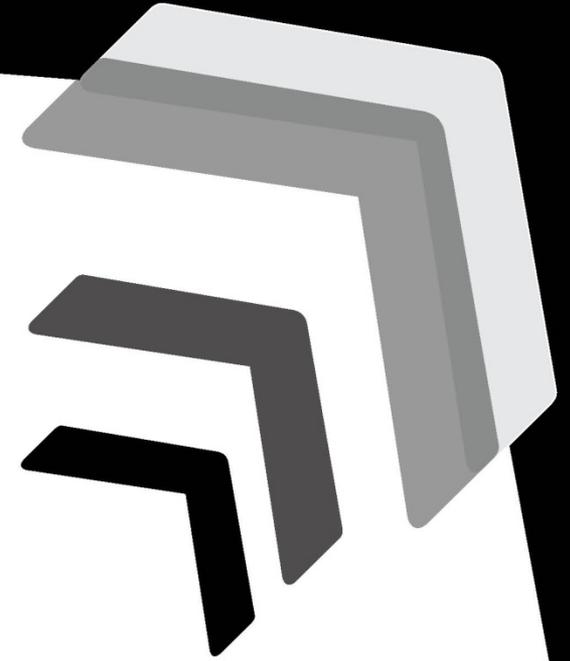


Accountable care organisations (ACOs) – what does this mean for England?

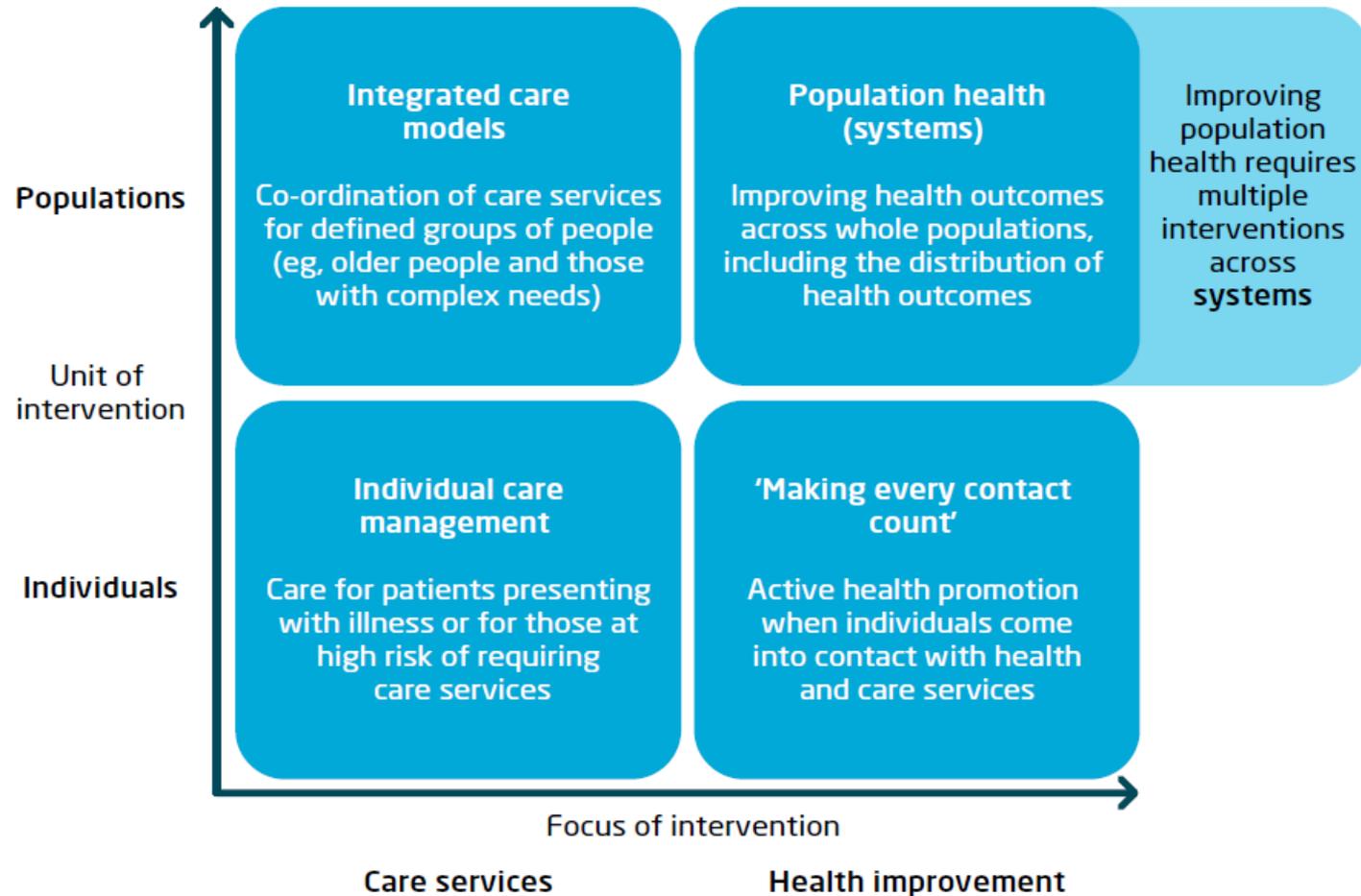


Chris Ham
Chief Executive
10 October 2016

ACOs

- › ACOs, ACSs and ACPs are under discussion almost everywhere – examples to follow
- › They are a different way of describing integrated care models
- › They offer the same promise and challenge as these models
- › So why is there is so much interest in ACOs?
- › And what needs to be done to realise their potential?

The spectrum of integrated care



ACOs and the new care models programme

- › Many of the most advanced ACOs have emerged through the new care models programme
- › This is not surprising as new care models are all different versions of integrated care
- › Some of these models build on a prior history of seeking to integrate care
- › Most have been led by providers and some by commissioners
- › The involvement of local government has often been helpful

Important ingredients of ACOs

- › Responsibility for defined population
- › Aligned incentives e.g. population based budgets
- › Accountability for outcomes
- › Information sharing and ideally a common electronic record
- › Knowing the population and providing care proactively to people most at risk
- › Clinical engagement and leadership
- › *"It's more sociological than technological"*

What ACOs do to deliver improvements

- › They seek to reduce cost and improve quality by reducing hospital use
- › Approaches include understanding the population served and stratifying by risk
- › Using case management to support people with complex needs at high risk
- › Improving flow of patients in hospitals through use of hospitalists and discharge planners
- › Following up patients post-discharge through telephone contact and care in people's homes
- › Supporting people to self manage and maintain health and wellbeing

The hard bit

- › The ingredients are a necessary but not sufficient condition
- › Collaborative relationships and system leadership are needed too
- › We are working in a system that was not designed to support integrated models of care
- › Areas of England that are making progress are often doing so despite the system
- › The actions of national bodies can get in the way
- › Organisational leaders and clinical leaders both need to work hard to breakdown the silos
- › Canterbury DHB's vision of 'one system one budget' was a powerful motivator and could be useful for us too

TheKingsFund>

Ideas that change
health care

Authors

Nicholas Timmins
Chris Ham

The quest for
integrated health and
social care
A case study in
Canterbury, New Zealand

Moving forward

- › Integrated provision and commissioning is the right thing to do
- › But it's hard because the current system wasn't designed to support integration
- › There are technical challenges such as payment systems, contracts and commissioning
- › There are also relational challenges to be overcome

What does this mean?

- › Frequent personal contact to build understanding and trust
- › A commitment to working together for the long term
- › A shared purpose and vision for the population you are serving
- › An ability to surface and resolve conflicts, not letting them fester
- › An ability to behave altruistically towards partners