

Clinical and Administrative Integration Checklist



Introduction

When preparing to implement an alternative payment model, it is advisable for an entity to consider whether they have fully addressed all of the relevant administrative infrastructure touch-points within their organization. To assist you with this activity, the HIMSS Alternative Payment Models Infrastructure Task Force is developing a checklist for each of six structural areas identified within the administrative infrastructure: Clinical Integration; Contracting; Governance; Information Management; Program Administration and Operations; and Revenue Cycle and Financial Management. You will find a checklist specific to each structural area in the HIMSS Administrative Infrastructure Toolkit related to that structural area.

Following is the checklist for the Clinical and Administrative Integration structural area. Over time you will find tools and resources related to each line item on the checklist. For example, for more detailed information about what is meant by “xxx” under the xxx heading, click on the link and you will be taken to a document with more information about xxx. Where there is no link content is under development.

Should you have questions or comments, please contact Pam Jodock, Senior Director Health Business Solutions, HIMSS at pjodock@himss.org.

Alternative Payment Model Clinical and Administrative Integration Readiness Checklist

Instructions: For each of the line items listed below, consider your current state of readiness. Mark the appropriate box, and include any additional comments regarding work to be done to improve your readiness or activities currently underway that will result in the level of readiness you assigned to the line item.

Key:

H = High state of readiness. You have fully evaluated this item within your organization and have taken all necessary action to ensure the organization is fully prepared to execute this line item on Day 1 of Go Live.

M = Medium state of readiness. You have considered this line item, and are in the process of taking the necessary steps to ensure the organization is fully prepared to execute on Day 1 of Go Live.

L = Low state of readiness. You have not previously considered this line item and will need to implement an action plan to ensure that the organization is fully prepared to execute on Day 1 of Go Live,

N/A = This line item does not apply to your organization.

Supply Chain Management					
Line Item	H	M	L	N/A	Comments
Competitive and Transparent Relationships With Vendors					
Eliminate redundant/duplicative contracts.					
Develop ongoing process for monitoring contract overlap					
Establish inventory control protocols					
Supplier relationship management					
Personnel Management					
Line Item	H	M	L	N/A	Comments
Patient Engagement Staff					
Clinical Staff					
Revenue Cycle and Administrative Staff					

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Best Practices					
Line Item	H	M	L	N/A	Comments
Establish cross business unit / service line committee to explore best practices and/or explore governance around best practices strategy related to clinical practices					
Establish cross-business unit / service line committee to explore best practices and/or explore governance around related to administrative practices					
Establish cross-business unit / service line committee to explore best practices and/or explore governance around related personnel activities					
The connection between financial wellness and clinical practice patterns					
Referral Management					
Line Item	H	M	L	N/A	Comments
Established process for issuing and accepting referrals outside of APM					
Established process for issuing and accepting referrals to specialists participating in the APM					
If not part of integrated health system, develop strategy for aligning with health entities					

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Risk Management					
Line Item	H	M	L	N/A	Comments
Taxpayer Identification Number (TIN) strategy identified (key for A-APM participation under QPP)					
Assessing your ability to assume both upside & downside risk <ul style="list-style-type: none"> • Review of costing and contracts to determine ability and timing to take on risk. • Determine access to reporting mechanisms (Medicare & commercial payers) to assist in understanding performance on quality/cost measures 					
Identify clinical data to include in ongoing monitoring of quality and cost measures related to risk contract					
Quality Metrics					
Line Item	H	M	L	N/A	Comments
Processes to ensure appropriate level of documentation					
Using CQMC ACO/PCMH quality measure set (MDs) <ul style="list-style-type: none"> • CMS Core Measures • Meaningful Measures – LAN Summit 					
Care Coordination					
Line Item	H	M	L	N/A	Comments
External Partnerships established, i.e. post-acute, etc.					
Balance between primary care and specialty resources to treat patients					
Establish processes for clinicians to communicate effectively around a patient care plan (with physicians in and outside of the organization)					

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Patient Access and Provider Attribution					
Line Item	H	M	L	N/A	Comments
Practices to define/treat high risk patients					
Patient access strategy					
Participation in alternative access to care options, i.e. telemedicine, virtual platforms, patient portals					
Established process for patient attribution to providers within APM					