

Elliot Stone was a health information visionary and incredible collaborator. In keeping with his leadership legacy, the Elliot M. Stone Award of Excellence in Health Data Leadership is presented to those who have made significant contributions to the field of health services research and data-driven health care improvements. Dr. Karen M. Bell, as this year's recipient, joins an esteemed group of leaders who have made an imprint on the health data and research landscape.



Dr. Karen Bell and Denise Love, NAHDO
Executive Director

Here are some highlights from Dr. Bell's address:

Collaboration is the silver lining in her acceptance speech. She starts out by taking us back 20 years, to a very competitive, very fragmented healthcare system. Our healthcare system is still very much the same today. Yet it is the *competition* that drives collaboration.

“While you're very much engaged in the work you're doing now, you always have to keep an eye on where the puck is going to go.” Some big-drivers in collaborative efforts are legislation, financial incentives, and as strange as it may sound, collaboration around a common enemy. For example, collaborating on the current threat of the Ebola virus, which is a worldwide health issue. Karen reiterates Elliot's lesson: you can have these big-drivers, but if you REALLY want collaboration and sustainable change, you have to think about *enablers*. It is the concept of “win-win” situations. If you can bring payers and providers together in such a way that everybody wins something, it could lead to the beginning of sustainable collaboration.

This is not a unique idea. Banks, which are extremely competitive, have been doing it for years. They managed to collaborate around ATMs so that customers can access their money easily anywhere, anytime. How do you achieve win-win situations? Information alone does not do any good. As Karen puts it, you must first start with a “data information knowledge continuum.” This is bringing in expertise, experience, and an understanding of what is going on in the environment to make information knowledgeable and useable to get the outcomes you hope to achieve.

The focus now is on future healthcare reform. Government funded programs such as State Innovative Model (SIM) grants help states develop mature APCDs that are integral to the healthcare reform process. So far, six states have received these large grants, totaling around 45 million dollars apiece, and sixteen other states have received smaller awards for planning. Whether by CMS or private, ACOs need our help with payment reform. Not every state has a HIE (health information exchange) capable of tracking ADT (admission, discharge, and transfer) information, so ACOs have no way of tracking the total cost of care per patient; we call this “leakage and keepage.” In short, they do not know if they are making or losing any money. You know if you have a statewide APCD.

We need to collaborate with payers on how to determine the best way to implement payment reform. Are they ready for capitation or FICA services? This is an opportunity to help ACOs. You all know that it is possible and essential to share data AND protect the privacy of patients while meeting legal regulations to achieve high quality data. Karen encourages NAHDO members to keep learning from one another; don't stop collaborating. She asks herself before bed every night, “What did I learn today?” Attendees at NAHDO's 29th annual conference had tremendous opportunities for learning advancement! We thank Dr. Bell for sharing her insights with us.