NAACOS Specialty Engagement in Accountable Care Toolkit Webinar

May 11, 2026

Q&A will take place at the end of the program

You can submit written questions using the **“Questions” tab** (not chat) at any time during the webinar.

Webinar is being recorded

The recording and slides will be available on the NAACOS website within 48 hours.

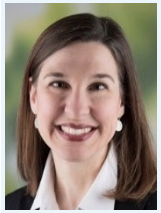
Agenda

Today's session will guide you through the key components of our new toolkit, featuring expert insights from health care leaders across the accountable care spectrum

- Speaker Introductions
- Specialty Engagement Toolkit Release
- Toolkit Components
- Q&A

Meet Our Speakers

Dr. Gene Quinn
Cardiologist, Medical Dir., CEO, Envoy Integrated Health



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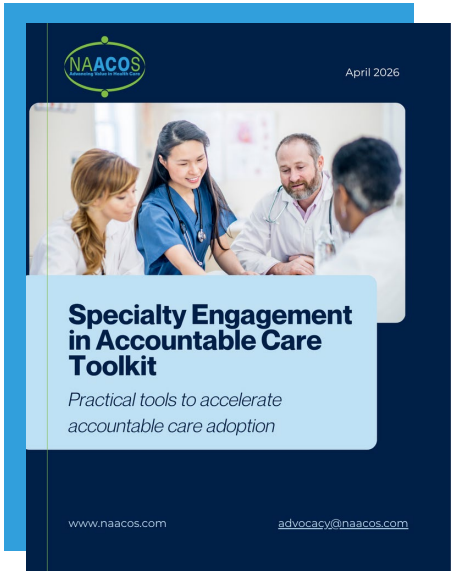
Specialty Engagement in Accountable Care Toolkit

NAACOS released the *Specialty Engagement in Accountable Care Toolkit* to support meaningful specialty engagement across the continuum of care.

- ✓ Voluntary best practices
- ✓ Step-by-step guidance
- ✓ Practical, adaptable tools



Download your free copy of the toolkit and resources now!

Purpose

The Specialty Engagement Toolkit serves as a comprehensive resource designed to bridge the gap between accountable care entities, primary care, and specialty providers. It enables organizations to move beyond fragmented approaches toward coordinated, team-based care that delivers measurable results for all stakeholders.

Share What Works

Distill successful strategies for organizations to adapt to their unique market conditions and patient populations.

Provide Guiding Principles & Best Practices

Offer stepwise approaches to align incentives, improve coordination, and strengthen shared accountability across the care continuum

Align Incentives & Strengthen Accountability

Create shared goals that align financial and clinical incentives across care teams, improving coordination between primary care and specialists while reinforcing mutual accountability for patient outcomes.

Approach

The Toolkit represents findings from:

- An advisory workgroup including specialists, VBC providers, clinical and operational leaders, payers, and quality and analytical experts. Workgroup members were selected from NAACOS' membership to ensure diverse representation across national and regional industry organizations
- NAACOS staff coordinated additional literature reviews, environmental scans, and interviews with subject matter experts

Learn What's Working

Stakeholders expressed strong interest in understanding what works and what doesn't in specialist engagement. They wanted proven strategies and real-world examples that can be adapted to their unique care settings.

Incentive Structures

There is significant desire for both financial and non-financial incentives with scalable examples. Organizations seek flexible models that align specialist rewards with value-based care outcomes across diverse populations.

Practical Outcomes & Transparency

Stakeholders emphasized the need for practical, attainable outcomes supported by transparency and data-driven insights.

Practical Tools for Specialty Engagement

Structured and actionable
Strategic guidance and practical tools include dashboards, assessments, and templates

Practical framework
Domains and tools can stand alone or integrate as a full toolkit

Works for many audiences
Written for executives, clinicians, specialists, strategic & operational leaders, and analysts

Developed for every stage
Works for entities engaging specialists in early efforts to those with advanced models

Adaptable guidance
reflects the diversity of specialties, populations, and organizational readiness levels

Foundational Themes

Leadership and governance

Data transparency

Operational integration

Incentive alignment

Equity and access

1. Data, Analytics, and Dashboards
2. Patient Entry, Attribution, and Clinical Pathways
3. Specialist Engagement & Referral Network Planning
4. Developing and Aligning Meaningful Incentives
5. Episodes of Care Payment Models
6. Advanced Specialty Care Payment Models

Tool 1: Specialist Performance Index

Example Specialist Performance Index -- Key Domains and Example Measure Concepts

Measure Concepts	Specialty	Target/Benchmark	Measure Concept Details and Benchmark Source
Efficiency			
Referral acceptance rate	All specialties	≥ 90%	Tracking referral completion, often called "closing the loop," is an important measure of care coordination. It captures the percentage of referrals that are scheduled, completed, and result in a report back to the referring provider. This metric aligns with national quality guidance and ensures accountability between primary care and specialists. CMS data for Closing the Referral Loop (Measure 374) show that high-performing organizations average about 77% completion after workflow improvements. Setting a target of 80% is both realistic and ambitious, exceeding the national mean while remaining achievable with strong processes in place. https://pmc.ncbi.nlm.nih.gov/articles/PMC4510221/
Timeliness of consult notes (<72 hrs)	All specialties	≥ 90%	Timely turnaround on consult notes is essential for safe, coordinated care. While CMS quality measures focus on receipt of a specialist report, many eConsult programs commit to responding within 72 hours or less, ensuring that actionable guidance quickly reaches primary care providers. Evidence from a Duke University study found that 91% of eConsult notes were completed within 72 hours, showing that this standard is achievable with effective workflows. A benchmark of at least 90% aligns with best practices, supporting referral loop closure and giving primary care teams the timely information they need to guide follow-up care. https://dukespace.lib.duke.edu/server/api/core/bitstreams/9cf5 5e2c-d500-4843-b3b4-255ec207536c/content
Average episode expense	Oncology, Orthopedics, Cardiology, Nephrology	≤ regional or national average for that episode type (risk-adjusted).	Episode-level cost visibility is critical for understanding and managing the total cost of care, particularly in bundled and sub-capitation arrangements. CMS' Bundled Payments for Care Improvement (BPCI) and other models establish target prices based on regional averages and adjust for patient risk. Using regional or national benchmarks provides a clear standard for comparison and ensures alignment with value-based purchasing frameworks and payer expectations. Note that cost can depend on case mix as different lines of business may have different costs. Expenditures would be subject to adjustments when weighing payer utilization management and contractual requirements. https://pmc.ncbi.nlm.nih.gov/articles/PMC5365411/
Quality of Care			
Evidence-based therapy adherence (%)	All specialties	≥ 80%	Specialty dashboards should reflect not only cost but also clinical quality measures that specialists directly influence. Healthcare Effectiveness Data and Information Set (HEDIS) offers condition-specific adherence and therapy metrics -- such as statin use for cardiovascular disease or diabetes and medication adherence for chronic conditions -- that provide meaningful insights into quality of care. Including a few guideline-backed measures in the core

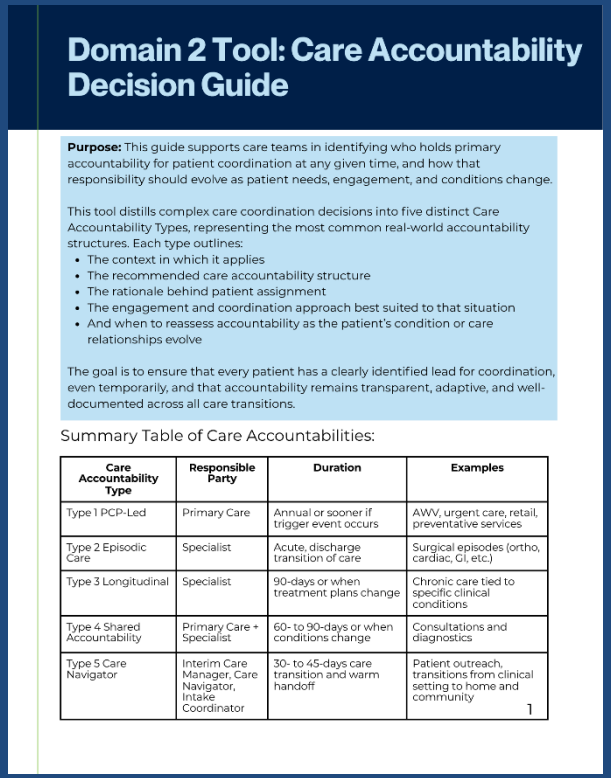
Challenges

- Data fragmentation
- Education on the use of performance data
- Patient attribution

Built for actionable transparency

- Excel-based, customizable, and flexible
- Organizes metrics into efficiency, quality of care, utilization, and patient experience categories
- Focuses on measures specialists can influence
- Aligns with broader total cost of care goals
- Actionable details drives conversation toward meaningful insights

Tool 2: Care Accountability Decision Guide



Domain 2 Tool: Care Accountability Decision Guide

Purpose: This guide supports care teams in identifying who holds primary accountability for patient coordination at any given time, and how that responsibility should evolve as patient needs, engagement, and conditions change.

This tool distills complex care coordination decisions into five distinct Care Accountability Types, representing the most common real-world accountability structures. Each type outlines:

- The context in which it applies
- The recommended care accountability structure
- The rationale behind patient assignment
- The engagement and coordination approach best suited to that situation
- And when to reassess accountability as the patient's condition or care relationships evolve

The goal is to ensure that every patient has a clearly identified lead for coordination, even temporarily, and that accountability remains transparent, adaptive, and well-documented across all care transitions.

Summary Table of Care Accountabilities:

Care Accountability Type	Responsible Party	Duration	Examples
Type 1 PCP-Led	Primary Care	Annual or sooner if trigger event occurs	AWV, urgent care, retail, preventative services
Type 2 Episodic Care	Specialist	Acute, discharge transition of care	Surgical episodes (ortho, cardiac, GI, etc.)
Type 3 Longitudinal	Specialist	90-days or when treatment plans change	Chronic care tied to specific clinical conditions
Type 4 Shared Accountability	Primary Care + Specialist	60- to 90-days or when conditions change	Consultations and diagnostics
Type 5 Care Navigator	Interim Care Manager, Care Navigator, Intake Coordinator	30- to 45-days care transition and warm handoff	Patient outreach, transitions from clinical setting to home and community

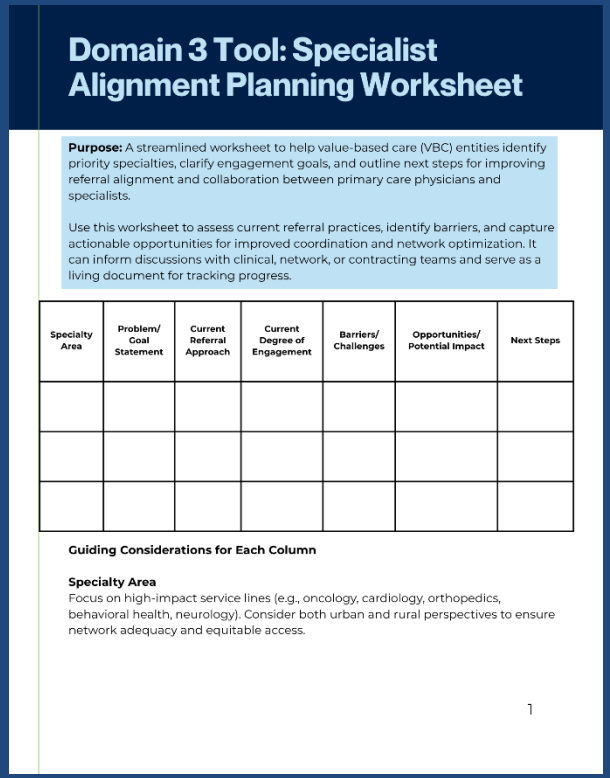
Challenges

- Fragmented patient entry pathways
- Limitations of attribution algorithms
- Duplication and overlapping care
- Communication and patient engagement gaps
- Barriers to integrating evidence-based clinical pathways
- Securing specialist buy-in and identifying clinical champions

Defines accountabilities as care needs evolve

- Supports smoother coordination across PCP and specialists
- Organizes real-world scenarios into distinct care accountability types
- Ensures patients have a consistent, coordinated point of care
- Clarifies when and how responsibility could shift across care settings
- Informs clear, clinical and operational workflows that build trust and reinforce credibility

Tool 3: Specialist Alignment Planning Worksheet



Domain 3 Tool: Specialist Alignment Planning Worksheet

Purpose: A streamlined worksheet to help value-based care (VBC) entities identify priority specialties, clarify engagement goals, and outline next steps for improving referral alignment and collaboration between primary care physicians and specialists.

Use this worksheet to assess current referral practices, identify barriers, and capture actionable opportunities for improved coordination and network optimization. It can inform discussions with clinical, network, or contracting teams and serve as a living document for tracking progress.

Specialty Area	Problem/ Goal Statement	Current Referral Approach	Current Degree of Engagement	Barriers/ Challenges	Opportunities/ Potential Impact	Next Steps

Guiding Considerations for Each Column

Specialty Area
Focus on high-impact service lines (e.g., oncology, cardiology, orthopedics, behavioral health, neurology). Consider both urban and rural perspectives to ensure network adequacy and equitable access.

1

Challenges

- Identifying barriers to coordination, access, efficiency, and quality
- Complex market conditions and populations
- Lacking data-driven insights and transparency

Actionable insights for building specialty networks

- Structured framework to understand referral patterns and clarify the goals driving engagement
- Surface barriers and opportunities that inform coordination and performance
- Defines actionable next steps for network optimization
- Data-informed foundation for strategic planning

Tool 4: Specialist Incentive Development Framework

Domain 4 Tool: Specialist Incentive Development Framework

Purpose: Provide a structured guide for Value-Based Care entities collaborating with specialists to co-design credible, transparent, and actionable incentive programs that align specialists with quality outcomes and patient experiences.

Step 1. Define Target Condition or Service Line
Identify areas with high potential for quality improvement and cost savings.

Examples: Cardiology, Orthopedics, Oncology, Behavioral Health, Chronic Disease, Neurology, Pulmonology

Prompts:
- What condition or specialty area are we targeting?
- What measurable outcomes or savings opportunities exist?
- What population size/volume supports implementation?

Step 2. Select Model Type
Whether considering pay-for-performance or other payment model types such as bundles, sub-capitation, or population-based specialty care models, designing and implementing the right incentive structure requires a nuanced understanding of clinical patterns/care accountabilities, stakeholder roles, and available data.

Key Considerations:
- Nature of specialty care types: longitudinal/chronic conditions, episodic care
- Roles of key players: payers, VBC/risk-bearing entities, clinical practices
- Incentive program participants: individual clinicians such as specialists or other physicians, clinical practices, other providers (clinical and/or social care)
- Exploring referral patterns across networks
- Availability and reliability of cost and quality data

Step 3. Establish Metrics and Data Sources
Translate measurable metrics into performance goals that inform distribution logic. The chart below includes examples from the Section 1 Toolkit – Specialty Performance Index measure concepts.

1

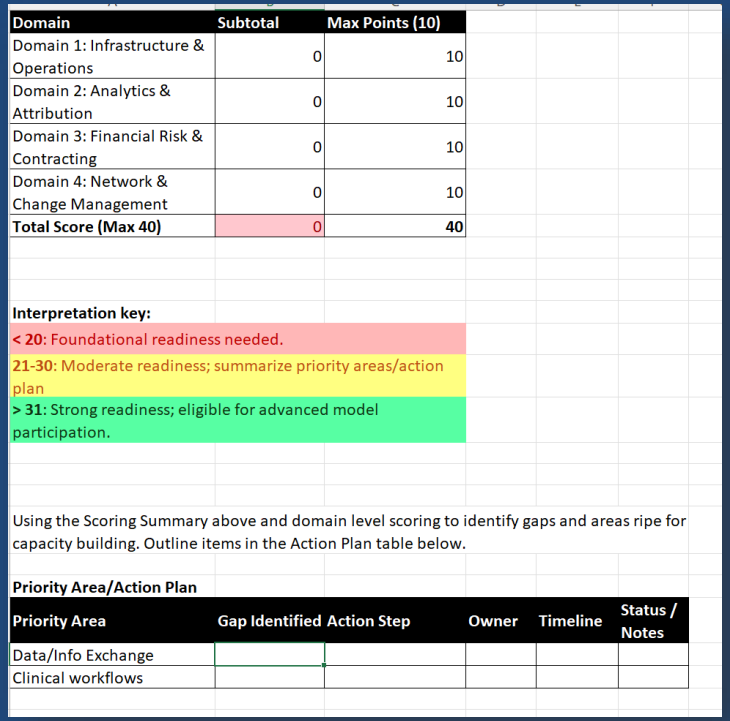
Challenges

- Balanced ownership of financial risk and incentives
- Attributable savings, impact, and distribution
- Aligned incentives across complex populations and payers

Aligning clinical goals, incentives, and accountability

- Stepwise guidelines to co-designing incentive programs alongside specialists
- Defines how measurable goals and quality gates align to financial and non-financial incentives
- Ensures incentives remain achievable and transparent
- Reiterates importance of accountability and governance (e.g., clinical champions)

Tool 5: Bundle Contracting Readiness Assessment



Domain	Subtotal	Max Points (10)
Domain 1: Infrastructure & Operations	0	10
Domain 2: Analytics & Attribution	0	10
Domain 3: Financial Risk & Contracting	0	10
Domain 4: Network & Change Management	0	10
Total Score (Max 40)	0	**40**

Interpretation key:

< 20: Foundational readiness needed.

21-30: Moderate readiness; summarize priority areas/action plan

> 31: Strong readiness; eligible for advanced model participation.

Using the Scoring Summary above and domain level scoring to identify gaps and areas ripe for capacity building. Outline items in the Action Plan table below.

Priority Area/Action Plan

Priority Area	Gap Identified	Action Step	Owner	Timeline	Status / Notes
Data/Info Exchange					
Clinical workflows					

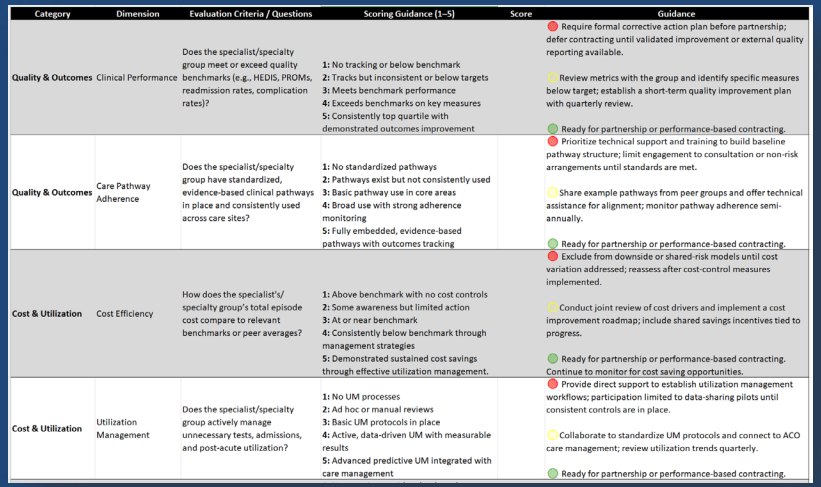
Challenges

- Constrained participation and attribution complexity
- Savings and benchmark “ratcheting”
- Fragmented data insights

Preparing for Episodic Risk

- Realistic self-assessment to evaluate preparedness before entering or expanding bundled arrangements
- Organizes across 4 domains infrastructure & operations, analytics & attribution, financial risk & contracting, network & change management
- Scoring system informs priority areas in creating strategic and action plans
- Findings can influence episode selection, risk glidepaths, and operational decision-making

Tool 6: Practice Engagement Readiness Assessment



Category	Dimension	Evaluation Criteria / Questions	Scoring Guidance (1–5)	Score	Guidance
Quality & Outcomes	Clinical Performance	Does the specialist/specialty group meet or exceed quality benchmarks (e.g., HEDIS, PROMs, readmission rates, complication rates)?	**1:** No tracking or below benchmark **2:** Tracks but inconsistent or below targets **3:** Meets benchmark performance **4:** Exceeds benchmarks on key measures **5:** Consistently top quartile with demonstrated outcomes improvement		🔴 Require formal corrective action plan before partnership; defer contracting until validated improvement or external quality reporting available. 🟡 Review metrics with the group and identify specific measures below target; establish a short-term quality improvement plan with quarterly review. 🟢 Ready for partnership or performance-based contracting.
Quality & Outcomes	Care Pathway Adherence	Does the specialist/specialty group have standardized, evidence-based clinical pathways in place and consistently used across care sites?	**1:** No standardized pathways **2:** Pathways exist but not consistently used **3:** Basic pathway use in core areas **4:** Broad use with strong adherence monitoring **5:** Fully embedded, evidence-based pathways with outcomes tracking		🔴 Prioritize technical support and training to build baseline pathway structure; limit engagement to consultation or non-risk arrangements until standards are met. 🟡 Share example pathways from peer groups and offer technical assistance for alignment; monitor pathway adherence semi-annually. 🟢 Ready for partnership or performance-based contracting.
Cost & Utilization	Cost Efficiency	How does the specialist's/ specialty group's total episode cost compare to relevant benchmarks or peer averages?	**1:** Above benchmark with no cost controls **2:** Some awareness but limited action **3:** At or near benchmark **4:** Consistently below benchmark through management strategies **5:** Demonstrated sustained cost savings through effective utilization management.		🔴 Exclude from downside or shared-risk models until cost variation addressed; reassess after cost-control measures implemented. 🟡 Conduct joint review of cost drivers and implement a cost improvement roadmap; include shared savings incentives tied to progress. 🟢 Ready for partnership or performance-based contracting. Continue to monitor for cost saving opportunities.
Cost & Utilization	Utilization Management	Does the specialist/specialty group actively manage unnecessary tests, admissions, and post-acute utilization?	**1:** No UM processes **2:** Ad hoc or manual reviews **3:** Basic UM protocols in place **4:** Active, data-driven UM with measurable results **5:** Advanced predictive UM integrated with care management		🔴 Provide direct support to establish utilization management workflows; participation limited to data-sharing pilots until consistent controls are in place. 🟡 Collaborate to standardize UM protocols and connect to ACO care management; review utilization trends quarterly. 🟢 Ready for partnership or performance-based contracting.

Challenges

- Data integration complexity
- Financial risk tolerance and impact
- Variation in readiness and significant infrastructure requirements
- Newer, growing area

Specialist readiness for advanced models

- Decision-making tool to assess readiness and timing for advanced specialty models
- Organizes across quality, cost efficiency, risk readiness, data & analytics, cultural alignment, and engagement timing
- Evaluates infrastructure requirements, operational maturity, and risk considerations

Future Considerations

- Managing specialty drug costs
- Rural health access and infrastructure
- Integrating community-based support

Acknowledgements

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THANK YOU!

Stay engaged with us.

Share your experiences with dchen@naacos.com

Questions?

Upcoming Events

Title	Date(s) and Times	Location	More information
Specialty Care Deep Dive Roundtable Series	**4th Wednesday each month: noon ET**	**Virtual**	**Register**
Monthly ACO REACH/LEAD Roundtable Meeting Series • Pre-recorded Webinar: Provides a detailed overview of the model. • ACO Comparison Chart: Outlines and compares MSSP, ACO REACH, and LEAD across several domains. • LEAD Model Detailed Slides: Presents comprehensive model details	4th Thursday each month: noon ET	Virtual	Register
Innovation Spotlight – AI Series with Ursa Health	May 12: 2pm ET	Virtual	Register
Upcoming and Past Webinars	Schedules Vary	Virtual	Link

NAACOS Regional Map

Northwest

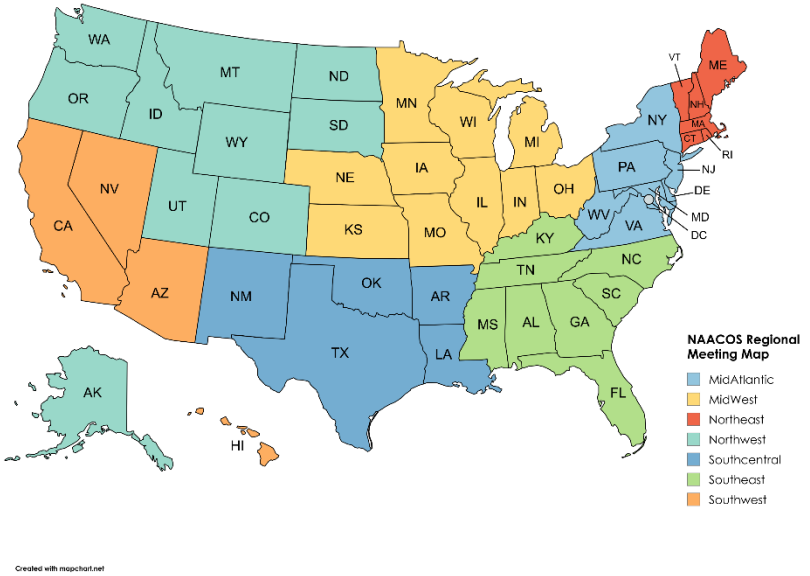
- August 13, 2026 – Boise Idaho
- March 2027 - TBA

Southwest

- November 2026 - TBA
- May 19, 2026 - Virtual

South Central

- January 2027 - TBA
- August 25, 2026 - Virtual



Northeast

- July 28, 2026 –Providence, RI
- March 2027 - Virtual

Mid-Atlantic

- June - TBA
- December 2, 2026 - Virtual

Midwest

- July 16, 2026 – Milwaukee, WI
- February 2027 - TBA

Southeast

- February 2027- TBA
- September 14, 2026 - Virtual

Boot Camp for Medicare ACOs

Progressive Learning: From Basic to Advanced

The Boot Camp Series is for MSSP and REACH employees at all levels to learn about ACO optimization, innovation, and advancement in data analytics and clinical operations.

Fundamentals

- On-demand videos
- Free to members

Boot Camp 101

- Data/Analytics
- June 2-4, 2026
- 1:00 pm to 5:00 pm EDT
- Registration opening soon!

Boot Camp 201

- Early 2027 - TBA