



*Iowa Healthcare
Collaborative*

Radical Redesign

Tom Evans, MD

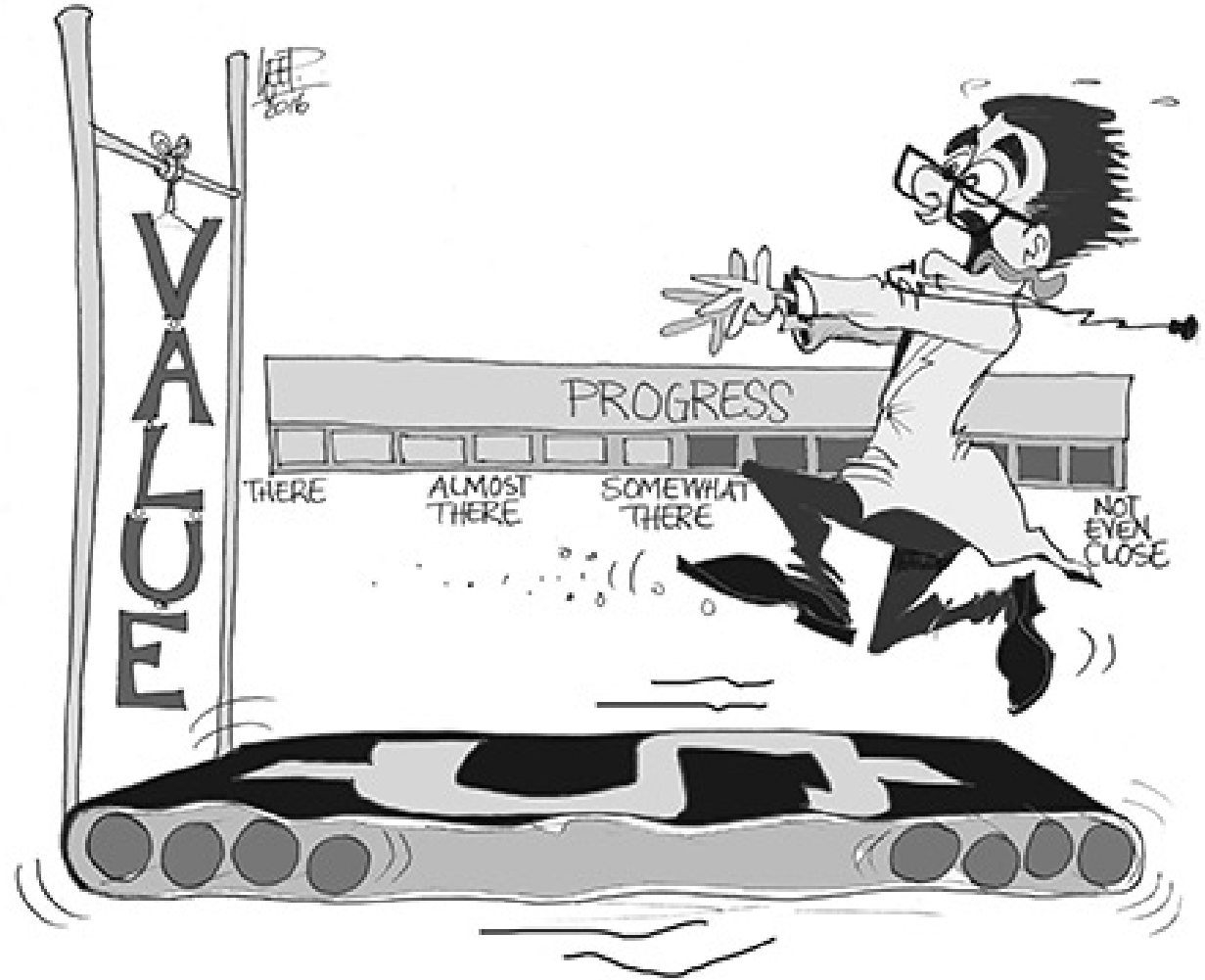
March 5, 2020

Delivery System Reform

***Pay
Providers***

***Deliver
Care***

***Distribute
Information***





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Preparing for “The Future”

- Value-based reimbursement
- Provider and community alignment
- Care coordination
- Sustainability



Driving Transformation

- Engagement
- Education
- Execution
- Expectation

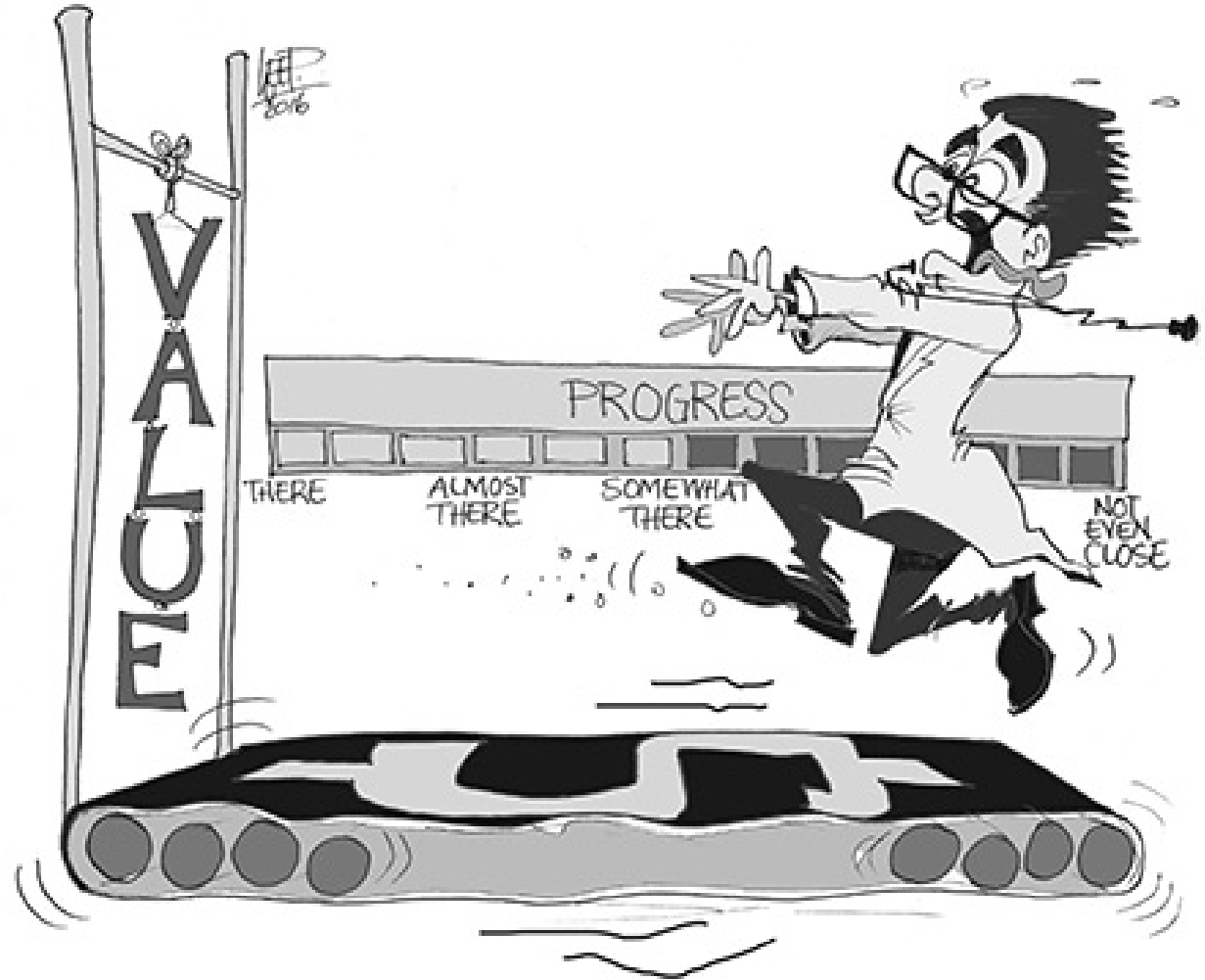


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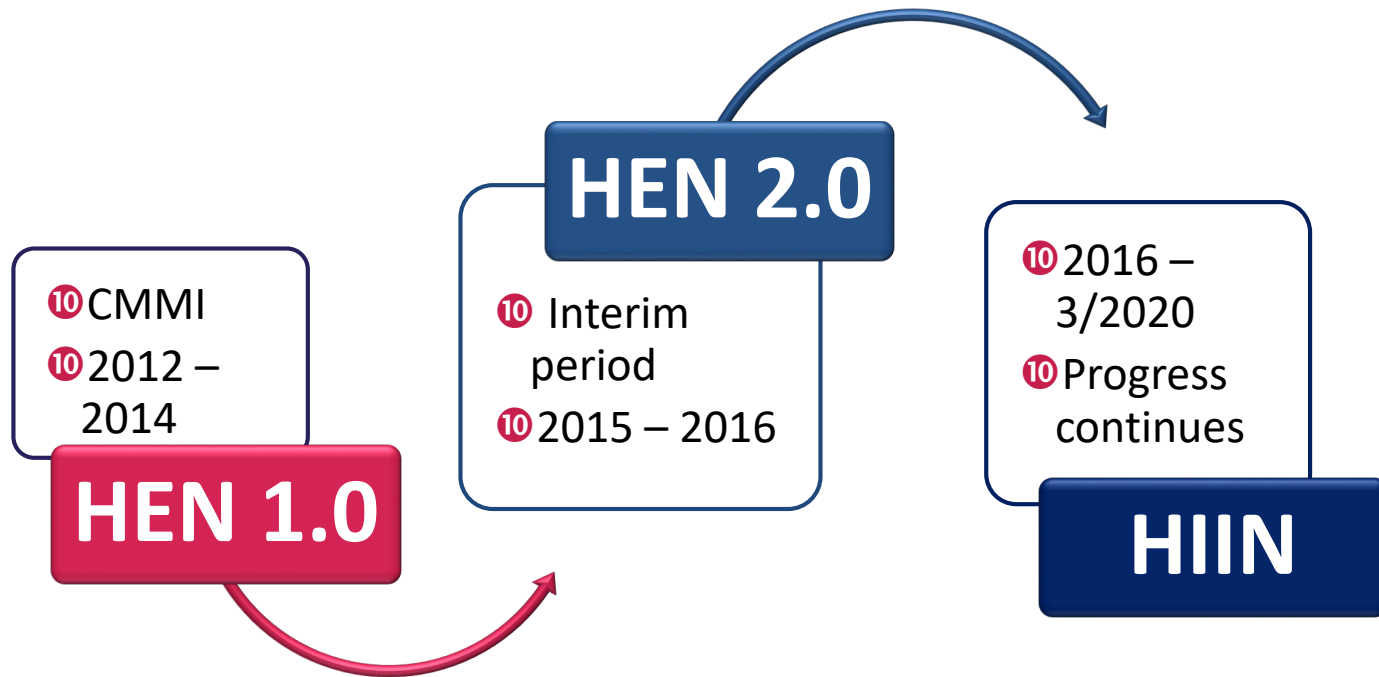
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Supporting Provider Transformation

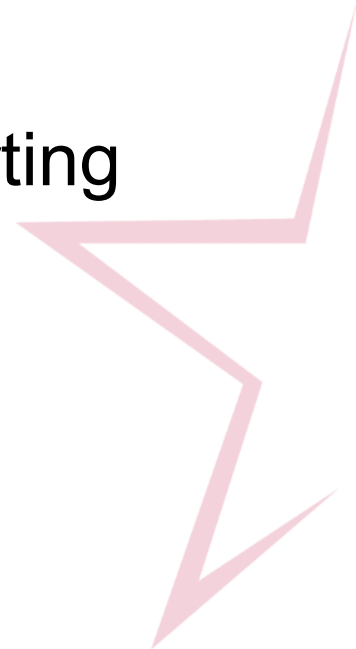
History of the HIIN

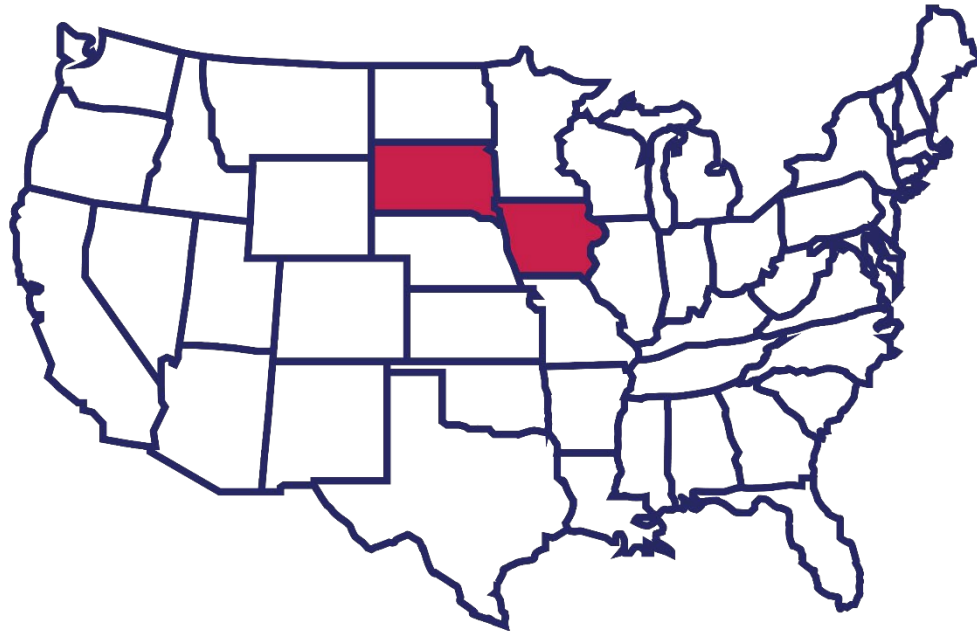




Leader in Healthcare Transformation

- Community initiative in 2003, incorporated in 2005
- Provider-convened, community coalition to improve quality, safety and value
- Performance improvement vs. public reporting
- Regional and local relationships
- Nationally recognized for documented and sustainable results





Partnerships

- Iowa Healthcare Collaborative (IHC)
- South Dakota Association of Healthcare Organizations (SDAHO)

147 Hospitals


- Iowa
- South Dakota

**Comprised of approximately
80% Critical Access/Rural
hospitals**

Challenge

- Improve clinical performance and reduce reporting burden

Opportunity

- Use the rich claims database to draw conclusions on clinical performance
 - Provide analytics that feed improvement information to hospitals in a timely manner
 - Relevant technical assistance to catalyze transformation
- 

Process

- Inpatient/outpatient claims data and NHSN data are loaded monthly into the reporting database
- Data is cleaned with each submission and made accessible to hospitals via on-demand reporting tools fueling timely clinical process improvement work
- Aggregate data is reported bi-monthly to CMS

Results

- Next slide...



Program Results to Date

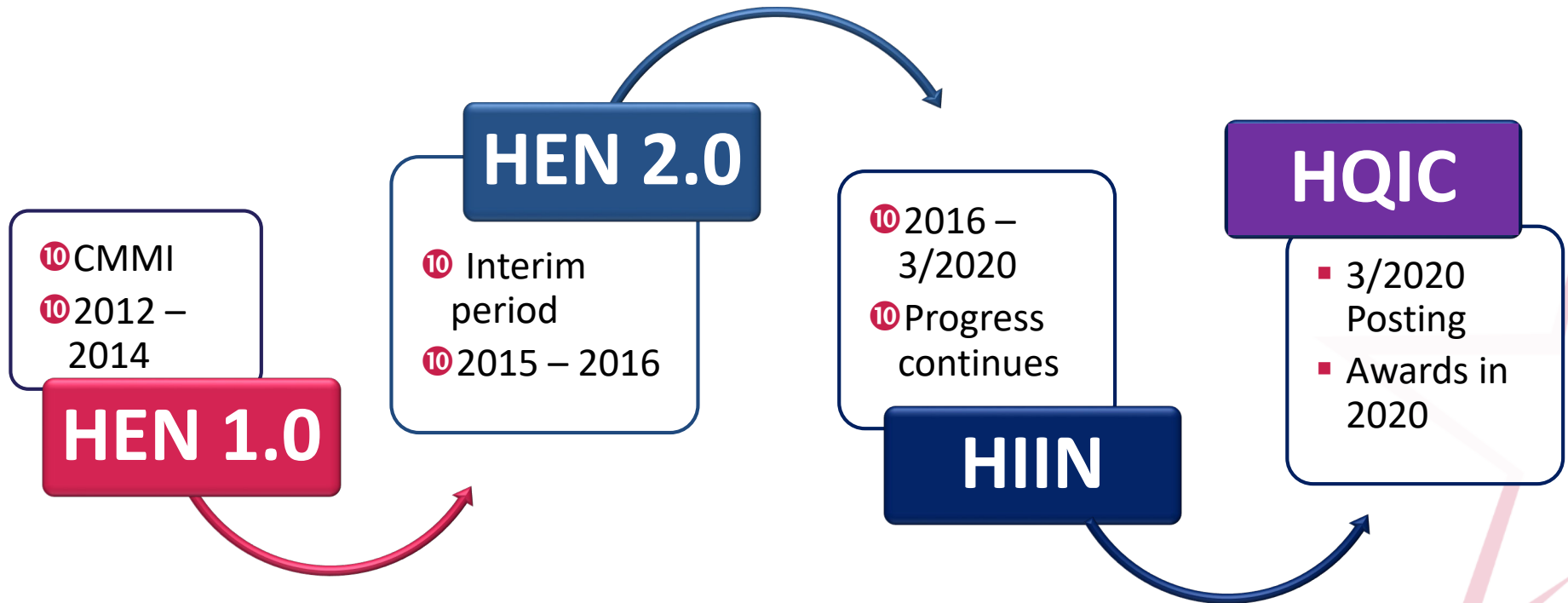
Year	Quarter / CY	Events Avoided (-) or Incurred (+)	Excess Cost Avoided (-) or Incurred (+)	Excess Length of Stay (LOS) Avoided (-) or Incurred (+)	Excess Mortality Avoided (-) or Incurred (+)
2014	Q4	-264.00	-3170877.55	-959.79	-0.37
2015	CY	-1396.74	-14738429.79	-5396.48	-4.92
HEN Total		-2,529.48	-26,305,982.03	-9,833.17	-9.47
Year	Quarter / CY	Events Avoided (-) or Incurred (+)	Excess Cost Avoided (-) or Incurred (+)	Excess Length of Stay (LOS) Avoided (-) or Incurred (+)	Excess Mortality Avoided (-) or Incurred (+)
2016	Q4	-1012.93	-13777698.99	-3232.54	-19.82
2017	CY	-4286.26	-63278930.87	-10010.72	-93.08
2018	CY	-7283.30	-89952195.52	-20436.34	-119.16
2019	1/19 – 10/19	-6978.94	-46042404.80	-19721.70	-104.50
HIIN Total		-19,561.43	-213,051,230.17	-53,401.29	-336.56

Performance to date:

- Events: 19,561 events
- Excess cost: \$ 213,051,230
- Length of stay: 53,401 days
- Mortality: 337 lives



Future of the HIIN?



CMS Quality Improvement Work Is Anticipated to Align With Priorities Across Healthcare Settings

Priority Focus Areas	Clinicians in Clinical Practices	Hospitals (acute care, specialty, LTACs, IRFs)	Nursing Homes	Community Coalitions
Opioids & Behavioral Health				
Burden Reduction				
Patient Safety				
Chronic Disease Self-Management				
Care Transitions				
Nursing Home Quality				



Rural Health, Vulnerable Populations and Patient & Family Engagement are Cross-cutting Priorities

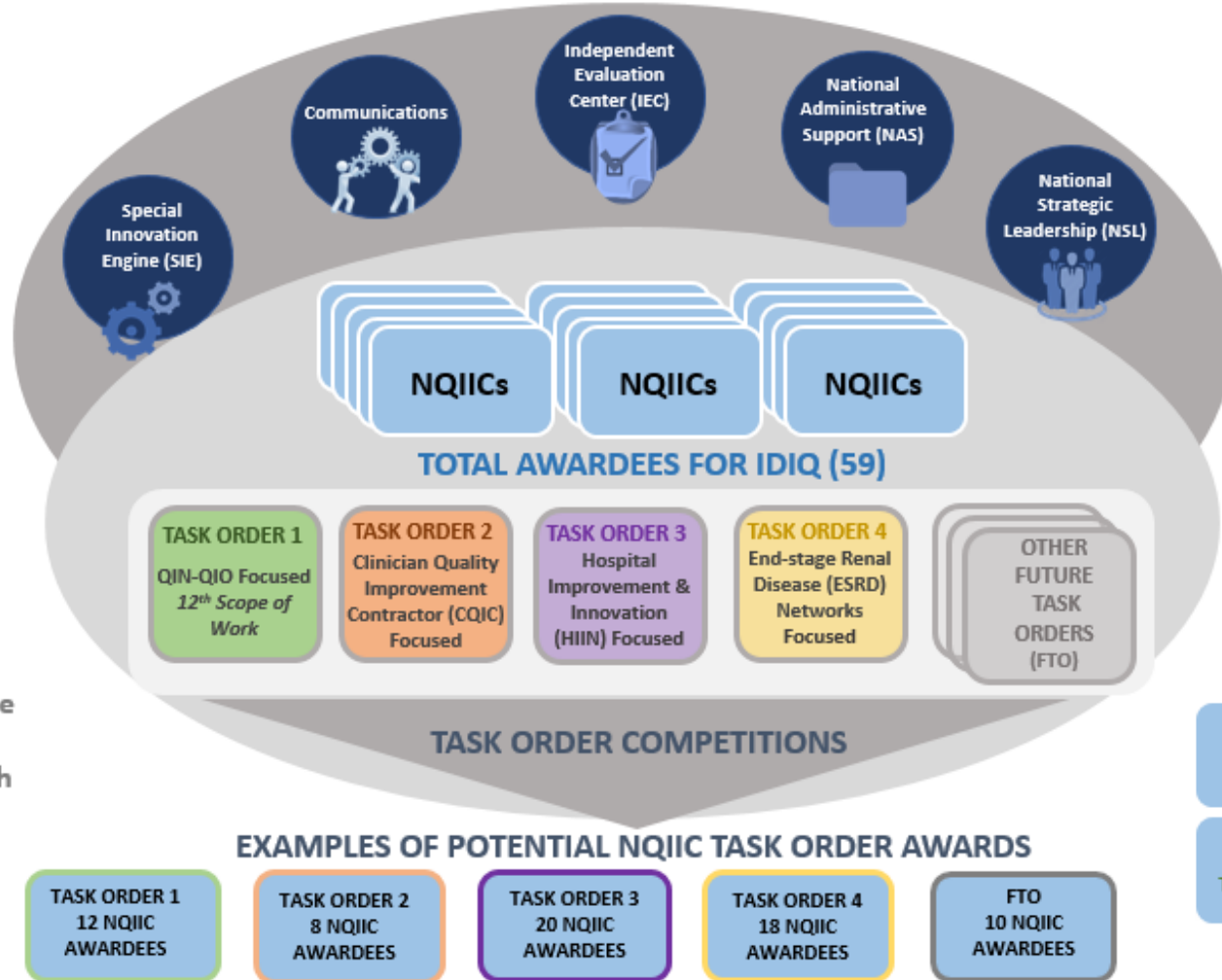


CMS 12th Scope of Work TORP 3: "HQIC?"

	Clinicians in Clinical Practice	Hospitals (acute care, specialty, LATCs, IRFs., etc.)	Nursing Homes	Community Coalitions
Opioids and Behav. Health	CQIC	HQIC	QIO	QIO
Burden Reduction				
Patient Safety	CQIC	HQIC	QIO	QIO
Chronic Care Self-Mgmt	CQIC	HQIC	QIO	QIO
Care Transitions	CQIC	HQIC	QIO	QIO
Nursing Home Quality				

How will CMS Execute this Work?

Network of Quality Improvement & Innovation Contractors (NQIIC) Operational Structure



NOTE: NQIICs can compete for any or all task orders with the potential to win one or more task orders. There will be individual task order competitions with multiple awardees for these task orders.



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Burden Reduction				
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Care Transitions	CQIC	HQIC	QIO	QIO
Nursing Home Quality				

What's Next for CMS and Health System Reform?

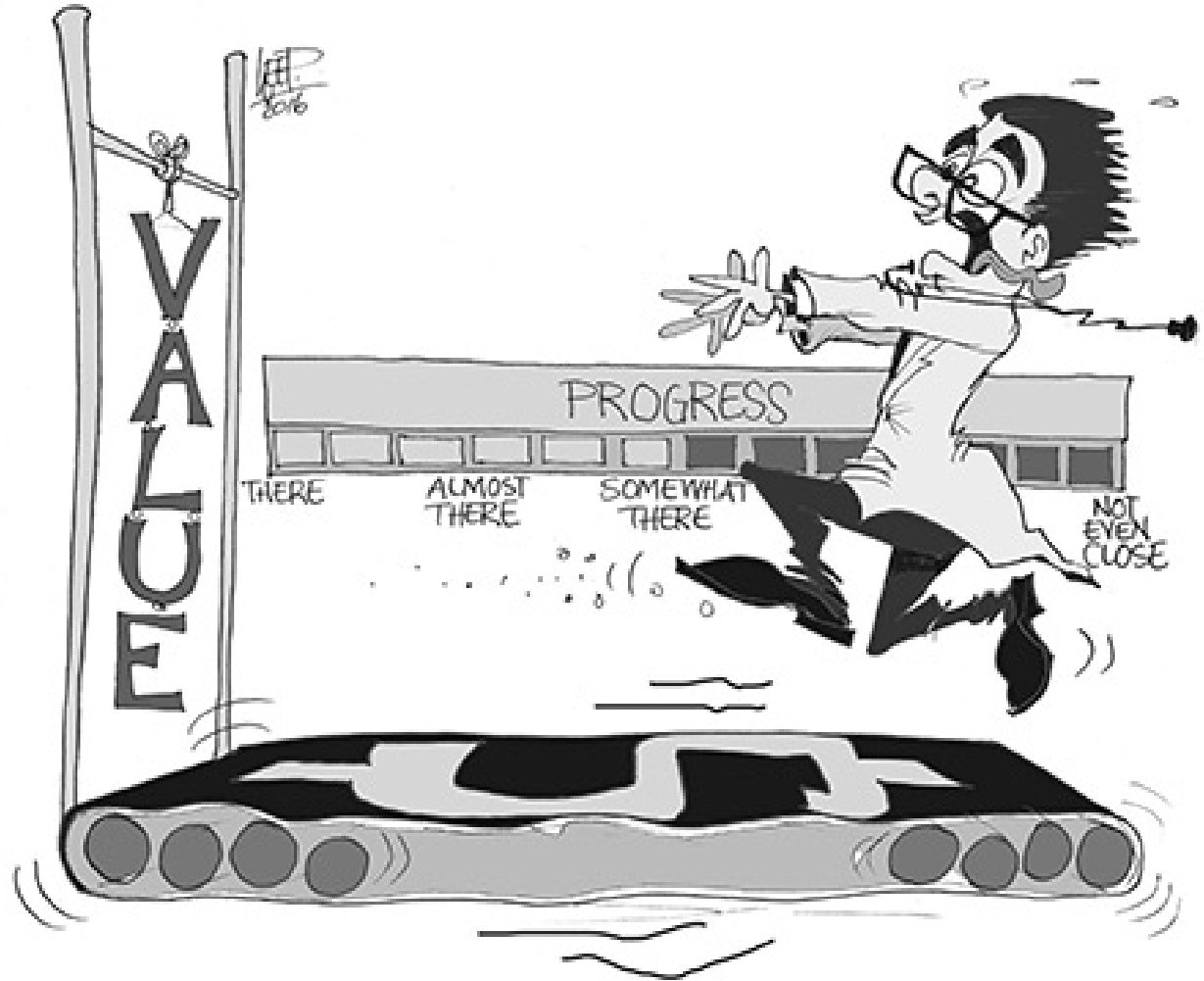


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A Change is in the Wind

The Next Phase

- Engagement
- Education
- Execution
- Expectation



Change is in the Wind

CMS Objectives

- Improve Quality and Affordability
- Drive reimbursement to value-based models
- Decrease the rate of rise in healthcare expenditures

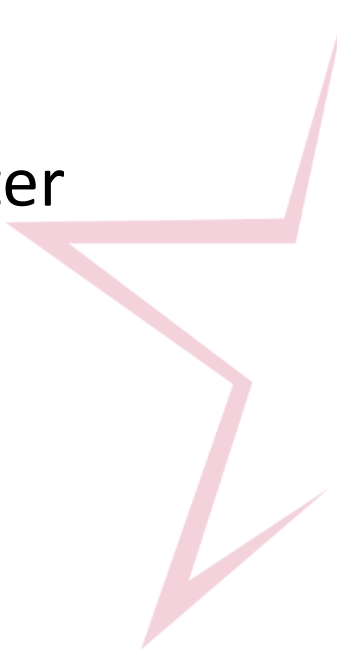
“I believe government is responsible to provide a platform for competition.”

Seema Verma, CMS Administrator
CMS Quality Conference 2020



Change is in the Wind

CMS Quality Strategy Pillars

- **Standardize measurement** to establish clear rules of the road
 - **Strengthen oversight** and accountability
 - **Promote transparency** for public access to foster competition
 - **Modernize QI efforts** through IT
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Change is in the Wind

Targeted Approach to Support those who need help the most:

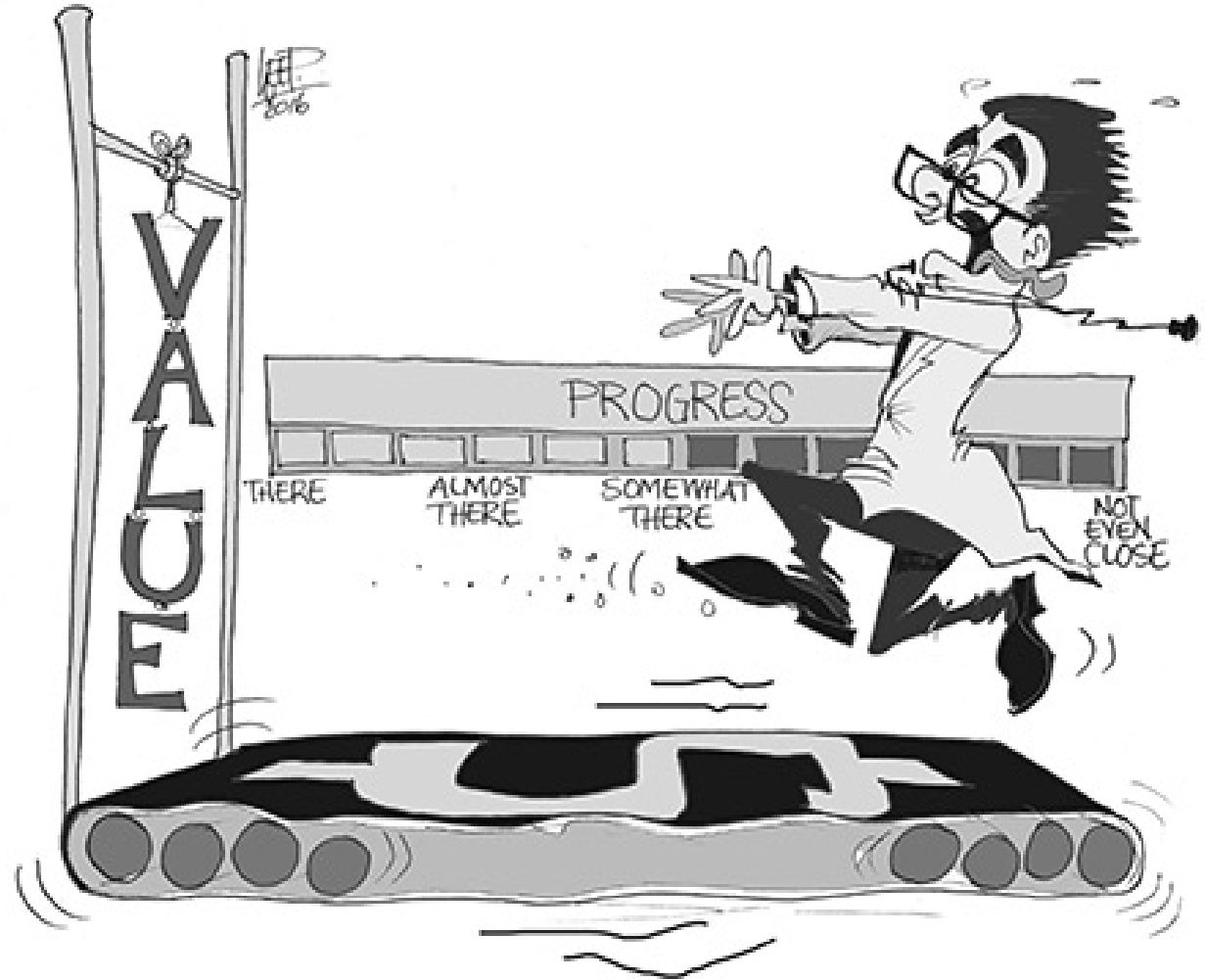
- Small Providers
- Rural Providers
- Providers serving vulnerable populations with limited access to care options
- Providers with performance challenges where beneficiaries have limited access to care options

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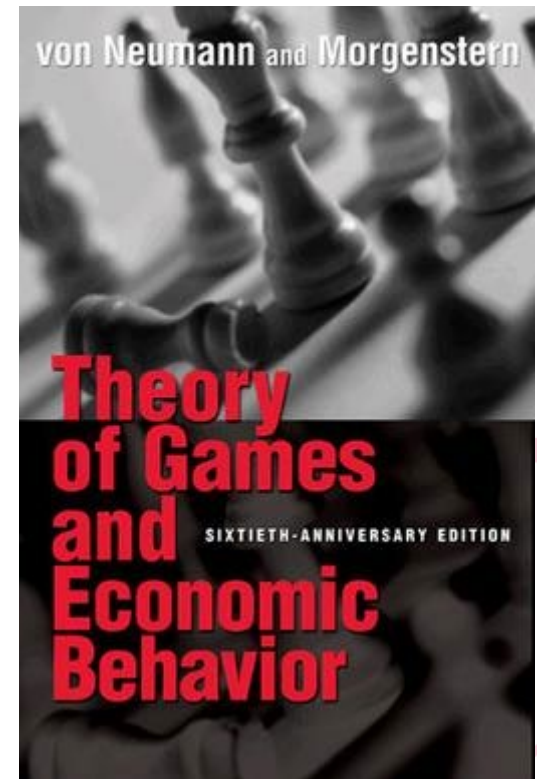
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Coopetition

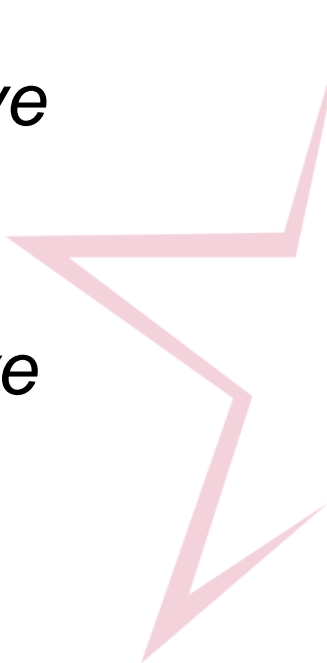
Coopetition

- Neologism coined to describe “Cooperative Competition”
- Basic principles have been described in Game Theory
- Resulted in new paradigm of resource planning and allocation
 - Contractors no longer see each other as competitors; The look for cooperation beyond their competition to reduce costs.



Coopetition

Cross-functional Coopetition is conceptualized with five distinct and independent constructs:

- Task orientation
 - Communication
 - Interpersonal relationships
 - Tangible resources
 - Intangible resources
- Cooperative*
- Competitive*
- 

Coopetition

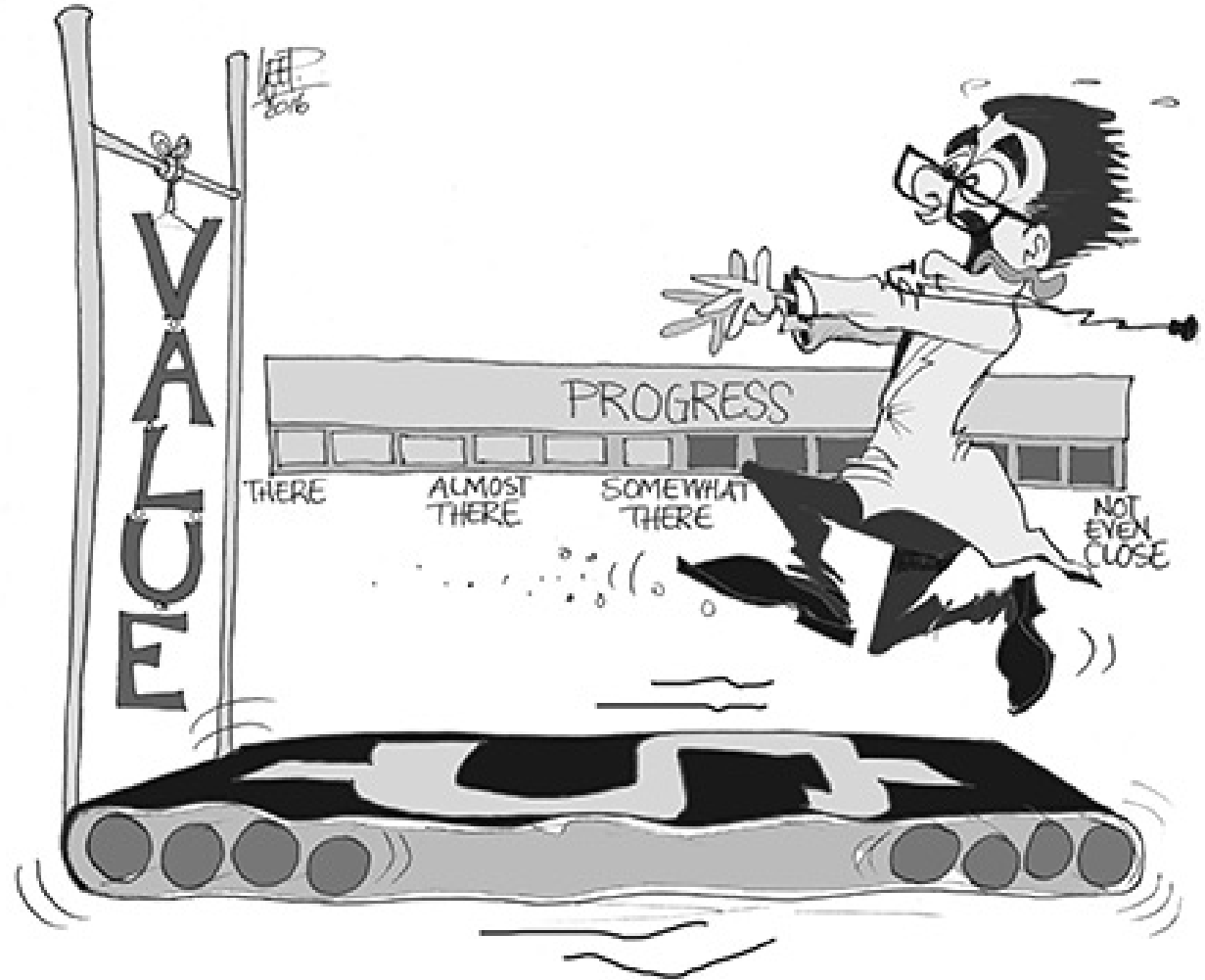
- Coopetition occurs at both the inter-organizational and intra-organizational levels
- Example:
 - In mid-2000s, Darrell Waltrip used “coopetition” to describe the phenomenon of drivers cooperating at various phases of a race at “high speed” tracks like Daytona and Talladega where cooperative aerodynamic drafting is critical to a driver’s ability to advance through the field. The ultimate goal, however, is to use the strategy to win.

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Sustainable Healthcare Transformation

Questions

