**Table 3**. Interdependency Factors, Strategic Responses, & Boundary-Spanning Practices

|  |  |  |  |
| --- | --- | --- | --- |
| **Factors** | **Strategic Responses** | **Boundary-Spanning Practices** | **Example Quotes** (Quotes for each boundary-spanning practice come from different ACOs) |
| Availability of Needed Services | Increase the convenience of existing services | Expanding primary care hours, accessibility, and appointment options | * “We have three nights a week where we’re open after hours, and then we have doctors there every Saturday, and we have physicians in our office six days a week. So that’s been another change for us.” We’ve expanded our hours, increased our access….” (Physician) * “We need to have clinics in the evening and on weekends. We need to … see pediatric primary care patients at their convenience, and let them walk in.” (Physician) |
| Increase the reach of ACO into underserved communities | Providing care beyond the clinic setting | * “Mobile clinics have been discussed. You know, telemedicine, obviously, needs to ramp up, and reach these families who have transportation limitations, difficulties, or they just live so far out, it’s, you know, it takes a whole day just to come into the city.” (Manager) * “…working with the schools to get inhalers available … for the students, because they aren’t taking them at home; parents aren’t doing what they need to…. [An ACO physician] has been literally driving around to schools dropping off inhalers.” (Manager) |
| Augment the ACO with additional health services | Developing & maintaining connections with preferred non-ACO providers | * “I sent out a two-page letter to everybody in this [preferred] specialist panel with what our expectations were for these ACO patients. And I had every single physician in the specialty panel sign it, so that when I see behaviors that are not appropriate in terms of optimal cost and quality, I can then … say, ‘This is what we had asked of you. Are you willing to comply?’” (Executive) * “So most of what we’re doing for our post-acute is building relationships with our [non-ACO] skilled nursing providers.” (Executive) |
| Adding new providers to the ACO | * “We were therefore left with whole parts of the city where we could no longer deliver efficient care. So that was the compelling reason to hire a cardiologist.” (Executive) * [Rural provider] did not sign up with [the ACO], and they’ve got a pretty good chuck of Medicaid. So, we’ll talk with them now…. And that would bring on a good number of rural health clinics….” (Manager) |
| Interactions with Patients | Increase the frequency of interactions with patients | Communicating & reminding | * “It could be the MA …[or] the front desk that contacts them. You know, ‘you’re due for your blood work. Can I schedule that for you?’” (Manager) * “And now we’re transitioning [appointment reminders] over to the patient portal. Send them something through the patient portal to remind them.” (Executive) |
| Improve the efficiency of interactions with patients | Addressing gaps-in-care at the point of care | * “When we get a report that there's a gap in care, we put … an alert in the medical record that is bright red whenever you open [the EHR]. It's right there for you to see.” (Manager) * “…every patient coming in on a given day has a document that pulls together key information. […] If they’re on a high-risk medication, …we identify that. …has the patient had their mammogram? Have they had their dexa scan? If they’re diabetic, when was their last hemoglobin A1C performed?” (Executive) |
| Enhance the quality of interactions with patients | Improving the efficiencies and effectiveness of PCP processes | * “So the key was to get everybody else to elevate to the top of their licenses to unburden the physicians from doing some of that work.” (Executive) * “Some of these other things that have to do mostly with recording, or grabbing that from the hospital, making sure somebody comes in for an appointment, is kind of offloaded from the physicians so they can concentrate on that medical decision making and that relationship building.” (Executive) |
| System Complexities | Improve coordination among system components | Managing transitions of care | * “Each patient, when they leave, actually gets a what we call an … After Visit Summary Sheet to take home with them. But we’re trying to get families to sign up for [the patient portal] now so that once they go home, they can actually get back into their own record.” (Executive) * “So we basically hold their hands. We make sure they get the follow-up appointments …, that all their medications are reconciled …. basic things like that that don’t happen to most patients….” (Executive) |
| Managing referrals | * “…utilizing our preferred specialists list as opposed to an open network, to the extent that we are able to drive referrals to those preferred specialists that don't churn patients, but they, you know, treat them, make a recommendation, send them back to the PCP.” (Executive) * “there’s been a much greater focus on … providing services in network. … [we decided] to actually build that into our [physician] incentive formula.” (Executive) |
| Facilitating & problem solving | * “So if we have a child that is really sick, that has a lot of complex needs, … our case manager will walk over there and meet the patient and the family with the specialist.” (Executive) * “These care managers are [ACO] employees…. [They are] creating access for the patients, improving care, improving compliance, improving the patients’ abilities to get to access specialists, even arranging rides, and helping prevent unnecessary emergency room visits, and things like that. (Physician) |
| Improve patient ability to self-manage | Educating & equipping | * “So if they [the PCP] see a huge portion of their patients have come into the ER for fever—fever is not an emergent situation unless it’s with a neonate—and so they do targeted outreach with education pamphlets, talking with families, follow-up calls, about fever and the management thereof.” (Manager) * “[Patients are given a] kit, and it’ll have a scale in it. It’ll have, you know, a way to monitor your fluid intake, a way to track you weight and, you know, a variety of educational things.” (Manager) |
| Non-ACO Care | Improve real-time influence over non-ACO care | Overseeing care from preferred non-ACO facilities | * “Our goal is to follow that patient… and to manage their length of stay appropriately in the [non-ACO] SNF, and then make sure they’re discharged back to [ACO] services.” (Executive) * “…our hospitalists actually do see all patients that are in [non-ACO] hospitals…. get them in, get them out, get them ambulatory, admit them to the appropriate level of care….” (Executive) |
| Uncertainties Related to the Environment | Improve ACO knowledge of constraints | Monitoring population health & utilization patterns | * “We have a dedicated I.T. individual … just for these four ACO contracts. And the nurse manager is going to follow much more closely things like inappropriate ER utilization, are the physicians referring to the correct facilities for imaging, and those sorts of things.” (Executive) * “We also do a ton of reporting …. So they’re looking at immunization rates, well-child checkup rates, obesity rates, hypertension identification. So they’ve got a very robust dashboard ….” (Manager) |
| Monitoring non-ACO provider performance | * “I get to see [quality and efficiency of non-ACO providers] very clearly, because I review the referrals. So, …it’s clear to me that one is more efficient than the other.” (Executive) * “…if you were to go onto our [intranet], and go into post-acute, you could pull up readmission rates by [non-ACO] skilled nursing facility, length of stay by [non-ACO] skilled nursing facility.” (Executive) |
| Improve ACO awareness of contingencies | Monitoring individual high-risk patients | * “…care coordinators know the most recent activity and care plan goals will populate into their assessment navigator. So it’s presented to them while they’re in consultation, doing their assessment….” (Manager) * “…the hospitalist is notified by the [non-ACO] ER, “We have this patient down here, you want to come down and see him and see what you want to do with him.” (Executive) |