A Call for Collaborative Action

Achieving Readiness for a Value Payment World

Some challenges are of such complexity and scale that they can only be solved by a focused, organized, collaborative effort among an alliance of those feeling common pain or purpose. A shared sense of threat or anxiety is critical to the success of such efforts. Without such adversity, human nature simply does not gravitate naturally toward tasks requiring serious change. This observation is universally true, regardless of the social, political, or economic sector.

General Stanley McChrystal took command of the Joint Allied forces in Iraq and Afghanistan in 2003. They were fighting a new kind of enemy, Al Qaeda, which used "hit and run" tactics that gave them the ability to change shapes, positions, and tactics so swiftly that the traditional, siloed configuration of U.S. forces could not keep up, even with the most advanced battlefield technology in human history. Why? Because, "they were applying new technology to worn-out processes." McChrystal said: "We were failing." [1]

General McChrystal's solution was to replace a culture where information was hoarded, with one where every branch of the military and intelligence community succeeded through collaboration. At the center of this effort was a process where information was pooled and widely made available. The collaborative process markedly increased the impact of everyone's information. Innovation soared.

The military has had 200 years of tradition in their operations. Each branch and agency protectively guards its role. Many had tried to bring cultural change to the military. How was General McChrystal able to enact the necessary changes, while others failed? He recognized their common pain and used it to organize a collaborative mechanism that helped them all succeed.

War and health care transformation are at opposite ends of the humanitarian continuum, but the shifting landscape in health care has its parallels. Our nation is in the midst of dramatic changes in the way health care is paid for. More providers are entering into value-based payment arrangements, either voluntarily or because they are compelled to by public payers and pressures from changing markets. Their results to date have been mixed and in some instances discouraging. These payment models specify the quality or spending outcomes for which providers are accountable, but they do not explain what the provider needs to do, or do differently, in order to be successful. While payment models need to be refined, the truth is that changing payment incentives without changing care delivery will lead to failure. It is, "applying new technology to worn-out processes."

Health care is just as tradition bound as the military. Changing the way we operate is no easier. Yet those who do not adapt, face failure. **The collective anxiety the provider community faces has driven the formation of the Accountable Care Learning Collaborative.** The ACLC at Western Governors University, which hosts one of the largest health colleges in America, has convened a forum of over 70 organizations across the health care industry to share their collective knowledge on what is needed to succeed under value-based payment models. Numerous solutions are already being

implemented and at times with compelling results, but the information is not widely available. The ACLC will change that with the belief that sharing ideas does not diminish the glory of a single entity and separate players working to solve the same problems will have much more efficacy and mutual benefit together than divided.

As a first step to navigate these new challenges, members have identified a list of care delivery competencies and present these in an inaugural series of seven papers, each one within an organizational domain including:

- **Governance and Culture**
- **Financial Readiness**
- **Care Coordination**
- **Patient Centeredness**
- **Quality**
- **Health IT**
- **Patient Risk Assessment**

While extensive work has already been done on competencies, this is just the beginning of what a collaborating organization must accomplish. The work will continue as ACLC members continually refine and prioritize competencies, clarify how they apply to different types of organizations, and create guidance on the steps providers must take in their journey.

We need this collaborative platform to be more extensive and more inclusive - we need you! This is a call for collaborative action. We call on providers, payers, researchers, government officials, solutions vendors, medical product manufacturers, associations, consultants and all others to share what you have learned. The assimilated intelligence of the ACLC is in the public domain and serves as a public good for all.

The ACLC joins other collaborative initiatives and resources available to help providers make this transition. The Health Care Transformation Task Force, National Academy of Medicine, Health Care Payment Learning and Action Network, CAPG, Premier's Population Health Management Collaborative, the National Business Group on Health, Integrated Healthcare Association, and many others are providing unique and essential forums and services and the ACLC will complement and support their efforts.

Signed,

Governor Michael Leavitt, *Secretary, U.S. Department of Health & Human Services (2005 to 2009)*
Dr. Mark McClellan, *Administrator of the Centers for Medicare & Medicaid Services (2004 to 2006)*
Donald H. Crane, *President and CEO, CAPG*
Susan DeVore, *President and CEO, Premier, Inc.*
Dr. Elliott Fisher, *Director, The Dartmouth Institute for Health Policy & Clinical Practice*
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Stephen Lieber, *President and CEO, Healthcare Information and Management Systems Society*
Brian Marcotte, *President and CEO, National Business Group on Health*
Dr. Richard Merkin, *President and CEO, Heritage Provider Network*
Dr. Jeffrey Rideout, *President and CEO, Integrated Healthcare Association*
Kent Thiry, *Chairman and CEO, DaVita Healthcare Partners Inc.*

To review the initial work of the ACLC, including the series identifying care delivery competencies, or to contribute to this shared body of knowledge visit AccountableCareLC.org/aclc-competencies.

[1]http://www.wired.co.uk/article/new-art-of-business