New Jersey - Delaware Valley HIMSS Chapter Fall Event

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May You Live in Interesting Times...

宁为太平犬, 莫作乱离人

- Ancient Chinese Curse





Concepts for Today's Discussion

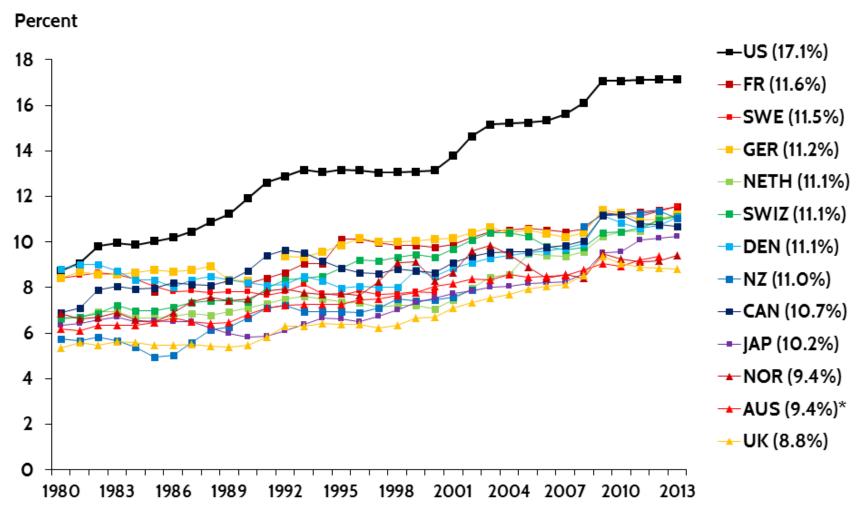
- Understand components of the new health care paradigm
- Recognize what has changed
- Explore technologies and processes required to embrace change
- Identify a new framework for healthcare delivery







US Health Care Expenditures



* 2012.

Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.

Source: OECD Health Data 2015.



Health Care Processes Will Follow the Money



Framework to Limit Healthcare Cost Growth

PA 15-146, An Act Concerning Hospitals, Insurers and Health Care Consumer State of Connecticut, 2016







#1 – Improve Population Health

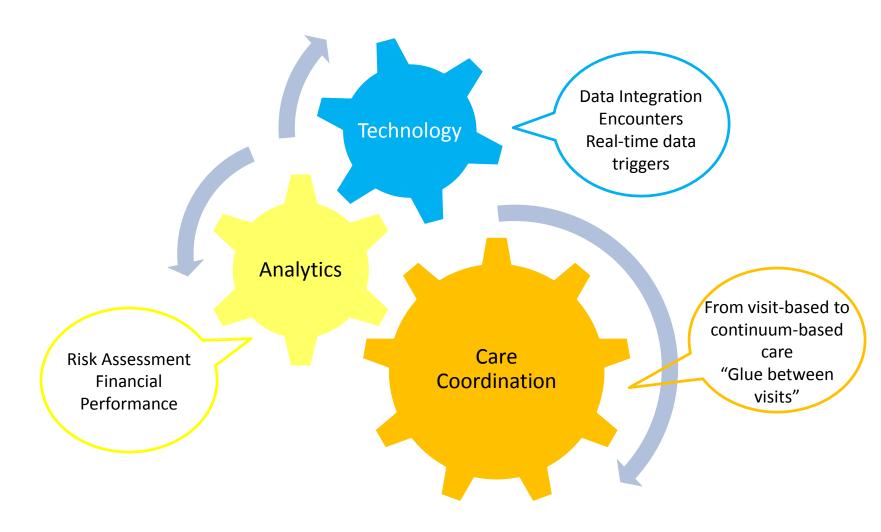
What is population health?

- Management of the cost and outcomes for any defined group:
 - Patients
 - Insurance plan members
 - Those who have chronic diseases or specific conditions
- Requires health care organizations to think about people differently
 - Not every person of interest is a patient
 - Some people of interest are someone else's patients





Components for Effective Population Management







#2 – Cap Cost Growth

- Value = Quality/Cost
- Measure costs and quality
- If you don't measure it, don't do it
- Healthcare is expensive, healthcare technologies are very expensive
 - Understand evidence-based utilization, based on outcomes, for pharmaceuticals and new procedures
 - Especially important for million-\$ therapies
- Health care is a tremendous economic driver
 - Embrace the economic impact of cost containment, especially for those geographies that rely on "meds"





#3 – Support Providers to Transform

- Embrace new care delivery methods
 - Implement evidence-based pathways
 - Reallocate roles and responsibilities
 - Top of license
- Inter-visit management
 - On-demand access
 - Telehealth, video visits
- Patients assume personal responsibility for outcomes





#4 – Support Market Competition

- Develop new strategic relationships
 - Provider/Payer relationships
 - Healthcare organization collaborative competition
- Establish risk-based payment models
 - Ensure essential services, that have no reimbursement in fee-for-service are provided
 - Social services, food programs, literacy, employment





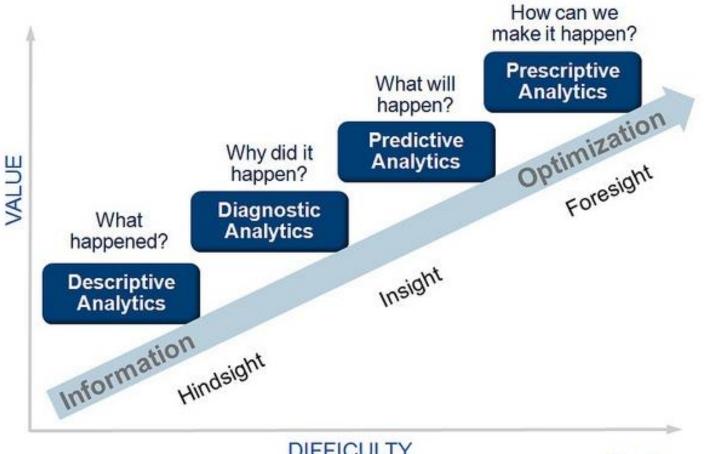
#5 – Use Data Analytics to Drive Care

- Drive population management, based on resources:
 - percentile risk for aggressive monitoring and intervention
 - Prediction models to segment populations
- Ensure that everyone is enrolled in a "wellness" DM program, with triggers for gaps in care
- Identify those lost to care, not likely to see providers, or needing specific disease management
- Recognize that the riskiest enrollee, often the expensive one, is the person who may not present to the physician's office





Analytic Value Escalator











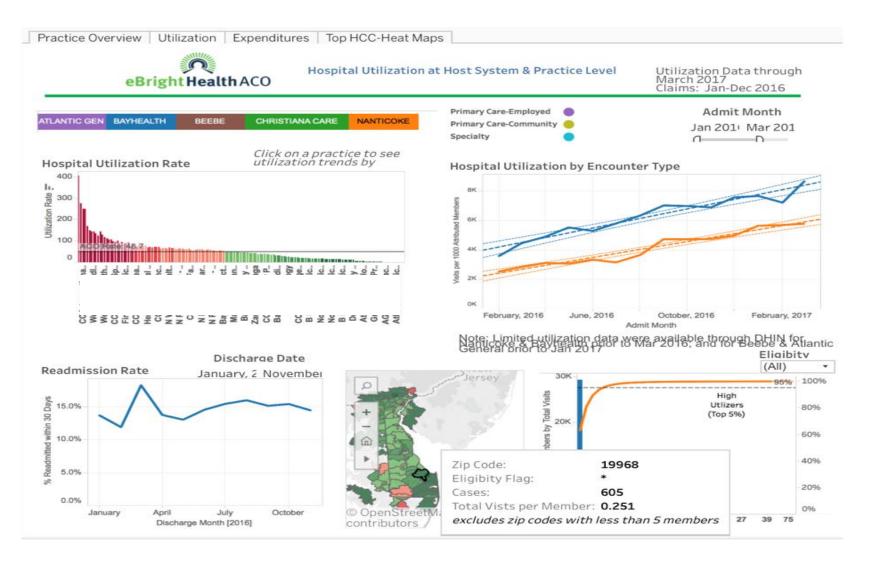
Use Data Analytics to Assess Performance

- Provide dashboards and easy-to-understand performance measures
- Develop care delivery processes that are based on evidence-based measures
- Ensure that performance discussions are a team activity
- Challenge provider-led teams to embrace quality and outcomes in everyday practice
 - Involves developing high performing teams
 - Team members work to the top of license
 - Improved provider satisfaction





Performance Dashboards







#6 – Coordinate and Align Strategies

- Align payment and performance incentives
 - e.g., RVU (physicians) vs. P4P (organizations)
- Recognize the strategic importance of ambulatory care
- Develop new methods to engage patients between visits, reduce dependence on visits to achieve goals
- Encourage payer/provider collaboration





#7 – Patient/Member Engagement

- Develop personal responsibility for outcomes
- Identify successful methods to manage chronic diseases
 - Game-ification of disease management
 - Health care transparency e.g., OpenNotes
 - Embrace innovation
 - Revise "old methods" to include patients as partners





Technology Considerations

- Develop methods for EMR integration across the continuum
- Define a data integration strategy
- Include care management platforms in the integration strategy
- Identify new data-driven workflows for each actor:
 - Care Managers, physicians, social workers, etc
- Utilize real-time analytics to focus resources on those who need it
 - Right intervention, right time, right person
- Develop analytics platforms to measure cost and quality
 - Make these available to providers to influence change





The future of Health Care is Clear

- Fee-for-service care will transition to a value-based model
- Improved value = higher quality + lower cost
- A visit-centric model will transition to a continuum-of-care model
- Analytics will drive care delivery through population segmentation and performance measures
- Technology will drive right-sized care
 - Evidence
 - Analytics
 - New care delivery methods
- Data integration will establish excellent workflows
- Successful health care organizations will share data to develop optimal workflows
- Care delivery will be provided by the right person, at the right time, in the right location





Questions

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