Health Evaluation Plan

Your Name

Your University

Course Name and Number

Professor Name

9th May 2021

**(Total Words: 4256)**

**Evaluation Plan for Accountable Care Organizations**

**Introduction**

Over the past few years, the healthcare system has been undergoing a few formal strategies to help it achieve further success. These strategies aim at helping the sector to be able to deliver effective health services and also reduce the health cost that comes as one undergoes medical assistance in the country. The proposed solutions that aids in the formation of Accountable Care Organizations include: better healthcare payment methods and the delivery methods of the health care services. Moreover, researchers develop delivery methods worldwide, and these platforms aim to make the health care system convenient and accessible. Health organization represents the primary sources of contracts in the health sector. Thus, it makes the work achievable and straightforward as the government can now achieve more as it only has to sign the agreed terms and facilitate the processes where necessary. It makes the costs low, and the health care services become achievable and convenient for so many people. Therefore, it would be very accurate to say that the job approached in the health care sector is good, and the progress is growing step by step. Simplified, an ACO represents a team of care providers sharing a similar goal and improving the current medical system. Their primary focus relies on providing accessibility to the medical system while also ensuring cost-effective procedures. (Briggs et al.,2019)

It would be true to say that the health sector has been under attack over the few years, as the community may have noticed. Hospitals have not had the proper guidelines and means by which the person could handle most of the issues that arise from the health sector. The explanation for this relies on the lack of an adequate framework to guide hospitals. For example, health care has been costly over the past few years. Because care providers did not have the proper means to make sure these payments were looked at and considered. However, with the introduction of ACOs, this sector is set to improve. The below essay aims at showing exactly how this will happen because the payments decrease, the health performance must increase, the money allocation also needs to improve, and so many other benefits. Without any further a due, the paper will point out the importance of ACOs

**Definition of Terms**

The overarching aim of the Affordable Care Act (an acronym for ACA) is to provide affordability for the healthcare system's beneficiaries. Incentivizing physicians, hospitals, and service professionals to coordinate scientifically optimal patient care is one of the primary reasons it achieves value-based outcomes. When patients receive clinical treatment successfully, and with high-quality results, healthcare providers obtain eligibility for various (financial and/or other occupationally based) benefits. Strategies including the Bundled Payment Care Initiative (acronym BPCI) or Affordable Care Organizations (ACOs) will reduce costly and redundant programs to make them more cost-effective for consumers. (Gordon et al.,2018)

Unique quality standards must be met by hospitals and doctors, emphasizing disease control, carefully treating patients with chronic illnesses, and keeping patients safe. Policymakers experts created the name ACO to describe entities made up of professionally integrated healthcare professionals that share a common goal. These goals include high-quality patient care and effective outcomes with up-to-date treatment plans.

There are three main values of Affordable Care Organizations:

* Provider-led companies with a solid primary care foundation that are held responsible for outcomes and per capita costs
* Payments are related to quality management and cost reduction.
* Reliable and highly advanced success assessment promotes progress and ensures that treatment is efficient and cost-effective.

To meet these objectives, the ACA dramatically altered the way healthcare is delivered and the way they compensate providers. Although the main goal of the Affordable Care Act is to offer affordable health benefits to all Americans, different components can have a significant effect on how doctors receive their payment for delivering care. A series of managed care schemes are gradually replacing the conventional fee-for-service structure. The Affordable Care Act proposes to further overhaul the healthcare delivery system by establishing Accountable Care Organizations and the Bundled Care Payment Initiative. (Hu et al.,2018)

Affordable Care Organizations position financial responsibility on physicians to strengthen patient control and reduce needless costs while also allowing consumers to choose medical providers. The ACP framework encourages health excellence by controlling costs. This cost-cutting relies on the ACA's ability to incentivize hospitals, doctors, post-acute care clinics, and other providers to create alliances and facilitate improved care management. Affordable Insurance Organizations hope to minimize the need for medical care and enhance patient outcomes by increasing treatment management.

**Project Objective.**

As mentioned above, the health sector passed through a period of demining for a very long time. The creation of ACOs has been on the line for quite some time. The government has been trying to make sure that it has improved this sector and make permanent changes that will need amendment in the future.

The establishment of Accountable Care Organizations in the health sector is because they want to improve how the health sector is managed and run. They tried to delocalize the health sector and ensure every citizen can be given health care at a reduced cost and get it very well.

The project aims to;

* Deliver vital health care services.
* Provide top health care services.
* Improve the systems in which health care offers services to patients.
* Lower the cost of health services
* Improve the convenience of patients
* Also aimed at improving the preventive measures of diseases, i.e., malaria
* Reduce the risk level of most of the population.
* Put in measures that facilitate operations of ACO's.
* They wanted the ability to start projects and monitor and complete them.
* They also wanted permanent strategies that would ensure the health sector is improved once and for all.

It had come to the attention of the health sector that it had been stagnant for quite some time now and that it was not growing. Therefore, it embarked on the creation of ACO's. This ACO's aims at improving the health sector and make sure it went back to the glory that previously characterized it. So, apart from the obvious stated benefits above, the following was also meant to be achieved:

The government meant to restore its health sector to the expected level. For so long, the government neglected their health sector, leading to a decreased quality in terms of medical care procedures. These ACO's were to act as a way to give the government relief. In the past years, the government desired to delocalize the duties conducted in the health sector to share the responsibility with the larger community.

In addition, purchasing health equipment would be very expensive for the government to afford. So, the formulation of ACO's was also a way to reduce this cost. They would achieve this because they must have several pieces of equipment to qualify for a health center to be selected. When they purchase this equipment, then the government reduces cost.

Minimize corruption in the health sector. There is a belief that the control imposed by the government represents the main factor leading to corruption. Therefore, when the government formulated the ACO's, it destroyed these manipulation elements because it was no longer in the hands of the government. (Jain,2016)

Lastly, the government wanted to win the people's trust again. It is because it had let them down so many times when it came to the health sector, and so it wanted to make sure that it showed the people that it indeed was working towards making this a better place for them.

**Evaluation Methods.**

As it is known, with new changes comes many responsibilities. With that said, so many health organizations would come forward and make pledges to improve the health sector. Thus, steps and regulations had to be put in place to ensure that the organizations selected were not just any organizations but also organizations that would help change the health sector. (Jakovljevic, Ogura,2016)

Therefore, what brought several evaluation criteria to the table would help make sure that the selection was good enough. Some of those evaluation questions were;

* What were the goals and achievements that the ACO aimed to achieve?
* What are the main benefits of the ACO's?
* How will health care improve with the implementation of the ACO's?
* How will these ACO's even operate?
* What are the measures and requirements being looked at for an ACO to qualify?
* Who will monitor these ACO's?
* How will the already established measures be amended?

Most of these evaluations seem tight because the system aims to ensure that the management team establishes organizations that will improve the health sector and take it to the next level without having to come back to them for errors.

The benefits have to be evaluated and compared to the risk of putting the health sector and assessing whether the risks outweigh the benefits.

When it comes to change, the management team must consider many elements to conclude efficiently. Many people tend to oppose the changes that are right around the corner, waiting for someone to mess up and throw in the blames. That is why the evaluation methods have to be accurate and make sure that they have carefully analyzed every possible loophole that may arise from the same. For example, people had gotten used to going to government hospitals for medical care because they had this belief that it was the best service they would ever receive. With the introduction of ACO's, the same had to be met and put into consideration. The government's health sector has to look at the methods closely used to come up with these ACO's or else they will lose the confidence of the people if something does not go as planned. (Jakovljevic, Pejcic, 2017)

**Data evaluation.**

For anyone to consider changing anything around them, they must have a good reason for doing so. Thus, it may be because it noticed the processes they are using are not helpful and need adjustments, or they need to be changed to achieve the original goal. In this case, it would be true to say both reasons are applicable.

The paper is trying to underline that some of the existing strategies have to be changed totally. For example, there was no ACO in the past. That is to say that people had to go to the government institutions, and that meant that there were long queues, and most people ended up not receiving the care they needed. Not to mention the fact that most of the time, it was not as affordable as most people would have preferred it.

However, all these changed with the establishment of ACO's. Statistics reflect the need for change; the admission rate in the facilities has reduced by 6.3% because the health care services were delocalized, allowing ACO's to conduct their duties. In addition, the lengthy stays at the hospitals have reduced as the ACO's provide the best health care one would need; thus, releasing of patients is faster.

The need for such studies relies on validating the government's plan in order to see if they apply not only in theory. However, from the data evaluation presented, it would be accurate to say that they are working just perfectly. (Kino, Kawachi,2018)

It will not be enough evaluation if one does not consider if the ACO has any monetary aid to the government. Over five years since who set up the ACO's, the government has saved up to a minimum of $26.6 million. A conducted estimation states that it would save a further $800 million if the government would consider the requirements proposed. The success remains highly dependent on the need to follow established guidelines. In addition, it is a must for the health sector to monitor its progress and continuously proposed new improvements. It would include the collaboration of the government, the ACO's, the health worker, and the health system in general.

In general terms, the evaluation process is one of the most critical elements of the whole process. Most of the data collected will tell whether the changes made to the system are good enough or are just going to make the whole system worse. For example, there currently exists a system of data. It is transparent to the public and focuses on providing exactly the improvement mentioned. So, if the government's health sector decides to formulate these ACO's, it must be able to compare the data collected and that which already exists and show the difference.

Then, they will have shown the benefits and thus propelled the changes to the next level. However, if the data they collect shows a negative change or no change at all, then the same health sector must go back to the drawing table and develop better ways to improve the health sector in question, especially the ACO's. (Kino, Kawachi,2018)

**Evaluation Measures.**

* The evaluation measures mean the execution of the processes proposed. These processes have to be executed and met for the regulations in place to work. Some of how who can perform these processes include;
* They are expanding the health care system. Researchers point out that when a sector of the economy looks like a monopoly, it can be manipulated by a few individuals, making it prone to mismanagement. However, if an industry is delocalized, then the services are affordable because the benefits are almost everywhere.
* It aims to achieve the goals with the changes in the health sector by introducing ACO's. They will be able to distribute the health services, thus reducing monopolization.
* There will also be a need to increase the building of teamwork. As the management teams propose the measures, they must ensure they have encouraged teamwork between the necessary sectors to ensure that none of them feels left out of the whole deal.
* It would ensure that all parties make the efforts.
* In creating these measures, it is essential that the well-being of the patients. They are the primary recipients of these services, so any set standards should be on their side.
* The ACO's chosen must have the necessary facilities to give good health care. It is a significant measure because if it ends up neglected, then the fundamental change will not be worth the process. (Kino, Kawachi,2018)
* Access to these facilities represents another element of consideration. In order to ensure accessibility to the medical system, the ACO's selected must have an even distribution. Otherwise, it would not make sense to choose ACO's in one area.
* There should also be measures that consider the pricing. The discussion's whole point is to make sure that the recipients can afford the services. It would mean that the ACO's selected must sit down and come up with prizing that aids the recipients.
* The healthcare services must also be accessible 24 hours a day, seven days a week, and 52 weeks a year if researchers put it in a more straightforward manner, 24/7. It is because the government hospital offers 24/7 services. Therefore, any measure proposed must include this clause.
* The strategies presented must also include an increase in the primary services provided by the ACO's. This organization must provide essential services to make sure that the whole regions get the same thing. THUS, most ACO's provide different services, thus may not promote equality, and who may not meet the entire point of the delocalization. These services may include eye care services, diagnosis, and treatment of acute illnesses, inpatient and outpatient services, and the list go on.
* There must also be accessibility to professions. It is to means that every ACO must be able to show the occupations that it can offer. When there is a discussion about an effective health care system, there must be people who can provide these health services. If this is not available, then anything discussed will not yield fruits.
* There must also be people who will monitor these ACO's. Most organizations tend to slow down their services once they receive the selection. Therefore, a body will ensure these organizations always provide these services and provide them to their very best. (Kino, Kawachi,2018)
* Previous researches underline that medical staff is essential for providing medical services. Therefore, there must be a strategy responsible for hiring medical staff and making sure that they work as a team. It means that no matter the approached ACO, they will always have unity to ensure that they provide the requested services. In addition, trust and respect must be encouraged between the health workers.
* Wellness must also be encouraged. Wellness means that who must access the patient's condition at all levels. It is because most of the illnesses that are in society are a result of unwellness. For example, if a patient is under stress, that means that most of the time, they will lack appetite, feel dizzy, and so forth. If there are no symptoms of an illness, then who must test these measures to ensure the health care given is enough and complete. It will also help the government measure the wellness of its citizens.
* There should also be a collection of the data collected by these ACO's. The collection of these data is very beneficial to the health sector in many ways. For example;
* The government will be able to make an adequate health budget and enough.
* The government will assess its growth and know if there is any improvement in this sector. (Kino, Kawachi,2018)
* It also knows which areas need to be improved.
* The plans should also consider the situation of patients diagnosed with a terminal pathology. Some conditions have become a pest in the health sector, and most of them prove challenging to deal with them. So, these ACO's proposed must give away in which they will handle these situations and if they can contain the spread and offer the necessary services such as therapy and so forth.
* The growth of these ACO's is also something that should measure. It means that the management team should propose a timeline in which these ACO's will be accessed and note which ones provide the best care. In addition, criteria of disqualification are also vital to ensure the success of the proposed program. (Kino, Kawachi,2018)
* The paper also adds an assessment period of the whole program in general. It should be accessed after a given period and considered is helpful to the government. If not, that should look for a new strategy. (Kino, Kawachi,2018)
* When on the same point, it would also be essential to get an external council to help the evaluation of the changes made. There are countries with great health sectors and have grown to be giants when it comes to the same. It would be very naïve and reckless to start this process without having a nation that would back us up if the community needed help.
* On the same note, it would be essential to have foreign doctors as a measure. It would apply to the extreme measures where the medical staff need outside assistance—for example, professional neurosurgeons, professional cancer therapists, and so forth.
* Finally, the team needs to consider the financial implications. It is because any change that comes at a cost before it's adjusted.

**Theoretical approach.**

The team must evaluate all the above measures to make sure they make sense. This program has some set targets that it needs to achieve and accomplish. It is not easy to achieve these targets, and so, there has to be an approach to establish if it will take at all work.

To achieve it, there is a need to use Fisher's Logic Model. This model aims to elaborate the measures put, their implementation, and their operations. The model in question seeks to make sure it analyzes the factors put in front of it and assesses their credibility. The model can identify any changes which are vital to ensure the efficiency of the project. (Moy et al.,2021)

Therefore, this process is fundamental to this project because it will be worth the entire process if the model qualifies the project. However, if it cannot validate the efficiency of the entire thing, then the health sector will be forced to go back to the drawing table and make the needed changes.

Moreover, the theoretical approach aims at showing us the reality of the whole project. What does this mean? The benefits of this project are evident. However, that is only on paper and not really actualized. The theoretical approach tends to bring everything that was discussed into reality and shows whether the measures and guidelines are actually true and whether they can be achieved or not. The results will state if the ACO's is eligible to participate in this project.

**Importance and Benefits.**

The health sector's process is very beneficial to all the parties involved. Some of these benefits include;

* The government will be able to make the budget easily as per the health sector. It is because it will have all the requirements, thus knowing how much to use.
* It will also delocalize the health sector, and thus it will not be able manipulated by any individual, thus making it easy to manage.
* It will be cost-effective to the patients and thus be able to pay and get the best services simultaneously.
* Due to the establishment of ACO's, the government delocalized the health services, which means they are easily accessible.
* It also creates harmony in the health sector. The ACO's will have to work together to provide necessary services, thus making the health sector effective.
* It would also provide a solution to terminally ill patients because they will have centers where they can be treated instead of going to government health centers.
* There will also be the provision of high-quality services.
* It would also be accurate to say that the public will not subjectively control the health sector.
* Before this delocalization, all the services were part of the leading hospitals of the government, and no one would question them. However, with the introduction of this system, the public will report any ACO's that does not do their job properly to the relevant authorities.
* Generally, there will be an improvement in the health services offered. (Moy et al.,2021)

**Challenges to ACO's program.**

It would be very naïve of us not to admit that this process must also face a few obstacles. It is because no change comes without difficulties of its own. Some of these challenges include;

Assessment of which ACO's to take will be challenging. It is because many organizations are available, so the selection criteria have to be problematic.

The implementation of the terms agreed is also not easy, and so it may take some time to actualize.

There must also be a period of implementation proposed, and that could prove to be hectic because the government may not have complete control of the factors that affect this. i.e., the acquisition of necessary equipment by selected ACO's.

**Conclusion**

Change is frequently a delicate subjective. It is because change can either be positive or negative. However, in both cases, the outcome of the result is often controlled by external powers. The changes implemented in the health sector are excellent and could have a very heavy impact on how the health sector proceeds from this moment. However, the same words that make it suitable might also be the same that harms the health sector. The only way to achieve efficiency is by following the plan as discussed in this paper while considering all the details. In contrast to this, if they fail to adhere to the plan, the outcome will not meet the expectations proposed.

The changes discussed are very beneficial to all the stakeholders involved. It is because it modernizes the health sector and makes it very helpful. It is a very innovative program, and if the government can actualize it, it will be very beneficial. As this paper presented, involving the ACO's in the health sector management will reduce the pressure imposed on the government and provide an environment where innovation and quality represent the centerpieces.

**References**

Briggs ADM, Fraze TK, Glick AL, Beidler LB, Shortell SM, Fisher ES. (2019) How Do Accountable Care Organizations Deliver Preventive Care Services? A Mixed-Methods Study. J Gen Intern Med. 2019 Nov;34(11):2451-2459. doi: 10.1007/s11606-019-05271-5. Epub 2019 Aug 20. PMID: 31432439; PMCID: PMC6848496.

Gordon, S. H., Gadbois, E. A., Shield, R. R., Vivier, P. M., Ndumele, C. D., & Trivedi, A. N. (2018). Qualitative perspectives of primary care providers who treat Medicaid managed care patients. BMC health services research, 18(1), 728. <https://doi.org/10.1186/s12913-018-3516-9>

Hu, L., Kaestner, R., Mazumder, B., Miller, S., & Wong, A. (2018). The Effect of the Affordable Care Act Medicaid Expansions on Financial Wellbeing. Journal of public economics, 163, 99–112. <https://doi.org/10.1016/j.jpubeco.2018.04.009>

Jain V. (2016). Time to take health economics seriously-medical education in the United Kingdom. Perspectives on medical education, 5(1), 45–47. <https://doi.org/10.1007/s40037-015-0238-0>

Jakovljevic, M. M., & Ogura, S. (2016). Health Economics at the Crossroads of Centuries - From the Past to the Future. Frontiers in public health, 4, 115. <https://doi.org/10.3389/fpubh.2016.00115>

Jakovljevic, M. M., & Pejcic, A. V. (2017). Growth of Global Publishing Output of Health Economics in the Twenty-First Century: A Bibliographic Insight. Frontiers in public health, 5, 211. <https://doi.org/10.3389/fpubh.2017.00211>

Kino, S., & Kawachi, I. (2018). The impact of ACA Medicaid expansion on socioeconomic inequality in health care services utilization. PloS one, 13(12), e0209935. <https://doi.org/10.1371/journal.pone.0209935>

Moy HP, Giardino AP, Varacallo M. (2021) Accountable Care Organization. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK448136/>