and communication plan.

Physician-sponsored ACOs doubled between October 2011 and May 2012.

ACOs must meet these quality indicators to receive payment from third-party payers, whether CMS or Private Insurers.

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BROKEN INTO FOUR GROUPS
- Patient/Caregiver Experience
- At-Risk Population
- Care Coordination/ Patient Safety
- Preventive Health

70%
The minimum satisfaction score ACOs must meet in each group

Physician-sponsored ACOs doubled between October 2011 and May 2012.

The speed at which healthcare insurance premiums rose in relation to inflation in 2006.

Patient-centered ACOs need to have a plan to guide their patients through their healthcare journey.

Together we meet the patient communication needs of Accountable Care Organizations by providing comprehensive patient outreach and streamlined care coordination to enhance physician and patient engagement as they transform their delivery model in the new era of healthcare reform.

Physician groups benefit as they increase patient satisfaction, achieve higher office and business operational efficiencies, and improve medical adherence with a more engaged patient base without the burden of employing additional staff.

Hospitals benefit through streamlined communications and care coordination, reduced readmissions, higher satisfaction with prompt and strategic patient outreach, and measurable improvement in quality through a focus on primary care as well as chronically ill patients as part of their population health management strategy.

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