Health care is too important to stay the same.
What do you believe?
IHI Triple Aim

- Improve the **patient experience** of care
- Lower the **per-capita cost** of care
- Improve the **health** of populations
ACCOUNTABLE HEALTH ORGANIZATION

2020

CONSUMER ENGAGEMENT

CENER CEO SUMMIT  •  BILMORE  •  ASHEVILLE, N.C.

© Cerner Corporation. All rights reserved. This document contains Cerner confidential and/or proprietary information belonging to Cerner Corporation and/or its related affiliates which may not be reproduced or transmitted in any form or by any means without the express written consent of Cerner.
Evolve health and care system to deliver the triple aim

- Improve health
- Improve experience
- Reduce costs

- Improve quality
- Reduce variation

- Focus on engagement, health & prevention
- Optimize care delivery

Integrate care, assure standards, manage network
Who Is Doing “Population Health”?

Health Systems
• Manage At Risk Contracts, Care Coordination, performance improvement, capture market

State Governments
• High Risk and High Spend populations (Medicaid, State employees, Corrections)

Employers
• Controlling costs, Effectiveness, Productivity, Satisfaction and Retention

Payers
• Performance and cost discrepancies, lack of execution of efficient and effective care pathways

Global
• High Health Expenditures, Care Coordination, performance Improvement, etc.
Who Is Doing “Population Health”?

Everyone!

Health System

Government

Employer

Payers

Global

Market Influencers

Commercial
- Life Insurance
- Data Aggregators
- Retailers
- Etc.

Ecosystem
- App Developers
- System Integrators
- Etc.

Research
- Pharma
- Academic Institutions
- Public Health
- Etc.
From volume to value | Continuum of payment models

Provider Accountability

Episodic Cost

Fee-for-service

Pay-for-performance

Episodic bundling

Bundled and ACO Payments

Total Cost

2016
30%

2018
50%

Partial risk / shared savings

Full-risk: % of premium
HMO

Next Gen ACO
50%-100%

Medicare w. Quality Measures

2016
85%

2018
90%

Patient Centered Medical Home

Accountable Care Organization

Bundled and ACO Payments

2016
30%

2018
50%

Partial risk / shared savings

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Patient Centered Medical Home

Accountable Care Organization
FOR IMMEDIATE RELEASE
March 3, 2016

HHS reaches goal of tying 30 percent of Medicare payments to quality ahead of schedule

A major milestone in the effort to improve quality and pay providers for what works

Thanks to tools provided by the Affordable Care Act, an estimated 30 percent of Medicare payments are now tied to alternative payment models that reward the quality of care over quantity of services provided to beneficiaries, HHS announced today. Today's announcement means that over 10 million Medicare patients are getting improved quality of care by having more time with their doctors and better coordinated care – nearly a year ahead of schedule.

The Affordable Care Act established tools such as the Medicare Shared Savings Program and the Center for Medicare and Medicaid Innovation, which tests a number of alternative payment models for achieving better care, smarter spending and healthier people. Alternative payment models are ways for Medicare to reimburse providers based on the health of the patient and quality of care rather than the number of services provided. Examples include accountable care organizations (ACOs), advanced
Maria

9 year old girl who lives with asthma
HEALTH TEAM

Maria Cortez
PATIENT

Cristina & Julio
MOTHER AND FATHER

Lisa
SCHOOL NURSE

Dr. Tupas
POPULATION HEALTH MEDICAL DIRECTOR

Brenda
LVN CARE COORDINATOR

Dr. Fortades
PEDIATRICIAN
Automatic alerts, or text messages, are sent to Mom, Dad, and the School Nurse to notify Maria’s care team of the poor air quality (AQI > 230)
Air Quality Alert: Air Quality is critical due to fires in your area. Please consult your Asthma Action Plan.

Maria uses her spirometer at school
Christina (Mum) logs into Maria’s member portal and see her daughter’s peak flow readings.
<table>
<thead>
<tr>
<th>Priority</th>
<th>Status</th>
<th>Patient &amp; Subject</th>
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<td>New</td>
<td>McBride, Lucas Call patient to assess respiratory status View Patient's Alerts</td>
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<td>Comment</td>
<td>Hudson, Josh Questions about appointment this afternoon View Patient's Alerts</td>
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</tr>
</tbody>
</table>

Brenda (care manager) automatically notified that Maria is at risk.
Brenda, drills down to look at Maria’s asthma action plan
Patient in yellow zone. Please have an evaluation completed and appointment within the next 24 hours.

Maria’s asthma action plan that Brenda would have access to
Brenda sends Cristina a text message:

CHOC Breathmobile Alert!
We have been notified of your child's low peak flow reading. Please complete Asthma Evaluation Form and schedule an appointment with our breathmobile at (714) 509-7571.
At the mobile clinic, the nurses are using the EMR for scheduling.
...and management
Note sent automatically to Dr. Fortades and the member portal
Analytics scenario | Rising ED visit rates
Scenarios

Cost of ED & hospitalizations

$2,328,000*

Traditional scenario
*only 35% of asthmatic children with medical have controlled asthma within a one year period

Cost of two mobile asthma clinics

$1,000,000*

Breathmobile scenario
*over 75% of medical patients reach asthma control after three visits on the van within a one year period

*Financial information based on 1,200 patients being seen per year
"Direction (not intention) determines destination."

"Attention determines direction."

Andy Stanley
### A Framework for Thinking about Systems Change

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<thead>
<tr>
<th></th>
<th>Vision</th>
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<th>Incentives</th>
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Strategic Resource Allocation / Utilization

Complexity

Wellness

1 2 3 4

Low Touch Maintenance

High Touch Maintenance

Stay Well

High Touch Prevention

Cost of Care