



What is an ACO?	Is an ACO strategy right for my company?	Which ACOs are ready?	What are my network and plan design options?	How do I engage employees and align incentives?	How do I implement and evaluate an ACO?
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ACO Journey Map

The ACO Journey Map is a tool to help employers assess an accountable care organization's (ACO) competencies along a maturity path. It provides employers with a framework to prompt conversations with health plans and ACO providers, and to inform decision-making about an ACO strategy. For complete instructions and definitions of each competency, see the [ACO Journey Map Scoring Guide](#).

HOW TO SCORE: Not Started In Process Complete

ACO Name: _____

COMPETENCY EXPECTATIONS	LAUNCHING 1-3 YEARS	DEVELOPING 2-5 YEARS	HIGH PERFORMING 4-8 YEARS
Clinical Governance			
⇒ Provider Responsibility	<input type="radio"/> Providers approve clinical and operational goals and plans	<input type="radio"/> PCPs and specialists oversee quality and patient experience	<input type="radio"/> Accountable for achieving sustained high performance
Network			
⇒ Primary Care (PCP)	<input type="radio"/> Established	<input type="radio"/> Add high-value PCPs	<input type="radio"/> Optimized and refine network
⇒ Hospitals and Specialists	<input type="radio"/> Identified and recruit	<input type="radio"/> Add high-value hospitals and specialists	<input type="radio"/> Optimized and refine network
Care Model			
⇒ Medical Home	<input type="radio"/> Implementing	<input type="radio"/> Established, integrating behavioral health	<input type="radio"/> Optimized and complete
⇒ Risk Stratification	<input type="radio"/> High-risk patients targeted	<input type="radio"/> Expanded to include moderate-risk patients	<input type="radio"/> All consumers targeted
⇒ Clinical Guidelines	<input type="radio"/> Established for high-risk patients	<input type="radio"/> EMR-based, expanded use across conditions	<input type="radio"/> Complete guidelines across ACO
⇒ Quality	<input type="radio"/> Siloed quality efforts	<input type="radio"/> Coordinated quality efforts	<input type="radio"/> Continuous quality improvement
⇒ Care Coordination	<input type="radio"/> Through health plan or ACO	<input type="radio"/> Shifting to ACO	<input type="radio"/> ACO-driven
⇒ Site of Care	<input type="radio"/> Adding low-cost sites of care	<input type="radio"/> Refer to efficient sites of care	<input type="radio"/> Integrated into care model
⇒ Medication	<input type="radio"/> Polypharmacy and reconciliations	<input type="radio"/> Evidence-based use, adherence and efficiency	<input type="radio"/> Value-based, efficient across sites
Consumer Experience			
⇒ Access	<input type="radio"/> 24/7 access	<input type="radio"/> Expanded 24/7 and same-day urgent access	<input type="radio"/> Consistent 24/7 and urgent access
⇒ Proactive Outreach	<input type="radio"/> Limited to high-risk patients	<input type="radio"/> Expanded for moderate-risk patients	<input type="radio"/> Consistent outreach to all consumers
⇒ Satisfaction	<input type="radio"/> Measured for high-risk patients	<input type="radio"/> Improving for high- to moderate-risk patients	<input type="radio"/> Concierge model for all consumers
⇒ Portal	<input type="radio"/> Basic, includes records and messaging	<input type="radio"/> Addition of care plans and content	<input type="radio"/> Comprehensive and mobile-enabled
Technology & Analytics			
⇒ Electronic Medical Record (EMR)	<input type="radio"/> Multiple and separate EMRs	<input type="radio"/> Limited data exchange between EMRs	<input type="radio"/> Complete EMR interoperability
⇒ Predictive Analytics/Registries	<input type="radio"/> Primary care registries only	<input type="radio"/> Primary and specialty care registries	<input type="radio"/> Integrated registries
⇒ Data Analytics	<input type="radio"/> Limited to EMR data	<input type="radio"/> Multiple data sources to identify opportunities	<input type="radio"/> Use comprehensive clinical/claims data
Finance Model			
⇒ ACO Risk	<input type="radio"/> Gain-sharing tied to quality and cost	<input type="radio"/> Gain- and loss-sharing tied to quality and cost	<input type="radio"/> At risk for total cost of care
⇒ Physician Incentives	<input type="radio"/> Small incentive, limited ACO panel	<input type="radio"/> Increased incentive, expanded ACO panel, introduce downside risk	<input type="radio"/> Compensation with incentives tied to performance