Informing program design, decision-making, and outcomes

Decision makers across the health care system seek effective strategies to improve quality, lower costs, increase access, and coordinate care. Administrators of care delivery systems are being challenged to overhaul how care is delivered while also meeting workforce and patient needs.

From quality measure development and implementation, patient safety, and health IT to new patient engagement strategies, our experts help you navigate emerging payment models, evaluate their practical application, and generate and interpret evidence to improve health care delivery. On your path to improve care delivery, we can help you evaluate the practical applications of new models for specific patient populations and care settings.

From defining quality measures to assessing performance to helping implement initiatives that reduce quality gaps and improve patient safety, we can provide the evidence and assistance you need to make measurable improvements in care quality.
Evaluating what really works

Organizations across many industries in the United States are focused on innovation and advancement, and many of them invest significant resources in driving their innovation agenda. Health care is one of those industries that is constantly looking for the next idea to improve the way care is delivered.

Over the last several years, the Center for Medicare & Medicaid Innovation has spent $2 billion to fund and evaluate innovative health care models aimed at delivering better health, improving care, and lowering costs to people enrolled in Medicare, Medicaid, and Children’s Health Insurance Programs by focusing on populations with the highest health care needs. This program—known as the Health Care Innovation Awards—focused on innovations in care coordination, care management, home care, telemedicine, and other aspects of service delivery or payment with the shared goal of improving outcomes and reducing costs.

RTI experts evaluated these innovations across several years, using a rigorous and objective method to identify health care payment and service delivery models that lower total costs of care while maintaining or improving the quality of beneficiary care. Our insights on health innovation, including what works and what does not work in this space, are well-informed by our experience in evaluating innovative efforts that span across the multiple health settings that exist throughout the United States. We are well equipped to provide significant strategic and operational guidance to health care providers and payers that seek to extend the benefits of health care innovations as a way to improve care and reduce costs across the country.