

Accountable Care NEWS

“Pioneers”

By Leah Binder

Thirty-two health systems are designated by CMS as “Pioneer Accountable Care Organizations (ACOs).” Here’s my definition of a pioneer: [Laura Ingalls Wilder](#), author of the *Little House on the Prairie* series of books, and one of my heroes. She spent her childhood (more than a century before mine) in a family of itinerant farmers and foragers, traveling in their covered wagon through uncharted, often dangerous territory.

The 1970s TV series never quite captured the downside of life on the prairie, but the books did -- and that’s part of what made them such classics. Pa couldn’t have a bad day and skip the chores or the family would starve or freeze to death. Ma prepared the meat from Pa’s kill at the hunt that day, and she spun the fabric to sew the family’s clothing. When they set out on their covered wagon for a new destination, they didn’t have a road map -- or even a road. They relied on the stars in the sky and their own determination. Still, they laughed and danced, and they always seemed to be looking for the next journey -- and the next adventure.

Let’s contrast the pioneering Ingalls family with the 32 so-called “Pioneer ACOs.” In a March 2013 letter written to the Center for Medicare Services (CMS), these modern-day pioneers of accountability complain they are being treated unfairly, and if it doesn’t stop, they won’t be pioneers anymore. As CMS prepares to start paying them according to their performance on identified measures, the letter asserts that some of the measures have “flat percentage benchmarks without anchoring methodology.” Translation: CMS is imposing very high standards for quality -- not scaled according to current national hospital performance. Apparently, these “pioneers” expect to accomplish nothing different from what their non-pioneer colleagues in the rest of healthcare accomplish.

While these “pioneers” sit on the shore anchored to the performance expectations of the rest of the healthcare system, they also ask in their letter for a safe haven, not having their payment tied to performance for another year. They threatened to consider withdrawing from the program if their concerns are not addressed immediately. To its credit, CMS did not agree to release them from the pinch of payment tied to their performance. However, the agency did cave on anchoring the benchmarks to current national performance.

I don’t recall anyone in the Ingalls family complaining that they couldn’t set forth on their journey because they had no benchmarks from other people who’d done the same thing. Pa Ingalls didn’t threaten to stop being a pioneer because he found out there were bears in the woods. Indeed, that was the point of being a pioneer: you were going to be first, and you knew that would come with potential for great triumph and great loss. Being a pioneer takes courage, a willingness to take risks and an ambition to exceed the accomplishments of others.

If the Ingalls failed to do their jobs, the family faced hardship. But if the pioneering ACOs fail to do their jobs, it’s the consumers and taxpayers who face hardship. As the ACO movement prompts increasing consolidation among health systems, more and more advocates have raised alarm about the prospects of market domination reducing quality and increasing costs.

A [recent summit](#) on the topic reinforced the point, suggesting that purchasers and plans must be more aggressive about imposing standards for quality or face dramatic erosion of standards, even as prices escalate. Transparency tools like the Leapfrog Hospital Survey, the Hospital Safety Score and others will become more and more critical to keep pressuring hospitals to improve. Without true accountability, ambition and courage worthy of the word “pioneer,” ACOs will only accelerate the trends they were designed to reverse.

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