

ACO Patient Engagement Survey Findings

This chartbook includes key data points from a 2023 survey of ACOs about their patient engagement strategies and initiatives.

Overview

Summer 2023: NAACOS conducted a survey to learn about ACOs' patient engagement initiatives and strategies and how those efforts support ACOs' missions and success.

Key findings from 55 ACO survey respondents show...



66% report patient engagement is a very high or high priority for their ACO.



30% very frequently or frequently solicit patient feedback on their ACO's initiatives, communications, or strategies.



ACOs view these initiatives as the most beneficial to patient care: telehealth, inkind services or tools, and home-based care.



Medicare ACOs have concerns with onerous beneficiary notification requirements and would prefer more flexibility.

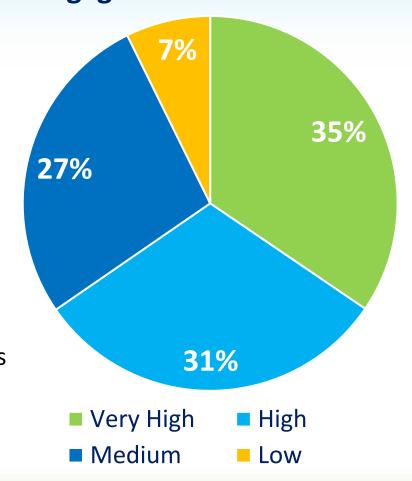
ACO Priorities



respondents
report that patient
engagement is a
very high or high
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ACO

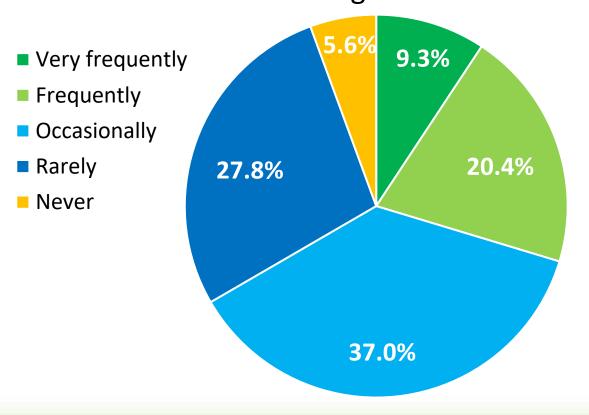
Other ACOs reported that their patient engagement efforts are not limited to the ACO's work specifically but rather administered more broadly across affiliated health systems' populations.

How High of a Priority Is Patient Engagement to Your ACO?



Patient Feedback

How often does your ACO seek patient feedback on ACO communications, initiatives, or strategies?



Examples of initiatives for which ACOs have solicited patient feedback:

- Communications on care coordination programs to ensure they are presented in a culturally and linguistically appropriate way.
- ✓ Communications about the use of in-home health care tools, such blood pressure cuffs.
- Process flow improvements, such as how and when to discuss medication costs and adherence.
- ✓ Step-by-step instructions for patients, such as those related to post-discharge information.
- Use and design of posters in medical practices and other health care settings.
- ✓ Waiting room content, including both TV content and print materials.

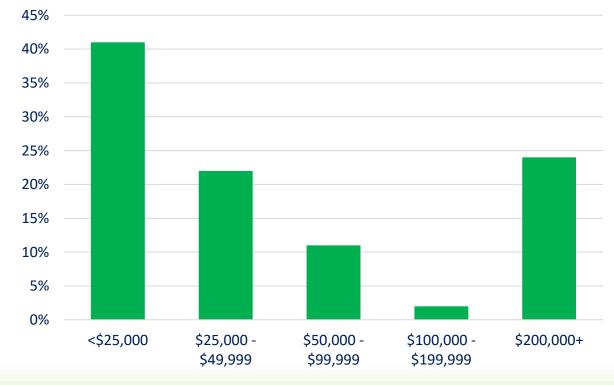
Patient Engagement Investments

ACOs estimated their investments across all payers, contracts, and patients in patient engagement activities related to communications, education, and patient feedback.

This included funding for efforts such as beneficiary notifications, educational materials, and general communications about ACO programs as well as convening patient advisory groups and surveying patients on communication preferences.

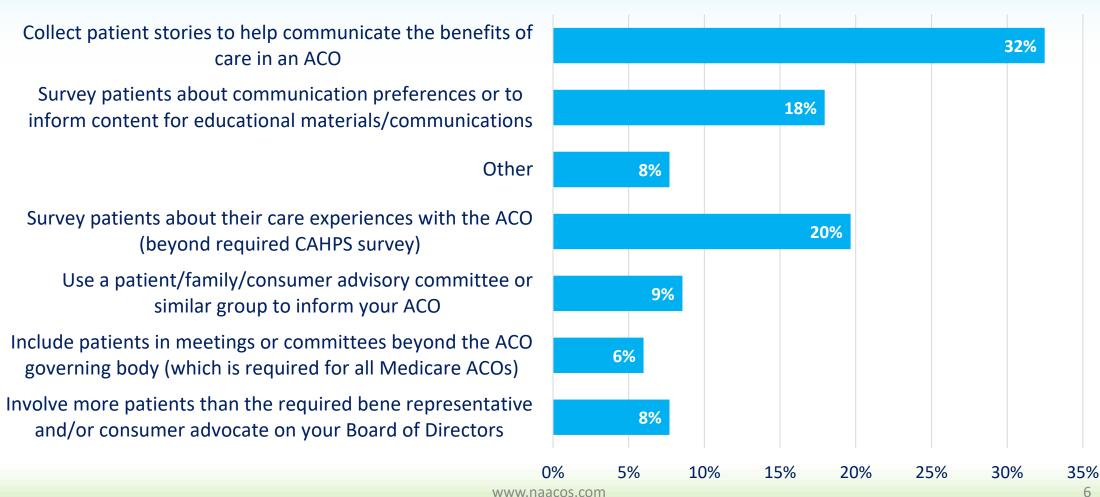
This question was limited as it did not account for ACO size, number of beneficiaries, or other engagement efforts across the health system that are not directly funded by the ACO.

Future studies should explore investment in patient engagement initiatives per beneficiary.



Patient Engagement Activities

When asked to select patient engagement activities that an ACO currently does or has plans to do in the next year, ACOs reported the following:



Patient Engagement Activities

"Other" patient engagement activities that an ACO currently does or has plans to do in the next year:

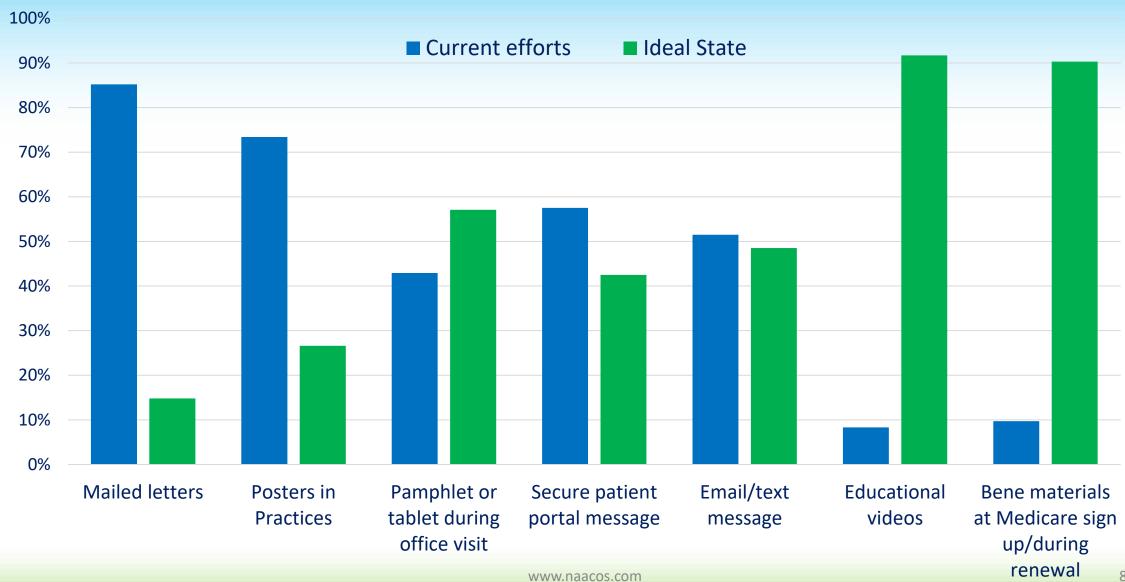
- ✓ Engage community health workers
- ✓ Direct patient emails
- ✓ Quarterly newsletter with ACO explanation, benefits, programs, health fairs, etc.
- ✓ Educational video with links and survey
- ✓ Promote patient surveys/feedback during check-out
- ✓SDOH survey tools and education about new initiatives and community-based services







Comparing Current Traditional Medicare ACO Patient Communication Efforts to an Ideal State



Traditional Medicare Challenges

The survey asked ACOs about any policies/impediments <u>in traditional Medicare</u> which create challenges for ACOs' patient communications and/or engagement, which ACOs would like to see changed or removed.

- Many ACOs commented that the MSSP beneficiary notification requirement is costly and burdensome, creating confusion without real value for patients. ACOs are frustrated with the follow up requirement, for which implementation questions remain.
 - ➤ ACOs noted they would like flexibility to communicate added benefits of patients being in an ACO, such as enhanced care and services. Others noted CMS should notify patients instead of the ACO or have a co-branded CMS-ACO notice.
- Other policy challenges: difficulty for home-based providers to communicate
 with patients, marketing regulations, lack of patient email addresses from
 Medicare, limitations on waivers and voluntary alignment, less flexibility
 than what is available for Medicare Advantage, hard to understand language
 from CMS.



BACKGROUND:MSSP BENEFICIARY NOTIFICATION

ACOs to notify
beneficiaries about
MSSP participation.
After removing the
requirement due to
patient confusion, CMS
brought it back in 2019,
later modified its
frequency, and added a
follow up requirement
effective in 2023.

Other Payer Challenges for Engagement

The survey asked about policies/impediments for risk-based arrangements for other payers (i.e., those outside of traditional Medicare) which create challenges for ACOs' patient communications and/or engagement, which ACOs would like to see changed or removed.

- Many provided the following feedback:
 - Certain privacy laws, such as those that vary by state, add barriers for some payers such as Medicaid or commercial payers.
 - ➤ Varying patient experience of care surveys/questions create challenges and survey fatigue across payers/patients.
 - Confusing attribution models make it hard to effectively engage patients who feel they shouldn't be connected to the ACO.
 - Limitations on waiving patient co-pays create barriers to effective engagement.

OTHER PAYERS FOR THIS QUESTION INCLUDED:

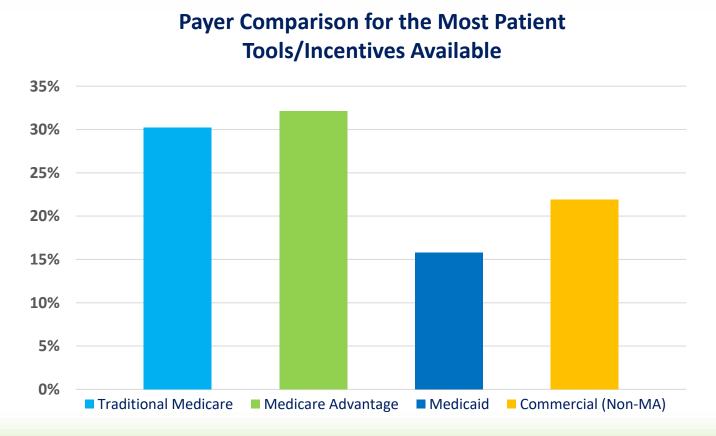
- Medicare Advantage
- Commercial Payers (non-MA)
- Medicaid

Patient Communication About Being in An ACO

When asked what information is most important to communicate to beneficiaries about their participation in an ACO, many survey respondents emphasized the positive aspects of care from ACO providers.

Comments highlighting the positive	Comments reassuring against concerns
ACO providers are genuinely engaged in keeping patients healthy.	Patient insurance/benefits don't change.
Patients have access to enhanced benefits and care coordination services not typically provided in traditional FFS medicine.	There are no additional charges for added patient services and benefits.
Patient satisfaction is an important focus for ACOs.	Patient data is still protected.
ACOs ensure that patients & providers work collaboratively to maximize the best quality and cost-effective medicine.	Patients can still choose their providers, there are no network restrictions like in MA.
Added value: clinical support services that focus on preventive care, coordination with other providers, and preserving quality of life for patients.	Patients don't have to change their doctors or pick a new PCP.
Access to waivers for things like SNF care and telehealth.	

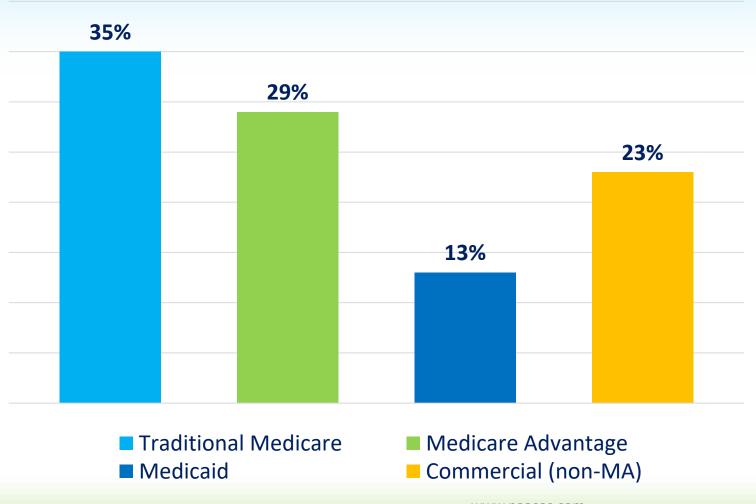
When asked about available patient engagement tools, incentives, and/or flexibilities/waivers across payers, ACO respondents shared that they use the most with Medicare Advantage compared to other payers.



The Top Tools/Incentives Evaluated

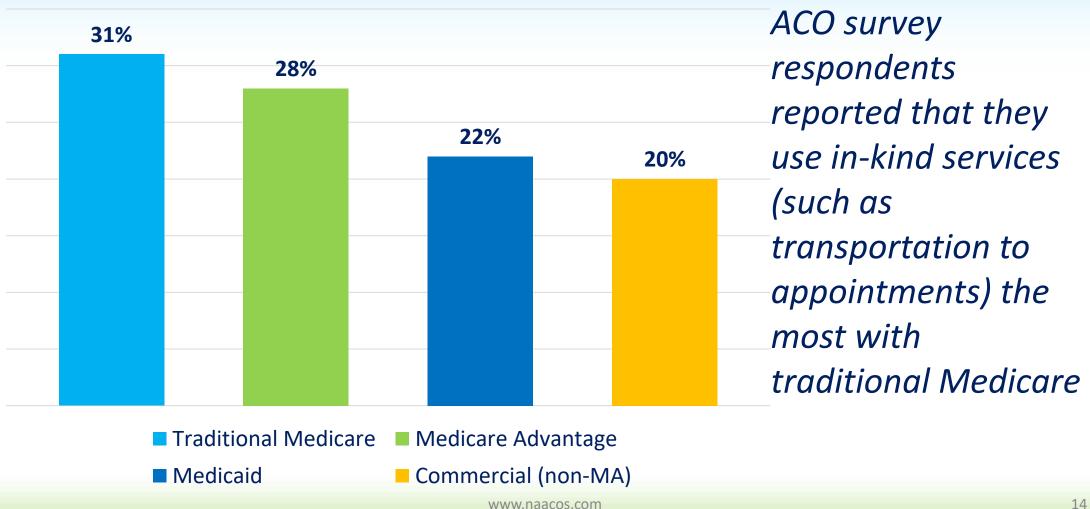
- 1. Telehealth
- 2. In-kind services
- 3. In-kind items or tools
- 4. Home visits/home care not typically covered
- 5. Medication vouchers/coupons
- Wellness-related benefits
- 7. Cost-sharing waivers/support
- 8. Financial rewards for health program participation
- 9. Access to healthy food

Use of Telehealth Waivers/Flexibilities By Payer

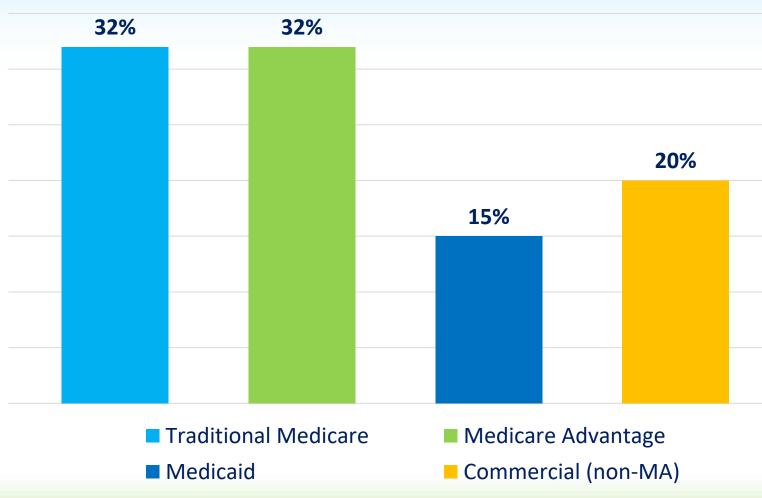


ACO survey
respondents reported
that they use
telehealth
waivers/flexibility the
most with traditional
Medicare

Use of In-Kind Services By Payer

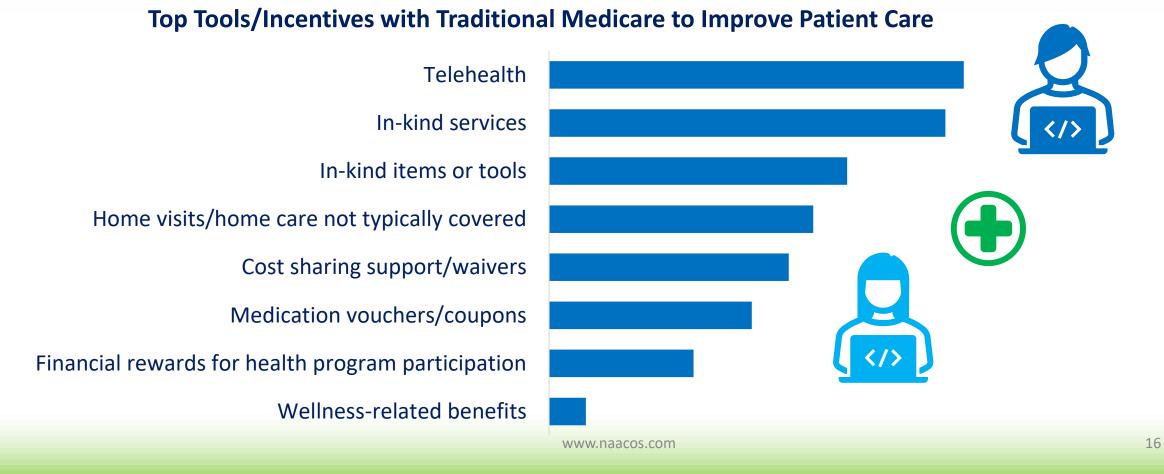




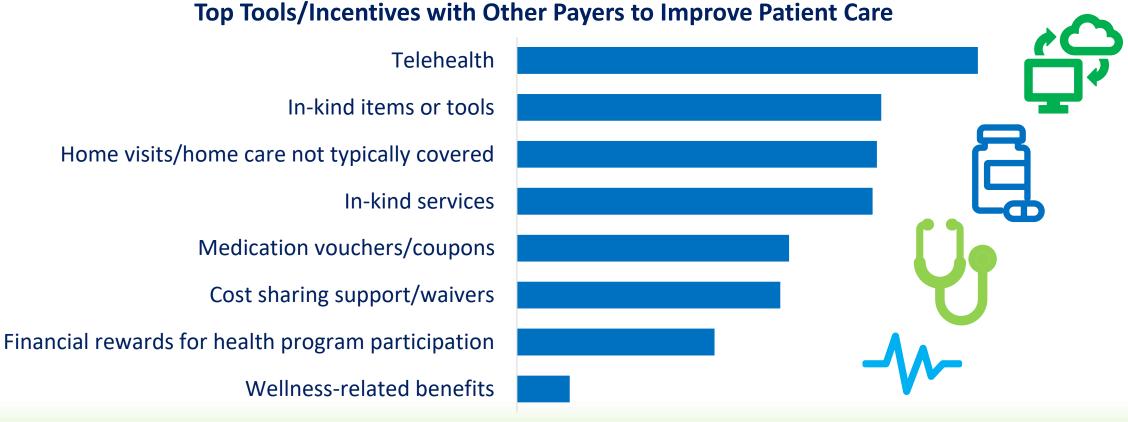


ACO survey respondents reported that they use in-kind items or tools to support care (such as at-home blood pressure monitors) the most with traditional Medicare and Medicare Advantage

When asked to rank patient engagement tools, incentives, and/or flexibilities/waivers <u>in</u> <u>traditional Medicare regardless of current use</u>, ACO respondents chose telehealth as most beneficial tool to meaningfully improve patient care.

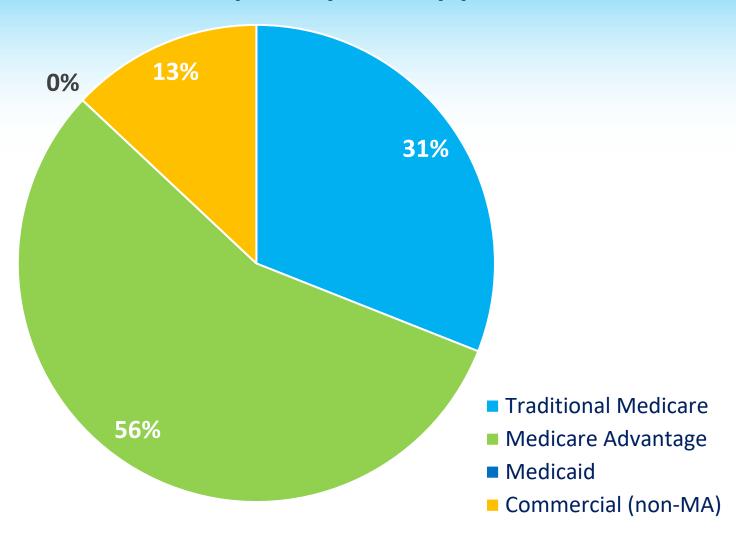


When asked to rank patient engagement tools, incentives, and/or flexibilities/waivers for payers other than Traditional Medicare (i.e., MA, Medicaid, non-MA Commercial) regardless of current use, ACO respondents still chose telehealth as most beneficial tool to meaningfully improve patient care. While the top choice was the same, on this list in-kind items/tools and home care ranked higher.



Comparing Patient Tools By Payer Type

Comparing payer categories for which your ACO has contracts, overall which payer type offers the most beneficial patient waivers/engagement tools/benefits (such as those described in the preceding questions)?



Patient Engagement Strategies By Payer

Does your organization have different patient engagement strategies/initiatives for different payer populations?





Those who responded "Yes" elaborated with answers such as:

- > Patient groups have varying communications preferences (ex. text versus call).
- Payer strategies depend on the benefits available to the patient and level of risk.
- Action plans can vary based on payers/patient subsets to ensure equity in outcomes.
- High/rising risk patients receive more in-depth services and engagement outreach.
- Private payer patients often work full time and appreciate later hours and access.
- Outreach and engagement sometimes must be prioritized due to staffing constraints.
- The geographic spread of populations can alter engagement efforts.

Thank you to the ACOs who contributed to this survey on ACO patient engagement!

To learn about other ways you can be involved in shared learnings for ACOs or NAACOS advocacy, please contact us at advocacy@naacos.com