

## Value-Based Care Breakout At March 2017 Partners in Interoperability Event

Facilitator: Shahid Shah

Tuesday, March 21

Shahid outlined the process

1. Understand management objectives based on desired outcomes
2. Consider using objectives and key results framework for defining outcomes
3. Understand problems to be solved
4. For each PTBS, understand jobs to be done and journey mapping
5. Figure out how to model PTBs and JTBDs in simple spreadsheet of real simulations
6. Eliminate as many JTBDs as possible through policy of process redesigning
7. For JTBDs remaining, which cannot be removed (regulatory, statutory, business model, etc) list remaining PTBs
8. Find or create solutions based on remaining PTBs JTBDs and JM
9. Test your hypotheses against the models and simulations keep what's evidence driven
10. These are your stated needs (which you will use to influence demand)

There is no interoperability crisis in the healthcare industry. We do have a vendor management and accountable outcomes measurements management crisis.

Putting vendors at the center of the problem overlooks some important areas. Consumers not included. Shahid will address that.

Needs to be financial incentive for people to do the right thing. Security and authorization are issues that will arise when you send info across organizations. Argonaut has not solved this.

What information could a hospital provide back to a care coordinator that would save \$\$/time/. What is the best way for the provider to absorb that information.

Role to tackle

### 1. Target Role: Care coordinator (13 voted for)

Candidate Use Cases: Discharge productivity, which includes:

- Attribution/attestation
- Medication reconciliation/management
- Referrals/loss of data among players in the ecosystem (this is more care delivery)

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### 2. Target Role: Patient (1 voted for)

Candidate Use Cases: Cost/quality transparency

### 3. Target Role: CFO (3 voted for)

Use Case: value based payment processing via quality measure data exchange

### 4. Target Role: Patient (3 voted for)

Use case: Care continuity/care plan compliance

Inflective vs Reflexive innovation was discussed

Defining discharge productivity:

- Medication reconciliation – not going well now because data moving by faxing
  - Medication management – what you get paid for, post discharge
  - Patient tracking and navigation
  - Discharge summary exchange
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Diabetes breakout

Persons: Care Coordinator, manager or coach and indirectly patients

Task: Close 30 day med reconciliation for discharge trigger productivity focused on diabetes use case

Workflow

Persona: Health systems Care Coordinator/Care Manager

- Discharge summary to PCP including med list/(labs related to diabetes?)
- PCP coordinates patient appointment

Why?

- Payers:
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  - Readmit avoidance
  - won't need to send nurses into the field
  - Reduce phone calls, etc
- Patient
  - Will be sure med adherence is discussed
  - Avoid readmit
- Provider
  - Better communication with patient
  - No need for phone calls
  - Receive conditions specific labs?
- Pharmacy

Next Steps

- Workflows being done by Paul Oates/Dan Wilson
- Business case: Molly H and Joselyn Keegan
- Legal – Josalyn has a colleague/Beth from Florida Blue may also have a contract
- Karen Van will create a listserv so the people here can keep in touch

