The Continuing Spread of ACO Presence in Rural Places

Presented to the National Rural Health Association Annual Meeting
Minneapolis, MN
May 11, 2016
Accountable Care Organizations Have Come to Rural America

- Data extracted from Centers for Medicare & Medicaid Services public information for years 2012 – 2015, plus “first look” at 2016
- Non-metropolitan presence (defined as participating provider) in each cycle
- Non-metropolitan presence in three models: Pioneer demonstration, Advanced Payment demonstration, Medicare Shared Savings Program, ACO Investment Model, Next Generation demonstration
- Increased rural presence across time
ACOs operate in 72.0% of metropolitan counties, 39.7% of non-metropolitan counties
7.6 million beneficiaries now receiving care through ACOs
Rural sites in all four census regions
Approximately half of Medicare ACOs have rural presence, although for 18% (76) that is between 1 and 24 percent of counties included

- 7 (1.7%) are 100% non-metropolitan
- 23 (5.4%) are 75-99% non-metropolitan
- 104 (24.6%) are 25-74% non-metropolitan

At least 37 of the 101 new ACOs in 2016 have a rural presence, many of those exclusively rural

Data are as of the end of 2015
And Now the Visuals

- 2013 national map
- 2015 national map
- Regional maps
County Medicare ACO Presence
Continental United States

CMS-designated sites as of January, 2013.
Produced by: RUPRI Center for Rural Health Policy Analysis, 2013.
County Medicare ACO Presence
Continental United States

Counties have an "ACO presence" when they contain the practice site of at least one participating provider. Includes all active CMS ACOs as of August, 2015. Produced by RUPRI Center for Rural Health Policy Analysis, 2016.
Counties have an 'ACO presence' when they contain the practice site of at least one participating provider. Includes all active CMS ACOs as of August, 2015. Produced by RUPRI Center for Rural Health Policy Analysis, 2016.
Counties have an 'ACO presence' when they contain the practice site of at least one participating provider. Includes all active CMS ACOs as of August, 2015. Produced by RUPRI Center for Rural Health Policy Analysis, 2016.
Counties have an 'ACO presence' when they contain the practice site of at least one participating provider. Includes all active CMS ACOs as of August, 2015. Produced by RUPRI Center for Rural Health Policy Analysis, 2016.
Notable Recent Activity

- Reduction in Pioneer ACOs, but... conversion to MSSP, Next Generation
- Use of the ACO Investment Model program by 34 of the 2016 entrants
- Consortium, national models emerging: NRACO, Imperium Health, Venrok/Aledade
What we are Learning About Staying Power

- Getting started
- Developmental phase
- Continuation
- Measures of success
Characteristics Associated with Formation

- Previous organizational integration and risk-sharing experience
- Use of an electronic health record system fostered core ACO capabilities, including care coordination and population health management
- Partnerships across the care continuum supported utilization of local health resources

Developmental Strategies

- Considering ACO activity implementing practices preparing for value-driven rural delivery system
- Common rural strategies include care management, post-acute care redesign, medication management, and end-of-life care planning
- Access to data important enabler of population health, care management, and provider participation

16 were formed by pre-existing integrated delivery networks

- Physician groups played more prominent role than other participant types (including solo practice physicians) in formation and management
13 included hospitals with quality-based payment experience, and 11 included hospitals with risk-sharing experience; 12 included physician groups with both types of experience.

Managing care across the continuum and meeting quality standards considered very important to success of ACOs.

Financial Performance of Rural ACOs

- Analysis of financial performance data from 2014 data released by CMS; for 97 ACOs with rural presence
- Generating savings: 3 of 4 exclusively rural; 6 of 10 mostly rural; 36 of 83 mixed
- Receiving bonus payment: 1 exclusively rural, 0 of mostly rural, 14 of mixed
Characteristics of ACOs Generating Savings

- Physician-based ACOs more likely than hospital-based ACOs, *on average*
- Participation in Advanced Payment Demonstration
What Next?

- Evaluating the AIM program
- Understanding organizations with multiple sites or participating ACOs
- Analysis of performance, financial and quality
For Further Information

Rural Health Value
http://ruralhealthvalue.org

The RUPRI Center for Rural Health Policy Analysis
http://cph.uiowa.edu/rupri

The RUPRI Health Panel
http://www.rupri.org
Dr. Keith J. Mueller

Director, RUPRI Center for Rural Health Policy Analysis
Professor and Head
Department of Health Management and Policy
College of Public Health, N232A
145 Riverside Drive
Iowa City, IA  52242-2007
319-384-3832
keith-mueller@uiowa.edu
The Rural Health Research Gateway provides access to all publications and projects from eight different research centers. Visit our website for more information.

[ruralhealthresearch.org](http://ruralhealthresearch.org)

Sign up for our email alerts!
[ruralhealthresearch.org/alerts](http://ruralhealthresearch.org/alerts)

Shawnda Schroeder, PhD
Principal Investigator
701-777-0787
shawnda.schroeder@med.und.edu

Center for Rural Health
University of North Dakota
501 N. Columbia Road Stop 9037
Grand Forks, ND 58202