Editor's note

The year 2020 marks the 25th anniversary of the *Journal of Managed Care + Specialty Pharmacy*. To commemorate this milestone, we are publishing a series of articles that document the changes to the journal and profession over the past 2 and a half decades. Each month we reprint an original article from a previous year, dating back to 1995. The reprinted articles feature topics of significance in our industry. Each reprinted article is accompanied by a contemporary reflection that will consider the historical significance of the topic, as well as the current and future state.

Laura E. Happe, PharmD, MPH
Editor-in-Chief

Evolution of ACO readiness to optimize medication use: are we there yet?

Kimberly Westrich, MA, and Lisabeth Buelt, MPH

This year marked the tenth anniversary of the passage of the Patient Protection and Affordable Care Act, which among other policies, authorized the use of accountable care organizations (ACOs) to help transition the U.S. health system from volume-based to value-based care. Initially, there was excitement about the ACO model and its potential to promote care coordination among providers and health systems, improve care delivery, and reduce costs.

However, as with all new care delivery designs, early ACOs faced several challenges that affected the model's potential. One such challenge was the ability of ACOs to optimize their use of medications. Despite medications being a critical component of patient care and an essential tool for meeting the cost and quality targets faced by ACOs, it was unclear if ACOs possessed the capabilities to support, monitor, and ensure appropriate medication use for their enrollees.

Kimberly Westrich

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In 2014, the JMCP article "Are ACOs Ready to be Accountable for Medication Use?" shared results from a survey to evaluate the readiness of 46 ACOs to maximize the value of medications to achieve quality benchmarks and costs offsets.¹ The results were mixed. The survey found high readiness in ACOs' ability to transmit prescriptions electronically, with moderate readiness to (a) view prescription and medical data in a single system and (b) encourage generics when appropriate. Readiness in all other assessed areas related to medication optimization, such as the ability of health systems to communicate and manage potential adverse medication interactions,

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J Manag Care Spec Pharm.
2020;26(11):1452-54

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integrate a clinical pharmacist into care teams, and engage patients in treatment decisions and outcomes, was limited. Accordingly, we issued recommendations to improve optimal patient access and ACO success.

Over the years, accountable care models have advanced not only in number but also in sophistication, and ACOs have made incremental progress toward achieving medication optimization in select areas. Here, we review the growth of the ACO model,