Collaboration

Is there a New Paradigm to Consider?

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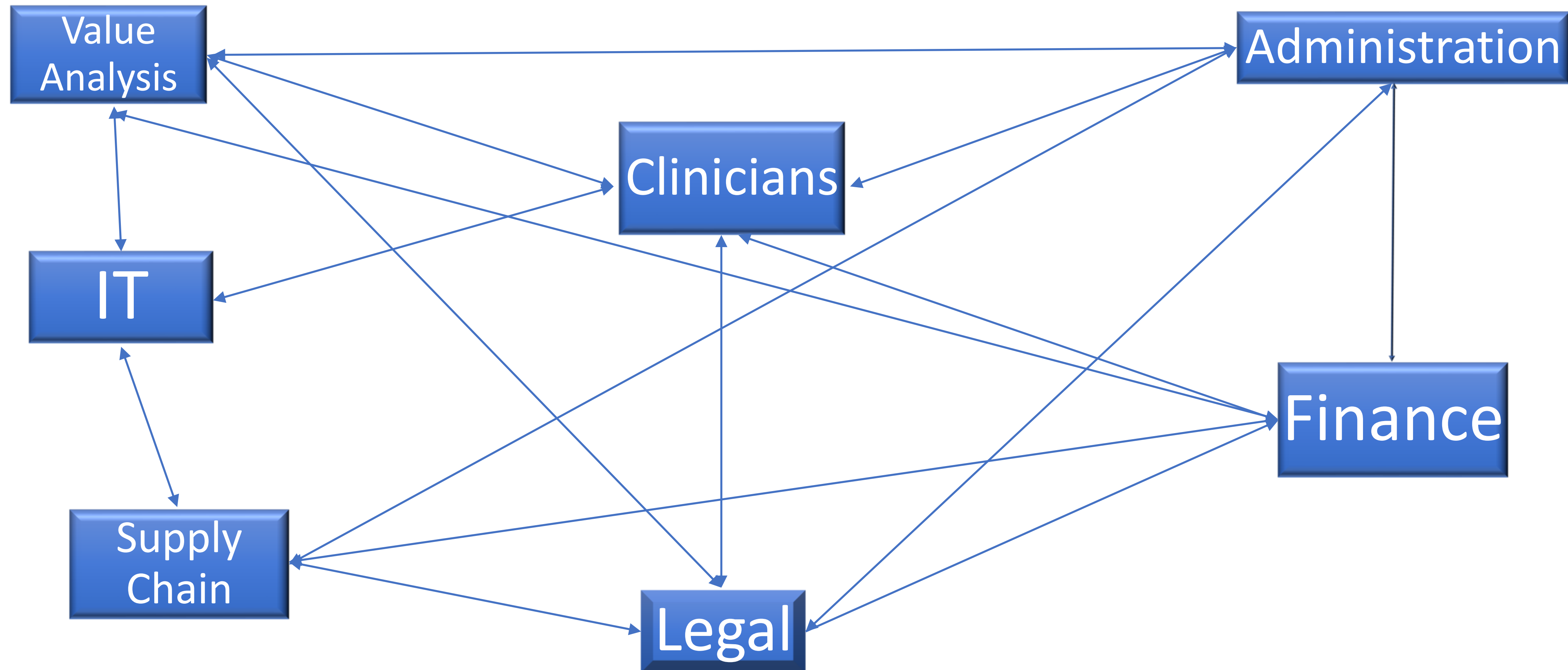
Collaboration

- The new paradigm of health care requires a re-defined sense of collaboration.
- Constant improvements and growth of Collaboration internally and externally has been obvious for years
- A potential new definition of Collaboration encompasses a revised complement of player positions
- Those unwilling to re-define their understanding of collaboration may not be in ‘lead’ roles going forward.

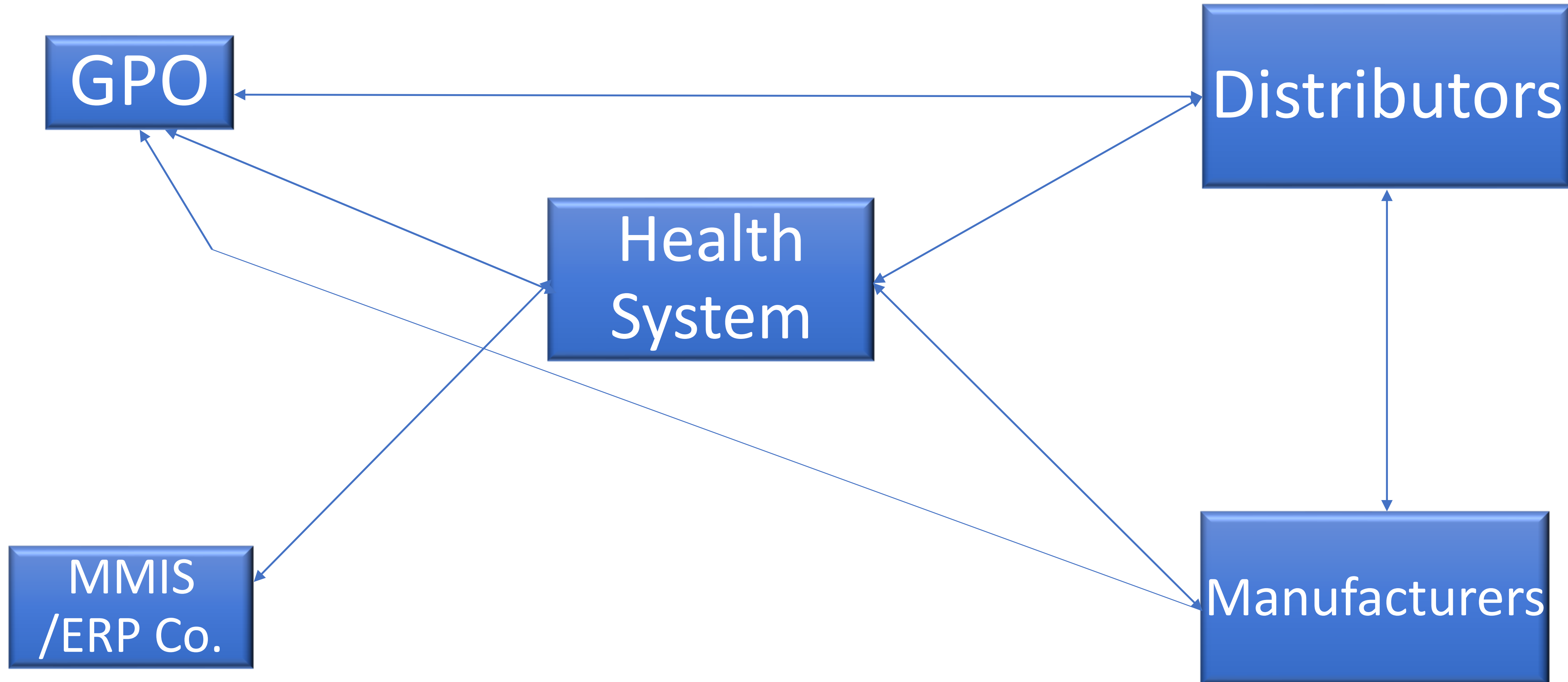
Collaboration Past and Present (part 1)

- **Provider Internal Processes:**



Collaboration Past and Present (part 2)

- Provider External Processes:



Facts of Life, Politics, and Business

- There is collaboration internally and externally – often just not focused or sustained.

- When there is a concerted effort at collaboration, it is often transactional or task focused.

- Adversarial relationships rule and are common just about everyplace external and internal.

- Great variation across providers / manufacturers / distributors / GPOs

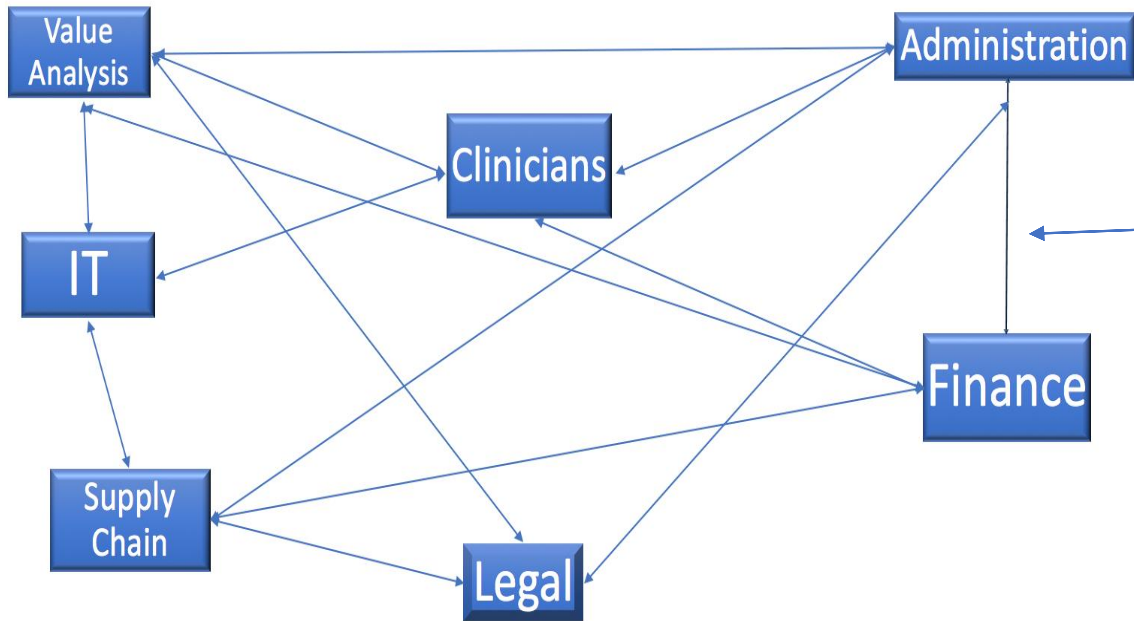
Provider Challenges

- Poor analytic tools
- Limited skilled analytic resources
- Sophisticated SC organization in some systems – 2nd thoughts in others
- Multiple agendas internal and external
- Often unrealistic goal assignments
- Intransient clinical leaders / stakeholders
- Legal, Regulatory, Ethical, and Business ongoing changes
- ***Lack of consistency***

"Ok – Then what ARE the Consistencies…?"

- The only true consistencies are related to objective, analytic facts and measures.
- These consistencies are common to all parts of the system – internal and external.
- These consistencies are common across all providers.

HCPCS Codes	**Distributor Item Numbers**	**Unit of Measure**
Manufacture Item Numbers	**Price**	**Charge Codes**
Cross Referencing	**Nomenclature**	**Budgets**



Collaboration Seeks Consistency and Commonality

Internal Collaboration Requirements

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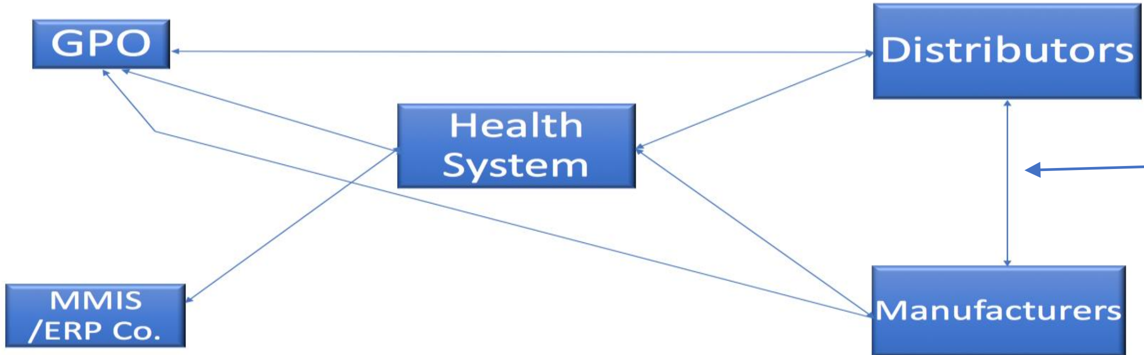

External Collaboration Requirements

What Questions Should We Ask?

- How are we as organizations performing financially, efficiently, and consistently?
- Are ALL of our partners performing financially, efficiently, and consistently?
- Do ALL players have commonality, understanding and willingness of purpose?
- What are the chances of the the health system securing adequate resources to cover ALL aspects of collaboration needs?
- Which collaboration ‘partner’ or section is best positioned to manage, coordinate, validate, AND have the best interest of the Provider Organization as a core function?

Positioning

- **Axioms**:
  - Data initiators will always be variable
  - Data will continue to be the core of objective measure for ‘decisioning’
  - There will always be change whether internal, external, or both
  - There will always be inadequate resources for provider business expansion
  - *‘…Providers are being paid more today than they will ever be paid in the future…’**

*Paraphrased from Steve Goldstein CEO, University of Rochester Strong Health

Positioning

- **Collaboration Hypothesis:**
  - It is crucial to consider ALL aspects of ‘need’ both internal and external
  - It is not efficient, logical, or reasonable to expect error free results given the aforementioned axioms
  - Since each provider of service has motivations tainted by the ‘…Facts of Life, Politics, and Business…’ there are no complete inherent consistencies respective to each
  - Maximum efficiency and success comes from executable consistent data
  - It is logical to find one ‘abrogator’ / owner / coordinator for data consistency

Hypothesis

- Materials Management Information System Provider
  - Shouldn't the MMIS be the 'abrogator' / owner / coordinator insuring data consistency?
  - The MMIS has data needs for the objective analytic measures:

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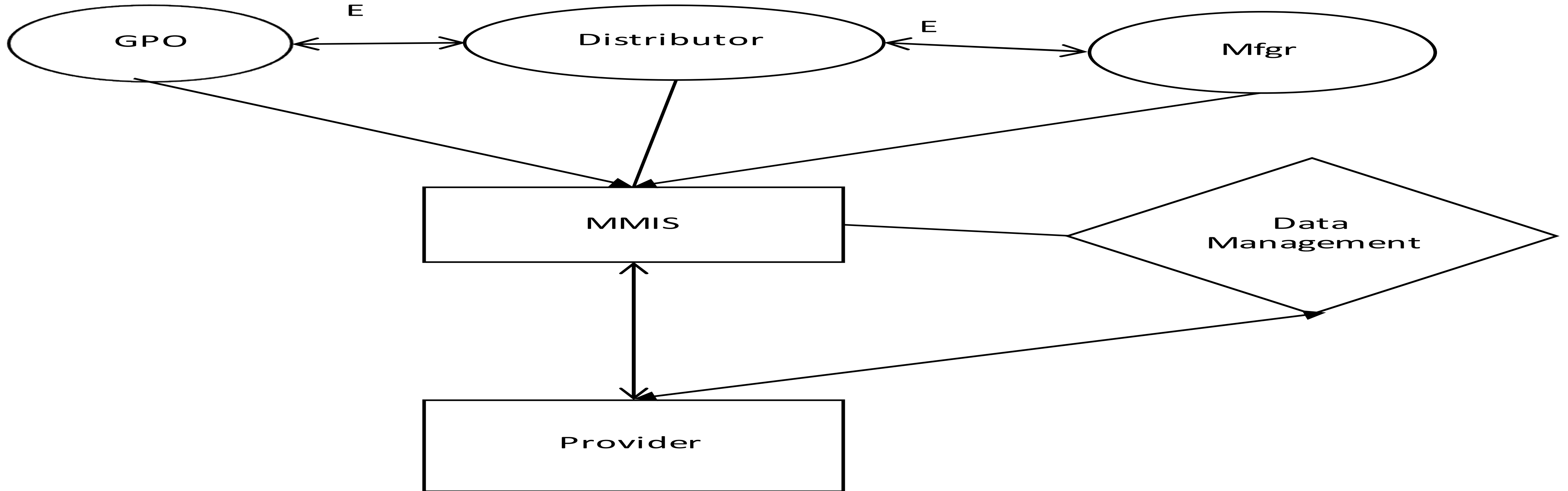
  - The MMIS companies have relationships with every health care provider so they should expand those data responsibilities across all external entities
  - MMIS companies have relationships with ERP's, Patient EMR, Patient Billing, Business Intelligent systems.

What would this look like? *(one view)*

- **The MMIS would**:
  - …reach out and collect/provide data direct to/from GPO
  - …reach out and collect/provide data direct to/from Manufacture
  - …reach out and collect/provide data direct to/from Distributor
  - …reach out and collect/provide data direct to/from Provider
- Some of this is already happening, however the current process requires the Provider to coordinate and is usually characterized by a ‘systems-only’ effort.

Items of consistency

Collaboration Concept



Where are we? Are we close?

- Can only be answered by each Provider and their respective partners

- The benefits would be obvious – costs need close examination

- The willingness to let go will be of major import

- There are other ancillary considerations:
  - Confidentiality
  - Affiliated organizations: ECRI, GHX, EPIC, etc

Thank You for Your Time.....

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