Six Core Competencies to Succeed in Accountable Care

AN A4HI–WEST HEALTH POLICY CENTER FRAMEWORK

Identifying Core Competencies of Accountable Care

To successfully deliver accountable care, accountable care provider organizations must attain a robust set of competencies which enable strong care management, modernized data capabilities to inform decision-making, and accountability for quality and cost. All of this work is motivated by, and coalesces around, the patient experience.

Unlike fee-for-service models, which incentivize the volume of services, accountable care encourages coordinated, patient-centered care that emphasizes prevention, chronic disease management, and overall well-being. Patients benefit from more personalized attention, improved communication with health care providers, and better long-term health outcomes—all while lowering costs by reducing unnecessary utilization.

Core Competencies Related to Medical Needs of the Patient Population

The successful implementation of accountable care requires a strong foundation built on key core competencies that enable providers to deliver high-quality, patient-centered, and cost-effective care. These competencies ensure that care is not only clinically appropriate but also aligned with the broader goals of population health management and financial sustainability.

Access to Advanced Primary Care

Accountable care focuses on primary care and prevention. Expanding access to primary care, which could include either expanding available hours, personnel, services, or into new communities depending on the population served and identified needs. This domain also includes enhanced provider-patient communication.

Care Management Programs Tailored to the Population

Accountable care arrangements promote flexibility and permit providers to tailor care to meet the needs of each unique, individual patient.

Once the population is identified, accountable care entities must design and deploy care management programs to meet these needs. This requires an integrated care team and a clinical solutions strategy which emphasizes preventative care and advanced primary care to manage chronic disease and other conditions that keep patients healthy and reduce unnecessary, high-acuity utilization.

Financial Responsibility and Flexible Payment Methods

Accountable care arrangements reward providers for high-quality, efficient care. The foundation of this financial methodology is accountability, as entities must assume financial risk for their patient population.

Through risk-based arrangements with flexible payment (e.g., upfront, capitated payments) and appropriate risk adjustment, accountable care entities manage two-sided financial risk and payments to providers, paired with health outcome incentives, appropriate to the services and population (e.g., for some services, such as flu shots, FFS might be preferable, compared to other situations where downstream capitation is more appropriate).

Quality Accountability

Accountable care entities inherently promote higher-quality care, as risk-based arrangements tie financial performance to high-quality care delivery and outcomes. Entities must measure patient experience, satisfaction, and outcomes and adjust care management accordingly. This measurement must be timely and granular to ensure care management can be adjusted as necessary.

Accountable care models should rely on a parsimonious sets of quality measures that are easy for providers to capture (e.g., outcomes-based) and clearly tied to better patient experiences.

Modern Data Capabilities

Accountable care entities must share data securely and appropriately with other providers and organizations that influence patient health. Seamless, standardized data exchange should be a foundational requirement for receiving financial incentives tied to accountable care participation. Policymakers should prioritize efforts to improve data standardization, accessibility, and interoperability across the care continuum.

Core Competencies Related to Non-Medical Needs

As only an estimated 20% of health outcomes are predicted by medical care, accountable care entities' reach spans beyond the delivery of traditional health care. Entities are also incentivized to address non-medical drivers of health and must have the competencies to do so.

Whole Person Care Delivery

Accountable care entities must understand their patients' needs and be able to meet the individual where they are, delivering whole-person care and addressing needs outside of the four walls of a physician office. This includes non-medical needs that significantly impact health, such as housing, nutrition and transportation.

Importantly, accountable care arrangements must enable providers flexibility in how these needs are met. Providers know their patients best, and no two patients' needs will be identical. Within certain parameters, entities that have assumed accountability and financial risk must be granted the flexibility to address Health-Related Social Needs (HRSN) and their patients' non-medical needs as they see fit.

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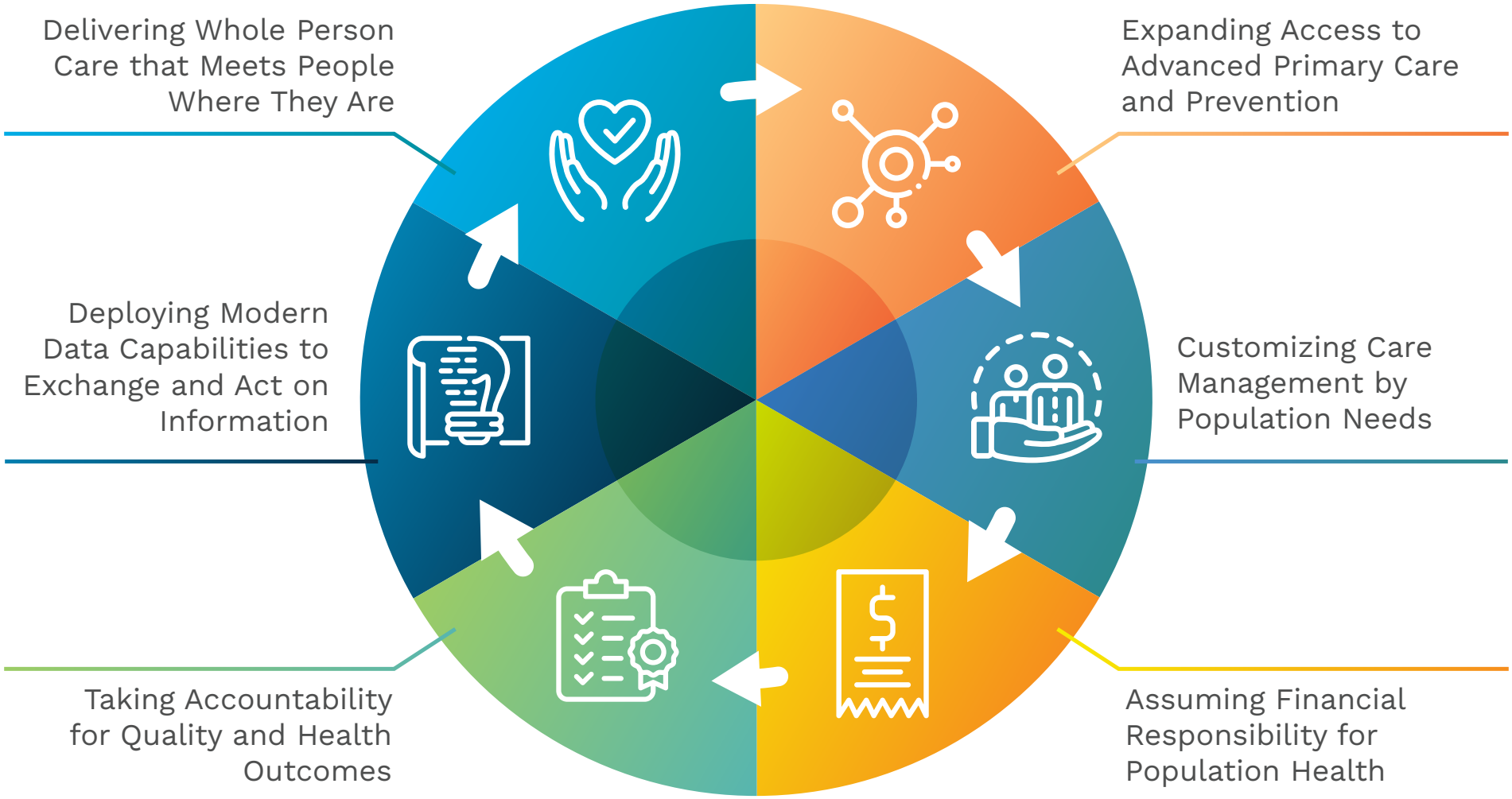
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