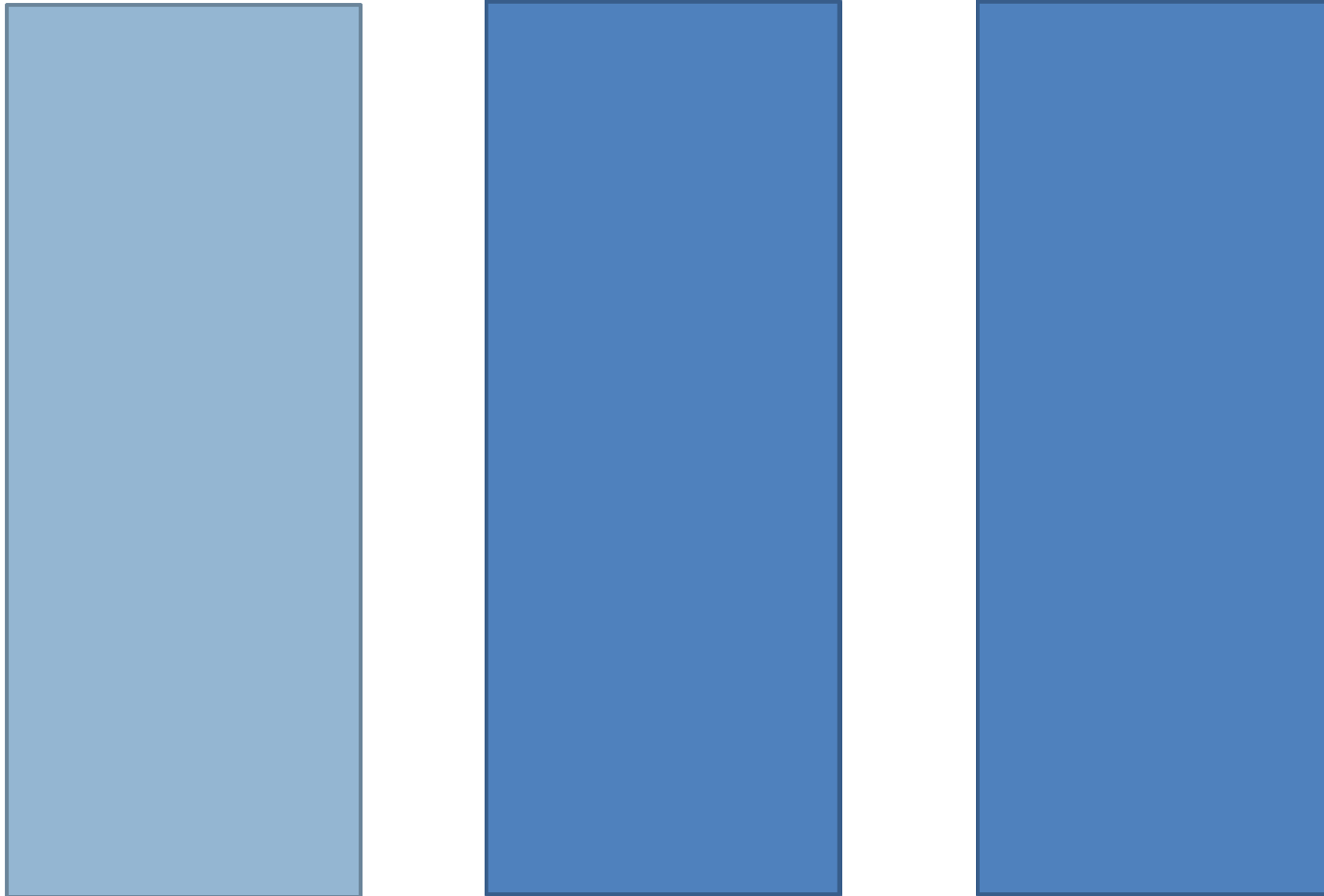


SERPA ACO Principles

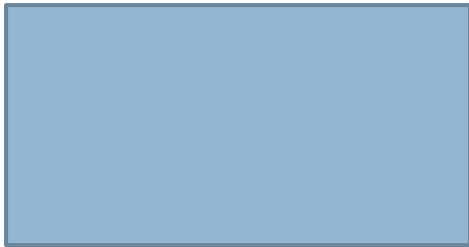
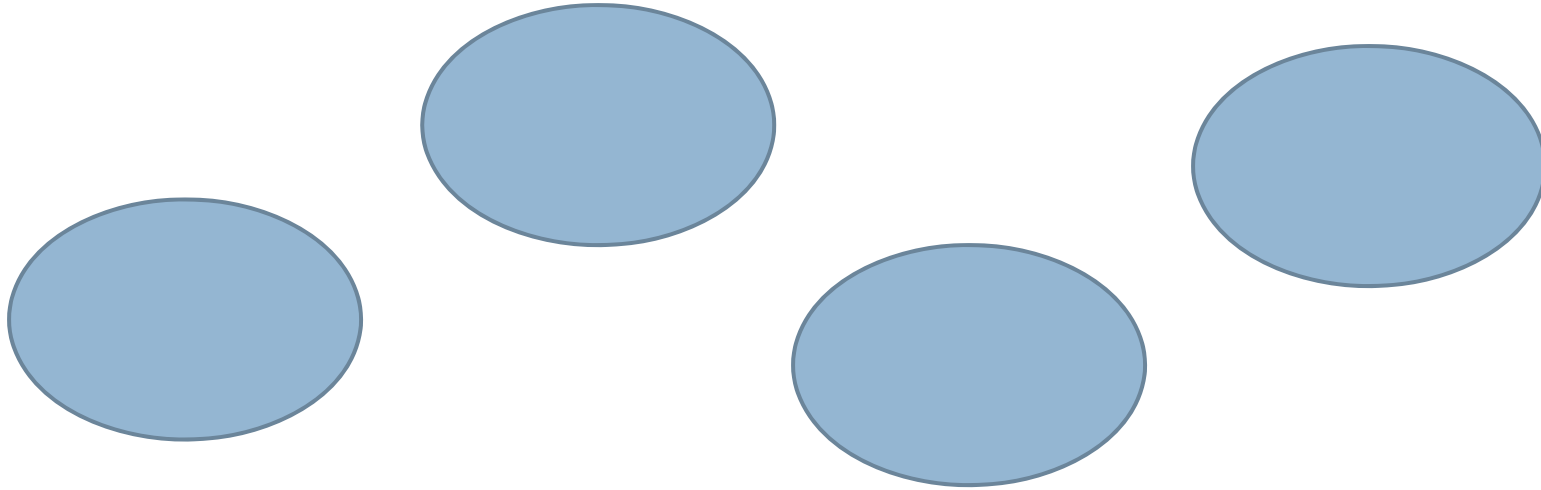
1. **Mission/Vision** – We are centered on improving the quality of care provided to our patients while helping them reduce their total health care costs.
2. **Partnership** – Joint agreements will be equitable and transparent.
3. **Clinic level sustainability** – Joint agreements will provide practice level sustainability for Patient-Centered Medical Home, clinic-based care coordination, and systematic quality improvement efforts.
4. **Shared Rewards** – Equitable sharing of achieved savings from contracts.
5. **Patient Choice** – Patients and physicians will have the freedom to choose their provider based on high quality and value.

ACO Option #1

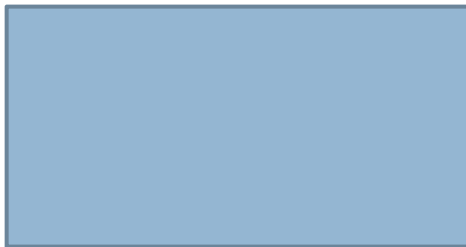


Large-System Vertically Integrated

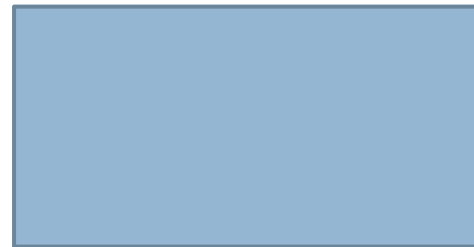
ACO Option #2



Primary Care ACO



Primary Care ACO



Primary Care ACO

Managed Care Organization

Cost
Managed ~~Care~~ Organization

Accountable Care Organization

Cost

Accountable ~~Care~~ Organization



$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$



Carotid Artery Ultrasound Screening, \$40

This painless, noninvasive screening detects plaque deposits in the carotid arteries. These plaque deposits are a leading risk factor for stroke.

Choosing Wisely/Consumer Reports



Don't screen for carotid artery stenosis (CAS) in asymptomatic adult patients.

There is good evidence that for adult patients with no symptoms of carotid artery stenosis, the harms of screening outweigh the benefits. Screening could lead to non-indicated surgeries that result in serious harms, including death, stroke and myocardial infarction.

<http://www.choosingwisely.org/doctor-patient-lists/>

Home

Recommendations

*Published
Recommendations*

Recommendations in
Progress

Information for Health
Professionals

Information for
Consumers

Public Comments and
Nominations

Methods and Processes

About the USPSTF

Newsroom

Announcements

You are here: Home » Recommendations for Primary Care Practice » Published Recommen


Carotid Artery Stenosis: Screening

Release Date: July 2014

Recommendation Summary

| Population | Recommendation | Grade (What's This?) |
|--------------------------|---|-------------------------|
| General Adult Population | The USPSTF recommends against screening for asymptomatic carotid artery stenosis in the general adult population. | D |

[Read Full Recommendation Statement](#)

PDF Version (PDF Help )

[View archived versions of this recommendation](#)

Related Information for Consumers

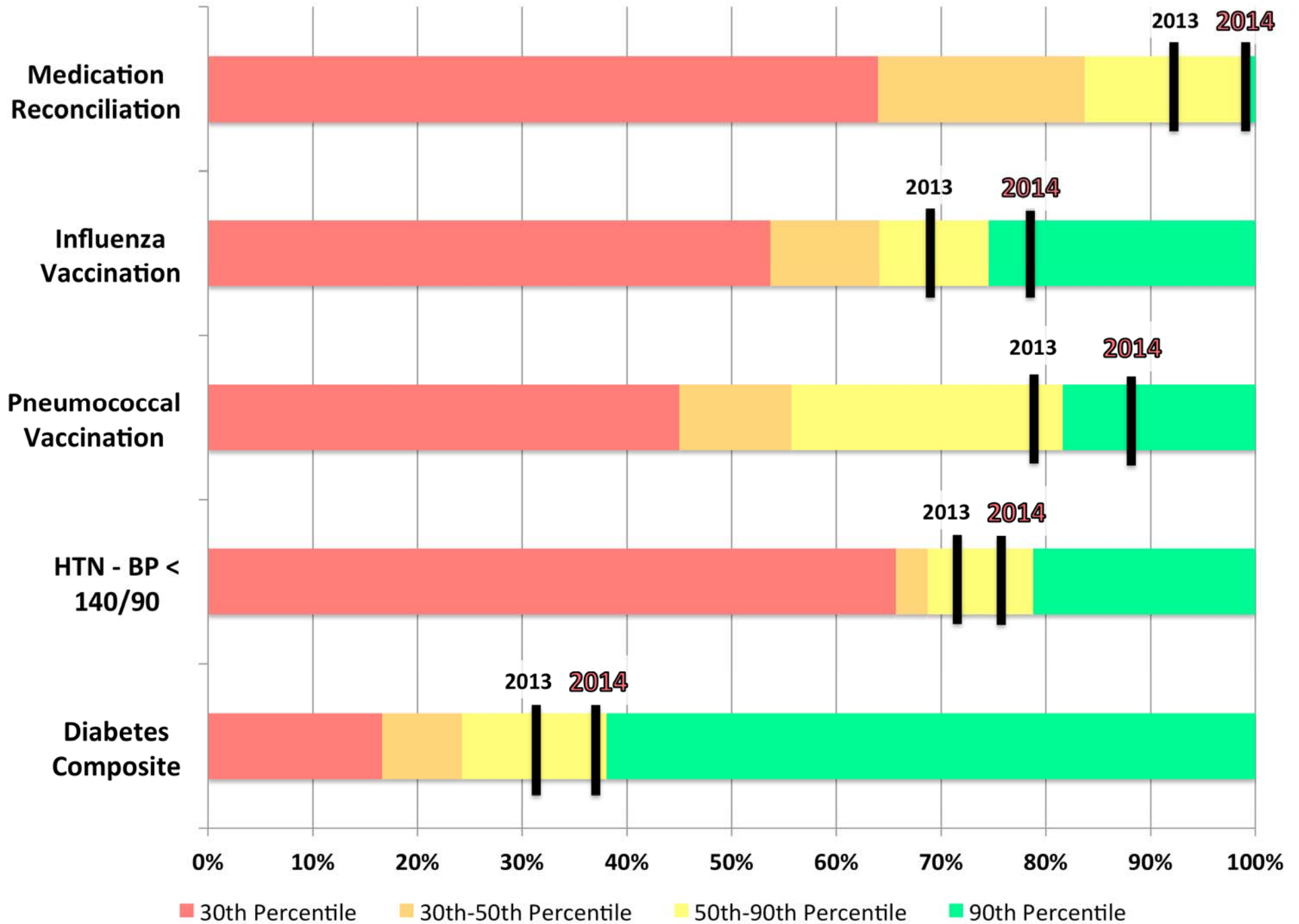
- [Screening for Carotid Artery Stenosis Final Recommendation Fact Sheet \(2014\)](#)

Related Information for Health Professionals

- [Screening for Carotid Artery Stenosis - Clinical Summary of USPSTF Recommendation, 2007](#)



$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$



- Print Issue
- E-Weeklies
- Conferences
- Webinars
- Whitepapers
- Multimedia
- Lists
- About
- Physicians
- Leadership
- Executive Moves
- Transaction & Valuation
- Workforce
- Capacity

Medicare Shared Savings Program

1. ProHEALTH Accountable Care M...
2. Mosaic Life Care (St. Joseph, Mo.)
3. Coastal Medical (Providence, R.I.)
4. Primary Partners (Clermont, Fla.) — 94.38 percent
5. UW Health ACO (Madison, Wis.) — 94.34 percent
6. Cornerstone Health Care (High Point, N.C.) — 93.87 percent
7. SERPA-ACO (Crete, Neb.) — 93.57 percent
8. NH Accountable Care Partners (Concord, N.H.) — 93.57 percent
9. Beacon Health Partners (Westbury, N.Y.) — 93.54 percent
10. Mercy ACO (Des Moines, Iowa) — 93.27 percent

Email Print

20 Medicare ACOs with the highest quality scores in 2014

Written by Emily Rappleye ([Twitter](#) | [Google+](#)) | August 31, 2015

86

The 353 Pioneer and Medicare Shared Savings Program accountable care organizations improved their performance for most quality measures in 2014, according to [CMS](#).

Aetna Medicaid

June 2014 to May 2015 Results

Our costs for the year were less than our Nebraska peers, with the SERPA ACO panel members being comparable in terms of risk burden (1.5% vs a Plan rate of 1.7%).

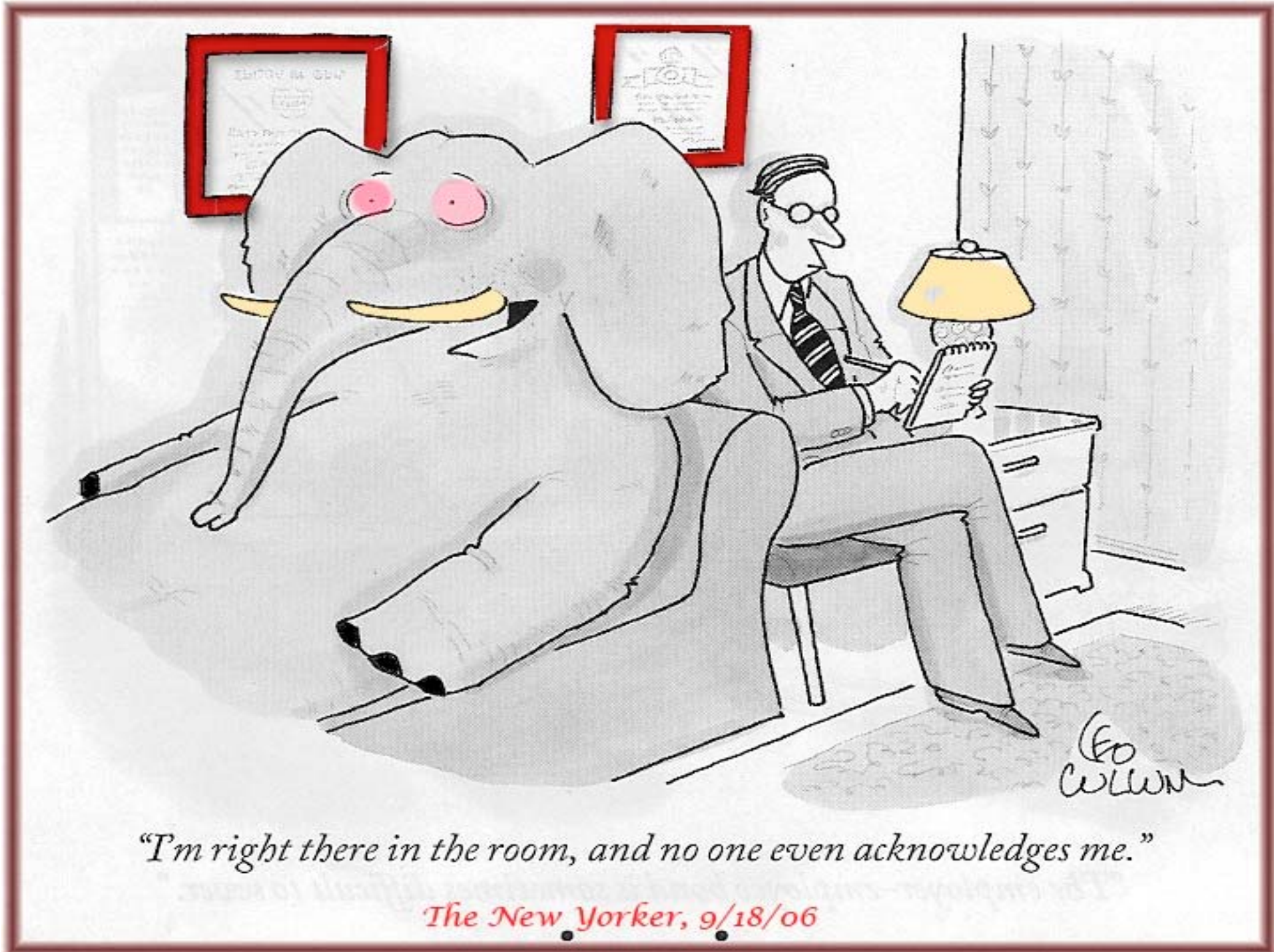
In comparison, our:

- Costs are 13.9% lower
- ER utilization is 37.4% lower
- Hospital admissions are 31.5% lower
- Hospital readmissions are 35.1% lower

Cost Calculation Problems



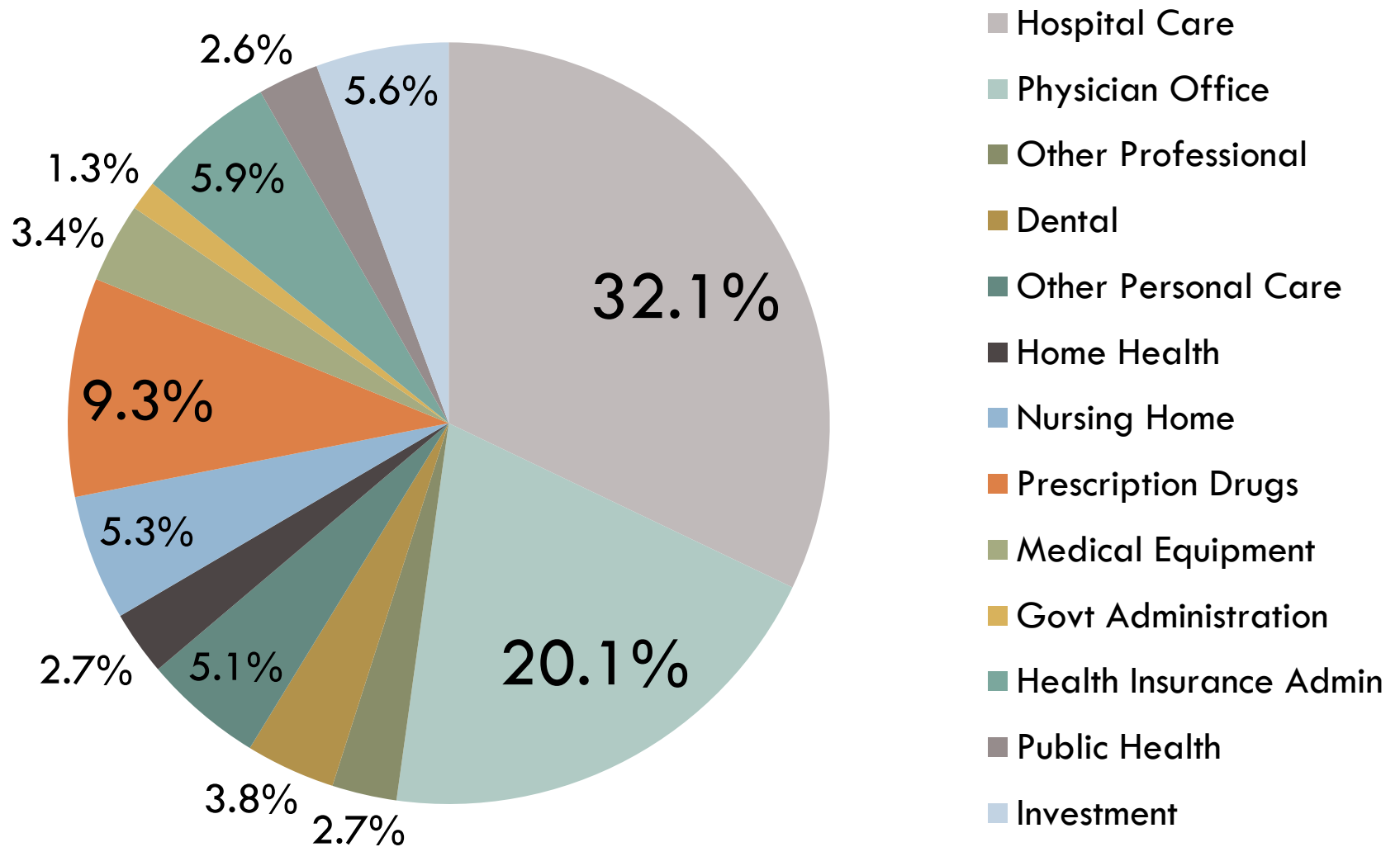
1. Attribution
2. Risk Adjustment
3. Cost Adjustment
4. Socioeconomic Adjustment



"I'm right there in the room, and no one even acknowledges me."

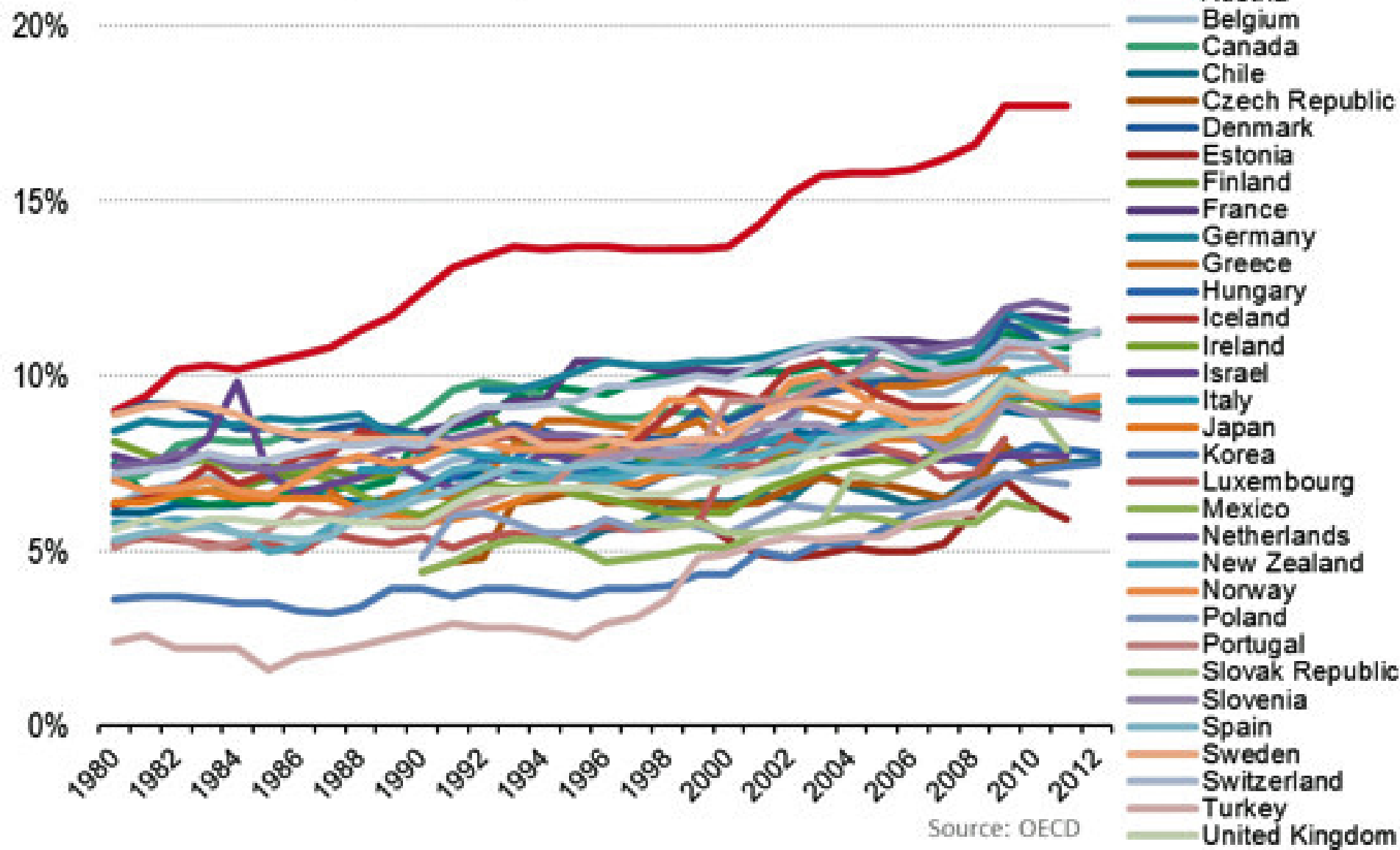
The New Yorker, 9/18/06

2013 National Health Spending



Hartman M, Martin AB, Lassman D, Catlin A. National Health Spending In 2013. *Health Affairs*, no. (2014): doi: 10.1377/hlthaff.2014.1107

Health-Care Spending as Percent of GDP



Source: OECD

QUESTIONS?

Bob Rauner, MD, MPH, FAAFP