

## **Advisory Panel on Improving Healthcare Systems – Oct. 2, 2014 Meeting ACO Topic Discussion Hand-out**

What is the comparative effectiveness of across different models of shared risk for ACOs on improving patient-centered outcomes?

How do different models of distributing risk and shared savings among ACO partners (e.g., primary care, secondary care, hospitals) affect practice changes and patient-centered outcomes?

Which features of ACOs are successful in improving patient-centered outcomes for high-risk, beneficiaries with chronic disease?

Which ACO arrangements for care coordination and care management have the largest benefit for long-term beneficiary health? What are the long term (5-year?) impacts of ACO arrangements on beneficiary health and utilization?

How do ACOs perform relative to traditional FFS in terms of encouraging the use of preventive services? If so, what are Medicare ACOs doing to encourage or enable this utilization? What is the impact on patient-centered outcomes?

What are the best mechanisms to Integrate behavioral health services into Medicaid ACOs to improve outcomes for the mentally ill?

Are different models of patient and/or provider engagement in ACOs better at improving patient-centered outcomes than others?

How do closed versus open ACO models compare with their ability to affect practice change and improve patient-centered outcomes, including patient experience of care and patient satisfaction?

What are the most effective mechanisms to communicate CER findings and affect practice change within an ACO model? What is the impact of this on patient experience with care and patient-centered outcomes?

How well have Medicaid ACOS performed on patient-centered outcomes relative to Medicaid Managed Care?

How does ACO performance in high-penetration markets compare with those in low penetration markets in terms of improving patient care and outcomes?