

Engagement of ACOs in Medical Surge Activities



Accountable care organizations (ACOs) are groups of healthcare providers and care settings that come together to deliver high-quality care to an assigned patient population. The Centers for Medicare & Medicaid Services (CMS) supports the development of ACOs through the Medicare Shared Savings Program and Innovation Center Models (e.g., the Next Generation ACO Model). Medicaid and commercial insurers have also established various ACO models for their beneficiary populations. ACOs provide incentives for groups of healthcare entities to coordinate care for their assigned patients with the goal of efficiently providing high quality care as measured by reduced inefficiencies and overall healthcare delivery costs. As a relatively new healthcare delivery and payment model, little is known about the role of Medicare ACOs and their participants in the medical surge response to emergencies and disasters.

The U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) conducted interviews with representatives from five Medicare ACOs to learn about their perceptions about the role of their ACO and its participants in supporting the health and medical response to disasters and emergencies. While interviews were limited to leaders of Medicare ACOs, it is expected that many of the issues discussed also apply to Medicaid and commercial insurance ACOs.

Additional Resources

- [Medical Surge and the Role of Accountable Care Organizations](#)
- [Medical Surge and the Role of Accountable Care Organizations Summary](#)

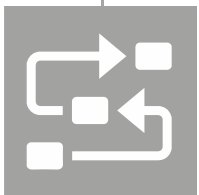
The following questions and answers can help ACOs, healthcare coalitions, and other community response partners collaborate on and support each other's preparedness and response efforts.

Resources for ACOs



Who should ACO leadership and ACO participants contact to express interest in contributing to the community's healthcare system emergency preparedness and response activities?

- If your ACO includes hospitals or other facilities with emergency management staff, consult with those staff to determine whether they are already engaged with:
 - Your local [healthcare coalition](#)
 - Your local health department
 - Your local emergency management agency
 - Your local emergency medical services (EMS) agency
- Nearby hospitals (if your ACO participants do not include hospitals)



What steps should my ACO take to improve overall readiness?

- Provide educational materials and other resources on preparedness to ACO participants, staff, and patients.
- Evaluate risks, hazards, and vulnerabilities within communities served by ACO participants on an ongoing basis and plan how your ACO would respond during likely scenarios.

- Review existing policies, procedures, or protocols used during normal operations and evaluate their applicability to emergency response operations.
- Develop a plan for communicating with participating clinicians, staff, and other practices during an emergency.
- Ensure your ACO participants are signed up to receive emergency notifications from local preparedness and response partners and agencies and establish a process for sharing this information within the ACO.
- Determine whether your ACO participants are eligible for priority restoration of utilities, Government Emergency Telecommunications Service and wireless priority services, receipt of fuel for generators, and other services.
- Review resources in ASPR TRACIE's relevant Topic Collections and emergency preparedness materials.

Relevant ASPR TRACIE Topic Collections

- [Continuity of Operations \(COOP\)/Failure Plan](#)
- [Emergency Operations Plans/Emergency Management Program](#)
- [Emergency Public Information and Warning/Risk Communications](#)
- [Exercise Program](#)
- [Hazard Vulnerability/Risk Assessment](#)
- [Incident Management](#)
- [Recovery Planning](#)
- [Social Media in Emergency Response](#)
- [Training and Workforce Development](#)
- [Utility Failures](#)

What can ACO participants do to ensure continuity of services after a disaster?

- Discuss ACO participant emergency and continuity of operations plans with insurers, vendors and suppliers, nearby hospitals, and other key partners to identify potential gaps and establish back-up contact information. If the ACO includes hospitals and other facilities, participating clinicians should consult with their facilities' emergency management staff to learn about these plans.
- Plan for contingency staffing, water/smoke/damage mitigation, and other situations that will allow the healthcare setting to remain open or re-open rapidly following a disaster.

- Identify backup systems for critical utility and IT systems used at the ACO participant site, including electronic health records and Web-based recordkeeping systems.
- Plan to secure pharmaceuticals, vaccines, and other temperature-sensitive supplies during a power outage (potentially for multiple days).
- Identify a secondary/alternate location where participating clinicians can continue to serve patients if the practice/facility is in a disaster zone or is damaged and cannot remain open.
- Enhance existing or develop new protocols, procedures, checklists, and guidelines for ACO participant staff to refer to during incidents more likely to occur, such as how to manage power outages or prepare for [severe weather](#) or [no-notice incidents](#).
- Establish emergency practice/facility shutdown procedures and an accompanying process to return to operations.

What training is available to staff across my ACO?

- If your ACO includes hospitals or other facilities, consult with their emergency management staff to determine what training is offered or required.
- Access free online training on the [incident command system and other emergency management topics](#) through the Federal Emergency Management Agency's Emergency Management Institute.
- Share information with staff about disaster training available through local [Community Emergency Response Teams](#), the [Medical Reserve Corps](#), or [American Red Cross](#).

What can I gain through my participation in preparedness activities?

- An enhanced ability to serve patients on a day-to-day and emergency basis. Increased level of readiness for smaller, more common disruptions.
- A culture of preparedness within the ACO and among ACO participant staff and patients.
- An awareness of ways to improve emergency readiness across your ACO.
- The ability to maintain operations and care for assigned patients despite infrastructure or other challenges during an emergency.

- A plan for the orderly referral of patients to alternate sources of care within your ACO if a participating facility or clinic is forced to close in a disaster.
- A better understanding of preparedness and response needs and vulnerabilities within your ACO.
- The opportunity to make a difference in the community.
- Recognition and respect for your capabilities and professional expertise.
- Access to information and expertise from local partners.
- Opportunity to network and build relationships with local hospitals and healthcare facilities that are not participating in your ACO.



Where can I find information about healthcare coalitions and the nation's healthcare system preparedness and response framework?

- ASPR [Hospital Preparedness Program \(HPP\)](#) Information
- ASPR [2017-2022 Healthcare Preparedness and Response Capabilities](#)
- Select ASPR TRACIE [Health Care Coalition Resources](#)

Resources for Healthcare Coalitions and Other Partners



How can ACO leadership and ACO participants contribute to healthcare emergency preparedness and response activities in my community?

- Reduce demand on local emergency departments by maintaining operations and coordinating care of assigned patients during disasters.
- Assist in the identification and location of particularly vulnerable populations based on analysis of patient data.
- Improve community resilience by providing continuity of care and ongoing communications to the patients they serve during a disaster.
- Engage in risk communication and case management to assigned patients and their loved ones.
- Provide anticipatory guidance to patients such as:

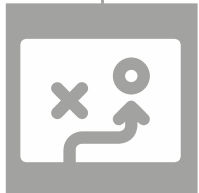
- Educating and encouraging patients and their loved ones to sign up for emergency alerts from public safety and utility companies.
- Advising patients with special healthcare needs on the importance of pre-registering for special medical needs shelters.
- Support local prophylaxis/vaccination efforts.
- Provide follow-up communications and support during the recovery phase of an emergency.

What factors would spur ACO leadership and ACO participant involvement in emergency preparedness and response?

- The desire to meet the needs of existing patients affected by a community incident.
- A request from a local, state, or federal emergency management or public health agency.
- A request from a health system partner.

What support can partners provide to improve ACOs' ability to participate in and sustain an emergency response?

- Share guidance and technical assistance from local subject matter experts to inform ACO preparedness activities.
- Provide guidance on strategies to seek reimbursement for costs associated with response activities as well as funding available to repair/rebuild facilities, replace lost supplies and equipment, or otherwise recover from a disaster.
- Encourage ACO leadership and ACO participants to invest in business continuity planning to lay a foundation for continuity of care during disasters.
- Increase awareness of the role ACOs can play in emergency response and recovery.



What challenges might prevent ACO leadership and ACO participants from participating in emergency preparedness and response activities?

- ACOs provide an administrative infrastructure tying together diverse healthcare entities, some of which have their own dedicated emergency management staff. In many cases, ACOs are not the appropriate mechanism for engagement between their participant healthcare settings and community response partners.
- Limited administrative commitment to or support for emergency preparedness activities.
- Lack of incentives to enable increased participation.
- ACO participants may need to attend to recovery of their own healthcare setting following an incident.
- Difficulty accessing healthcare settings due to an incident that affects personnel or the infrastructure.
- ACO leadership and ACO participants may have limited knowledge or understanding of their roles or how they might contribute in an emergency.
- Time constraints due to patient care responsibilities, the need to meet quality measures, and other competing priorities.



Where can I find information about Medicare ACOs?

- Accountable Care Organizations (ACOs): [General Information](#)
- [Shared Savings Program](#)
- [The CMS Innovation Center](#)
- [Next Generation ACO Model](#)

Additional Information

Medical Surge and the Role of Accountable Care Organizations – [Report](#)

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