



RHQN NEWSLETTER

August 2010

Accountable Care Organizations

Want a good reason to set high standards for your facility's quality improvement program? Want a good reason for seeing that you meet or exceed those standards? Think "Accountable Care Organization." I don't know if you have been keeping up with the operational side of federal healthcare reform, but if you have, you have run across this term numerous times. Where did the term come from, what does the term mean, and why in the world should I care? Questions, questions, and more questions! Don't you wish that the government, their agencies, or the bureaucracy in general would provide explanations and not create questions!

So, just what is an accountable care organization? As you might guess, you could ask six different people and get six different answers. Count me in as number seven. Let's try picking the term apart into its pieces and see what we get. First, 'accountable' means that you are a responsible person or organization, you accept ownership for what you do, and have a reasonable explanation for why you do things the way you do. I'll buy that all RHQN member facilities are accountable for their actions and the care they provide, that accountability is part of what drives you toward excellence.

The second piece of the term is 'care.' Do we care, are we caring, is this our business mission, vision and value? You bet your bottom dollar we care. If we didn't care about our customers, our patients, we wouldn't be in business for very long. 'Care' is not just a philosophy, it is not just a mantra; it is operational or functional. A million things go into the delivery of 'care' and every one of the things we do to deliver 'care' can have a good outcome or a bad outcome. So, we strive to deliver 'the best' care, not just good care but 'the best.' We are all accountable for holding to that philosophy and function of 'caring.'

The third piece of the term is 'organization.' An organization is a structure set up to provide a service or product in an effective, efficient, and cost-conscious manner. Our hospitals employ specialists in varying areas (nursing, the therapies, housekeeping, medical records, engineering, etc.) who are highly organized in their specialized function. This confers a high level of organization to the totality of care we provide. I'm sure there are days when you shake your head, look at the chaos around you, and wonder where the 'organization' went. But, we (all the RHQN members) are organizations, designed to provide the best care, accountably, and in an organized fashion. You could even stretch it so far as to say that the quality of the care you provide is a measure of how organized you are.

Well, there you have it 'accountable care organization.' Doesn't that sound simple? I'm sure you agree that you strive to be an accountable care organization. We take pride in our work and the care we provide. Our communities hope for and hang a lot of weight on their expectation that we provide accountable care. But why, all of a sudden, is the federal healthcare reform act so focused on this commonly accepted goal. I think that the catch phrase that works here is "money talks." Unfortunately, in this case, it may be that the 'lack of money talks.' Healthcare reform is based on the idea that we (you and I) are not getting the quality of healthcare we deserve for all the money that is being spent. Too many people are spending too much money, doing too many different things, in order to care for us. The question that cries out is "just who is accountable here and just how organized is this mess?"

Are you ready? Here is where the 'rubber hits the road' for accountable care organizations that happen to be critical access hospitals. Medicare (that organization of the federal government responsible for buying accountable care for a large percentage of the population) has a big hammer which they are going to use even more effectively than they have in the past. It's the 'purse string.' Medicare will, in essence, use their money to force us all to become more accountable 'care' organizations. Here is where it gets convoluted. They are going to try to leverage us into providing better quality care by paying us less. Say what? Less money and better care don't seem like they even belong in the same sentence, but they do. If it is of any comfort to you, Washington State's critical access hospitals are not the real target of this maneuver (that's another story).

Up to now, we have talked about your facility being an accountable care organization. Rest assured that you are an accountable care organization. Now, think about it this way. What if you took a tertiary care hospital (your most commonly used referral hospital), a rehab facility, your hospital, a home health agency, a clinic, and maybe even hospice and asked them to work together to care for a patient (say, a hip replacement patient on Medicare). If Medicare gives this consortium of care organizations a flat fee to do everything from replace the hip to provide 'in-home' care, how accountably could they provide the best care, in an effective, efficient and cost-conscious manner?

The federal government (Medicare) is betting that this 'super-sized' accountable care organization can provide the continuum of care needed by the hip replacement patient more effectively, more efficiently and more cost consciously than before. What we have to think about is "how do we (the RHQN member facilities) leverage ourselves to become part of one or more of these 'super-sized' accountable care organizations." The answer goes back to the first paragraph of this discussion.

We (the RHQN member facilities) become valuable and sought after members of 'super-sized' accountable care organizations by having better quality measure scores than anyone else. We are "BEST PRACTICE" in everything we do, we may not have the largest scope of practice, but what we do is of incredible quality. You know that's true, I know that's true, but the quality data has to show that it's true. Sometimes it is hard for staff to see the forest for the trees. They are so busy taking care of patients, one patient at a time, that they lose sight of the global reasons for delivering quality care. It's our job to help all staff understand why the highest quality patient care and customer service/satisfaction are valuable. Staff easily understand that if they don't provide quality care and customer service, they could lose their job. But, they may

not understand that it could mean no 'super-sized' accountable care organizations may want us to join them. If we don't have strong data showing that we are indeed accountable, caring, and organized to provide the highest quality care, we may be ignored.

If you would like to hear more about accountable care organizations, please contact Randy Benson, RHQN Executive Director, at randyb@wsha.org or (206) 577-1821.

Upcoming Member Conference Calls

If you have a topic suggestion, please call or e-mail Randy Benson (RHQN Executive Director) at randyb@wsha.org or at (206) 577-1821.

- September 14, 10:30 a.m. - **Finding A Champion: One of the Foundations of Successful Change**, presented by Randy Benson, RHQN Executive Director
- October 5, 10:30 a.m. - **Clinical Best Practices and Lessons Learned**, facilitated by Bev McCullough, RHQN Quality Improvement Manager
- November 9, 10:30 a.m. - **The Magic Lantern, Shedding Light on Employee Satisfaction and Just Culture**, presented by Randy Benson, RHQN Executive Director
- December 14, 10:30 a.m. - **Clinical Best Practices and Lessons Learned**, facilitated by Bev McCullough, RHQN Quality Improvement Manager

If you have ideas, comments, questions, need additional resources or a consultation, contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or randyb@wsha.org