The Strategy and Impact of Philanthropy on Hoag’s Institute/Program Model

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Our Population

- 3,084,515 people
- Average age 36 years old
- $74,987 median household income (21% higher than that of CA’s $61,801)
- $826,375 average net worth

Income data for Orange County is sourced from census, 2015
Sixty-five years old, Hoag has evolved into a nationally renowned, nonprofit regional health care delivery network consisting of:

- 2 Acute Care Hospitals
- 1 Orthopedic Hospital
- 11 Urgent Care Centers
- 8 Health Centers
- 6,000 Physicians
- 6,000 Employees
- 52 Different Specialties
- 2,000 Volunteers
- 30,000 Inpatients
- 450,000 Outpatients
- 588 Beds
- 6,826 Births
- 117,235 Emergency Room Visits
One of America’s Top 50 Hospitals by an independent health care research firm for the 7th consecutive year

One of America’s 50 Best Hospitals™ by Healthgrades for the 8th consecutive year

One of 100 Great Hospitals in America by Becker’s Healthcare 5 times

Ranked in 4 specialties nationally:
- #23 Gastroenterology/GI Surgery
- #31 Orthopedics
- #41 Urology
- #49 Geriatrics

Best Regional Hospitals ranked:
- #4 - LA metro area
- #8 – California

Hoag Awards & Accolades
High Performing in All Nine Types of Care

One of only 29 hospitals in the US to earn the top rating in all nine procedures and conditions – less than 1% of those evaluated (4500)

One of only 18 hospitals in the US to do so for the last two years in a row

- Abdominal Aortic Aneurysm Repair
- Aortic Valve Surgery
- Colon Cancer Surgery
- COPD
- Heart Failure
- Hip Replacement
- Knee Replacement
- Lung Cancer Surgery
Hoag Clinical Institutes

Why?

Hoag Family Cancer Institute
Hoag Neurosciences Institute
Hoag Digestive Health Institute
Hoag Orthopedic Institute
Hoag Jeffrey M. Carlton Heart & Vascular Institute
Hoag Women's Health Institute
Hoag Mary & Dick Allen Diabetes Center
VALUE = Outcome + Patient Experience / Cost

…must be defined around the CUSTOMER, not the provider

“Better health per dollar spent”
“Cardiovascular Service Line” - Hospital Centric

Traditional Service / Unit Model

Operational Units: basic operations or process of care in a localized space - validated by efficiency and financial metrics.

Service Line: Aggregation of operational units for a set of diseases or an organ system (e.g. cardiovascular service line, neuro, oncology) measured by financial, process efficiency and customer satisfaction metrics.
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.”
Hoag’s Institute Model - Defined

- Physician–led, strategic multidisciplinary team (IPU) coordinating care continuum and for a specific patient condition
- Best-practice care pathways, accountable for quadruple aim – includes research, education, navigation, support groups
- Outcomes driven (e.g. Heart Valve Program, Stroke Program, Breast Program, Head and Neck Cancer Program)

- Strategic executive direction for a portfolio of related programs (IPUs)
- Selects programs, procures/allocates resources, facilitates analytics, performance improvement, accountability metrics
- 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 a specific disease or condition through a **multidisciplinary, physician-led team** responsible for evidence based care: **triple aim**

Operational Unit
Procedural or service interface

Patient Focused

Program oversight, coordination, funding facilitation, promotion

Led by an Executive Team: Executive Medical/Admin Directors

Program Metrics: Value Outcomes/Cost

Care Pathways
Care Innovation
### Institutes / Programs – Executive Functions: Innovation, Growth, Strategy, Value

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### 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
- Neurointensive
- Psychiatry
- 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

[https://youtu.be/FuZjHnpY4](https://youtu.be/FuZjHnpY4)
% of Eligible Patients that receive tPA

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

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

% of Eligible Patients that receive tPA

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)

Mortality Rate 0.87
O/E Ratio >1.0

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

Nurse Navigation Access

Patient Satisfaction 96.5%

Public Education 10
Stroke Awareness
- Strikeout Stroke Angels Stadium
- Stroke Awareness Health Fairs
- Community Presentations,
- Support Groups

Philanthropy $5.3M
Total Since Inception

Stroke Volume - CY15: 1000, CY07: 605, CY14: 854

Stroke Ischemic: $7,917
Direct cost/case Avg. MC
Reimbursement: $10,500
% of Eligible Patients that Receive ACE/ARB at D/C = 95%

Clinical Trials: 3
Recently selected for multicenter randomized CHF medication trial

Medication Compliance - pathways contain 2017 ACC/AHA guidelines to reduce readmission

Readmissions
Medicare Only: 18.8%
State: 21.7%
National: 21.6%

Readmission Overall: 0.83 O/E Ratio

Mortality Rate Medicare Only - 14%
State: 11.2%
National: 11.9%

Overall Mortality: 0.78 O/E Ratio

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

Meeting FY17 Target
Between Baseline and Target
Unfavorable Compared to Baseline

Great Places to Work
Cardiac Administration: 97

Employee Experience

Clinical Excellence

Service Excellence

Cost Excellence

VALUE

Congestive Heart Failure

Employee Experience

Meeting FY17 Target
Between Baseline and Target
Unfavorable Compared to Baseline
....is special!!!
Institute Based Philanthropy

hoag
Women's Health Institute

hoag
Jeffrey M. Carlton Heart & Vascular Institute

hoag
Pickup Family Neurosciences Institute

hoag
Hoag Orthopedic Institute

hoag
Mary & Dick Allen Diabetes Center

hoag
Hoag Family Cancer Institute
The Promise of:
- Big Ideas
- Empowering You
- Extraordinary Leaders

Includes:
- Programs
- Innovation Opportunities
- Education
- Research
- Technology
- Facilities
- Clinical Staff

Encompasses every:
- Institute
- Center
- Specialty area
Generalist
Liaison to departments

Constituent-Based Development Officer
Institute based
- Cultivate relationships with institute physicians
- Develop trust with institute leaders
- Knowledge experts; translate topics to lay audience
- Priority setting with institute leaders
- Support and engage institute leaders
- Strategically work with institute leaders ensuring funds are spent
- Donor stewardship

Development Officer
Refine

Educate internal staff on the Campaign priority process

Hospital partners become co-owners of the process; begin brainstorming

Conduct individual meetings with institutes to develop priorities

Developed priorities to hospital leadership for approval

Present approved priorities to Board of Directors

After the Campaign kick-off and public phase begins, refine priorities and capture new ones
Hoag Promise Volunteers

- 300+ Volunteers
- 150 Physicians
- 11 Campaign committees
- 20-25 Volunteers per committee
Physician Campaign Leadership Group

- Fully integrated into the planning, launch and ultimate success of the Hoag Promise Campaign
- Advises the Foundation regarding key strategies for physician engagement
- Participates in Foundation activities
- Spreads culture of philanthropy
- Strategic development priorities
- Grateful patient referrals
Physicians have referred patients: 84
Prospects referred: 250+
Donor visits annually: 200+
$3.7M Given by physicians themselves
95% of all gifts given to Hoag are given by grateful patients
Named Strategic Funds
The community built Hoag. The community has helped shape it into what it is today. The community’s support will determine what Hoag grows into tomorrow.

$577M RAISED TO DATE
92% 
$627M 2020 CAMPAIGN GOAL

82%
Percentage of Campaign Timeline Elapsed
Campaign Duration: October 1, 2010 to December 31, 2020
INSTITUTE FUNDRAISING

$385M
INSTITUTES

61%

$627M
2020 CAMPAIGN GOAL
Hoag Promise Campaign

Philanthropic giving has increased **300%** annually