



Statement on Utah's Pathway to *Accountable Care* (Patient-Centered Medicaid Reforms)

Today's Date: September 28, 2012

The Utah Health Policy Project, a nonpartisan nonprofit that advocates for quality, affordable health care for all Utahns, today endorsed the January 1 start date for new contracts with Medicaid managed care plans for the Wasatch Front.

"Better health outcomes for Utah families and slowing the growth of Medicaid costs can't wait another day," said Judi Hilman, UHPP Executive Director, "and these contracts put the health plans on a level playing field, the first critical step toward best-in-the-nation accountable care."

SB 180, enacted by the 2011 General Session of the Utah Legislature, directed the Department of Health to transform Medicaid into an accountable care system that refocuses patients and their health care providers on getting the patient well and keeping them well. The key to the model's success is linking provider payments to those outcomes and not to individual services as in the current fee-for-service environment.

"UHPP's support for a robust accountable care system does not mean this organization wants to see the January roll-out delayed," says Jason Cooke, UHPP Medicaid Policy Fellow. "One of the first rules of good public policy is: never let the perfect become the enemy of the good. Medicaid's accountable care transition is not going to happen overnight, but we have to start somewhere and these contracts are a critical first step."

The next step has all of the stakeholders (patients and families, advocates, providers, health plans, others) working side by side in a fully transparent process to clarify the key elements of accountable care (*list by UHPP*)...

1. Patient-centered care/health home
2. Cultural competency
3. Care coordination and continuity
4. Risk adjusted outcome measurement and improvement (cost efficiency, health improvement, timely access)
5. Provider and plan incentives aligned with outcomes
6. Transparency
7. Integration of evidence-based care across all settings and services
8. Client participation

Whichever elements are chosen, each must be operationalized in practical ways for Utah. Then they can be integrated into future iterations of the managed care contracts. "The end goal should be nothing less than a Medicaid program that makes sure everyone has a usual source of care other than the emergency room," said Cooke. "And that care should be coordinated across all of the patient's health needs and the various providers involved." "Educating Medicaid enrollees on how accountable care works is not something the state or the plans can or should do alone," Hilman added. "Consumers and community organizations working with consumers are in a unique position to help the Department of Health and the plans explain the ins and outs of this new delivery model to families who rely on Medicaid for their care."