



# **A Tale of Two Realities**

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**GEISINGER**  
REDEFINING BOUNDARIES™

# Two Realities

1. Increasing demand for **reportable** quality
2. Decreasing reimbursement (per unit of quality care provided)

# Necessity of HIT

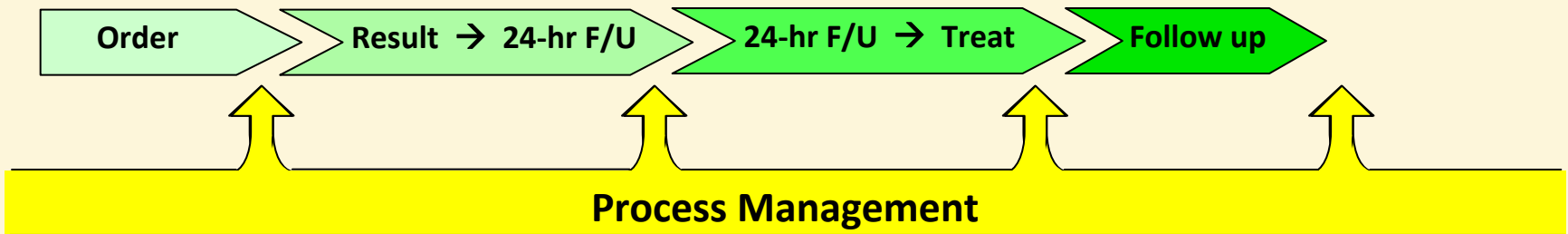
“... the maximum number of these *[process-improvement]* tools that can be successfully implemented at a single hospital without computer support is three or four. If a facility tries to exceed that number, the costs and organizational challenges swamp the benefits. But after a hospital has the basic technology in place to implement the computerized tools, a very large number can be successfully implemented with little or no additional cost *[including cognitive overload]*.”

# Health IT

- Necessary
- Not sufficient
  - Focused on tasks, not care processes.

# Task versus Process Focus

**Order** (?)

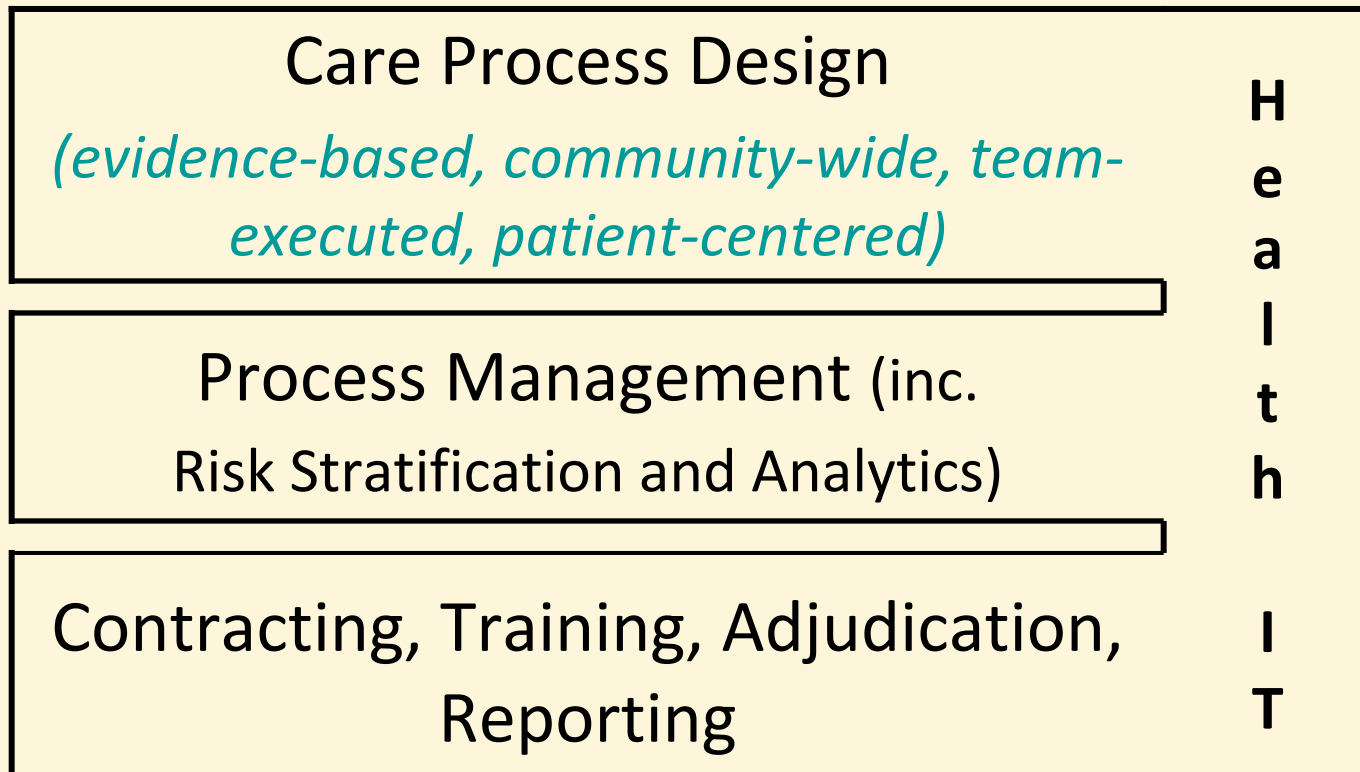


# Health IT

- Necessary.
- Not sufficient.
  - Focused on tasks, not care processes
  - Focused on individuals, not teams



# Accountable Care Needs





# Accountable Care Community

A community of healthcare providers, patients, and consumers who share accountability for

- High-value\* care processes,
- Care-process management,
- Performance measurement, and
- Performance-based payment.

\*High-quality, low-cost, highly satisfying

# High-Value Care Processes

- Acute Conditions
- Primary-care Medical Home
- Automated Flu Vaccination invitation
  - 56 >> 71% uptake (first year)
- Keystone Beacon Community

# HIT for Coordinated, Accountable Care

