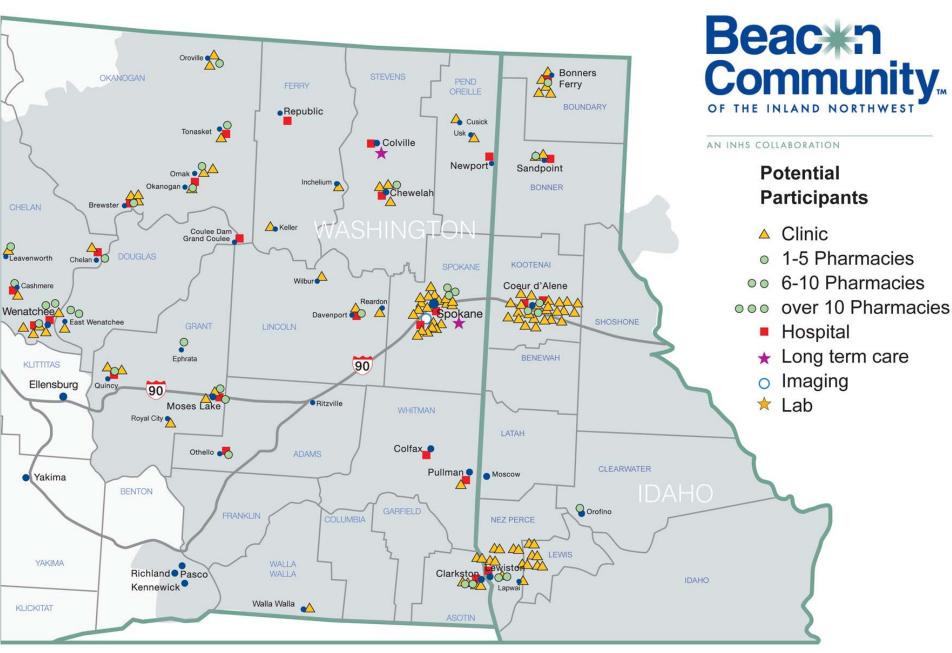


Delivery System Reform Enabled by Health IT

Jac Davies, MS, MPH
Director, Beacon Community of the Inland Northwest
June 27, 2011



Shaded area represents Spokane Referral Region as defined by Dartmouth Atlas

Value-Based Purchasing

- Multiple models being tested by public and private sector payers
 - Global Payments
 - Accountable Care Organizations
 - Bundled Payments
 - Medical Homes
 - Gainsharing
 - Adjustments for Readmissions or Hospital Acquired Conditions
 - Pay for Performance



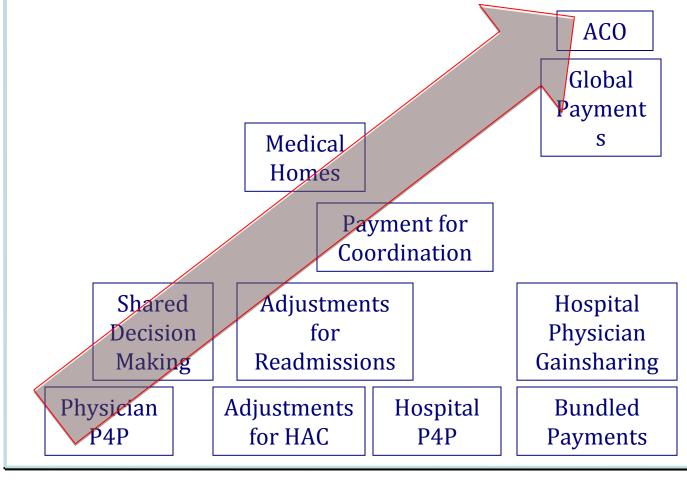
Common Elements

- Use of performance measures and other patient population information to
 - Calculate payment
 - Assess quality and efficiency of care
 - Identify any negative consequences
- Population-based health care
 - Tracking needs and assuring delivery of care proactively across an entire patient population
 - Includes care delivered outside of individual facilities

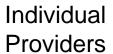


Comparing Payment Models

Broad Population Health Goals and Measures



Specific Performance Goals and Measures



Groups

Multiple Organizations



Comparing Technology Needs

Broad
Population
Health Goals
and
Measures

Medical Homes

Payment for Coordination

Adjustments for Readmissions

Adjustments for HAC

Hospital P4P Global Payment

S

ACO

Hospital Physician Gainsharing

Bundled Payments

Specific Performance Goals and Measures

> Practice-Level Basic FMRs

Physician

P4P

Shared

Decision

Making

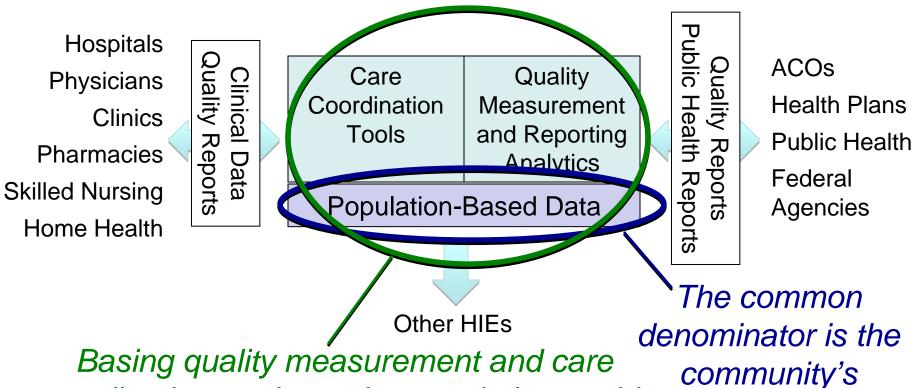
Shared Higher Level
 EMRs (with CC and QM)

HIE with Partners

 Population-Based HIE, CC and QM



Role of Community Organizations



Basing quality measurement and care coordination on the entire population avoids "silo-ization" of data, assures true comparability in measures, and protects patients who change Beacen jobs, insurers, or providers.

population.

Thank You

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