

Five Key Considerations for Success with Your New REACH ACO

1. Risk-bearing organization strategy and governance alignment

- Consider how ACO REACH plays into your overall strategy for growth and complements the capabilities necessary for greater risk across all lines of business
- Align and integrate the governance of your REACH ACO with your existing medical group, integrated delivery system, CIN or IPA; including boards and key committees such as quality, network, finance/contracting, and patient experience
- Maximize efficient use of resources by aligning contracting, care management, practice transformation and other managed services organization (MSO) processes across all lines of business centralized within a single MSO



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2. Managed services organization/population health management infrastructure

- Do you have the right capabilities and team to manage your REACH ACO attributed population? Consider a rapid gap assessment of current state versus required and then a build, buy and/or optimize strategy, as well as co-management partnerships to drive the build of internal capabilities and provide interim experienced leadership
- Data is critical for success in all value-based arrangements, including ACO REACH. Information and analytics support is needed to translate data into actionable interventions that drive that success. Do you have a data analytics platform designed specifically to improve value-based arrangements and support network optimization?

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3. Network configuration, physician alignment and funds flow

- Assess network overlap and alignment, opportunities to leverage REACH ACO with other value-based payment agreements’ attributed membership to increase panel penetration for primary care practices and physicians
- Focus on getting more “panel penetration” per primary care physician or advanced practitioner, targeting a minimum of 40% or more of their panel to be attributed members through your REACH ACO or other IPA/CIN VBP agreements
- Analyze specialist performance and design referral and funds flow to incentive the use of the highest performing specialists for both cost and quality across both the REACH ACO and the IPA or CIN

4. Care model and staffing plan

- Develop your care team using proven, evidence-based workflows and staffing model based on your overall membership attributed through ACO REACH and other VBP arrangements, geographic coverage, structure of network and specific population needs including social determinant of health drivers
- Evaluate your staffing model against your existing and planned membership growth; key is not to over-staff early on, instead creating a strong base and incrementally growing over time based on an evidence-based staffing model

5. Growth and value proposition

- Create a highly defined and differentiated value proposition to your providers, attributed members and payers (other than CMS)
- A growing and well aligned network of providers with enhanced care management, data analytics, and operational support staff create immense value for all parties

Contact
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to learn more about
how we can help you
with ACO REACH.