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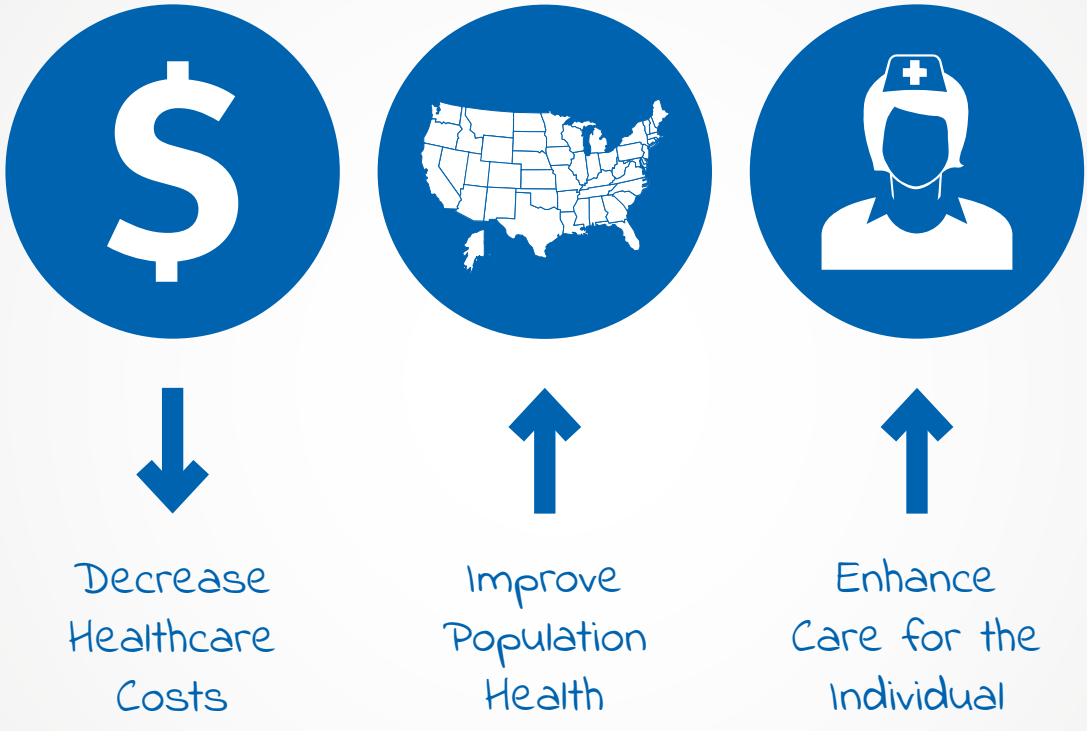
Technology for Health

Realizing ACO Success with ICW Solutions

A Pathway to Collaborative Care Coordination and Care Management



ICW Solutions for Accountable Care Organizations

Unleashing the Power of Health Information for Better Delivery of Care

The Accountable Care Organization (ACO) concept is an integral piece of the government's health reform agenda. It aims towards creating a health system focused on coordinated care and clinical best practices by holding all members of a patient's care team jointly responsible for the quality and cost of care and by sharing the economic gains with them. Healthcare organizations in the U.S. are investing a lot of resources in redesigning their care delivery infrastructures to enable them to successfully adapt to new outcome oriented and value-based payment and delivery models.

An essential part of any outcome oriented model is cross-provider care coordination – requiring improved communication and coordination across the community. An ACO may bring together several otherwise disparate entities such as primary care practices, hospitals, specialty practices, ambulatory surgical units, home care providers, pharmacies and diagnostic centers. The goals are to ensure that the health and wellness of the population is coordinated and managed, the most cost-effective care is provided, clinical processes are streamlined and follow the best evidence, the necessary reporting is in place, and the payments and reimbursement are appropriate.

Value-based healthcare models require a strong health information exchange foundation to connect data from multiple systems across the community in order to aggregate, normalize and store it. The ultimate goal is to analyze the aggregated information and take action on it. In order to improve care quality and reduce costs across the population, a multidisciplinary care team sharing one information base is crucial. All members of the care team, including patients, must work together to achieve a coordinated, collaborative model of care. Last but not least, the ACO must demonstrate, in a variety of ways, its commitment to being patient-centered by engaging patients in managing their care and overall health.

Shifting Perspectives and New Competencies

Accountable care will require health care delivery practices to shift:

- from care providers working independently to collaborative teams of providers;
- from treating individuals when they get sick to keeping groups of people healthy;
- from emphasizing service volumes to emphasizing health outcomes;
- from maximizing the use of resources and assets to applying appropriate levels of care at the right place;
- from offering care at centralized facilities to providing care at sites convenient to patients;
- from treating all patients the same to customizing health care for each patient;
- from reacting to changes of the sickest, chronically ill patients to providing preventive chronic care services.

Core Processes in an outcome oriented environment

ACO aspiring provider organizations must strengthen their ability to manage several core processes in an accountable care environment. These include:

Providing care management interventions for individuals and populations

Patient-centered management and coordination of care events and activities across multiple care settings by one or more providers must be easily supported across the disparate systems involved (e.g., identifying care gaps and situations requiring additional interventions, as well as managing care transitions). The aim is to manage the most complex patients through the health care system, taking their preferences and overall situation into consideration. In addition, managing the overall health of specific cohorts (diabetics, elderly, well, etc.) will require proactive care, communication, education and outreach.

Providing high-quality care across the continuum

While this is an obvious goal for all providers, ACOs must facilitate cross-continuum medical management for active episodes and acute disease processes or for any patient outside of the defined goals of a target population. This also includes fine-tuning coordination among care team members, adapting care plans, targeting venues of care, establishing patient and family engagement initiatives, and monitoring and improving clinical performance.

Goals to be achieved by ACOs

Increase Savings

Reducing expenditures can be accomplished in the following ways:

- Manage hospitalizations & readmissions: Identify and address preventable hospitalizations and identify preventable readmissions for the same diagnosis
- Reduce inappropriate and over-utilization of services: Ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors

Health Outcomes and Quality Scores

Meeting the high standards set by ACO regulations requires close coordination of care delivery activities:

- Efficiently manage at risk populations with chronic conditions
- Address identified care gaps through well-coordinated preventive actions coordinated across the entire care team

Patient Satisfaction

Engaging patients in their care planning improves patient satisfaction:

- Actively involve patients in understanding and shared decision making regarding their care plan and improve care team / patient communication
- Increase patient understanding of benefits of health risk screening, preventive health, and chronic care management to comply with provider or organizational care pathways

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ICW´s HIT Building Blocks to Support Accountable Care

Several Health IT solutions will be essential for responding effectively to accountable care and new payment models. In addition to an electronic clinical care record that spans the continuum of care, the following key solutions will enable the core processes of an ACO:

ICW Health Information Exchange (HIE)

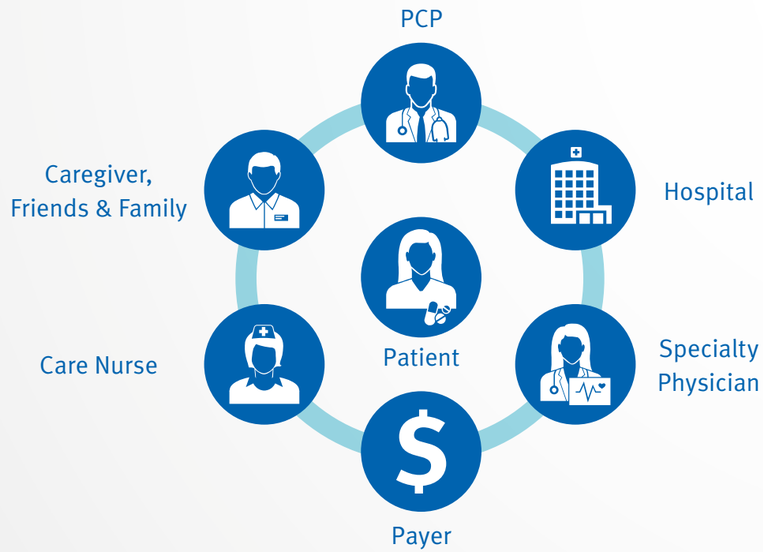
ICW provides a comprehensive solution for integrating patient health information in complex and disparate environments. With standards-based interoperability and a user-friendly interface, ICW breaks down information silos, fosters clinician and patient adoption, and demonstrates real value to providers and healthcare organizations. ICW Health Information Exchange aggregates clinical information from multiple Electronic Health Records (EHRs) and care settings across organizations, communities or states, and combines it with claims data to provide a comprehensive longitudinal patient record. When providers and care coordinators have more information at their fingertips, they are able to make better-informed decisions to treat and engage their patients.

ICW's Master Patient Index (MPI)

Having the right patient data, at the right place, at the right time is the goal of any HIE. This starts with accurately capturing and coordinating a patient's identity across multiple disparate organizations. If the information presented at the point of care is matched with the wrong patient, it is not only unusable, it is also dangerous for the patient.

ICW Care Coordination

Collaborative care delivery that optimizes transitions of care, plans and manages hospital discharges to reduce readmissions and reduces network leakage caused by out-of-network referrals.



Discharge Management

Optimizes planning and coordination of care transitions and reduces preventable readmissions:

- Identify high risk patients upon hospital admission
- Notify discharge managers, PCP and family caregivers about hospitalization and ED visits
- Assess a patient's individual needs for post-discharge care
- Plan post-discharge appointments with PCP, specialists, home care and other providers during hospital stay
- Establish a post-discharge care plan and share it with the entire care team
- Facilitate the transition from hospital to ambulatory care
- Enable PCMH by involving home stay patients to track progress on activities related to discharge tasks

Continuity of a Patient's Care Record

Continuity-of-care information that is shared in a timely manner among the virtual care team and enables care collaboration across multiple providers is critical to improve care processes of the ACO. ICW solution capabilities that support such continuity of care and enhanced provider collaboration include:

- Data and workflow integration across disparate applications and care settings
- A unified view of the patient across organizations and care settings.
- Continuous live updates from participating entities and alerts of such updates to ensure timely care synchronization across all accountable parties
- Technology that enables tracking of the patient's care across all settings for administrative decision-making and reimbursement management
- Aggregation of patient information to enable quantitative analysis and care insight on patient populations for the purpose of clinical and financial outcomes management.

Closed Loop Referral Management

By connecting clinicians with the information they need—when, where and how they need it—Referral Management transforms the onerous, bureaucratic, paper-shuffling referral process into a disciplined and effective workflow that:

- Increase patient compliance with recommended care regimens
- Enhance patient care continuity improves information exchange
- Creates a streamlined, patient-centric accountability process for tracking referrals among diverse healthcare entities—from hospitals, HIEs and IDNs to physician practices, pharmacies, external labs and imaging centers
- Ensure that no referrals get lost and that patients receive their treatment in a timely manner by end-to-end referral status tracking
- Improve workflow efficiency with an automated process that eliminates paperwork, redundant data entry and unnecessary phone calls
- Ensure interoperability with external systems via IHE XDW or by secure e-mail
- Support the patient-centered medical home, where coordinating care providers arrange care with specialists and organize documents ranging from consult reports and operating room notes to discharge summaries

ICWs integration of Care Coordination with ICW HIE also supports to streamline the management of patient flows, keep patients within the network and get insights into referral patterns and trends.

- Reduce referral leakage by offering a comprehensive and up to date directory of provider network membership information which makes it easy for referring providers to find in-network specialists
- Streamline specialist workflow by providing relevant clinical data as attachments to the referral
- Reduce no-shows with automated patient reminders
- Get analytical insights into referral patterns, patient flows and process KPIs to better understand where the money goes

ICW Solutions for Accountable Care Organizations

ICW Care Management
Provides proactive, preventive and cost-effective care management for individuals and population cohorts and helps to prevent unwarranted emergency department visits and avoid acute episodes. Disease registries will enable care centers to manage patients with focused care needs, review summary data sets and make necessary interventions when care is not up to standard.

At the core of the solution a rule and workflow engine enables context-aware processes across the continuum, defined by best practice care pathways. Processes that are efficient, predictable and robust enable an organization to thrive in an accountable care environment. Through monitoring process performance, alerting staff to missed steps, sequence issues or delays a continuous improvement of care pathways is supported.

The solution can assist greatly in clinical decision-making by not only presenting clinicians with alerts and reminders, but also by encouraging teamwork in clinical decisions, assisting with the time management and task allocation in process delivery, stating changes in patient or operational conditions, and creating behind-the-scenes automation of process steps. Further capabilities:

- Transparency in cross-institutional care processes
- The structured medical record which can be integrated with the HIE longitudinal record provides information about the patient history and the current treatments
- Quick intervention in the event of acute incidents
- Organization of interdisciplinary cooperation in team-based treatment approaches
- Communication between care team and patients

ICW Patient Engagement
In addition to providing high-quality, effective care at the best possible cost, HCOs need to engage patients in staying well and managing their health. A solution that allows patients to communicate with caregivers, perform self-care activities and participate in health risk assessments and screenings, for example, can improve quality of care and outcomes, especially for patients with chronic diseases.

Such collaboration will increase over time, and we will extend our patient engagement outreach in a variety of ways, such as:

- providing patients with access to their data so they understand their current health status;
- allowing patients to communicate with their care providers (ask questions, discuss symptoms, renew medications, requests appointments, and so forth);
- enabling patients to enter their own data (ranging from correcting a medication list to entering data about their symptoms, particularly if there‘s been a change in treatment pattern);
- providing patients access to health information and management tools (education, discussion forums with other patients who have conditions similar to theirs, and so forth).

Key Benefits

Improve Patient Outcomes
Comprehensive, unified single view of patient record and planned care tasks supports better clinical decision-making and risk analysis

Effective Care Management
Efficient management and monitoring of cross-institutional care processes

Increase Patient Engagement
Patient Portal actively involves patients in their care plans

Transactional Clinical Data Repository
Provides access to real-time operational data

Time Savings
In-depth presentation of all readily available information reduces time spent searching for relevant patient data

Reduce Costs
Longitudinal patient record helps reduce or eliminate duplicate or unnecessary tests and procedures

Technology for Health

Download an electronic copy of this brochure here.

Do you have further questions? Then give us a call!

Contact InterComponentWare to schedule a demonstration. Discover how ICW Solutions for ACOs help improve care delivery and quality, increase patient engagement, reduce costs and allow your organization to manage your population's health.

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