

Estimates of annual value creation potential of an Exchange in Rhode Island

Potential
value at end-state

	Value creation hypothesis	Working estimate
1	Avoid duplicative testing and imaging as patient moves across care settings by allowing access to recent, relevant results	\$37M
2	Prevent unnecessary readmissions by providing discharge plan to receiving care settings (O/P, LTC) so they can provide effective follow-up	\$21M
3	Reduced length and complexity of stay for heart failure, AMI and pneumonia patients by providing access to baseline labs and images	\$17M
4	Avoid incremental utilization (O/P, ER, I/P) arising from preventing adverse drug events stemming from drug interactions and allergies by giving fuller access to medication and allergy history	\$4M
5	Reduced administrative burden for collecting, managing, and distributing medical records information with other providers	\$8M
6	Avoid duplicative consults and unnecessary admissions for conditions already being managed as patient moves across care settings	\$23M
		\$110M
	<i>Allowance for overlap across hypotheses</i>	<i>\$2M</i>
	Total annual value creation potential	\$108M

To view the full document click [Boston Consulting Group Report](#). The report is also available on the Rhode Island Quality Institute web site at www.rigi.org.