From Vision to Implementation:
The Building Blocks of Accountable Care

This report is based on a HIMSS Industry Solutions & Healthcare IT News webinar presented by InterSystems Corporation in September 2012.
Tying quality of care to reimbursements has been proposed in the last few years as a solution to increase the efficiency and quality of care and replace the costly and ineffective fee-for-service model. Provisions within the Affordable Care Act of 2010 have given accountable care organizations (ACOs) the foundation upon which to build real-world, value-based care models. As a result, healthcare organizations across the country are exploring what they must do in terms of restructuring and realigning their operations in order to manage costs efficiently, and to improve outcomes and optimize care. Many are discovering that current information management systems and processes are too fragmented to support accountable care. Furthermore, they are realizing that care coordination managing risk, and financial and population management demand new competencies and technologies.

Accountable Care: A New Way of Managing Care

In a HIMSS Industry Solutions and Healthcare IT News webinar presentation, Dominick Bizzarro, InterSystems’ HealthShare global business manager, and Lou LaRocca, founder, president and CEO of J2 Interactive, highlighted the value of a strategic healthcare informatics platform and breakthrough solutions for connected care. “The move to more accountable, more efficient and better care requires innovation in reimbursement, care structures and the IT to support this transition,” Bizzarro said.

The “building blocks” to succeed in an accountable care environment include defining the population to care for and manage; identifying and stratifying risks, gaps and strategies; developing integrated care plans for care coordination; sharing and integrating health information; and aggregating and analyzing the data to create actionable information. Healthcare organizations will need to develop coordinated, integrated care plans for each cohort or subpopulation, and design and implement interventions in a way that integrates clinical and operational workflows. Results will be continually analyzed from both a patient- and provider-centric perspective. The ability to aggregate, analyze and act on the information in order to improve this whole cycle is critical, according to Bizzarro.

Early adopters are finding that they must build on their existing IT investments, as no single application can address all their needs, and users, applications and the data will continue to evolve. “As a result, organizations will need a variety of solutions that span multiple applications to solve these pressing informational and functional gaps,” Bizzarro said.

Organizations must connect all the data to enable active analytics, connect applications to enable clinical integration, and connect users for care coordination. The best strategy is to deploy a robust connected-care infrastructure that is highly scalable and high performing. Once data is integrated and interoperable, the application of informatics to the data will provide stakeholders – from C-suite executives to financial and clinical users – with an understanding of what’s happening, now, at the patient population level. As a result, stakeholders will have the ability to act on that information in order to improve outcomes and performance. “Analytics delivered at the point of care in real time or just in time is a real breakthrough,” noted Bizzarro.
The challenge lies in execution, which Bizzarro pointed out is perhaps the largest determinant of success. Together with its Implementation Partners, InterSystems has helped its healthcare customers execute and succeed. J2 Interactive, a software and IT consulting firm, has been an since 2004 and has worked with healthcare organizations to implement HealthShare to meet their specific business and clinical needs. Featured below are four healthcare organizations that successfully deployed HealthShare to bring value to their stakeholders.

**Leveraging HealthShare to Meet Different Needs**

**MemorialCare Health System**, a six-hospital integrated delivery network (IDN) serving Los Angeles and Orange County, standardized on HealthShare as its integration platform last year. Along the way, the IDN achieved rapid successes with smaller projects, such as migrating more than 100 legacy HL7 interfaces, converting to the 5010 standard for electronic transactions, and integrating transcription, risk and payment management. MemorialCare's IT department was able to leverage HealthShare to immediately address some of the IDN's organizational pain points. “These tactical victories are not only critically important in and of themselves, but they can also be incredibly valuable for getting buy-in for the organization's broader strategic goals,” said J2 Interactive's CEO, Lou LaRocca.

For the IDN's provider network, the most important achievement has been electronic medical record (EMR) interoperability. MemorialCare supports more than 2,000 physicians on multiple EMR systems. “They understand that no single EMR is going to serve the entire region adequately,” LaRocca said. With HealthShare serving as an information and communications broker between the different EMR systems, providers can view complete patient records directly from their EMR system, thereby operating within their own workflow.

**Maimonides Medical Center**, a Brooklyn-based academic medical center and leading member of the Brooklyn Health Information Exchange (BHIX), is working with 13 partners, including hospitals, psychiatric centers, home care providers and social services, on a mental-health-home project for patients with bipolar disorder, schizophrenia and depression. The project, which is looking to reduce ED visits, acute-care and psychiatric admissions, and lengths of stay, is creating a coordinated care plan (CCP) that spans the various providers. Each patient has a CCP that contains a complete summary of care aggregated from each participant's internal EMR system, made possible through the use of HealthShare and in conjunction with BHIX. HealthShare provides the means to aggregate the information for the CCP and a central place where care teams can update the CCP in a collaborative manner.

**The Rhode Island Quality Institute (RIQI)** has adopted HealthShare as its health information exchange (HIE) and informatics platform. RIQI is the state-designated entity for the statewide HIE and recipient of a Beacon Grant by the Office of the National Coordinator for Health IT. RIQI leverages the HealthShare interoperability framework and the data moving through it to deliver additional value to stakeholders. Through HealthShare, RIQI monitors clinical messages and alerts clinicians across the state of important health events. As a Beacon community, RIQI established a

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goal to demonstrate measurable quality, cost efficiency and population health improvement through a patient-centered medical home model. RIQI wants to ensure they have the data needed to track and measure progress against the Beacon measures, such as high blood pressure and tobacco use. HealthShare is the connectivity platform, aggregator and repository for all actionable data. It also provides RIQI with a community-wide management capability and timely, relevant information for patients’ care teams. As a result, RIQI can report on the data for the purposes of the Beacon program, as well as share data that allows clinicians and patients to act in time to make a difference.

**Hunterdon Healthcare System**, based in Flemington, N.J., has used the HealthShare integration platform for years, but recently incorporated InterSystems’ embedded business intelligence technology. Now Hunterdon can aggregate information seamlessly from disparate sources across multiple sites, and can populate visual dashboards to highlight trends and problems in areas such as revenue cycle management and care measures. To improve quality of care, Hunterdon developed a monitoring and reporting framework that focuses on averting conditions that likely will lead to hospital readmissions.

Data can be repurposed for different reporting mechanisms and additional goals, which significantly expands the reach and impact of the shared data repository. Healthcare providers with this use case, however, must ensure that their healthcare informatics platform is robust. The platform’s underlying clinical data model must support the level of granularity required to be able to look at multiple measures and different attributes of a patient or encounter to find the most relevant information for analysis. The platform’s underlying engine, such as HealthShare’s, must be powerful enough to deliver ad hoc queries on a large patient population in real time.

**Delivering Breakthrough Applications in Connected Care**

In architecting the technology to deliver on these uses cases, InterSystems has learned from its customers that their energy is best spent using technology to deliver value to their stakeholders rather than putting resources back into disparate, glued-together technology. “As opposed to introducing more cost and complexity, we believe in a unified product platform that can meet our customers’ needs as they evolve, grow and change,” Bizzarro said. With the emergence of ACOs and other care models, healthcare organizations need flexible, service-oriented enterprise solutions to succeed. The HealthShare strategic healthcare informatics platform is already helping healthcare organizations meet ACO requirements. “Accountable care presents new challenges and fantastic opportunities,” said Bizzarro. Calling accountable care “a sea change,” He said the new method of delivering care is well under way, and early adopters that are improving outcomes while managing costs will become the leaders for the rest of the healthcare industry.