

Health and Performance Improvement Continuous Value Enhancement (HPI/CVE) 1.0 Defined:

Summary: HPI/CVE is a process designed to improve the quality, safety, efficiency and transparency of health care delivery in the context of a purchasing environment, which incentivizes, measures and refines work-life achievement through continuous value enhancement. The HPI/CVE model focuses on the health and per capita cost of a defined population, and includes patient satisfaction initiatives through which consumers define their own needs and concerns as a core component.

HPI/CVE advocates team-based medicine (systematic, relationship-centered care) in neighborhood medical groups, organized systems of care, integrated delivery systems, clinics, community health centers and complementary and alternative practices within conventional medical group practices – and enhanced access to comprehensive, coordinated, evidence-based, interdisciplinary care delivered in the context of family and community. HPI/CVE's key deliverables are improved individual health, community health assurance and enhanced economic well-being and quality of life for all stakeholders. Results are long-term rather than short-term and success is measured by the total economic impact of preventive care and its positive impact upon downstream expenditures rather than its immediate cost.

HPI/CVE is essentially any wise investment in community health assurance, health benefits redesign and/or consumer lifestyle changes that can help people achieve better health, financial security, life fulfillment and relevance in their activities of daily living while also improving company profits and job satisfaction.

HPI/CVE involves:

- Enhancing affordable health access options in America that create healthy, productive and fulfilling lives.
- Advancing an integrated, efficient, high quality health care system using a human behavior change approach..
- Focusing on the economic impact of preventive care and its positive impact upon downstream expenditures rather than its immediate cost.
- Aligning incentives, information and choice.
- Deploying meaningful enabling technologies and real-time health information exchange systems that work.
- Executing healthy living and healthy working strategies and best practices to achieve healthy employee and business performance.
- Refining meaningful prevention and treatment strategies that work.
- Advancing a community-based, HPI/CVE eight component continuum.
- Achieving the right care at the right time – while providing the evidence of improved individual health and corporate economic performance.
- Optimizing the total economic impact of employee health to maximize an individual's health achievement potential and job satisfaction expectations through personal and organizational performance results.

HPI/CVE advocates enhanced access to comprehensive, coordinated, evidence-based, interdisciplinary care delivered in the context of family and community by:

- Advancing the trusted doctor/patient relationship as a long-term comprehensive connection that optimizes meaningful productive interactions, sustains positive behaviors, empowers with the right tools and links to the care team resulting in better overall family health.
- Enabling individuals to achieve a better life and financial security through better health by engaging, embracing and sustaining a positive lifestyle behavior change and a central role in determining their self-care – one that fosters a sense of responsibility for their own health.
- Including a community-based, affordable health access collaborative that provides individuals with comprehensive health coverage options; closure of care gaps and planned care coordination; meaningful productive interactions and preemptive interventions with trusted clinicians; guided personal care transitions and sustained engagement; and incentivizes a real-time balanced-scorecard approach including HPI/CVE standards, measurement and refinement.

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The HPI/CVE model highlights eight components:

- 1) HPI/CVE is a vision that fosters the notion that keeping people healthy is a good business strategy for employers, employees, providers, government and American taxpayers alike.
- 2) HPI/CVE is an approach that seeks first to identify and define a particular population covered by a specific individual or group of purchasers or payers of health care services;
- 3) HPI/CVE then evaluates the baseline (pre-intervention) health status of that particular population by all available means (including demographics, medical conditions and relative severities of illnesses to the extent that there are enabling technologies that can accomplish this degree of characterization);
- 4) HPI/CVE then sets both health improvement goals and objectives for individuals within the population (and, where possible, within subpopulations arrayed by demographics, medical condition and severity of illness groupings) and for providers of care (and, where possible, for their treatment of patients with specific conditions and severities of illness);
- 5) HPI/CVE then coordinates with the various stakeholders (providers, patients, payers, purchasers and policymakers — the “5Ps”) to achieve agreement with the improvement goals and objectives and to establish a fair compensation and reward system to incentivize both patients and their providers to meet and exceed the health and performance improvement continuous value enhancement goals and objectives;
- 6) HPI/CVE then enlists the aid of various procedural and technological methodologies—such as Six Sigma Process Evaluation and Improvement, Evidence-Based Medicine, Methods Evaluation Process™ (MEP™), and Real-Time Clinical Decision Support and Shared Decision-Making and Information Therapy — by providers and patients at the point of care, to achieve measurement of transparent attributions between interventions and outcomes and demonstrate optimal gains in overall health status of the covered population (and its various components as characterized above) per resource dollar invested (total economic impact or per capita cost of a defined population);
- 7) HPI/CVE then ensures that the compensation system (value-based purchasing) is continually adjusted to reward ever- improving health status and performance improvements achieved by individuals and providers, respectively, through this process of HPI/CVE using these and other appropriate HPI/CVE methodologies; and
- 8) HPI/CVE then focuses on individual (team-based medicine, family care in neighborhoods) health achievement, i.e., aligned incentives, information and choices and positive behaviors – and proactively partners with forward-thinking, HPI/CVE achievement-oriented stakeholders (the 5 P’s), business executives, independent business leaders and national and regional economic development experts to establish a broad base of support and commitment to making America the healthiest nation in the world.