

CLOSING THE LOOP IN HEALTHCARE

Partnerships to Reduce Readmissions

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Who and Why?

Stakeholders

- Population Managers
- Solution Providers

Business Drivers

- Readmission Penalties
- Shared Savings
- Bundled Payments
- Market Share, Survival

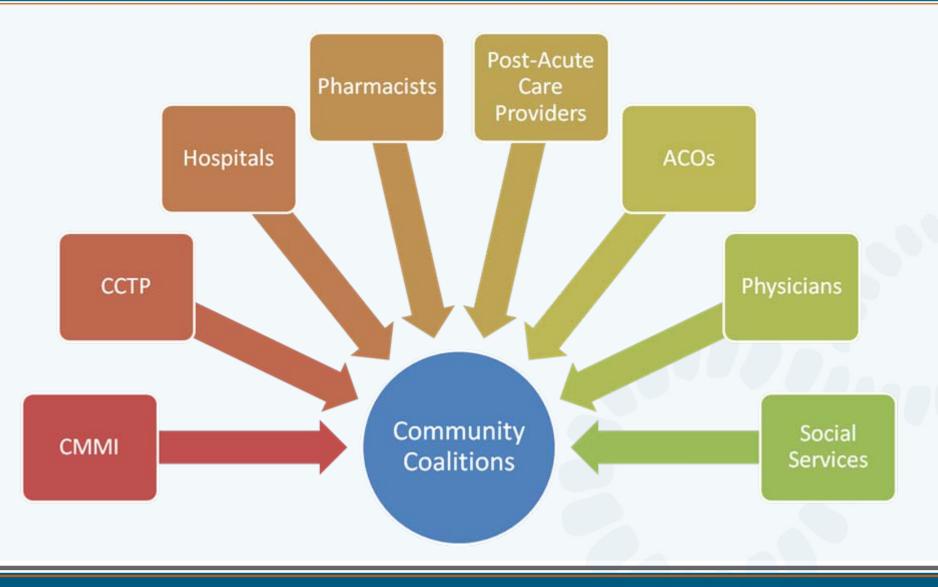


• Community-based Care Transitions Programs (CCTP)

- New CMS funding for care transition services
- Led by Community-based Organization
- 102 Projects around the country
- Coalitions include multiple competing hospitals within a territory
- CMS Health Care Innovation Awards (HCIA)
 - 3 year projects
 - 107 Funded in Round 1
 - Additional \$1 Billion projects to be announced in January 2014
- First Mover Market Innovators
 - Hospitals, ACOs, Hospitalist Groups, PAC Providers, Conveners



Different Starting Points - Same Destination

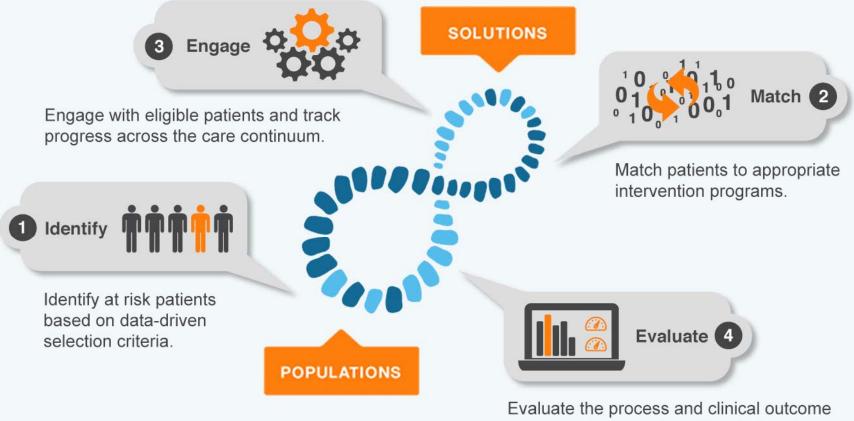




- Identification of At Risk Patients
- Coordinated Transitions Across Care Continuum
- Scalable Adoption of Evidence-based Intervention Models (e.g. CTI, INTERACT, Bridge)
- Standard Data Exchange and Transfer Protocols
- Shared Data, Visibility, Transparency
- Real-time Process Measures
- Risk-Adjusted Outcome Data
- Process for Continuous Improvement



Closing the Loop in Health Care



Evaluate the process and clinical outcome measures to support rapid cycle learning and continuous improvement.



• Health Coalitions are Hard Work!

- Coalition Governance
- Data Use Agreements
- Intervention Gaps and Overlaps
- Critical Mass Relevancy for All Participants
- Balancing Cooperation with Competitive Interests
- Developing Consensus on Methods and Measures
- Alignment of Incentives Finding the Win/Win scenarios