The Accountable Care Journey: Getting Started

What is accountable care?
Accountable care begins with a community commitment to create an environment of individual responsibility for health and happiness. It continues with commitment of healthcare workers to being fully present at work and focused on quality and customer service. This includes emphasis on clear communication and dialogue which fosters trust and cooperation among coworkers and their patients.

Clinicians, healthcare workers and patients all work together to support active programs of caring outreach to those individuals in the community most at risk for significant health issues. Programs are also established for those community members with medium and low risk profiles which model and encourage positive lifestyles and support them. The negative impact of stress on individual health, morale and productivity is recognized and accounted for in a holistic approach to wellness.

What characteristics exist in an accountable care culture?
Successful accountable care cultures include certain characteristics within the community and the healthcare, public and private sector organizations which serve them:

- Community wellness champions – these are respected and visible community members who repeatedly refrain the wellness message: physicians, government and business leaders, sports and media celebrities for instance
- Health insurance plan design incentives – employers and the forthcoming health insurance exchanges should offer products and services which facilitate and support efficient consumer healthcare decision making habits
- Active participation of primary care physicians and their extenders – the healthcare system of the future is as focused on preventive care and fostering healthy habits from birth as it is on combating disease and disabilities: this will require a greater role from nurses of steadily increased training, physician assistants (PA), health coaches, nutritionists, etc.
- Forums to agree upon and communicate evidenced based quality processes – physicians must own the process of reducing the substantial variation in treatment practices and costs across the country and even between county lines
- Transparency – Everyone in the system has responsibility for health improvement, so everyone should have access to the data, facts and pricing involved

Who is ultimately responsible for Improving Health and the Healthcare System that supports it?
YOU are. Whether you are a patient, or a doctor, a hospital system CEO or State Governor, the VP of HR for a major corporation or a small business owner – you are.
What can Healthcare employers do to support and foster accountable care?

Healthcare organizations are unique in that they are healthcare providers AND employers. By involving department heads, well known and respected physician leaders, senior management and human resources, a culture of accountable care can be created within the healthcare organization that will spread to the community. Review of the claims adjudication, care coordination, and chronic disease management activities within the healthcare organization and its insurance carrier or TPA will yield bountiful information about the organization’s readiness for accountable care delivery.

The same tools that large, self-funded employers have been using for years to manage the cost of their medical benefit plan can be used to create a flow of data between the payer, healthcare organization and physicians in the community that support and measure progress toward accountable care. Of course everything goes to waste if there isn’t an effective program of communication which incorporates several forms of media and online tools for modeling the financial impact of plan option and health related behavior choices. The healthcare organization that will be successful in their community is the one can demonstrate success at providing cost effective, efficient care under its own medical benefit plan.

How can the community Physicians be integrated?

It starts with a two simple and direct messages:

Join us – hospital and health system employers across the country are integrating with physicians in their community either by acquisition or alignments; and each has assets to offer. Healthcare workers are the physicians’ patients; cost containment goals are difficult to achieve without physician input on best practices; payer and system data warehouses are meaningless without clinical dashboards in physician offices.

Partner with us – Partnership is need to create an integrated system that enhances primary care focus, manages the transformation from a fee for services to a fee for outcomes payment approach, determines target metrics for bonus payments and establishes care coordination and case management resources.

How can existing data be turned into actionable information?

Today, utilization, cost and quality data will come from two sources: 1) claims, self reported health status appraisals, blood draws and demographic data for the employees and their families who are covered under employer and payer plans, and 2) quality data prepared for CMS and internal quality reviews. Tomorrow, data from integrated EMR networks may also be available.

An experienced data warehouse manager, preferably with a strong actuarial pedigree, can take employer and payer data feeds, scrub the data, make it available remotely, and work with the integrated delivery network (IDN) to create the desired reporting, dashboard and analysis packages and quality scorecards.
What common elements exist in successful accountable care environments?

It starts with a comprehensive and robust Data Warehouse that tracks claims, financial, engagement and quality data. The output should include an easy to use interface that displays population health metrics at the community and physician panel level. It should be able to attribute patients to a Medical Home, risk adjust individual physician panels for comparison purposes, calculate shared savings payments and feed case management and care coordination systems.

It continues with case management and care coordination (medical home) activities performed at the physician’s office or a central IDN unit that supports the physicians and facilities. These activities are driven by the predictive modeling and patient dashboard outputs from the data warehouse.

To enhance recoupment of withheld CMS funding and positive social media chatter, ongoing customer service (HCAHPS) and physician led evidenced based quality training is embedded in the culture.

Finally, independent scorekeepers not associated with the payers, physicians or facilities are used to audit and measure actual activity and outcome metrics against agreed upon goals.

What resources does Gallagher have to support clients on their accountable care journey?

Gallagher Healthcare Practice Group is a division which focuses exclusively on our healthcare clients and their risk management issues. Our work with over 230 hospitals and systems gives us the experience needed to facilitate, guide and inform the journey.

Our Healthcare Analytics Group is a division of actuaries, auditors and analysts who have been performing data warehousing and reporting, predictive modeling and metric scorekeeping for large self funded plans for years. They also have worked with many healthcare clients to develop network products including contracting, plan design, pricing, and state filing. Our accountable care platform includes physician patient attribution, panel risk adjusting, reporting dashboards and result scorekeeping.

HealthCAREdge is a care coordination and case management platform fed by our data warehouse and powered by Quantum Health with its PIVIT case management and care coordination system and staff of registered nurses.

HealthCAREfficiency is a clinical process improvement and chronic condition management consulting partnership that we have developed with two multi-billion dollar leaders in the field.

For more information please contact your local office or Robin Mancuso, Managing Director, Gallagher Healthcare Practice Group at:

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