ACHIEVING CLINICAL TRANSFORMATION

 Accountable Care Organizations (or ACO-like approach)

Population Health Management

INNOVATIVE CARE DELIVERY MODELS Effective, Efficient Care across
 the Continuum (including outside the four walls of the hospital)

BREAKTHROUGH CLINICAL QUALITY & EFFICIENCY IMPROVEMENTS

- Care Variation Management
- Evidence Based Care Design

OPERATIONAL EXCELLENCE

- Interdisciplinary Care Coordination
 - Case Management
 - House Management

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THE SHIFT FROM VOLUME TO VALUE

Managing the Timing of Your

CLINICAL TRANSFORMATION



• Coordinating the Breadth of Change Required for Success

- Ensure involvement of the appropriate clinical staff
- Ensure improvement initiatives reflect a comprehensive view of care delivery for target conditions, not a departmental perspective

Engaging Medical Staff/Physicians

- Use a collaborative process that engages and aligns all key stakeholder groups including Physicians
- Develop a coordinated strategy for addressing Physician-related constraints that may hinder success
- Develop strong Physician relationships that will support change
- Support existing Physician governance and accountability model to reinforce and sustain change

• Ensuring Organization-wide Support and Buy-in

- Provide visible and strong Senior Leadership support
- Identify change agents and champions early on and ensure they are involved and engaged in the process
- Develop and execute a comprehensive communication plan incorporating all stakeholders

CRITICAL SUCCESS FACTORS



SELF-ASSESSMENT QUESTIONS

- ☑ Where is your organization performing on quality and costs, relative to national benchmarks?
- Do you have a reliable and regular way to compare current practice patterns to benchmarks and evidence-based guidelines?
- ☑ Is there a culture of collaboration and accountability among your clinicians?
- What care pathways or guidelines are currently in place, and are they used to drive decision making at the point-of-care?
- ☑ Do you have an effective process for concurrently monitoring adherence to the pathways and guidelines, and an escalation process to address non-compliance?
- ☑ What tools are currently in place for tracking and reporting quality performance?
- Is your organization ready to meet emerging regulatory requirements related to reducing inappropriate utilization?
- What payors in your market are implementing pay-for-quality programs, and what metrics will they be using?
- ☑ Are your payors going to force DRG payments in the near future?
- As population-based contracting models expand, how are you prepared to participate from a position of strength in a value-based reimbursement system?