



A Strong Interoperability Backbone

The Key to ACOs Success

Experts in delivering business-driven **technology solutions**



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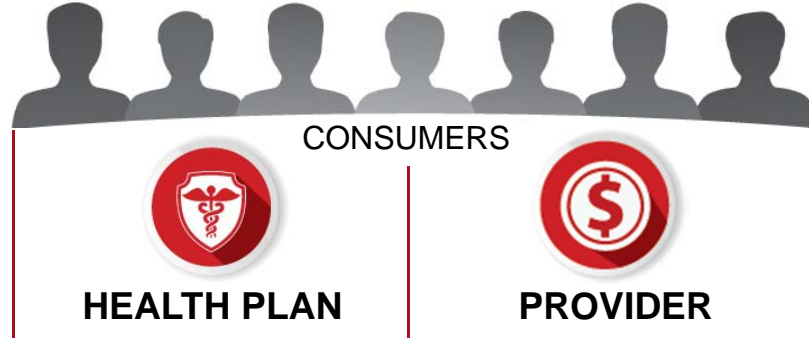


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Perficient is a leading information technology consulting firm serving clients throughout North America.

We help clients implement business-driven technology solutions that integrate business processes, improve worker productivity, increase customer loyalty and create a more agile enterprise to better respond to new business opportunities.

Experts in Consumer-Driven Healthcare Technology



Solutions & Services

<p>Connected Health</p>	<p>Business Intelligence and Analytics</p>	<p>Interoperability and Integration</p>	<p>Information Exchange</p>	<p>Regulatory Compliance</p>
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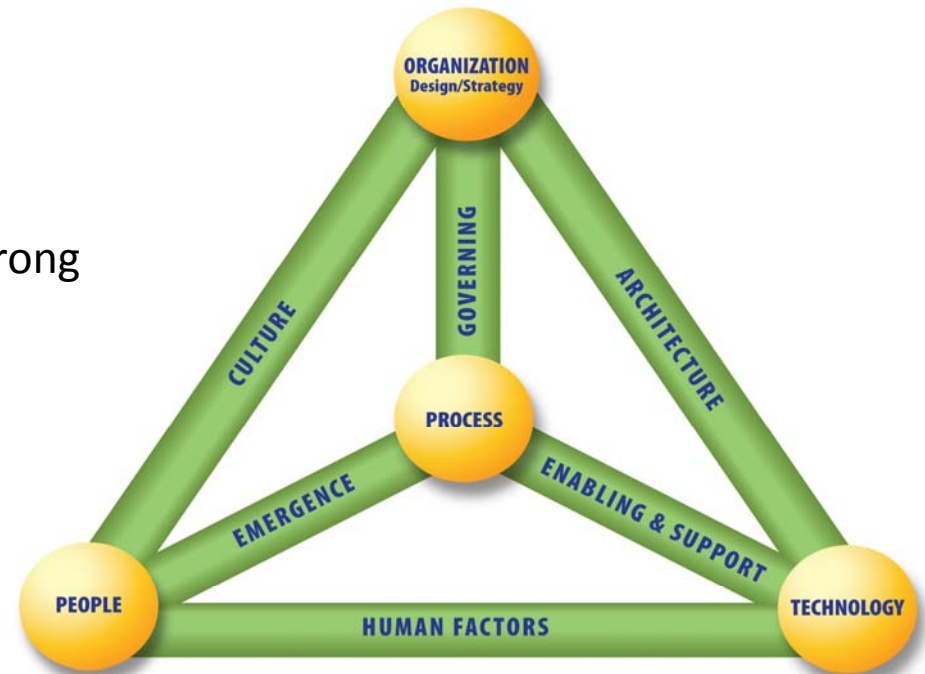
Select Clients

Global Delivery Centers/Offshore Delivery

Domestic Delivery Center

Webinar Objective

- As the United States strives to get more value out of its healthcare expenditures, the ACO is an important area of opportunity
- The ACO problems of today
- How an ACO should concentrate on redefining their focus in the area of a strong backbone:
 - Operational / Program Lifecycle
 - Common Business Language
 - Importance of Data and Business Process.
 - Interoperability with MDM
- Discuss the Perficient methodology to change: Plan, Agree, Implement, Grow, and See the Savings

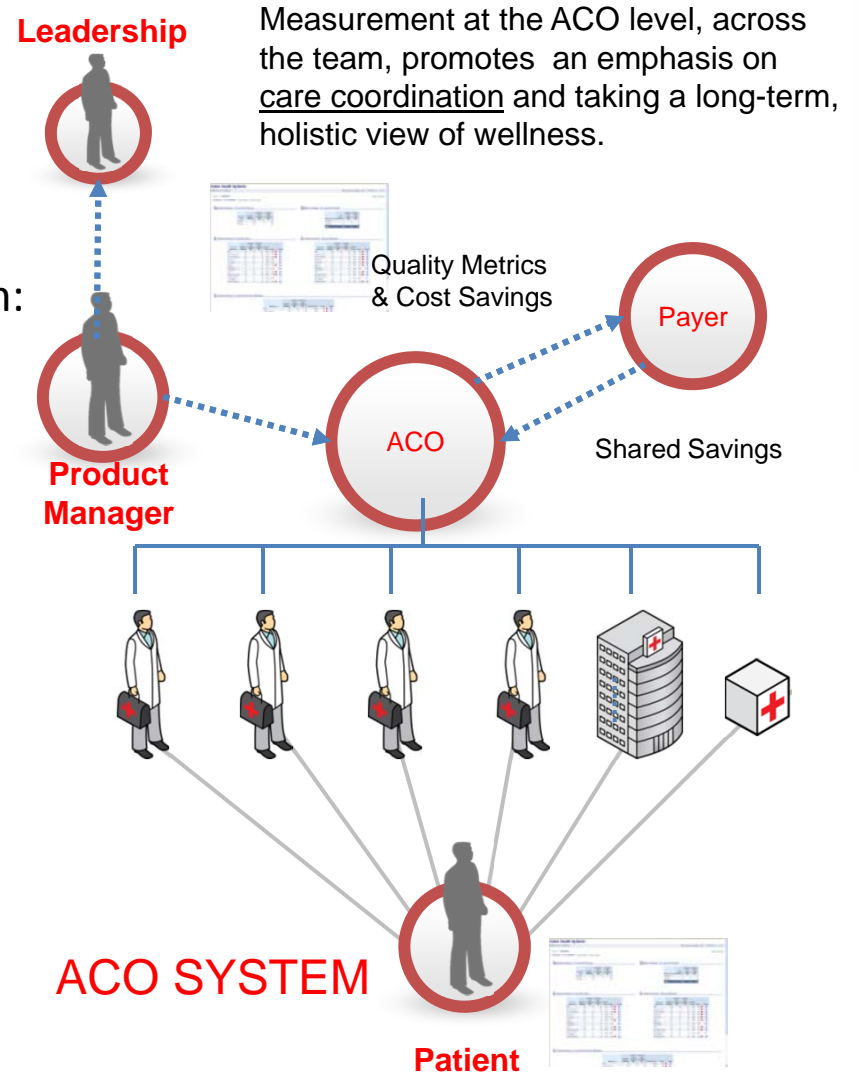


- ACOs that pay doctors up-front bring practice improvements, but it's unclear yet if the actuaries will see a return on their investment.
- Multiple program \ department budgets & leadership are leading to disconnected business processes and competing agendas.
- Multiple computing systems & standards are creating inefficiencies, underutilized assets, missing or competing data standards.
- Struggle with regulatory compliance, volume of information, data integrity, limited interoperability, and security.
- Complexity with resource constraints, difficulty managing complexity/change, plus with the volume of data points, and quality measures in widely dispersed locations.
- The limited use among providers, and their inability to reduce the costs of care.
- To be a successful ACO, the organizations will need the right scale of providers and patients, and **the right information technology resources**.



Importance of a Program Lifecycle

- Understand the agendas across multiple leaders and ACO levels.
- Understand your patients, and how to measure your patients.
- Build a true product/program management team:
 - Define Product Steering Committee (PSC) with leadership, SMEs, Sr. Analysts and Sr. Customer Service Reps.
 - Turn ownership and direction over to the product team.
 - The PSC & Product Manager will need to define the short term plan / roadmap.
 - Define measurements across all owners and ACO levels
 - Define what the successful care coordination or 360 degree patient view
 - Ability and the will to abandon a bad idea or what is not producing / working



- Need to understand the importance of common business language across the organization / team.
- The most significant challenge business leaders face is the common business language.
- Without a common business language across the ACO's business units and functions, valuable time is wasted and decisions are impaired due to unclear information.
- Standardizing business language enables transparency, accountability, concurrence, and collaboration
- A process that establishes a common business language will help promote best-practices in collaboration and fact-based decision making for the team.
- The terms, metrics, and definitions need to be made universal throughout an organization to realize the full value of an enterprise information system.



- ACO data needs to be delivered at the point of care and should be organized in a way that proves outcomes and cost reduction.
- Without the ability to share and exchange information at the point of care, achieving the objectives of an ACO would be extremely limited, if not impossible
- An efficient IT sharing system could be in place, but it also needs physicians trained to input data into it, because the quality of care information is essential for measuring how well an ACO is working.
- It could be said that data is the fuel and HIT systems are the pipeline for Accountable Care.
- There are four factors that make the importance of data critical to success of an ACO:
 - Upfront Investment
 - ACO-33 Measurements Tracking
 - Making ACO Data Enabled
 - Clinical Integration



- Up Front Investment
 - Investment could range from \$3M to more than \$20M depending on infrastructure and integrations points.
 - Investment components
 - Information technology (EHR, HIE, interoperability, disease registry, data analytics)
 - Staff (quality leadership, IT support, analytical team)
 - Care coordination
 - Professional support (legal, consulting, IT, other)
 - The ACO should negotiate an arrangement with an EHR vendor or large provider system/magnet to get the small practices access to an EHR, which would include the interoperability layer
- Performance-Based Incentives
 - Payer negotiated performance-based terms for provider reimbursement
 - Outcome/performance based incentives for physicians
 - Employed versus community providers
 - Incentives for other network components
 - Home health, rehabilitation, long term care

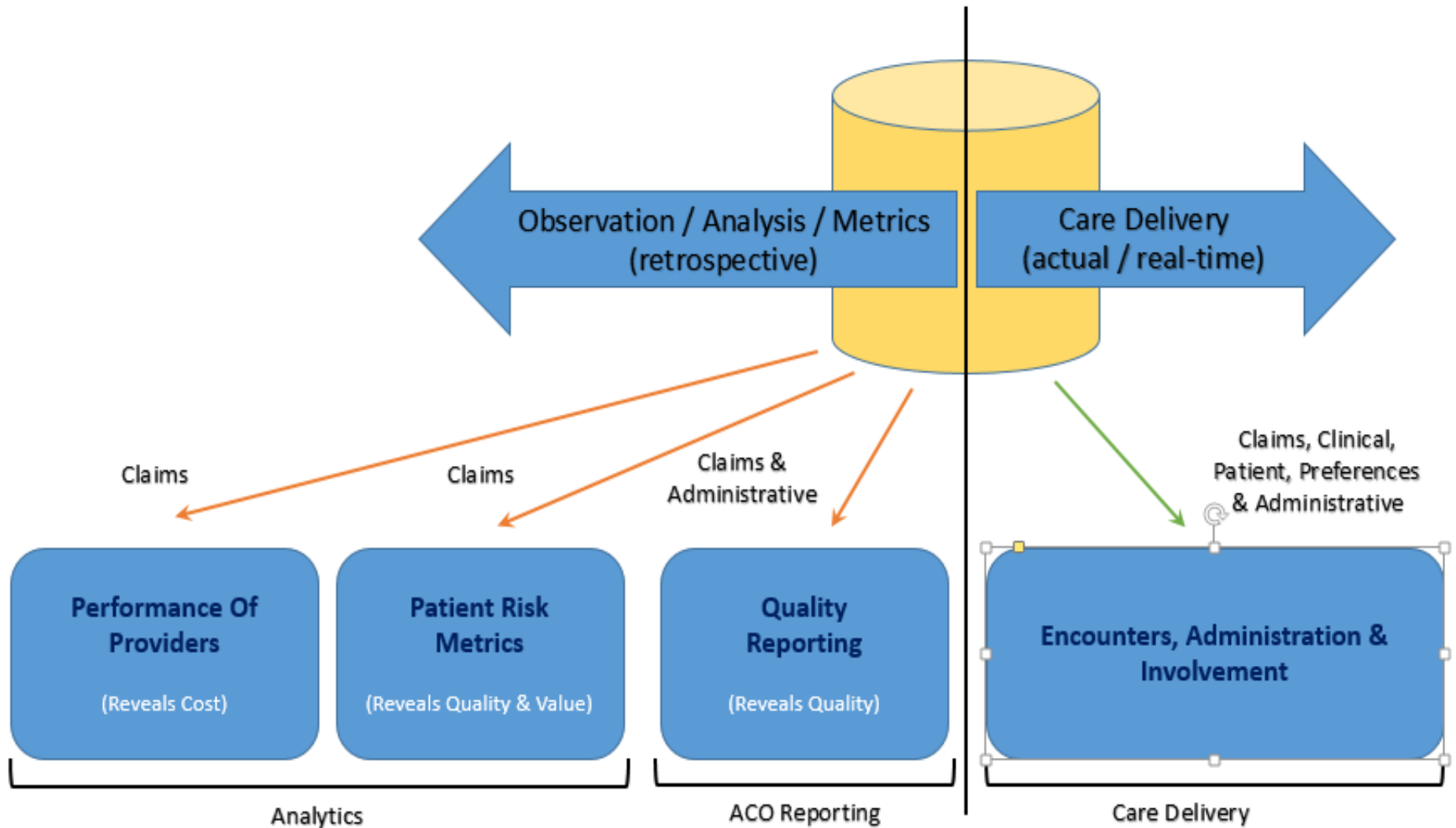


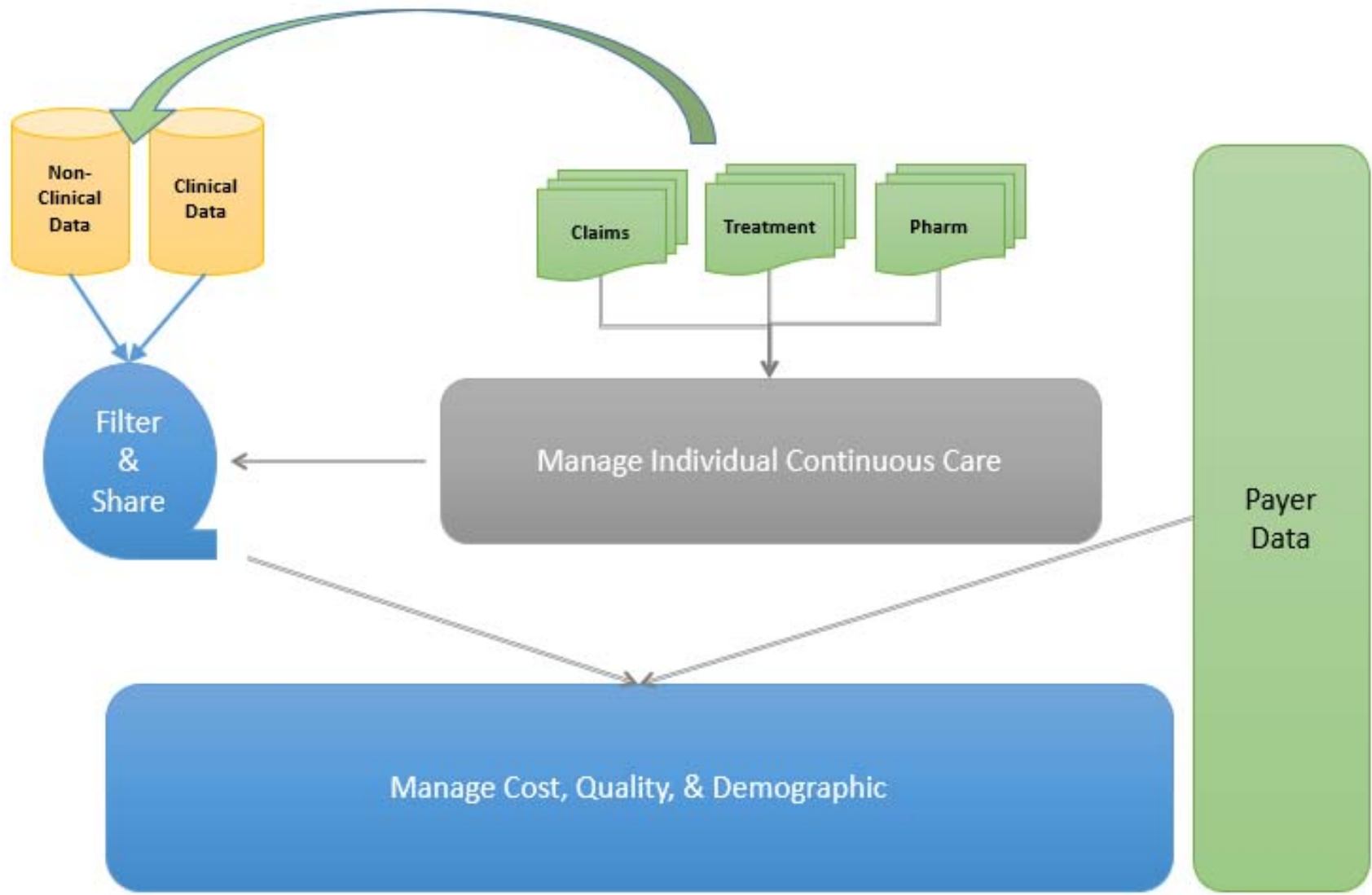
- In the first year of their agreement period, ACOs satisfy the quality standard based on their complete and accurate reporting of this data.
- The quality performance benchmarks are phased-in during the second and third performance years of the ACOs' agreements.
- Defining the first 70% of the key measurements is critical
- The measurements needs to be discussed and agreed upon at all levels of the ACO.

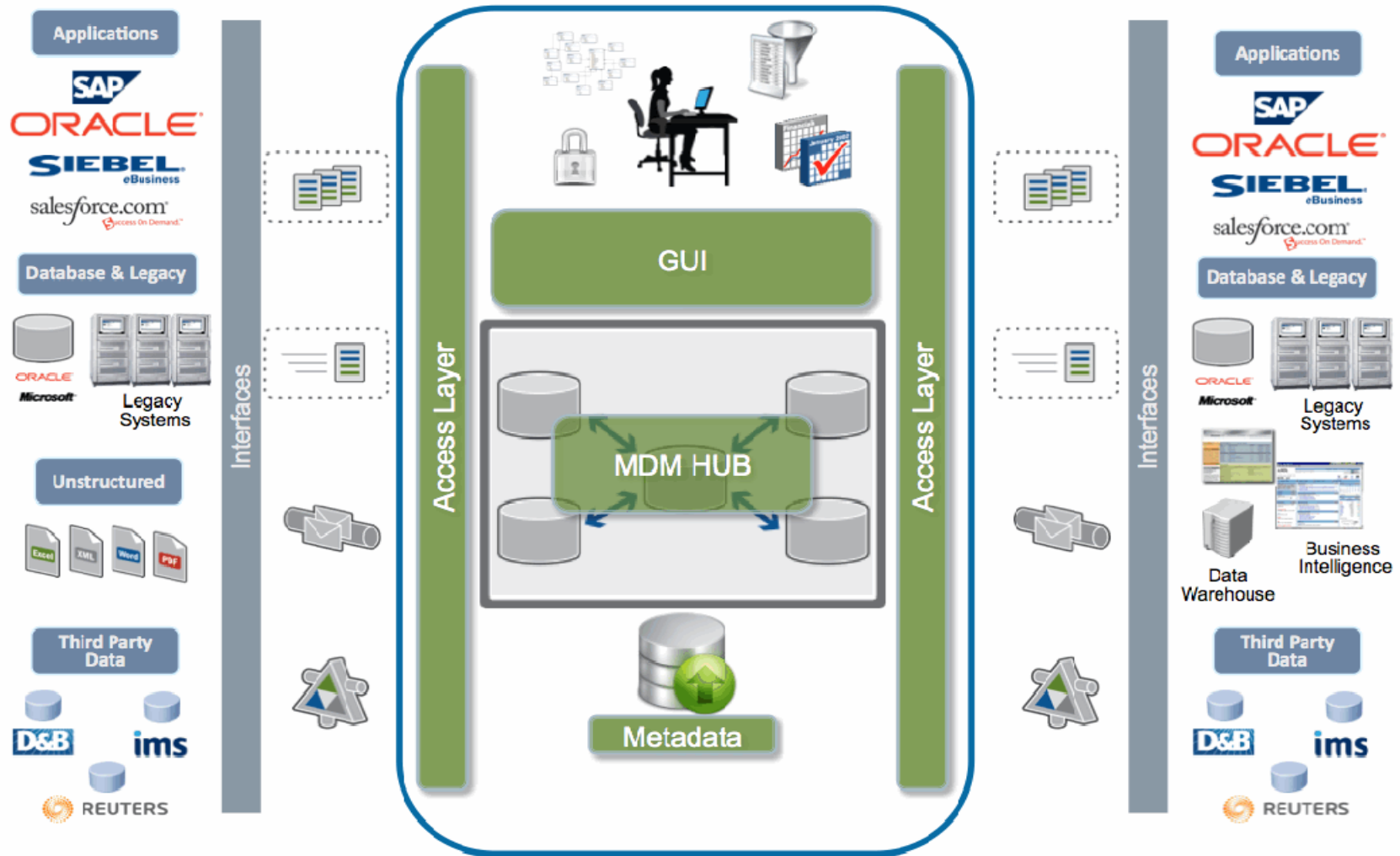
Quality measure requirements

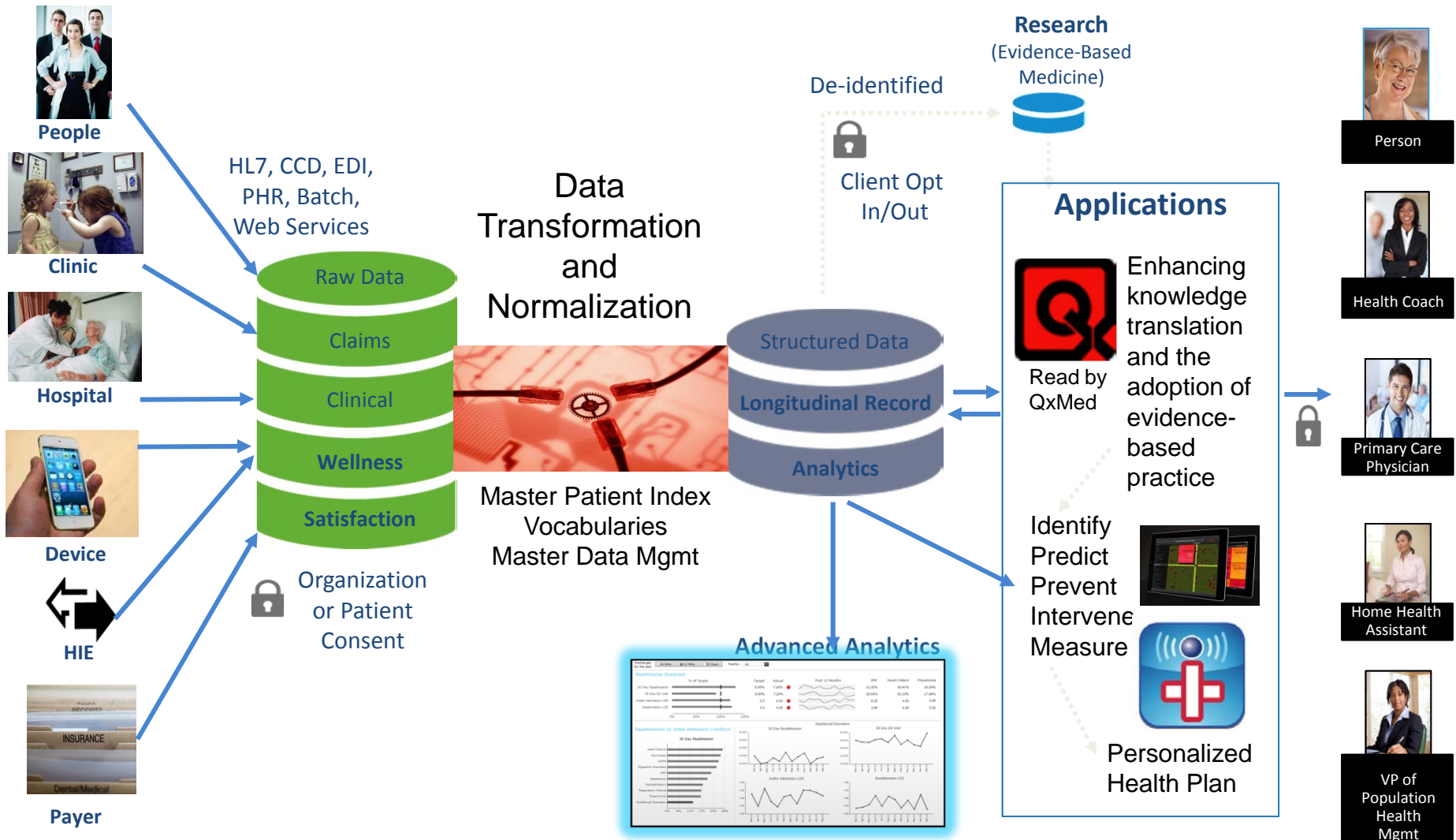
The Medicare Shared Savings Program divides 33 quality measures into four reporting domains. Each ACO entity must achieve a minimum quality performance standard on at least 70% of the measures in each of the four domains to meet benchmarks. Commercial ACOs have begun to enter into similar risk-sharing payment models; however, quality measures may vary significantly among various private payers.





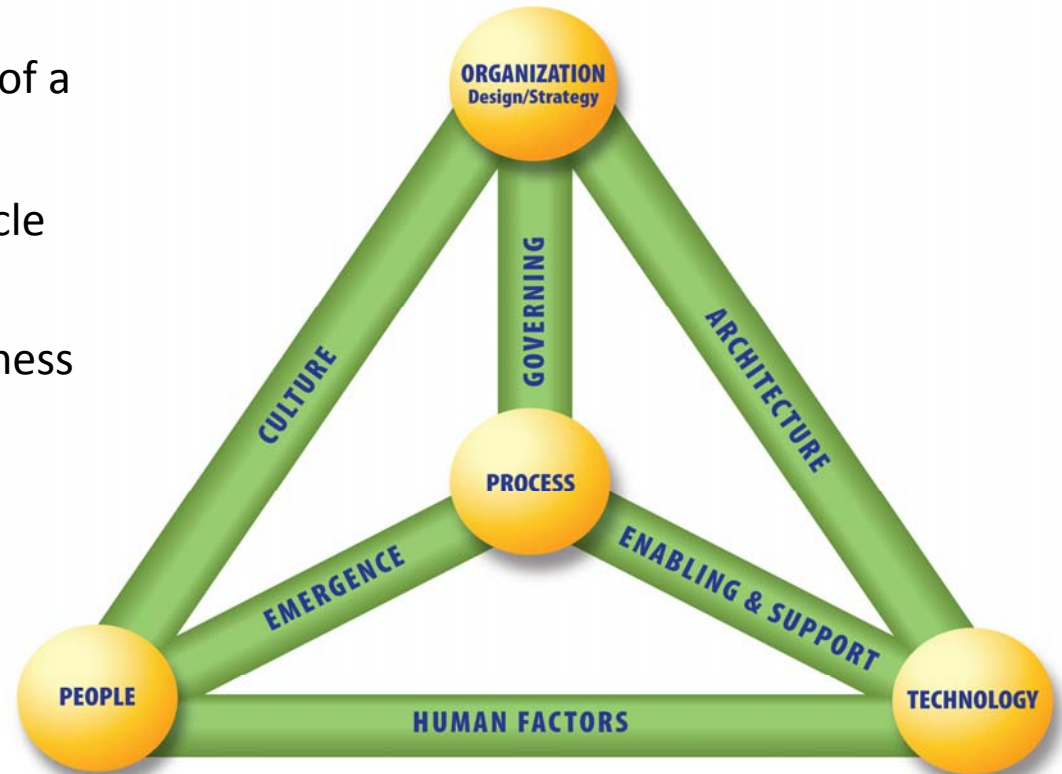






- HIMSS has published an Interoperability framework, you want to make sure leverage the years of experience that these frameworks & standards hold.
- Moving to consolidated Enterprise / Operational MDM will help reduce data redundancy, but it will help you capitalize your cost and increase your earnings.
- Move from retrospective reporting to predictive modeling of population health to manage risk and share savings across all levels.
- Create the data analytics necessary to move to evidence-based medicine and modeling of outcomes, meet coming demand of healthcare consumer analytics
- Predictive modeling provides an objective assessment of a patient's future illness burden and associated health costs based upon their historical conditions as captured through claims and clinical information
 - It is a method for prioritizing members for population health management and care management and stratifying them based upon their morbidity burden and financial risk

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- The Perficient methodology to change: Plan, Agree, Implement, Grow, and See the Savings.
- Free architecture assessment



Questions?