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## Driving Change: The Why and How of Advancing Person-Centered Outcome Measurement

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## Consumer's Vision of Success

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1. Ability to live life at the highest functional level possible with least intervention
2. Needs met in a timely, organized, and convenient manner by competent providers
3. Confidence in navigating care system by self or with support when needed

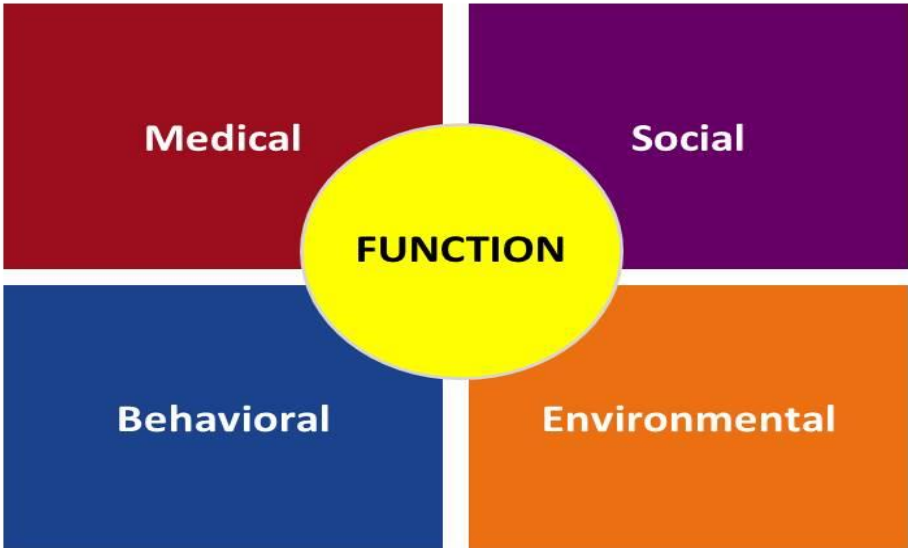
# Sources of High-Cost Variation



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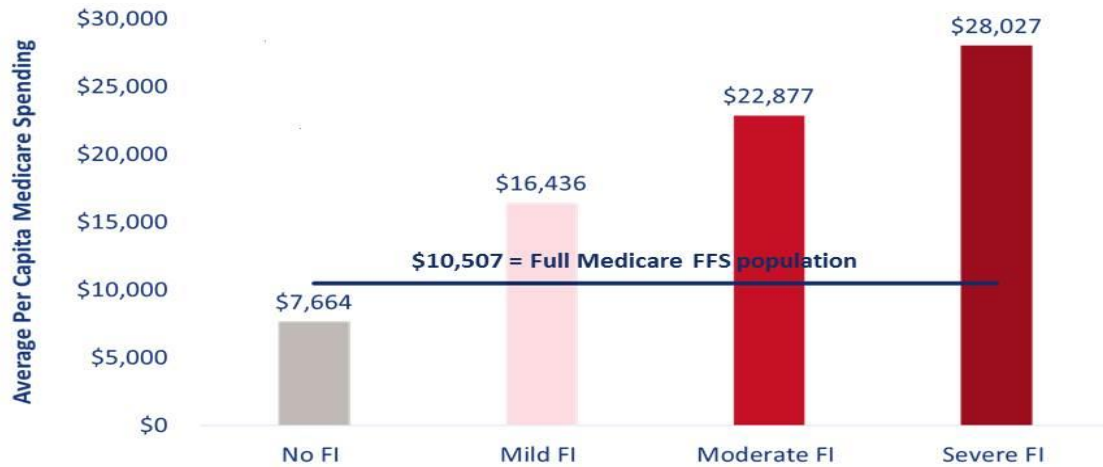
# Where Function Exists...



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## Functional Impairment Associated with High Medical Spending...



Source: [Anne Tumlinson Innovations](#) analysis of the 2015 Medicare Current Beneficiary Survey. Data is limited to fee-for-service Medicare beneficiaries living in the community and excludes long-stay nursing home residents. Functional impairment in this display is measured at the "moderate" level.



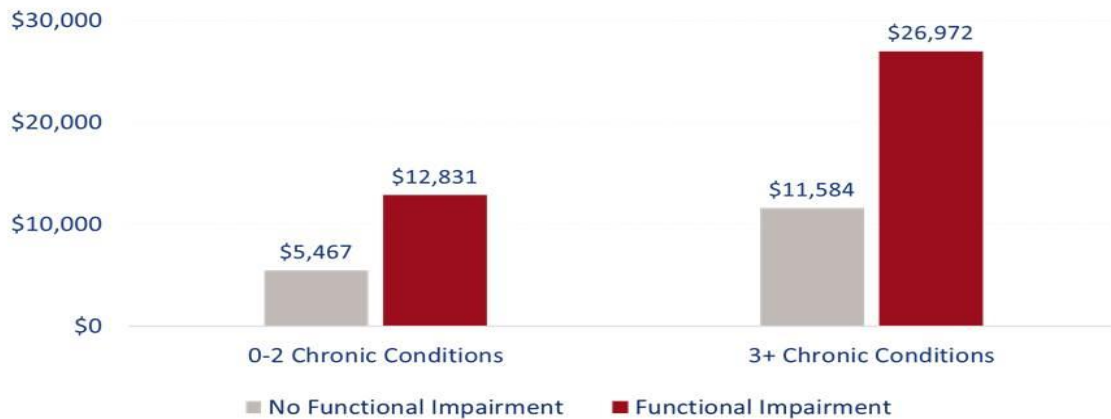
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## Particularly True for Those with 3+ Chronic Conditions

*Average Per Capita Medicare Spending, 2015*



Source: [Anne Tumlinson Innovations](#) analysis of the 2015 Medicare Current Beneficiary Survey (linked to Claims). Data is limited to fee-for-service Medicare beneficiaries living in the community; excludes long-stay nursing home residents. Functional impairment in this display is measured at the "moderate" level.

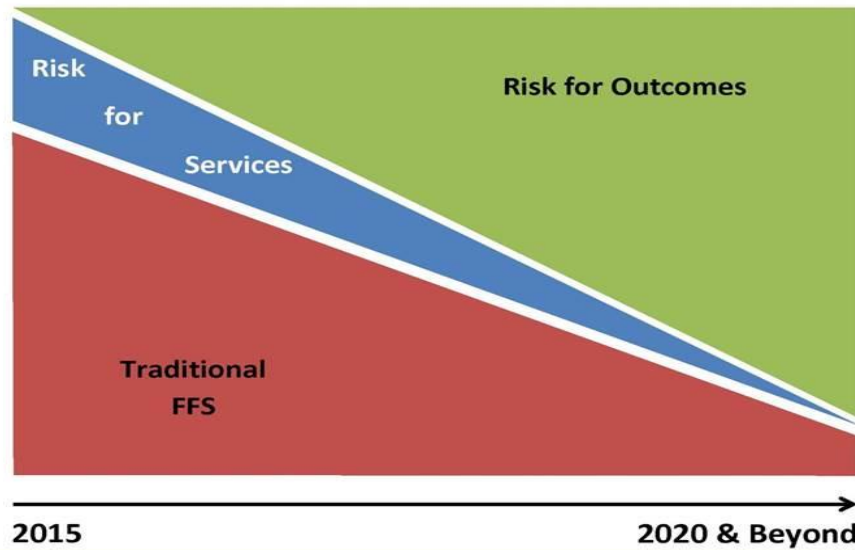


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## Policy driving the change...



## Business Case for Person-Centered Care

$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

The equation is flanked by a green upward arrow on the left and a red downward arrow on the right, indicating that Value is increased by Quality and decreased by Cost.

# What Is Person-Centered Care?

A person's preferences and values guide all aspects of health care and support realistic health and life goals.



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## Key Characteristics



Care Supported by One Team with the **PERSON AT THE CENTER**



Personalized Care Plan and Regular Review of Goals



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## Key Characteristics



**Single Point of Contact**



**Care Coordination with  
Continual Information Sharing**



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## Key Characteristics



**Education and Training**



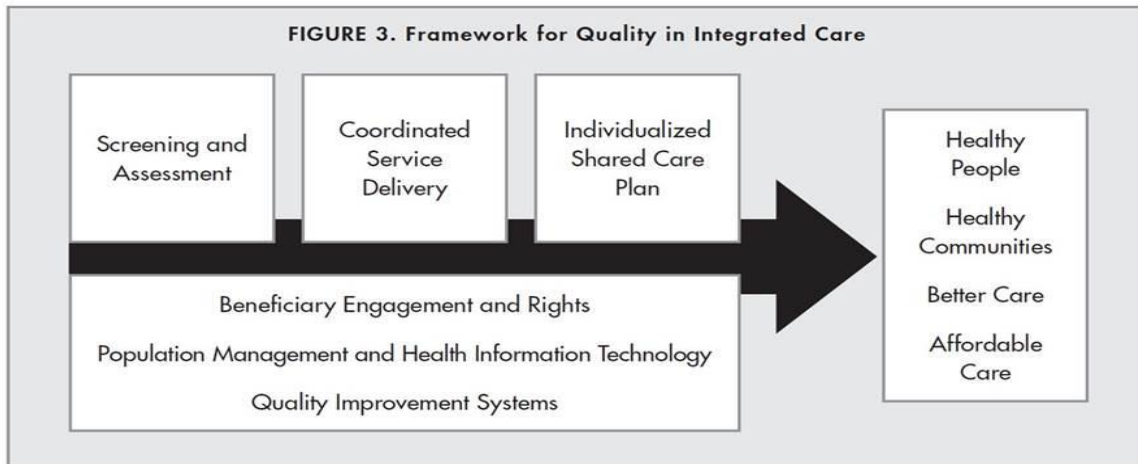
**Ongoing Feedback  
for Care Improvement**



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# NCQA Quality Framework



Source: NCQA. Integrated Care for People with Medicare and Medicaid: A Roadmap for Quality, 2013



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## [www.BetterCarePlaybook.org](http://www.BetterCarePlaybook.org)

the Playbook

Key Questions ▾

I Am A... ▾

I Want Better Care For... ▾

About



### Key Questions

Find curated resources about promising approaches to improving care for people with complex needs.

Why invest in redesigning care for people with complex needs?

15 Resources

Who are people with complex needs?

13 Resources

What care models are promising?

30 Resources

What are key elements to redesigning care?

8 Resources

## Roadblocks & Paths Forward

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### Old Paradigm

- What's the matter with you?
- Single provider focus & approach
- Provider action

### New Paradigm

- What matters to you?
- Customer service approach
- Consumer confidence & functional outcomes



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### ***Our Vision:***

A society where older adults can access health and supportive services of their choosing to meet their needs.

### ***Our Mission:***

To advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

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