

## Integrated Healthcare In United States: ACO Model

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ARTICLE INFO	ABSTRACT
<p><b>Article Type:</b> Research Article</p> <p><b>Keywords:</b> Integrated healthcare, ACO, Accountable Care Organizations.</p> <p><b>Corresponding Author(s)</b> <sup>1</sup> Ali İhsan ÖKSÜZ <sup>2</sup> Çağdaş Erkan AKYÜREK</p> <p><b>Adress:</b> <sup>1</sup> Hacettepe University, Institute of Social Sciences, Department of Health Management <sup>2</sup> Ankara University, Faculty of Health Sciences, Department of Health Management</p> <p><b>E-mail:</b> <sup>1</sup> aliihsanoksuz@hacettepe.edu.tr <sup>2</sup> ceakyurek@ankara.edu.tr</p>	<p><i>In a healthcare system, that predominantly driven by the private sector under free market conditions, specific challenges emerge in terms of access, quality, and cost dimensions. The U.S. healthcare system is financially and qualitatively in an unhealthy state, rendering it unsustainable. Accountable Care Organizations (ACOs) are healthcare service providers often formed through the consolidation of independent entities, working to reduce costs and improve patients' health. ACOs have not been successful in achieving their goals of achieving projected cost savings and enhancing population health. Although they have not been able to achieve cost reduction, they have demonstrated significant benefits in terms of perceived quality improvement. Given that integrated healthcare delivery does not yield cost improvements, establishing a network of healthcare providers at high costs is not cost-effective. However, the integration of health information technologies among providers has been found to be cost-effective in terms of quality.</i></p>