



The Promise and Challenges of Clinical Integration in an Episode of Medical Care Payment Environment

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BTE's Mission

Bridges to Excellence is a not-for-profit organization developed by employers, physicians, health care services researchers, and other industry experts with a mission to create significant leaps in the quality of care by recognizing and rewarding health care providers who demonstrate that they have implemented comprehensive solutions in the management of patients and deliver safe, timely, effective, efficient, equitable and patient-centered care.

BTE is also the operational arm of PROMETHEUS Payment, Inc, a separate 501-c-3 organization





Are we succeeding?

YES:

Large and small employers (public and private) as well as insurers are participating across the country

Thousands of physicians have become recognized and are better managing their patients

We have concrete evidence that “reengineered” practices deliver better care at a lower cost

A strong signal (credible performance assessments and meaningful rewards) gets practices to change behavior

BUT:

Ultimately we’re fighting an impossible head wind (toxic payment systems) that we have to convert to a tail wind through more fundamental payment reform



PROMETHEUS Payment brings these concepts together

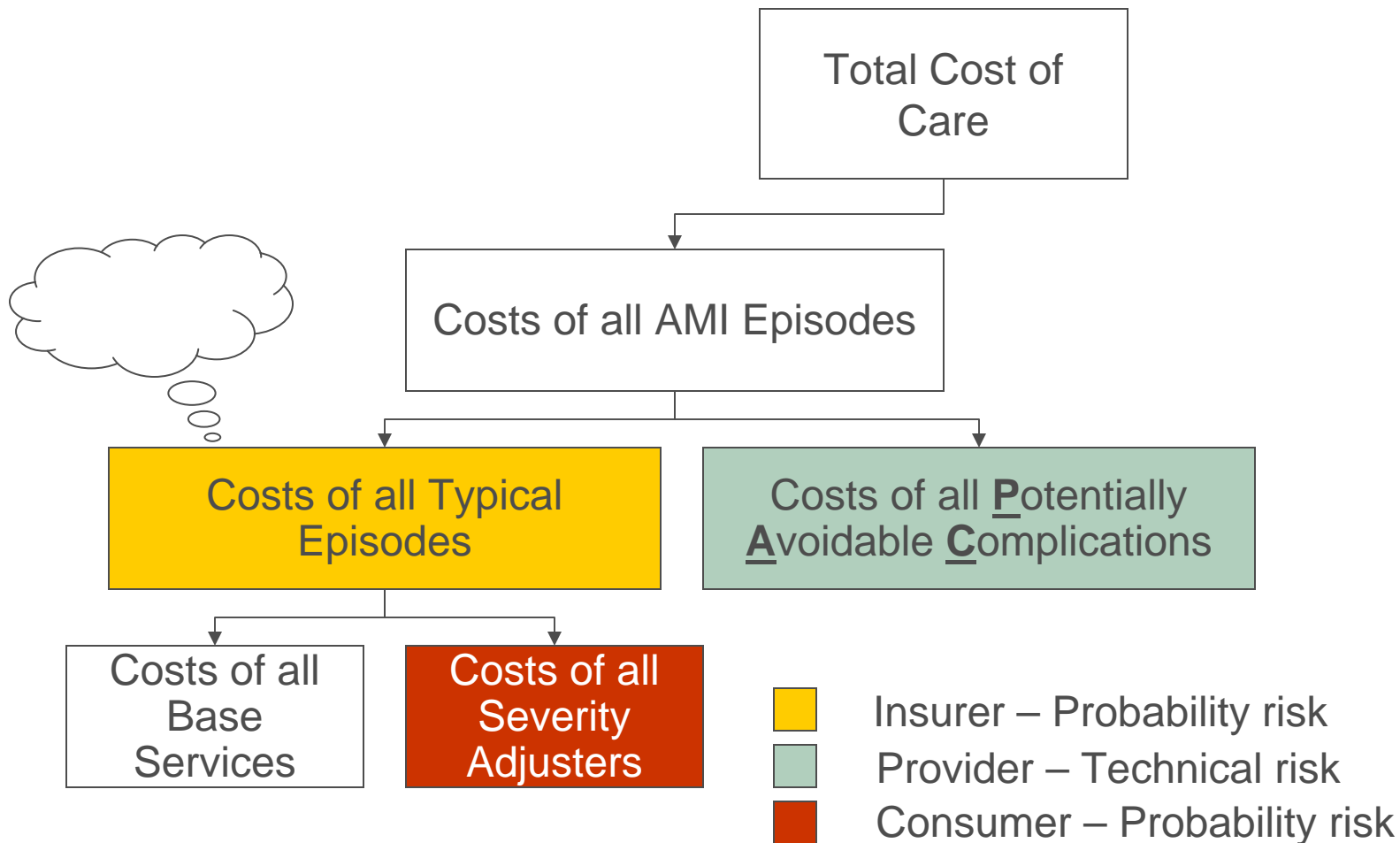
Create the right framework for pricing care by starting with a base set of services informed by evidence/best practices

Further split technical risk into the component attributable to the patient (severity/health status) and the component attributable to the provider

Hold providers strictly accountable for their portion of technical risk across the care continuum

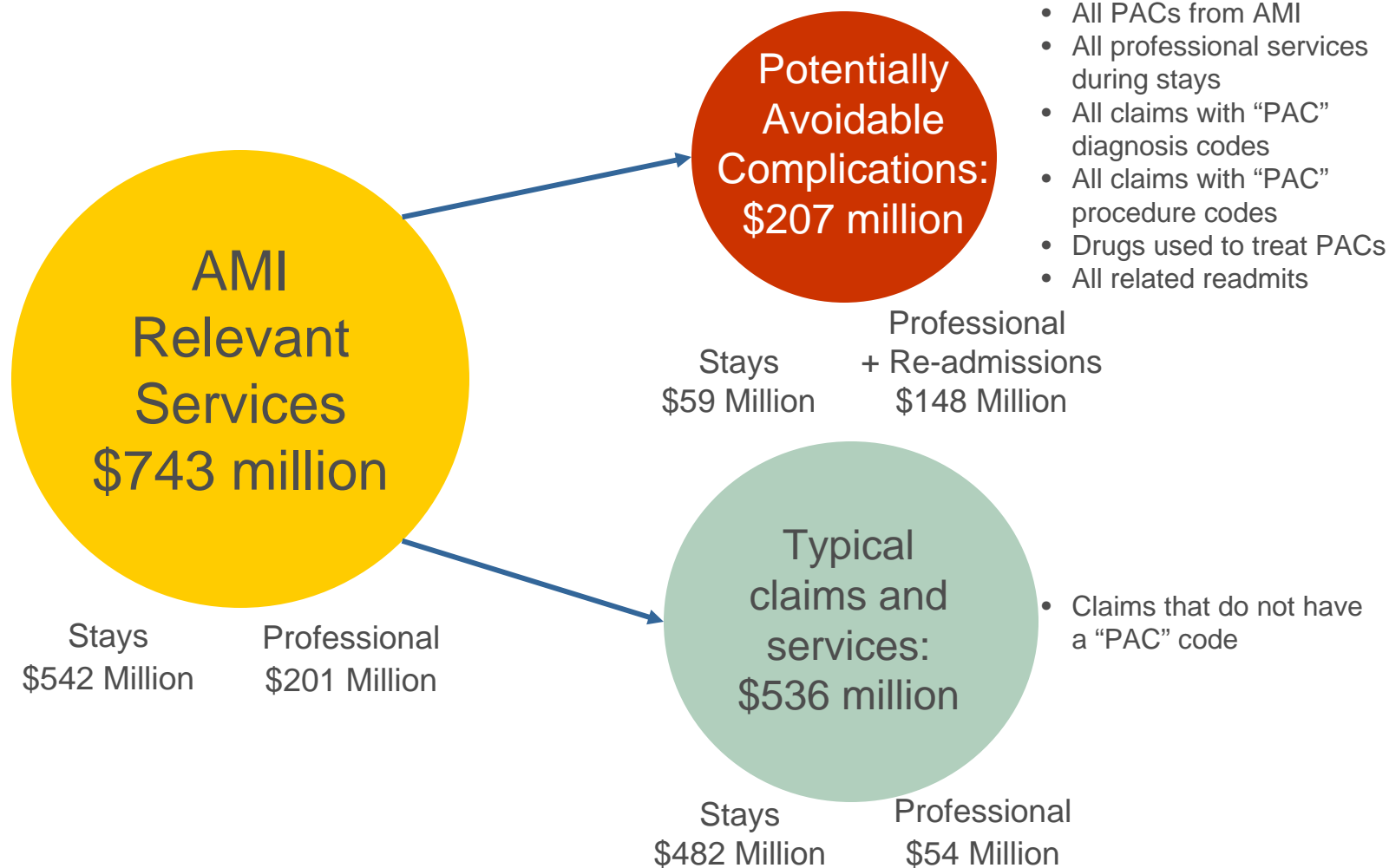
Create a solid business case for doing right through (a) the allowances for Potentially Avoidable Complications, and (b) the scorecard

Risk bifurcation in the PROMETHEUS model





Huge amounts can be saved by reducing Potentially Avoidable Complications

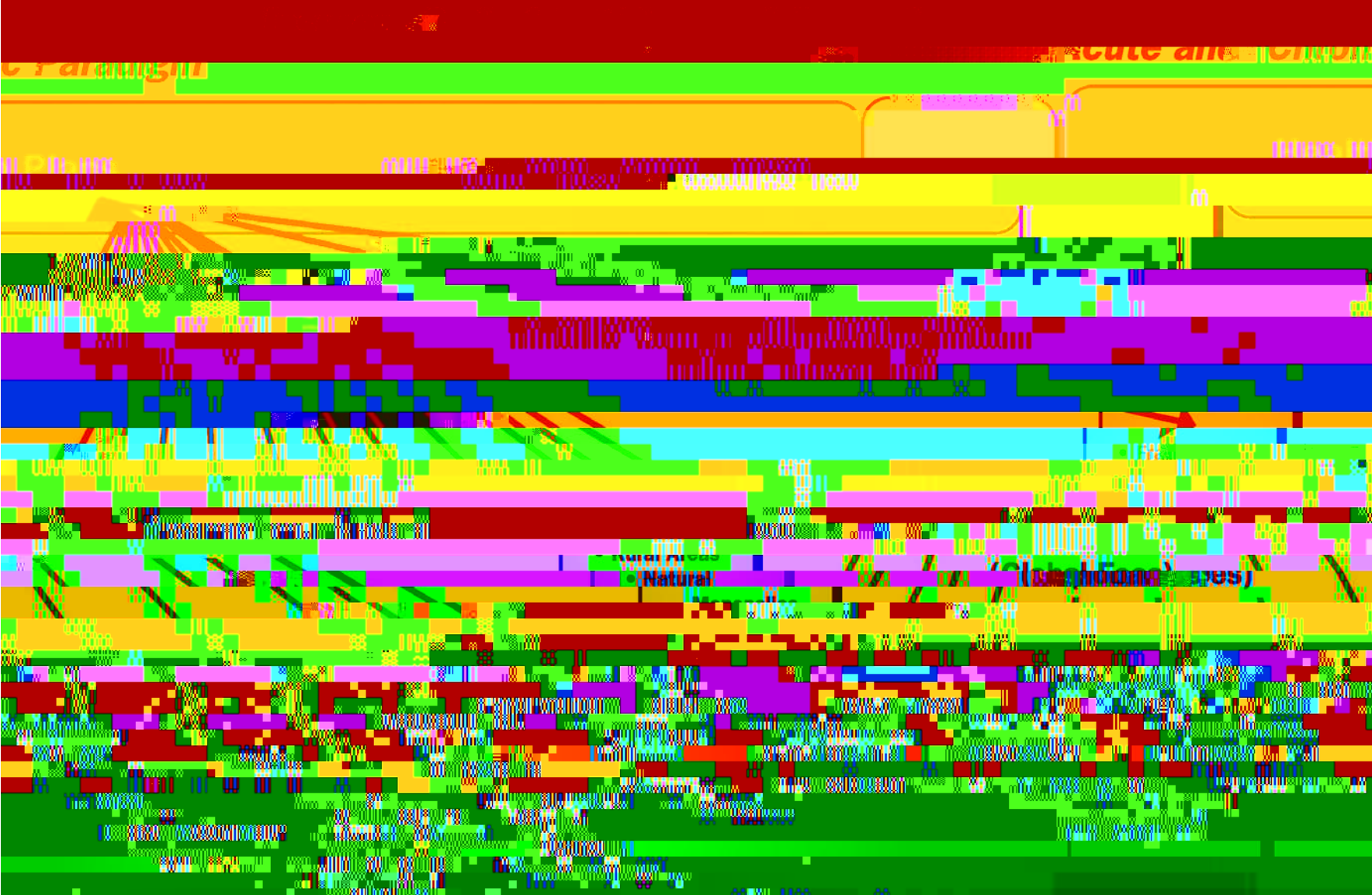








MARKET FAILURE OF AN EOC



Evolutionary View of System Reform

