RECAP: DAY 2

**IT:** Need to evaluate IT > Methods to evaluate the value of information

*Value Add* > What are the different values?

Dashboards

- Not done right the first time
- Not comprehensible & it’s supposed to be for consumers

Use skills in community to produce reports that are readable

**Finance:** Use to define reimbursements > diff types of incentives, performance, structure

**QDM:** Challenges on implementing models > integration > sys/comp-simulation awareness (smart consumers)

- There are diff types of tools

Giving patients some of the work > using risk communication signs

 Patients NOT part of the health care sys – capable, but they don’t understand the medical aspects

Work is upon the phys/primary care > Research on how to bring patients & phys together

- ie: case mgmt, nurses, etc., create incentives
- recognize dec-making is a shared task across providers & patients

Transparency of dec-making > accountability on phys to phys, etc.

Transition from hosp to nursing home & vice versa

Shared monitor coordination??

Monday, September 21, 2009
CHALLENGES:

Payment mechanisms are for human interventions
   No substitute for technology
   **Value of delivery:** do the right thing, get paid

Learning quantitative decision making – built into the sys
   Who will spend the time?
   Not phys, but researchers
   Communicate effectively
   There is no basic science with same format for everyone to understand
   A solution does not have to fit for everyone
   Add special solutions b/c there isn’t just one way
      ie: illiterate
   Not personalized meds – what to call it? – “communication customized to the patients”

System-integration
   Diff classes of patients
   Know value add first before …
RECOMMENDED APPROACHES

Which way -- start a safer way, but sometimes worse or another alternative?

System that’s reasonably capable
Adaptable, but there’s a big cost
    Max reliability
    Max eff

Include specific examples of implementation
    1 grp – we *know* will succeed – realistically scaled
    1 grp – we *believe* will be successful

Needs to be teamed with CMS
Multi-center
Diff sectors of ISC(?)
Include sys-engineer model
    How does sys engineers learn & apply them?

CMS partnership – as long as there is payment, there will be participation
    Paid to deliver care
MILESTONES:

Identify value add – assessment
Show early results

2011 – based on old sci > identify & deliver value add
   How to develop methodology to really do it right
   Refine concepts
   Keep on updating
   Research can help identify what’s consistent across all diseases

2013 – financial incentives based on a value add
   The more you do it right, the better you get paid
   Who will do it?
   Don’t have the manpower to do more than 30 diseases…
   How long does it take? 2 years? 3 years?’
   Needs to be scientifically sophisticated – level of an engineer
   Important examples of shared dec-making for major diseases (based on value add)
   Certain test beds (already identified value add) – rec approach

Center around current successes
   Funding – enormous resources, but do they work?
Prevention program impacts crim justice, health, social

MCGLYNN?

Monday, September 21, 2009

Information Technology/Finance and Quantitative Decision Making
Resources: Fin, Human, Tech

Human:
  - IsE methodology
  - Risk communication

Fin:
  - Efficient funding from the government
  - Need capital support

Tech:
  - Dev new IT
  - Programming
  - Research team

Diff parties work together
Sr. Leadership – HCP – strategic leadership
Service line leaders – how diff are they in diff organizations
DISSEMINATION & SUSTAINABILITY

Journals
- Open source products
- Publish business cases / success stories
- There are multiple audiences

Training
- Classrooms > med schools
- Focus group interactions

Alliances – create alliance b/w diff reps
- AMA, AHA, etc. work together

AAMC