Implementing
Care Coordination

Reducing cost
Improving care

Process, Tools, Platform
& New Venture Creation

Programs, Public Education
& Engagement that Inspires

History & Opportunity

Systems | Problems | Solutions

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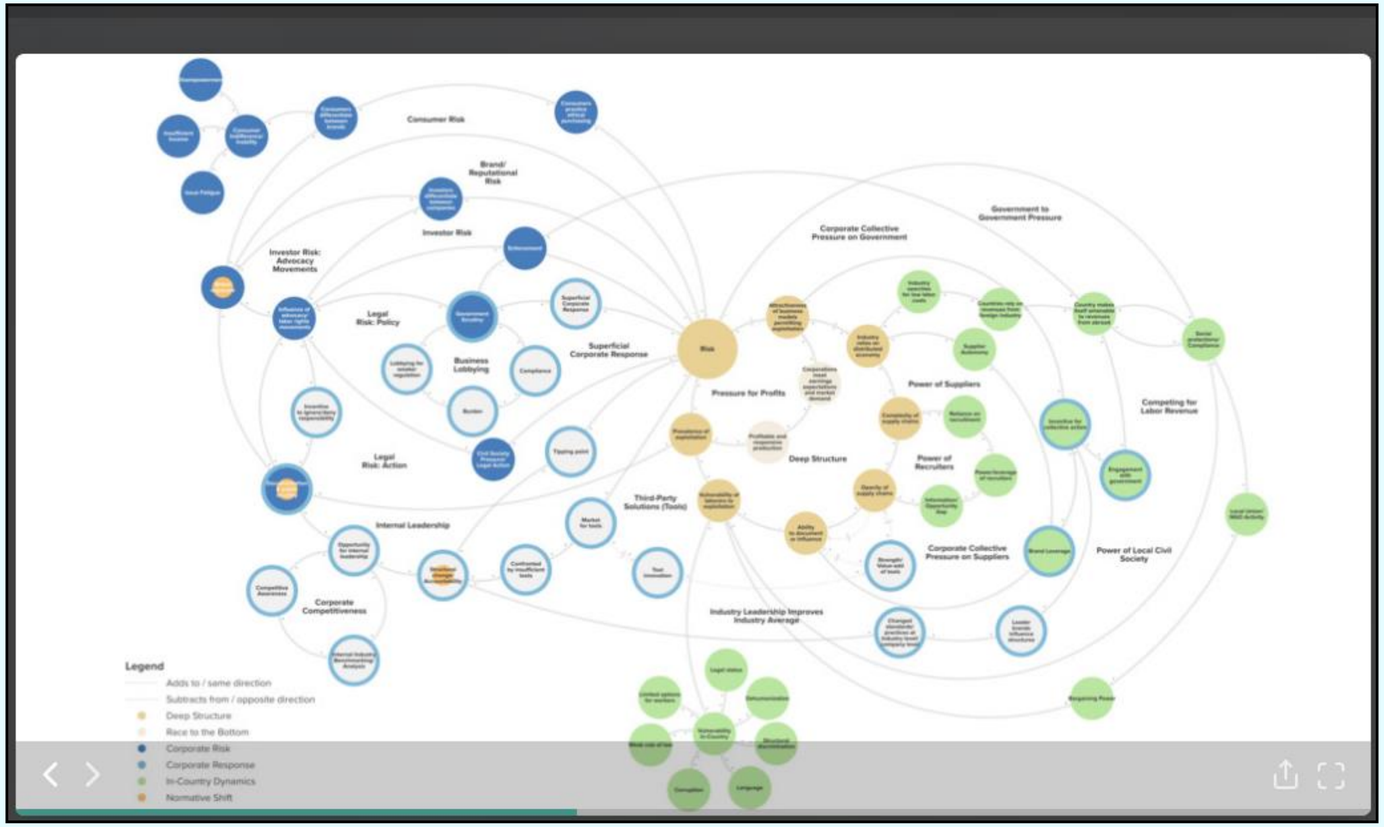
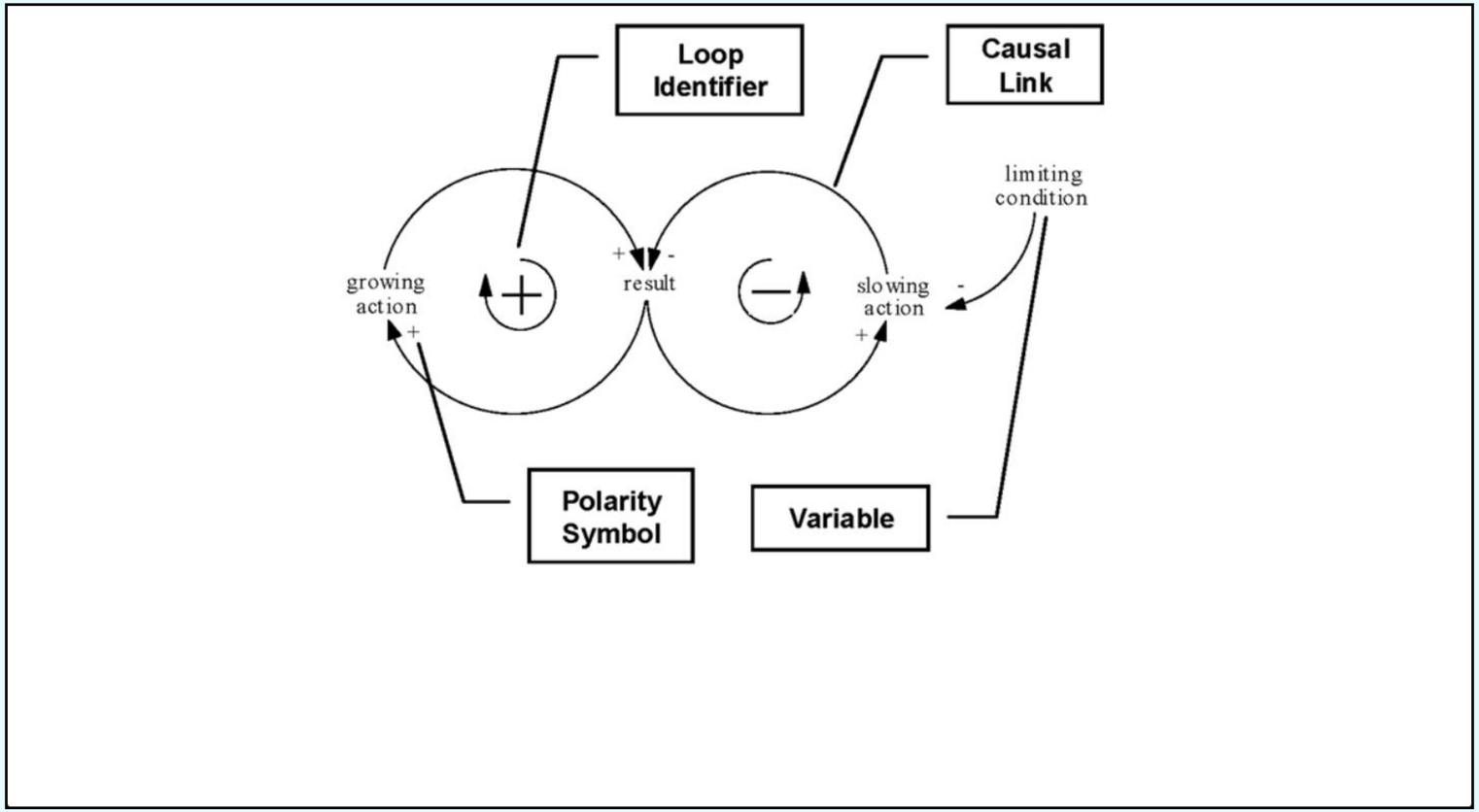
Complex Adaptive Systems & Wicked Problems



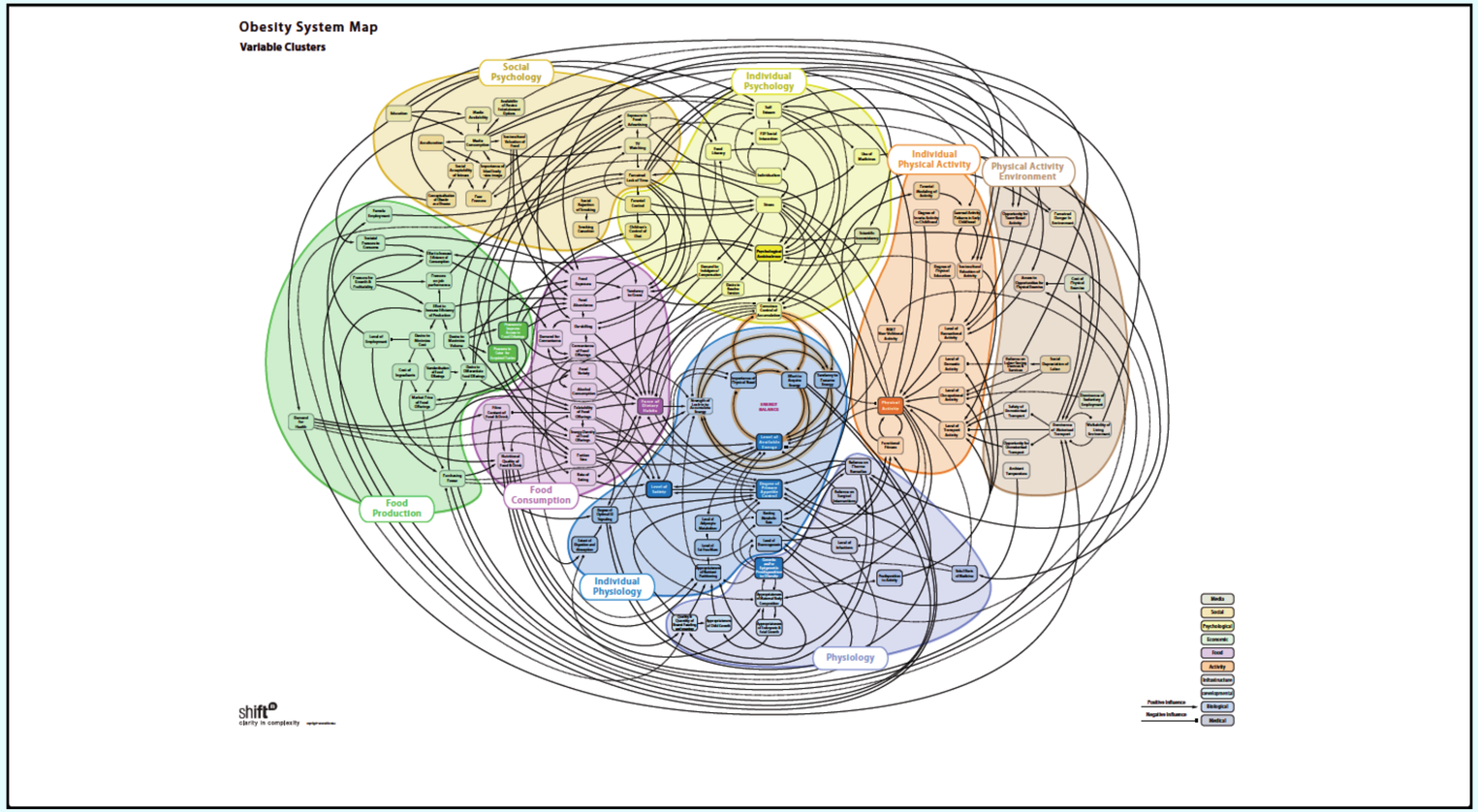
Systems Maps

Complex Adaptive Systems & Wicked Problems



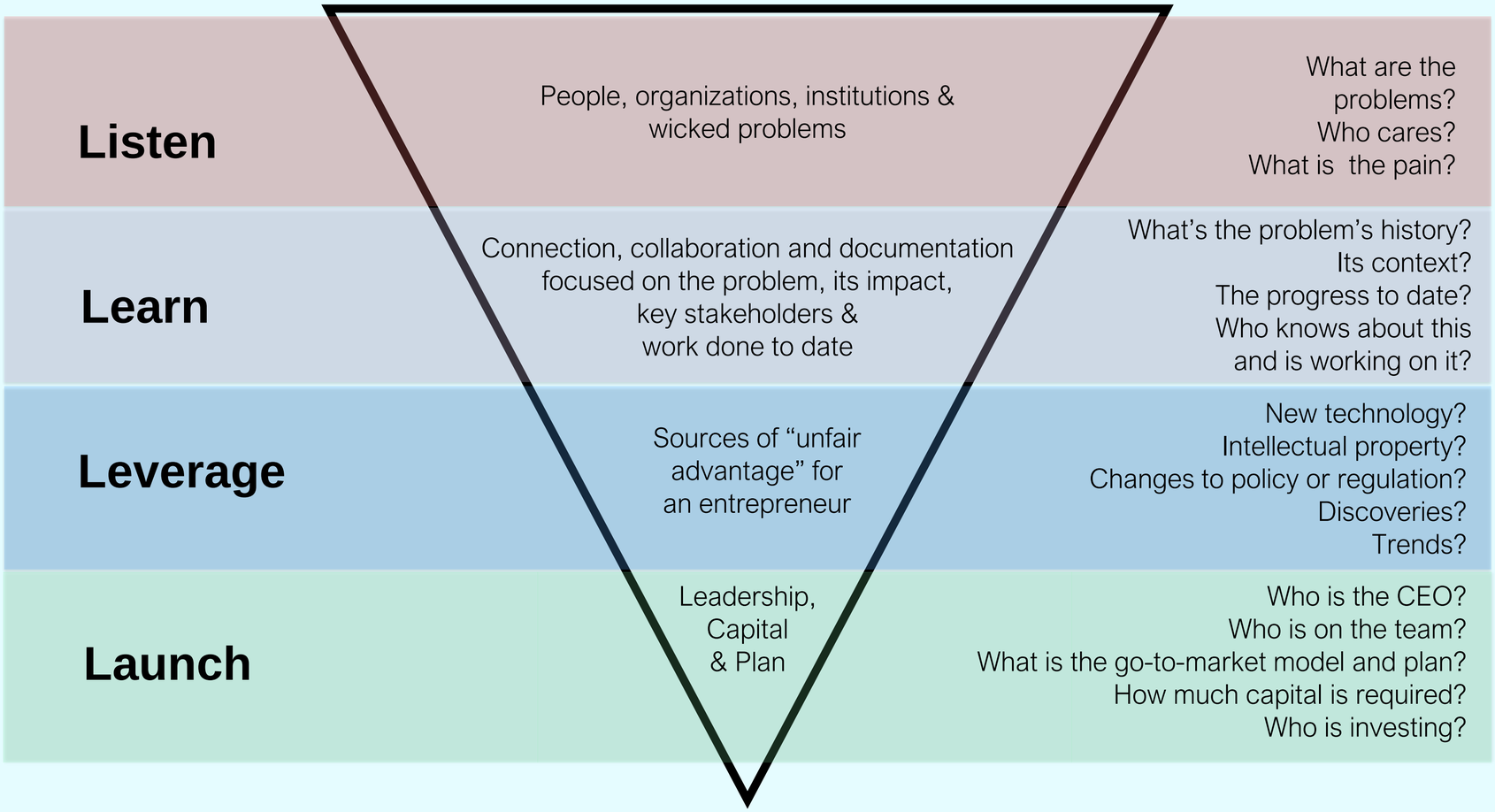
Causal Loops

Complex Adaptive Systems & Wicked Problems



Wicked Problems Within Systems

Wicked Problems & Experienced Entrepreneurs



Newly Created & Funded Ventures

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Some of Our Health Successes to Date

burst iQ

apostrophe

concert health™
EMPOWERING INDEPENDENT PHYSICIANS

RS RECALIBRATE SOLUTIONS

(We've had significant success in other areas as well with Microlyze and Upsuite.)

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Validators

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The Colorado Health Foundation™

ROSE COMMUNITY FOUNDATION

GARY COMMUNITY INVESTMENTS
Working together for Colorado's children

Robert Wood Johnson Foundation

(Sponsors in other sectors – e.g., water & infrastructure –
include the Gates Family Foundation and the Walton Family Foundation.)

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Care Coordination Implementation & the X Genesis/10.10.10 process

Nuts & Bolts

Jobs to be done

- Map Health as a Complex Adaptive System
- Identify & Present Wicked Problems – including Care Coordination
- Educate & Engage Validators, Stakeholders, Volunteers & the Public
- Process & Program (Wicked Problems Within Complex Adaptive Systems)
- Identify Exceptional Serial Entrepreneurs – ”Prospective CEOs” – Who Create New Ventures

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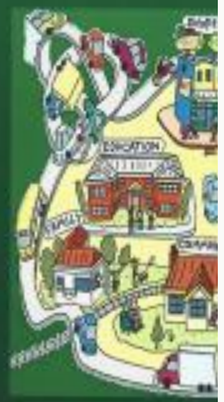
3-5+ Year Healthcare Cost Control Roadmap



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Focus Area #3: 3-5+ Year Roadmap to Control Costs, Prices for Employers, Consumers and Other Payers

Cost Control Roadmap's 5 Key Initiatives

1. **Constrain prices**, especially hospital, prescription drug and specialty care.
2. Champion **alternative payment models**.
3. Align and strengthen data **infrastructure**.
4. Maximize **innovation**.
5. Improve our **population health.**

GET INVOLVED

Stakeholder Collaboration
Employers & Associations
Unions & Advocates
Governor's Health Cabinet
Carriers / Payers
Regional Accountable Entities
Providers & Associations
Legislators
CIVHC, QHN, COHRIO & CHI

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Department of Health Care Policy & Financing

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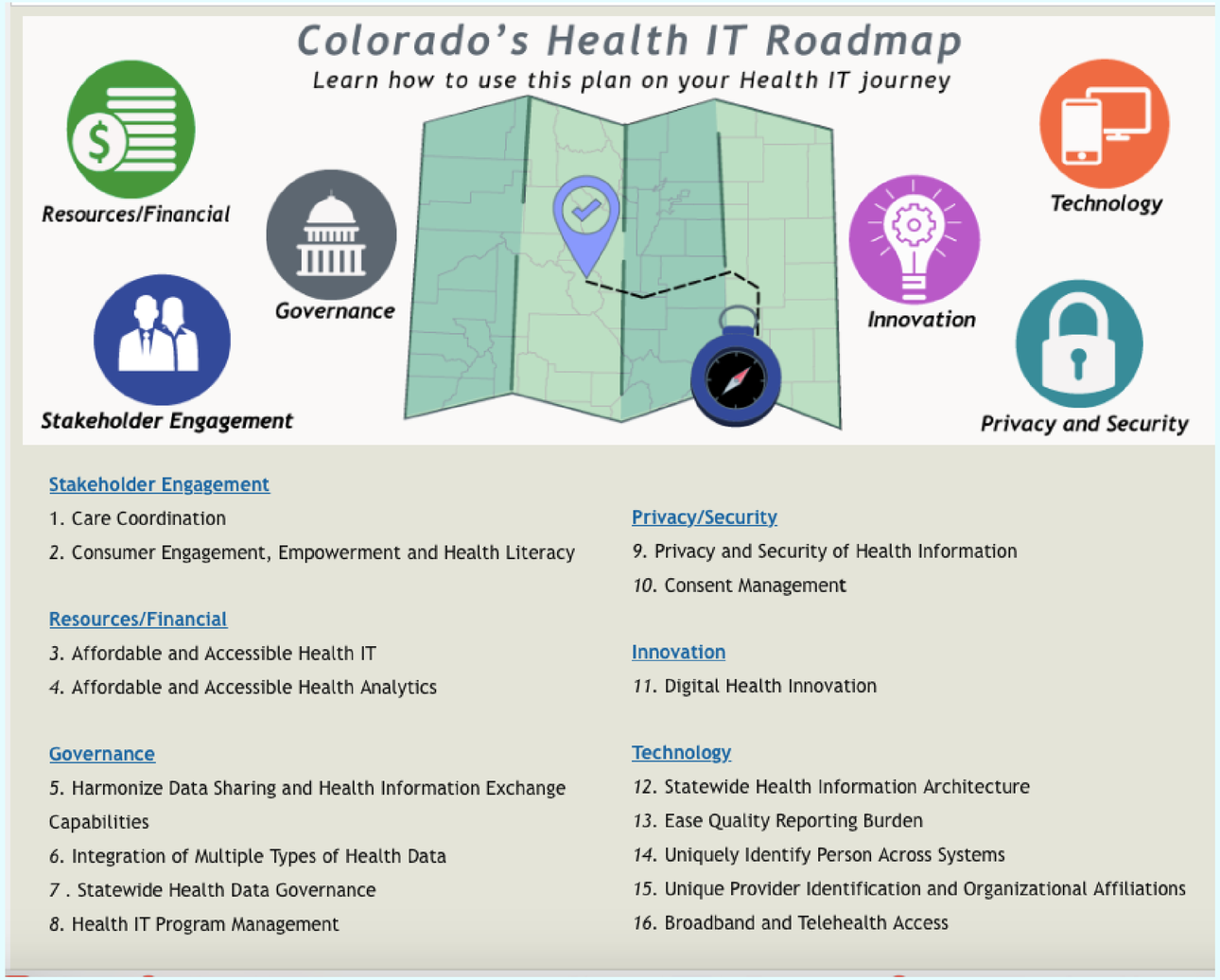

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Priorities

Stakeholder Engagement

1. Care Coordination
2. Consumer Engagement, Empowerment and Health Literacy

Support Care Coordination Statewide

Colorado Office of eHealth & Innovation
Colorado's Health IT Roadmap
Operationalizing Care Coordination
October 2018

1. SUPPORT CARE COORDINATION IN COMMUNITIES STATEWIDE

DOMAIN	Stakeholder Engagement & Participation
DESCRIPTION	This initiative will develop, support, and enhance technical approaches that can be used to easily share care coordination information – within and across – communities. The initiative recognizes that approaches to care coordination may be unique to individual communities.
BACKGROUND & FINDINGS	Colorado's health care reform goals require care coordination across the continuum of care. As Colorado implements emerging models of value-based care and payment methods, the need for tools to support care coordination across communities, consumers, providers, and services, will continue to grow. Fortunately, in Colorado, there are already multiple communities and organizations providing care coordination. These efforts must continue to be supported and enhanced.
PURPOSE	The purpose of this initiative is to support communities in implementing their own care coordination processes and to provide the tools and support for individuals whose care coordination needs may extend beyond their local community.
OUTCOME(S)	Strengthened statewide approach to care coordination. Timely, appropriate, and easily accessible information is available at the point of care/care coordination – within and across communities – that supports optimal clinical, service, and cost outcomes. Criteria to measure care coordination capability and effectiveness by community is available and used.
SUGGESTED APPROACH(ES)	**Discover** 1. Identify and leverage existing care coordination activities and alliances in Colorado such as: Health Care Systems Clinically Integrated Networks (CINs) Healthy Transitions Colorado Accountable Care Organizations (ACOs) Regional Accountable Entities (RAEs) Health Information Exchanges (HIEs) Patient Centered Medical Homes (PCMHs) 2. Identify best practices and tools for care coordination.
	Plan 3. Keep the care coordination person (patient) centric. 4. Identify unique community needs and gaps in care coordination. 5. Develop a prioritization method to determine high priority persons/population

Colorado Office of eHealth & Innovation
Colorado's Health IT Roadmap
Operationalizing Care Coordination
October 2018

	segments to address. 6. Coordinate the project(s) with existing care teams (and care team projects) to prevent duplication. 7. Ensure integration with statewide health information technical architecture. 8. Provide incentives to promote the adoption and use of care coordination tools among all participants in Colorado's health care ecosystem. 9. Consider additional incentives to promote the sharing of health and health-related information. 10. Include access to, and integration of, disease and other types of registries. 11. Provide tools and incentives to engage patients, their families, and their proxies in helping to coordinate their own care. 12. Leverage the training criteria for care coordinators/patient navigators with organizations such as the Patient Navigator, Colorado Community Health Worker & Promotor de Salud Alliance curricula. **Implement** 13. Implement a standard approach to develop and use statewide care coordination tools. 14. Provide education and communication programs that meet the needs of stakeholders involved in health IT aspects of health care transformation.
SUGGESTED INITIATOR	OeHI and HCPF to form eHealth Commission Working Group
TIMING	Begin as soon as possible. Q4 2017
INTERDEPENDENCIES	Initiative #2 Promote and Enable Consumer Engagement, Empowerment, and Health Literacy Initiative #3 Harmonize and Advance Data Sharing and Health Information Exchange Capabilities Across Colorado Initiative #4 Integrate Behavioral, Physical, Claims, Social, and Other Health Data Initiative #6 Health IT Portfolio/Program Management Initiative #7 Accessible and Affordable Health IT and Information Sharing Initiative #10 Consent Management Initiative #11 Digital Health Innovation Initiative #12 Statewide Health Information Technical Architecture Initiative #14 Uniquely Identify a Person Across Systems Initiative #16 Broadband and Virtual Care Access
POTENTIAL FUNDING SOURCE(S)	• ARRA HITECH 90/10 funding (10% State Match) • Foundations • Public/private partnerships • Innovators and private equity • Commercial payers

Healthy Transitions Colorado Website accessed October 2017 at http://healthy-transitions-colorado.org

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Assembling a National Team

ReThink Health®

Georgia Health Policy Center

KUMU

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Steps in the Process

1. Map Colorado Health system w/ diverse sub-group from OeHI Care Coordination working group and consumers January | February

2. Explore simulations and scenarios. Prioritize policy, enterprise and innovation action steps. Develop challenge goals. February

3. Identify potential high value / high impact care coordination scenarios. Discuss implementation of an alternative innovation finance model. February

4. Wicked problems identified for 1O.1O.1O Cities: Health ’19.
April 1-11, 2019.
Sponsorship and problem advocates. March & April

OeHI/Prime Health Summit

May 2019

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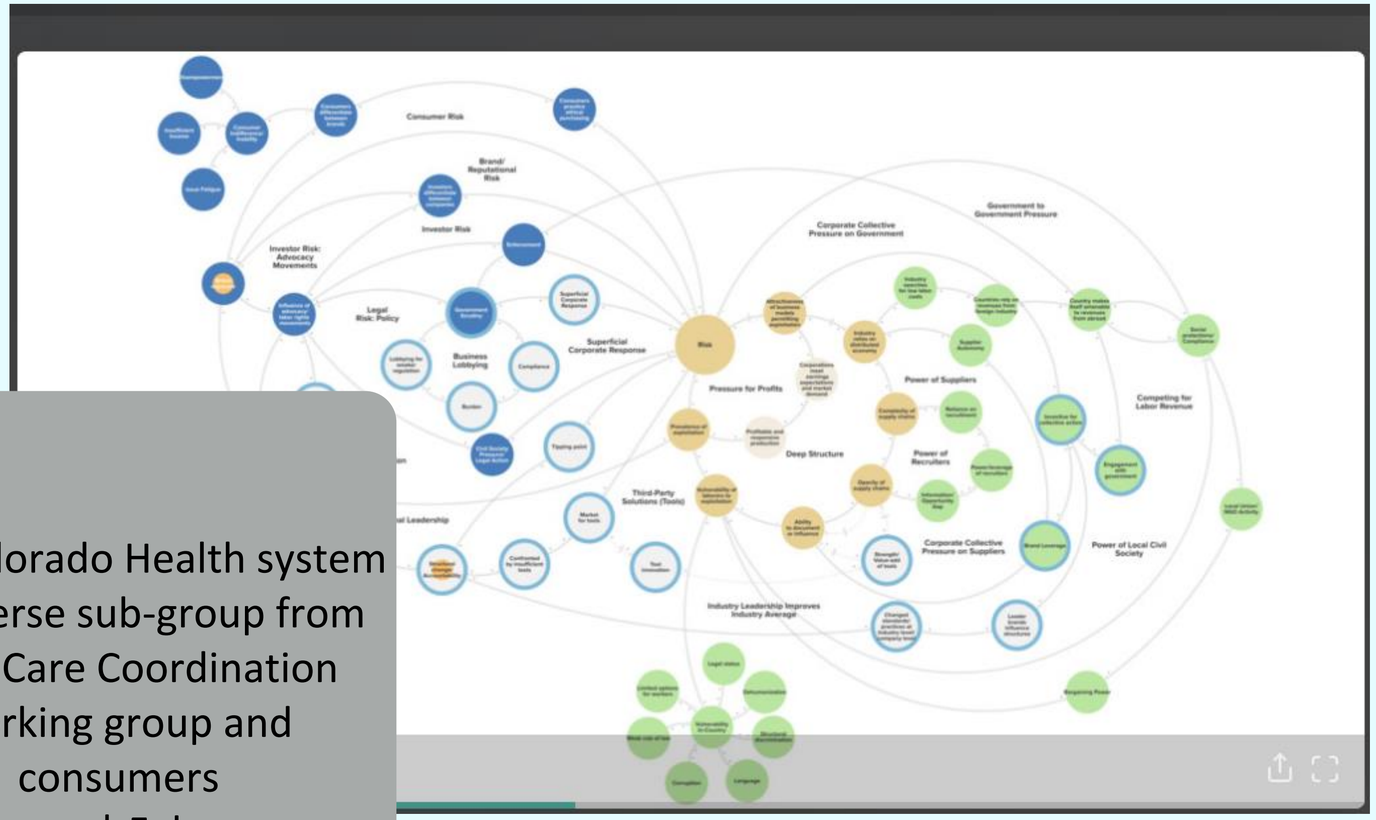

Map Colorado Health system w/ diverse sub-group from OeHI Care Coordination working group and consumers
January | February

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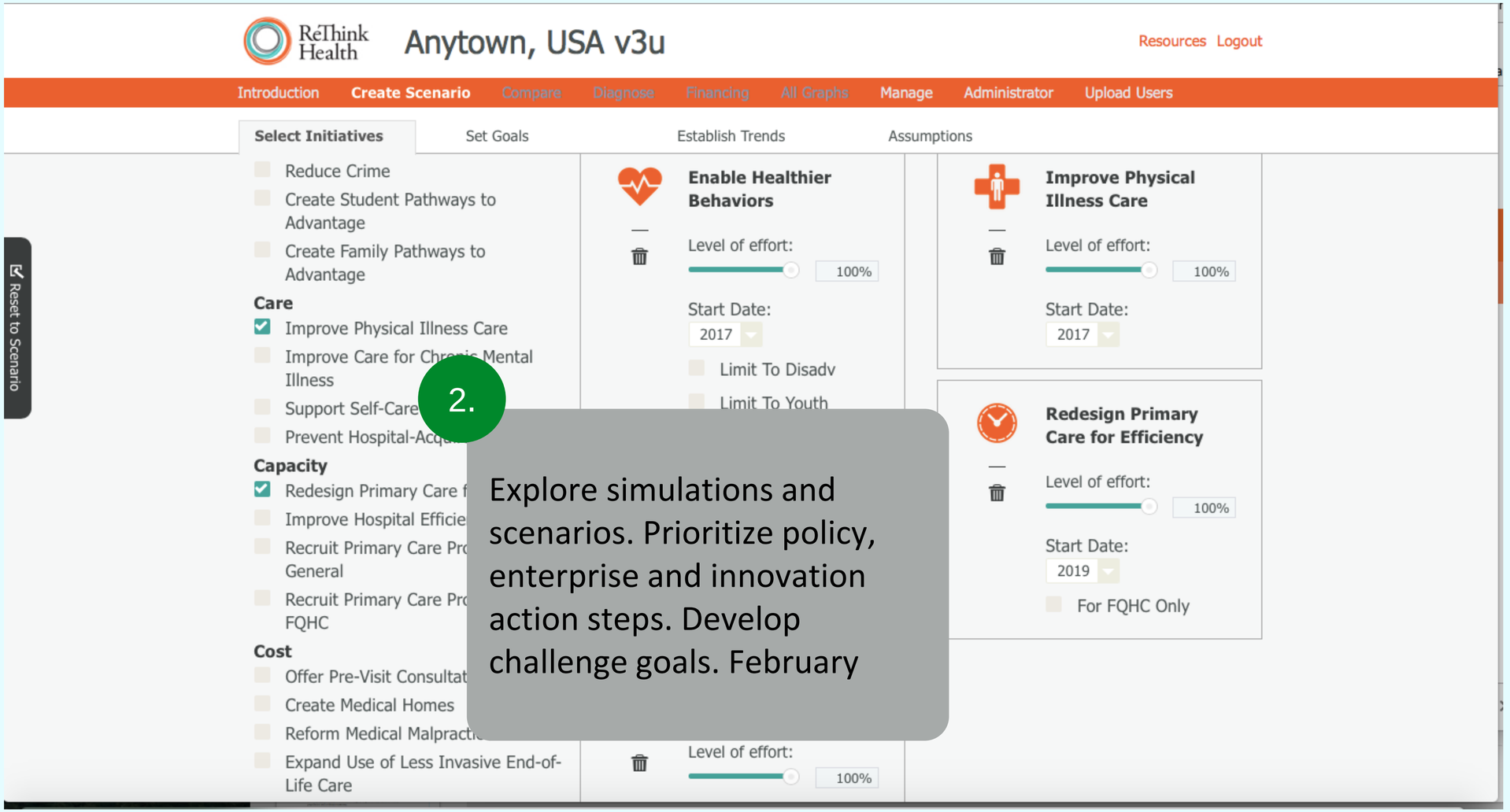

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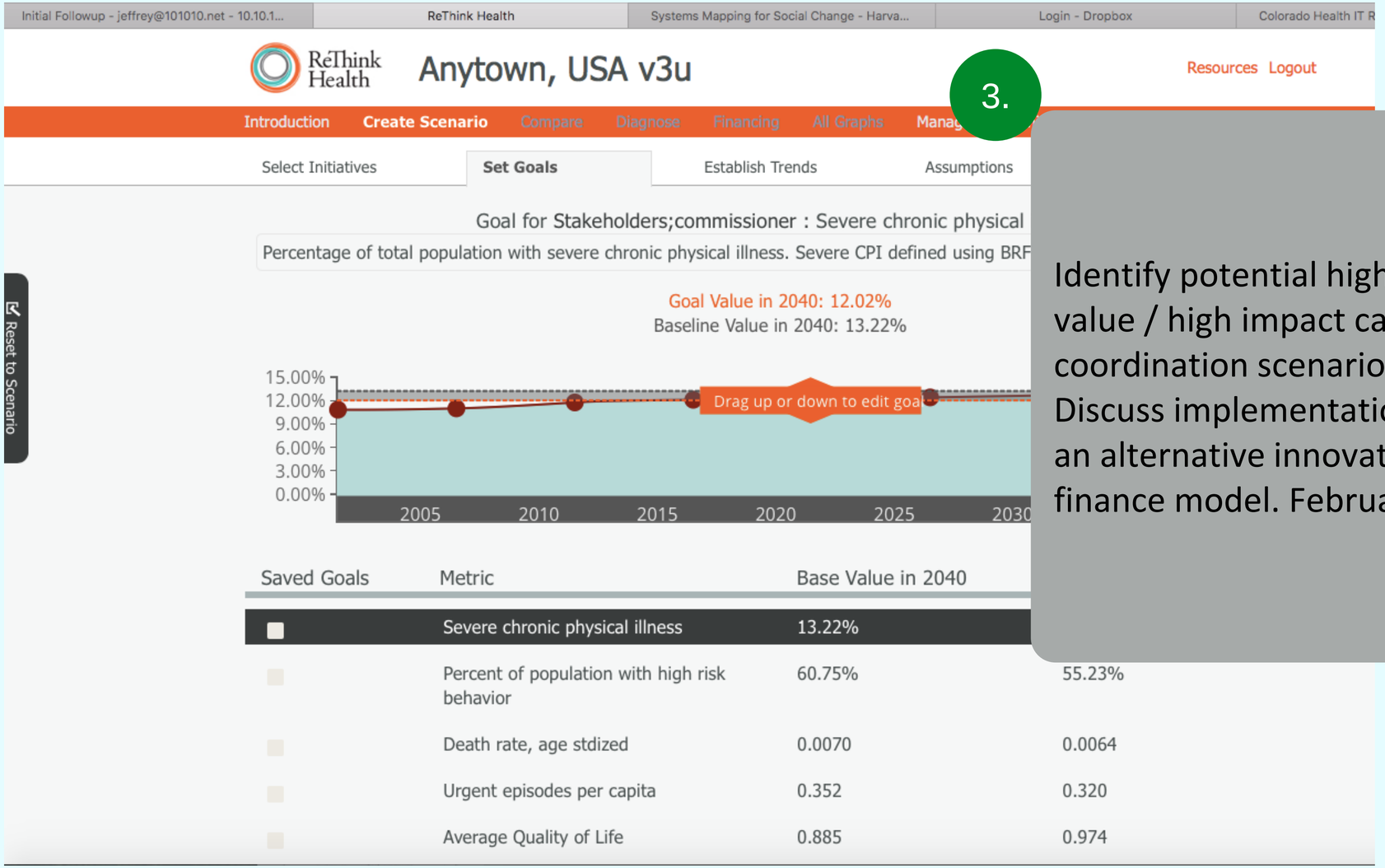

Identify potential high value / high impact care coordination scenarios. Discuss implementation of an alternative innovation finance model. February

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4.

Wicked problems identified for 10.10.10 Cities: Health ’19.
April 1-11, 2019.
Sponsorship & problem advocates.
March & April

Key Takeaways & Next Steps

Objectives & Key Results (OKRs)

(Top-priority goals attained with specific, measurable actions within a set time frame.)

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Questions, Feedback & Next Steps

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