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**National health care journal reports that
care coordination model, used by AXIS Healthcare in
UCare Complete, improves key life measures for
people with physical disabilities**

MINNEAPOLIS, Feb. 14, 2008 – [AXIS Healthcare](#)'s unique disability care coordination model, available to members of [UCare](#)'s [UCare Complete](#) product, is improving key health care aspects of life for members according to a report published in the November 2007 edition of the [Journal of Health Care for the Poor and Underserved \(JHCPU\)](#) (18 [2007] pp. 887-901).

According to the study results, published in an article titled “Consumer Evaluation of a Disability Care Coordination Organization,” people with disabilities benefiting from care coordination services provided by AXIS Healthcare through *UCare Complete*, were:

- more likely to receive needed care and medical equipment;
- less likely to need rehabilitation therapies;
- more satisfied with the health care system; and
- more likely to have access to primary care.

UCare Complete was created by UCare and AXIS Healthcare through a program of the Minnesota Department of Human Services (DHS) called [Minnesota Disability Health Options](#) (MnDHO).

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UCare Complete provides physically disabled adults with quality, coordinated health care delivered by a provider network created with input from a consumer panel of people with disabilities. Members also benefit from the support of a personal and experienced care coordinator, a nurse who partners with them to design an individualized care plan. AXIS provides care coordination for more than 900 working-age adults with physical disabilities, many of which are severe, such as spinal cord injuries, multiple sclerosis, and cerebral palsy.

About the study

The longitudinal study was conducted by the report's two authors: Susan Palsbo, Ph.D., a principal research associate at the Center for the Study of Chronic Illness and Disability, College of Health and Human Services, at George Mason University; and Pei-Shu Ho, a senior research associate at Westat, Inc. Support for this study came from the Center for Health Care Strategies, the Robert Wood Johnson Foundation, and the U.S. Department of Education/National Institute for Disability and Rehabilitation Research.

The study used consumer ratings of access and quality to measure outcomes in the *UCare Complete* program over a three-year period. The study's main finding was that disability care coordination integrates medical and social care to improve the health, functioning, and independence of people with disabilities.

Study results found that:

- Plan members reported statistically significant improvements in service coordination, patient education, system-wide disability competency, comprehensive assessment, health visit support, and self-direction of care.
- Quality ratings showed increased significantly over two years, with the percentage of people rating the health system as *excellent* rising from 7 percent before enrollment to 44 percent after enrollment.
- The percentage of people rating their primary care physicians as *excellent* rose from 18 percent before enrollment to 37 percent after enrollment.
- Over time, enrollees became more knowledgeable about the need for preventive health care services, were more likely to receive needed care and medical equipment, and had a reduced need for rehabilitation therapies.
- Disability care coordination organizations can reduce disparities and improve access to care for this vulnerable population.

“This study affirms that we are accomplishing the goals we established for this program,” said AXIS CEO Chris Duff. “The nature of our members’ health causes them to touch the health system more often than non-disabled people. By using our disability expertise and care coordination model, we help our members navigate an often chaotic path to health, and produce positive outcomes, satisfied customers, and an improved quality of life.”

“The findings of this respected research study confirm that *UCare Complete* is making significant improvements in key quality-of-life areas for our members with physical disabilities,” said Nancy Feldman, UCare’s President and CEO. “Our *UCare Complete* partnership with AXIS Healthcare is reducing disparities, improving access to care, and empowering this population to manage complex health issues. We thank the remarkable clinics and care systems that deliver quality health care to our *UCare Complete* members, and we value the Minnesota Department of Human Services for its leadership in this field.”

AXIS and UCare believe the potential for cost savings is significant. In Minnesota, people with disabilities comprise just over 19 percent of the overall Medicaid population, but account for about 50 percent of all state Medicaid expenses, or more than \$2.5 billion*. This group is the only population in the Medicaid program whose members are *not* enrolled in a mandatory managed care program.

About UCare Complete

UCare Complete combines the benefits and services of Medical Assistance, and Medicare Parts A, B, and D (Medicare prescription drug coverage). It offers health coordination and flexible benefits to eligible adults, with no monthly premiums. The plan provides coverage for a range of needed services, including medical equipment and supplies, adult day care and foster care, a wide range of home-based services, and more. Membership is voluntary.

To be eligible for *UCare Complete*, a person must have a certified primary physical disability; be at least 18 years old and under age 65; be on Medical Assistance, with or without Medicare Parts A and B; and live in the *UCare Complete* service area of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

UCare contracts with DHS to provide this MnDHO product. UCare handles the administrative side of *UCare Complete*, establishing the provider network, processing enrollments, paying claims, and communicating with members in many helpful ways. AXIS Healthcare conducts the initial assessment and provides the multi-disciplinary care coordination for all plan members.

The *UCare Complete* provider network was created using input from people with disabilities. It includes medical specialists, primary care physicians, dentists, and personal care attendants/assistants with the leading providers and care systems across the Greater Twin Cities area.

About AXIS Healthcare

AXIS Healthcare is a disability care coordination organization founded in 1997 by Courage Center and Sister Kenny Rehabilitation Institute as an innovative model of care for people with disabilities. AXIS staff have extensive experience working with people with physical disabilities and uses this expertise and community relationships to ensure that members get the right care, at the right time, in the right place.

About UCare

UCare (www.ucare.org) is an independent, nonprofit health plan providing health care and administrative services to more than 140,000 members. UCare partners with health care providers, counties, community organizations, and other member-directed groups to create and deliver innovative health coverage plans for:

- Medicare-eligible individuals throughout Minnesota and in western Wisconsin.
- Individuals and families enrolled in income-based Minnesota Health Care Programs, such as MinnesotaCare and Prepaid Medical Assistance Program.
- Adults with disabilities and Medicare beneficiaries with chronic health conditions.
- Minnesotans dually eligible for Medical Assistance and Medicare.

In 2007, UCare's *UCare for Seniors* Medicare Advantage plan ranked in the top 8 percent of health plans nationwide for outstanding performance. UCare addresses health care disparities and care access issues through its UCare Fund grants and a broad array of community initiatives.

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About Journal of Health Care for the Poor and Underserved (JHCPU)

JHCPU is an academic journal published by Johns Hopkins University Press for Meharry Medical College. It is the official journal of the Association of Clinicians for the Underserved (ACU), a nonprofit, transdisciplinary organization of clinicians, advocates, and health care organizations working to improve the health of America's underserved populations, and enhance the development and support of the health care clinicians serving these populations. The publication focuses exclusively on issues of health care delivery for poor and medically underserved populations, and the health, social, and financial costs of poverty, primarily in the United States. Articles include scholarly research, expert opinion, policy analyses, and book reviews.

*MN House of Representatives <http://www.house.leg.state.mn.us/hrd/pubs/medastib.pdf>, p.19.

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