

an accountable care organization



Perspectives From An ACO CEO

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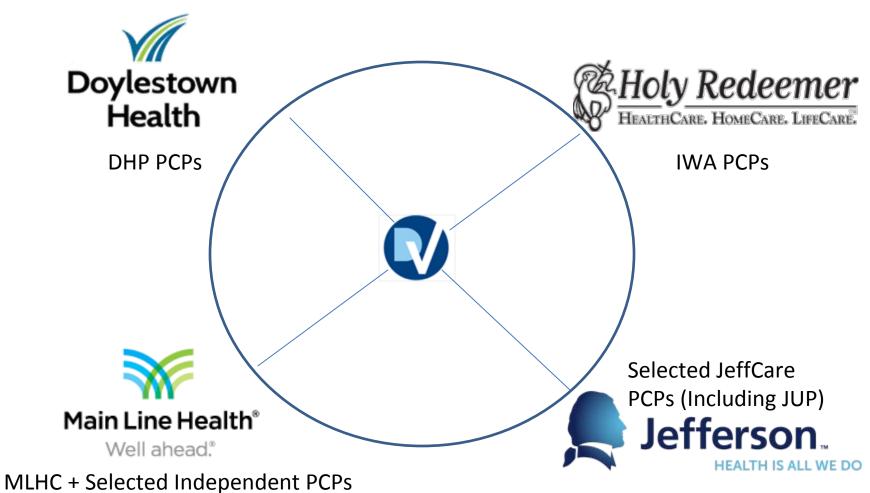


The Most Important Point



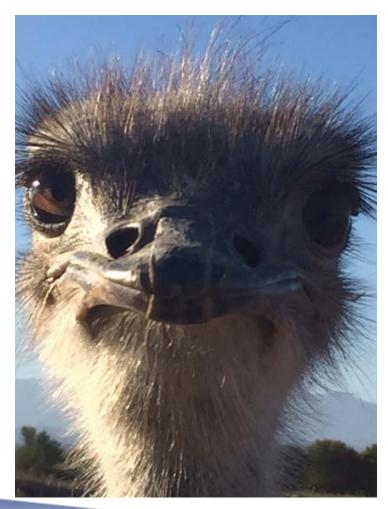
DVACO is NOT in Delaware!

DVACO as a "Super-CIN" or "Super-ACO" *** Standardization is Critical! ***

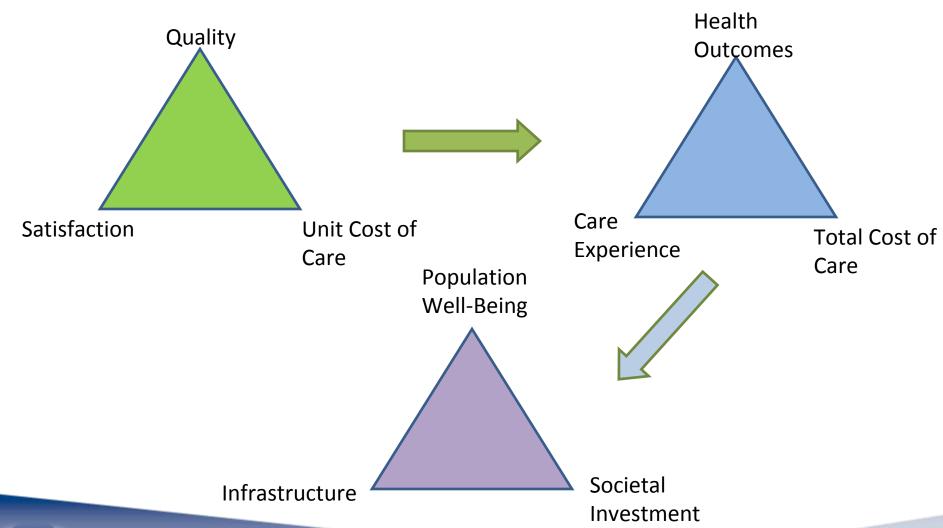




No sand here!

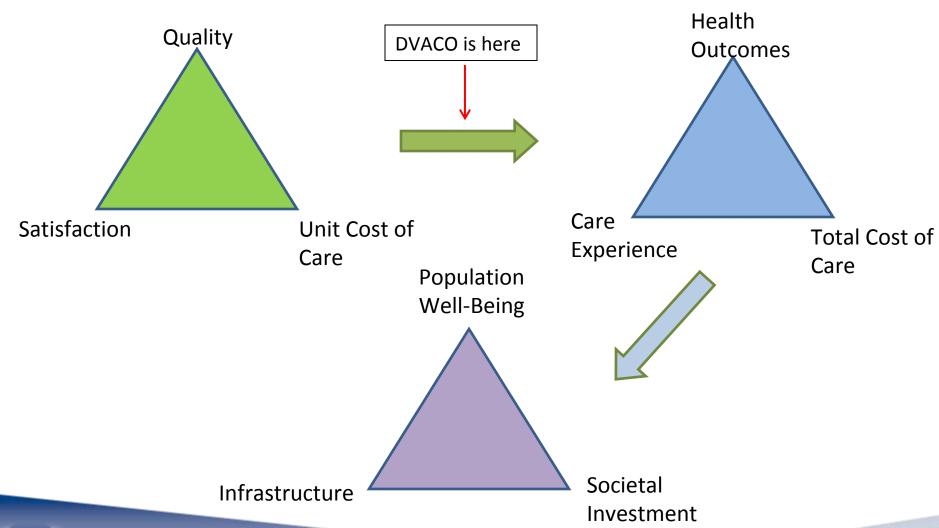


Part 1: A is for Accountable





A is for Accountable





Metrics

Provider-centric

- Care gaps
- Readmissions
- Visits/Episodes/Bundles

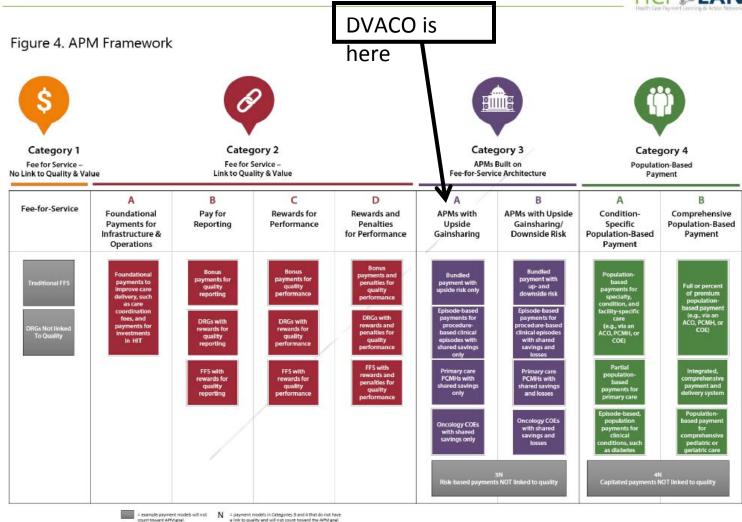
Population-centric

- Morbidity
- Avoidable Hospitalizations (PQI)
- "The Big Bundle"

Overutilization and waste reduction – reframe as safety and patient centeredness







For Public Release



Risk comes in many forms









How I think about risk

- Operational Risk
- Investment Risk
- Business Risk (market forces)
- "Pricing" risk our network vs. everything else
- "Insurance" risk including "my patients are sicker"
- o "Performance" risk



Part 2: C is for Care

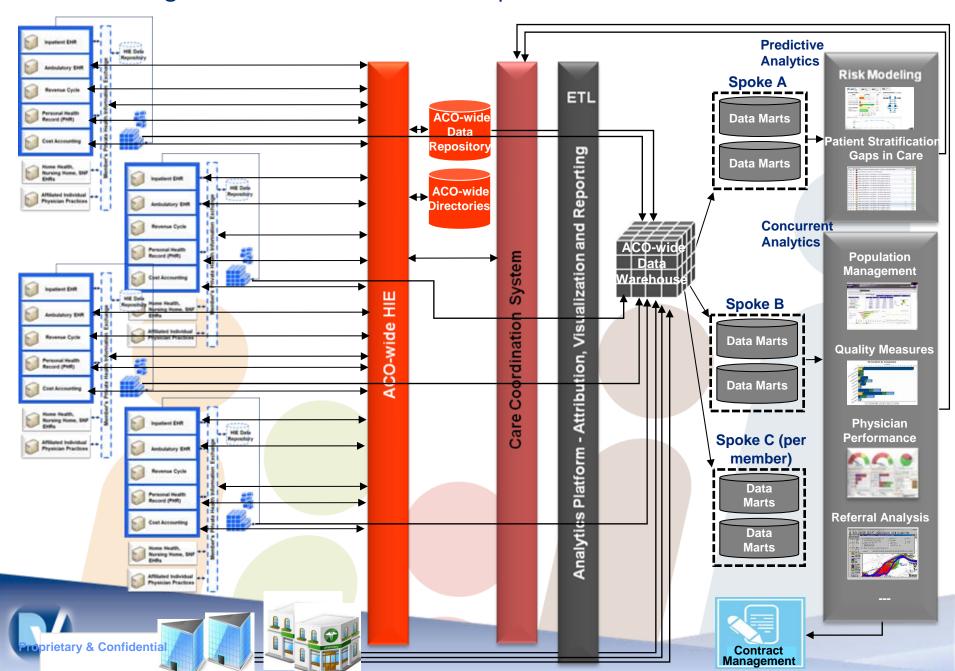
- o It's about the C!
- Incentives alone are insufficient to drive change
- Incrementalism versus transformation versus disruption
- Provider-centric variation versus patientcentric variation

Where does technology fit in?





Members' fragmented IT environments complicate the FFV IT architecture

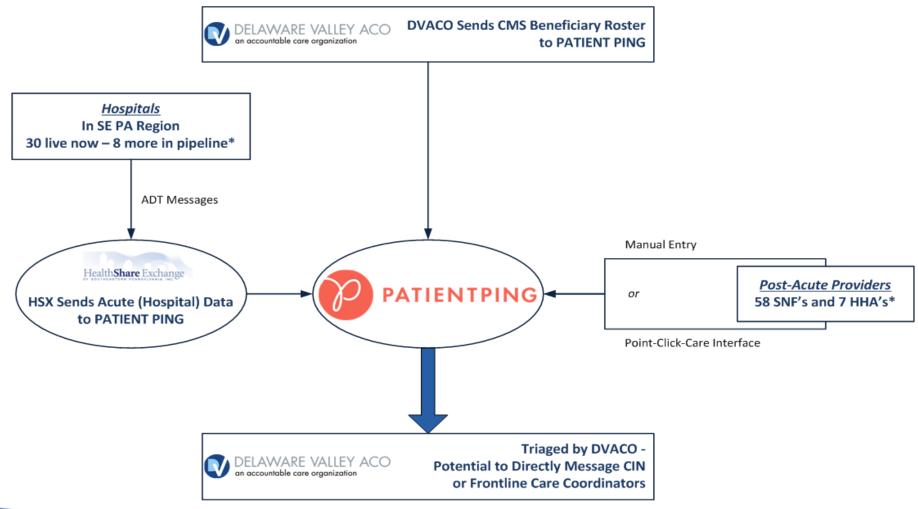


Population Health IT

- DVACO lives in a complex rapidly evolving IT ecosystem
- Not the quick fix for interoperability mess
- Underlying systems/workflows must be configured to support fee for value (from fee for service)
- Take "speed to value" approach
- Small data (boring) >> big data (cool)
- Analytics (risk stratification, risk adjusted cost, care gaps) and care coordination workflow
- Patient Engagement is not an App



ADT Data Flow to the DVACO







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Engagement – what is it?











A Patient Centric View of Health Engagement

Public Health

Health System

Family Physician

Employer

Wellness Vendor

Insurer/TPA



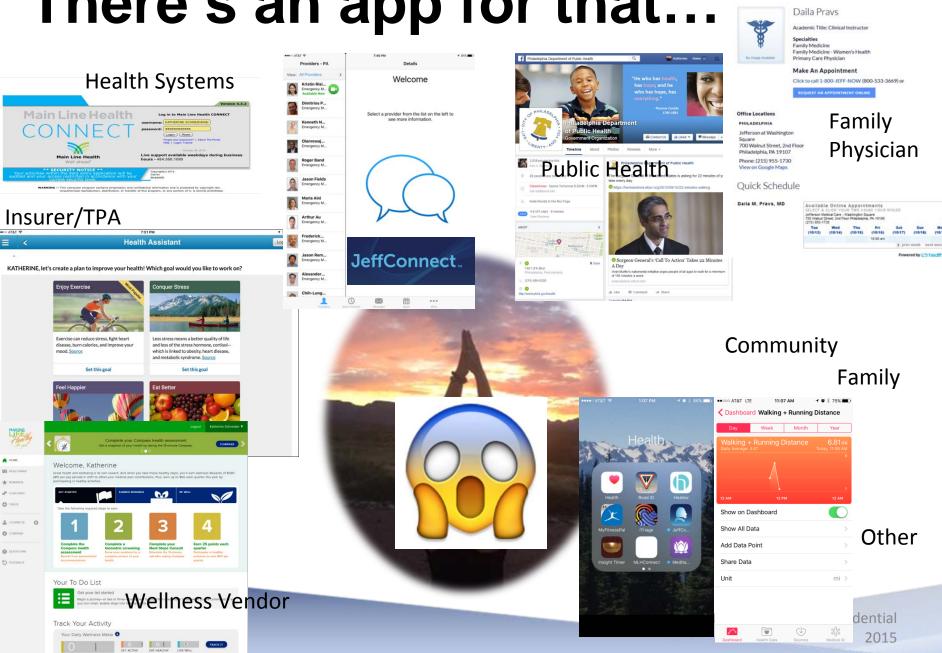
Community

Family

Other



There's an app for that.



Physician Profile

Disengagement!







Me and my husband when we received our "care gap reminder" snail mail from prior insurer





Part 3: O is for Organization

- o It's about the C!
- ACO as a side project will not succeed
- The who/where is less important than the how/what/why
- Sustainable change in population health will be difficult to do within any single silo
- Health Delivery + Public Health (again!)
- Business model to support mission



Thank you for improving the health of the communities you serve





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