

# ASN and Accountable Care Organizations

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Chair

Accountable Care Organization Task Force

American Society of Nephrology

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# ASN and Accountable Care Organizations (ACOs)

- **November 2010:** Responded to CMS Request for Information regarding the Medicare Shared Savings Program
- **March 2011:** Established ASN ACO Task Force
- **June 2011:** Commented on ACO Proposed Rule  
Provided ASN member education on rule
- **November 2011:** Initiated review of ACO Final Rule  
Provided ASN member education on rule  
Developing more detailed ACO-related resources for members and PCPs
- **January 2012:** Meeting with CMS to discuss kidney disease patients and ACO program (planned)

# ASN ACO Task Force Roster

- Jeffrey Berns, MD – University of Pennsylvania
- Thomas DuBose, MD, FASN – Wake Forest Baptist University Medical Center
- Andrew Fenves, MD, FASN – Dallas Nephrology Associates, Baylor University Medical Center
- Lee Hamm, MD (Chair) – Tulane University School of Medicine
- Uptal Patel, MD – Duke University
- Emily Robinson, MD – Brigham and Women's Hospital
- Dan Weiner, MD – Tufts Medical Center
- Amy Williams, MD – Mayo Clinic
- Jonathan Himmelfarb, MD, FASN (Ad Hoc) – University of Washington School of Medicine
- Tom Hostetter, MD(Ad Hoc) – Case Western Reserve
- Rachel Shaffer – ASN staff

# ASN ACO Task Force Charge

- Reviewing current concepts, trends, knowledge from the developing literature and discussion related to the potential definition, structure, and operation of ACOs.
- Identifying possible roles and opportunities for nephrologists, nephrology practices, academic and other medical centers, dialysis providers, and other organizations in ACOs (both as the 'center' of an ACO and through other forms of participation).
- Responding to requests for comment about ACOs from the Centers for Medicare and Medicaid Services (CMS) other federal agencies, and other organizations that may request information from the ASN.
- Helping the ASN educate its membership about ACOs and the potential impact of the ACO concept on nephrology practice and kidney disease care.

# ASN Analysis of Proposed Rule

- Applaud the concept of accountable care
- Believe patients with kidney disease and other complex chronic conditions stand to benefit from care delivery reforms
- See particular potential for better coordinated care to improve quality for CKD patients as they progress to ESRD or transplant
- Hold that ACOs must allow for patient-centered, individualized care and for preservation of the patient-physician relationship
- Have concerns that ACOs, as described in the proposed rule, are not well positioned to appropriately care for patients receiving dialysis or patients with a recent kidney transplant

# ASN Analysis of Proposed Rule

- Several key ACO care processes are already routinely undertaken in dialysis units
- Numerous quality measures are recommended for the general population are not appropriate for dialysis or recent transplant patients (cancer screenings, for example)
- Many EBM guidelines appropriate for the general population are not appropriate for patients with kidney disease
- Does ACO structure preserve patient-nephrologist-nephrology multidisciplinary care team relationship?
- Would ACO structure facilitate optimal transplant care?



# ASN Analysis of Proposed Rule

## Conclusions:

- Dialysis patients and recent transplant recipients should not be attributed to ACOs.
- CKD, ESRD, and transplant patients have complex care needs that are divergent from those of the general patient population (and from each other), and require different, individualized care plans and ready access to specialist care.
  - ESRD and recent transplant patients have especially complex needs
- ASN welcomes the opportunity to work with CMS to define:
  - Best care processes for CKD patients within the context of an ACO
  - Additional screening for kidney disease in high risk populations
  - Criteria for determining what constitutes a “recent” transplant recipient versus a recipient who has been living stably and could potentially benefit from attribution to an ACO

# ASN Analysis of Final Rule

- Significant changes to financial risks, timeline, and participatory requirements
  - Emphasized that specialty-specific ACOs are not permitted.
- Few, if any of these changes, address our primary concerns
- Virtually all of the potential pros and cons for kidney patients articulated in ASN's comment letter on the proposed rule still stand.



# ASN Next Steps

- Convening in-person meeting with CMS CMO Patrick Conway, MD to discuss outstanding concerns.
  - What should nephrologists whose patients are prospectively attributed to an ACO do?
  - How does CMS envision ACOs should handle quality metrics that are contraindicated for specialty patients?
- Authoring a series in ASN Kidney News about the implications of the final rule for nephrology
- Developing online resources, including “FAQs” for nephrology professionals
- Developing a suite of “best practices” resources on CKD care coordination for the PCP community who will form the basis of ACOs
- Working with other subspecialty organizations (such as ACC, ASCO, and ACR) to understand their positions on ACOs

# ASN Next Steps

- Consider other new care delivery model types besides ACOs as defined in the final rule; identify potential opportunities and challenges
- What are other members of the nephrology community thinking, hearing, and planning regarding ACOs or other new care delivery models?
  - Where do our goals align?
- How can we collaborate to ensure the highest quality of care for patients with kidney disease in a changing healthcare environment?