

ACOs Improve Quality

Are ACOs required to focus on quality of care?

- Yes. For ACOs to achieve any shared savings they must meet certain quality standards. This requirement promises that ACOs aren't simply denying care in order to lower spending. If quality standards aren't met, the ACO is denied shared savings regardless of how much they lowered costs.

What are the quality measures?

- ACOs are evaluated on a variety of quality measures focusing on prevention and chronic care management such as screening for depression, and cancer screenings among others.

Do ACOs improve quality?

- A recent [study](#) showed that exiting the Medicare Shared Savings Program (MSSP) was associated with considerably lower rates of preventive services resulting in lower quality of care after the practice's departure from the MSSP

But are ACOs doing any better than other providers?

- Yes. A [August 2017](#) report Inspector General found that ACOs outperformed fee-for-service providers on 81 percent of quality measures.

Looking Deeper

- **Readmissions:** A study published in the January 2017 issue of *Health Affairs* found that Medicare ACOs lowered hospital readmissions faster than hospitals not affiliated with an ACO. Non-ACO hospitals reduced readmissions from skilled nursing facilities (SNFs) by 13.1 percent while ACO hospitals reduced readmissions from SNFs by 17.7 percent. The data suggests ACO hospitals are doing a better job at communicating with SNFs, targeting at-risk patients or discharging more effectively.
- An ACO in the Chicago area implemented a simple but effective nutrition intervention to lower hospital readmissions. When malnourished patients are readmitted to a hospital the average cost is \$17,000, which is nearly \$6,000 more than the average hospital readmission. The ACO decided to provide every malnourished patient with a nutrition supplement within 24 hours of admission, nutrition education, and post-discharge instructions. The hospital also sent these patients home with coupons for oral nutrition supplements. This small intervention significantly reduced readmissions and lowered readmission costs for the hospital by 29.4 percent.