

# 2013 Accountable Care & Health IT Strategies

Enabling Healthcare Delivery Transformation In the Era of Reform

## Workshop 01



**PAY FOR PERFORMANCE**  
BUILDING ACCOUNTABLE CARE HIT READINESS

### Paying For Outcomes Not Performances

Gerald Tracy, Executive Director State and Payer Initiatives Program, 3M Health Information Systems

12.30p.m « » 01.30p.m



Site: [www.solutions.3m.com](http://www.solutions.3m.com)

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A pay for outcomes ("P4O") based approach differs from existing pay for performance initiatives in focusing on quality outcome rather than on process measures. P4O payment reform adjusts payments based on a provider' relative risk-adjusted performance in terms of outcomes, thereby creating a financial incentive for providers to reduce their rate of negative outcomes (e.g. of potentially preventable events).

The success of P4O-based payment reform in cost containment and quality improvement is highly dependent on proper design and implementation. This workshop describes the essential principles of P4O systems—and illustrates these principles in action—as implemented for ACOs, hospitals and managed care plans by state and commercial payers in three different states.

## Workshop



**ANALYTICS**  
BUILDING ACCOUNTABLE CARE HIT READINESS

### Healthcare BI/Analytics: The Scrabble Conundrum

Joe Van De Graff, Research Director, KLAS Research

01.45p.m « » 02.45p.m



Site: [www.klasresearch.com](http://www.klasresearch.com)

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In the healthcare BI/analytics game, the word tiles are numerous and the vendor players are growing in number. For providers, the stakes are high, and making sense of the vendor word tiles and combinations is anything but easy.

In this session, KLAS gives healthcare specific insight into dynamic BI market landscape, vendors and how they perform, and where things are headed.



# Workshop 03



POPULATION HEALTH MANAGEMENT  
BUILDING ACCOUNTABLE CARE HIT READINESS

## Strategies to Operationalize Care Coordination within an ACO

Russell Olsen, VP, Product Management, Phytel



03.00p.m



04.00p.m

For healthcare organizations, becoming an ACO and implementing a Population Health Management strategy is no longer a matter of "if", but instead "when and how". Many healthcare organizations will try to become ACOs if the financial opportunity is sufficient. But only the ACOs that achieve clinical integration and learn how to execute on population health management will succeed. Therefore, information technologies, including automation tools, are essential components of ACO success. To achieve population health management, ACOs must use a range of information technologies. These include not only electronic health records, but also aggregating claims data to capture total cost of care and predictive risk, and supplemental technologies to automate the routine work of tracking, educating, and communicating with patients.

These tools will make it possible to do PHM comprehensively and cost-effectively, allowing ACO members to benefit economically from shared-savings, bundled-payment and global capitation programs.



site: [www.phytel.com](http://www.phytel.com)  
Twitter: [@Phytel](https://twitter.com/Phytel)

Attend this pre-conference session to learn how many of the largest healthcare organizations are successfully addressing PHM by operationalizing care coordination.

- Must-know strategies on how ACOs operationalize care coordination with their
- PHM goals using automation to achieve the Triple Aim
- Strategies for managing patient populations by enhancing your existing infrastructure
- Ways to focus on patient engagement and intervention, addressing care gaps quickly

# Workshop 04



ACO HIT FRAMEWORK  
BUILDING ACCOUNTABLE CARE HIT READINESS

## An Introduction to the CCHIT ACO HIT Framework: A Consensus Developed Guide to Success While Assuming Accountability for the Cost and Quality of Health Care

Karen M. Bell MD, Chair Certification Commission for Health IT (CCHIT)



04.15p.m



05.15p.m



site: [www.cchit.org](http://www.cchit.org)  
Twitter: [@cchit](https://twitter.com/cchit)

Organizations can assume financial risk and accountability for quality of care and patient loyalty in multiple different ways, depending on their current structure, culture, and goals. The processes and functions necessary to reach goals will vary accordingly, as will the HIT infrastructure that can best support them.

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