

The AUCM Framework

The U.S. healthcare system is moving towards greater coordination and integration of services and systems to optimize resource utilization, improve quality, reduce overall costs, and align provider incentives. Emergency Medicine (EM) physicians are in a prime position to participate in value-based arrangements, but there are currently no opportunities for direct participation in Advanced Alternative Payment Models (AAPMs) under MACRA's Quality Payment Program (QPP).

ACEP developed the Acute Unscheduled Care Model (AUCM) proposal to directly engage EM physicians in payment and delivery reform. The AUCM was developed with the intention of functioning as a Medicare AAPM. The AUCM framework could be utilized by other payors including Medicaid and commercial insurers to create an APM outside of the Medicare landscape that integrates EM physicians.

The AUCM:

- ✓ Facilitates healthcare transformation efforts and provides a voluntary and flexible opportunity to engage EM physicians
- ✓ Incentivizes value over volume by using quality measures and other evidence-based metrics to determine eligibility for performance-based payments.
- ✓ Fosters a patient-centric redesign and is a proactive value-based approach to reduce health system costs

Stakeholders encouraged to gain a deeper understanding of the AUCM framework to begin laying the groundwork for EM transformation discussions.



Seeks to **reduce inpatient admissions and observation stays** when appropriate through enhanced care coordination



Directly engages EM physicians by **accepting financial risk attributed to discharge disposition decisions** within qualifying episodes of acute unscheduled care



Ensures EM physicians have the **necessary tools to facilitate** to make the decision to provide safe, efficient outpatient care