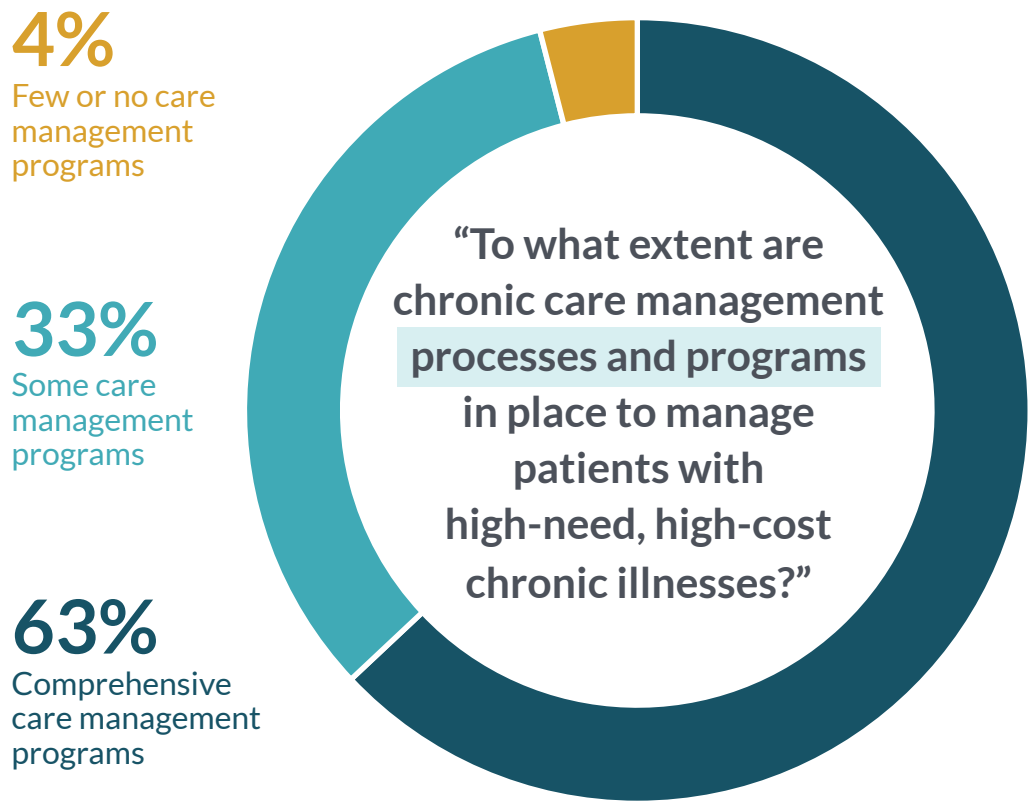
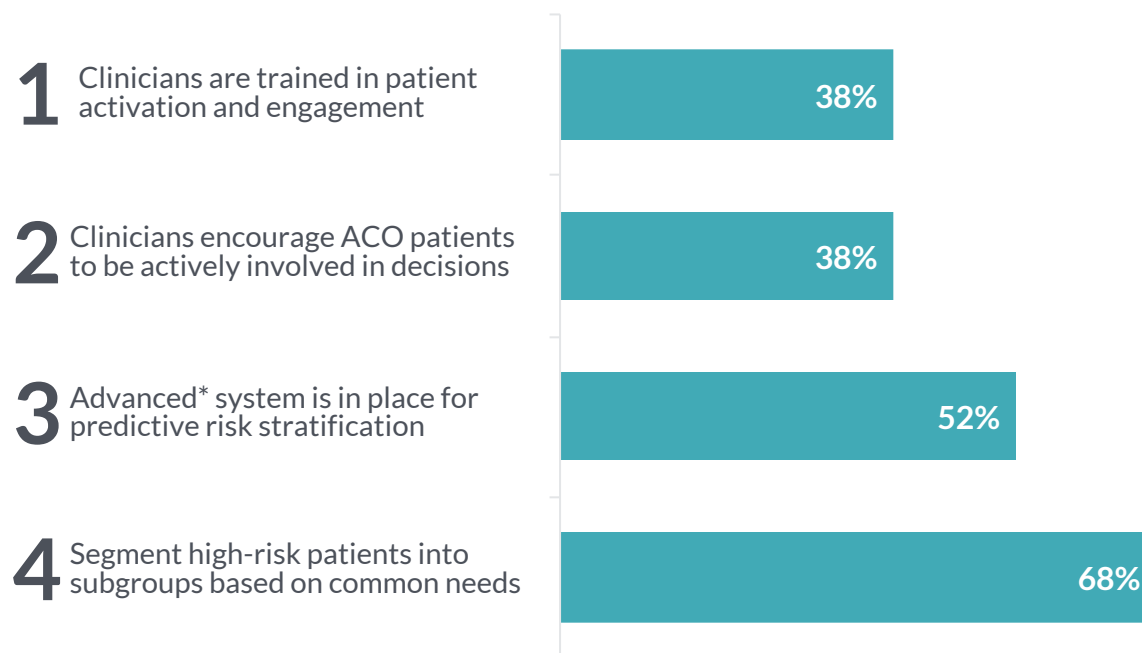


“To what extent are chronic care management processes and programs in place to manage patients with high-need, high-cost chronic illnesses?”



Notes: The National Survey of ACOs uses a 9-point Likert scale, with definitions for the lowest, middle, and top thirds defined as “few or no comprehensive care management processes or programs” (1-3); “some comprehensive care management processes or programs” (4-6); or “comprehensive chronic care management processes or programs in place” (7-9). n = 394 ACOs.

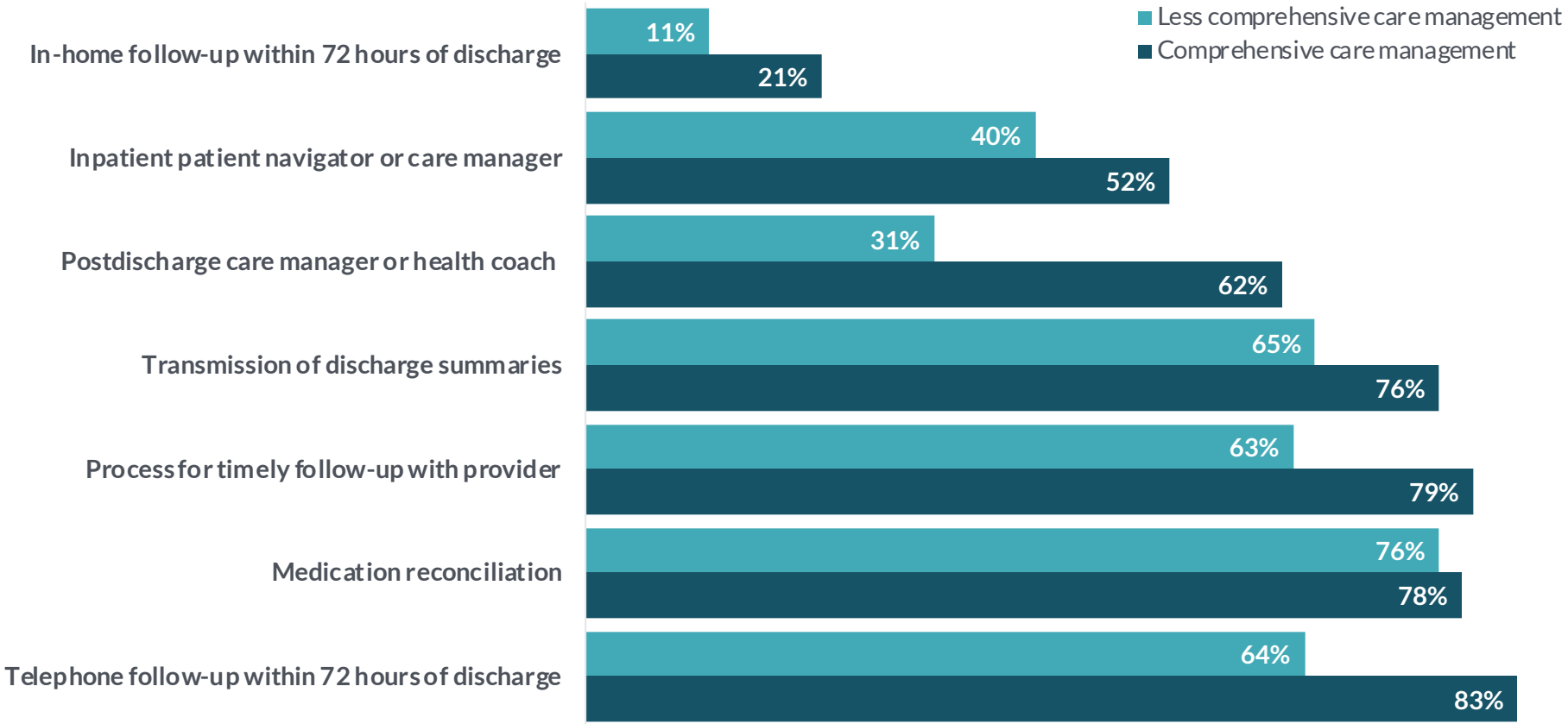
Percent of ACOs with comprehensive care management programs participating in patient identification and engagement approaches



Full text of NSACO questions: 1. Most or all clinicians are trained in patient activation and engagement methods and techniques (e.g., two-way communication, motivational interviewing, etc.). 2. Comprehensive* processes in place for clinicians to encourage ACO patients to be actively involved in decisions involving their care and self-management of their conditions. 3. Comprehensive* systems are in place for predictive risk stratification for patients attributed to the ACO. 4. Segment high-risk patients into subgroups based on common needs (e.g., frailty, mental illness, similar combinations of chronic conditions).

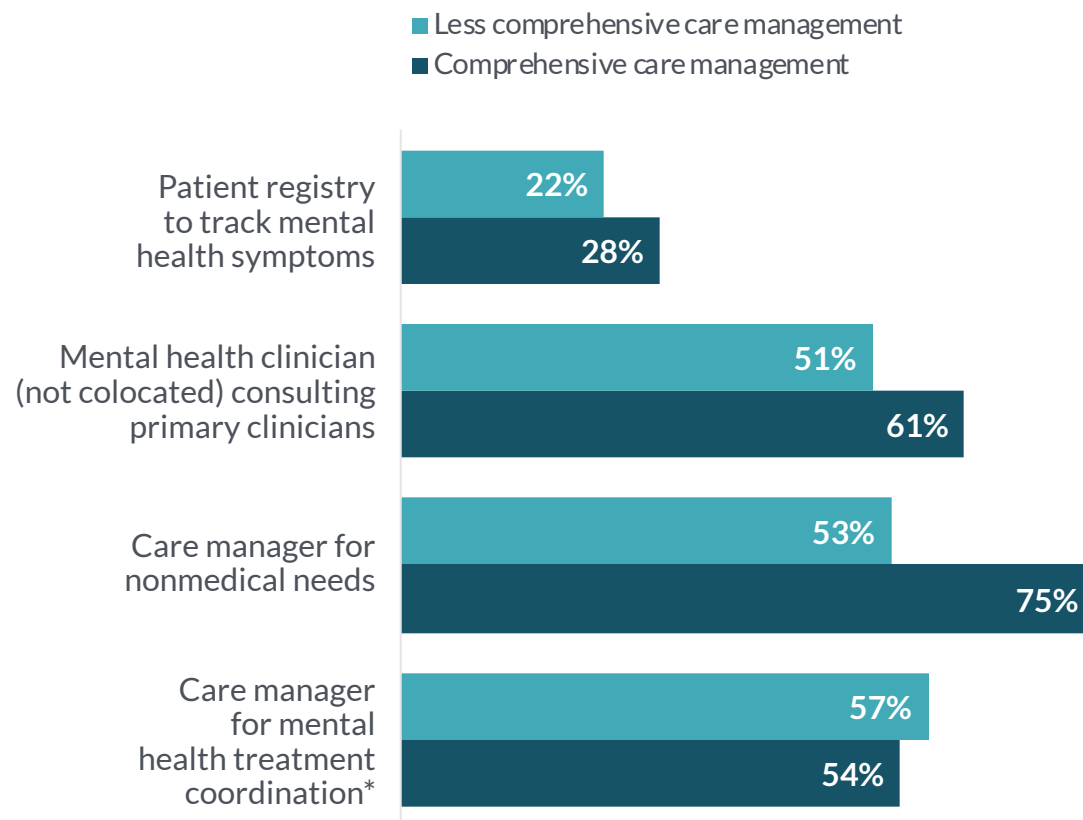
* The NSACO instrument used “comprehensive” in multiple variable response options. To avoid confusion, we use “comprehensive” only for the “Comprehensive Care Management” variable and refer to all others as “advanced.”

“How many of your ACO-attributed hospitalized patients undergoing a care transition to home or a post-acute care facility receive the following services to reduce the risk of readmission?”



Notes: NSACO response options were: all, most, some; none; and don't know. ACOs with “less comprehensive care management” were defined as a response of 1–6, and ACOs with “comprehensive care management” were defined as a response of 7–9 on a Likert scale of 1–9 in response to NSACO question regarding chronic care management programs and processes.

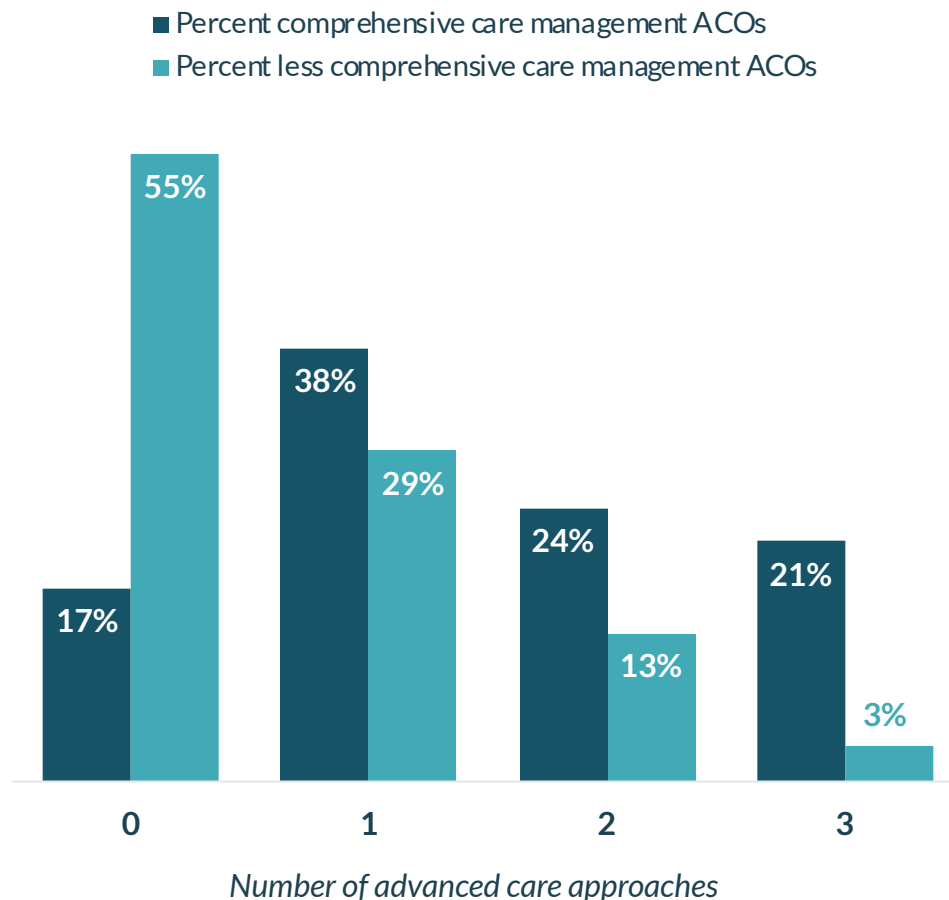
“Do any providers in your ACO use the following strategies to integrate primary care and treatment for depression and/or anxiety?”



Percent of NSACO respondents replying “yes.”
(Response options were “yes” and “no.”)

* This question was included on only the paper-based survey and reflects 78 responses. Peer support specialist and telemedicine are not part of evidence-based collaborative care models.

ACO advanced care approaches for people with complex needs



Notes: The response options for the NSACO variables used for the “Number of Advanced Care Approaches Employed by ACO” summary measure was based on a 9-point Likert scale, where 1–3 = “few or no” or “little or no”; 4–6 = “some”; and 7–9 = “comprehensive” or “nearly all.” (The NSACO instrument used “comprehensive” in multiple variable response options. For simplicity, we use “comprehensive” to describe only the item on “Comprehensive Care Management Programs” and describe the “comprehensive” or “nearly all” response to other survey items as “advanced.”) The three questions used include:

- For patients attributed to the ACO, to what extent is a system in place for predictive risk stratification?
- To what extent are systems in place to assure smooth transitions of care across all practice settings including hospitals, long-term care, home care, adult day care, and community-based health and social services as needed?
- To what extent are processes in place for clinicians to encourage ACO patients to be actively involved in decisions involving their care and self-management of their conditions?