

ROUNDTABLE



Integrated Healthcare

Value-based approach offers higher quality, lower cost and improved healthcare options for employers

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CITYBUSINESS EXECUTIVE ROUNDTABLE

*Monday, June 18, 2018 in the office of UnitedHealthcare,
3838 North Causeway Boulevard, Metairie, Louisiana.*

A new total cost of care health plan, NexusACO, is being offered to employers with UnitedHealthcare benefit plans and access to LCMC Health's network of facilities, physicians and affiliates. The NexusACO plan is designed to integrate the LCMC Healthcare Partners provider network and its affiliates with the value-based programs under UnitedHealthcare

to provide higher quality care, help lower costs and improve outcomes to all employers offering UnitedHealthcare benefit plans. Executives of both companies discussed their relationship, the Value-based Care approach and how this collaboration is helping improve the quality of lives for the people of Louisiana.

UHC/LCMC HEALTH PANELISTS:



JOE OCHIPINTI
Chief Executive Officer
UnitedHealthcare-Gulf
States Region



CHRISTINE O'BRIEN
VP of KA Sales and
Account Management
UnitedHealthcare-Gulf
States Region



MARK J. PETERS
M.D. Chief Medical Officer
UnitedHealthcare-Gulf
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GREGORY C. FEIRN
Chief Executive Officer
LCMC Health



PAOLO ZAMBITO
Executive Vice President,
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LCMC Health



JOHN HEATON, M.D.
President of Clinical and
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MODERATOR:
NATALIE CHANDLER
CityBusiness editor

MS. CHANDLER: In the healthcare industry today, people are talking about "Accountable Care Organizations." How do these programs drive higher quality care, help lower costs, and improve health outcomes?



MR. OCHIPINTI: That's a great question. Before we get into the NexusACO product, let me share more about what is occurring within the healthcare industry in the United States. The healthcare spend in the United States is over three trillion dollars, which equates to about 18 percent of our gross domestic product. And of the three trillion, we can equate about one trillion dollars to medical payments between insurance companies and hospital providers. Historically, the trillion dollars has been generated on "fee-for-service" care. In a nutshell, a hospital provides a service to a patient and there's a fee for that service. That process does not reward the system for increasing quality or lowering costs.

What is now trending in the industry, and the focus among partners such as LCMC Health and UnitedHealthcare, is a shift toward what's called "Value-based Care." Value-based Care is a focus on increasing quality, lowering costs and improving outcomes. We consider that to be the triple aim of healthcare. Now that you have the backdrop, you can see there are many pieces involved with total cost of care, but put simply, it is about managing the full care continuum of a patient and providing the right care at the right time. To enable total cost of care, UnitedHealthcare needs to partner with a healthcare provider that collaborates, understands the patient, integrates all providers in a patient's care and is ready to share data. LCMC Health is that partner for UnitedHealthcare.

The component that drives quality, decreases cost, and enhances outcomes is what's called an Accountable Care Organization (ACO). This is a group of high performing care providers that manages a population and its healthcare quality and costs. You have specific quality metrics, such as compliance with adult wellness exams, cervical cancer screenings or utilizing ge-

neric drugs over brand drugs. The ACO takes that population and manages quality metrics over an annual period. We've been able to do that in our ACO relationship with LCMC Health, which launched in 2017. Though it's too early to assess the data, we know we're getting very strong performance and engagement from the primary care physician (PCP) community in LCMC Health. They are doing an excellent job of driving that level of care. By sharing results in ACO populations compared to a non-ACO population in our region, we're seeing 87 percent of those quality metrics improving under the ACO model compared to a non-ACO model. PCPs are guiding the care of the patients in the ACO, providing the right care at the right time. We're seeing PCP visits increase by 10 percent, which is important because the PCPs really drive the Accountable Care Organization and its success. Conversely, we're also seeing about 20 percent lower hospital admission rates in an ACO population compared to a non-ACO population. Those are all things that are driving quality, decreasing costs and improving outcomes. There are many opportunities to convert the one trillion dollars in medical spend in the United States as we pursue this total cost of care, but in New Orleans we're off to a really good start with LCMC Health.

MS. CHANDLER: Greg, what should people in our region know about LCMC Health and LCMC Healthcare Partners? How is your health system improving care through an ACO?



MR. FEIRN: LCMC Health is comprised of five hospitals including Children's Hospital, Touro, University Medical Center New Orleans, and West Jefferson Medical Center in Jefferson Parish. And, we manage New Orleans East Hospital in partnership with the City of New Orleans. Our hospitals are long-standing partners in the community; and, as one of the largest employers in the State - more than 8700 people across the system - we drive positive impacts that can be felt throughout Louisiana.

ROUNDTABLE

We are unique in the way we provide our service offerings. With Children's Hospital, we have the only full-service pediatric academic medical center in Louisiana. With University Medical Center, we have the region's number one trauma center and burn center, which are vitally important to New Orleans and the region. Annually we're seeing more than 260,000 Emergency Room patients and 678,000 outpatients. What LCMC Health provides is better management our patient base through a clinically integrated network, which is LCMC Healthcare Partners. In layman's terms, in a clinically integrated network we collect clinical data to help us better care for patients. We're building what we call a Population Health Services Organization, setting ourselves up to take care of a large number of patients, encompassing all aspects of their care, in order to work on that triple aim, as Joe mentioned.

Joe mentioned fee-for-service earlier, and most providers are currently in the fee-for-service environment. If you think about it, we provide a service for which we receive payment, which is what we call our top line revenue. We need to form partnerships like the NexusACO, for example, so we can work toward a different payment model. When we work together to reduce the total cost of care, we will move away from fee-for-service into a different type of payment system. LCMC Health can't do that on its own. We need to do it through innovative partnerships like the one we have with UnitedHealthcare. As we move forward, we're going to be using clinical data, the backbone upon which we're building LCMC Healthcare Partners, to band with our health insurance providers such as UnitedHealthcare to drive higher performance.

Joe also mentioned our primary care physicians. We want to work together with our primary care physicians to improve the healthcare process and help people live healthier lives.

Having that as background, it is clear: Providers need collaborative, trusted partnerships; payers need a health system that can understand data and that can accept a level of technology and data integration; and there must be a level of engagement with a diversity of health categories – pediatrics, burns, trauma, and certainly traditional primary care. With LCMC Health's mission and vision, and the collaboration that we've created between these two organizations and the existing community outreach that LCMC Health provides, we believe it is an easy decision to partner with LCMC Health.

The new NexusACO product is essentially a new health plan; and, within that design, it is extremely important to have a strong group of primary care physicians because they are the ones personally navigating the care of each individual patient.

MS. CHANDLER: Okay. Greg, what results do you hope will come out of this increased partnership with UHC and this new NexusACO offering?



MR. FEIRN: Joe touched on it as part of UnitedHealthcare's mission to create healthcare communities, which is also part of our mission; so, there's a natural blend of the two organizations. LCMC Health is here for our patients from birth to end of life. We have a nursing home in our system, Touro's Woldenberg Village; and, in the unfortunate event you need life-saving care, we offer that as well, whether for children or adults.

At the end of the day, the goal of this partnership is to deliver healthcare more efficiently at a better cost and, more importantly, with improved outcomes and enhanced communications between our providers and patients. We believe we can do that, which will help the employers in our community who are purchasing healthcare insurance as well as the individual who might be buying insurance for themselves and their families. Our collaboration will offer them a better product at a cheaper cost. Our primary care network across the New Orleans community has extraordinary coverage, as do our hospitals, based on where they are located. Our goal is to create a healthcare delivery system which is effective, convenient and cost-efficient, and that is what we are doing in partnership with UnitedHealthcare.

MS. CHANDLER: Dr. Heaton, as chief medical officer for LCMC Health, what specific categories or measurements are you focused on in your Accountable Care Organization?



DR. HEATON: Broadly speaking, we are looking at processes that promote health in the people we care for, and metrics that indicate that we are reaching that goal. There are three specific categories of interest: prevention and maintenance, episodic care, and chronic disease management. Each one of those have areas have a different set of tactics and metrics associated with it. Take preventative care for example: among other things, we track childhood vaccines, screening for cancer in adults, and the appropriate number of visits to the patient's primary care provider. With episodic care, we're looking at a patient who has an illness or injury to ensure that the correct evidenced-based care was delivered at the right time by the appropriate medical professionals. Some of the metrics analyzed include rate of complications and outcomes, whether a patient requires readmission, and length of stay in hospital. With regards to chronic disease management, we're following metrics that indicate that the patient's illness is controlled and that their health is stable. Examples include monitoring of blood pressure and measuring Hemoglobin A1C levels in patients with diabetes. We monitor these measures to validate that the treatment that they are receiving is having the desired effect. As part of our CIN, we also offer support and coaching for patients that we identify as high risk. With an ACO like this, which covers patients of all ages, we must vary the tactics to deliver the optimum care for each person, and measure metrics that are relevant to each category



ROUNDTABLE

MS. CHANDLER: Paolo, how does the LCMC Healthcare Partners network and technology manage the ACO population between the facilities, the physicians, and the outpatient settings? And what are some of your affiliate health systems who could be part of this in the future?



MR. ZAMBITO: As Greg mentioned, we are building a Population Health Services Organization (PHSO) to drive network growth and success. The PHSO is developing robust resources and infrastructure in the following areas: governance and leadership, network and provider engagement, finance and contracting, care management programs, and population health information systems. The IT platform we utilize can be deployed across all care settings regardless of a practice's existing clinical and administrative IT systems. Multiple data sources including clinical, claims, and lab data are integrated into the platform, allowing the network to perform in-depth risk stratification and analysis across populations.

MS. CHANDLER: Dr. Peters, how does UnitedHealthcare share data with providers such as LCMC Healthcare Partners to impact clinical outcomes and increase value?



DR. PETERS: We have frequent meetings with the providers. Every quarter we sit down with the participating ACOs and go over the data. We review and discuss the positive results as well as the results that need to be improved. UnitedHealthcare shares data with providers such as LCMC Health to inform doctors of patients' underlying medical conditions, past treatments, gaps in care, medications prescribed and future care needs. This takes the burden off patients from having to collect information from each of their doctor's visits themselves, reduces duplicative tests and improves care coordination across specialties and care settings.

Through this initiative, LCMC Health and UnitedHealthcare can identify clear, actionable information specific to individual patients' health needs.

This collaboration also improves the ability to identify patients at high risk and help them reduce emergency room visits and readmissions to the hospital, manage their chronic health conditions and ensure they are taking their needed medications.

As Greg was saying, it's an evolving and important shift from a volume-based to Value-based Care business model. We have seen the benefits and are committed to continuing to evolve the industry and compensate healthcare providers based on quality and outcome. The fact that LCMC Health has devoted resources for this transition is impressive. I think it's another reason why Joe and the team chose to partner with LCMC Health at this time.

MS. CHANDLER: Dr. Heaton, how will the programs and resources available through the UnitedHealthcare and LCMC Health partnership improve patient and physician satisfaction?



DR. HEATON: We understand that people want convenient, timely, and effective healthcare. We also know that physicians want to be able to maximize their time with patients and minimize time spent on clerical and documentational tasks. LHP has partnered with Lumeris, a "Best in KLAS" population health organization. This partnership will provide a range of assets to our physician offices to support these goals. Whether it's the patient facing resources such as care managers, a practice facing support through our Population Health Managers, or even access to clinical pharmacists to make sure patients' medications are optimized or streamlining access to the UHC provider portal, the central premise of the partnership is to make it easier for our doctors to deliver high-quality personalized care. We are emplacing analytic platforms that will identify each person's needs through high-touch, active care management. Our goal is to direct the proper resources to maintain and manage the health of patients with chronic illnesses so that they can live their lives to the fullest, which translates to less unplanned hospitalizations. We will also be using these background support platforms to help remind relatively healthy members to get the screening and routine care guidelines recommend without the doctor having to scan every page of the chart at every visit to discern what he or she might have missed.

Value-based Care delivers:



Value-based Care increases financial accountability and the level of integration between health plans and care providers.

We are also focused on creating new care-delivery points across our service area to expand access and improve patient satisfaction. Examples include new clinic locations, urgent care centers, and retail clinics. A successful integrated network provides the right care to patients in the right setting and at the right time. When this is done well unnecessary utilization is eliminated, reducing costs while still providing the high-quality personalized care that our patients expect and deserve.

We do collaborate closely with other health systems across Louisiana to improve population health. LCMC Health is a founding member of a state-wide CIN called Health Leaders Alliance (HLA). The other founding members include FMOLHS, Willis Knighton, Thibodaux Regional, and Women's Hospital in Baton Rouge. All six of our organizations are strategically aligned and are creating regionally focused CINs that dock into the HLA network with the purpose of executing statewide population health programs.

In addition, at the regional level we have added East Jefferson General Hospital to our NexusACO to ensure hospital access on the Eastbank of Jefferson Parish. We also have key local affiliates in LHP, including LSU Healthcare Network, (<http://www.lsuhn.com/>) as well as several community physician practices to complement our employed physician groups.

ROUNDTABLE

The net effect of this model is that physicians have the time to spend with patients who truly need it, and the patients who need routine care can be seen efficiently and receive the focused care necessary to maintain their health.

MS. CHANDLER: Joe, how many Accountable Care Organizations have you implemented nationally and in the Gulf Region?



MR. OCHIPINTI: I'll break down my answer into membership, medical spend and network. From a membership perspective, nationally UnitedHealthcare has about 15 million members being seen by physicians and hospitals that are part of the Value-based Care system. Of that 15 million, here in the Gulf States Region (Louisiana, Mississippi, and Alabama), we have approximately 600,000 lives that are part of the Value-based Care arrangement. Based on what we've discussed today, the more members we get into this arrangement, the more improvement we'll see in quality and experience.

Regarding medical spend, nationally we now have about \$65 billion in medical payments made through the Value-based Care arrangement. We believe that nationally by 2020 we will have \$75 billion under ACOs and Value-based Care arrangements. UnitedHealthcare in the Gulf States has about \$900 million in medical payments through Value-based Care arrangements and ACOs. We expect to be over one billion dollars by the beginning of 2019. This increased amount of dollars in an ACO arrangement helps drive down cost to both employers and patients.

And the last piece to ACOs and Value-based Care is the network. Nationally we've got about 1,100 hospitals and 110,000 physicians participating in Value-based Care. Here in the three Gulf States, we've got about 70 hospitals that participate and just under 10,000 physicians who are part of this process. Other Gulf States examples, in addition to LCMC Health, are East Jefferson General Hospital, Franciscan Missionary of the Lady (FMOL), Tulane Medical, Ochsner Health, Hattiesburg Clinic, Forrest General Health, Baptist Alliance and Southeast AL Medical with Willis Knighton expected to be on board in the near future. The piece I'm most excited about is our total cost of care and ACO employer group benefit offering. Nationally we have 23 total cost-of-care and ACO Employer Benefit offerings. These are health plans that have been established with partnerships between UnitedHealthcare and a system like LCMC Health. They are connected nationally with a high level of quality, lower costs and improving outcomes. This gives multi-state employers and small business employers in those areas the ability to offer an ACO benefit design. And the great news is that in the Gulf States we now have our very first ACO offering with LCMC Health -- NexusACO from UnitedHealthcare. We're excited to be part of this journey. Hopefully that gives you a pretty good perspective on our involvement nationally and locally in the Gulf States.

MS. CHANDLER: Christine, we need to ask you: How is your vision of this new NexusACO product different from narrow networks and other products offered in the industry?



MS. O'BRIEN: Employers typically have few options for reducing the cost of medical care provided to employees. They may increase the employee deductible or cost

share, but there are other ways to accomplish that goal.

By offering the NexusACO product, employers can provide access to quality, affordable healthcare without shifting the cost to the employee. It is a different -- and better -- way to reduce costs for employers and employees. As Joe and Greg mentioned in their discussion about the ACO, it is essentially taking the LCMC Health ACO and wrapping a product around it. The LCMC Health NexusACO value-based approach will give employees the opportunity to have access to the LCMC Health NexusACO Tier 1 providers, which will provide high-quality care at a lower cost and improved outcomes. The LCMC Health NexusACO is different from a narrow network product in that it also has Tier 2 coverage that provides a lower benefit level of coverage for employees who choose to go outside of the ACO to another provider. So, there is a secondary level of coverage for those employees.

MS. CHANDLER: Which type of employers and employees would benefit from the new NexusACO product?



MS. O'BRIEN: First, with our Accountable Care Organization product we can help employers who want to save money while at the same time retain a focus on quality care. Employers offering NexusACO ensure their employees see Tier 1 LCMC Health providers who have proven results for delivering quality and efficient care. This is a clear benefit for both employers and employees.

Second, it's important for us to partner with employers that truly understand the difference between total cost of care and unit cost and who appreciate the difference between the two.

Third, is an employer's ability and willingness to communicate a consistent message to employees about the higher quality of care, lower cost and improved outcomes by using the LCMC Health providers and having their primary care physician to direct their care.

MS. CHANDLER: Paolo, how does LCMC Healthcare Partners create and integrate its technology to offer integrated care?

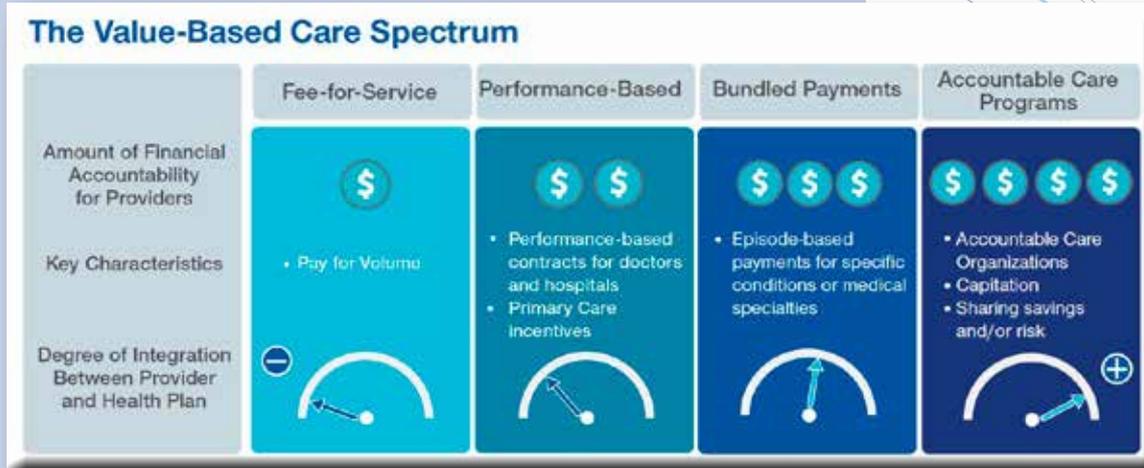


ROUNDTABLE



MR. ZAMBITO: As mentioned earlier, the population health IT platform we utilize can perform in-depth risk stratification and analysis across populations. As a result, our care management team can perform outreach to at-risk patients. Initial care-management focus areas include chronic disease management, ED utilization, transitions of care, and pharmacy support. Core to the care management and provider engagement teams are our population health managers who are embedded in our LHP practices. These individuals provide hands-on support and guidance to practices, including help with technology adoption, workflow analysis, and both provider and patient engagement.

In an integrated network the participating physicians have access to the same care management teams, programs, and population health tools. This results in enhanced communication and creates efficiencies improving the quality of the services we provide across the continuum of care. Our focus on population health technology and integration allows us to pinpoint and take action on the needs of our health system and the communities we serve with new and improved strategies.



MS. CHANDLER: Dr. Heaton, why is having an integrated network such as LCMC Healthcare Partners important to the patients and employer group business?



DR. HEATON: Since one of the fundamental concepts of an integrated network is data sharing, we believe that leveraging data will provide more efficient and timely care to patients: The correct care at the correct time. Having an integrated health network with the ability to care for patients of any age, with any condition is important. At LCMC Health, we have the full gamut of specialties and resources available. For employers, one of the major motivations is containing the cost of providing health benefits to their employees. One of the major advantages of an integrated healthcare delivery system is being able to know what care the patient has received at different locations from a variety of providers. While the exact amount is arguable, it's clear the amount of duplicative or unnecessary care that gets rendered is exorbitant. Having integrated care, so you know what care is being provided and ensuring that care is delivered according to evidence-based guidelines will reduce a great deal of that waste. Eliminating the patient inconvenience and cost underlying this waste benefits both patients and employers.

MS. CHANDLER: Dr. Peters, what is UnitedHealthcare doing to support the most commonly cited challenges in value-based programs?



DR. PETERS: I think it's important to understand and accept it doesn't become successful overnight. It's working on all the things that we have discussed today, including sharing the data, understanding the data and working on the issues that need improvement. Something else I would add in listening to the conversation is that we also have, on an annual basis, healthcare plan reviews with employer groups. It's striking to me how engaged the employer groups are. The hot topic right now is diabetes. The pre-diabetic patient typically does not have symptoms. On the other end of the spectrum, the diabetic patient with many comorbidities has numerous symptoms. We now know that this progression of disease could have been prevented. When you show employers the dollars associated with this progression, it grabs their attention. Paying attention to diet, weight, and exercise make a major difference. At UnitedHealthcare we have several programs to address this problem. One is Real Appeal, which addresses weight. Another is Motion, which addresses physical activity. This is a good example of patients, providers and

payers working together for better health outcomes and in preventive measures that have been shown to reduce overall cost of care as well as employee absenteeism.

MS. CHANDLER: Is there a proven track record that ACO populations perform better than non-ACO populations or address gaps in care better?



DR. PETERS: For certain there are fewer hospitalizations. Patients being admitted to a hospital are a system failure in the sense that many medical conditions could have either been resolved or prevented before reaching a status that requires an admission to the hospital. The thought of preventing illness creates a lot of opportunity.

Four states in the south are the bottom in health status: Louisiana, Mississippi, Arkansas, and Alabama. Our ranking is due to culture, lack of activity, and obesity. The good news is that these issues can be addressed. And it appears there's a growing desire to do that, even among the patients.

ACOs and payers working together with our patients give us the best chance to improve healthcare outcomes and at the same time, lower the cost.

MS. CHANDLER: Christine, let's start with you. How are you engaging local industries with this healthcare product?



MS. O'BRIEN: Several employers in the area are anxious to find ways to reduce healthcare costs while ensuring quality care. For example, several leaders in the hospitality industry recently approached us about ways they could reduce their healthcare costs. Through Paolo's introduction, we're now meeting with several HR Managers in the hospitality industry and will be presenting to them the LCMC Health NexusACO model. It goes back to our earlier conversation about not just offering a higher deductible, not just shifting the cost to employees, but truly working closely with the healthcare system, UnitedHealthcare and the employer to design a prod-

ROUNDTABLE

uct that truly meets their employees' needs and offers them high quality care, at a lower cost, with better outcomes.

MS. CHANDLER: And Paolo?



MR. ZAMBITO: The tourism industry is extremely important to the New Orleans area. Recently, there has been media attention on workers in the hospitality and tourism industry who are struggling to access healthcare. LCMC Health's focus is not only on providing high-quality healthcare to those with commercial insurance or Medicare, but across all payers including Medicaid. A subset of the employees referenced above may access healthcare coverage through their employers, but others may be uninsured. Our mission is to take care of all populations and create multiple access points for patients and their family members. There are approximately 80,000 employees in the tourism industry in the New Orleans area, and obtaining healthcare access and coverage is very important to them.

MS. CHANDLER: What are you doing to promote this NexusACO product externally?



MS. O'BRIEN: The broker community is very important to UnitedHealthcare; brokers help facilitate the purchase of healthcare with our employer groups. We recently had a meeting at LCMC Health to introduce this product to our broker community. It was a great meeting that demonstrated the true collaboration of the partnership between LCMC Health and UnitedHealthcare. We received very positive feedback from the broker community about this new product. The broker community is excited to have a product that offers quality care at a lower cost with improved patient outcomes. They were also pleased to see that the product offers tiered coverage rather than a locked-in narrow network. This provides the employee with more options to choose from when seeking medical care.

MS. CHANDLER: And our final question is for Joe and Greg, but if anyone else would like to jump in with any comments please do so. If you look a few years down the road, what's next in this collaborative partnership between LCMC Healthcare Partners and UnitedHealthcare?



MR. FEIRN: We are looking forward to growing our partnership with UnitedHealthcare, considering the depth and breadth of UnitedHealthcare across the country. Joe mentioned their goal to get 64 billion payments nationally coming through Accountable Care Organizations. We can't think of a better partner, especially given their geographical and national presence. We are excited about this partnership and the other lines of business that UnitedHealthcare represents, whether through managed Medicare or Medicare Advantage Plans, and their growth that we're going to see in this region and their services to the Medicaid enrollees or patients on Medicaid.

Again, our healthcare system provides care to all in our community. Ultimately, there are many patients who will age and become Medicare beneficiaries; so, there are opportunities in the future to work with UnitedHealthcare in many arenas out-

side of the NexusACO. As excitement builds with employers and physicians who start to see the benefit of this type of product, we believe the growth potential will strengthen.



MR. OCHIPINTI: What we do next with the NexusACO product and the total cost of care arrangements to help patients is right in front of us. This new health plan, NexusACO, is expected to provide cost savings to employers and employees, while also bringing the total quality of care to a new level. That's why we've talked so much about ACOs and the quality metrics.

I'm excited about LCMC Health and its presence in New Orleans and we have the ability to bring this statewide. Paolo talked about East Jefferson General Hospital being part of this within Jefferson Parish. We have an ACO with them, so they fit well with the goals of increasing quality and driving cost down with NexusACO. We also have an ACO with FMOL Health System throughout Baton Rouge. And we are working on an ACO with Willis-Knighton up in Shreveport in northern Louisiana. It's exciting to think about what we are building, what we're learning and doing in New Orleans with LCMC Health and bring this statewide.

Nationally we have many customers who have already expressed interest for their employees who reside in Louisiana. Walgreens is our first national client who will have the NexusACO plan for their employees. Locally, the restaurant industry is big in New Orleans and NexusACO will be a great option for its employees. Greg also touched upon collaborating outside the NexusACO plan. I think we can do that by being more flexible and adaptive to some of the partners and needs that Dr. Heaton mentioned. Our flexible and progressive capabilities will help us make sure we have the right technology, providing the right data at the right time. Though my focus is very much on the commercial employer business, we have the ability here in Louisiana with LCMC Health to bring technology and Value-based Care options to our large Medicaid presence and our very fast-growing Medicare Advantage population. It is our goal to bring the same level of values and collaboration that we've done on the commercial side to Medicaid or to Medicare. We look forward to doing that for all the people living in the Gulf States.

The Future is Encouraging

UnitedHealthcare will continue working with care providers to encourage greater adoption of Value-based Care models. The momentum is strong, but many challenges still lie ahead. Based on feedback, we'll continue to focus on three of the most commonly cited challenges.



Strengthening the primary care model.



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Sharing actionable data and analytics.

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