

Fifth National ACO Summit

Friday, June 20, 2014

Track Seven

9:00–10:30

AM

Coordinating Care for High-Risk and Vulnerable Populations

Neil Calman, MD, ABFP, FAAFP, President, Chief Executive Officer and Co-founder, Institute for Family Health; Chair, Department of Family Medicine and Community Health, Icahn School of Medicine at Mount Sinai (*Moderator*)

1. **Steve C. Montamat, MD**, Medical Director, CoPartner Care Coordination, St. Luke's Health System
2. **Kelly Hall**, Senior Vice President, Catalyze, Health Leads; Former Vice President, Network Development, Partners Community Healthcare
3. **David Wennberg, MD, MPH**, Chief Executive Officer, Northern New England Accountable Care Collaborative, Adjunct Associate Professor of The Dartmouth Institute and of Medicine
4. **Marcus Zachary, MS, DO**, Medical Director, Quality and Population, Brown and Toland Physicians

Panel Overview

One of the biggest challenges for ACOs is managing the individual and population health for all patients, particularly those that disproportionately account for a major of costs and procedures. These high-risk and vulnerable individuals can pose a number of significant challenges for ACOs, including multiple chronic diseases, co-morbidities, behavioral health issues, and many other health and social factors, some of which may be beyond the scope of traditional patient care. Effectively caring for these patients may require developing new care models or supports to target clinical and social intervention that simultaneously control costs and improve quality. While this population represents significant opportunity for improving the value of care, the investment required to properly manage and coordinate care can be daunting for many ACOs. This panel will discuss strategies for coordinating the care of high-risk and vulnerable populations and lessons learned in more effectively managing population health. Panelists will share how their organizations have approached these challenges through clinical transformation and care redesign and potential next steps in continuing their efforts.

Core Questions

- How have organizations approached the clinical transformation required to manage high-risk and vulnerable populations?
- What specific interventions have yielded the greatest impact?
- What major investments were needed to support care transformation?
- What have been the clinical and financial results of increasing care coordination for these patients?
- How has the implementation of new clinical care models for high-risk patients affected the rest of the health care system, including care for other patient segments?
- What are potential next steps for continuing to improve care coordination?