



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]*.”

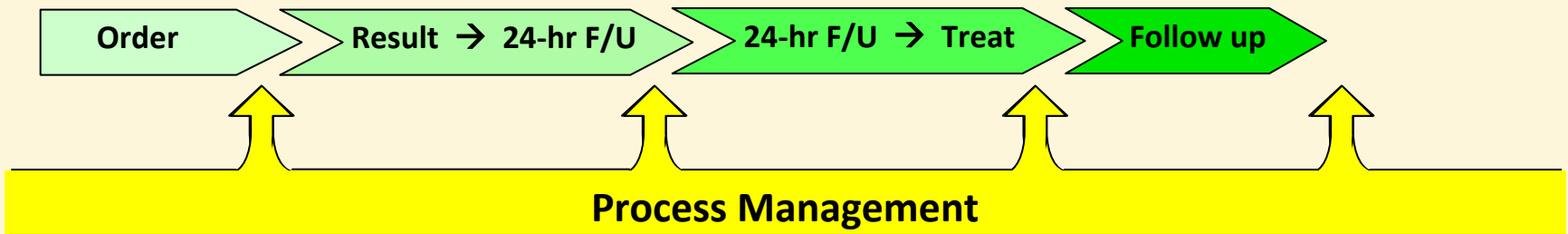
Health IT

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

Task versus Process Focus

Order

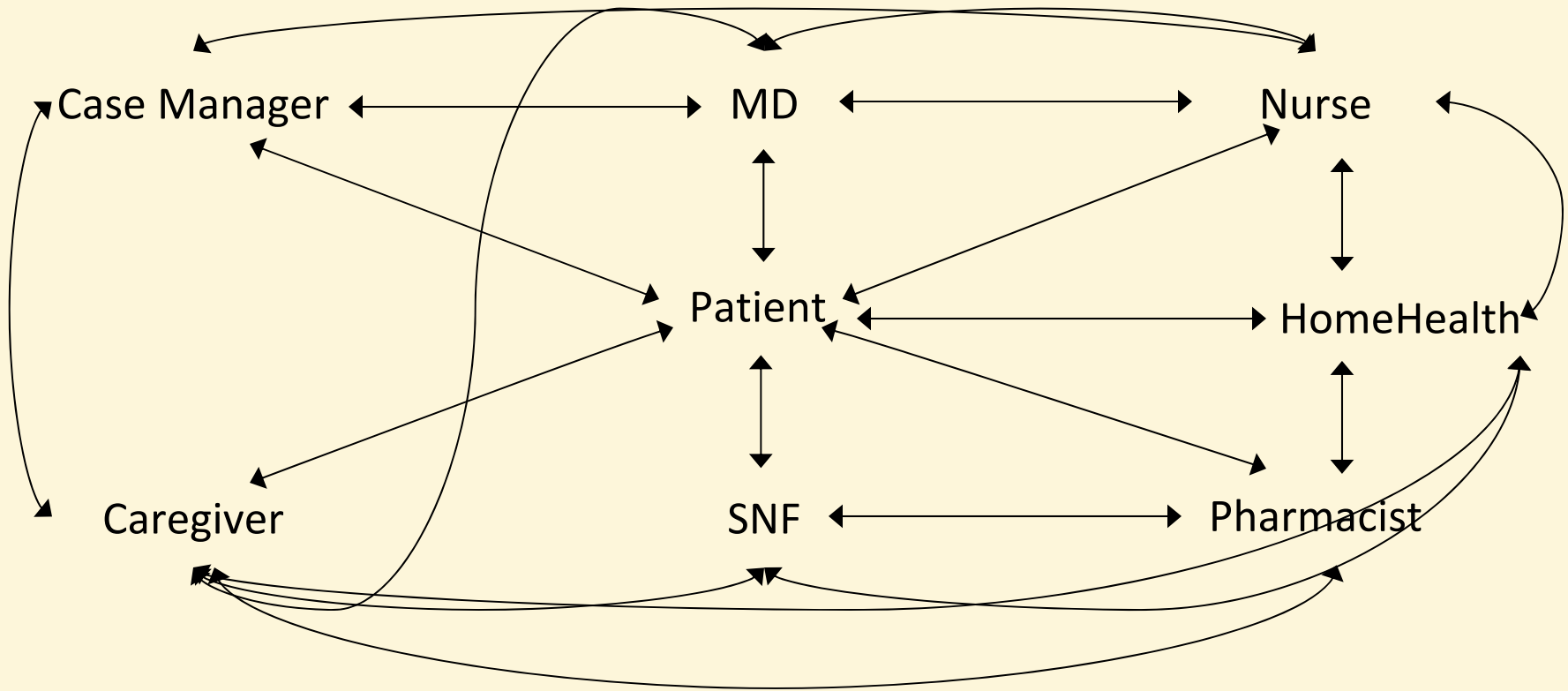
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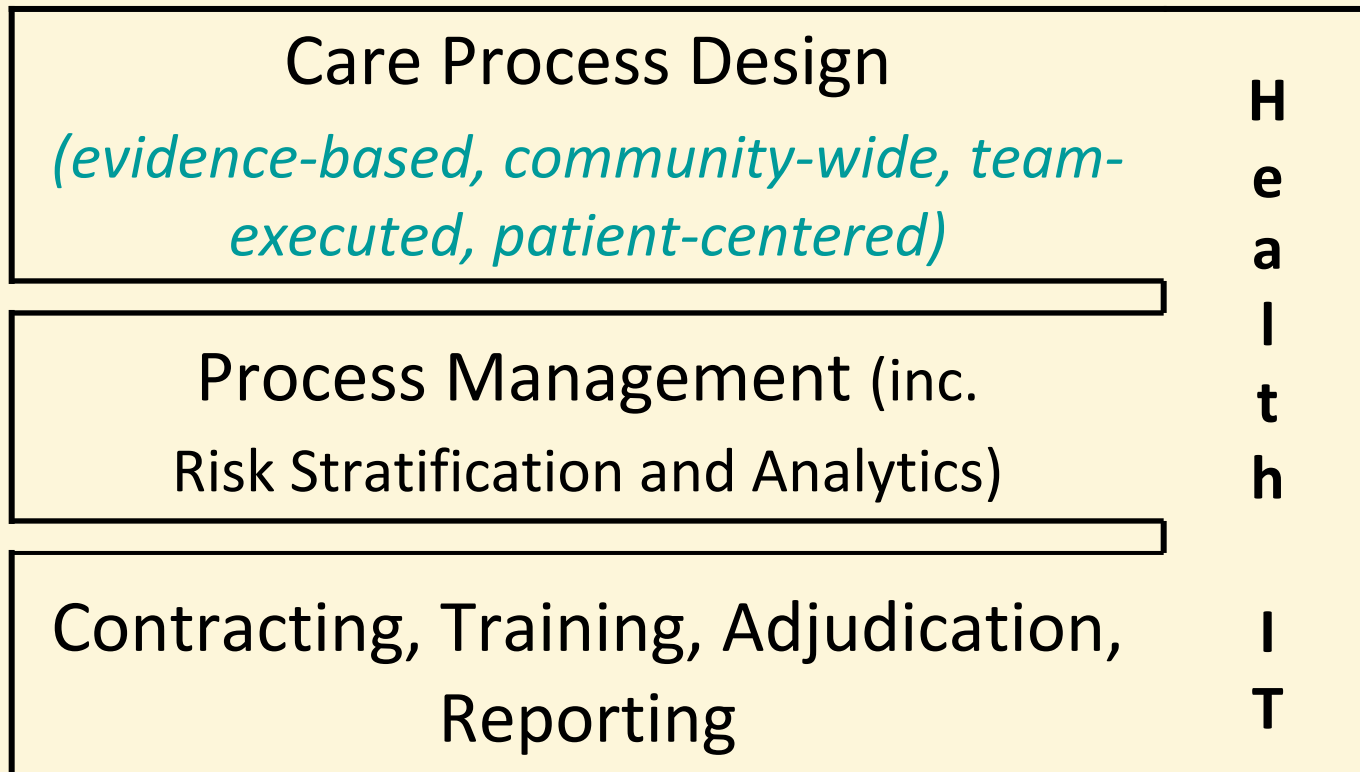
Health IT

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

Healthcare Team



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

2011 Remote Accountable Care

2010 Keystone Beacon Community

2007 Inpatient EHR

*PGP Demo, Medical Home

2006 Geisinger Care Coordination*

2005 Keystone HIE

2004 Integrated Process & IT Optimization

2002 Regional outreach IT

2001 Networked PHR

1995 Outpatient EHR