Making the business case for BPM+ Health

Towards a shared value statement
Panelists

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Care with Boundaries
**Motivation? Making Care without Boundaries a reality**

Effective care co-ordination is encumbered by numerous IT boundaries
Costs are rapidly increasing, quality is opaque
Takes 17 years to implement best practices into workflows – learning medical

**What positive change will occur because of the standard?**

- Orchestrate the delivery of Clinical Practice guidelines utilizing the latest healthcare data (fhir) and process automation (BPM+) standards
- Enable the learning health system

### Market Segment (s)
- Providers
- Payers
- Promoters
- Consumers (self service initiatives)

### Problem trying to solve:
- Process interoperability along patients personal journey.
- Few early warning detection systems to monitor and mitigate population wide risks, Lack of Event driven data systems
- 17 years to implement best practices into healthcare
- Lack of balance at the Human Computer Interface to manage health IT tasks and surveillance (efficiency v complexity) tasks get lost (trivial and non trivial).
- Gaps in consistency of healthcare delivery (high reliability organization– aviation, nuclear

### Potential Customers
- Healthcare quality oversight bodies
- Payers/Providers in value based care models
- Government and commercial healthcare payers

### Target users: clinical guideline
- Authors
- Adopter
- Implementers
- Educators
- Policy makers

### What are the benefits of the standard:
- Drive best practices into workflows and effectively balance the HCI
- Eliminate menial IT tasks from human workflows through computer surveillance and decision support.
- Intuitive, shared semantic that supports
  - Portability (others can use it)
  - Shareability (others can understand)
  - Availability of consumable knowledge at point of care.
  - Transparency (machine and human readable) elements are digestable and understandable
- A digital integration hub to connect and orchestrate with AI, health organizations

### BUSINESS GOALS

**How does the standard benefit the stakeholders?**

- Patient (caregiver)
- Provider
- Payer
- Researcher/Analyst
- Policy makers

**What makes it standout in the market? (UVP)**

- Standards based solution reduces longterm total cost of ownership due to open:non proprietary.
- Promotes patient centric care between provider orgs
- BPMN standard is mature and well established in other industries, harvest and reapply successes. Established professional workforce.
## Who uses it?

<table>
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<th>Role</th>
<th>Questions</th>
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| Author                                        | • Who are the key actors?  
• What are their goals?                                |
| Organizational Adoption & Change Managementist| • What is the unique value proposition?  
• How do we set rationale milestones during the disruption? |
| Process Automation and Enabler                | • What problem are we trying to solve?  
• How can we use open source tech to solve it? |
| Methodologist                                 | • What patterns best benefit the human processes?                         |
| Educator                                      | • Who is the workforce we are developing?  
• Why is BPM+ Health beneficial for them?                |
Bending the cost curve: event driven systems for detect Patient Risk detection and mitigation
Value based care

Cost

Quality

Past

Future

Shared Value

Key

- Fee for Service
- Value Based Care
Healthcare quality key metrics

Effectiveness

Access  Satisfaction

Efficiency
Healthcare quality key metrics

- Effectiveness
- Access
- Efficiency
- Satisfaction
Healthcare quality key metrics

Effectiveness

Access

Efficiency

Satisfaction
Healthcare quality key metrics

- Effectiveness
- Access
- Satisfaction
- Efficiency
How do we achieve this?

Effectiveness

Access

Satisfaction

Efficiency
What is the problem we are trying to solve?
How can process automation assist healthcare’s key stakeholders?
What are the benefits of the standard?
Why will BPM+ Health fail?
Why will BPM+ Health succeed?
The rate of cost increase in the US healthcare system is unsustainable.

The most effective way to bend the cost curve is identify risk early and mitigate it before the bad thing happens.

In the current state, quality outcome and risk data is at least 30 days old and extremely difficult to understand.

30 days is a longtime to not know about a high risk patient and the others like them in the beneficiary pool.

**The Solution: Care without Boundaries**

Event driven healthcare: Near real time risk detection to drive intervention

Manage individuals and cohorts along best practice guidelines

Control costs and improve quality & consistency of care for all participants

Healthcare process automation using the leading standards (FHIR, BPM+ Health) for a cloud agnostic future

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**Bending the cost curve: A community challenge**

Making value based healthcare a reality using standards based machine automation.
Care without boundaries
The Problem

• Healthcare cost increases are unsustainable and not aligned with quality increases.
• In the current state, quality outcome and risk data is at least 30 days old and extremely difficult to understand.
• 30 days is a longtime to not know about a high risk patient and the others like them in the beneficiary pool.

The Solution

• Event driven systems that detect and mitigate risk early, before costs and human suffering take hold
• Virtuous circle of identification of best practices and rapid deployment into workflows.

• Bend the cost curve
• Use BPM+, FHIR and other standards to develop reusable Public Health risk detection and stratification patterns
• Demonstrate capabilities in connectathons and in live deployments.

An open Challenge
Questions

• How have other process- and information-rich industries solved similar problems?