



Nebraska Health Network

Accountable Care Organization Overview



ACO IMPACT

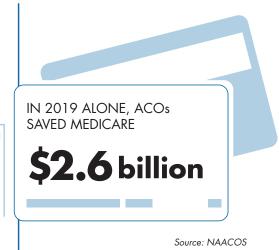


NATIONWIDE

COLLECTIVELY, ACOs ARE RESPONSIBLE FOR THE CARE OF MILLION PATIENTS

that means that







NHN IMPACT







PROVIDERS

We are focused on empowering our partners to excel in a value-based environment. Our team provides personal support, resources and analytics to help provide the best possible care to your patients.

PATIENTS

Our extensive network of more than 2,000 primary care physicians and advanced practice providers work together to share best practices and coordinate care across the entire Network. With representation from the two leading health systems in our community, patients always have access to the best care possible.

in Join the conversation. Follow us!



What is an **Accountable Care Organization?**

An Accountable Care Organization is a group of doctors, hospitals and other health-care providers who work together to deliver coordinated and cost-effective care. ACOs are part of the shift from a volume-based model to a value-based care model that focuses on the issues most important to patients - quality of care, satisfying health-care experiences, staying healthy and lowering costs.

NHN **Overview**

In 2010, Methodist Health System and Nebraska Medicine - two leading health systems - joined together to create the Nebraska Health Network. Our Network includes more than 2,000 providers throughout the Omaha metro, western lowa and Fremont.



In a world where patient needs are growing in complexity, ACOs like Nebraska Health Network help champion a patient's care regardless of where they are seen, how complex their needs are or how many providers are involved in their journey. Together, we create a more proactive, accessible and affordable health-care experience.



How ACOs Impact Care



AGREEMENTS

NHN enters into value-based agreements with payers



Value-based agreements are established with commercial and government payers to help manage a population of patients. The agreements include performance measures centered around quality and cost.

We collect and analyze data from a number of sources including electronic medical records, insurance claims and pharmacy records to identify patient trends and population health needs. This analysis helps improve patients overall care and shift to a proactive care environment.



DATA

We use data to assess opportunities to improve quality and cost

OPPORTUNITIES

We communicate improvement opportunities across the Network



We use data and predictive analytics to identify high-risk patients and population health strategies that will have the greatest impact. We establish quality measures that drive visibility and accountability to ensure patient needs are met.

NHN works directly with clinics to identify patients with gaps in care and those who are in need of additional support. We empower providers to transition the focus from treating the sick to helping patients take a more proactive role in managing their care.



COLLABORATE

We collaborate with physicians, providers and operational teams to drive performance

INCENTIVES

We earn and distribute rewards to help drive future improvement



Value-based contracts incentivize ACOs to achieve cost and quality metrics. Shared savings can be earned and reinvested in value-based care initiatives.