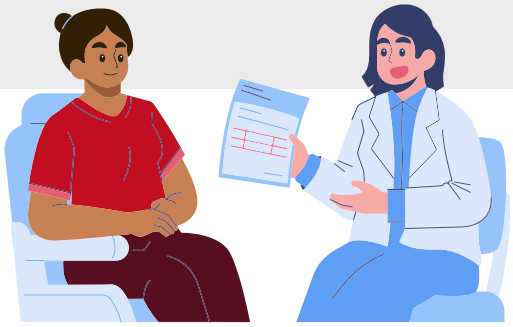
American Heart Association.

# 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.

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## 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.