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Conference Abstract

Provider and Consumer Engagement in Care Coordination Models: Evidence from the U.S.

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Abstract

Overview: Current health care reform efforts in the United States, supported by the Affordable Care Act, generally focus on a series of reform models -- including Accountable Care Organizations, Medical Homes and Health Care Homes -- that rely on care coordination to provide more efficient, higher quality care. Many of these concepts were originally developed and tested as Medicare program pilot projects and demonstrations. This presentation will examine how these initial pilots and demonstrations, as well as early ACA funded models, have performed -- some successfully, others less so. The presentation will specifically focus on the factors that may influence the degree of success in using care coordination to drive efficiency and quality.

Methods: This research is based on review of demonstration and pilot program as well as current ACA mandated pay-for-performance, value-based purchasing, gainsharing and other care coordination-related reform projects. Methods used to evaluate "success" of projects include findings from focus groups and site visits, trend performance (relying on difference-in-difference techniques) on expenditures, utilization and quality of care monitoring. Specific focus will be placed on the degree of physician, other health care provider and consumer engagement in care coordination.

Results: Success in using care coordination-based models to simultaneously lower health care costs while maintaining/improving quality of care is mixed so far. Some of the most promising reform models have faced some difficulties in translation beyond a select group of initial health care providers who pioneered the models. Many models have struggled to achieve the level of physician engagement necessary to use care coordination to impact costs and utilization. Consumers in the U.S. tend to be reluctant to accept care coordination by their providers. Some models have suffered from costly and complex data reporting that is difficult to understand and burdensome to providers. Rewards to participating providers are, in some cases, very small. In other cases, the ability of many practices to accept and managed potentially significant financial risk is a growing concern.

Conclusion: Initial evidence of large impacts by care coordination driven reform models on quality of care and cost reductions have been limited. While there is no evidence to date that these types of models negatively impact quality of care, there is also limited evidence that they are able to consistently achieve reductions in costs, utilization and health care expenditures.

Keywords

affordable care act; reform models; evaluation

PowerPoint presentation

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