



SIMPLE BUT POWERFUL SOLUTIONS THAT PRODUCE RESULTS
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If You Assume Risk You Will Need To Manage Demand And Variation

As new models of reimbursement shift risk from the payer to providers and health systems, successful providers must change the “*illness burden*” of the populations they serve *as well as the practice patterns* of providers caring for their diverse populations.

Do you know if your patients are receiving the right level of care? For the population your system serves, is the illness burden unusually high or low? Are the providers in your system providing the most effective care?

Successful delivery systems will need to design and deploy coordinated solutions that ensure that patients *receive the right care at the right time in the right place from the right provider all of the time*. Future success will increasingly be driven by your ability to *meet demand* with high quality care *while actively managing demand* to assure that the value of care is maximized.

Providing value and managing demand in healthcare creates enormous new challenges for providers. Ensuring that patients receive the right care when they need it may mean providing care before a patient recognizes the need. Ensuring that patients receive the level of care they need will certainly require new and more intense coordination among providers. Meeting these challenges will require change in behavior for providers and consumers and investment in the technology needed to facilitate this transformation. These investments and behavior changes must occur in a reimbursement environment that continues to reward episodic care.

Yet, evidence is continuing to suggest that this new model of care delivery can be more effective care and lower costs. For example, CMS recently announced positive and promising results from the first performance year of the Pioneer Accountable Care Organization (ACO) Model, including both higher quality and lower Medicare expenditures.

We know that improvement was neither easy nor uniform. Improvement resulted from a combination of better management of the health care needs of the attributed Medicare populations (“*illness burden*”) and greater attention to the way care is delivered (*practice patterns*.)

What should your organization do?

Clinical and administrative leaders must become partners in understanding, educating and managing the populations they serve while reducing variation in care delivery.

1. **Know your population:** Know which patients are driving demands and understand their needs. Identify and manage the high risk, the complex, and those with chronic illness. Implement highly efficient population management interventions for the low risk population.

2. **Find and Learn to Use The Right Analytic Tools.** Physicians and other providers need timely reliable and informative data about the populations they serve as well feedback about the effectiveness of the care they provide. Clinical and financial data need to be fully integrated.
3. **Engage and Support Your Providers:** Physicians and other providers need the tools to share best practices and agreements around protocols and referrals.
4. **Coordinate Care:** Re-design your delivery system to close gaps in care. Elevate the role of primary care from a referral source to the center of care coordination and care management. PCMH development helps, but certification/recognition may be more than you need.
5. **Ensure Access:** Connect patients and providers. Contact centers, patient portals, nurse advice protocols, and appointment systems need to provide consistent, transparent and seamless connections between delivery system and patient.
6. **Align Incentives with Organizational Goals:** Organizational strategy needs to explicitly support the changing reimbursement environment. Incentives for providers, managers, departments, facilities, and governance structures all need to be linked to common goals.

We can help.

Transforming your delivery system for the post reform world while operating in the fee for service world is no easy task as anyone with experience negotiating shared risk agreements or building understanding, commitment and infrastructure for accountable care will attest.

My partners at ZOLO Healthcare Solutions and I can help you:

- Create your vision for a new model of care delivery.
- Engage your physician and provider partners in thinking about new models of care.
- Complete a high level assessment of your system and its readiness of accountable or coordinated care,
- Provide a comprehensive “gap” analysis for becoming a patient-centered and coordinated care system,
- Create a roadmap for a new patient centered coordinated delivery model and
- Help you implement your organizational design.

Hindin Healthcare Advisors and ZOLO’s senior consultants include physicians, nurses and executives with significant experience operating in fully integrated and aligned organizations.

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