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# ACO impact on quality and safety

- Growing evidence for quality & safety (& costs) for PCMH and Accountable Care Organizations
- The PCMH and ACO need each other—many models
- Personal health care balanced with population health
- Population health personalized

# Sean Gleason

## Pediatric ACO

- Children are not small adults
  - Pediatric ACOs may be different
  - Lower acuity, less resources
  - More shared/distance resources needed
  - Monitoring and Interventions: Dangerous places, substances, diseases
- Co-location of personal and public health services (primary care and WIC)
  - More chances for preventive care
- Off/on Medicaid = broken medical home

# Panel

- “White Board” for Pediatrics ACO design (not Medicare)
- Already involving patients and patient-centered measures
- Need to move focus into the outpatient setting and community where most of health occurs
- Hospital – physician integration is complex, needs new business model, will struggle with culture and “your cost = my income”

# David Nash

- Country moving to measurement, evidence, protocol, transparency – commitment to self evaluation
- No change without payment reform
- Doctors think golf is a team sport
- **No Outcome, No Income**
- Medicals errors are 4<sup>th</sup> leading cause of death
- Culture eats the EMR for breakfast – and is the most important focus for safety & quality

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(STAAR reinforced)