ACO Ecosystem

The scope of the Accountable Care Organization (ACO) Engagement is to identify the human experience of ACO participants and other stakeholders by understanding barriers when reporting aggregate electronic Clinical Quality Measures (eCQMs) and Merit-based Incentive Payment System (MIPS) CQMs.



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and socializes changes in requirements throughout the ACO. This group is also

> ACOs administrators are often tasked with collecting data from participating practices and auditing information for completeness. Administrators alongside a Population Health Manager manage the reporting process.



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Collects data from ACO Participants' EHR systems in order to aggregate and deduplicate the information for the ACO.

Data

Aggregators

Health IT Vendors give ACOs technical and educational support when reporting clinical quality measures.

> Health IT Vendor

> > Provides certified EHR systems to ACO Participants.

EHR

Vendors

Must meet standards for capability to produce files necessary for reporting.

Legal Barrier: EHR Vendors have trouble receiving data from other EHR vendors due to lack of data sharing agreements and the feeling the data is proprietary and should not be shared with competitors.

Motivation Barrier: EHR

Vendors feel unmotivated to begin development of new features to support eCQM reporting while there is talk of this requirement changing.

ACO

CMS

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Path Key:

Interactions

Answers questions from ACOs and provides them with resources on reporting.

Center for

Clinical

Standards

and Quality

(CCSQ)

Creates regulations related to Medicare Shared Savings Programs.

Operational Barrier: CCSQ expresses time limitations as the cause for not fully developing resources to support ACOs prior to the release of a new rule.

Develops standards for Certified Electronic Health

Office of the National Coordinator (ONC)

ONC and CCSQ work together to develop standards related to the release of a new rule.

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Operational Barrier: ACOs

reported that the lack of oversight regulating the costs for vendors creates additional financial burden in reporting eCQMs.