

## Group Breakout Session Summary

Health System Transformation Team, 2-9-2011

Two (or sometimes more) best ideas from each group during break out sessions.

### Red group (1):

First point: we can't do any of this with less money!

- 1) Different arms of the system reach out to patients – the problem is that the coordination, the “hand-offs” from one to the other is poorly executed, and people become “lost in the transitions.” For some people, it is as much a problem of proper social networking as it is poorly applied medical care.
- 2) Where are the points of accountability in the system? It would make sense for a point of accountability to be with a good primary care physician, but the incentives aren't set up for that doctor.
- 3) There must be generalized case management that looks at the person as a whole.
- 4) Lastly, there is a navigation problem within the system. It is hard, as a patient, to ask a question and receive a helpful answer in a well communicated way which would allow the patient to make an informed and healthy choice. Navigating the medical system is something that you must learn, and most patients simply do not know how to do it.

### Green group (2):

- 1) These are not all medical issues – they are social systems issues. There is a need for people to support others. The medical system should look like a family social network. The patient should never feel alone.
- 2) Providers should be held accountable for outcomes: Financial, clinical, patient experience. They could be granted blocks of money based on accountability.

### Yellow group (3):

- 1) Coordination; Data sharing; Choice.
- 2) The individual consumer is a key factor here, and they need to have choice – the ability to choose among plans, providers, etc. The individual wants to know that they are being heard, and that their needs are being met. Indeed, if that is the case, the provider will be rewarded with the consumer's business.

### Pink group (4):

- 1) Easy access.
- 2) There should be a plan that identifies all of a patient's needs.
- 3) There should be a robust needs and asset assessment.
- 4) A breakdown of the silo model would lead to a complete redesign of the care system.
- 5) Need for a community integrator that can connect financing with care.

### Blue group (5):

- 1) It is critical to work backwards from the individual – base our models around individual plans and what they need and that will help us design a larger system that meets patients' needs. For example, a system that will provide the correct transportation for those who may need that service.
- 2) There is a need for easy access, both when and where.
- 3) Models of communication that are relationship based.
- 4) Importance of aligning accountable care organizations to reflect a more natural community of care so that you can improve collaboration and coordination and better respond to an individual's needs.
- 5) Also addressed the access issue – it was brought up that cutting reimbursement rates will not make the access issue any better.