

# Can Your ACO Support the Future of Value-Based Care?

written by Theresa Hush | May 6, 2026



The year 2025 wasn't easy for most ACOs struggling with the sudden transition to data aggregation. In fact, it was a trial

by fire. ACOs joined the modern era of quality reporting in 2025 with APP (APM Performance Pathway) Reporting, which spurred aggregation from multiple practice systems and patient matching across the ACO. This required a rapid learning curve to assess limitations to data aggregation from individual systems, practice or ACO processes, and system technical capabilities. Although CMS allowed ACOs to limit reporting to Medicare patients, the work was still more than many ACOs anticipated. Here's the tough news for your ACO: The future will require even more work.

Getting your data aligned with value is key to success in a rapidly evolving Value-Based Care environment. As large health systems and equity-supported ACOs master data-driven changes, their successes will affect all ACOs' benchmarks, quality goals, and actual savings. In the near future, your ACO must pivot to becoming a hub for a connected network with multiple payment models. Here's what to expect:

1. The Value-Based Care future is expanding beyond the primary care focus of the original ACO model, requiring ACOs to redesign their functions.

Your ACO is no longer a stand-alone model. With the introduction of specialty payment models, CMS created a connected Value-Based Care ecosystem. In TEAM and ASM, CMS ties ACOs into referrals for primary care. In LEAD, it enables ACOs to create high-value specialty networks with CMS specialty data. To remain a relevant player in your market, your ACO must take on the leadership necessary to facilitate patient-centric care, no matter where in the system that patient is getting

care.

## 2. Quality Measures and Reporting are moving to a new standard and could affect ACO savings.

CMS is moving to digital quality measures based on [FHIR](#) applications to report quality. While this transition may take a few years, most ACOs have systems that run the gamut, and many are incapable of FHIR apps. Quality performance is not just a compliance activity; it will affect how much of your savings your ACO retains. CMS has standardized quality measures across all quality reporting. Its movement to MIPS Value Pathways is reflected in ACOs' APP Plus measures, built on that same pathway. It's not hard to envision that providers using digital measures backed by FHIR will improve performance and face less burden. ACOs must keep pace.

## 3. Mandatory payment models, especially for specialties, are growing.

With the recent announcement that all hospitals not participating in TEAM will be part of a new episodic payment model (Comprehensive Care for Joint Replacements, CJR-X) in 2027, we are witnessing the full potential for expanding risk. This will happen throughout high volume and high cost areas, first, and likely extend to most specialized areas. And have no doubt—the same will eventually be true for primary care conditions, if we cannot move the needle on chronic disease.

These certainties highlight why your ACO needs to expand data-driven activities, re-evaluate your practice EHRs if you have diverse feeds, and establish a vision for your future platform. As part of this initiative, your ACO should evaluate your data

vendors and their capabilities going forward: Are those vendors capable of working with FHIR and advanced data feeds? [Do they support detailed evaluations of both Total Cost of Care and Episodic Costs?](#) Can they provide data back to your ACO and its EHRs? These are questions you should begin asking now. In our next article, we'll dive into what you should expect from your vendor data aggregation and value-based care platforms, to ensure that you can support the future of Value-Based Care.

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