

UTAH MEDICAID REFORM LEADERSHIP TEAM

ACCOUNTABLE CARE PRINCIPLES

WHY TRANSFORM UTAH MEDICAID THROUGH ACCOUNTABLE CARE?

1. *Generate better health outcomes through improved quality and efficiency and at lower cost for consumers and other taxpayers.*
2. *Do no harm in the process.*
3. *Flatten the Medicaid cost growth curve.*

WHAT OUTCOMES DO WE EXPECT FROM ACCOUNTABLE CARE?

4. *A care delivery system that places the patient, their family/caregiver, and their primary care provider at the center of medical decision-making*
5. *Improved quality of care safely delivered by providers and accessed by patients at the right time in the right setting*
6. *Improved patient access to care through the recruitment of additional providers and the incorporation of health equity strategies in the model and its implementation*
7. *Improved health outcomes*
8. *Increased accountability in the Medicaid system*
9. *A medical or health home choice made by all patients and their families/caregivers*

HOW DO WE EXPECT ACCOUNTABLE CARE TO ACHIEVE THESE OUTCOMES?

10. *Operate with maximum transparency for patients and their families/caregivers, providers, and community stakeholders.*
11. *Build the organizational capacity of accountable care entities to support accountability.*
12. *Let any qualified and willing health care provider lead in clinical decision-making in the provision of high quality, cost effective, patient-centered care.*
13. *Transform the clinical process so that it integrates delivery of evidence-based care across all settings and services.*
14. *Build a care delivery system that is responsive to the diverse care needs and life situations of the patient populations.*

- 15. Align incentives for accountable care entities, providers, patients, and payers with desired outputs and health outcomes.*
- 16. Provide patients and their families/caregivers with the consumer education tools and other positive incentives that enable patients to take responsibility for pursuing their own wellness and for accessing the right care at the right time in the right setting.*
- 17. Integrate care so that the needs of the whole patient are addressed.*
- 18. Develop in concert with the state and with consumer, family/caregiver, provider, and consumer advocate stakeholders a timeline for transitioning populations with complex needs such as dual eligibles, those with multiple chronic conditions, those with mental illness, and others requiring long term services and supports into the accountable care model.*

WHAT CAN THE STATE DO TO SUPPORT THE TRANSFORMATION?

- 19. Adequately fund the model meaningfully to support the realignment of incentives with desired outputs and health outcomes.*
- 20. Establish and systematically use formal and informal mechanisms for engaging consumer, family/caregiver, provider, and consumer advocate stakeholders in the modification of the accountable care model in response to CMS feedback on the original waiver application.*
- 21. Align administrative resources to help drive accountability.*
- 22. Pursue cost containment strategies that reinforce incentives within the accountable care model and support the program while accountable care matures and begin to deliver system savings.*
- 23. Employ an evaluation methodology that engages consumer, family/caregiver, provider, and consumer advocate stakeholders in development of the accountable care quality regime, implementation planning and execution, continuously assessing accountable care entities, system, and state oversight performance, and identifying strategies to address the outcomes of that assessment.*
- 24. Reinvest in the healthcare workforce and improve patient access by adequately funding primary care provider medical education slots based on state provider shortages, restoring Workforce Financial Assistance, and other appropriate mechanisms.*
- 25. Release creative energy around development and implementation of the model by reducing administrative burden on providers and patients and their families/caregivers.*