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Using ACO Quality Reporting to Improve Health Equity NAACOS Recommends Changes to Improve Existing Requirements

WASHINGTON – As part of its continued work to develop policy recommendations that improve health equity, the National Association of ACOs (NAACOS) today published <u>a white paper</u> that outlines ways Medicare can improve equity in health outcomes using quality improvement requirements in accountable care organizations (ACOs).

As part of all its ACO programs, the Centers for Medicare and Medicaid Services (CMS) evaluates ACOs on a number of quality measures, such as uses of preventive screening tools and hospital readmissions. But current quality evaluations could be updated to improve health inequity, and the NAACOS paper offers seven concrete recommendations for making that happen. NAACOS has previously published a <u>white paper</u> on better positioning ACOs to address health inequity and social determinants of health (SDOH). These recommendations must be done in a step-wise and thoughtful manner and with the support ACOs need to be successful in these efforts.

The recommendations made in the quality improvement paper are:

- Begin collecting race and ethnicity data in a standardized way to help the deployment of more targeted care coordination and improvement strategies to close equity gaps.
- Adjust patient survey data to begin incorporating equity questions, such as adding a question focused on receiving timely access and culturally appropriate care.
- Incentivize ACOs' use of SDOH screening tools of the ACO's choosing.
- Identify a subset of ACO quality measures that could be stratified by race and ethnicity.
- Consider providing incentives for improving quality scores for subpopulations identified as having lower performance based on race and ethnicity categorizations.
- Develop and incorporate into ACO programs quality measures that address health equity at the population-health level.
- Avoid making adjustment to quality benchmarks for race and ethnicity.

"Improving health equity is critical to delivering high-quality care in a cost-effective manner, as some research shows that social drivers of health contribute more significantly to health outcomes than medical care," the paper states. "Social risks and social needs cannot be addressed if they are not adequately measured, tracked, and reported."

"ACOs today are already required to collect and report on lots of data points on how they treat their patients. These requirements can easily be updated to better address health equity," said Clif Gaus,

Sc.D., NAACOS president and CEO. "Our recommendations are another example of how CMS can leverage ACOs today to achieve the agency's top administrative priority of improving equity."

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About NAACOS. The National Association of ACOs (NAACOS) represents more than 12 million beneficiary lives through hundreds of organizations participating in population health-focused payment and delivery models in Medicare, Medicaid, and commercial insurance. Models include the Medicare Shared Savings Program (MSSP), Next Generation ACOs, and alternative payment models supported by a myriad of commercial health plans and Medicare Advantage. NAACOS is a member-led and member-owned nonprofit organization that works to improve quality of care, outcomes, and healthcare cost efficiency.