

Readying your IT for Integrated and Accountable Care



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Today's Topics

- Healthcare Reform Initiatives and Drivers
- Accountable Care: ACO's decomposed
- Preparing your organization and IT for accountable care
- Recommendations and considerations
- Getting started

HP and Encore: Who We Are

HP Health & Life Sciences

PRESENCE

Largest Technology Company in the World - \$130B in 2010

INDUSTRY

\$8.5B Global Health & Life Sciences Business (2010)

Thought Leader & Industry Transformation Advocate

OUR SOLUTIONS FOCUS

Improving Patient Outcomes
Enabling Care Coordination
Increasing Operations Efficiency

EXPERTISE

Healthcare Solutions from Mobile to Campus to Data Center Across Ambulatory, Acute and Home Health Environments



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Encore Health Resources

PRESENCE

Exclusively healthcare IT; focus on the data
100% referenceable



INDUSTRY

KLAS – “Up and coming players”
Best Places to Work in Healthcare



OUR PEOPLE

185 people and growing: 60% clinicians
75% have worked for a hospital organization
25 years average experience

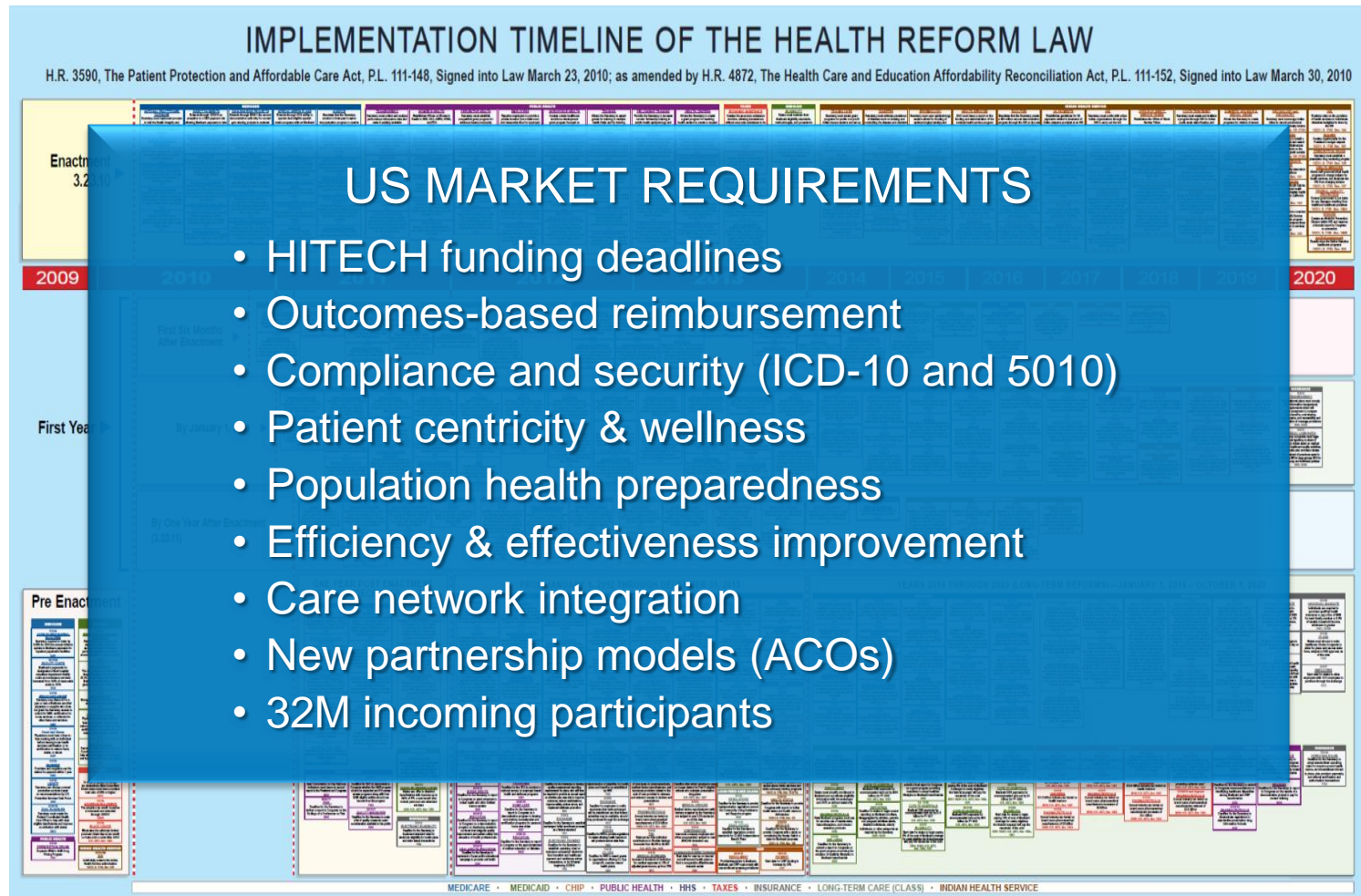
EXPERTISE

Strategy, implementation, meaningful use/e-
Measures, data analytics & interoperability, data
tools and methodology

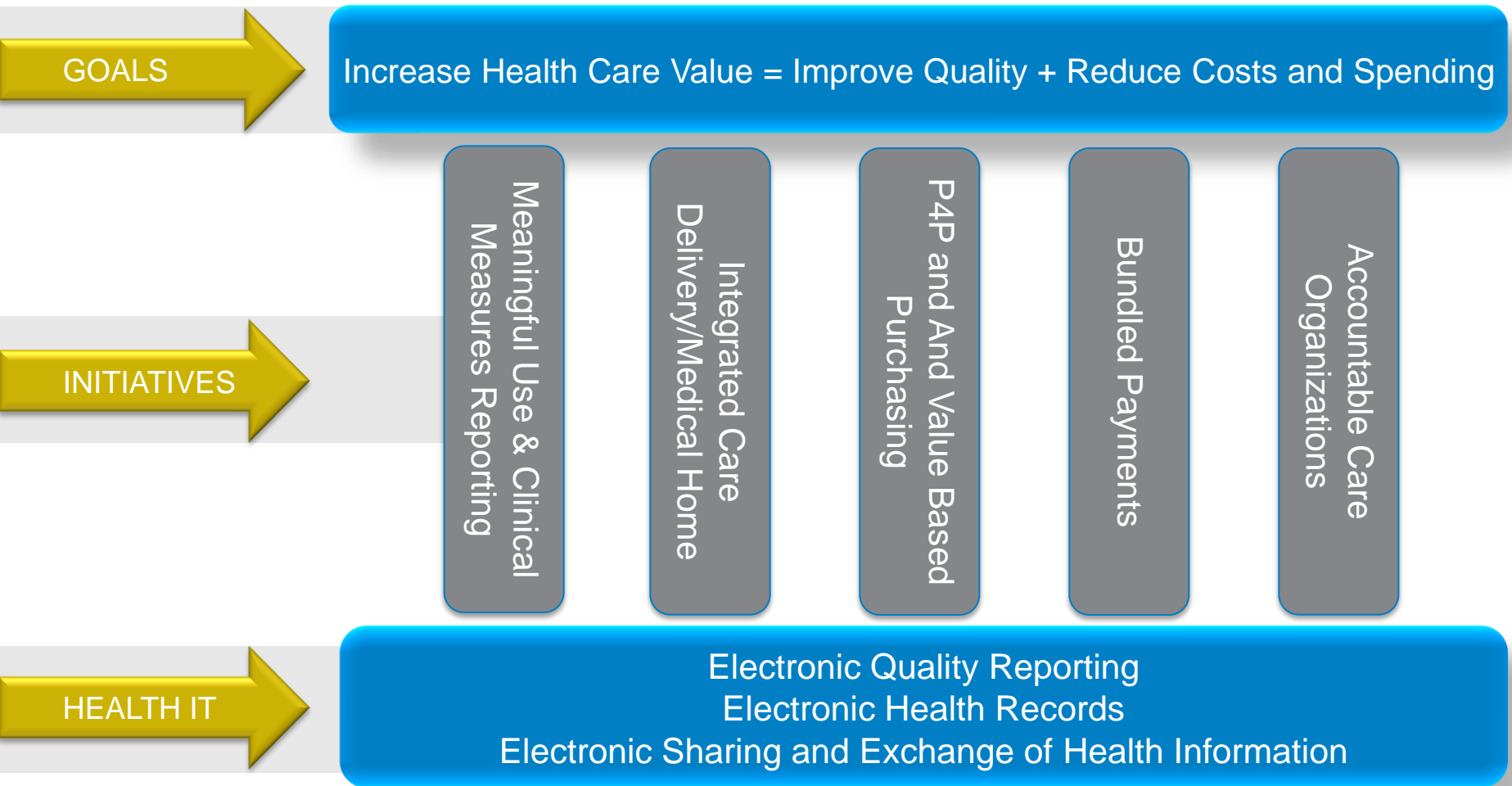


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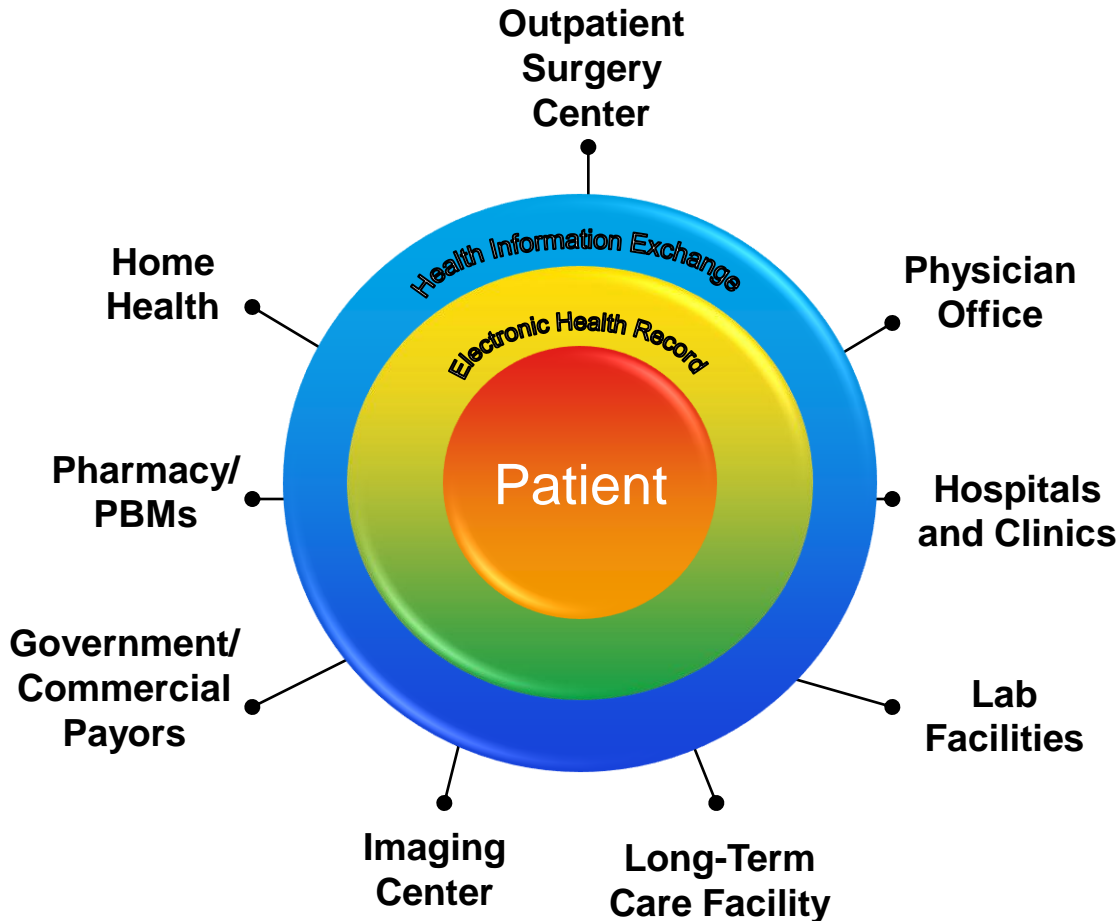
Challenging times ahead: US healthcare reform is a complex 10 year journey



New delivery models driven by healthcare reform require a robust IT foundation...



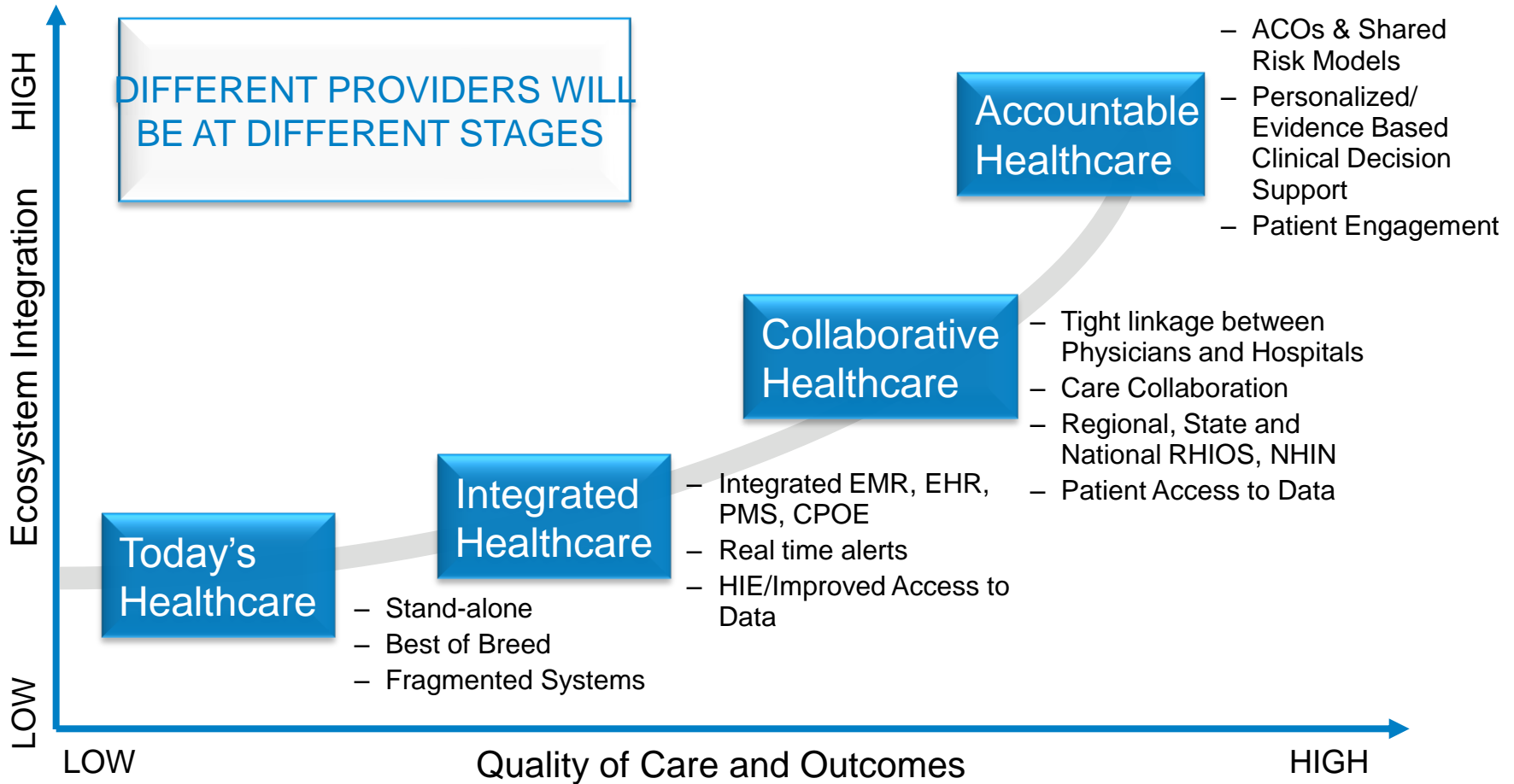
... and one that looks vastly different from today's model.



The Optimized IT Healthcare System Will Require:

1. Automated and Integrated Systems from PCP Office to Hospital to the Home
2. Comprehensive Access to Patient History on Demand
3. Collaborative Systems to enable Team Based Care Management
4. Business Intelligence Platforms to Improve Decision Making
5. Analytics Platforms that drive Quality Improvements while Lowering Costs

Providers will tackle healthcare transformation in four major stages

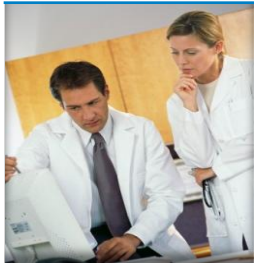


Accountable care organizations: Definition

ACO DEFINITION: An integrated group of physicians and other providers that contract with each other to assume collective responsibility (accountability) for the quality and efficiency of health care they perform for a defined population of patients

ATTRIBUTES:

- Patient-centric collaboration, coordination and clinical integration across the care continuum
- Quality and outcomes based where value, not volume is rewarded
- Economic efficiencies and cost savings



Identify at risk patients in chronic disease populations



Report specific quality measures (e.g. Discharge on anti-thrombotics
Hbg A1c control in DM)



Share and exchange data between stakeholders, Providers, Payors, Consumers, Retail Rx, etc.

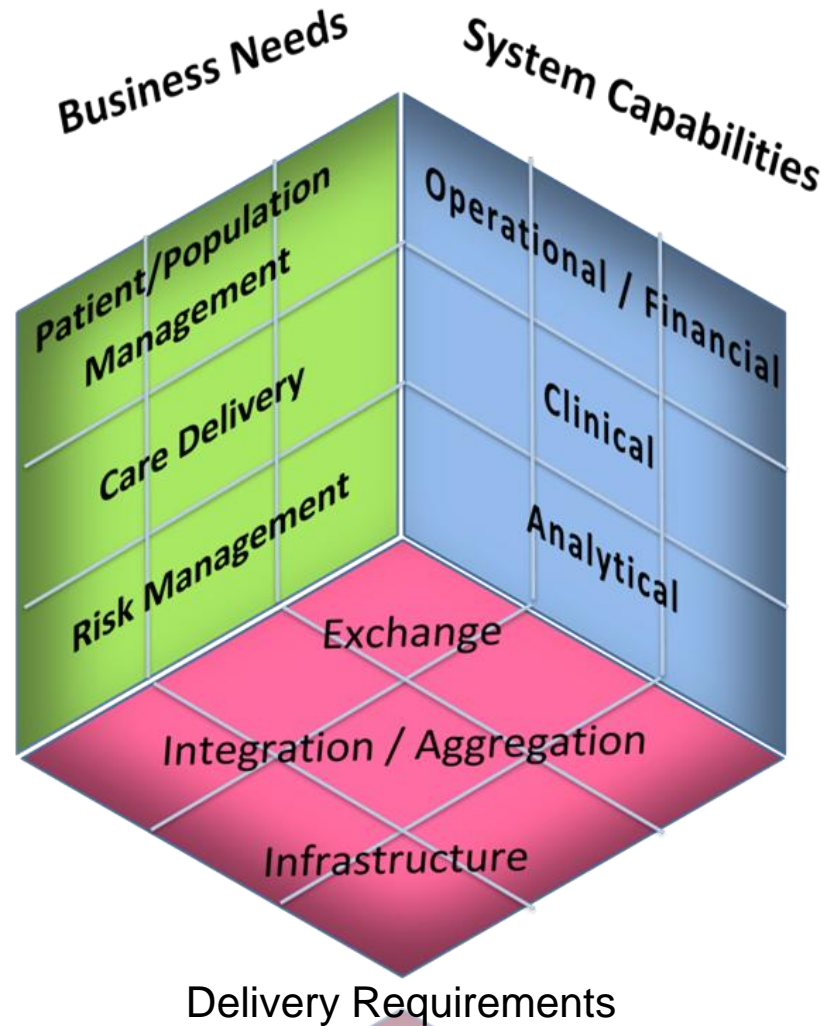


Share accountability for the care of patient populations with chronic diseases

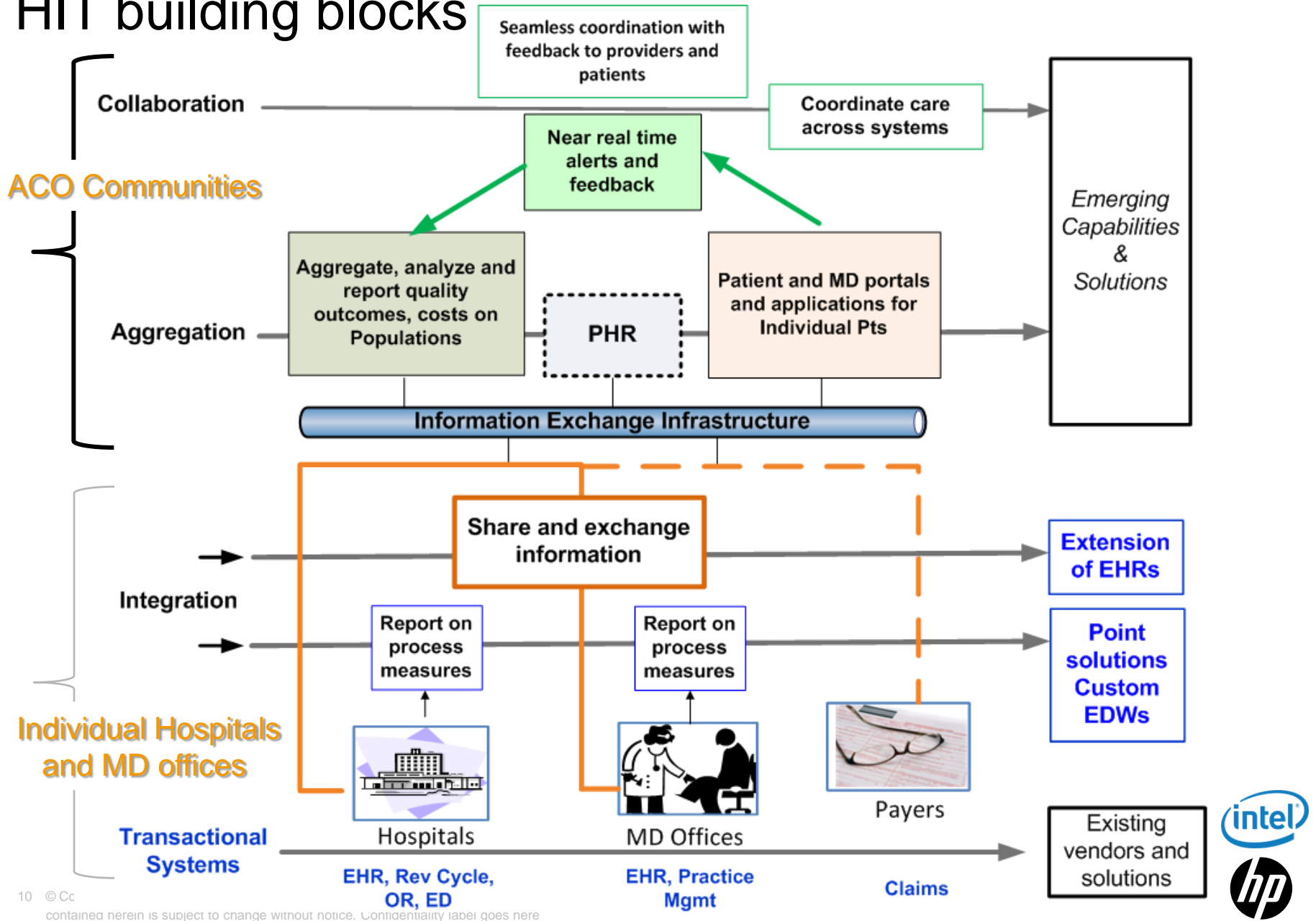


Personal health records

ACO Rubik's Cube – three dimensions of requirements



HIT building blocks



HIT capabilities and building blocks required to connect communities for quality and accountability will mature over time

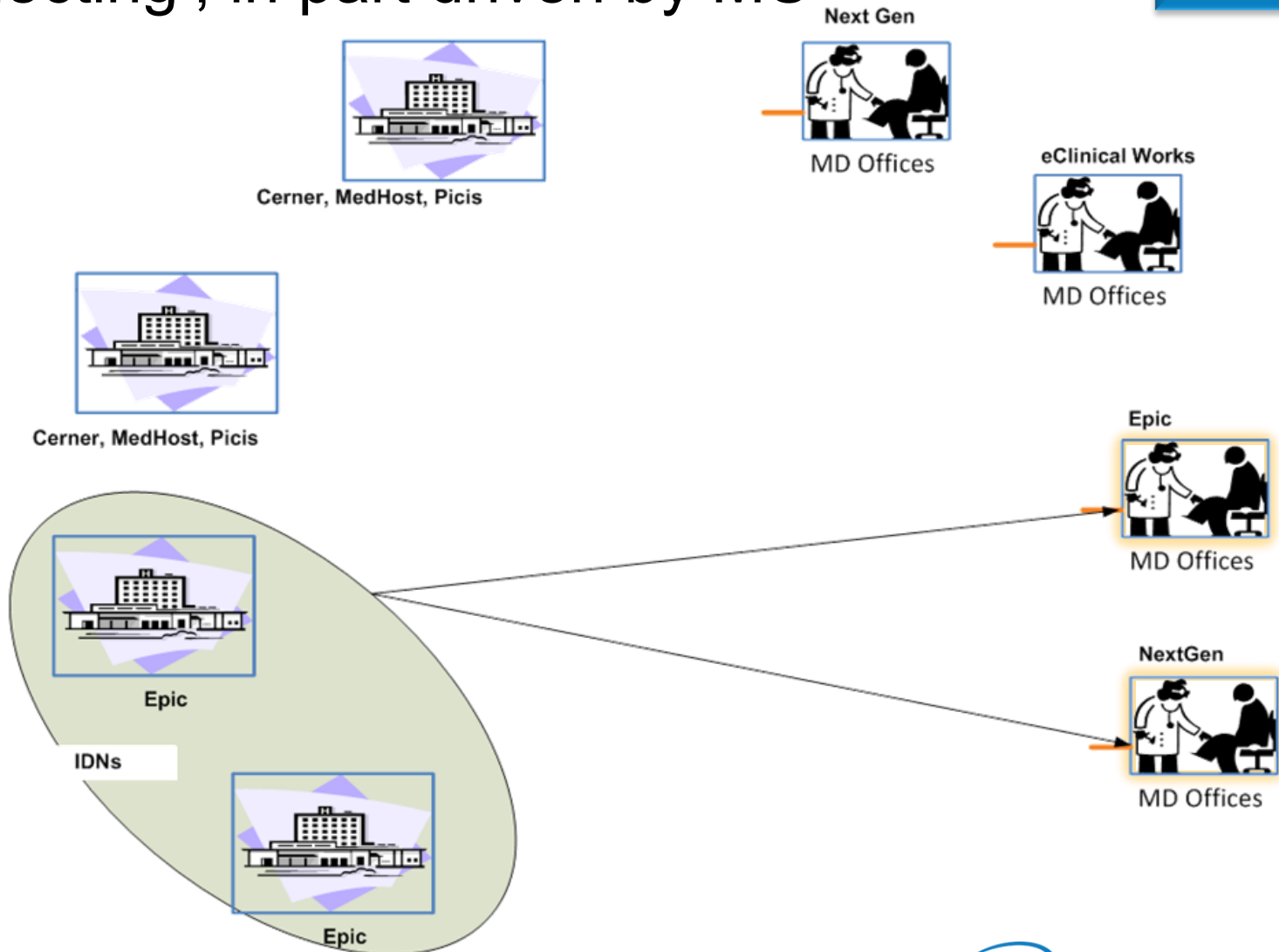
CAPABILITIES

ACOs model	Real time alerts and feedback: Rules engines based on the care coordination and analytics capabilities that can provide near real time feedback to providers	Highest level of capabilities that don't exist commercially today	Emerging solutions that require a high degree of integration; high dependency on standardization
	Care coordination: Integrate data to display results and other related data about individual pts	Portals, results, referrals, eRx/data repositories built on the information exchange	
	Aggregation and analytics: Aggregate, calculate, report on populations in the ACO (outcomes, costs, etc)	Analytic tools/data marts built on the information exchange	
	Information exchange – Acquire, move and share data from individual hospitals, MD offices for the use of members of the connected community (e.g. ACO)	Custom or vendor based products	
Hospitals MD offices	Hospital integration – Report measures, share basic clinical information within the walls of the organization (IDNs and owned MDs)	Hospital – based BI/EDWs, reporting	Organizations are beginning to do this today
	Transactional Systems – capture clinical, administrative and billing data	Hospital-based portals CMS MU Certified acute care, ambulatory, specialty and enterprise EHR systems	Organizations have many of these systems in place



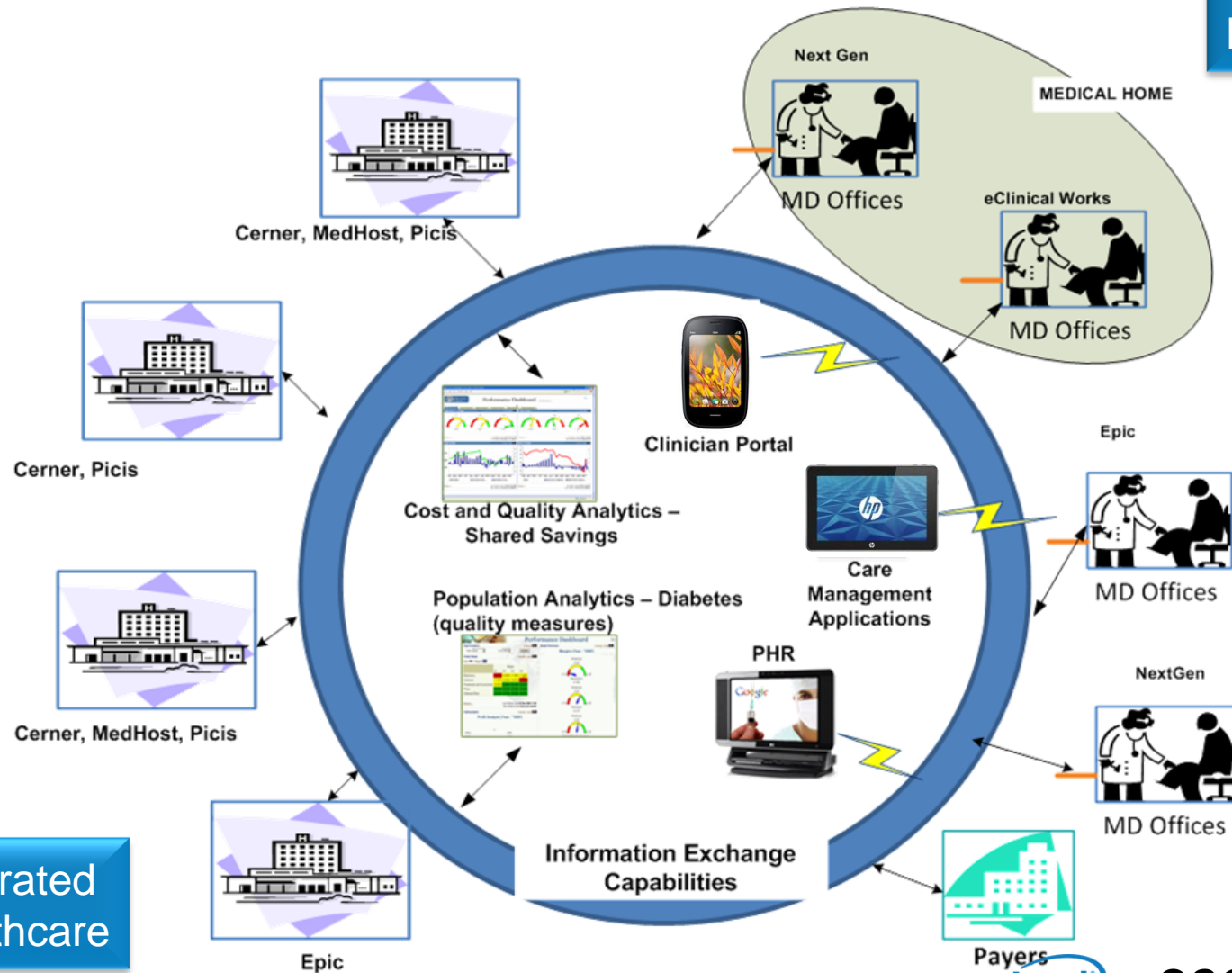
Today, hospitals are doing some level of 'connecting', in part driven by MU

Today's Healthcare



In the future, models will emerge connecting communities for quality and accountability

Collaborative Healthcare



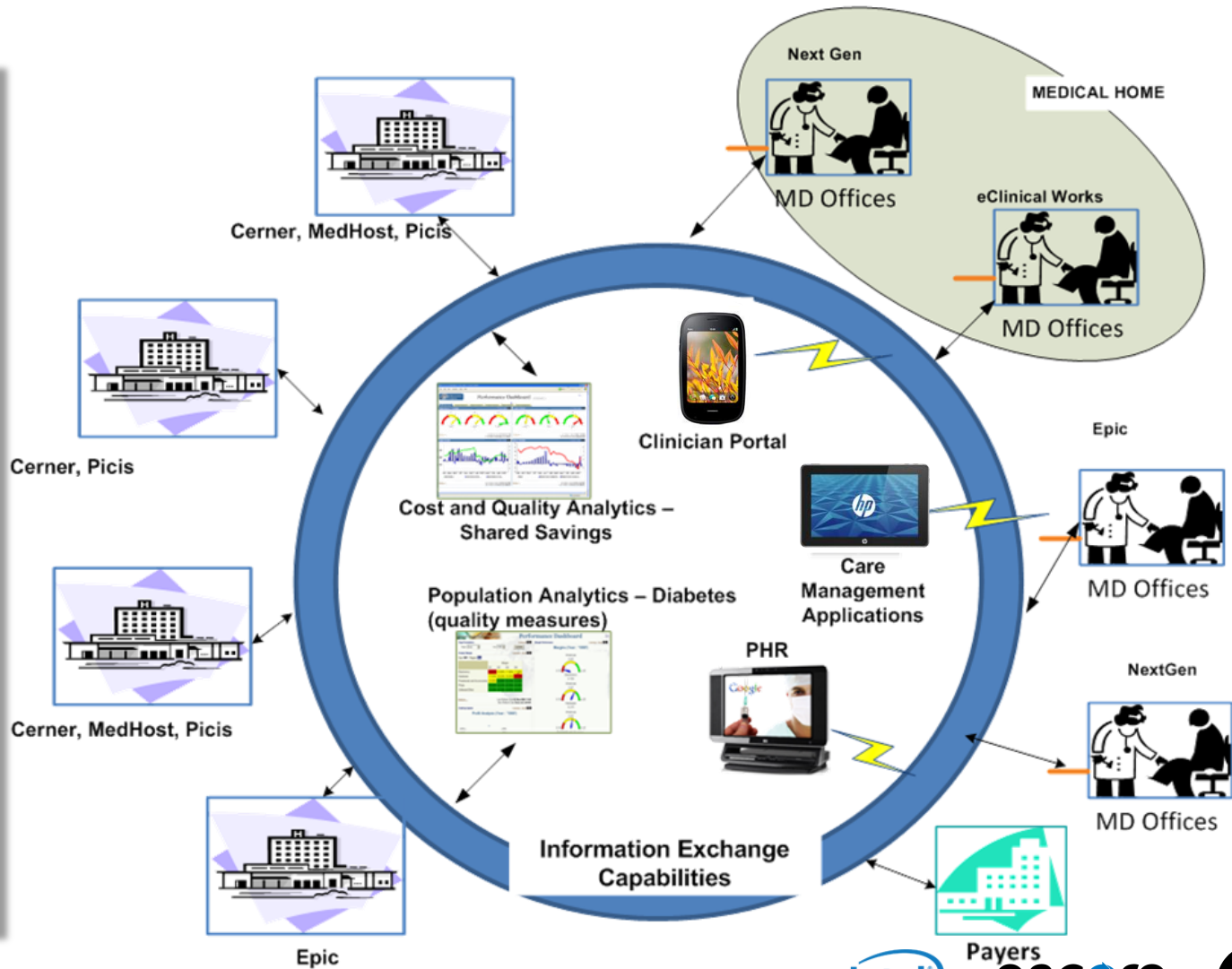
Integrated Healthcare



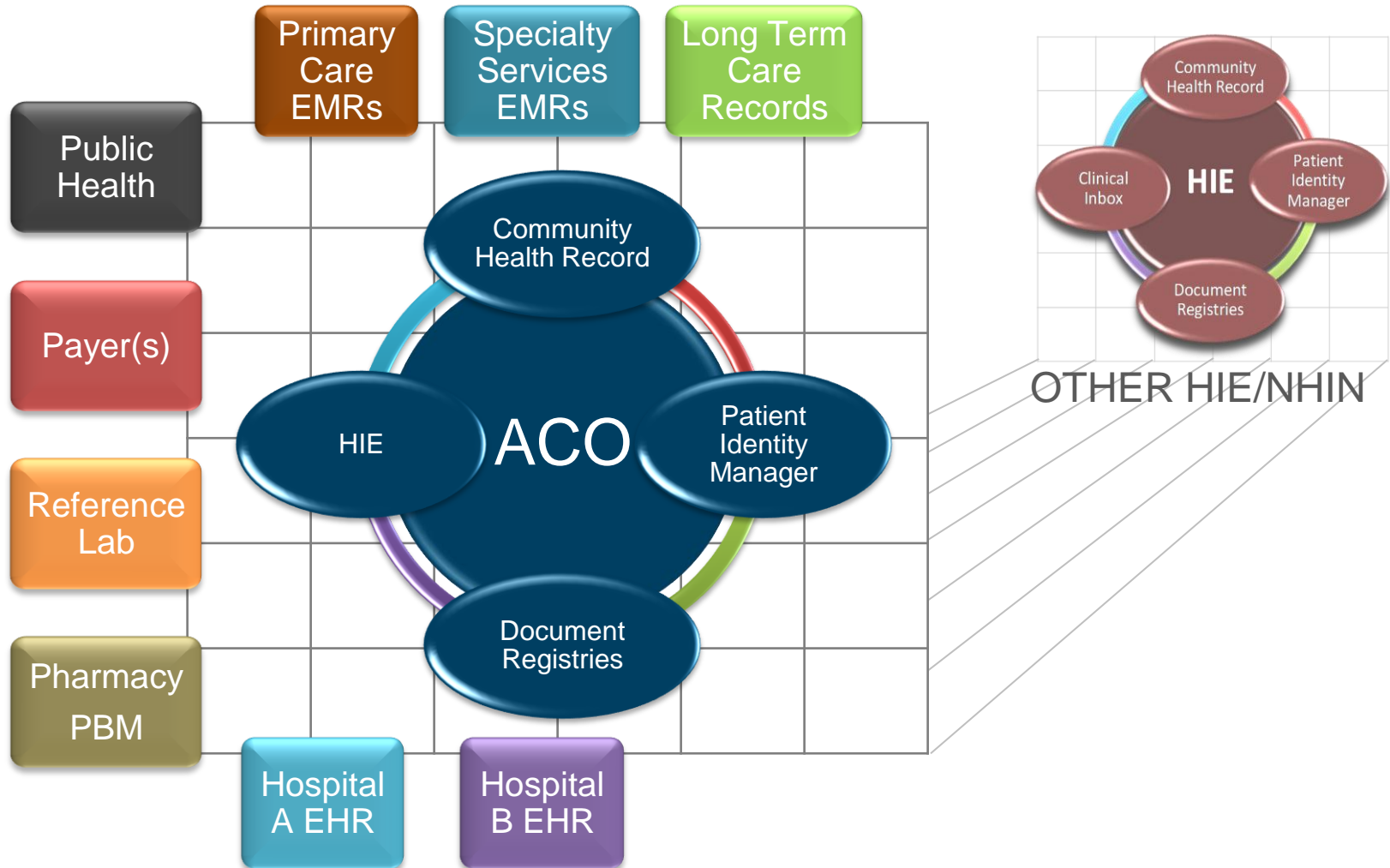
Additional HIT capabilities will be required to support the ACO

Accountable Healthcare

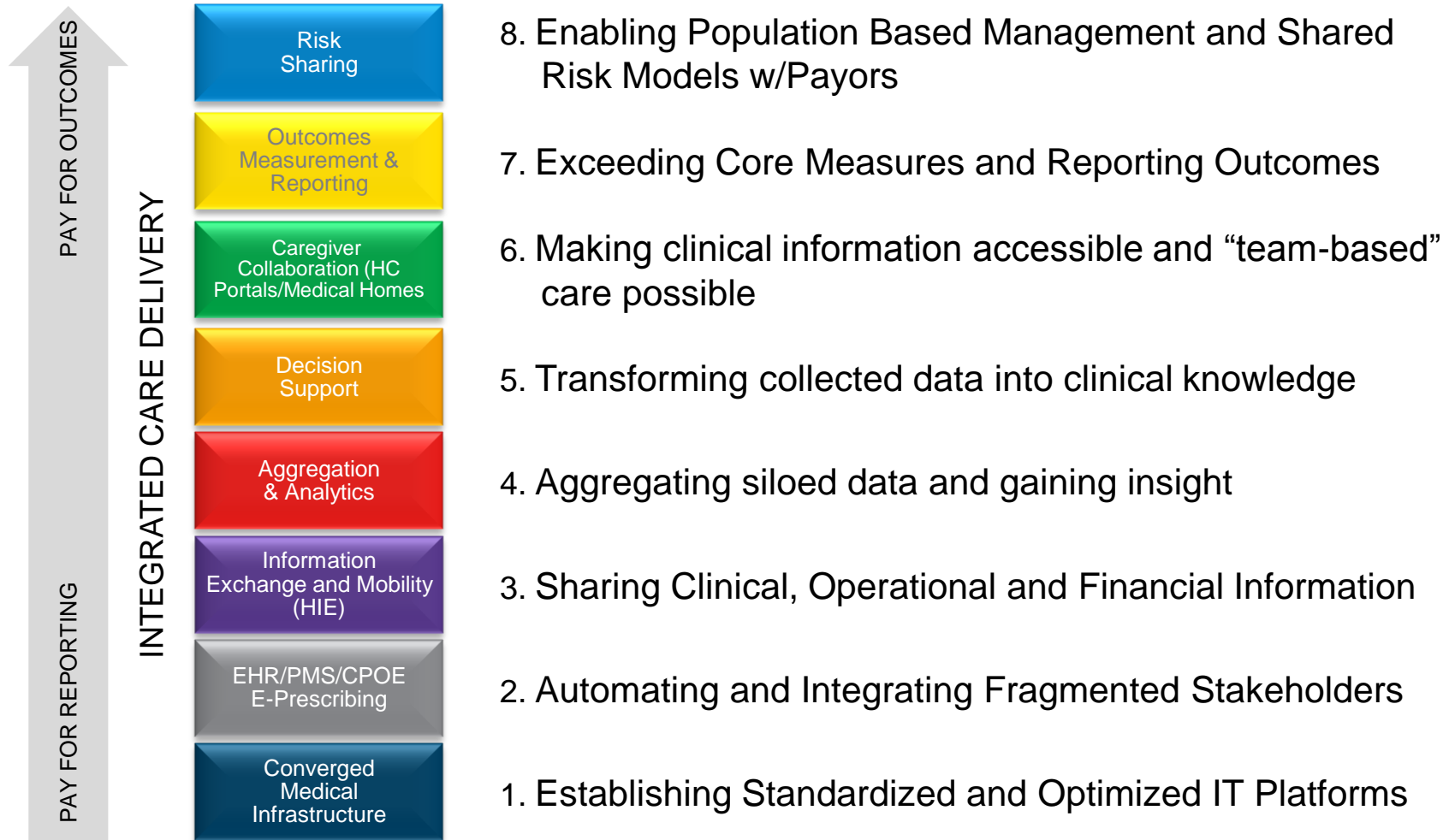
- ACO ADMINISTRATION
- Patient attribution
- Member performance
- Financial management
- Shared savings allocation



HIE capabilities must 'plug and play' with regional and ultimately, national networks



Integrated care delivery strategy: 8 building blocks of integrated care delivery



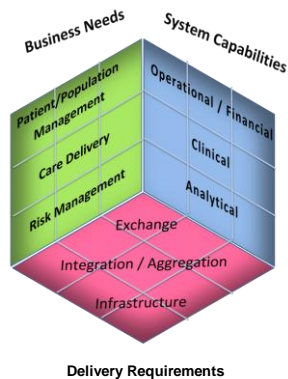
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The range of systems potentially affected is significant

ACO operations	<ul style="list-style-type: none"> • ACO Registries • Risk grouping software • Continuity of Care document (CCD) • Outcomes tracking • Benchmarking tools • Financial modeling tools 	<ul style="list-style-type: none"> • Cost Accounting systems • eMeasures data tracking and analysis • Reporting mechanisms • Receipt and disbursement mechanisms • Clinical, financial & operational performance measures
Payer involvement	<ul style="list-style-type: none"> • Access to claims data from payers 	<ul style="list-style-type: none"> • Contract management integration (risk sharing and capitation arrangements)
Administration infrastructure	<ul style="list-style-type: none"> • Enterprise patient identification (EMPI) • Centralized Scheduling system • Clinical protocols & algorithms to guide advice 	<ul style="list-style-type: none"> • Call centers & telephony infrastructure • Enterprise case management • Clinician & Group CAHPS survey (patient satisfaction)
Patient engagement	<ul style="list-style-type: none"> • Secure messaging • eVisits • Health maintenance tools • Real-time chat, Social networking • Telemedicine 	<ul style="list-style-type: none"> • Patient Clinical and Administrative Portals • PHR • Chronic disease monitoring devices with upload capability
Ambulatory & specialty care	<ul style="list-style-type: none"> • Registration system • EHR with fully structured notes • Use of standard code sets 	<ul style="list-style-type: none"> • Referral management system • Encounter summary
Hospital care	<ul style="list-style-type: none"> • Registration system • EHR with fully structured notes, • Use of standard code sets • Case management systems • Clinical decision support system 	<ul style="list-style-type: none"> • Infection control system • In-house education systems • Discharge planning • Discharge summary
Technical infrastructure	<ul style="list-style-type: none"> • Robust, secure, high capacity networks • Health information exchange infrastructure • Remote access 	<ul style="list-style-type: none"> • Device connectivity framework • Kiosks • Telemedicine
Analytical infrastructure	<ul style="list-style-type: none"> • Data warehouse • Advanced Analytics • Predictive analytics • Data mining 	<ul style="list-style-type: none"> • Dashboards • Performance measurement & analysis • Financial analytics • Quality dashboards

ACO business needs – domains of capability

PATIENT / POPULATION MANAGEMENT		CARE DELIVERY AND COORDINATION		RISK MANAGEMENT	
Identification/ Analysis	Patient Activation	Patient Access	Care Intervention	Financial	Performance
Attribution	Self-Service	Call Centers	Health Assessment	Enrollment	Service Outcomes
Population Definition	Patient Education	Registration	Care Planning	Eligibility / Utilization Management	Clinical Outcomes
Population Analysis	Patient Self-Management	Scheduling	Evidence-based Care Process	Revenue Cycle Management	Quality Management
		Transitions		Reimbursement Modeling	Patient Satisfaction
				Savings Distribution	



Suggested planning approach and timeline

Timeline and resource requirements may vary depending on the individual organization's starting point

Task	Week	1	2	3	4	5	6	7	8	9	10	11	12
Initiation/Education		Active	Active	Light	Light	Light	Light	Light	Light	Light	Light	Light	Light
Assessment		Light	Active	Active	Light	Light	Light	Light	Light	Light	Light	Light	Light
Capability Analysis		Light	Light	Active	Active	Light	Light	Light	Light	Light	Light	Light	Light
Decision Day 1		Light	Light	Light	Light	Active	Light	Light	Light	Light	Light	Light	Light
Focus Groups		Light	Light	Light	Light	Light	Active	Active	Light	Light	Light	Light	Light
Strategic Alternatives		Light	Light	Light	Light	Light	Active	Active	Active	Light	Light	Light	Light
Decision Day 2		Light	Light	Light	Light	Light	Light	Light	Light	Active	Light	Light	Light
HIT Roadmap & Report		Light	Light	Light	Light	Light	Light	Light	Light	Light	Active	Active	Active



Example of a Focus Group approach – Info. systems

Conduct an Information Systems Strategic Initiatives focus group

- Identify goals, initiatives and strategic questions focused on ACO
- Prioritize the strategic questions
- Identify potential solutions

Develop out “critical path” initiatives addressing these questions

- Document application and communication technology initiatives that can be used to solve the specific problems
 - Solution description
 - Workflow
- Describe range of opportunity the solutions offer to the organization (ACO and beyond)
 - Costs
 - Revenue



In summary

- Evaluate your transactional systems to share data for clinical reporting and quality improvement
- Understand the interoperability requirements across the network for future ACO and determine if you need to extend it
- Determine your organization's capability for the aggregation and analysis of clinical, operational and financial data
- Benchmark your ability to proactively send data to the right constituents depending on their role



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Thank You

