

MODULE 1: HEALTH CARE STATE OF THE UNION: CURRENT LANDSCAPE AND THE TRANSFORMATION TO VALUE-BASED CARE

Escalating U.S. healthcare costs without commensurate gains in national quality and patient safety outcomes continue to outpace income for most Americans. Among the contributors to the unsustainable trend are overtreatment and unwarranted clinical variation, largely stemming from a fee-for-service payment model rewarding the quantity of services over the quality of the outcome.

This module sets the stage with an overview of how physicians can be successful in a value-based care environment. The purpose and framework for developing a simple business case for improving quality are provided through the applied learning Project Practicum.

Key Learning Objectives:

- Discuss the impact of current and anticipated reimbursement models on physician compensation.
- Explore the critical relationship between quality and financial outcomes to improve clinical decision-making.
- Introduce a five-step process for making a sound business case to improve quality.

MODULE 2: HOW THE MONEY FLOWS: KEY MEASURES AND DRIVERS OF FINANCIAL PERFORMANCE

The availability of resources for quality improvement is dependent upon an organization's financial health. Physicians' clinical decision-making drives more than 80 percent of the \$3.5 trillion, and growing, annual healthcare spending. Only providers can order a test, prescribe a drug, or admit a patient, yet rarely know (or are given) the actual costs to consider in their clinical decision-making. Understanding the business of health care requires a working knowledge of the language of finance.

This module introduces the fundamentals of financial management and operations improvement in easy-to-understand language. Relevant context is provided with real-world practical examples.

Key Learning Objectives:

- Describe how money flows through a healthcare provider organization.
- Explain key financial and operations terms and concepts to remove common language barriers.
- Examine the key measures and drivers of financial performance.

MODULE 3: IMPACT OF PHYSICIAN PRACTICE PATTERNS: REDUCING THE HIDDEN COSTS OF UNWARRANTED CLINICAL VARIATION

Unwarranted clinical variation is the difference in outcomes that cannot be explained by unique patient needs. This is responsible for nearly half of wasted healthcare spending and is largely caused by individual physician practice.

This module explores the impact that unwarranted clinical variation has on quality improvement and efficient resource stewardship relative to the physician's role and responsibility in a value-based care environment.

Key Learning Objectives:

- Assess how physician practice patterns impact quality and cost.
- Identify key drivers of practice variation.
- Evaluate techniques to reduce practice variation.

MODULE 4: MAKING THE BUSINESS CASE FOR QUALITY

Physicians are often challenged with translating quality improvement needs into a reasonable financial justification. Understanding how to convert common quality indicators into financial measures is required to make an effective business case for supporting the need for additional resources.

This module demonstrates how to apply a proven process for developing a simple business case for improving quality by connecting the need for resources with a sound financial justification.

Key Learning Objectives:

- Apply the five-step process for making a simple business case for improving quality.
- Identify ways for overcoming risk aversion and financial austerity through rapid cycle testing.