Institutes/Programs/Specialized Services

Michael Brant-Zawadzki MD FACR
Senior Physician Executive, Hoag Hospital
The Ron and Sandi Executive Medical Director Endowed Chair,
Pickup Family Neurosciences Institute
Hoag Memorial Hospital Presbyterian

Mission
• Our mission as a nonprofit, faith-based hospital is to provide the highest quality health care services to the communities we serve.

Vision
• Hoag is a trusted and nationally recognized health care leader.

Values
• Excellence
• Respect
• Integrity
• Patient Centeredness
• Community Benefit
History & Heritage

Sixty-five old, Hoag has evolved into a nationally renowned, nonprofit regional health care delivery network consisting of:

- Two acute-care hospitals
- Eleven urgent care centers and eight health centers
- More than 1,500 physicians, 5,500 employees and 2,000 volunteers
Traditional Service / Unit Model

**Operational Units:** basic operations or process of care in a localized space. Validated by **efficiency, financial metrics**

**Hospital Centric**

<table>
<thead>
<tr>
<th>Operating Room</th>
<th>Emergency Department</th>
<th>4 East (Unit)</th>
<th>ICUs</th>
<th>6 West (Unit)</th>
</tr>
</thead>
</table>

**Service Line:** managed integration of **Operational Units for a set of diseases** or an organ system: e.g., cardiovascular service line, neuro, oncology: Validated by process, financial, efficiency, customer satisfaction metrics
VALUE = Outcome + Patient Experience/ Cost
...must be defined around the CUSTOMER, not the provider

"Better health per dollar spent"
The Big Idea

The Strategy That Will Fix Health Care

Providers must lead the way in making value the overarching goal by Michael E. Porter and Thomas H. Lee
“That means reorganizing care around conditions into integrated practice units (IPUs) – *multidisciplinary teams* with the deep expertise, skill range and facilities necessary to achieve good outcomes efficiently and expeditiously throughout the care cycle. IPUs need to differentiate themselves from competitors by *emphasizing care for certain types of patients* – those for whom they can achieve better outcomes and have *particular expertise*, or those for whom they have similar outcomes, but can deliver care at a lower cost, more quickly, or more conveniently.”
Integrated Practice Units (IPUs)

1) Organized around a medical condition or a set of closely related conditions
2) Dedicated, multidisciplinary team of clinicians, physically and virtually co-located
3) Providers see themselves as part of a common organizational unit
4) Responsibility for the continuum of care incl. post-acute and supporting services
5) Patient education, engagement, and follow-up included

6) Single administrative structure
7) Clinical care integrator/navigator
8) Metrics/accountability of outcomes, costs, using standardized benchmarks
9) Process Improvement methodology
10) Joint accountability is accepted for outcomes and costs
Definitions: Our Institute Model

**Program**: Physician–led, strategic multidisciplinary team (IPU) coordinating and **focusing on a specific patient condition** -> best-practice care pathways for continuum of individual patient needs, accountable for quadruple aim – includes research, education, navigation, support groups

**OUTCOMES DRIVEN**: eg, Heart Valve Program, Stroke Program, Breast Care Program.

**Institute**: Strategic executive oversight for a portfolio related **programs (IPUs)**. Selects programs, procures/allocates resources, facilitates analytics, PI, accountability metrics; eg, Heart and Vascular Inst, Neurosciences Inst, Cancer Inst, etc. : Promotes outreach (marketing), philanthropy
Clinical Institute Model

**INSTITUTE:**
Portfolio of Programs related by organ system conditions:
Guides strategy, new programs, facilitates operations, PI Procure/allocate assets

**PROGRAM:**
Focus on specific disease or condition through:
Multidisciplinary, physician led team - responsible for evidence based care:
Triple aim

**Operational Unit**
Procedural or service interface

**PATIENT FOCUSED**

Led by an Executive Team:
Exec. Medl/Admin Directors

Program Oversight Coordination, Funding Facilitation, Promotion

Care Pathways Care Innovation

Program Metrics: Value Outcomes/Cost
Institutes / Programs – Executive Functions:
Innovation, Growth, Strategy, Value

<table>
<thead>
<tr>
<th>Heart &amp; Vascular</th>
<th>Women's</th>
<th>Neuro</th>
<th>Cancer</th>
<th>Digestive Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valve Arrhythmia</td>
<td>Maternity, Breast, Gyn/Onc, Womanology, Mental Health, etc.</td>
<td>Stroke, Brain Tumor, Epilepsy, Memory, Movement/Parkinsons, Mental Hlth, etc</td>
<td>Lung, Colorectal, Midgut, Melanoma, Sarcoma, etc</td>
<td></td>
</tr>
<tr>
<td>Coronary Disease CHF</td>
<td>Peripheral Vascular Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PeripheraVascular Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vital Services / Departments
Operations Units: Access

- Admin
- Process Improvement
- IT
- REFCO
- Revenue Cycle
- HR
- Emergency Department
- Radiology
- Pathology / Lab
- O.R.
- Anesthesia
- Ambulatory Surgery Centers
- Ambulatory Services
- 1206 D Clinics
- Timeshares
- ICU / CCU
- Nurse Floors
- Bed Utilization
- Patient Flow
PFNSI Programs

- Stroke
- Aneurysms/AVMs
- NeuroSpine/Back Pain
- Brain Tumors
- Pituitary/Skull Base Tumors
- Memory/Cognitive Disorders
- Epilepsy
- Headache
- Cluster Headaches, Migraine, TMJ, TGN
- Sleep Disorders
- Insomnia, Narcolepsy, Sleep Apnea
- Movement Disorders & Parkinson’s
  Essential Tremor, Dystonia
- Multiple Sclerosis
- Pain Medicine
- Neurobehavioral Health
  Addiction, Adolescent Mental Health, ASPIRE, Women’s Mental Health. Eating Disorders*

MD Specialties:
Neurology, Neurosurgery, Neuroradiology, Neuropsychiatry, Addiction Medicine, Pain Medicine, PM&R,

Specialized Services
Neuro/Interventional Radiology: GammaKnife: 3D Virtual Surgery Planning/Guidance:
Minimally Invasive Surgery: Epilepsy Monitoring Unit: Physical Rehab: Robotic Spine Surgery
% of Eligible Patients that receive tPA: 100%

Modified Rankin Score 64% of 0-1 (self-sufficient) @ 90d (vs. 35% NINDS trial)

Overall tPA Tx Rate: 15.2% (National 5-15%)

Active Clinical Trials: 2
Start-Up Phase: 1

ALOS: 3.4 CMS LOS Expected (5.02)

Medication Compliance: 99%
Post D/C (vs 50% National)

Code 20: Door to CT Time: 18 min
Goal: <20 minutes

EMS Collaboration:
- Quarterly meetings with stroke education
- Monthly Great Saves with treatment times reported
- Involved in PI door to tPA project

D/C Follow-Up Calls: 100%
72hrs/30 days/90 days

Nurse Navigation Access

Patient Satisfaction: 96.5%

Public Education:
- Stroke Awareness
  - Strikeout Stroke Angels Stadium
  - Stroke Awareness Health Fairs
  - Community Presentations,
    - Support Groups

D/C Follow-Up Calls: 100%
72hrs/30 days/90 days

Nurse Navigation Access

Patient Satisfaction: 96.5%

Public Education:
- Stroke Awareness
  - Strikeout Stroke Angels Stadium
  - Stroke Awareness Health Fairs
  - Community Presentations,
    - Support Groups

Philanthropy:
Total Since Inception: $5.3M

Stroke Volume - CY15:
CY07: 605, CY14: 854

Stroke Ischemic: $7,917
Direct cost /case
Avg. MC Reimbursement: $10,500

Meeting FY16 Target
Between Baseline and Target
Unfavorable Compared to Baseline
Congestive Heart Failure

- **Mortality Rate Medicare Only - 14%**
  - State: 11.2%
  - National: 11.9%
- **Overall Mortality**: 0.78 O/E Ratio
- **Clinical Trials**: 3 Recently selected for multicenter randomized CHF medication trial
- **% of Eligible Patients that Receive ACE/ARB at D/C**: 95%
- **Medication Compliance - pathways contain 2017 ACC/AHA guidelines to reduce readmission**
- **Readmissions Medicare Only**: 18.8%
  - State: 21.1%
  - National: 21.6%
- **Readmission Overall**: 0.83 O/E Ratio
- **Meeting FY17 Target**
- **Between Baseline and Target**
- **Unfavorable Compared to Baseline**

- **D/C Follow-Up Calls**: 100%
- **Dedicated Nurse Navigation and NP**: Both certified by AAHFN
- **Streamlined referral process to CARES Team**
- **OP Clinic and Navigation of community based resources**
- **Public Education**
  - Community Presentations
  - Support Groups
- **Philanthropy – Endowed Chair Nurse NP and Navigator**
- **Physician compliance with CHF pathway**
- **ALOS – Flat at 3.69 days compared to FY16 Direct Costs - Flat at $7,333/Case compared to FY16**

**Employee Experience**

**Clinical Excellence**

**Service Excellence**

**Affordability**

**VALUE**

Great Places to Work
Cardiac Administration: 97

Updated 9/18/17
Infection Rates:
Laminectomy: FY16 0.66  FY17 0.50
Spinal Fusion: FY16 1.16  FY17 1.70

ALOS:
CYTD16: 4.1  CY17TD: 4.0

Readmission O/E:
FY17 Q1: 1.18  FY17 Q2: 0.847

Patient Satisfaction:
3East: FY17: 70.4  FY17S: 74.4

IP Surgical Direct Cost Per Case
FY16: $30,928  FY17: $23,603

IP Surgical Margin Per Case
FY16: $13,907  FY17: $18,489

Surgeon Related Delay of OR Start Times:
96% on time Start (BO/RL/WD)

Philanthropy: 100K

Great Places to Work
Neuro ICU: 2015: 88  2017: 84

Updated 9/11/17
Specialized Services

Highly technical service or knowledge expertise supporting programs and operational units

Eg; Robotic Surgery, TAVR, Precision Medicine
.... Is SPECIAL!!!