ACO Experience Research

Melanie Phelps, DrPH, JD, Principal Investigator
Senior Advocacy Advisor, Health System Transformation
American Heart Association

Agenda

- Acknowledgement
- In Memoriam
- Background
- ACOs and Other Definitions
- Overview of the Research
- Findings
- What's Next
- Questions / Comments

Acknowledgement

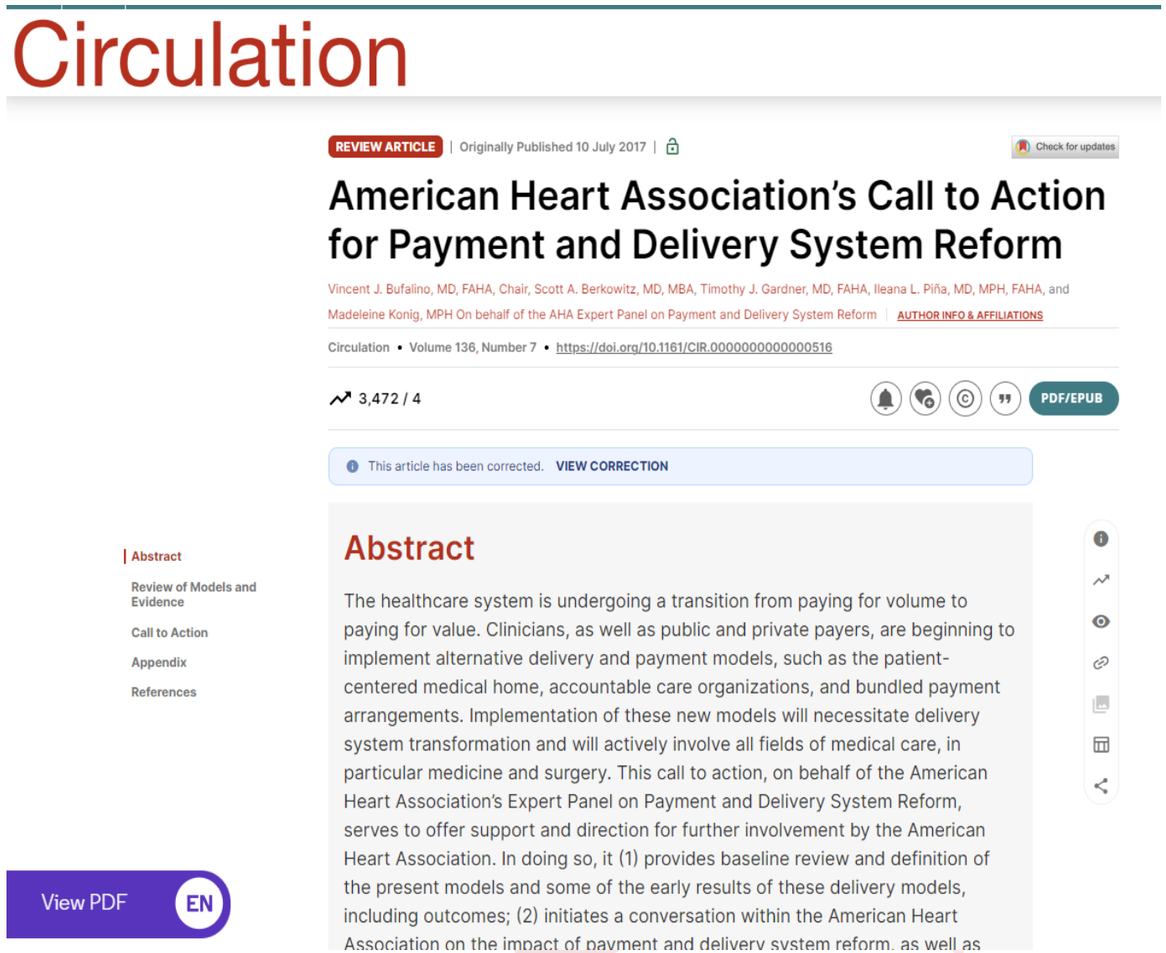
Arnold Ventures

In Memoriam: Jeff Micklos

Background

American Heart Association positioning on health care delivery and payment reform

- 2017 Call to Action
- 2018-2020 Value In Healthcare Initiative
- 2021-2022 Improving Heart Health Through Value-based Payment Initiative
- 2023 Value-Based Payment for Clinicians Treating CVD



Background (cont.)

- Why did we undertake this research?
  - Too few patient, consumer and community organizations at key decision-making tables
  - Jargon barriers
  - Misconceptions

CMS Value-Based Care Spotlight

- Accountable Care Organizations (ACOs): groups of doctors, hospitals, and other health care professionals that work together to give patients high-quality, coordinated service and health care, improve health outcomes, and manage costs.
- Value-Based Care: Designing care so that it focuses on quality, provider performance and the patient experience.
- Person-Centered Care: Integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider–patient communication and empowers individuals receiving care and providers to make effective care plans together.
- Integrated Care: An approach to coordinate health care services to better address an individual's' physical, mental, behavioral and social needs.

Research Overview

- General:
  - Conducted by the American Heart Association
    - Melanie Phelps, Principal Investigator
    - Aalaya Gurram, Research Assistant
  - Funded by Arnold Ventures
  - Reviewed and Approved by Heartland Institutional Review Board (IRB)

Research Overview (cont.)

- Project Goals:
  - To understand and capture the benefits of advanced alternative payment models for medically complex individuals
  - To build a foundation for broader awareness, education, and engagement of consumers, patients, their caregivers, and advocates

Research Overview (cont.)

- Research Methods
  - Qualitative Research
    - Semi-structured Key Informant Interviews
  - Up to 30 key informant interviews
    - 15-20 medically complex patients and/or their family caregiver
    - 10-15 health care members who care for medically complex patients
    - $100 stipend (Visa gift card) for completing the interviews which were projected to last up to 60 minutes

Research Overview (cont.): Literature Review—Themes

- Care that is respectful of and responsive to patients' needs and values
- Effective bi- or multi- directional communication
- Whole person, longitudinal care
- Seamless, coordinated care
- Knowledgeable and competent practitioners
- Timely access to care and support
- Reasonable cost and cost transparency
- Outcomes

Research Overview (cont.): Expert Panel

Consumer/Patient Organizations

Kristin Wikelius, Venice Haynes, United States of Care

Sophia Tripoli, Families USA

Omar Escontrias, National Health Council

Jon Broyles, Coalition to Transform Advanced Care

Sarah Coombs, National Partnership for Women and Families

Darcy Milburn, The ARC

Mike Brand, Community Catalyst

Ignacio Alvarez, National Kidney Foundation

Emily Holubowich, American Heart Association

Multi-Stakeholder Organizations

Frank McStay, Duke-Margolis Institute for Health Policy

Jeff Micklos, Health Care Transformation Task Force

Mara McDermott, Accountable for Health

Alyssa Neumann, NAACOS

Rita Lewis, National Association of Community Health Centers

Larry McNeely, Primary Care Collaborative

Research Overview (cont.): Other Organizations Providing Input

- Centers for Medicare and Medicaid Services Innovation Center
- Hydrocephalus Association
- International Consortium for Health Outcomes Measurement
- National Organization for Rare Disorders
- Patient-Centered Outcomes Research Institute
- The Journal of Patient Experience
- World Economic Forum

Research Overview (cont.)

- Interview Guides
  - Patients and/or their family caregiver guides: 33 questions
  - Health care team member guides: 47 questions
- Expected 25-30 interviews in total
- Confidentiality and Informed Consent

Research Overview (cont.)

- Recruitment
  - Relied on health care organizations participating in ACO models
  - Followed IRB protocols
  - $100 stipend for completion of the interview
- Recruitment Challenges
  - Bad timing and overworked workforce
  - Had to amend IRB protocol to allow flyer
  - Had to amend flyer

Research Overview (cont.)

- Results
  - 29 interviews conducted / only 27 included
    - 2 patient interviews discarded
  - 12 patients and/or caregivers
    - 9 with the patient only
    - 2 with the patient and their caregiver/spouse
    - 1 with the caregiver only
  - 15 health care team members
    - 4 primary care physicians
    - 1 specialist physician
    - 1 nurse practitioner
    - 3 nurse care managers
    - 3 social workers
    - 2 community health workers
    - 1 pharmacist

Research Overview (cont.)

- Results
  - Geography
  - Mix of rural, suburban, and urban
- Patient ages 36 - >75
- Female study participants outnumbered male
- Payer ACO contracts—all payer types were represented:
  - Original Medicare
  - Medicare Advantage
  - Medicaid
  - FEHP
  - Commercial
- Health care team member experience
  - > 250 years combined practice experience
  - > 80 years in an ACO model.

Research Overview (cont.)

- Data Analysis
  - Each transcript was cleaned and written up into narrative form to assist with coding
  - Narrative were put into ChatGPT and asked to summarize the care provided by the ACO
  - ChatGPT was further requested to explain the care received in layman's terms
  - Hand coding, however, was used for theme identification and development

Overarching Findings

Patients and Caregivers agreed that care provided through an ACO model is…

Better For Patients

Health Care Team Members agreed that care provided through an ACO model is…

Better for Patients

Better for Health Care Team Members

Patients & Caregivers: Better Care & Support

- A dedicated primary care relationship
- A team of health care professionals
- Improved access to care and support
- Enhanced patient/caregiver engagement
- Trusting relationships
- Improved communication, access and coordination
- A more holistic approach to care

Patients & Caregivers: Better Care & Support

"A year ago when he was first diagnosed with congenital heart failure, his care manager got him into an extended care clinic, and those doctors were so good. They actually helped get proper care for him, and it has been a blessing. I think going to [an ACO], others in our age group don't have it. It is really wonderful. They keep you out of the emergency room where you stay and stay and stay."

"The way we are getting care with the care manager, we get more immediate responses because the doctors' appointment schedule is so far out, but when you call with a need, they make sure it is taken care of. It didn't used to be that way."

– P1 and his wife, C3, North Carolina

"The care I get [through the ACO] is outstanding, it is great. I have a chronic care manager, so I don't have to go through a nurse, and she provides an instant response, so I don't have to wait for someone to call me back."

"They treat me as an individual, as a person, and not an ailment. They are very hands-on and explain everything well. And I love the chronic care manager because she is great and responsive.

- P3, Delaware

Patients & Caregivers: Better Care & Support

“This year has been a game changer with the doctors because they really do care about you. The nurse practitioner cared, understood and listened to me, and that is how I was connected to the social worker. It changed my dynamic. I wish everyone could experience the care I had. This was a blessing in disguise. They really gave me life. I feel way better than ever.” – P9, Pennsylvania

"The nurses are the go-between me and my doctor. I coordinate with the hospital van to commute here to get me to the appointments. It is the best treatment and doctor. If I am due to see two doctors in the same month, they coordinate the appointments at the same point." – P8, West Virginia

Health Care Team Members: Better for Patients and Team Members

Better for Patients

- Regular source of care
- A multidisciplinary team-based approach to care
- A whole person approach to care
- Enhanced patient engagement and education
  - Effective communication
  - Building trust
  - Motivational interviewing
  - Shared decision making
  - Regular assessments
  - Care plan development

Health Care Team Members: Better for Patients and Team Members

“The impact of the ACO on quality of care has been phenomenal, exponential. I don’t know how we existed before. I would not be a physician like I am without it.”
-primary care physician, Delaware

“Providing care under the ACO is better for patients because of the emphasis on preventive care, patient education, meeting patients where they are, closing gaps in care, connecting patients to needed resources, and freeing up doctor’s time to focus on those patient who need the most attention, which in turn improves the quality of care.
-community health worker, Arizona

“Interdisciplinary collaboration is a key aspect of the care provided. We are more proactive about screenings. We are catching things early and getting patients the care they need before they know they need it. We are implementing what improves health. We seek control before they slide.”

-nurse practitioner, Pennsylvania

Health Care Team Members: Better for Patients and Team Members

Better for Health Care Professionals

- The team approach to care allows different professionals to work together to provide optimal care to patients.
- Expands access to care by providing additional resources and support to care for patients that need it the most without overburdening physicians and advanced practice providers
- It allows all members of the health care team to be better at their job.

Health Care Team Members: Better for Patients and Team Members

“We are getting more support to do what we wanted to and more resources to help patients do better."

“ACOs are more proactive rather than reactive. The data provided by ACOs allows the health care team to address gaps in care more effectively.”

–primary care physician, Kansas

“We are 1000% better because we have a team and can provide more eyes on patients. More people are involved supporting that patient.”

“The providers are happier because we can offer them more time to help close gaps to improve outcomes for all. Overworked providers are providers who miss things.”

-nurse practitioner, Pennsylvania

“There is more collaboration and support. People working to their specialties."

-social worker, Ohio

Health Care Team Members: Better for Patients and Team Members

“The providers want to practice good medicine but the pressure to bill [under FFS] is not good medicine. I firmly believe doctors are good and want to help people, so empower them to do health care in a way that is equally beneficial to both parties.”

- community health worker, Arizona

“The additional services provided by the ACO has resulted in very high satisfaction rates. There is a big focus on the community we serve, [putting] patients first and making sure they get what they need. This also has had a positive impact on health outcomes because the added supports also allow them to identify and address health-related needs. They can monitor outcomes through a dashboard that marries claims and EHR data. That is how we can follow and understand progress.”

– specialist physician, Indiana

Suggestions for Improvement

Patient/Caregiver Issues:

- One patient was not happy with her PCP
- Another patient complained about the parking at her PCPs office
- Another patient mentioned that the communication with providers outside the ACO or system just wasn't as reliable as the communication within the system

Health Care Team Member Issues

- Each payer contract had different rules making it more complicated than necessary
- Challenging communication with some external providers
- EHR was insufficient for VBC
- Inability to offer services (like care management) to those not in the ACO
- Expansion of the model so more patients can be service
- More education of patient and other providers about the benefits of the model

What's Next

- Improve how we talk about ACOs and value-based care.
- Expand the "table"
- Identify a path forward
- Achieve a truly "person-centered" system of health

Executive Summary

American Heart Association.

Understanding Patient, Family Caregiver and Health Care Team Member ACO Experiences

Study finds ACOs provide better care and outcomes for patients and a better practice experience for members of the health care team than traditional fee for service

Background

The research was conducted with the approval of the Heartland Institutional Review Board and funded by Arnold Ventures. It included a literature review and interviews with 27 participants—12 patients and caregivers and 15 members of the health care team. The study sought to capture diverse viewpoints on ACO experiences, particularly focusing on medically complex patients. Interviews spanned a range of geographies and payer types such as Medicare, Medicare Advantage, Medicaid and commercial and participants were compensated for their time.

This study, conducted by the American Heart Association, aimed to understand the experience of medically complex patients, their family caregivers and health care team members involved in Accountable Care Organizations (ACOs) compared to traditional fee for service, which incentivizes the provision of more–not better–care. These ACOs, which hold providers accountable for both cost and quality of care, aim to improve patient experiences and overall health while utilizing health care resources more efficiently. The study provides insights into how ACOs improve patient care and outcomes, enhance care coordination and foster a better practice environment for health care professionals. It involved interviews with patients, caregivers and health care team members, all of whom provided feedback on their experiences within the ACO framework.

Key Findings

1 Better Patient Care and Outcomes in ACOs

Patients and caregivers overwhelmingly reported that ACOs provide better care compared to traditional fee for service. This was attributed to strong primary care relationships, care coordination and a team-based approach that includes care managers, social workers and other professionals.

Enhanced patient engagement is a key benefit, as patients feel more supported, have more time with providers and experience better communication. The ACO model also enables a more holistic approach to care, addressing physical, mental and health-related social needs.

Patients cited the provision of resources such as transportation, food, housing and financial assistance as crucial to improving their overall well-being and quality of life.

For one patient, the relationship she developed with her care team was a highlight to her ACO experience:

"They treat me as an individual, as a person and not an ailment. They are very hands on and explain everything well. And I love the chronic care manager because she is great and responsive."

She went on to say that regarding her health-related social needs, her PCP, therapist and social worker have been able to connect her to resources such as the local food pharmacy and to transportation.

2 Improved Experience for Health Care Team Members

Health care team members, including physicians, nurse practitioners, care managers, social workers, community health workers and pharmacists, agreed that ACOs enable them to deliver better care to complex patients. The multidisciplinary, team-based approach allows for comprehensive care that addresses all aspects of a patient's health.

Practicing within an ACO environment was seen as beneficial for providers, allowing them to focus on what they do best while providing better patient outcomes. ACOs were praised for expanding access to care, reducing physician burden and allowing greater attention to patient populations with complex health needs.

For one care manager, practicing in an ACO allows the health care team to optimize patient care:

"Providing care under the ACO is better for patients because it results in better condition management, understanding of their condition and what they need to do, which results in improved health, longevity, quality and quantity of life. The focus on keeping patients healthy and out of hospital, encouraging them to make lifestyle changes and improving their adherence, helps to make patients feel better physically and mentally."

3 Technology and Performance Tracking

ACOs employ technology that enables better tracking of patient outcomes and performance, allowing for more efficient care and communication. This includes virtual visits, real-time performance assessments and bidirectional communication between health care team members.

Ultimately, the study found that ACOs deliver higher-quality care for medically complex patients, foster improved patient engagement and enhance the practice environment for health care professionals. The findings advocate for further expansion and refinement of the ACO model to improve health care delivery and outcomes.

For more information: **www.heart.org/bettercare**

Patient Perceptions of Care in Accountable Care Organizations

The American Heart Association conducted 12 confidential interviews with medically complex patients and/or their family caregivers who receive care through an Accountable Care Organization (ACO) model. These ACOs, which hold providers accountable for both cost and quality of care, aim to improve patient experiences and overall health while utilizing health care resources more efficiently. The patients interviewed here ranged from 36 to over 75 years old and included a mix of patients with Original Medicare, Medicare Advantage, Medicaid and other payers. Despite differences in the size and services of the ACOs, common themes and goals emerged.

Common Themes in Patient Perceptions

Person-Centered Care and Communication

One of the defining characteristics of ACOs is the strong, ongoing relationship patients have with their primary care providers (PCPs). This relationship anchors patient care, helping to identify gaps early and ensuring preventive care is prioritized. Patients frequently highlighted the significance of this relationship in addressing both acute and long-term health issues. This continuity of care through a trusted primary provider is a distinguishing factor of the ACO model and important for coordinating specialized care and addressing preventive health needs.

Overall, patients reported feeling heard, respected and valued by their health care teams. One patient with severe breathing issues from Delaware, highlighted this, stating that her primary care provider **"is very attentive to my needs"** and that staff are **"outstanding. I've had no problems and have always felt well taken care of."** Such personal attention fosters trust, with patients feeling that their providers view them as individuals and not just as sick people. Patients also feel they are not treated differently for any reason. Another patient with congestive heart failure from North Carolina, reported, **"they treat us like we are family almost."**

Communication between patients and their care teams was frequently noted as a strength. Patients appreciated timely responses through phone calls, patient portals and telehealth, which were especially important for those with mobility challenges.

SPOTLIGHT

One Patient's Story

One patient, a 36-year-old Black widowed mother of three young children, faced numerous challenges after losing her husband to a rapid progression of infections. Living with gradually worsening hearing loss and now on Medicare due to disability, her grief compounded her existing depression and led to debilitating anxiety. The loss of her husband's income added financial strain to their struggles and left the family reliant on Medicaid. Despite her naturally optimistic nature, she found herself overwhelmed by fear and uncertainty.

The patient's life took a positive turn when she connected with her ACO. The nurse practitioner (NP) played a pivotal role in the patient recovery, recognizing her need for additional support and referring her to a social worker. This referral opened doors to crucial resources, including group therapy and assistance with basic needs. The patient credits the ACO team, especially the NP, with helping her through the hardest part of her life. She shares. **"The NP cared, understood and listened to me. It changed my dynamic. I wish everyone could experience the care I had. This was a blessing in disguise. They really gave me life. I feel way better than ever."**

Common Themes in Patient Perceptions

Coordinated and Holistic Care

One of the primary goals of ACOs is to improve coordination across health care providers, and patients consistently described experiencing seamlessly coordinated care. For example, one patient spoke highly of the communication between his various specialists and his PCP, stating he is **"so grateful for how all the doctors work together."** Another patient also sees multiple specialists and noted that there was no disconnect between her providers. Coordination among providers not only ensures that care plans are aligned but also reduces the likelihood of unnecessary hospitalizations or duplicated tests.

Beyond medical care, ACOs often address patients' non-medical needs, which are crucial for maintaining overall health. The widowed mother of three from Pennsylvania emphasized how her ACO connected her to mental health resources and helped with utility and food assistance. Holistic care, addressing physical, mental and health-related social needs, is especially beneficial for patients facing complex challenges.

Enhanced Access to Care and Support

Access to care and support, especially for high-risk patients, is another key benefit of the ACO model. Patients frequently described being able to quickly schedule appointments and access urgent care when needed. One patient said she could easily schedule appointments through a mobile app and regularly utilizes telehealth for non-routine visits. Another patient also remarked on the convenience of telehealth appointments, allowing her to access care despite her inability to drive. Another patient and his wife praised their care manager, noting, **"when we have extra things that come up like a UTI or getting sick with the flu, we call our care manager, and she gets us in and gets us the help we need... immediately."** The presence of care managers or chronic care coordinators was a common and valued aspect of ACO care, providing an extra layer of support.

Improved Health Outcomes

Several patients reported that their care through ACOs helped improve their health outcomes and quality of life. One patient stated regarding his ACO, **"they helped me so much to get me healthy. It was tremendous. They kept me out of the hospital."** The patient from Pennsylvania also credited her care team for helping her manage anxiety and depression after the loss of her husband, stating, **"They gave me life again. It is by far the best experience I have ever had. They are out there looking out for me..."** Patients who received care through ACOs often felt more empowered to manage their health, given the support and education provided by their care teams.

Conclusion

Patients receiving care through ACOs commonly report positive experiences, largely due to the model's focus on person-centered, coordinated and holistic care. Enhanced communication, improved access to services and attention to both mental and health-related social needs contribute to better health outcomes and overall patient satisfaction. For policymakers and consumer advocacy groups, supporting the continued development and refinement of ACOs can play a pivotal role in improving health care delivery for complex and high-risk patients.

Better for Patients, Better for Health Care Team Members

Perceptions of Practicing in an ACO

The American Heart Association conducted 15 confidential interviews with various health care team members practicing in Accountable Care Organizations (ACOs) across the country. These ACOs, which hold providers accountable for both cost and quality of care, aim to improve patient experience and overall health while utilizing health care resources more efficiently. The interviews included perspectives from primary care physicians, a specialty physician, an advanced practice provider, nurse care managers, community health workers, social workers and a pharmacist. The ACOs represented varied in size, capabilities, services and populations, with participation in Original Medicare, Medicare Advantage, Medicaid and commercial contracts. Despite differences in the size and services of the ACOs, common themes and goals emerged. Collectively, the interviewed health care team members brought over 250 years of experience, including more than 80 years in ACO models.

Improved Patient Care

Health care team members unanimously felt that patients, particularly those with multiple health conditions, receive better care in ACOs. They attributed this improvement to the ACO model's holistic approach, which addresses not only physical and mental health, but also social and non-medical drivers of health. By considering factors like access to nutritious food, housing stability and transportation, ACOs provide comprehensive care that sets the model apart from traditional fee for service, ensuring patients receive the time, attention and resources that lead to notably better health outcomes.

> ***"The impact of the ACO on quality of care has been phenomenal, exponential. I don't know how we existed before. I would not be [the] physician I am without it."***
>
> *– Primary Care Physician*

Collaborative Health Care Teams

Team members emphasized that ACOs foster strong collaboration among health care professionals, improving outcomes for both patients and providers. This team-based and multidisciplinary approach brings together various experts to provide patients—especially those with complex health needs—with comprehensive, personalized care. Participants agreed that this approach empowers efficient teamwork and ensures that patients receive the attention they need without overburdening physicians and advanced practice providers.

> ***"Patients in an ACO get better care because there is an interdisciplinary team working together to help ensure patients get what they need."***
>
> *– Community Health Worker*

Regular Source of Care

A key theme from the interviews was that ACOs facilitate a regular source of care, typically from a primary care physician or advanced practice provider, such as a nurse practitioner or physician assistant. Participants emphasized that these ongoing relationships play a crucial role in promoting patient engagement and ensuring continuity of care, especially for those with complex needs.

Better for Patients, Better for Health Care Team Members

Perceptions of Practicing in an ACO

Greater Patient Engagement

Health care professionals agree that ACOs improve patient involvement in their own care. By focusing on open communication, building trust and understanding patients' individual needs, ACOs were seen as particularly effective in helping patients—especially those who previously struggled with access—make informed decisions about their health.

> ***"You have to tailor the communication to their needs whether that means driving around looking for an unhoused patient, using text messaging when preferred, using the telephone for the elderly or home visits, etc. Also finding ways to help dementia patients remember things. We try to meet the patients where they are."***
>
> *– Community Health Worker*

Enhanced Use of Technology and Data

Team members noted that ACOs effectively use data and technology to better identify patients in need of additional care. This technological support also makes it easier to track performance, ensure patients receive necessary services and offer virtual care options, which improve overall care quality and accessibility.

Better Work Environment for Providers

Health care providers reported that working in an ACO created a more positive work environment. They felt that the collaborative approach allows them to perform their jobs more effectively by sharing the workload across a team of professionals, ultimately improving patient care and leading to greater job satisfaction.

Sustainable and Fulfilling Practice

All the health care providers interviewed expressed that ACOs offer a more sustainable and rewarding practice environment than traditional fee for service. They felt that the ACO model allows them to provide continuous, comprehensive care rather than just addressing immediate problems, leading to better patient outcomes and less provider burnout.

> ***"In fee for service, the patients came in, we provided services and they would leave. The ACO provides wrap-around services. The nurse, social worker and pharmacist have eyes on them at all points over their health care journey. There are more eyes on patients to ensure they have a resource to help navigate."***
>
> *– Pharmacist*

More Efficient Care Delivery

Health care team members overwhelmingly agreed that ACOs enabled more efficient service use than traditional fee-for-service. They appreciated how ACOs emphasize preventive care and reduce unnecessary hospital visits and procedures, allowing them to focus on delivering more effective and sustainable patient care.

Going Above and Beyond to Improve the Patient Experience

Stories from Health Care Team Members Providing Direct Patient Care in an Accountable Care Organization

The American Heart Association conducted 15 confidential interviews with various health care team members practicing in Accountable Care Organizations (ACOs) across the country. These ACOs, which hold providers accountable for both cost and quality of care, aim to improve patient experiences and overall health while utilizing health care resources more efficiently. The interviews included perspectives from primary care physicians (PCP), a specialty physician, an advanced practice provider, nurse care managers, community health workers, social workers and a pharmacist. The ACOs represented varied in size, capabilities, services and populations, with participation in Original Medicare, Medicare Advantage, Medicaid and commercial contracts. Despite differences in the size and services of the ACOs, common themes and goals emerged. Collectively, the interviewed health care team members brought over 250 years of experience, including more than 80 years in ACO settings.

Improved Patient Care and Family Caregiver Support

Patients and their families often experience significant relief and improvement in their well-being through the comprehensive support offered by ACOs. One patient caregiver, caring for her husband with advanced dementia, shared how overwhelmed she had become due to a lack of sleep and resources. She had not realized how exhausted she was until the care manager stepped in to provide assistance, including nighttime caregiving services and stress management support. As she explained to her care manager, **"I didn't realize how to the end of my rope that I was."** Within a week, her outlook changed, and her health improved as the burden of care was reduced. The ACO's ability to provide both medical care and essential resources, like household support and caregiver education, made an immense difference in her life.

Similarly, another patient, who had visited the Emergency Department (ED) 46 times in a single year, saw a dramatic shift in his experience once their care manager began checking in weekly. The care manager's proactive involvement, ensuring medication refills and scheduling doctor visits, helped reduce those visits to just two the following year. Patients like this one often find that having regular communication with a care manager prevents crises and leads to better health outcomes.

One primary care physician noted that many patients now **"prefer interacting with the care manager over directly communicating with the doctor,"** illustrating the crucial role care managers play in providing personalized, accessible support.

In another case, a patient with an A1C level over 18 was able to drastically lower it after their care manager closely monitored their health and arranged for home health services. The patient's family, who had struggled to manage the condition on their own, expressed gratitude for the ACO's intervention, which reduced the A1C by half. The care manager, emphasized how maintaining close contact with both the patient and family led to this positive outcome.

In a different scenario, a patient with stroke-related memory loss and a caregiver struggling with depression were enrolled in a 12-week intensive care plan through the ACO. A nurse and social worker coordinated care with the PCP, and the social worker explained, **"[We] were able to get her in with a neurologist to make sure she was able to get recommended resources and connected her to counseling and services in the home,"** providing vital support for both the patient and caregiver.

Going Above and Beyond to Improve the Patient Experience

Stories from Health Care Team Members Providing Direct Patient Care in an Accountable Care Organization

Collaborative Health Care Teams

A key strength of the ACO model is the interdisciplinary collaboration that ensures patients receive well-coordinated care. One patient struggling with hypoglycemia worked with a team that included a doctor, nurse and pharmacist. With coordinated efforts, they were able to significantly lower the patient's dangerously high A1C from 11.6 to 6.7 within a few months. The patient, who initially resisted medication and wanted to manage their health through diet alone, benefited from the care team's perseverance and collaborative approach. As a social worker involved in the case explained, **"It is a team effort."**

In another case, a patient living in a friend's garage needed affordable medication. The team worked together to identify cost-effective options and involved the patient's granddaughter in picking up and delivering the medication. This underscores how ACOs address not only medical but also social and logistical barriers to care.

Community Health Workers (CHWs) are also crucial in addressing language barriers and engaging patients lost to care. By involving CHWs, the care team can ensure that all patients, regardless of their background, receive the attention and support they need.

Greater Patient Engagement

Care management within the ACO model significantly improves patient engagement, especially for those with chronic conditions. A primary care physician recounted a case where a patient with heart failure repeatedly visited the ED. The patient, though enrolled in chronic care management, was not using the service and was not connected to the right specialists. After the care manager intervened, the patient was referred to a heart failure clinic, and ED visits stopped. The primary care physician noted, **"There was no way I would have been able to find the time to do this without the care manager,"** demonstrating how care managers facilitate better patient outcomes by providing dedicated support.

Moreover, ACOs are leveraging innovative tools, such as telehealth and home-based visits, to prevent unnecessary hospitalizations. A nurse practitioner described a "bat phone" system to prevent ED visits. Further, they planned to roll out a system for medical assistants to visit patients' homes and connect with providers via iPads. This proactive care model allows for a more personalized and accessible approach. As the nurse practitioner explained, **"We build trust... value-based care allows us to do it,"** showing how ACOs empower health care teams to deliver more comprehensive care.

Website

www.heart.org/bettercare

American Heart Association.
100 YEARS
Bold Hearts

Thank You