Accountable Care Atlas: Work Area Checklists
PRE-CONTRACT

Commit to pursue Value Based Care

☐ GC1 Align your organization’s mission, vision, and strategy with value-based care and patient-centeredness objectives

Set objectives at the board level

☐ GC2 Set clear goals and strategies for the board and organization to achieve within 12-18 month timeframes
☐ GC3 Set cost, quality and risk migration targets for the portfolio of business
☐ GC4 Include the quality improvement program in the strategic plan of the organization, including representation in the budgeting process
☐ GC5 Align quality improvement initiatives with ethical obligations
☐ GC6 Set meaningful and appropriate goals for your quality improvement efforts and monitor and communicate your progress towards achieving those goals

Identify value-oriented leaders

☐ GC7 Identify leaders who have proven reputation and abilities among peers to achieve value outcomes, carry out quality-improvement initiatives, and manage risk
☐ GC8 Invest in and monitor leadership development programs to build leaders who will propel risk-bearing/value-based provider strategy adoption

Design governance structure

☐ GC9 Adjust board structure and bylaws to advance value-based agenda
☐ GC10 Document decision-making processes that align with organization’s value-based objectives
☐ GC11 Drive high value outcomes by providing adequate resources, monitoring return on investments, and directing the flow of funds

Ensure multi-stakeholder input

☐ GC12 Ensure that there is sufficient representation, through an advisory board or other means, of clinicians, community members, and patients throughout the governance structure of the organization
☐ GC13 Ensure meaningful participation from providers currently practicing within the health system on steering committees
☐ GC14 Select clinical and administrative champions that demonstrate a commitment to lead quality improvement efforts
☐ GC15 Assign care provider champions to technology implementations
☐ GC16 Ensure meaningful participation from patient representatives on steering committees
☐ GC17 Establish formal policies related to patient rights and responsibilities
☐ GC18 Ensure meaningful representation from representatives of local community health organizations on steering committees
☐ GC19 Ensure meaningful participation from payer partners on steering committees

Identify and engage provider network

☐ GC20 Develop strategy for provider membership and participation, including physician, hospital and service providers
☐ GC21 Identify resources to support providers and health care professionals in offering value-driven care
☐ GC22 Ensure internal communication strategy that effectively aligns with organizational values and optimize operational processes
☐ GC23 Commit to a transparent organizational communication strategy related to improvement efforts for all stakeholders
☐ GC24 Collaborate and communicate frequently and effectively with value-focused partners across the healthcare spectrum
☐ GC25 Engage providers and health care leaders throughout all levels of the organization to carry out and drive value-based objectives
# GOVERNANCE CHECKLIST

## PHASE 1

**Educate providers and staff**

- GC26 Offer care providers education concerning the aims and core characteristics of a value-based delivery system
- GC27 Offer leadership training for care providers assigned to leadership roles
- GC28 Offer patient experience training for providers and staff
- GC29 Offer training on team-based care for care providers on multi-disciplinary teams
- GC30 Train all types of providers and employees in improvement culture, improvement methodology, and their own role in quality
- GC31 Develop leaders who are focused on patient-centered improvement efforts at all levels of the organization

**Establish quality and leadership teams**

- GC32 Develop formal processes whereby interdisciplinary clinical and administrative teams integrate with one another
- GC33 Establish the organizational framework with the staff necessary to manage quality programs and support improvement activities
- GC34 Develop organizational expertise in a specific and actionable improvement model
- GC35 Build a team of clinical quality improvement experts to guide the work of improvement teams in your organization

## PHASE 3

**Report system and provider performance**

- GC36 Capture and report data relevant to cost, processes of care delivery, health outcomes, and patient experience in a standard manner
- GC37 Report quality performance to payers and other stakeholders
PRE-CONTRACT

Assess financial requirements
- [ ] F1 Understand the financial investment required to support the transition to value-based payment models
- [ ] F2 Assess need for start-up financing and calculate burn rate and break-even point for contracts under consideration
- [ ] F3 Analyze and understand potential for short- and long-term return on investment for risk-bearing contracts

Gain access to needed capital
- [ ] F4 Have access to the capital required to support the transition to value-based payment models

Create legal structure and for financial collaboration
- [ ] F5 Establish legal structures to receive and distribute shared savings payments to participating providers
- [ ] F6 Develop ability to distribute shared savings and performance-based payments to providers
- [ ] F7 Prepare for and mitigate insurance risk to protect against catastrophic claims or expenses
- [ ] F8 Align provider contracts with the aims of a value-based health system

Align incentives with value-based objectives
- [ ] F11 Compare expected revenue to actual revenue from each source within, and outside of, the organization
- [ ] F12 Calculate spending at an individual patient level

PHASE 1

Build systems to track financial performance
- [ ] F9 Establish and maintain systems to track utilization, revenues, and costs when bearing financial risk
- [ ] F10 Track encounter data across the organization

PHASE 3

Monitor performance of value-based contracts
- [ ] F21 Monitor performance in current value-based contracts
- [ ] F22 Evaluate provider referral patterns
- [ ] F23 Evaluate spending relative to quality performance
- [ ] F24 Provide feedback to care providers on value-based performance measures that are outlined in compensation agreements

Secure value-based contracts
- [ ] F20 Negotiate value-based contracts that are informed by quality and cost performance data with payers and employers

FINANCE CHECKLIST
**PHASE 1**

Assess the needs of the covered population

- CM1 Adapt risk assessment models in response to patient need, business use, or payment incentives
- CM2 Support multiple levels of analysis, such as population, provider, and individual patient levels of analysis
- CM3 Anticipate the care needs of the entire population
- CM4 Understand the unique cultural characteristics of the population served to implement changes in the organization to provide high-value care

**PHASE 2**

Ensure access to care

- CM5 Provide convenient and timely access to care based on the needs of patients
- CM6 Increase access to primary care services (e.g., extended hours, nurse call lines, virtual visits, telehealth, and other non-visit based care and support)
- CM7 Provide 24/7 patient access to a clinician who can evaluate the patient’s level of urgency and facilitate a timely and appropriate intervention
- CM8 Offer access to and integrate with behavioral health services
- CM9 Offer access to palliative and hospice care services
- CM10 Facilitate access to community resources and social support services
- CM11 Develop a process to leverage resources across the health care and social service spectrum based on the needs of your patient population
- CM12 Develop relationships on behalf of patients with community-based organizations and services

Develop patient risk assessment strategy

- CM13 Anticipate the care needs of individual patients

Identify individual patient needs

- CM14 Identify the purpose and goals of patient risk assessment and develop a strategy for support which incorporates multiple data types, including administrative, clinical, socio-economic, social determinant and patient-reported data
- CM15 Develop a strategy for effectively assessing patient risk and supporting stratified care management and care coordination
- CM16 Determine which patients are appropriate for risk assessment based on the patient’s health and utilization history, behavioral or mental health history, functional status, cognitive and physical abilities
- CM17 Establish a single, formal coding methodology across all organizations in the system and accurately code clinical services provided

Design systems to address patient needs

- CM23 Identify opportunities for intervention that target modifiable behaviors and interventions based on specific patient needs and the organization’s program model(s)
- CM24 Integrate patient risk data with appropriate clinical evidence-based guidelines
- CM25 Design care management systems that address both medical and social determinants of health
Establish and maintain use of care guidelines
- CM26 Use evidence-based care guidelines to manage patients based on clinical severity
- CM27 Use guidelines to avoid adverse drug events
- CM28 Use guidelines to avoid adverse impacts due to gaps in care
- CM29 Actively monitor whether clinical services correspond with nationally endorsed guidelines

Design care teams
- CM30 Develop care teams with well-defined roles and responsibilities for planning, coordinating, and assuming accountability for continuity of patient care across the continuum
- CM31 Ensure that the patient is at the center of the care team, which includes family/caregivers, multi-disciplinary health professionals, and community members who are focused on meeting the patient’s goals
- CM32 Ensure members of the care team have the necessary communication skills and cultural competencies to understand and collaboratively establish the patient’s/caregiver’s medical or non-medical goals and priorities
- CM33 Designate a primary coordinator of care to assure continuity throughout the continuum of care
- CM34 Implement methods for the care team to receive reliable and timely feedback on the functioning of the team and achievement of the patient’s goals
- CM35 Ensure that staff is adequately trained on the use of evidence-based care protocols
- CM36 Ensure that patients, families, providers, and care team members are involved in quality improvement activities
- CM37 Assess and Collaborate to reduce adverse events and prevent patient’s functional decline, and preparation of a streamlined, evidence-based plan of care

Establish care team protocols
- CM38 Ensure coordinated and seamless care for patients across all sites and care events
- CM39 Develop care transition protocols to reduce unnecessary emergency room visits and hospital admissions
- CM40 Provide continuity of care in a way that organizes services around the patient’s physical, emotional and social needs
- CM41 Provide culturally competent care
- CM42 Develop, document, and follow effective communication protocols within and across care teams and partnering organizations

Provide care team with data access and support
- CM43 Provide care teams with a single, comprehensive patient health record
- CM44 Integrate patient reported outcomes in clinical pathways
- CM45 Notify the care team of key patient activities (admission or discharge from a care setting, presents at ED, does not fill prescription, does not keep a referral)
- CM46 Provide point-of-care decision support tools for care providers
- CM47 Provide access to up-to-date information on clinical findings, research trials, and public health issues that may be relevant to the patient at the point of care
- CM48 Make risk assessment data available at the point of care (e.g. discrete, searchable fields and/or on the problem list in the EMR)

Implement shared care-planning and decision-making
- CM49 Assure the care plan is accessible by all stakeholders and contains the patient’s most updated goals, preferences, advanced directives, results, and other relevant information
- CM50 Involve patients in all decisions relevant to their care
- CM51 Incorporate patients’ values, preferences, expressed needs, concerns and feedback into all care
CARE DELIVERY CHECKLIST

☐ CM52 Engage in a collaborative partnership approach for care decision-making and social support planning with patients and their family/caregivers

☐ CM53 Integrate appropriate legal procedures into operations (e.g. patient legal capacity for decision making, guardianship, consent, etc.)

☐ CM54 Identify gaps in patients’ understanding of conditions and treatments and empower patients with tools and strategies (e.g. disease-specific patient support services) to promote self-management

☐ CM55 Educate patients on wise use of health care services before and after clinical encounters

☐ CM56 Provide patients with personally relevant health education materials

☐ CM57 Provide patients with all relevant cost and coverage information at appropriate decision points

☐ CM58 Provide a comprehensive care summary to patients

Conduct ongoing patient outreach

☐ CM59 Conduct ongoing patient outreach programs to improve the health of the targeted population

☐ CM60 Encourage and enable patients to carry out self-management by providing HIPAA compliant information and tools

☐ CM61 Ensure that patients have secure access to their personal health information and care plans

☐ CM62 Develop monitoring system to track patient out-of-network utilization

☐ CM63 Share information with patients about gaps in care suboptimal outcomes

☐ CM64 Offer or facilitate access to ongoing wellness classes and lifestyle change support groups

☐ CM65 Align with relevant public, community and employer health interventions to improve population health

PHASE 3

Monitor and report care delivery effectiveness

☐ CM67 Use clinical quality measures for performance management

☐ CM66 Continually monitor care model effectiveness, leveraging data as well as feedback from care teams and patients

Accountable Care Atlas

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## PHASE 1

### Assess current IT strategy
- HIT1 Align health IT strategy with overall organizational goals and objectives
- HIT2 Assess the health IT strategy and infrastructure across the organization
- HIT3 Analyze and mitigate privacy and security risks

### Identify gaps in IT infrastructure
- HIT4 Identify gaps in health IT infrastructure necessary to meet organizational goals and objectives
- HIT5 Identify data and data sources needed for clinical care, priority programs, and processes
- HIT6 Build appropriate staffing to maintain IT infrastructure
- HIT7 Define platform requirements to support value based objectives

### Organize internal data assets
- HIT8 Aggregate and normalize internally available data and information to allow for the provision of useful information

## PHASE 2

### Aggregate external data assets
- HIT9 Develop strategy and plan to gather data and information from multiple sources, including structured and unstructured data
- HIT10 Develop and implement processes to acquire and ingest claims data from all relevant payers
- HIT11 Ensure access to critical data generated outside of the organization's network (e.g. hospital and commercial clinical laboratories, PH laboratories, and information on medications dispensed)
- HIT12 Develop and implement process to acquire and ingest multiple data types such as: SDH, PGDH, VS from monitoring devices, PH, Social services, etc.

### Develop platforms to house and analyze data
- HIT13 Participate in data exchanges with local, state, and federal public health registries
- HIT14 Ensure data and information is shared in accordance with all applicable privacy and security laws and regulations
- HIT15 Ensure the data acquisition process continues uninterrupted
- HIT16 Monitor data integrity and conduct periodic data quality audits to ensure accurate data

### Enable data sharing and access by care team
- HIT17 Develop a stable platform for information systems that is consistent and aligned with the organization's health IT strategy
- HIT18 Establish a data repository that has timely clinical process and outcome data, cost data, and patient experience and safety data
- HIT19 Create capability to leverage the data repository for quality improvement activities
- HIT20 Share patient specific data among authorized clinicians internal to the organization's network using any HIE, Direct messaging, shared screens, or any other available mechanism
- HIT21 Share patient specific data among authorized clinicians, both internal and external to the organization's network through various HIE structures or direct messaging
- HIT22 Ensure that all data use agreements and technical requirements are in place to enable sharing of patient specific health data between organization and external entities
- HIT23 Utilize secure e-communications effectively with authorized patient and family/caregivers when not co-located
- HIT24 Utilize secure e-communications effectively with the internal care team when not co-located
- HIT25 Utilize secure e-communications effectively with external partners and stakeholders when not co-located
Enable reporting and feedback

- HIT26 Assess effectiveness of current reports and modify as deemed necessary by internal users
- HIT27 Identify key reports that various organizational stakeholders need to monitor the progress of their programs and processes
- HIT28 Develop internal reports to monitor key indicators of quality, utilization, and costs
- HIT29 Analyze data to create useful and/or actionable information that simultaneously supports performance improvement
- HIT30 Integrate cost, clinical data, and patient demographics into actionable reports
- HIT31 Create a user-friendly report profile which is interactive and easily modifiable
- HIT32 Allow segmentation by filters (e.g. payer, provider, health condition, psychosocial or behavioral health, etc.)
- HIT33 Provide role-based access to transparent risk reports
- HIT34 Share detailed reports, whether data and/or information at either a population, provider, or patient level, with authorized internal and external stakeholders
- HIT35 Develop or purchase a reporting tool, such as a dashboard, that captures appropriate deviations and benchmarks, and share reports with the care team, patients and public
- HIT36 Provide transparent cost, quality, and process data to internal and external stakeholders