



# 5 Reasons to Join an Accountable Care Organization (ACO)

With traditional fee-for-service healthcare models fading into the rearview, Accountable Care Organizations (ACOs) are an excellent steppingstone for practices and physicians who want to integrate value-based care models.

While new care delivery models may seem intimidating, practices waiting to make the transition to value-based care are missing out on several significant benefits that have a major impact on the long-term for their practice and their patients. Here are a few key benefits of participating in an ACO.

## Increase revenue and reduce healthcare costs

The goal of an ACO is to ensure patients, especially those with chronic conditions, receive the right care, at the right time, at the right place. To promote, financial rewards and incentives are offered when providers reduce hospitalizations, medical errors, and the duplication of tests and services. When patient populations stay healthier and providers find ways to reduce costs, the ACO and providers generate shared savings, contributing to additional income.

ACOs can also financially incentivize physicians who improve their practice workflows or participate in engagement activities like meetings or events. In the Vytalize Health ACO, the financial benefits are significant: engaged primary care physicians earned more than \$50,000 for their work in 2021 and are projected to have earned more than \$150,000 for 2022.

## Improve patient outcomes

The Centers for Medicare & Medicaid Services (CMS) outlines several quality care measures focused on prevention (like cancer screenings and wellness visits) and managing chronic conditions (like diabetes, CKD, hypertension). These measures often result in better patient care because conditions are caught, treated early, and consistently monitored, resulting in reduced wasteful spending. The measures also financially incentivize providers who keep their patients healthy and well, instead of rewarding providers for the number of tests they order, or services provided.

Physicians in ACOs are motivated to prevent developing diseases and conditions, and drive whole-person health, in addition to attending to immediate needs. In the Vytalize ACO, patients see their primary care physicians 78% more frequently than average, allowing for conditions to be caught and treated early, and then monitored consistently moving forward.

## Stay in control

Several ACOs are physician-led, ensuring doctors feel empowered to advocate on their patient's behalf instead of according to insurance plans, and that those doctors are heard when it comes to implementing change and incorporating feedback within the ACO model overall. Many ACOs, like Vytalize Health's, also ensure physicians remain independent and in charge of their own offices.

## Access to resources and services

ACOs take advantage of technology and implement solutions at no cost to providers and practices. These resources include actionable data in a single platform that helps providers identify the services each patient needs. Many ACOs also offer programs and services tailored to supporting the highest-risk and sickest patients that would be difficult for smaller practices or solo practitioners to operationalize on their own.

Examples include the Vytalize Health Priority Care and Connected Care programs, which offer in-home health services, dedicated health professionals like pharmacists, and dietitians who meet one-on-one with patients to create customized plans together with the patient's physician, virtual vital monitoring, and alerts, and access to 24/7 nurse phone lines.

## Coordinate care better

In ACO models, physicians, hospitals, and other healthcare providers work together to provide coordinated care for their patient population and are financially rewarded for doing so. The ACO model also encourages families and caretakers to be active partners in patient care, which also results in better patient outcomes. Patients can avoid costly hospital stays and procedures when all parties involved stay informed. Coordinated care within the Vytalize ACO has led to a 28% reduction in emergency department utilization.

The shift to value-based care is happening fast. CMS continues to implement policies, and many private payers have shifted to value-based arrangements and ACO models. Though these models may seem daunting, the benefits of participating in an ACO greatly outweigh delaying the inevitable shift all healthcare providers will be required to make.



Vytalize is here to help every step of the way. In fact, 80% of participating providers weren't involved in value-based care until they joined the Vytalize ACO.

# READY TO JOIN?

Talk to one of our experts today >

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