

ACOs & HMOs: How Do They Differ?

Part IV of a Series on ACOs

Lately there has been much discussion on the distinctions between HMOs and newly-forming Accountable Care Organizations (ACOs). Here are just a few ways in which ACOs compare to HMOs:

- Both ACOs and HMOs depend on building physician networks.
- Both ACOs and HMOs promote patient health and managing resources for cost control.
- However, ACOs are not insurance company-led. Physicians participating in an ACO jointly make decisions for managing patient care.
- Patients may voluntarily participate in ACOs; there are no enrollment or “lock-in” provisions.
- Another important difference between HMOs and ACOs is that ACO patients are able see a physician of their choosing.
- The ACO model has no gate keeping or pre-authorization provisions; patients are not required to obtain a referral before seeing a specialist or other provider (CRICO: Sato, Puopolo & Cornacchio, 2012).

RHCs will want to be aware of these and other differences as they consider participating in ACOs. With the ACO emphasis on preventive care, participating physicians, nurse practitioners, physician assistants and other health professionals will take a greater part in patient education and monitoring patient compliance. The emerging ACO model will require strong primary care partners in order to succeed.

However, **we know little about how the ACO model accommodates the unique challenges of RHCs.** For this reason, researchers at the University of Central Florida’s College of Health and Public Affairs are conducting an NIH-funded study to analyze the performance and outcomes of RHCs in ACOs. The research team welcomes the participation of RHC personnel throughout the project. For more information on the “RHCs in ACOs” study, please contact Dr. Judith Ortiz at the Rural Health Research Group at (407) 823-6145 or via email: Judith.Ortiz@ucf.edu.

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