Hospitals

Specialty Care & Disease Management Programs

Advanced Primary Care

Social, Economic, & Community Services

Community Health Team
Nurse Coordinator
Social Workers
Nutrition Specialists
Community Health Workers
Public Health Specialist

Advanced Primary Care

Mental Health & Substance Abuse Programs

Extended Community Health Team
Medicaid Care Coordinators
Senior Support Teams
Addiction ("Spoke") Teams

Advanced Primary Care

Healthier Living Workshops

Advanced Primary Care

Public Health Programs & Services

Health IT Framework

Evaluation Framework

Multi-Insurer Payment Reform Framework

- A foundation of medical homes and community health teams that can support coordinated care and linkages with a broad range of services

- Multi-Insurer Payment Reform that supports this foundation of medical homes and community health teams

- A health information infrastructure that includes EMRs, hospital data sources, a health information exchange network, and a centralized registry

- An evaluation infrastructure that uses routinely collected data to support services, guide quality improvement, and determine program impact
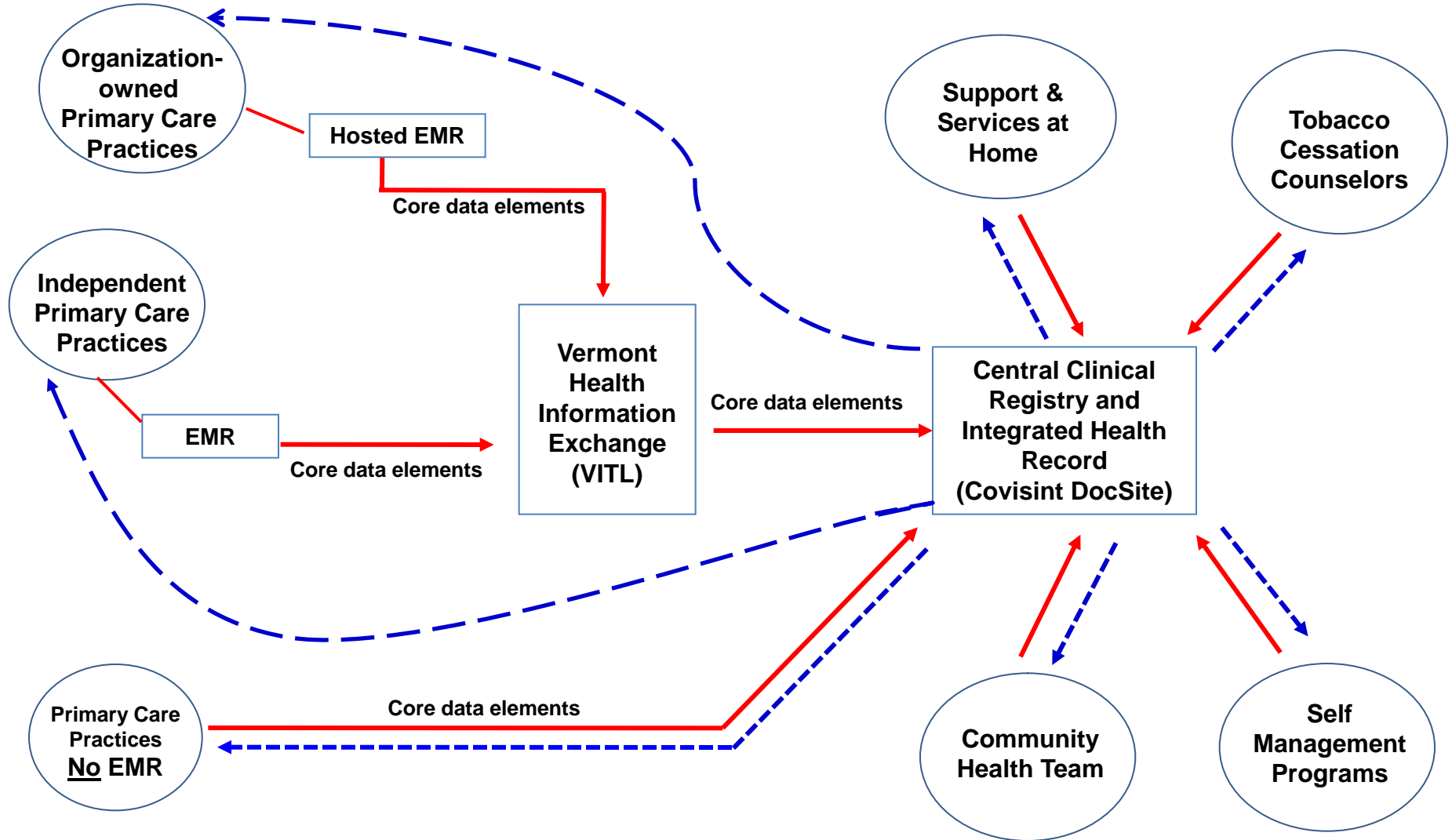
Coordinated Care Impact

Improved Front Desk (Access)

Improved Risk Stratification

Improved Preventative Medicine/Documentation

Providers get more done in a day

Patients seem happier, healthier,

Patient Care costs less (Preliminary Data)

We all think that we are the best at what we do (in our own little silos)

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We then get the data about ourselves ..

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Then we say the data is corrupt

↓

Then we generate our own data

↓

The system must be flawed

↓

Then there is reality

We may be great at *any* given time but not at *every* given time.

90% x 90% x 90% x 90% x 90% x 90% x 90% x 90% x 90% =38.7%

Share challenges and opportunities for improvement

- While innovation is great, it is a slow process.

- We often do not know what we don't know!

- Plans need to be developed sooner so that they can fit the development cycle of the venders and the practices. (All focus of vendors on MU2, Direct, HIE)

- Retraining staff to function in new roles and skill sets that have not been traditionally found in small practice sites.

Discuss positive outcomes that have been attained by participating in the CPC initiative

- The collaboration among team members to get information into the system in usable format as well as the discussion of quality and quality measures.

- CPC has given me the financial resources to be able to add staffing, case management and additional tools.

- Have also been able to slow down the physicians and given them longer visits to be able to provide more comprehensive care to our patients, while maintaining their overall salary structure

- I have been able to add, technical hardware also to be able to do better population management.

Share challenges and opportunities for improvement

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- There are many technical challenges that are beyond our control that drastically reduce our efficiency

- Being in a cliff region between two RHIO's the ability to have liquid data will likely require 2 interfaces at the RHIO level. This may be the only way to be able to have transition of care data available.

- Need to develop the medical neighborhood. (Our local hospital is developing a clinical integration tool with population management to help align the local physicians.)