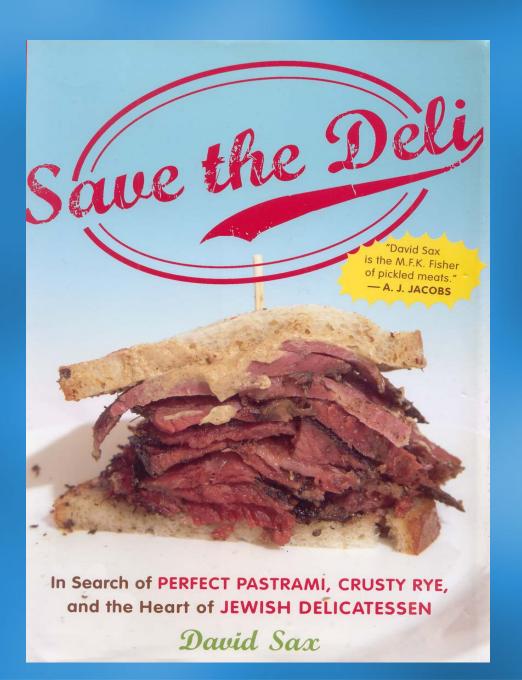
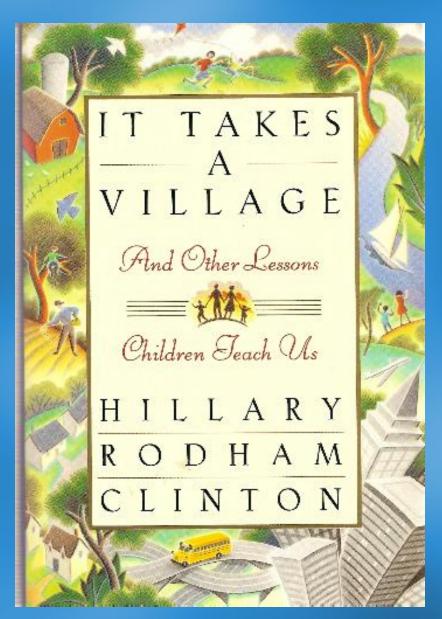
Pay For Performance
National Summit
March 2010

It Takes A Village to Raise Your...Scores

Bart Wald MD, MBA Regional Medical Director HealthCare Partners Medical Group

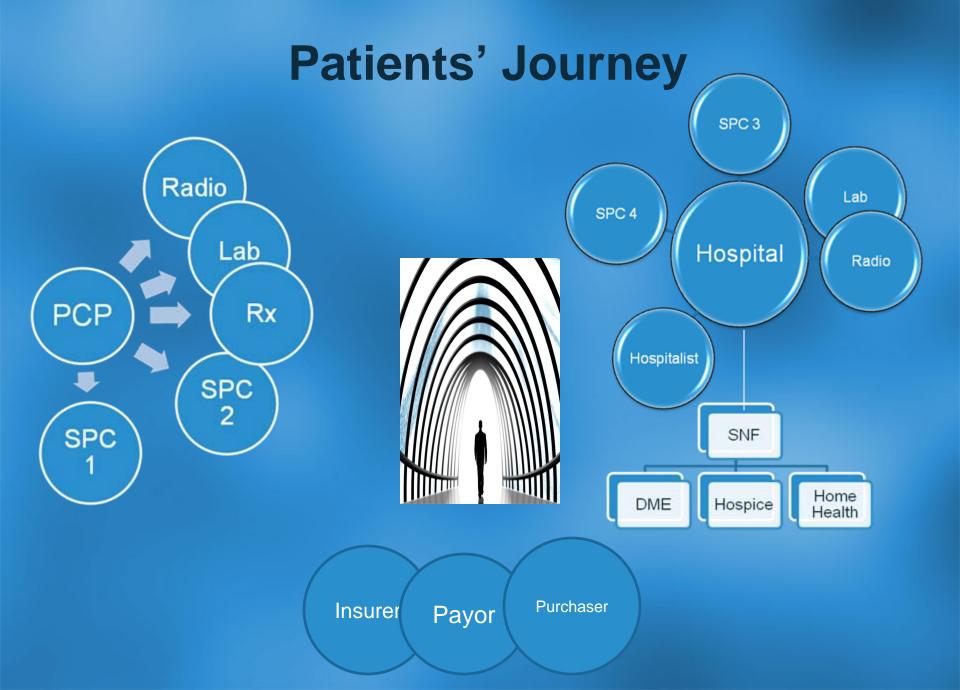
Stuart Levine MD, MHA
Corporate Medical Director
HealthCare Partners Medical Group





Agenda

- 1. Why a Village? What CAN we learn from the book?
- 2. What Our "Village" Looks Like
- 3. Who gets the best scores and what does their Village look like?
- 4. Examples of Collaborative Village building
- 5. HCP's Village
- 6. Barriers to Healthy Villages
- 7. Does P4P encourage Village building?
- 8. The Next Frontier



Our Best and Brightest



Blocking & Tackling



We've Strengthened Our Homes



Are We Building A Village?



Pillars or Silos?





Collaboration



What about...

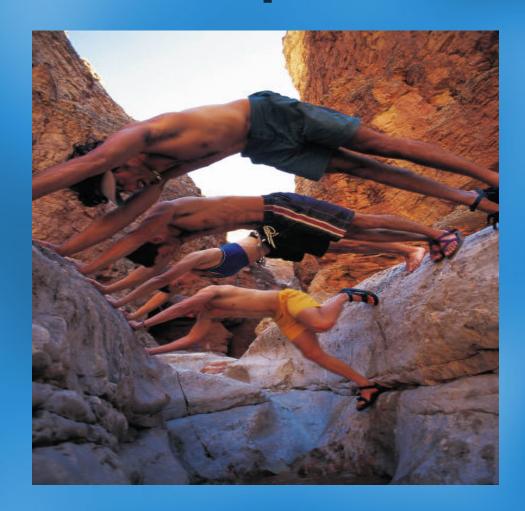




Health Plans & Hospitals?

Barriers & Gaps





Barriers to a Healthy Village

- Mission and Vision
- Fairness and Equity of the Compact between Partners
- Unwillingness to Invest- financial and people resources
- ROI
- Adequate Ego Strength
- Organizational narcissism
- Fear of Failure

Examples of Collaborative Village Building

 Organizational Mission and Vision- Are we about Quality and Devotion of Resources?

Is there a Maven/Connector to Spread Best Practices?

- Alliances and Collaboration
- Commitment
- Breaking Down Organizational Barriers
- Innovation and Sharing
- Empowerment

Examples of Collaborative Village Building

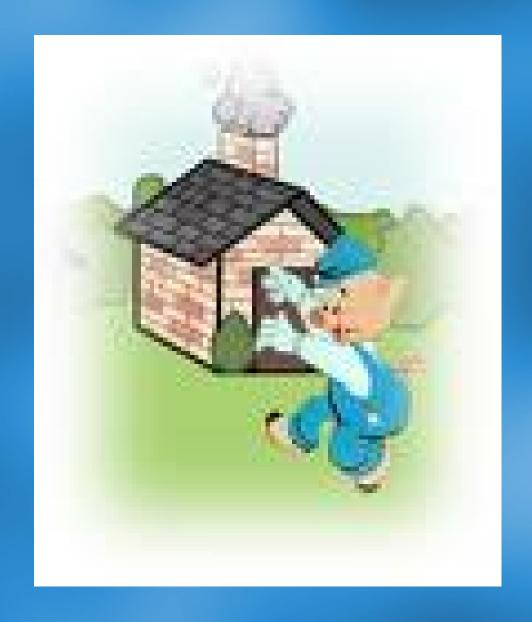
- Cross organizational collaboration
- Sharing of best practice vs. competition or both
- SCAN coming back from adversity
 - Collaboration
 - Plans and Group
 - Groups and Groups
- HealthCare Partners and collaboration with other groups
 - Collaboration to improve quality of care
 - Opportunities for growth and mergers by building trust through collaboration



Examples of Collaborative Village Building

Maven/Connector

- Cross Pollination of Medical Group Best Practices
- Add more Scan cross pollination and HCP cross pollination to improve community relations and possibilities for HCP merger.
- Support from Payors in a Collaborative Fashion
- Improve quality- Can QI not be competitive?
- Continuing Medical Education initiatives and how to make those Learnings REAL
- Win-win goals for all participants
- Working with medical groups based on leadership, systems and outcomes to insure success and buy in



What our Village Looks Like



The Little Things Matter

Difference between winning and losing....

- Train, test and set clear expectations
- Reward individual and group innovation
- Relationship building
- Team building
- Delegate and monitor
- Share and incent best practice
- Don't fear failure- celebrate success
- Must have fun to succeed

Patient Outreach

- 1. Open sites on Saturdays
- 2. Easy 'drop' stations in sites
- 3. Do tests 'today'
- 4. Screen the schedule daily for P4P opportunities
- 5. Involve radiology schedule mammography
- 6. Laboratory timely date
- 7. Send thank you notes to patients
- 8. Make it easy

Does P4P Encourage Village Building?

- The Scoring System- who wins?
 - top 20%
 - What happens to the bottom 20%
 - pass/fail
- Hospitals Partnerships- How will ACO's help us?
 - System connectivity
 - CEO Support
 - Misaligned incentives

Assemble the 'medical' community to share a common goal

The ACO

Health Reform

National

State of California- 1115 Waiver

Barriers to a Healthy Village

- Ego strength
- Mission and Vision
- Unwillingness to Invest- financial and people resources
- Fear of Failure
- ROI
- Organizational narcissism
- Fairness and Equity of the Compact between Partners

Remember



Does P4P Encourage Village Building?

Vested Interest Groups Trying to Work Collaboratively

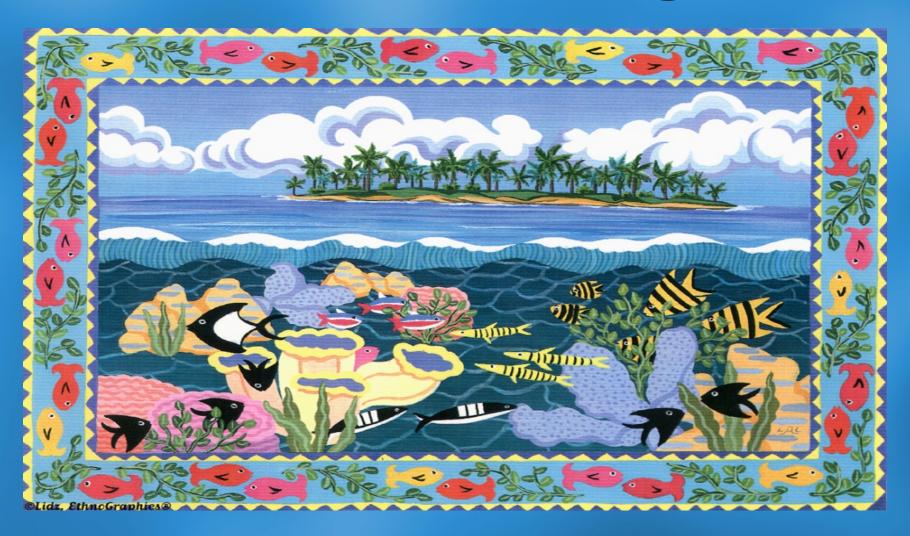
- PBGH Quality and price
- Health plan Data and quality of care
 - Delivering Value to the Employer
- Group Delivery of Quality Patient Care
 - Pride of ownership
 - Data Collection

Is A Village the Best Model?

"The ACO Villas"



Better than a Village?





There is no place like home......Welcome to Oz