

ACUTE CARE/CRS RFP CONSENSUS RANKING  
SUBMISSION REQUIREMENT NO. 7

COMPONENT: ORGANIZATION

SUBMISSION REQUIREMENT NO. 7	
Ranking No.	Offeror
1	Southwest Catholic Health Network dba Mercy Care Plan
2	UnitedHealthcare Community Plan
3	Maricopa Health Plan managed by University of Arizona
3	University of Arizona Health Plans, University Family Care
5	Care 1 <sup>st</sup> Health Plan Arizona
6	Health Choice Arizona
7	Medisun Community Care Inc. dba BlueCross BlueShield of Arizona Community Care
8	Bridgeway Health Solutions of Arizona, LLC
9	Phoenix Health Plan
10	Health Net of Arizona

<b>Total Number of Bidders:</b>
10

Totaled By Team Lead:	Signature	Date
Claire Siny	Claire Siny	8/14/13

Verified By Facilitator:	Signature	Date
Scott Wittman	<i>[Signature]</i>	2/13/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7**

**COMPONENT:** ORGANIZATION

**OFFEROR'S NAME:** Southwest Catholic Health Network dba Mercy Care Plan

<b>SUBMISSION REQUIREMENT No. 7</b>	<b>Total Ranking</b>
<p>The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled <i>Best Care at Lower Cost</i> that estimated \$750 billion nationally is “wasted”. This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.</p> <p>As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with “waste” that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.</p>	<p>1</p>

<b>Rationale:</b>
<p><u>Major Observations:</u></p> <p>Offeror makes AHRQ comparative effectiveness information available to providers and members.</p> <p>Offeror included detailed description of initiatives with stakeholders, timelines and outcomes.</p> <p>Offeror described solution (iNexx) to support coordinated care across providers.</p> <p>Offeror described prior authorization program that provides feedback to clinicians.</p> <p>Offeror deploys staff to train providers on use of technology.</p> <p>Offeror described decision support tool (Active Health) for providers and members.</p> <p>Offeror provides members with personal health records.</p> <p>Offeror described a process to translate comparative effectiveness information into a meaningful format for members.</p>

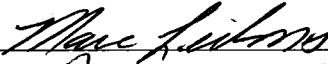
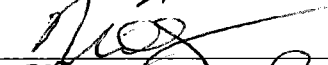
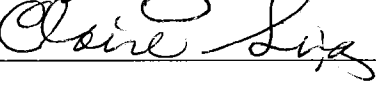

Offeror described PCMH/Health Home membership expansion.

Offeror described Pay for Performance initiatives designed to improve health outcomes.

Offeror described technology, payment model and supports to improve outcomes.

Offeror described collaborative approach for improving care and outcomes.

Offeror demonstrated a culture of innovation and quality improvement (comparative effectiveness, iNexx, decision support for members [ActiveHealth]).

Evaluation Team Member (Print Name)	Signature	Date
MARC LEIS MD		2/14/13
MONICA COURCY		2/14/13
Claire Sinay		2/14/13
Facilitator	Signature	Date
Scott Witter		2/12/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7

COMPONENT: ORGANIZATION

OFFEROR'S NAME: UnitedHealthcare Community Plan

SUBMISSION REQUIREMENT No. 7	Total Ranking
<p>The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled <i>Best Care at Lower Cost</i> that estimated \$750 billion nationally is “wasted”. This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.</p> <p>As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with “waste” that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.</p>	2

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described use of cloud-based telemedicine.</p> <p>Offeror described PCP-specialist conferencing.</p> <p>Offeror described several technology uses (HIE, EMR, referral management, telemonitoring, risk stratification) to improve care and outcomes.</p> <p>Offeror described comprehensive EPSDT strategy, including EMR, patient interactive tools, service monitoring, referral management, and Baby Blocks.</p> <p>Offeror described approach to engage members and providers in rural areas.</p> <p>Offeror described approach to address health literacy.</p> <p>Offeror described approach to engage community resources and advocacy groups.</p>

Offeror described innovative outreach model to reduce ED use.

Offeror described approach that engages both primary care provider and patient in care planning and encouraging appropriate care.

Offeror describe member reward program align incentives.

Offeror describe value-based purchasing approaches.

Offeror described several models (integrated care model, EPDST, rural outreach) that focus on development of integrated infrastructure and exchange of information.

Offeror described several, inter-related approaches that demonstrate a culture of innovation and improvement.

Offeror provided a strong description of member engagement but limited description of how member will be an active participant in care planning.

Evaluation Team Member (Print Name)	Signature	Date
Marc Leisano	<i>Marc Leisano</i>	2/14/13
MONICA COURY	<i>Monica Coury</i>	2/14/13
Claire Sinay	<i>Claire Sinay</i>	2/14/13

Facilitator	Signature	Date
Scott Wittman	<i>Scott Wittman</i>	2/12/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7**

**COMPONENT:** ORGANIZATION

**OFFEROR'S NAME:** Maricopa Health Plan managed by University of Arizona

SUBMISSION REQUIREMENT No. 7	Total Ranking
<p>The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled <i>Best Care at Lower Cost</i> that estimated \$750 billion nationally is “wasted”. This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.</p> <p>As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with “waste” that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.</p>	3

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described software solution to identify over-utilization and specific savings achieved.</p> <p>Offeror described ED data sharing model.</p> <p>Offeror described coordinated care model, including outreach and in-home visits.</p> <p>Offeror described approaches to facilitate shared decision-making and self-management.</p> <p>Offeror presented diabetic management program that identifies a strategy for member-centered interventions.</p> <p>Offeror presented access to care incentive (open panel, extended hours).</p> <p>Offeror proposed incentives that connect to evidence-based care models.</p> <p>Offeror described web-based prior authorization via provider portal.</p>

Offeror demonstrated model of quality improvement, connecting practices to national, evidence-based standards (e.g., appropriate use of lab, radiology and diagnostic testing).

Offeror's response evidences a culture of quality improvement and innovation.

Evaluation Team Member (Print Name)	Signature	Date
Mare Leib MD	Mare Leib MD	2/14/13
MONICA COURCY	MC	2/14/13
Claire Sinay	Claire Sinay	2/14/13

Facilitator	Signature	Date
Scott Witten	Scott Witten	2/12/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7**

**COMPONENT:** ORGANIZATION

**OFFEROR'S NAME:** University of Arizona Health Plans, University Family Care

<b>SUBMISSION REQUIREMENT No. 7</b>	<b>Total Ranking</b>
<p>The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled <i>Best Care at Lower Cost</i> that estimated \$750 billion nationally is “wasted”. This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.</p> <p>As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with “waste” that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.</p>	<p align="center">3</p>

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**CONSENSUS RATIONALE**

**Contract/RFP No. YH14-0001**

Offeror demonstrated model of quality improvement, connecting practices to national, evidence-based standards (e.g., appropriate use of lab, radiology and diagnostic testing).

Offeror's response evidences a culture of quality improvement and innovation.

Evaluation Team Member (Print Name)	Signature	Date
Marc Leis MD	Marc Leis MD	2/14/13
MONICA COURY	Monica Coury	2/14/13
Clare Sinary	Clare Sinary	2/14/13

Facilitator	Signature	Date
Scott Whitten	Scott Whitten	2/12/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7**

**COMPONENT:** ORGANIZATION

**OFFEROR'S NAME:** Care 1<sup>st</sup> Health Plan Arizona

<b>SUBMISSION REQUIREMENT No. 7</b>	<b>Total Ranking</b>
<p>The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled <i>Best Care at Lower Cost</i> that estimated \$750 billion nationally is “wasted”. This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.</p> <p>As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with “waste” that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.</p>	<p>5</p>

<b>Rationale:</b>
<p><u>Major Observations:</u></p> <p>Offeror described partnership with Banner and use of data to target ED alternatives.</p> <p>Offeror identified several technology options for reaching members.</p> <p>Offeror identified how data will be used to improve quality and outcomes.</p> <p>Offeror described the use of community resource centers to assist and engage members.</p> <p>Offeror described several provider payment initiatives, including gain sharing models with BRCC, IMHS, CIGNA, Pay for Performance model for patient-centered medical home and pmpm payments to PCPS for care coordination.</p> <p>Offeror’s response evidenced a learning culture that embraces quality improvement and a collaborative approach for skill building and process improvement.</p> <p>Offeror did not describe approach for ensuring that member is actively engaged in decision making and care planning</p>

Evaluation Team Member (Print Name)	Signature	Date
Marie Leis MD	Marie Leis MD	2/14/13
MONICA COURY	Monica Coury	2/14/13
Claire Sinay	Claire Sinay	2/14/13

Facilitator	Signature	Date
Scott Witham	Scott Witham	2/12/13

ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7

COMPONENT: ORGANIZATION

OFFEROR'S NAME: Health Choice Arizona

SUBMISSION REQUIREMENT No. 7	Total Ranking
<p>The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled <i>Best Care at Lower Cost</i> that estimated \$750 billion nationally is “wasted”. This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.</p> <p>As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with “waste” that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.</p>	6

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described comprehensive technology platforms (care management, data analytics, data warehouse, phone systems).</p> <p>Offeror described several programs to engage members (health and wellness, member portal, social media).</p> <p>Offeror described several care coordination initiatives.</p> <p>Offeror describe shared savings model with bonuses for efficient providers.</p> <p>Offeror described several initiatives that evidence a culture of programmatic change.</p> <p>Offeror’s response provided limited specificity regarding how tools produce better outcomes, improve quality and/or reduce waste.</p> <p>Offeror’s response provides limited specificity how programs will be implemented and how programs will impact quality and costs.</p> <p>Offeror did not describe how initiatives will enhance member engagement or drive better outcomes.</p>

Evaluation Team Member (Print Name)	Signature	Date
MARC LEIB, MD	<i>Marc Leib, MD</i>	2/14/13
MONICA COURBY	<i>Monica Courby</i>	2/14/13
CLAUDE SINAY	<i>Claude Sinay</i>	2/14/13

Facilitator	Signature	Date
Scott Witten	<i>Scott Witten</i>	2/12/13


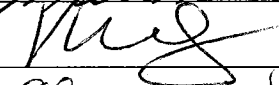
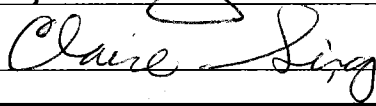
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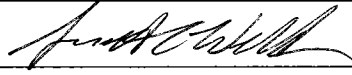
COMPONENT: ORGANIZATION

OFFEROR'S NAME: MediSun Community Care Inc. dba BlueCross BlueShield of Arizona Community Care

SUBMISSION REQUIREMENT No. 7	Total Ranking
<p>The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled <i>Best Care at Lower Cost</i> that estimated \$750 billion nationally is “wasted”. This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.</p> <p>As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with “waste” that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.</p>	7

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror identified use of technology to identify care gaps and examples of targeted interventions.</p> <p>Offeror provided examples of value-based purchasing (negotiated contracts, PCP incentives).</p> <p>Offeror’s response promotes transparency via information sharing with clinicians.</p> <p>Offeror identified initiatives and use of data to improve care and refine policies.</p> <p>Offeror provided limited description of how technology will be used to improve outcomes.</p> <p>Offeror provided a limited description of member-centered care model and how member will be engaged in care planning decision making.</p>

Evaluation Team Member (Print Name)	Signature	Date
Marc Leis, MD		2/14/13
MONICA COURY		2/14/13
Claire Sinay		2/14/13

Facilitator	Signature	Date
Scott Witter		2/12/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7**

**COMPONENT:** ORGANIZATION

**OFFEROR'S NAME:** Bridgeway Health Solutions of Arizona, LLC

SUBMISSION REQUIREMENT No. 7	Total Ranking
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**Rationale:**

Major Observations:

- Offeror described member-centered model to integrate physical and behavioral health care.
- Offeror described use of a member council to engage members and identify opportunities to improve processes.
- Offeror did not clearly describe how data, such as comparative provider information, will be used to improve care.
- Offeror provided a limited description of future initiatives.
- Offeror did not describe how members will be encouraged to actively participate in care planning.
- Offeror presented a minimal description of how providers will be encouraged to improve care.
- Offeror did not describe how data is used to facilitate continuous quality improvement.



Evaluation Team Member (Print Name)	Signature	Date
Mare Leis, MD	Mare Leis MD	2/14/13
MONICA COURRY	Monica Courry	2/14/13
Claire Sinay	Claire Sinay	2/14/13

Facilitator	Signature	Date
Scott Witten	Scott Witten	2/12/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7**

**COMPONENT:** ORGANIZATION

**OFFEROR'S NAME:** Phoenix Health Plan

SUBMISSION REQUIREMENT No. 7	Total Ranking
<p>The health care system in the United States is currently on an unsustainable path. The projected growth of Medicare and Medicaid based on demographics and historical trends result in public programs that consume an excessive portion of the U.S. Gross Domestic Product. There have been numerous studies that document that while having some of the highest costs in the world, the U.S. health care system based on some measures does not have the best outcomes. Recently the Institute of Medicine (IOM) released a report titled <i>Best Care at Lower Cost</i> that estimated \$750 billion nationally is “wasted”. This includes \$210 billion in unnecessary services, \$130 billion in inefficient care - \$190 billion in excess administration - \$105 billion in inflated prices - \$55 billion in prevention failures and \$75 billion in fraud. The same IOM study also identified various strategies that should be pursued to improve care and lower costs.</p> <p>As one of the single largest payers in the state of Arizona, AHCCCS has an important role to play in helping to move the health care system to a more sustainable model that improves outcomes. As a participant in the AHCCCS program, provide specific initiatives and efforts your organization will pursue to deal with “waste” that exists within the existing system and improve outcomes. Provide specific information describing the initiatives that would be pursued to improve quality and enhance cost containment including but not limited to the stakeholders involved, the timelines for implementation and the desired outcomes.</p>	9

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described use of Johns Hopkins predictive modeling system to identify high cost, high risk members.</p> <p>Offeror described program to reduce preterm births through identification of at-risk mothers.</p> <p>Offeror described shared savings model with hospitals.</p> <p>Offeror described educational campaign for providers regarding polypharmacy.</p> <p>Offeror provided limited description of technology use to improve outcomes.</p> <p>Offeror’s description lacks specificity regarding how DST profiling and predictive modeling software will be used beyond identification members who are dually eligible and diabetic for participation in Alere disease management program.</p> <p>Offeror provided limited description of information that will be available via web portal.</p>

**CONSENSUS RATIONALE**

**Contract/RFP No. YH14-0001**

Offeror provided limited approach to encourage members to actively participate in their care.

Offeror provided limited evidence of a member-centered care delivery approach.

Offeror provided limited description of value-based purchasing strategies to encourage better care and improve outcomes.

Offeror provided little evidence of a culture of innovation and learning.

<b>Evaluation Team Member (Print Name)</b>	<b>Signature</b>	<b>Date</b>
Marc Leis, MD	Marc Leis MD	2/14/13
MONICA COURRY	Monica Courry	2/14/13
Claire Sinay	Claire Sinay	2/14/13

<b>Facilitator</b>	<b>Signature</b>	<b>Date</b>
Scott Whittan	Scott Whittan	2/12/13

**ACUTE CARE/CRS RFP CONSENSUS RATIONALE  
SUBMISSION REQUIREMENT NO. 7**

**COMPONENT:** ORGANIZATION

**OFFEROR'S NAME:** Health Net of Arizona

SUBMISSION REQUIREMENT No. 7	Total Ranking
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Rationale:
<p><u>Major Observations:</u></p> <p>Offeror described electronic health record initiative.</p> <p>Offeror described extensive data collection/use of analytics team.</p> <p>Offeror described approaches to reduce ED use ( share information with clinicians and grants to clinics).</p> <p>Offeror provided limited description of risk stratification; risk stratification approach appears to rely primarily on claims data rather than other sources (health assessments, referrals).</p> <p>Offeror’s description of profiling limited to narcotic usage.</p> <p>Offeror described analytics approach but it appears to be limited to payment platform rather than specific analysis tools; limited description of how data is used to improve care coordination and outcomes.</p> <p>Offeror did not describe how care will be member-centered.</p>

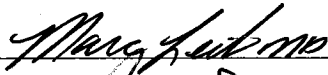

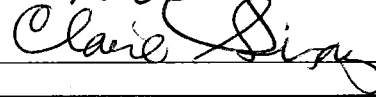

**CONSENSUS RATIONALE**

**Contract/RFP No. YH14-0001**

Offeror's description lacks detail regarding approaches that will facilitate member engagement in care beyond alignment of members with FQHCs.

Offeror provided limited description of innovative payment approaches to encourage appropriate care and encourage quality care.

Offeror provided limited description of innovative approaches to improve quality and outcomes.

Evaluation Team Member (Print Name)	Signature	Date
MARC LEIA, MD		2/14/13
MONICA COURTNEY		2/14/13
Claire Sinay		2/14/13
Facilitator	Signature	Date
Scott Wittun		2/12/13

EVALUATION TEAM ASSUMPTIONS

DATE: 2/11/2013

SUBMISSION REQUIREMENT NO. 7

COMPONENT: Definition of 4 Broad Categories

AREA FOR CLARIFICATION	ASSUMPTION
#	
#	See Attached
#	

Team Lead Signature Clare Sinay

Date: 2/11/2013

Print Name Clare Sinay

## THE VISION

The committee believes that achieving a learning health care system—one in which science and informatics, patient-clinician partnerships, incentives, and culture are aligned to promote and enable continuous and real-time improvement in both the effectiveness and efficiency of care—is both necessary and possible for the nation. Table S-2 lists the fundamental characteristics of such a system, according to the major dimensions in play.

**TABLE S-2** Characteristics of a Continuously Learning Health Care System

<b>Science and Informatics</b>
<p><i>Real-time access to knowledge</i>—A learning health care system continuously and reliably captures, curates, and delivers the best available evidence to guide, support, tailor, and improve clinical decision making and care safety and quality.</p> <p><i>Digital capture of the care experience</i>—A learning health care system captures the care experience on digital platforms for real-time generation and application of knowledge for care improvement.</p>
<b>Patient-Clinician Partnerships</b>
<p><i>Engaged, empowered patients</i>—A learning health care system is anchored on patient needs and perspectives and promotes the inclusion of patients, families, and other caregivers as vital members of the continuously learning care team.</p>
<b>Incentives</b>
<p><i>Incentives aligned for value</i>—In a learning health care system, incentives are actively aligned to encourage continuous improvement, identify and reduce waste, and reward high-value care.</p> <p><i>Full transparency</i>—A learning health care system systematically monitors the safety, quality, processes, prices, costs, and <u>outcomes of care</u>, and makes information available for care improvement and informed choices and decision making by clinicians, patients and their families.</p>
<b>Culture</b>
<p><i>Leadership-instilled culture of learning</i>—A learning health care system is stewarded by leadership committed to a culture of teamwork, collaboration, and adaptability in support of continuous learning as a core aim.</p> <p><i>Supportive system competencies</i>—In a learning health care system, complex care operations and processes are constantly refined through ongoing team training and skill building, systems analysis and information development, and creation of the feedback loops for continuous learning and system improvement.</p>