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??

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 <u>everyone</u> 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?

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