UnitedHealthcare Community Plan

Accountable Care Communities model is transforming health care in Arizona.

UnitedHealthcare Community Plan model is designed to improve health outcomes, control costs and increase patient satisfaction.

Across the country, states are working to improve health care delivery for residents receiving Medicaid services. The shared goal is to hit the “Triple Aim”: better health outcomes, lower costs and a better overall patient experience.

In Arizona, UnitedHealthcare Community Plan has implemented an Accountable Care Communities (ACC) clinical model to help achieve that goal. The ACC model is founded on strong relationships and close partnerships between the health plan and a broad network of providers at the local level.

The model has four pillars:

- Improve patient access to care
- Reduce avoidable ER visits
- Identify high-risk populations for heightened focus
- Reduce inpatient admissions

To achieve these objectives, UnitedHealthcare Community Plan provides doctors and hospitals with resources, training, tools and actionable data, all intended to help providers better identify member needs so they can provide members with the most appropriate type of care.

According to Dr. Stephen Chakmakian, chief medical officer of Arizona Community Plan, the plan began developing the ACC model back in 2009, when plan leaders identified what looked like unusual utilization of medical services in Yuma County, including significantly higher rates of emergency room use and hospital admissions compared with other service areas in the state.

When the team went to Yuma to meet with providers, said Chakmakian, they found that a lack of communication and coordination within the network was making it difficult for

DID YOU KNOW?

2014 results for ACC practices in Arizona compared with non-ACC practices[2]:

5.8%
FEWER HOSPITAL ADMISSIONS

14%
LOWER EMERGENCY ROOM USE

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members to access the most appropriate care for their needs.
In response, Chakmakian said, plan leaders worked with

providers from the ground up, “setting new expectations for primary care and creating the structure, processes and data-sharing necessary to start proactively addressing the needs of both members and providers.”

Fast forward to 2015 and the plan now has nearly 130,000 members in the state receiving care through ACCs — more than 27% of the plan’s total members, and the number continues to grow.2 Within each ACC, the plan works with a group of providers that is collectively responsible for providing coordinated, evidence-based care to a defined set of members. Care is evaluated by quality metrics, and value-based contracts allow for shared savings based on cost reductions and quality improvements.

For 2014, the numbers show that the ACC model is making a significant difference, which is consistent with the growing, longer-term findings. Over the course of the year, the amount of hospital admissions for members in ACC practices was 5.8% lower than for non-ACC practices, and emergency room use was 14% lower.

Chakmakian says the ACC model has also helped to build much stronger and more meaningful relationships with providers, which in turn has helped to produce better outcomes for members. “The providers find the program and the tools innovative and well-aligned with their goals. They see the plan as a closer partner and friend,” he said. “Overall, this process has been a win-win-win — for the plan, the providers and, most importantly, our members.”

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