

Accountable Care models positively incentivise the whole system to deliver improved health outcomes and quality of care, whilst containing costs and improving efficiency. These models are forms of joint health and social care delivery that have emerged in response to the need to improve preventative care and reduce the costs associated with poorly planned care. In essence the model involves a provider, or group of providers, taking responsibility for all health and social care for a defined population, under agreements with a commissioner about the sharing of financial risks. The models have the following characteristics in common.

Source: PricewaterhouseCoopers

Structure	<ul style="list-style-type: none">• Network of organisations involved in managing and delivering the health and care for a population. Often within a single contract/agreement.• Ability to manage and co-ordinate the care of individuals along the care continuum through care management• Strong and effective primary care through models such as the Patient-Centred Medical Home
Care model	<ul style="list-style-type: none">• A focus on integration and collaboration resulting in more multi-disciplinary working• Differentiated offer and management of defined population groups• Alternative settings based on the health and care needs of the individual
Enablers	<ul style="list-style-type: none">• Integrated IT solutions to support collaboration and sharing of information• Innovation and learning across the system• Alternative payment and contracting models• A shared and flexible workforce focused on outcomes and value

The Kings Fund¹ have also identified that although there are several organisational approaches to Accountable Care models, all models share the following common characteristics of Accountable care models:

- Single leadership teams working to aligned objectives
- Single capitated budget aligned to delivery of specific outcomes – as an alternative payment mechanism to activity based payments, payment by results and block contracting
- Longer contract lengths for example 5 – 7 and 10 – 15 years
- A focus on whole population health that translates into a ‘make or buy’ programmes of care and disease management, prevention and wellness
- Use of shared electronic health records that have the ability to exchange information across providers and teams, and be aggregated to ensure collective business intelligence
- Greater attention to actively involving, engaging and supporting patients and their families in the setting of outcomes and the management of care
- Shared risk approach to both delivery and commissioning of services
- All parties working to a common set of financial and quality measures

¹ Accountable Care organisations in the US and England, testing, evaluating and learning what works, Kings Fund, March 2014