RURAL HEALTH CLINIC (RHC) PARTICIPATION IN ACCOUNTABLE CARE ORGANIZATIONS (ACOS): NURSING PERSPECTIVES

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Aim: The phenomenon of interest for this study focused on RHC Executive Officers’ knowledge of ACOs and their experiences in participation in an ACO.

Background: An ACO (a component of the Accountable Care Act [ACA]) refers to a healthcare organization characterized by a payment and care delivery model that ties provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. Essentially, a group of coordinated health care professionals forms an ACO, which in turn provides care to a group of patients. The number and size of ACOs is increasing across the U.S., specifically among RHCs located in CMS Region IV. Adoption of ACOs by RHCs will require informed leaders coupled with human creativity to mitigate rural economic, geographic, cultural, legal and regulatory barriers. As national health care is transformed, nurses in rural settings need to better understand ACOs; best practices must to be identified and disseminated. This presentation highlights findings from an ongoing study funded by the NIH with RHC Executive Officers that explored the challenges and opportunities in establishing an ACO. Findings from this study can inform nurses who are employed in RHCs as well as urban-based health care administrators of ACOs who are considering partnering with RHCs, Critical Access Hospitals, or Federally Qualified Health Centers.

Methodology: Telephone interviews were conducted with a convenience of eight participants (executive officers of RHCs) who were participating in an ACO in the very early stages of development (January-March 2012). The setting was CMS Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee). Protection of human subjects, credibility and trustworthiness of the data was addressed. Qualitative data analysis techniques were applied to the transcribed participant narratives to identify emergent themes.

Results: Emergent themes from the data analysis procedures included (1) growth and variation of ACO structures, (b) transitioning from acute care model to preventative care and chronic disease management, (c) challenges associated with integrating clinical care with information technology and financial systems.

Limitations: Limited to southeast geographical representation, self-selected sample and study carried out in the very early stages of ACO-ACA implementation (January-March, 2012).

Implications: Nursing research, practice/administration, education and policy implications are highlighted.