

Findings at a Glance

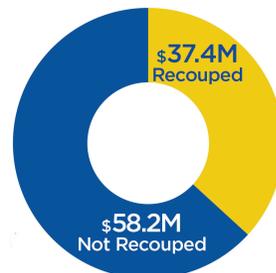
Model Overview

The Accountable Care Organization (ACO) Investment Model (AIM) operated under the Shared Savings Program (SSP). AIM provided up-front payments to select ACOs to use for investments in infrastructure and staffing. It targeted:

- **New ACOs** to encourage their formation in rural or low ACO penetration areas (41 AIM Test 1 ACOs began in 2016).
- **Existing smaller ACOs** to encourage their continued participation and transition to two-sided financial risk (6 AIM Test 2 ACOs began in 2015 or 2016).

AIM ACOs received up-front payments for two years. These payments will be recouped from shared savings earned by AIM ACOs for up to six years.

A total of \$95.6M in AIM payments were dispersed through 2017. So far, 39.1% of funds have been recouped.

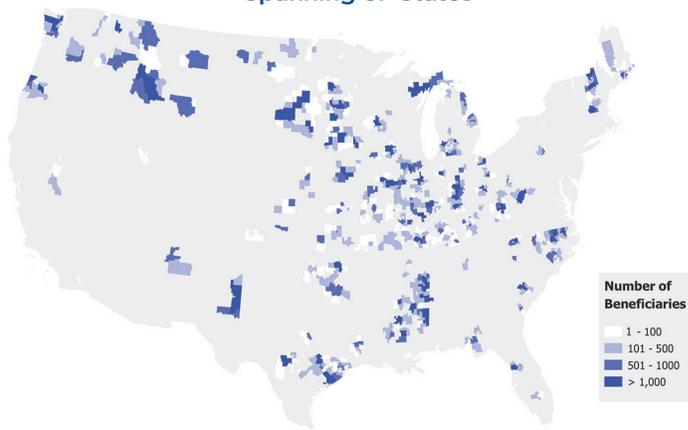


Participants

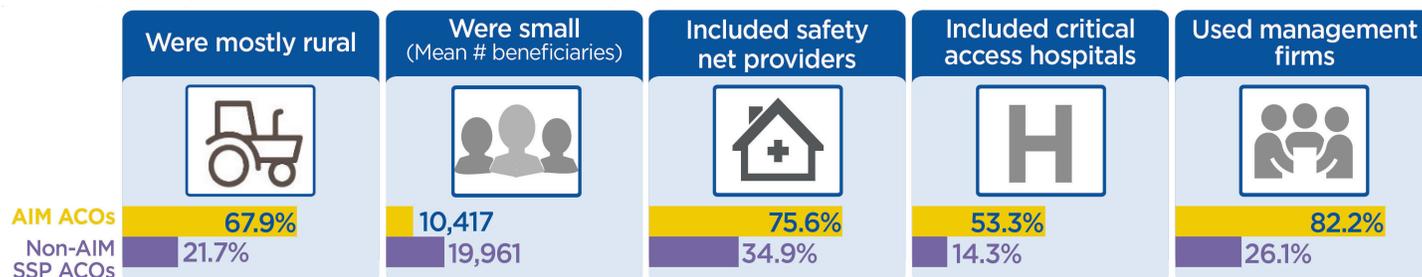
By the Numbers

Performance Year (PY)		
1	2	
47	45	AIM ACOs
3,446	3,727	ACO primary care practitioners
618	700	ACO specialist practitioners
568	680	Facility-based providers (federally qualified health centers, rural health clinics, critical access hospitals)
419,237	470,129	Beneficiaries

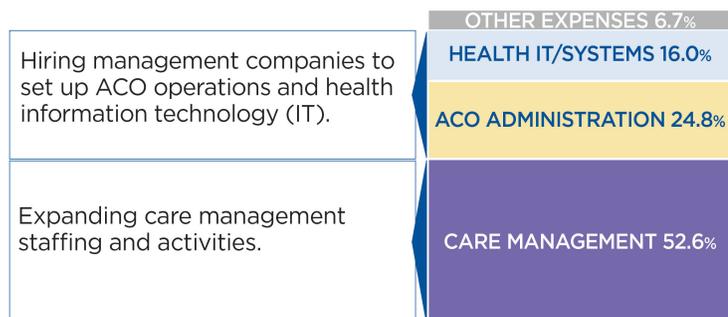
Spanning 37 States



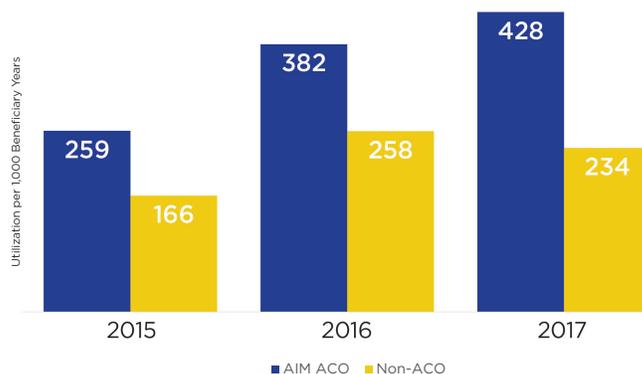
In 2017, compared to all other SSP ACOs, AIM ACOs:



ACOs spent AIM funds on:



AIM ACOs Increased Annual Wellness Visits



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Findings

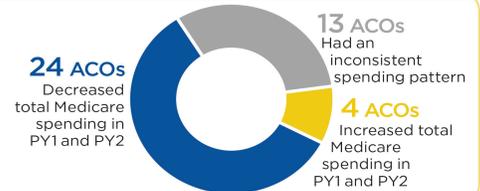
AIM Test 1 ACOs Reduced Spending and Utilization Compared to Medicare FFS Beneficiaries

Statistically Significant Reduction in Total Medicare Spending	Per beneficiary per month (PBPM) spending	Aggregate spending (millions)	Net savings to Medicare (millions)	Percent net savings to Medicare	
	PY1	-\$28.21	-\$131.0	-\$108.4	2.3%
	PY2	-\$36.94	-\$187.7	-\$153.4	3.0%

Statistically Significant Reductions in Major Spending and Utilization Categories	Spending			Utilization	
	Inpatient hospitalization	Hospital outpatient	Skilled nursing facility	Emergency department visits with no hospital admission	Hospital readmissions
	PY1	-2.4%	-4.3%	-7.2%	-1.5%
PY2	-3.4%	-4.4%	-6.6%	-1.9%	-4.1%

Most AIM ACOs Reduced Spending Compared to Similar Non-AIM SSP ACOs

Evidence of Reductions in Medicare Spending	AIM Test 1 PBPM spending	AIM Test 2 PBPM spending	Most AIM Test 1 ACOs reduced total Medicare spending more than similar SSP ACOs in both PY1 and PY2.	
	PY1	-\$24.85		-\$62.31
	PY2	-\$35.55		-\$77.69



AIM ACOs Maintained Quality of Care

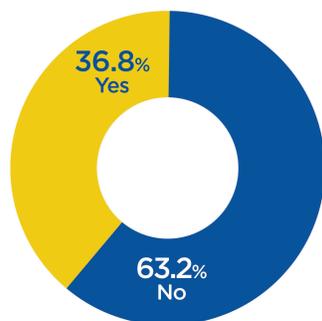
Very few changes to measures of patient/caregiver experience between beneficiaries assigned to AIM Test 1 ACOs and Medicare FFS beneficiaries in the markets who responded to the ACO Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Some evidence of better performance on ACO preventive health and at-risk quality measures by AIM ACOs compared with non-AIM SSP ACOs.

Key Takeaways

AIM Funds Were Integral to ACO Formation

Would you have participated in the Shared Savings Program without AIM funds?



- AIM ACOs **decreased total Medicare spending** and had greater reductions in total Medicare spending than similar non-AIM SSP ACOs. The reductions in Medicare spending and utilization were not offset by lower quality.
- AIM ACOs **commonly worked with management companies** and expressed general satisfaction with them. There is some evidence that AIM ACOs using management companies decreased total Medicare spending more than independent AIM ACOs.
- AIM ACOs **plan to continue in the Shared Savings Program** but are hesitant about transitioning to greater financial risk.