



The Engelberg Center for Health Care Reform at Brookings (Brookings) and The Dartmouth Institute for Health Policy and Clinical Practice (Dartmouth) began working together in 2007 to foster the early and successful adoption of ACOs to improve care quality and bend the health care cost curve. As part of this collaborative effort, an ACO Pilot Program was launched to support select provider groups in creating ACOs with private payers in different markets across the country. Brookings-Dartmouth selected five pilot sites based on their historical experience managing financial risk, investments in integrated health information technology, and commitment to improvements in clinical care quality. These five pilot sites include: Carilion Clinic (Roanoke, VA), Healthcare Partners (Torrance, CA), Monarch Healthcare (Irvine, CA), Norton Healthcare (Louisville, KY), and Tucson Medical Center (Tucson, AZ).

The five pilot sites are in different stages of implementation, with four of the five sites are actively working with different private health insurers to implement an ACO for a commercial patient population. All five pilot sites have engaged in serious technical work with Brookings-Dartmouth, requiring considerable time and effort, to develop the key design elements that make up the foundation of an ACO. This has included collaborative work to develop a starter set of consistent performance measures, which are being used to inform national work to develop and align a consistent set of measures across different payers and initiatives. Currently, the pilot sites are working to report on progressively more advanced quality measures, including more clinically enhanced and patient-reported measures, over time. The pilot sites have also engaged in technical work to develop a methodology to set financial benchmarks based on historical claims data and are devoting considerable time to refining a patient attribution methodology that fairly and accurately assigns accountability to the ACO for a population of patients. To underpin all of these efforts, the pilot sites continue to develop and refine outcomes-based payment models to transition away from fee-for-service reimbursement to a population-based payment system.

Throughout the Brookings-Dartmouth ACO Pilot Site process, all five sites have provided national leadership around ACO implementation through their participation in the Brookings-Dartmouth ACO Learning Network ([www.ACOLearningNetwork.org](http://www.ACOLearningNetwork.org)). This has included informing (through technical work, conferences, webinars, and newsletters) the over 125 organizations that make up the ACO Learning Network on the key capabilities required to be a successful ACO, including: strong institutional leadership; management of financial risk; care coordination; sophisticated health information technology; and, performance measurement reporting systems. Brookings-Dartmouth looks forward to continuing to work with these five ACO pilot sites on their ACO implementation efforts and on establishing a clear path forward for delivering more accountable care nationally.