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Thursday, February 21, 2013

Accountable Care First, Integrated Care Second

I only took two notes during Netsmart Executive Vice President Kevin Scalia's presentation, **Using Technology To Succeed With Accountable Care Organizations & Health Homes** *premium members* at the 2013 *OPEN MINDS* Performance Management Institute.



1. To succeed with health homes, organizations need to provide "accountable care" – not just a collection of previous services
2. If organizations wait for all the rules to be written before start the development of new services for the new integrated, risk-based market, they will be behind the curve when systems finally change

These are concepts that I plan to make good use of in my work developing strategy and launching new services. One is about developing the capacity to deliver the desired value proposition to payers in a market that is moving "consumer management" to the service integrity – and the other about timing investments in these "evolved" service lines.

Mr. Scalia's key point was really about the new value proposition that payers are seeking. When setting up health homes (or any other new program models such as medical homes, case rates, bundled payments, etc.), payers are not looking for a repackaging of "the same." They are looking for "accountable care." His advice to the audience, "Organizations shouldn't be asking the question, 'Should I become a health home?' Instead, organizations need to ask themselves, 'How do we provide accountable care?'"

To achieve the accountable care value proposition, provider organizations need specific strategies to both improve outcomes and reduce costs (more on that tomorrow). And this involves a fundamental realignment of organizational operations, finances, and incentives. This realignment was best captured

Benchmarking Data Unveiled — See How Your Organization Ranks!

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Presenters: Paul M. Lefkovitz, Ph.D., General Manager of Benchmarking, Netsmart & Paul M. Duck, Vice President of Business Development, Netsmart

March 13, 2013 | 2:00 pm EST

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in this chart in his presentation.

Change Of Focus Required		
Element of Change	Today	Future
Care focus	Sick care	"Healthcare" wellness and prevention, disease management
Care management	Manage utilization and cost within a care setting	Manage ongoing health
Delivery Model	Fragmented/silos	Care continuum and coordination
Care Setting	In office/hospital	In home, virtual
Quality measures	Process-focused, individual	Outcomes-focused, population-based
Payment	Fee-for-service	Value-based
Financial incentives	Do more, make more	Perform better on measures, make more
Financial performance	Margin per service, procedure	Margin per life

I left Mr. Scalia's presentation thinking about a similar situation almost two decades ago. At that time, many provider organizations were forming networks (at great expense) to compete for capitated contracts – but most often with the intention of using those new contracts to “keep their services the same” rather than adopting a new model of care. The results weren't pretty. For any executive team steering their organization to new service delivery models, embracing the new value proposition and a new way of operating is essential.

Sincerely,
 Monica E. Oss
 Chief Executive Officer, *OPEN MINDS*

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For another free resource, see: **Growing A Few Dozen Oak Trees** *all members*

This resource is free for the next sixty days to all registered *OPEN MINDS Circle* members.

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