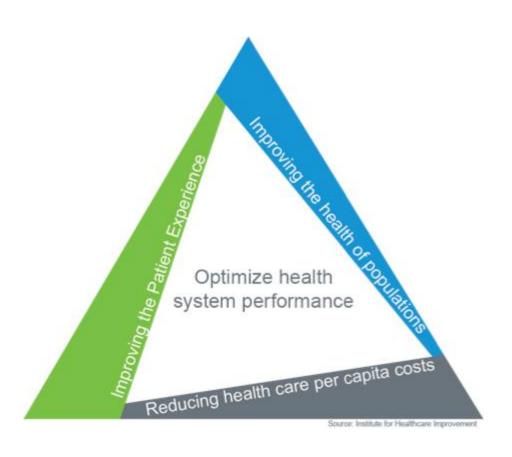




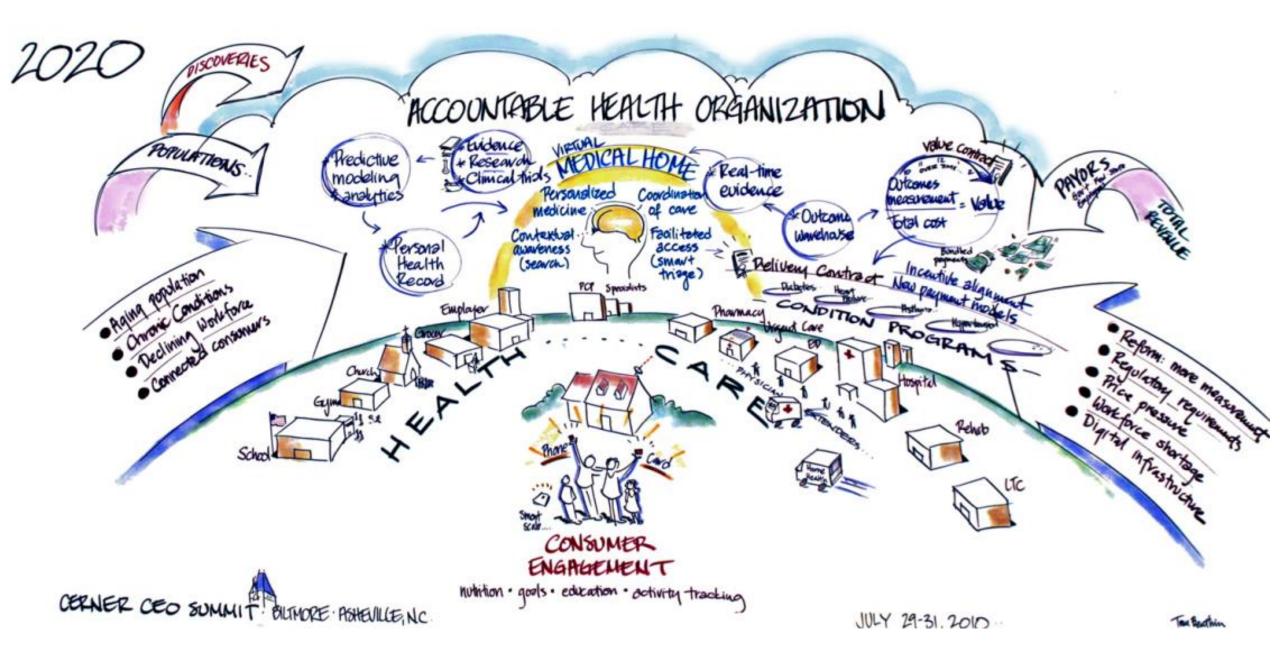
IHI Triple Aim



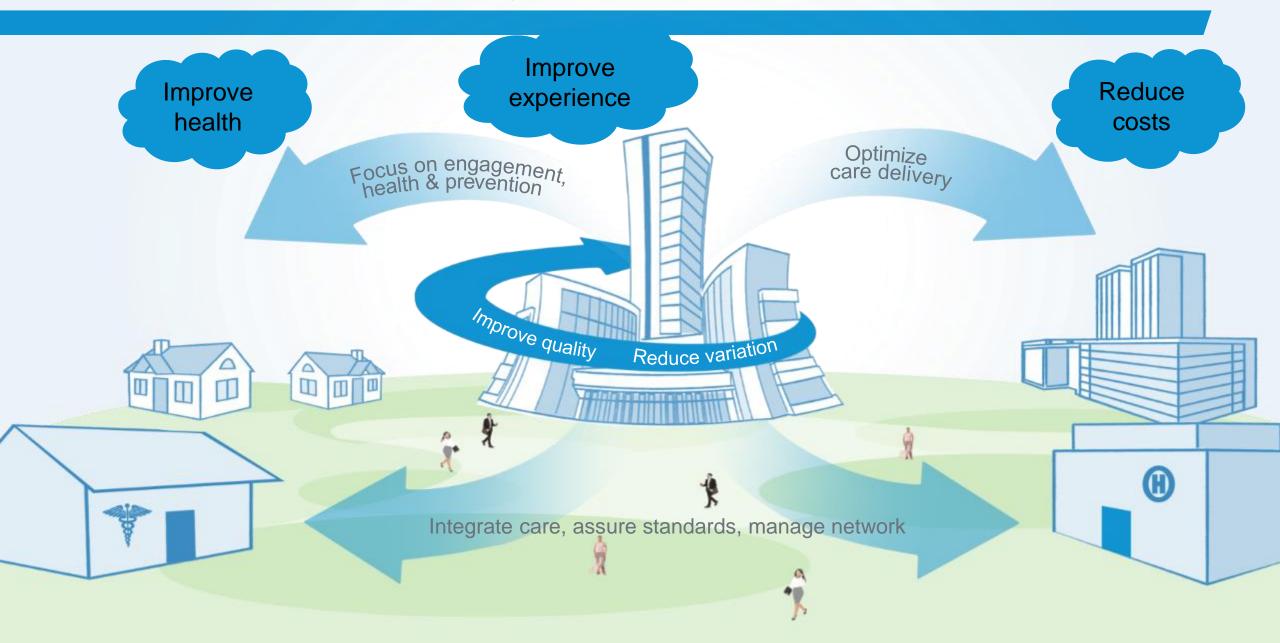
Improve the patient experience of care

Lower the per-capita cost of care

Improve the health of populations



Evolve health and care system to deliver the triple aim



Who Is Doing "Population Health"?



Health Systems

 Manage At Risk Contracts, Care Coordination, performance improvement, capture market

State Governments

 High Risk and High Spend populations (Medicaid, State employees, Corrections)

Employers

 Controlling costs, Effectiveness, Productivity, Satisfaction and Retention

Payers

 Performance and cost discrepancies, lack of execution of efficient and effective care pathways

Global

 High Health Expenditures, Care Coordination, performance Improvement, etc.

Who Is Doing "Population Health"?





Commercial

- Life Insurance
- Data Aggregators
- Retailers
- Etc.



Ecosystem

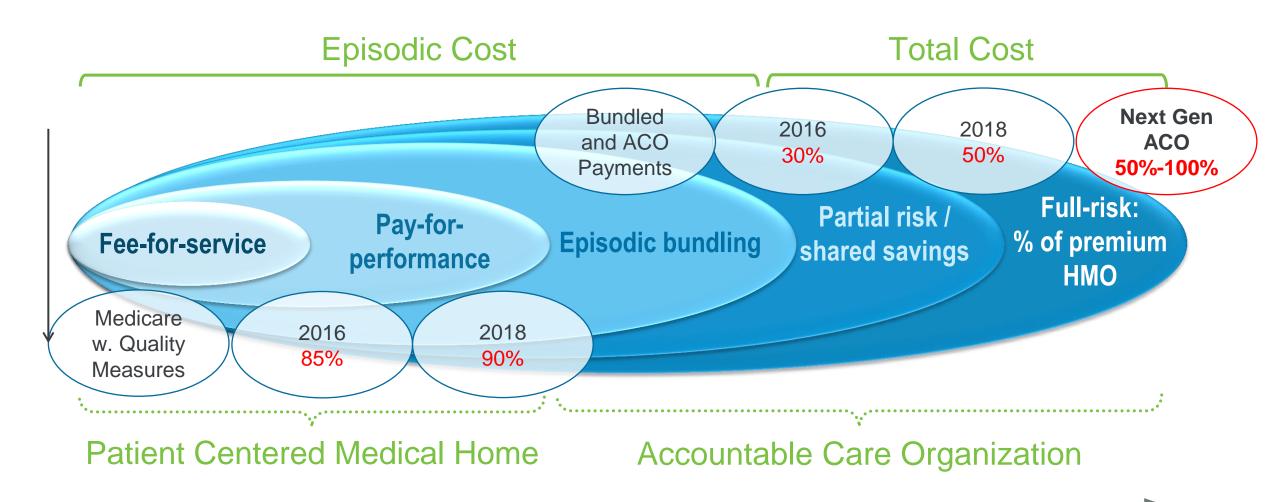
- App Developers
- System Integrators
- Etc.



Research

- Pharma
- Academic Institutions
- Public Health
- Etc.

From volume to value | Continuum of payment models





About HHS	Programs & Services	Grants & Contracts	Laws & Regulations		
Search	FOR IMMEDIATE RELEASE March 3, 2016		Contact: HHS Press Office 202-690-6343 media@hhs.gov		
View 2012 - 1991 archive →	HHS reaches goal of tying 30 percent of				

Medicare payments to quality ahead of schedule

A major milestone in the effort to improve quality and pay providers for what works

Thanks to tools provided by the Affordable Care Act, an estimated 30 percent of Medicare payments are now tied to alternative payment models that reward the quality of care over quantity of services provided to beneficiaries, HHS announced today. Today's announcement means that over 10 million Medicare patients are getting improved quality of care by having more time with their doctors and better coordinated care - nearly a year ahead of schedule.

The Affordable Care Act established tools such as the Medicare Shared Savings Program and the Center for Medicare and Medicaid Innovation, which tests a number of alternative payment models for achieving better care, smarter spending and healthier people. Alternative payment models are ways for Medicare to reimburse providers based on the health of the patient and quality of care rather than the number of services provided. Examples include accountable care organizations (ACOs), advanced







Maria

9 year old girl who lives with asthma

HEALTH TEAM



Maria Cortez PATIENT



Dr. Tupas
POPULATION
HEALTH MEDICAL
DIRECTOR



Cristina & Julio MOTHER AND FATHER



Brenda LVN CARE COORDINATOR



LisaSCHOOL NURSE



Dr. FortadesPEDIATRICIAN



Dr. Fortades PEDIATRICIAN

EMR

Automatic alerts, or text messages, are sent to Mom, Dad, and the School Nurse to notify Maria's care team of the poor air quality (AQI > 230)



BREATHMOBILE

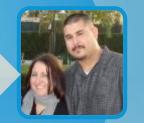
EMR



Lisa SCHOOL NURSE







Cristina & Julio **MOTHER AND FATHER**



Brenda LVN CARE **COORDINATOR**



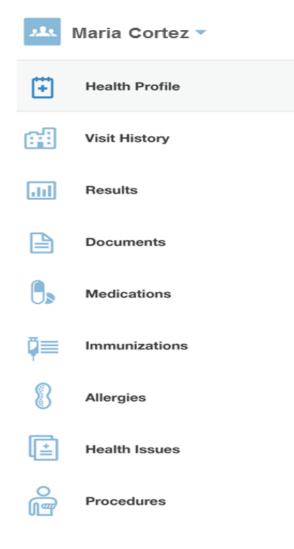
Maria Cortez **PATIENT**



Dr. Tupas **MEDICAL DIRECTOR**



Maria uses her spirometer at school

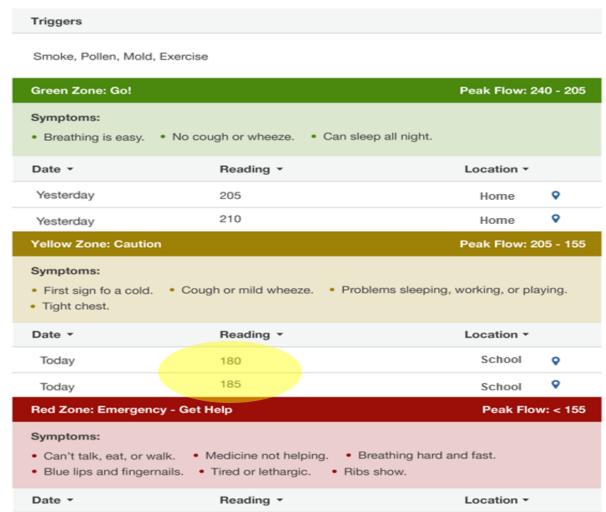


Health Profile

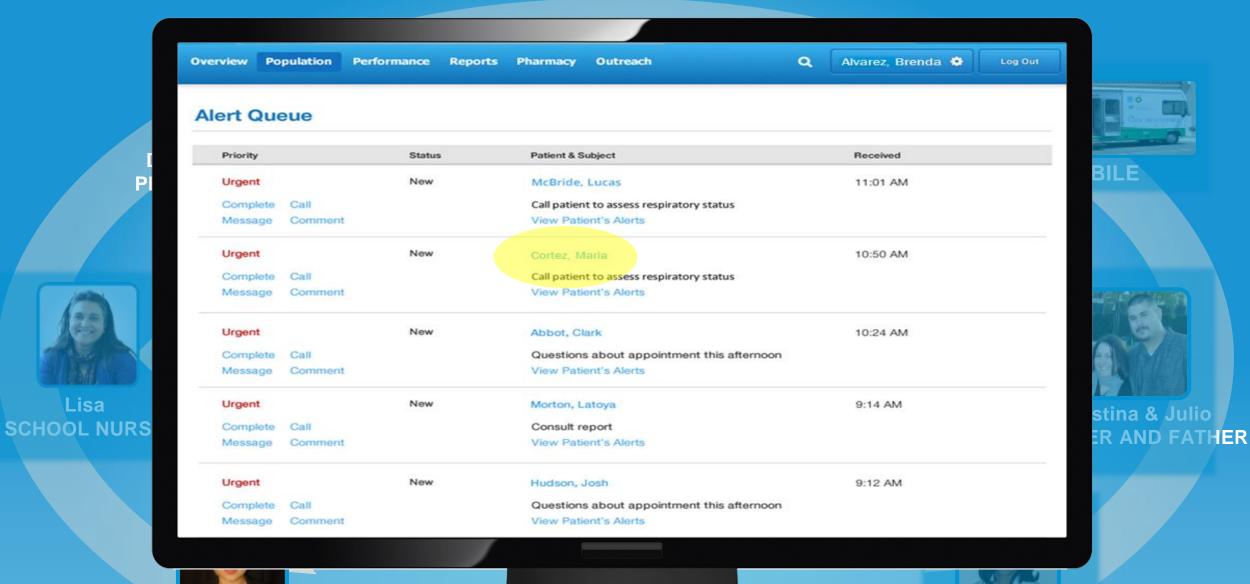
The information provided below is in the electronic medical record. If you believe any data is incorrect, please notify the office.



Asthma Action Plan



Christina (Mum) logs into Maria's member portal and see her daughter's peak flow readings



Brenda LVN CARE

Lisa

COORDINATO Brenda (car



unotified that Maria is at risk

Brenda, drills down to look at Maria's asthma action plan





Overview

Population

Performance

Reports

Pharmacy

Outreach

Q Alvarez, Brenda 🌣

Log Out

Cortez, Maria

MRN: 0003367222 9y DOB: 1/14/2005 F Next Appointment: In 7 Days Address: 2345 N Bush Street Santa Ana, CA 92856 Phone: (714) 785-8097

Print



Outreach

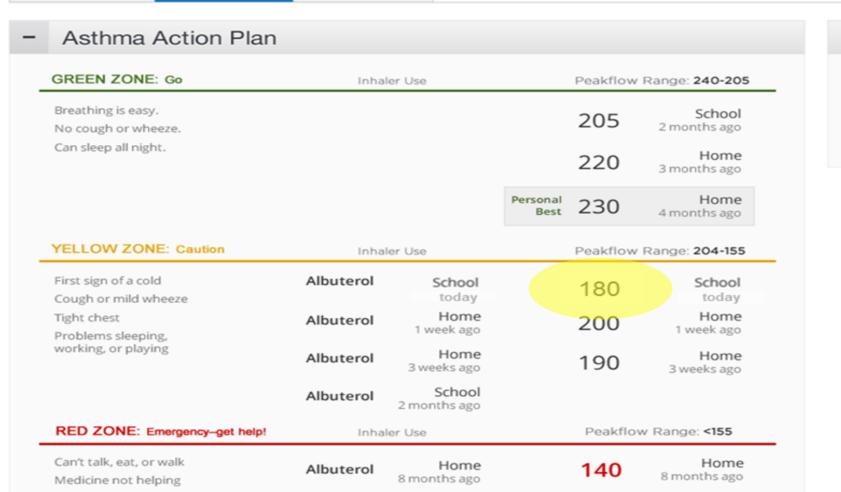


Patient in yellow zone. Please have an evaluation completed and appointment within the next 24 hours.

Health Summary

Action Plan

Monitoring



Triggers
Smoke
Pollen
Mold

Exercise

Maria's asthma action plan that Brenda would have access to



Dr. Fortades PEDIATRICIAN

EMR



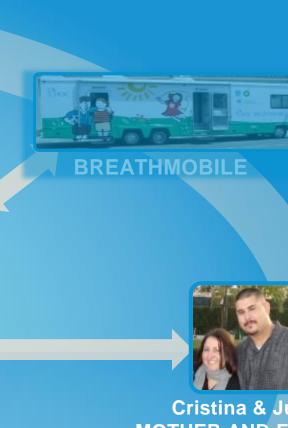
Lisa SCHOOL NURSE



LVN CARE

COORDINATOR





EMR





Dr. Tupas
MEDICAL DIRECTOR

Brenda sends Cristina a text message

PATIENT

At the mobile clinic, the nurses are using the EMR for scheduling



Dr. Fortades PEDIATRICIAN



Lisa SCHOOL NURSE

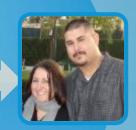


Brenda LVN CARE COORDINATOR





BREATHMOBILE

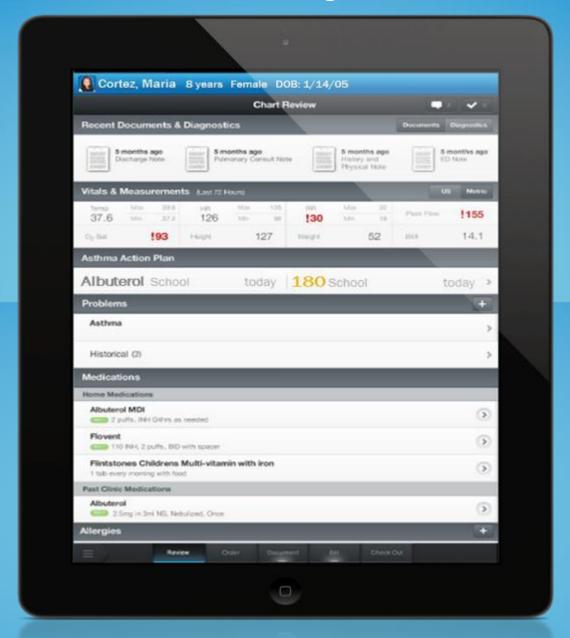


Cristina & Julio MOTHER AND FATHER

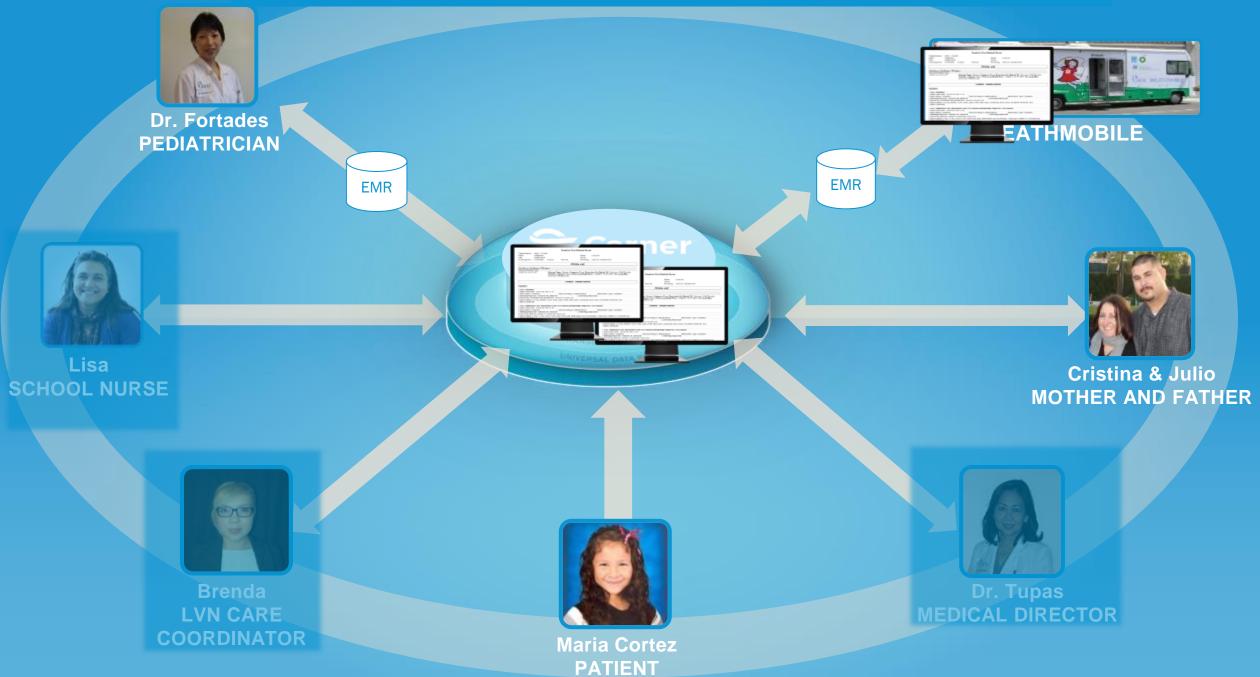


Dr. Tupas
MEDICAL DIRECTOR

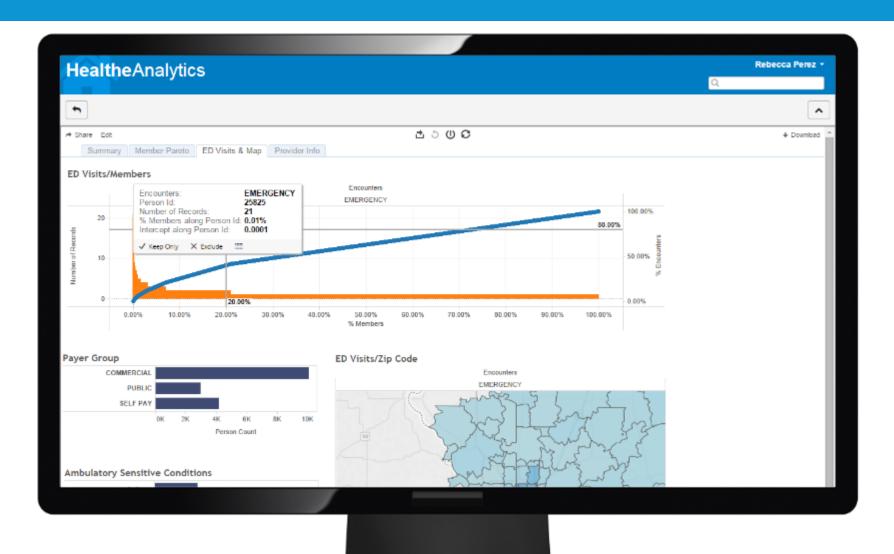
...and management



Note sent automatically to Dr. Fortades and the member portal



Analytics scenario | Rising ED visit rates





Scenarios



Cost of ED & hospitalizations



Traditional scenario

*only 35% of asthmatic children with medical have controlled asthma within a one year period

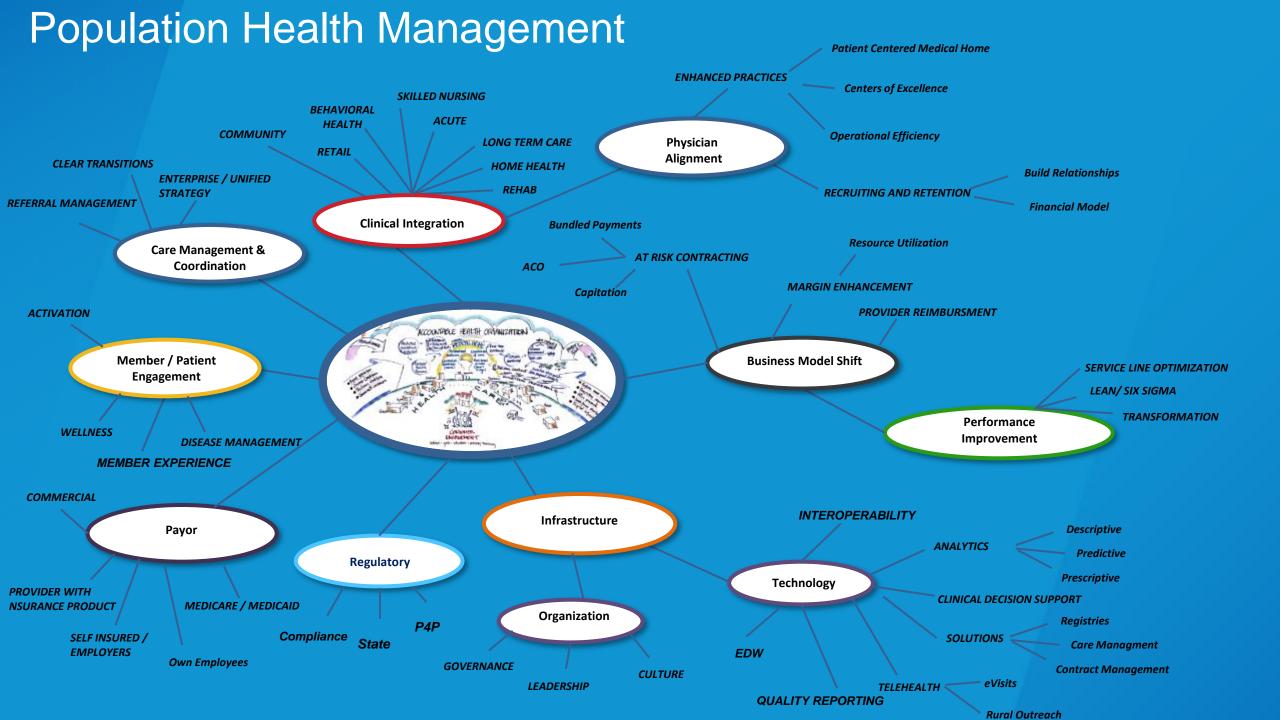
Cost of two mobile asthma clinics



Breathmobile scenario

*over 75% of medical patients reach asthma control after three visits on the van within a one year period







"Direction (not intention) determines destination."

"Attention determines direction."

Andy Stanley

together we anticipate. innovate. accelerate.

A Framework for Thinking about Systems Change

	Skills	Incentives	Resources	Action Plan	Confusion
Vision		Incentives	Resources	Action Plan	Anxiety
Vision	Skills		Resources	Action Plan	Resistance
Vision	Skills	Incentives		Action Plan	Frustration
Vision	Skills	Incentives	Resources		False Starts
Vision	Skills	Incentives	Resources	Action Plan	Change

Strategic Resource Allocation / Utilization

