Physician Engagement across Accountable Care Initiatives: Payment and Delivery System Reform Evaluations

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ABSTRACT

Accountable care approaches to health care payment and service delivery incentivize health care providers to invest in infrastructure and care processes that facilitate coordinated, high quality and efficient care that improves their patients' outcomes. Physician behavior is integral to these efforts, and the success of these initiatives relies on the ability of the accountable care organizations (ACOs) to motivate physicians to engage in activities that align with the goals of the ACO.

We conducted a systematic review of accountable care initiatives developed and tested by the Centers for Medicare & Medicaid Services (CMS) Center for Medicare & Medicaid Innovation (Innovation Center). Using a conceptual framework that draws from multiple disciplines, we identified approaches to physician engagement, strategies for their implementation, and associated challenges and outcomes. Data, training opportunities, and payments linked to performance or participation in various activities were common strategies. Physician turnover and specialists' participation challenged physician engagement efforts.

METHODS

DATA SOURCES. Final evaluation reports for 7 accountable care initiatives available on the CMS Innovation Center website, as of April 2017.

ANALYSIS. Directed content analysis[1] conducted in two stages:

- **Stage One** involved coding along domains and subdomains related to characteristics of the innovation and organization, external environment, and implementation processes and people, and impact adoption of care delivery innovations and, ultimately, performance.[2]
- **Stage Two** involved classifying "staff and workforce" implementation data according to six domains in physician engagement conceptual model proposed by Phipps-Taylor and Shortell.[3]

Analysts used NVivo software (QSR International Pty Ltd., version 10, 2012) to code the data and achieved at least 87% inter-rater reliability with two other team members.

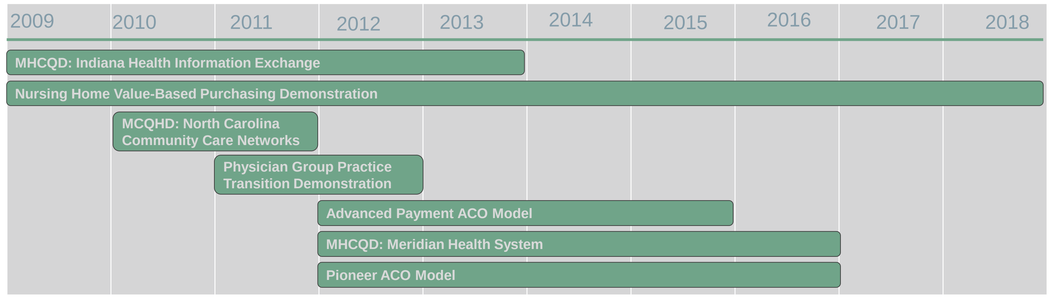
[1]Hsieh H and Shannon SE. Three Approaches to Qualitative Content Analysis. *Qualitative Health Research* 2005; 15 (9): 1277-1288.
[2]Fisher ES, Shortell SM and Savitz LA. Implementation Science A Potential Catalyst for Delivery System Reform. *JAMA* 2016: 315 (4): 340-341.
[3]Phipps-Taylor M. and Shortell SM. More Than Money: Motivating Physician Behavior Change in Accountable Care Organizations. *The Milbank Quarterly.* 2016; 94 (4): 832-861.

CONCEPTUAL FRAMEWORK

We organized our findings according to six motivator domains identified by Phipps-Taylor and Shortell. While this framework is applicable to many contexts, the authors applied it specifically to physicians within ACOs.

INITIATIVES

	INITIATIVE	DESCRIPTION	AWARDEES
	Advanced Payment Accountable Care Organization (ACO) Model	Advance payments to selected ACOs participating in the Shared Savings Program	36 across multiple states
	Pioneer Accountable Care Organization (ACO) Model	Designed for health care organizations and providers experienced in coordinating care for patients across care settings with previous exposure to risk-based contracting	32 across multiple states
	Medicare Health Care Quality Demonstration (MHCQD): Indiana Health Information Exchange	Regional, multi-payer pay-for-performance and quality program based on a common set of quality measures	1 in IN
	Medicare Health Care Quality Demonstration (MHCQD): Meridian Health System	Coordinated palliative care system for patients with advanced disease	1 in NJ
	Medicare Health Care Quality Demonstration (MHCQD): North Carolina Community Care Network	Expansion of Medicaid primary care case management program to Medicaid-Medicare and Medicare-only eligible populations	1 in NC
	Nursing Home Value-Based Purchasing Demonstration	Quality improvement in nursing homes	182 across AZ, NY, WI
	Physician Group Practice Transition Demonstration	Diverse process re-design and administrative interventions and/or clinical care management programs	10 across multiple states



- 5 shared savings models
- 2 performance payment models
- All focused on Medicare beneficiaries

FACILITATORS FOR PHYSICIAN ENGAGEMENT

Domain	Description	Activity Description	Initiatives	Effective Strategies or Outcomes
Financial Rewards	Shared savings	Distribute shared savings among Physicians		Financial reward and bonus payments impacted physician's decision to apply and continue to participate in accountable care initiatives.
	Payments for participation in ACO activities	Financially reward physicians to participate in initiative-related activities (e.g., meetings)		Pioneer ACOs that described using provider incentives or referral stream management activities tended to realize lower spending.
Mastery	Opportunity to continuously gain and improve skills	Train and educate physicians about initiative goals and features		Communication among physicians and between ACO leadership (i.e. medical director, board members) and physicians was more effective for engaging physicians than more impersonal forms of communication (webinars and e-mails).
		Make data on utilization, quality and cost available to physicians through processes, such as report cards or dashboards		Being part of an accountable care initiative made physicians more aware of controlling costs. Spending and utilization data were likely a key factor in spurring change. Transparency (i.e. blinded vs. unblended) data is important for spurring change.
Relatedness	Cultivating a sense of belonging	Place physicians in leadership positions and create physicians champions		Champions assumed a range of activities: strengthening relationships between participating practices, promoting practice transformation, and conducting outreach and recruitment. Physician champions were able to successfully explain initiative concepts to other physicians (i.e. palliative care in the MHCQD), and gradually shift perceptions.
Autonomy & Power	Ability to exert influence over strategy and decision-making	Place physicians on organizational boards and governance committees		Serving on boards and governance committees also raised physician's stake in initiatives, contributing to a sense of personal influence over organizational strategy and decision making.
Hygiene	Easing work through improved processes and tools	Provide physicians with tools and resources to decrease workloads and free up more time to focus on clinical care		Tools include investments in information technology and data analytics that enable communication across physicians and support care management. Physicians also delegate patient care responsibilities to other team members, i.e. embed care coordinators and assign care coordinators in physician practices.

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DISCUSSION

Mastery and financial incentives were the most common forms of physician engagement.

- Trainings, educational activities, and performance data and feedback were commonly used across accountable care initiatives.
- Providing data that showed how practice patterns affect spending and utilization—both for the individual physician and across groups of physicians—spurred physician behavior change.
- Despite the mixed evidence of financial incentives and their effect on physician motivation, the majority of accountable care initiatives used payment to engage their physicians.
- Financial incentives were also used to reward or penalize physicians' participation in activities, such as attend ACO-related meetings, participate in governance and decision-making bodies and assume leadership and champion roles. In some cases, physicians who did not attend a certain number of meetings each year were fined.

Physicians who were not in leadership roles tended to lack awareness about accountable care initiatives.

- Elevating physicians to leadership roles may become an increasingly common method for facilitating engagement. Physician champions' roles varied across initiatives, but present opportunities for organizations to elevate physicians to leadership roles, increasing relatedness and autonomy and power.

Fluctuation in physician participation in accountable care initiatives can disrupt physicians' incentives to make changes to align with accountable care strategies.

- Turnover of less efficient physicians for more efficient ones can lead to better performance outcomes for ACOs. However, acclimating physicians to accountable care goals and processes requires investment of time and resources by both ACOs and their participating physicians, especially when strategies rely on the having trusting and collaborative relationships among physicians and staff and physicians and their patients.

Engaging specialists in accountable care initiatives was a challenge to physician engagement efforts.

- Specialists may not be as engaged with a care delivery model that is focused on population health management. The shared savings model may be riskier for them since specialty care is often the target of utilization management. Some ACOs, notably rural ACOs, also found it difficult to engage specialists who were located in urban centers or geographically far from the ACO itself. Lastly, there were also barriers to providing data and benchmarks to specialists.

LIMITATIONS

Findings are limited to what was reported in the evaluation reports on CMMI's website. As such, some physician engagement strategies that were employed by accountable care initiatives may not be reflected here. Further, most of the data are from interviews and surveys with leaders and physicians participating in these initiatives. None of the reports we examined measured levels of physician engagement or examined causal linkages between physician engagement and outcomes, so we are not able to attribute outcomes to these findings.

LIST OF INITIATIVES

Evaluation of CMMI Accountable Care Organization Initiatives: Advance Payment ACO Final Report. https://innovation.cms.gov/Files/reports/advpayaco-fnevalrpt.pdf

Evaluation of CMMI Accountable Care Organization Initiatives: Pioneer ACO Final Report. https://innovation.cms.gov/Files/reports/pioneeraco-finalevalrpt.pdf

Evaluation of the Medicare Physician Group Practice Demonstration: Final Report. https://downloads.cms.gov/files/cmmi/medicare-demonstration/PhysicianGroupPracticeFinalReport.pdf

Medicare Health Care Quality (MHCQ) Demonstration Evaluation: Indiana Health Information Exchange, Final Year 3 Evaluation Report. https://innovation.cms.gov/Files/reports/MHCQ-IHIE-PY3-Eval.pdf

MHCQ Demonstration Evaluation Meridian Health System, Final Evaluation Report. https://innovation.cms.gov/Files/reports/mhcq-meridian-final.pdf

MHCQ Demonstration Evaluation: North Carolina Community Care Networks, Year 3 Evaluation Report, Final Report. https://innovation.cms.gov/Files/reports/MHCQ-NCCCN-PY3-Eval.pdf

Nursing Home Value-Based Purchasing Demonstration. https://innovation.cms.gov/Files/reports/NursingHomeVBP_EvalReport.pdf

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