nrhi Network for Regional Healthcare Improvement

GETTING TO THE TRIPLE AIM *FASTER*

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Looking to the Future…

Will ACOs Solve All of Our Cost and Quality Problems?

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And if They Do, Will We Still Need Regional Health Improvement Collaboratives (RHICs)?

RHICs Can Help ACOs Start and Succeed

1. **Which providers should you partner with?**
   - RHIC quality/cost data can help identify good candidates
2. **How do you get and analyze utilization and quality data to develop your plan for success?**
   - RHIC databases, analyses, and measures can identify where unwarranted variation and overuse exists
3. **How do you get physicians and frontline staff to redesign care to improve quality/reduce costs?**
   - RHIC training and coaching helps physicians, nurses, etc. go beyond what they learned in school
4. **How do you get all payers to participate?**
   - RHICs bring all the payers/purchasers in the community together to develop common payment approaches
5. **How do you encourage patients to improve their health and use high-value services?**
   - RHICs provide neutral, trusted patient education

What About the "Dark Side of the (ACO) Force?"

ACOs *could* become monopolies that raise prices without improving care

How RHICs Can Discourage the "Dark Side of the (ACO) Force"

- Help small providers form multiple successful ACOs to create competition and preclude total consolidation
- Educate stakeholders in the community about whether actions providers are taking in forming ACOs are necessary/desirable to achieve better value
- Measure and report on quality and costs of ACOs vs. non-ACO providers in the community, and encourage consumers to make good choices
- Measure and report on quality and costs of ACOs vs. ACOs and non-ACOs in *other* communities to show whether local ACOs are delivering high value

ACOs Aren’t the Only Solution Being Pursued

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- Bundled Payments
- Readmission Reduction
- Medical Homes
- Care Transitions
- Insurance Exchanges
- Etc.

Who Decides What's in a Bundle?

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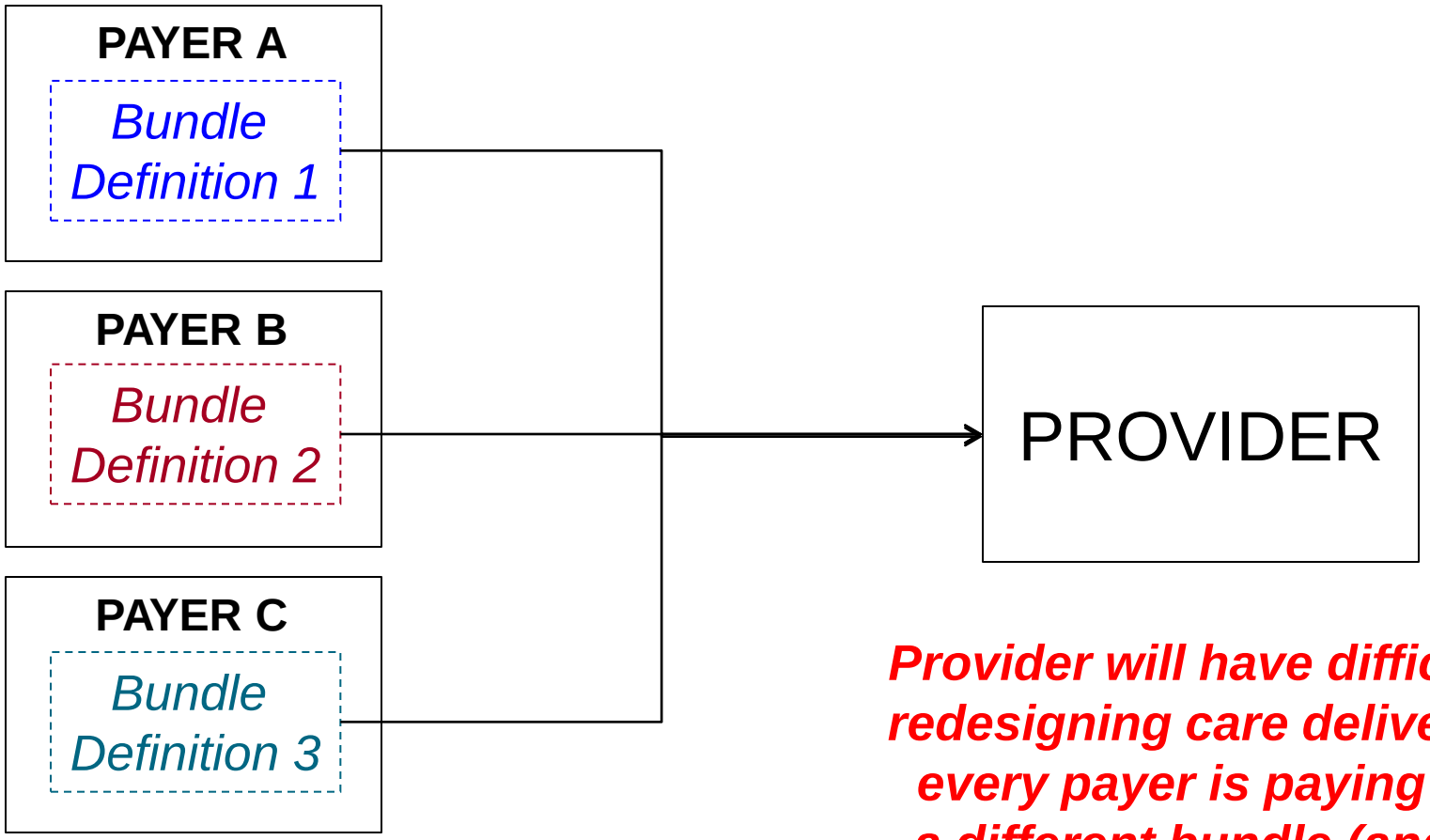

Provider will have difficulty redesigning care delivery if every payer is paying for a different bundle (and if some are still paying FFS)

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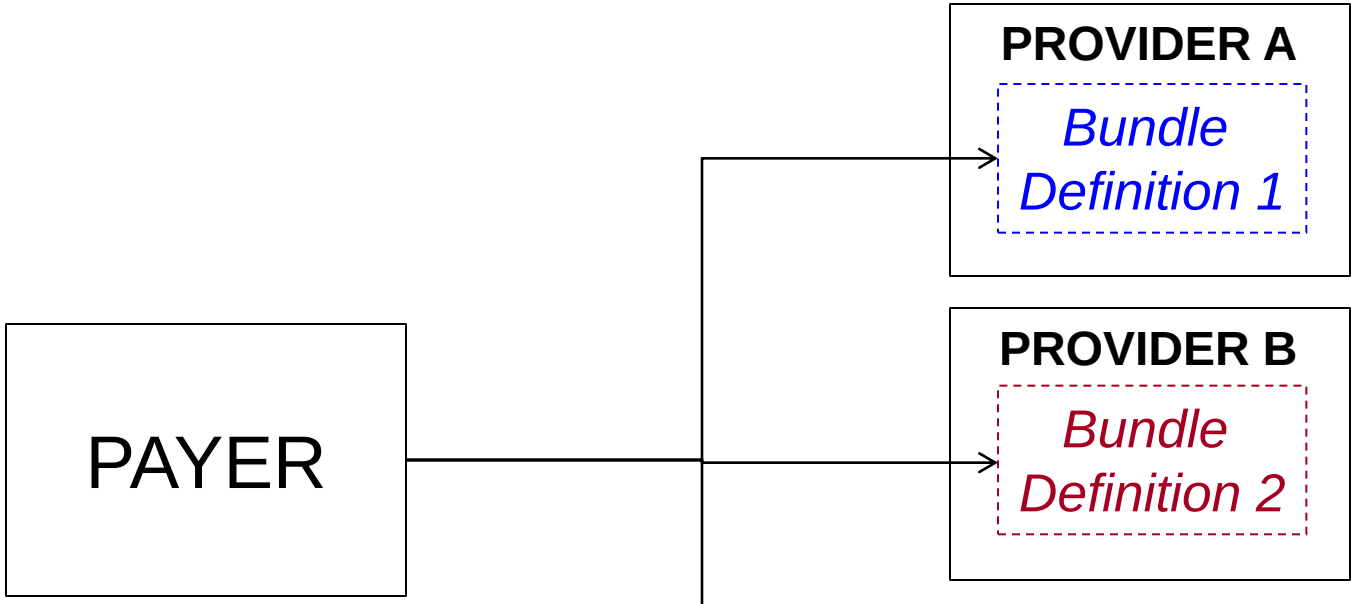
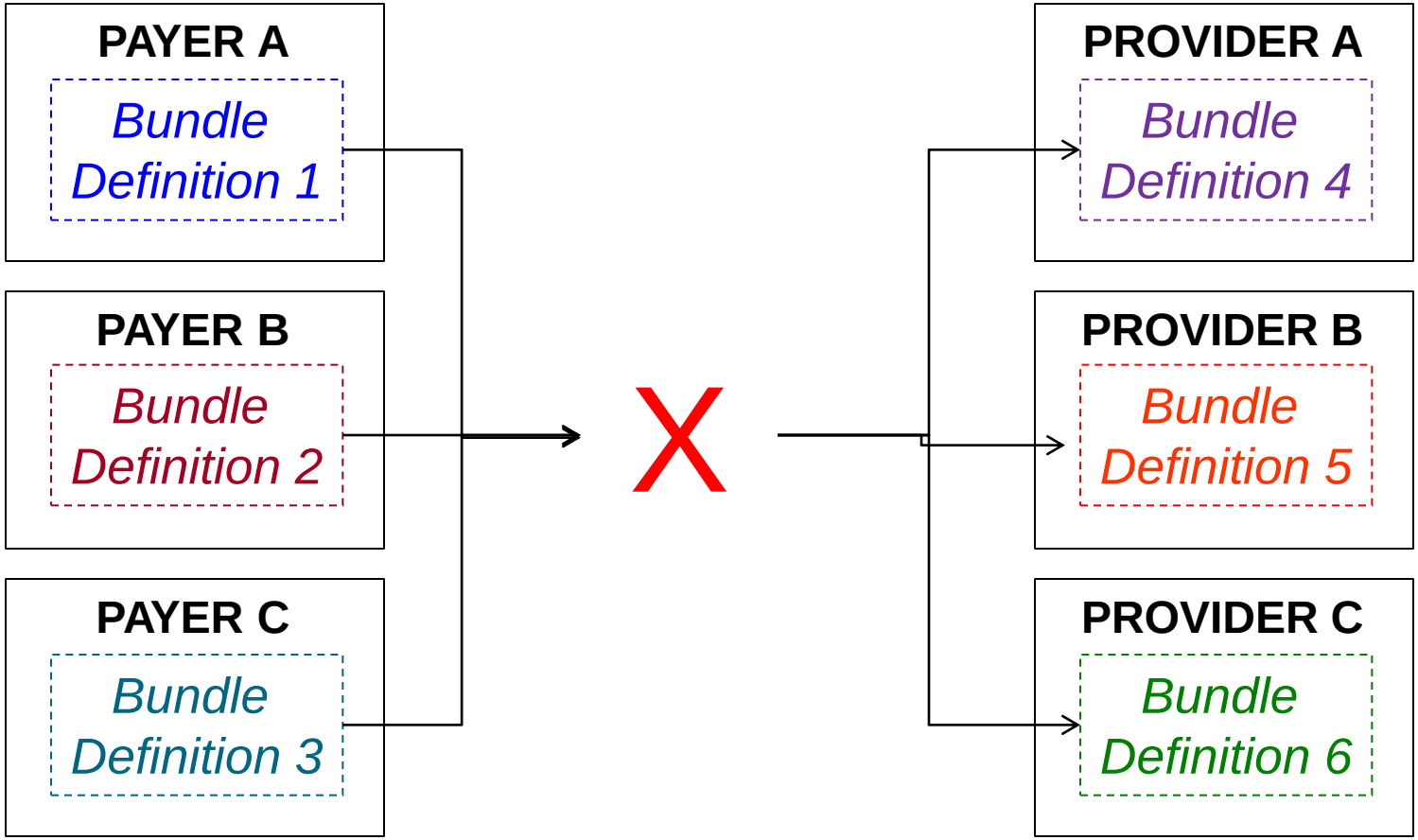


Payer needs to reprogram its claims payment systems to pay based on bundles and it's not practical to pay every provider differently

What If Payers Won't Buy What Providers Offer (& Vice Versa)?



What's the Solution?

- **Data:**
  Physicians and hospitals need the ability to analyze current data to determine where the opportunities for lower cost and improved quality exist

- **Neutral Facilitator:**
  Providers and payers need a neutral third-party (with shared, trusted data) to agree on bundle definitions that will benefit both sides

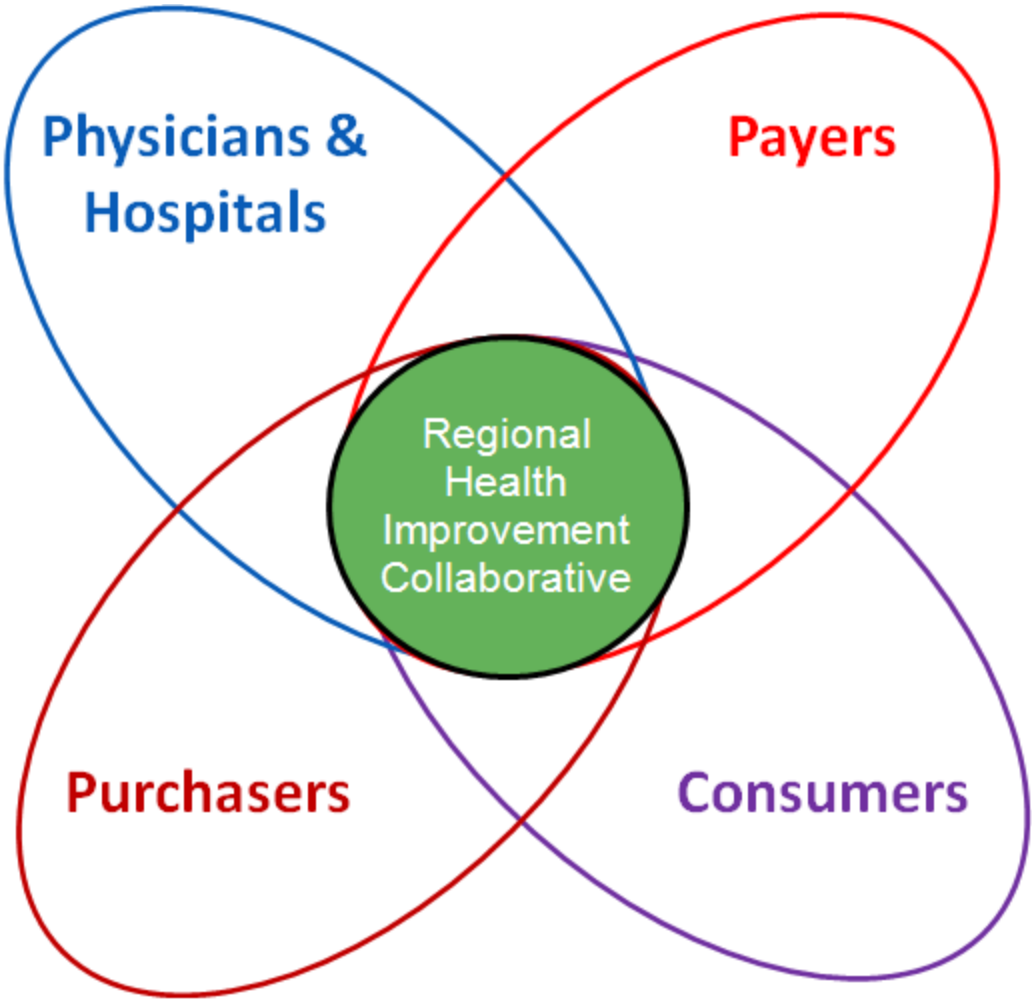
- **Willingness to Collaborate:**
  All payers and all providers need to agree to use bundles with the same definitions (competition on performance, not on definitions)

We Need More *Comprehensive* Solutions to Readmissions

- **Readmissions are not just a hospital problem**
- **The high rate of readmissions will not be solved just by improving transitions of care**
- **Comprehensive, strategies for readmissions are needed involving all stakeholders in each community, based on where data show the causes are**
  - Inpatient care
  - Transitional care
  - Post-acute care
  - Long-term care
  - Primary care
  - Specialty care
  - Pharmaceutical coverage
  - Patients
  - Caregivers
  - Payers
  - Etc.

What Are the Keys to Success? What Are the Barriers to Progress?

All The Stakeholders Need to Be At a Common, Neutral Table



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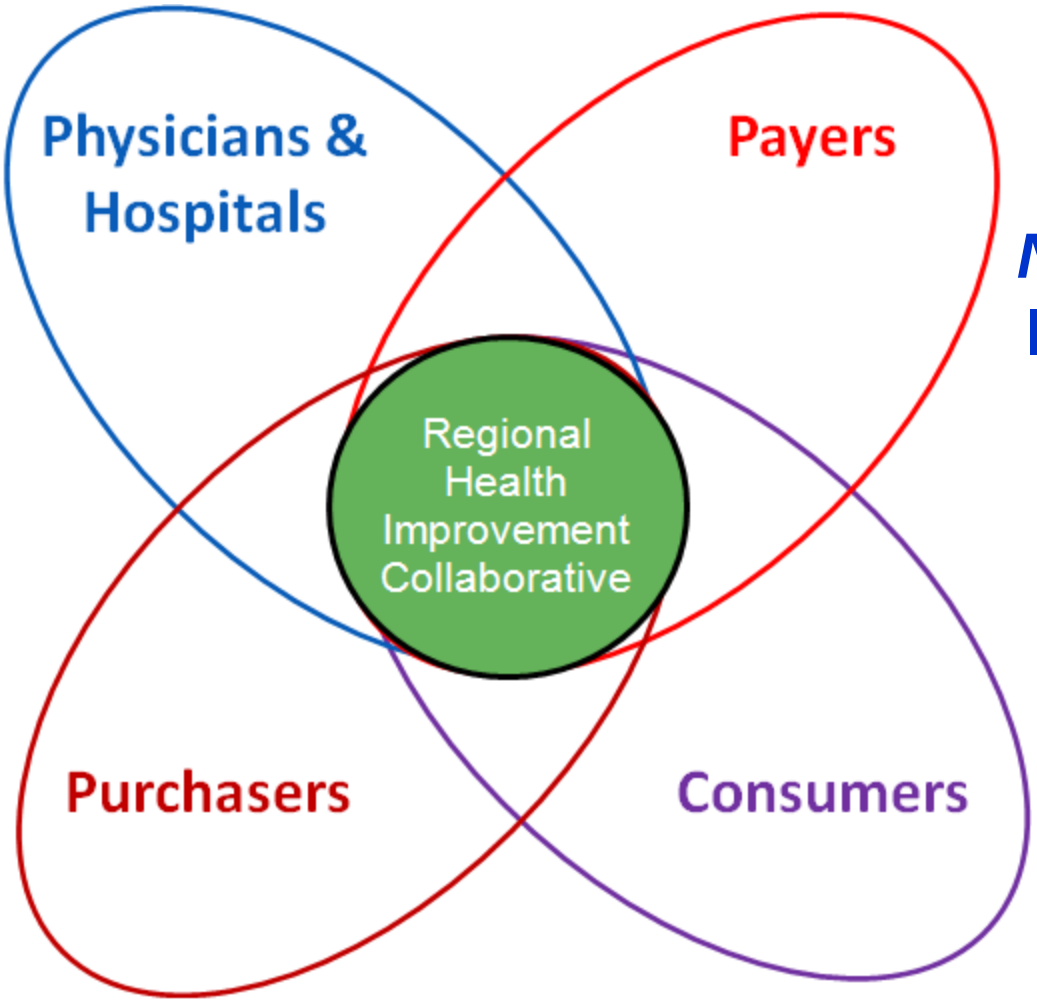

It's Not One *National* Table, It's Dozens of *Local* Tables Across the Country, Because That's Where Healthcare is Delivered

One Major Stakeholder Is Almost Always Missing From The Table

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MEDICARE

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- Challenges:
  - Most physician practices don't know if they have high rates of preventable hospitalizations, complications, etc. or whether they are delivering high-quality care
  - Most hospitals don't know what happens to their patients after they are discharged
  - Prices of facilities and treatments are secret or impossible to compare

RHICs Turn Reams of Data Into *Timely, Useable Information*

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  - Prices of facilities and treatments are secret or impossible to compare
- Solution:
  - Analyze data to help physicians and hospitals find opportunities for cost savings & quality improvement
  - Provide ongoing performance measurement to support continuous quality improvement

Getting Data from Health Plans (and Medicare) Is A Major Barrier

- Most Regional Health Improvement Collaboratives have difficulty getting claims data from health plans and Medicare, despite demonstrated success in using it to improve transparency and performance
- Inability to access data on the actual costs of care is a major barrier in developing multi-stakeholder strategies for reducing the cost of care and designing and implementing payment reforms

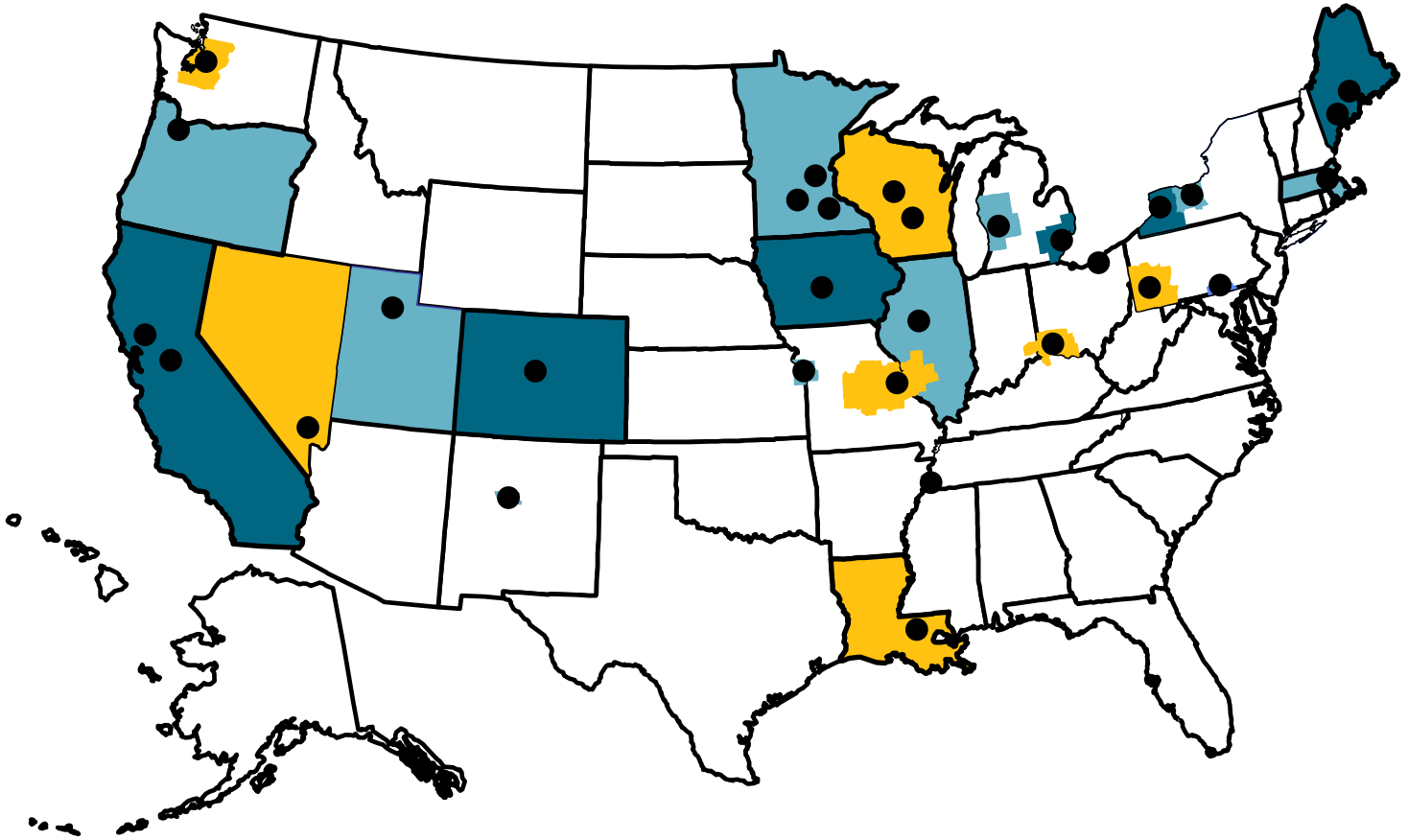
Threats to Sustainability of RHICs

- **Funding from Foundations Decreasing:**
  Robert Wood Johnson Foundation's major commitment through Aligning Forces for Quality is ending in 2015.

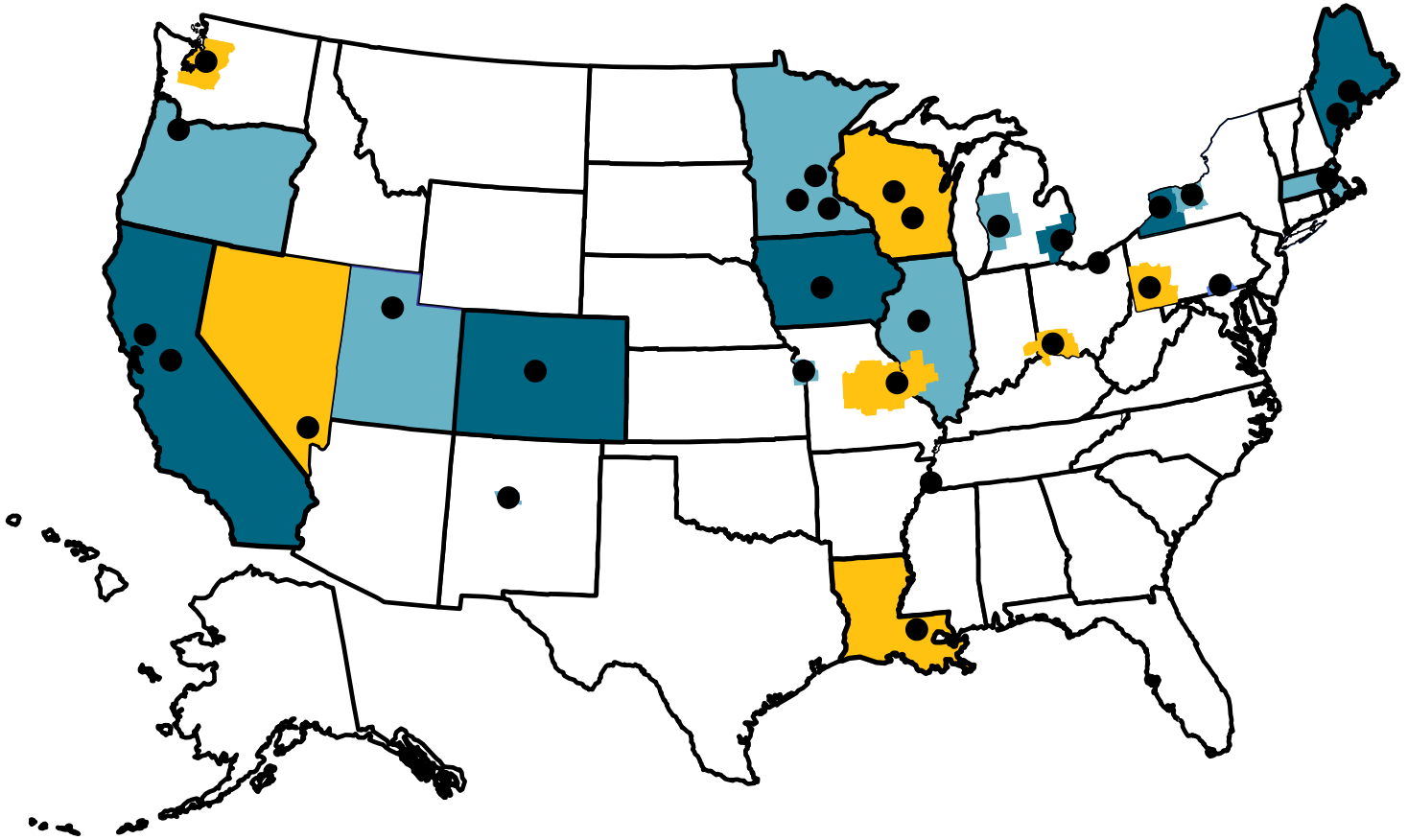
- **Balanced Funding from Stakeholders Difficult to Achieve:**
  - Insurance reforms reduce discretionary $ allocated by health plans
  - Slow/long recovery from recession constrain purchaser support
  - Most providers are facing fee reductions

- **No Funding from Federal Government:**
  No current federal funding stream for core operating support

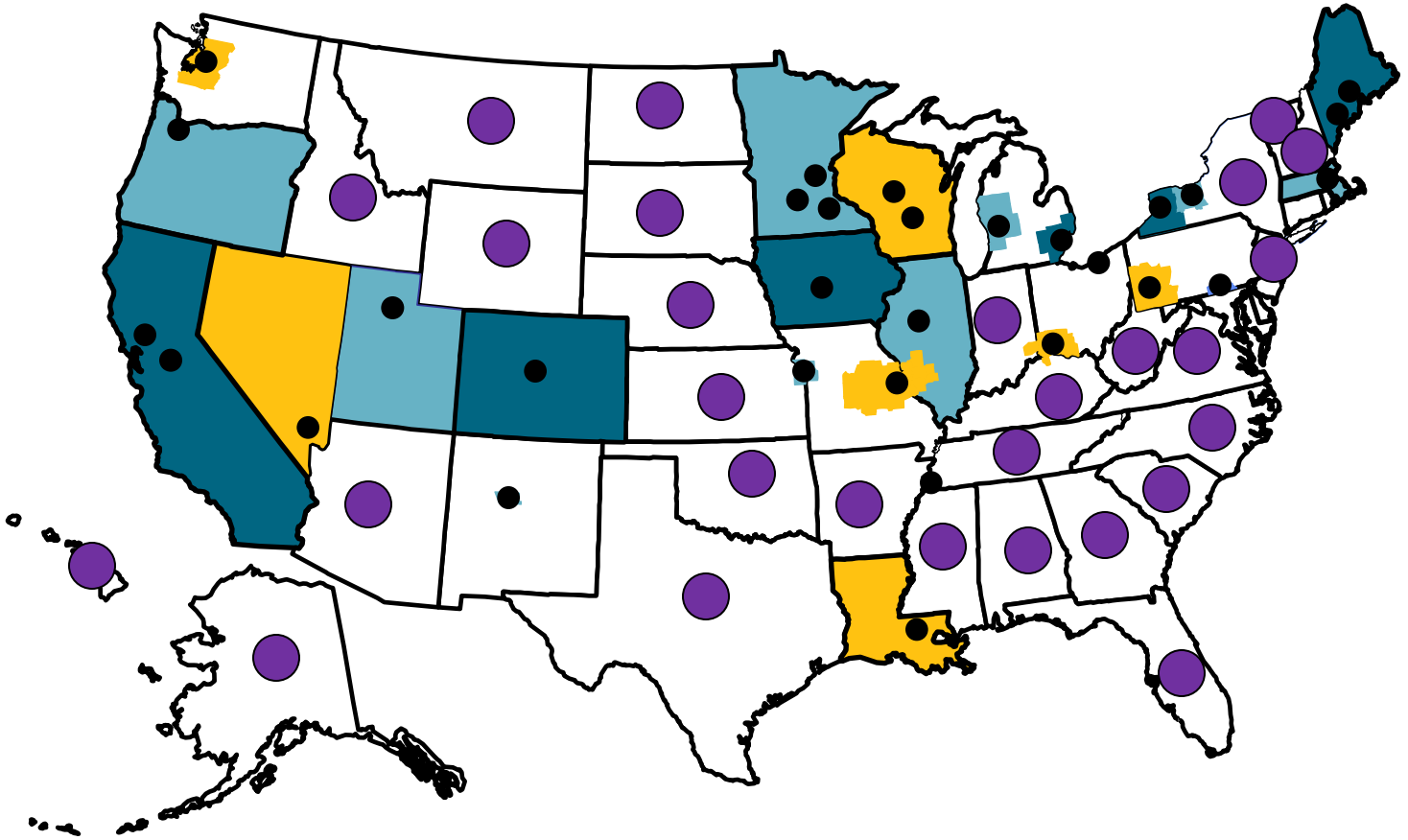
There Isn't a Collaborative in Every Community…



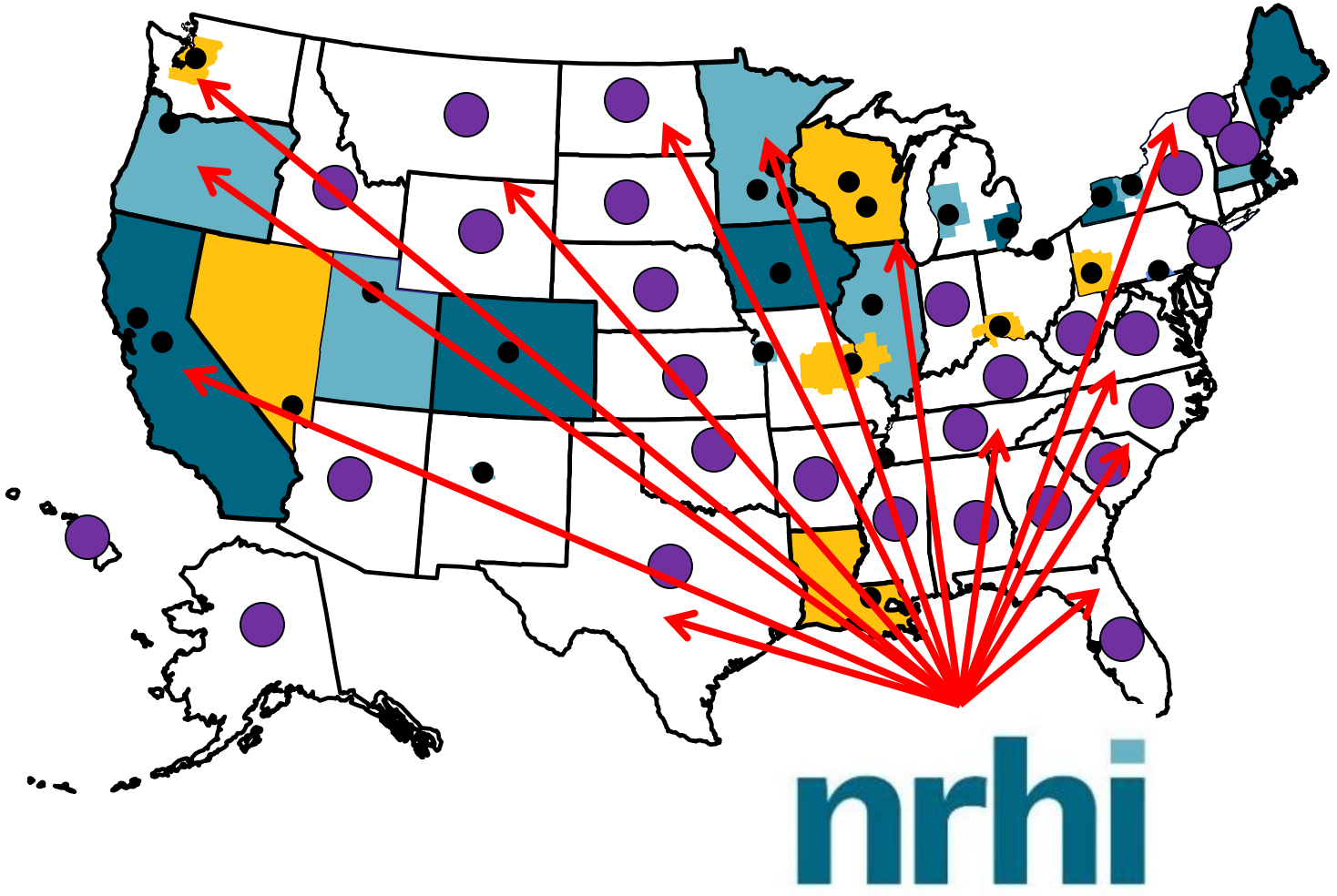
…But 1/3 of the Population Has a RHIC



…But 1/3 of the Population Has a RHIC and the Rest Could, Too



NRHI is a Mechanism for Incubating and Supporting RHICs



Help Us Make It Easier to Start and Sustain RHICs

- All stakeholders – employers, health plans, physicians, hospitals, consumers, Medicaid, and Medicare – should participate in the multi-stakeholder coordination efforts of Regional Health Improvement Collaboratives (RHICs)
- All payers and providers should make data available to RHICs so they can analyze performance on quality & cost
- Federal programs should utilize RHICs to help implement key initiatives, such as:
  - Measurement of quality, cost, and patient experience
  - Payment reform
  - Provider performance improvement
- All stakeholders should provide financial support to enable RHICs to have adequate resources