

Contribution to Bonus

ACO Standards which Earn Bonuses for Doctors

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There are no standards on keeping people alive, or prevention or treatment of most conditions, such as cancer, HIV, disabilities, osteoporosis, dialysis, pain, or bed sores.

More Detail

2012–2014 **2015+**

[comment](#) by 9/2/14

(D.a) Some standards seem helpful for the few diseases they address, but 5 out of 7 are already being dropped because they no longer meet clinical guidelines, so presumably they caused more harm than good. Not a good sign.

1.8%		1. In diabetes: control LDL, blood pressure, tobacco, ensure daily aspirin or antiplatelet, keep hemoglobin A1c<9% (<i>dropped, LDL no longer recommended</i>)	pp.14–21
1.8%		2. In diabetes: keep hemoglobin A1c<8% (<i>dropped, now considered too low</i>)	pp.22–4
2.5%		3. In diabetes: ensure foot+eye exams, keep hemoglobin A1C<9%, ensure daily aspirin or antiplatelet for patients with diabetes and ischemic vascular disease	M2
1.8%		4. In ischemic vascular disease: control LDL–C (<i>dropped, LDL no longer recommended</i>)	pp.34–5
1.8%		5. In ischemic vascular disease: ensure aspirin or anticlot (<i>dropped, anticlot no longer recommended</i>)	pp.36–7
1.8%		6. In coronary artery disease: control LDL–C, ensure ACE inhibitor or ARB (<i>dropped, LDL no longer recommended</i>)	pp.10–3
2.5%		7. In coronary artery disease: ensure anti–platelet+beta–blocker therapy, symptom management, ACE inhibitor or ARB	M2
1.8%	2.5%	8. In heart failure: ensure beta blocker	pp.29–31
1.8%	2.5%	9. Control high blood pressure	pp.32–3
	2.5%	10. Depression: PHQ–9 score >9 initially and <5 at 12 months	p.3

(D.b) Hospital standards are deadly. They penalize and deter all hospital stays for these patients, even when needed.

1.8%	1.1%	1. Readmission within 30 days after almost any hospital stay	pp.8–10
1.8%	1.1%	2. Any hospital admission for emphysema, chronic bronchitis or asthma	pp.10–2
1.8%	1.1%	3. Any hospital admission for heart failure	pp.12–4
	1.1%	4. Readmission within 30 days after almost any hospital stay if patient used nursing home	nqf 2510 summary
	1.1%	5. Unplanned hospital admission of diabetes patient	M2
	1.1%	6. Unplanned hospital admission of heart failure patient	M2
	1.1%	7. Unplanned hospital admission of patient with multiple chronic conditions	M2

(D.c) Two standards are problematic (see below)

3.6%	2.3%	1. Use electronic health records.	pp.14–7
1.8%		2. If an outpatient visit happens within 30 days after an inpatient stay, check any prescriptions which were changed by inpatient doctors, and decide if they need to be changed again.	pp.5–6
	1.1%	3. Document medications during every office visit.	nqf 0419

(D.d) Patient surveys measure ACOs' people management skills, not medical success. 7 questions used in the past will rise to 8.

12.5%	12.5%		M2, survey
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(D.e) Most other standards are done by most doctors already for Medicare patients.

1.8%	1.1%	1. Screen fall risk every year	pp.7–9
3.1%	3.1%	2. Shots for flu (1.6%) & pneumonia (1.6%)	pp.42–5
3.1%	3.1%	3. Screen & counsel for tobacco use (1.6%), abnormal Body Mass Index (1.6%)	pp.46–50
6.3%	6.3%	4. Screen and follow up for depression (1.6%), colorectal cancer (1.6%), mammography (1.6%), blood pressure (1.6%)	pp.38–41,51–7

50% 50.0% Total Bonus, as a Percent of Total Cost Reduction

(Click for further discussion of [nursing home readmissions](#), [health records](#), [medications](#) and [patient surveys](#).)