

Carl Philipp Gottfried von Clausewitz

Prussian Cavalry Officer
1792 to 1831



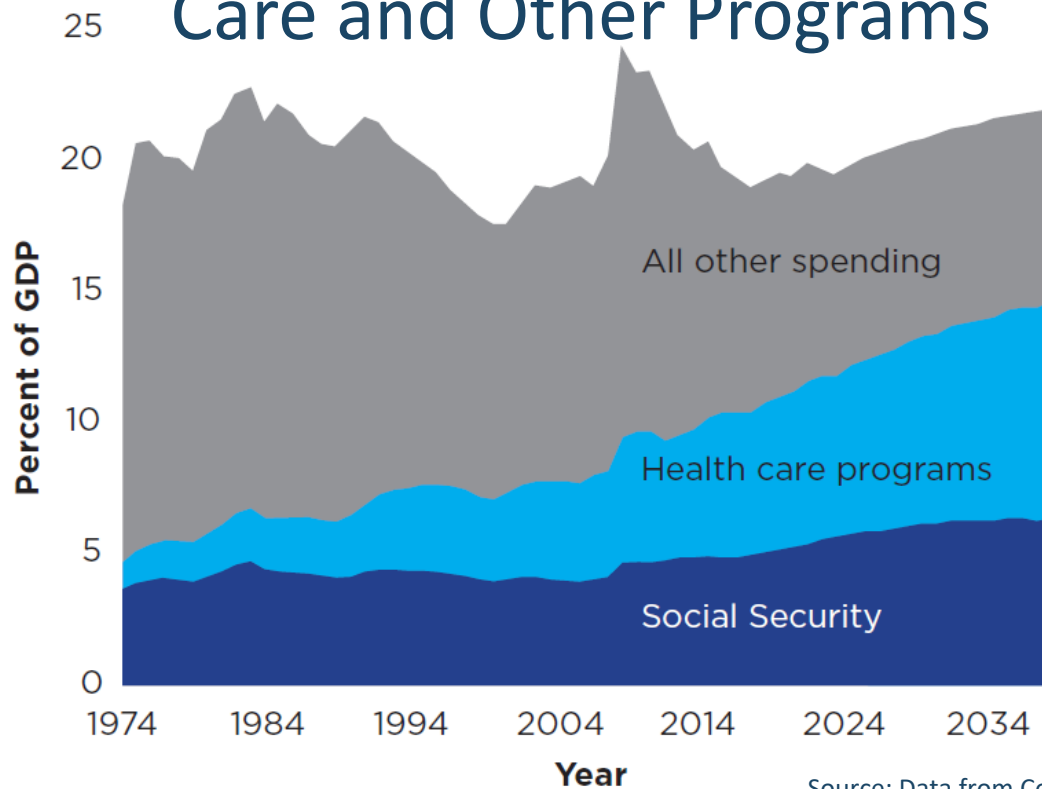
“The fog of war”

-Carl Philipp Gottfried von Clausewitz

**WE GAIN PERSPECTIVE
BY GETTING HIGHER**

**WE ARE 25 YEARS
INTO A 40-YEAR
HEALTH CARE TRANSFORMATION**

Historical and Projected Federal Spending: Health Care and Other Programs



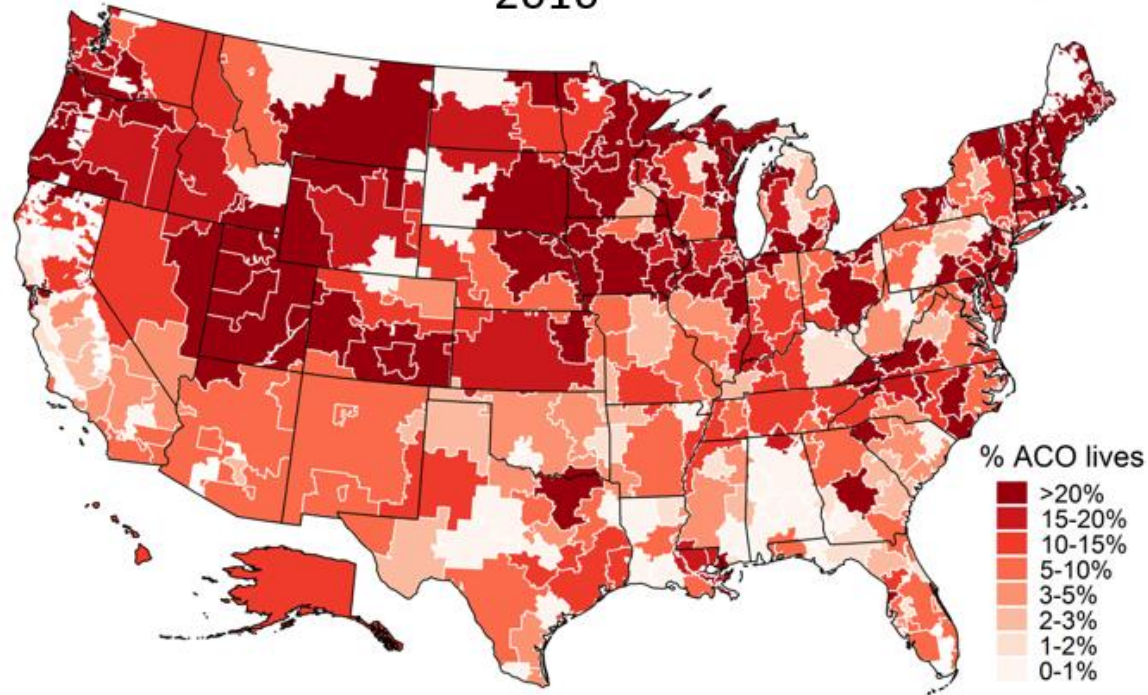
Source: Data from Congressional Budget Office

**LOSING COMPASSION IS
UNACCEPTABLE
BUT, SO IS
LOSING U.S. ECONOMIC LEADERSHIP**

UNIQUELY AMERICAN HEALTH CARE SYSTEM

ACO Penetration of lives over time

Estimated ACO Penetration by Hospital Referral Region
2016



Source: *Leavitt Partners Center for Accountable Care Intelligence*

“This administration and this President are **not interested in incremental steps**. We are unafraid of **disrupting** existing arrangements...”

- Secretary Azar

“It will require some degree of **federal intervention** — perhaps even an **uncomfortable** degree. That may sound surprising coming from an administration that deeply believes in the power of markets and competition.”

- Secretary Azar

“There is **no turning back** to an unsustainable system that pays for procedures rather than value. In fact, the **only option is to charge forward** — for HHS to take bolder action, and for providers and payers to join with us.”

– Secretary Azar

A Journey to Competency



SOCCER ACADEMIES



OVER 100 SOCCER COMPETENCIES

13. Always keep yourself between your opponent and your own goal.

32. The goalkeeper must command his/her area.

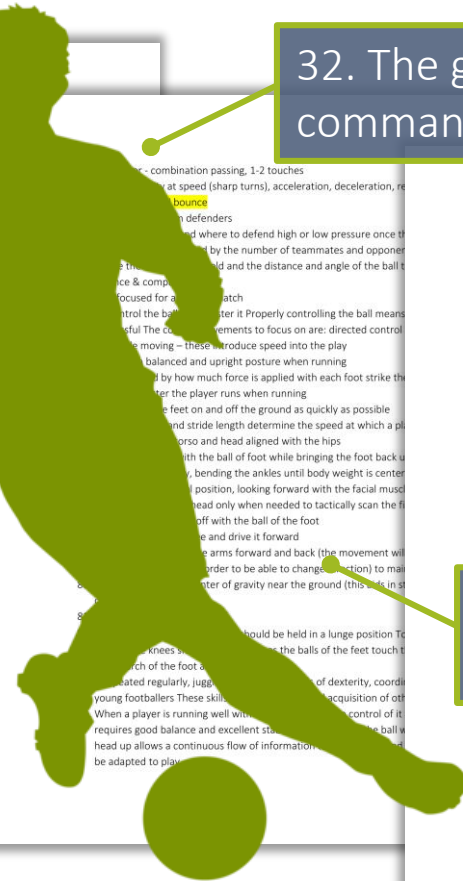
- Run to meet the ball, don't wait for it to come to you
- Don't let the ball go past without controlling it, otherwise an opponent will
- Be encouraged to dribble against an opponent (depending on the situation)
- Play in a sensible, simple, useful manner This is the most difficult thing to do
- 13. Always keep yourself between your opponent and your own goal.**
- Always watch your opponent and the ball
- Try to counter the opponents' attacking build-up as soon as possible
- Don't give your opponent space, slow your opponent down when they are attacking (shutting down)
- Slow an attack down (shutting down)
- Try to get to the ball before your opponent, or otherwise hinder him/her
- Contest all balls
- Mark your opponent on the side of the ball, in other words the side that is most dangerous
- When a high ball comes in, jump a moment earlier than your opponent
- Do not dribble in your own penalty area
- Avoid cross-pitch passes from the outside to the inside
- Play on the outside along the touchline
- Don't hit the ball randomly, build an attack from the back
- If you lose the ball, strive to recover it
- Avoid ineffective tackles, don't throw yourself at an opponent who is not attacking
- Never turn your back on an attacker
- Push your opponent towards the touchline
- Carry the ball far away from your own goal

89. Deceiving an opponent (the concept of the feint) through dribbling.

104. Defense starts as soon as the ball is lost.

- A good defender never gives up
- The goalkeeper must command his/her area
- Receiving the ball with multiple surfaces of both feet
- Teammates and find a team with passing lanes
- Change direction with the ball, turning, cutting, lifting
- Use feints to pass the opponent
- Control the ball while changing direction
- Build comfort with the ball on both feet
- Try different types of passing
- Look for my teammates and find a team with passing lanes
- Changing speed with the ball, juggling, juggling
- Use feints and tricks to pass the opponent
- Shoot with power and accuracy
- Shoot with accuracy
- 44. Understand all technical aspects of passing and execution**
- Receiving the ball with multiple surfaces of each foot, and
- Master different types of passing - short & long, on the ground
- Use feints and tricks to pass the opponent
- Pass and shoot while changing direction
- Factors are endurance, change of motion flexibility, rhythm execution
- There is an increased responsibility, sensitivity, awareness of his/her position
- Recognize simple team shapes as triangles and diamonds
- Identify the opponents and relate with teammates to attack or defend
- With the ball choosing to dribble or passing
- Running without the ball create different passing lines
- 1st defender - pressure and delay, 2nd defender - cover
- Understand the principles of attack - width (open up), depth (support)
- Ball runs, be the solution), penetration and finishing
- Understand basic principles of defense - pressure, cover and balance
- Initiate zonal and inter zonal relationships - defenders, midfielders and forwards
- Understand the individual principles of play - progression, commitment

- Use possession to play from the back and create opportunities to score
- Understand basic principles of defense - pressure, cover and balance
- Train the capacity of rational decision occupation - swap position, role



combination passing, 1-2 touches
at speed (sharp turns), acceleration, deceleration, re
bounce
defenders
and where to defend high or low pressure once the
by the number of teammates and opponent
and the distance and angle of the ball
& control
the ball
Properly controlling the ball means
to focus on are: directed control
these produce speed into the play
balanced and upright posture when running
by how much force is applied with each foot strike the
the player runs when running
feet on and off the ground as quickly as possible
and stride length determine the speed at which a player
torso and head aligned with the hips
with the ball of foot while bringing the foot back u
bending the ankles until body weight is centered
position, looking forward with the facial muscle
head only when needed to tactically scan the fi
off with the ball of the foot
and drive it forward
the arms forward and back (the movement will
order to be able to change direction) to main
center of gravity near the ground (this helps in s

should be held in a lunge position to
the balls of the feet touch
of the foot
regularly, juggling, of dexterity, coordin
young footballers These skills are the acquisition of ot
When a player is running well with the ball, the control of it
requires good balance and excellent status. The ball
head up allows a continuous flow of information
be adapted to play

- Dribbling allows the player in possession of the ball to eliminate one or more opponents
- Making a maneuver and taking individual risks through dribbling
- Setting up a team move through dribbling
- Gaining time to allow support from team-mates through dribbling
- 89. Deceiving an opponent (the concept of the feint) through dribbling**
- Keep possession of the ball through passing
- Set up attacks through passing
- Change the direction of play through passing
- Counter-attack through passing
- Provide a decisive or final pass
- Headers can be associated with mastery of the ball (juggling and control) and passing/shooting the ball
- Heading is an essential skill for defending and marking
- Dispossessing an individual opponent of the ball
- Winning the ball when it is in the possession of the opposing team (interception)
- Challenging an opponent for the ball within the limits allowed by the Laws of the Game (defensive duel)
- It is essential for a player to learn not to throw him/herself into a tackle and to defend standing up
- All players must help their team-mates
- Everyone participates in attack
- Everyone participates in defense

QUANTIFYING COMPETENCIES

13. Run the 30-meter dash in under 4.5 seconds

32. Maintain the ball for 10 consecutive passes in 4 v. 1 game of keep-away

104. Jump 12 inches vertically

89. Juggle the ball 30 touches alternating feet without it touching the ground



LA MASIA







14 YEARS LATER...





A Journey to Success in a Value Based Payment World

**BIGGEST RATE LIMITER – PROVIDER
READINESS**

OVER 150 IDENTIFIED COMPETENCIES

16. Designate a primary coordinator of care to assure continuity throughout the continuum of care

31. Develop ability to distribute shared savings and performance-based payments to providers



56. Align your organization's mission, vision, and strategy with value-based care and patient-centeredness objectives

127. Identify diagnoses and patients' health care and social support needs that both drive spending and are modifiable

55. Identify resources to support providers and health care professionals in other settings
56. **Align your organization's mission, vision, and strategy with value-based care and patient-centeredness objectives**
57. Align quality improvement initiatives with ethical obligations
58. Develop a culture focused on quality and low-cost care
59. Develop strategy for provider membership and participation
60. Set clear goals and strategies for the board and organization
61. Understand the unique cultural characteristics of the organization to provide high-value care
62. Advance board agenda from structure and bylaws to service and risk bearing/payer/employer contracts
63. Set cost, quality and risk migration targets for the organization
64. Separate fraud & abuse from waste
65. Create expectation of constant skill set review and raise performance consistent with organizational goals
66. Ensure that there is sufficient representation of community members, and patients through the organization
67. Collaborate and communicate frequently across the healthcare spectrum
68. Provide transparent cost, quality, and process information to patients and payers
69. Communicate with patients and incorporate their preferences into care
70. Understand the unique characteristics of the population to provide high-value care
71. Invest in and monitor leadership development program for clinical and administrative leaders
72. Educate network, and out-of-network, providers and payers on cost, quality, team-based care, and value of the organization
73. Develop strategy with overall organizational goals to address critical data generated outside of the organization's laboratories, PHI laboratories, and access to their own Medical Records
74. Enforce privacy and security risks
75. Assess and monitor IT strategy and infrastructure across the organization
76. Identify and integrate data sources needed for clinical care, population health, and research
77. Maintain integrity of data and information
78. Build appropriate staffing to maintain IT infrastructure
79. Develop health IT infrastructure necessary to ensure that information is shared in accordance with organizational strategy and plan for information security
80. Develop strategy and plan for information security
81. Develop strategy and plan for information security
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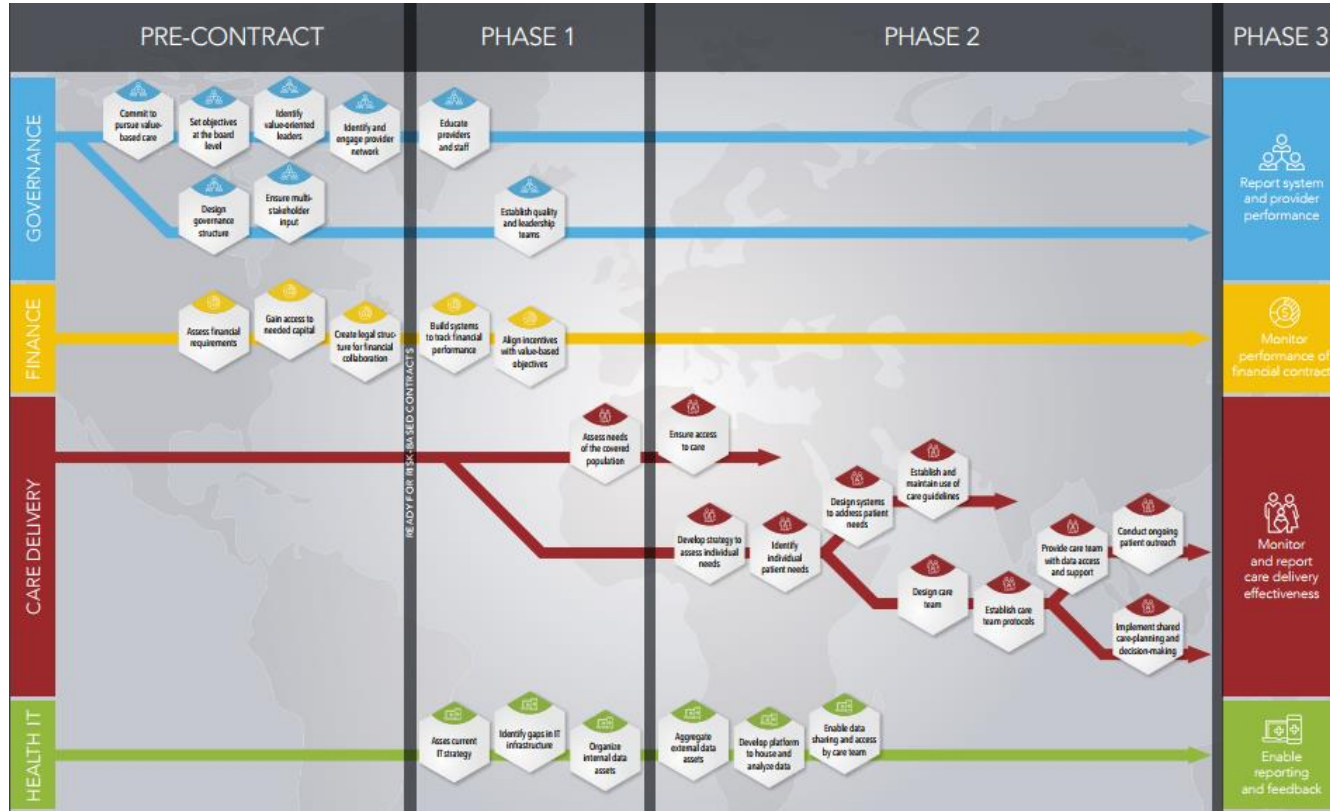
110. Establish formal policies related to patient rights and preferences
111. Incentivize attention to the patient's overall health care
112. Incorporate patients' values, preferences and expressed needs into care
113. Provide culturally competent care
114. Ensure that patients have secure access to their personal health information
115. Involve patients in all decisions relevant to their care
116. Ensure coordinated and seamless care for patients across settings
117. Develop relationships on behalf of patients with community organizations
118. Educate patients on wise use of health care services
119. Encourage and enable patients to carry out self-management and tools
120. Provide continuity of care in a way that organizes services across settings
121. Provide convenient and timely access to care based on patient needs
122. Provide patients with all relevant cost and coverage information
123. Develop a strategy, plan and timeline for patient risk management and care coordination
124. Identify the purpose and goals of patient risk assessment and incorporate multiple data types, including administrative data, patient-reported data
125. Identify opportunities for intervention that target modifiable patient needs and the organization's program
126. Adapt risk assessment models in response to patient needs
127. **Identify diagnoses and patients' health care and social support needs that both drive spending and are modifiable**
128. Develop risk assessment data sources
129. Utilize data available in the EMR
130. Evaluate factors that may be behavioral determinants of health
131. Create a user-friendly risk assessment tool
132. Provide role-based access to risk assessment data
133. Integrate patient risk data with other data sources
134. Support multiple levels of risk assessment
135. Identify the rising risk population
136. Enable user-defined varied diversities of populations
137. Allow segmentation by physician

138. Prioritize a patient-centered culture of improvement at the board, senior management and/or front-line leadership level
139. Commit to a transparent organizational communication strategy related to improvement efforts for all stakeholders
140. Require a culture of safety applicable to all who interact with the organization
141. Include the quality improvement program in the strategic plan of the organization, including representation in the budgeting process
142. Develop formal processes whereby interdisciplinary clinical and administrative teams integrate with one another
143. Ensure that management and clinical administration provide active oversight and are incented in the operational functions of the quality improvement program
144. Set meaningful and appropriate goals for your quality improvement efforts and monitor and communicate your progress towards achieving those goals
145. Select clinical and administrative champions that demonstrate a commitment to lead quality improvement efforts
146. Establish the organizational framework with the staff necessary to manage quality programs and support improvement activities
147. Develop organizational expertise in a specific and actionable improvement model
148. Encourage that primary, secondary, and care team members have responsibility for quality improvement



Accountable Care Atlas

ACCOUNTABLE CARE ATLAS



LEADERSHIP COHORT

1. What leadership and structural competencies are common among successful providers?
2. How executive decisions are made in prioritizing advancements?
3. How market contexts may influence these competencies and decisions?



VALUE-BASED READINESS ASSESSMENT



THE
Dartmouth
INSTITUTE

FOR HEALTH POLICY & CLINICAL PRACTICE



ACCOUNTABLE CARE
LEARNING COLLABORATIVE
AT WESTERN GOVERNORS UNIVERSITY

CASE STUDY BRIEFS (CSBS)

- Organization overview
- Background
- Approach
- Results
- Challenges with implementation
- Key Learnings
- Contact information



Designing Governance for Bottom-Up Innovation UT Southwestern's Approach

Domain: GOVERNANCE & CULTURE **Category:** CULTURE OF STAKEHOLDER ENGAGEMENT

Competency: GC.3.1 Engage physicians and clinician leaders throughout all levels of the organization to carry out and drive value-based objectives

BACKGROUND

In 2010, concerned about the sustainability of health care's economic structure, UT Southwestern's leadership (UTSW) organized an internal analysis of various approaches to financial and clinical transformation. The exercise informed a number of strategic imperatives for the system, including the need to grow its network of employed and independent primary care providers, to create greater efficiency by tracking true costs of care in every setting, and to appropriately expand its footprint through partnerships. Ultimately, these strategic objectives resulted in the formation of a new organization called Southwestern Health Resources, a partnership between UTSW and its employed faculty (~1,700 physicians), Texas Health Resources and its employed physician group (~600 physicians), and UT Southwestern Clinically Affiliated Physician Program (UTSCAP), a group of independent providers (~385 physicians), forming a clinically integrated network with which to approach accountable care and other value-based contracting.

About Southwestern Health Resources

The SWHR network of 31 hospitals and more than 350 outpatient facilities provides improved access to high-quality care for communities throughout North Texas.

Location: Dallas-Fort Worth and the Metroplex in North Texas; Managing patients across 9 counties

VBP Activity:

- Track 1 MSSP (~82,000 beneficiaries)
- Medicare Advantage (~31,000 beneficiaries)
- Risk-based commercial arrangements with UnitedHealthcare and Aetna (~110,000 members)

Note: In 2017 the ACO will be joining the NGACO model and adding a commercial contract with Cigna

Website: www.utswmedicine.org/health-pros/aco/

APPROACH

Like many organizations utilizing partnerships for accountable care, UTSW had to think about engaging physicians differently. To unify the various provider groups under common value-based objectives, UTSW created a governance structure with multiple mechanisms for meaningful frontline engagement. First, the ACO designed its governing board to have equal representation from all three of its physician group partners. The board is supported by physician-led committees that also have equal representation from all partners. The ACO then created a pod structure with 10 to 15 physicians organized by geographic region in self-governance, self-auditing groups. The multiple levels of governance, particularly the committees and pods, have been key to meaningful engagement throughout the organization. Through this structure, the ACO is able to empower its physicians with data, education, and most importantly, a meaningful seat at the table.

The ACO's pod structure has proven to be a valuable avenue for engagement in many ways. First, the pods create smaller, more tangible networks for motivation and support. For example, the ACO gives its physicians access to quality and cost outcomes data on all of their pod peers. Providers are also given pod-level transparency into the distribution of shared savings and other bonuses from the ACO's risk-based contracts, showing the amounts received and the reason. According to ACO leaders, this kind of peer pressure and sensitization has been valuable in driving higher engagement and higher performance.

Another positive but unexpected benefit of the pod structure has been its ability to facilitate bottom-up innovation. In the beginning, the ACO expected to reform all clinical care protocols and institute changes driven by the board and quality committee. However, the pods have been the primary source of practice transformation and also a system for meaningful frontline engagement. Since they were first established in 2013, the pods have produced a number of clinical care protocols, some of which have led to network-wide performance improvement initiatives. When a pod develops an idea for a new clinical protocol, the pod's selected physician representative takes the idea to the appropriate committees (e.g., Quality Performance, Utilization Review & Management, Credentialing, Network Adequacy), which then vets the proposal for the expanded use by other pods, even to potentially be instituted network-wide by the board. For example, one of these pod-driven ACO protocols asks that pod practices rotate offering extended hours at least three nights per week, allowing other pod physicians to refer patients to the open-late practice.

While the ACO's thoughtful governance structure has enabled physician engagement and enhanced participation in value-driven activities, UTSW has also implemented a number of strategies to directly engage and empower physicians. Its Quality Performance Program provides financial incentives for behavior change, independent of the ACO's risk-based contracts. In the first year, bonuses are tied to certain activities and process measures (e.g., installation of the EHR and having it functioning within 3 to 6 months, attending

HOW YOU CAN HELP

WE HAVE MORE TO DO

HOW YOU CAN HELP

**TEXT
YOUR NAME
YOUR EMAIL
TO: 201.783.3255**



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THANK YOU!
