

A photograph of an iceberg floating in the ocean. The tip of the iceberg is visible above the water line, while the much larger, more complex structure is submerged below. The sky is blue with light clouds, and the water is a deep blue.

Tip of the iceberg

Attribution – Deeper management approaches

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Why? Ongoing provider-based care (done well) has value

- Member connection - physician relationship, contact point
- Useful HIT such as Extended Disease registries
- Clinical management specific to each illness
- Referral coordination
- Patient channeling (both inpatient and outpatient)
- Advanced pharmacy management
- Hospitalist
- Joint reduction in expenses
- Responsibility - all treatment and support programs

Who?

Attribution, alignment, assignment, enrollment, responsible

- Connect patient to the right organization / people
- Ultimate goals
 - Connect member to the individual most likely to create improvement (physician, nurse, behavioral change, or “someone like me”)
 - Give a single strong individual the responsibility and authority for management (including delegating to others for complex cases)
 - These are often two different people

Example #1

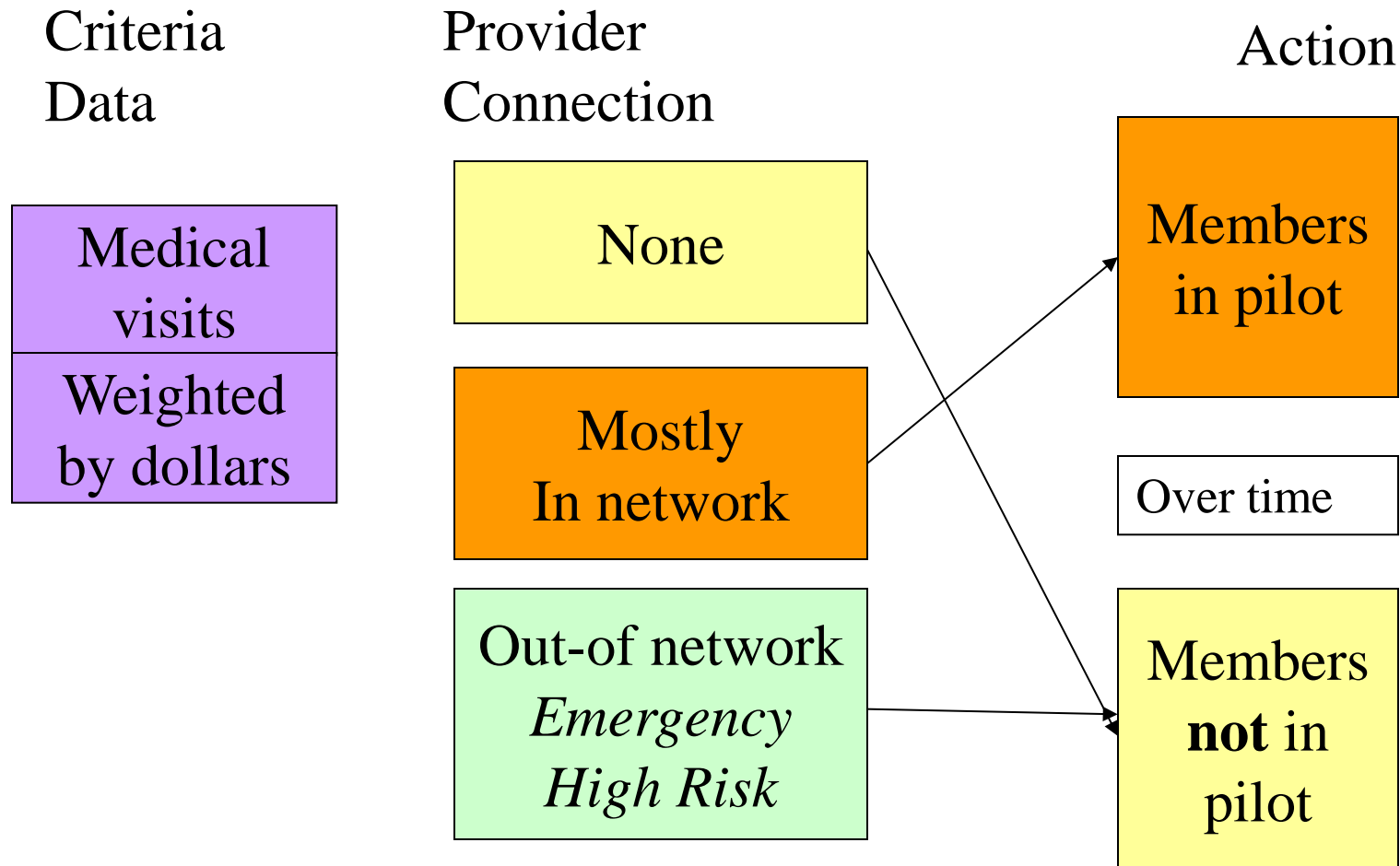
A deeper initial connection

Buyer (CMS, Carrier, or Employer)

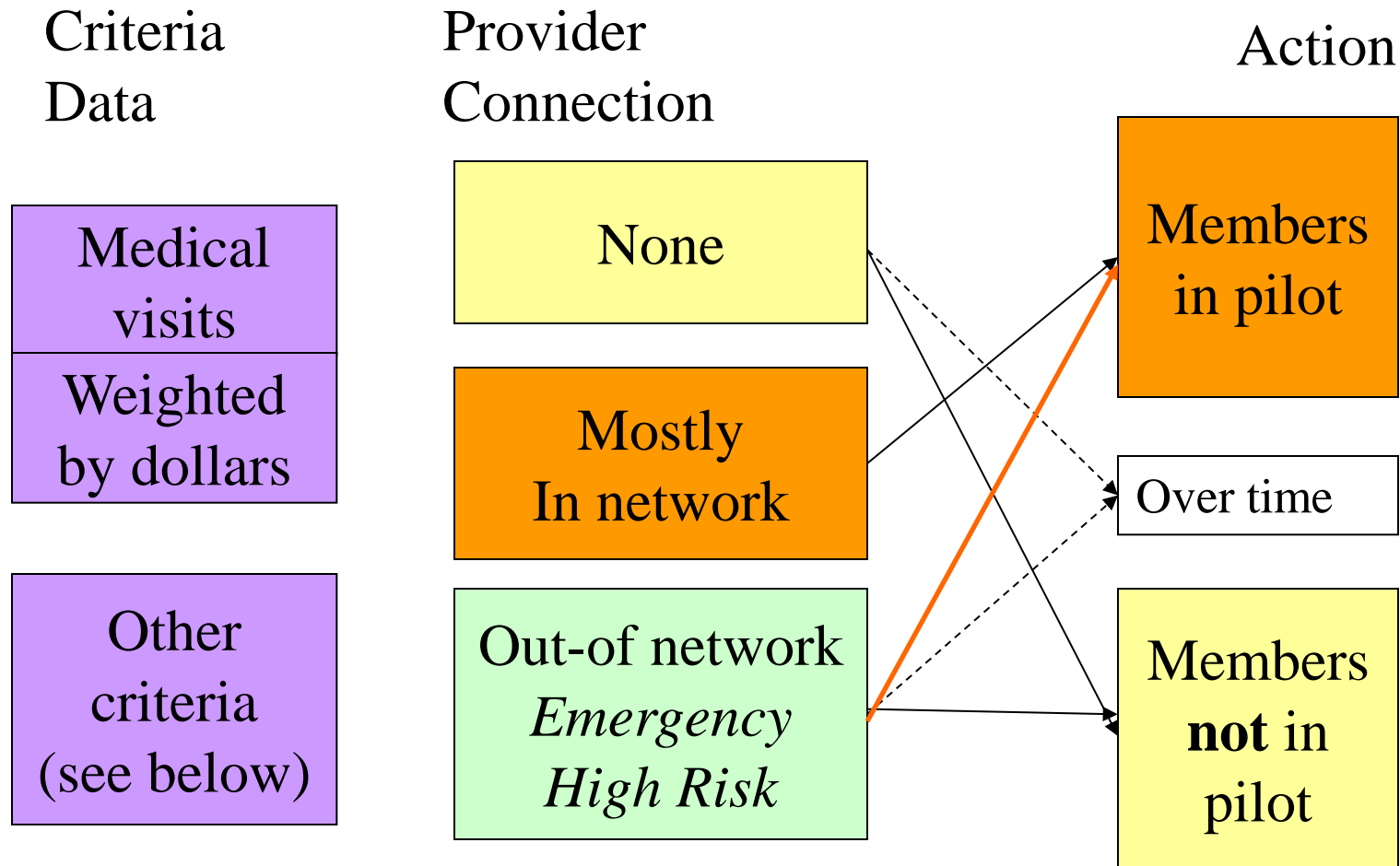
→ → Provider (or Provider Organization)

Typically using claim data

Example #1 - decision tree – before adjustment



Example #1 - decision tree – find deeper connections



Other criteria: Patient choice, specialty, illness/episode, readiness to change, pharmacy ordering, EHR, right clinical support, network compliance

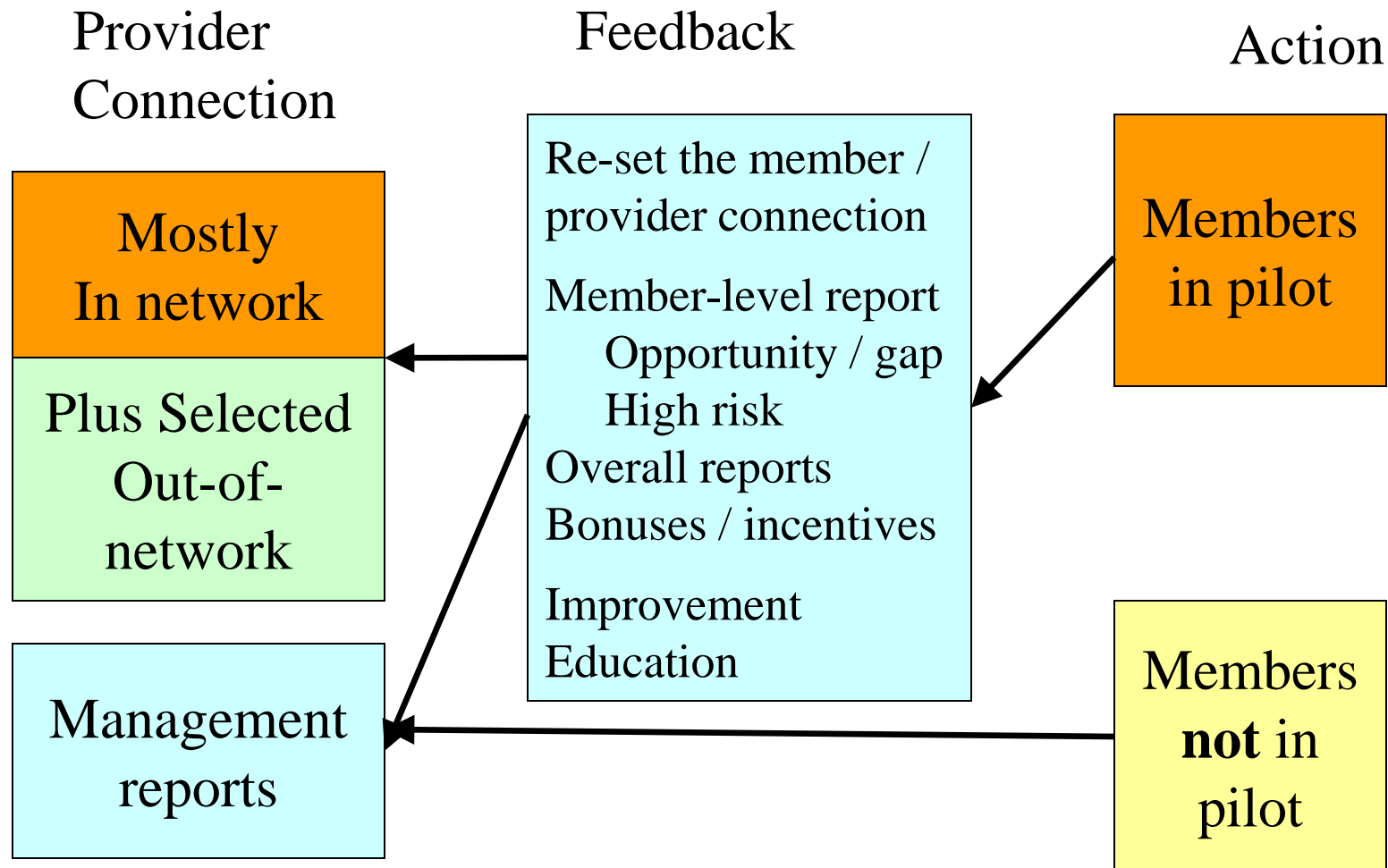
Example #2 – Ongoing support and system management

Provider Organization

→ → Providers and staff

Multiple data sources

Example #2— support and management



Uses multiple data sources

Next generation approaches to attribution and other topics are essential to meet the three part aim

Strong real results have been achieved with the right implementation of provider-based care

“... **As much as 10% to 15% more efficient than PPOs.**
Financial efficiency was not due to age, sex, geography, plan design, or health risk of the population.”

http://www.businessroundtable.org/sites/default/files/Hewitt_BRT_Sustainable%20Health%20Care%20Marketplace_Final.pdf