2012 Illinois Performance Excellence Bronze Award

Health Care Transformation Initiatives: Lessons from the Field

Heather Jorna, Vice President, Health Care Innovation

April 23, 2013

hospitals in pursuit of excellence™
Accelerating Performance Improvement

TRANSFORMING HEALTH CARE THROUGH RESEARCH AND EDUCATION

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Health Care Transformation

Hospitals and health care systems face common challenges in the transforming health care market

- Shifting **demographics** of patients and the workforce
- Transition to **value-based reimbursement** focused on outcomes
- Greater focus on **population health management** approaches (health and wellness, ACO / PCMH models, chronic disease management)
- Increasing demand for cost and quality **data transparency**
- Continuous **advances in technology** and increasing speed of adoption
- Increasing focus on **physician leadership**, alignment and engagement
- Challenging **variations** in care
- Need for **clinical integration** and **care coordination** to eliminate care fragmentation and improve transitions
- Growing demand for patient and family **engagement**
- Access to **capital** for investments

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Health Care Transformation

AHA is focusing on health care transformation research, best practices and leadership development

- Research and dissemination of information on key trends, policy issues, innovations, and best practices
  - Reports and toolkits
  - Webinars
  - Articles and newsletters
  - Case studies
- Leadership and skill development for addressing health care transformation challenges
  - Conferences
  - Workshops, training and continuing education sessions
  - Networking forums and membership support
  - **Fellowship programs**

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Health Care Transformation

Agenda

Best Practices and Lessons Learned on Health Care Transformation Initiatives

- Christy Stephenson, Executive Vice President, Strategic and Clinical Transformation, St. Francis Medical Center
- Stephanie Mills, MD, MHCM, President & CEO, Franciscan Health and Wellness Services, Inc. which operates the *Healthy Lives* employer wellness program
- Heather Jorna, Vice President, Health Care Innovation, Overview of AHA's Health Care Transformation Fellowship

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Community Collaboration for Population Health

Christy Stephenson
EVP Strategic & Clinical Transformation
April 23, 2013

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Community Transformation

- Trenton Health Team
  - St. Francis Medical Center
  - Capital Health
  - Henry J. Austin Health Center
  - City of Trenton
- Population Served - 6 zip Codes
- Community Needs Score
  - Income
  - Insurance
  - Education
  - Housing
  - Culture

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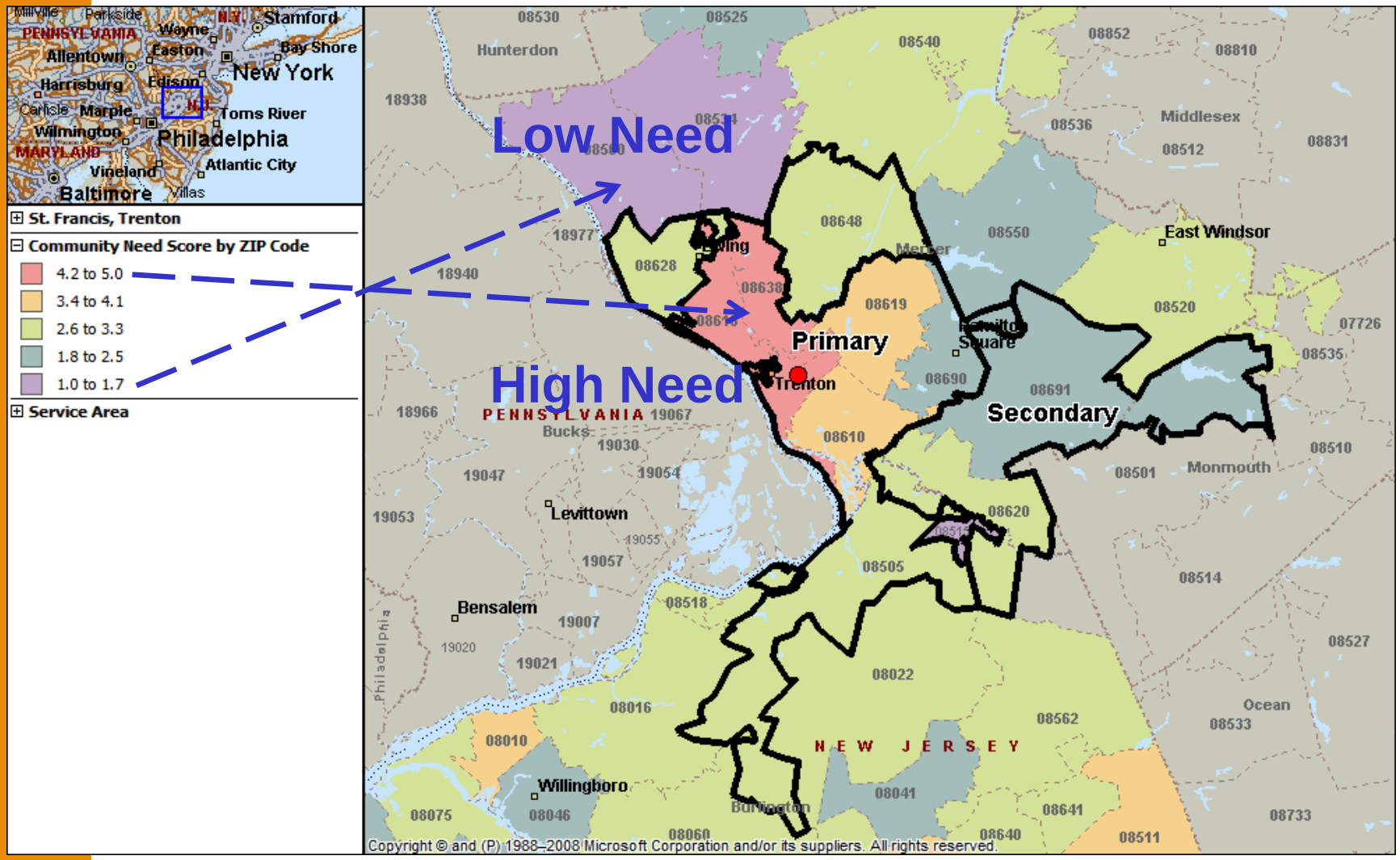
2011 CNS Mercer County, NJ



"Health Outcomes are more dependent on one's Zip Code than Genetic Code"

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Community Collaboration

- Senior Leadership
- THT Strategic Initiatives-
  - Primary Care Access
  - Care Coordination
  - Community Engagement
  - Utilize data for Population Health
  - Safety Net ACO
- Community-wide alignment of Strategic Planning and Implementation Plans for effective resource allocation

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Health Care Transformation Project

- Catholic Health East – Vision 2017
- St. Francis Medical Center
- Trenton Health Team
  - Safety Net ACO
    - Value Committee
    - ACO Business Plan
  - Care Coordination
  - Community Health Needs Assessment
  - Using data for Population Health

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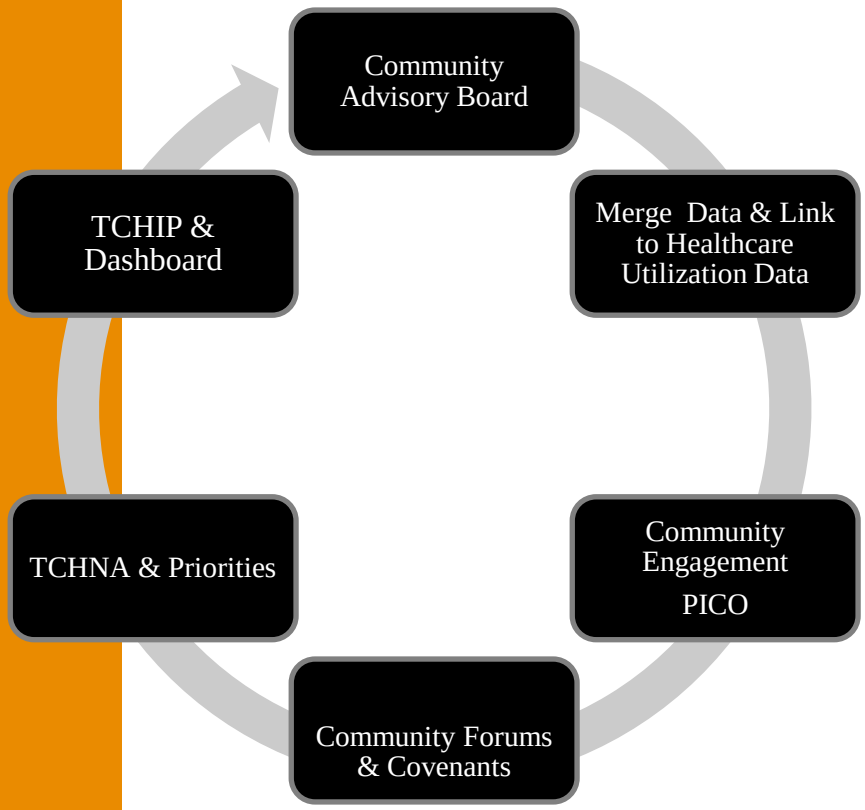
Trenton Community Health Needs Assessment



- Community Advisory Board
- Data Sharing and Data Analysis
- PICO interviews and forums
- Validation, Verification and Prioritization by Community
- Creation of a unified TCHNA
- Development of a unified Community Health Improvement Plan
- TCHNA & TCHIP Dashboard

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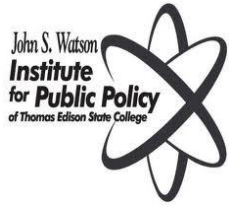
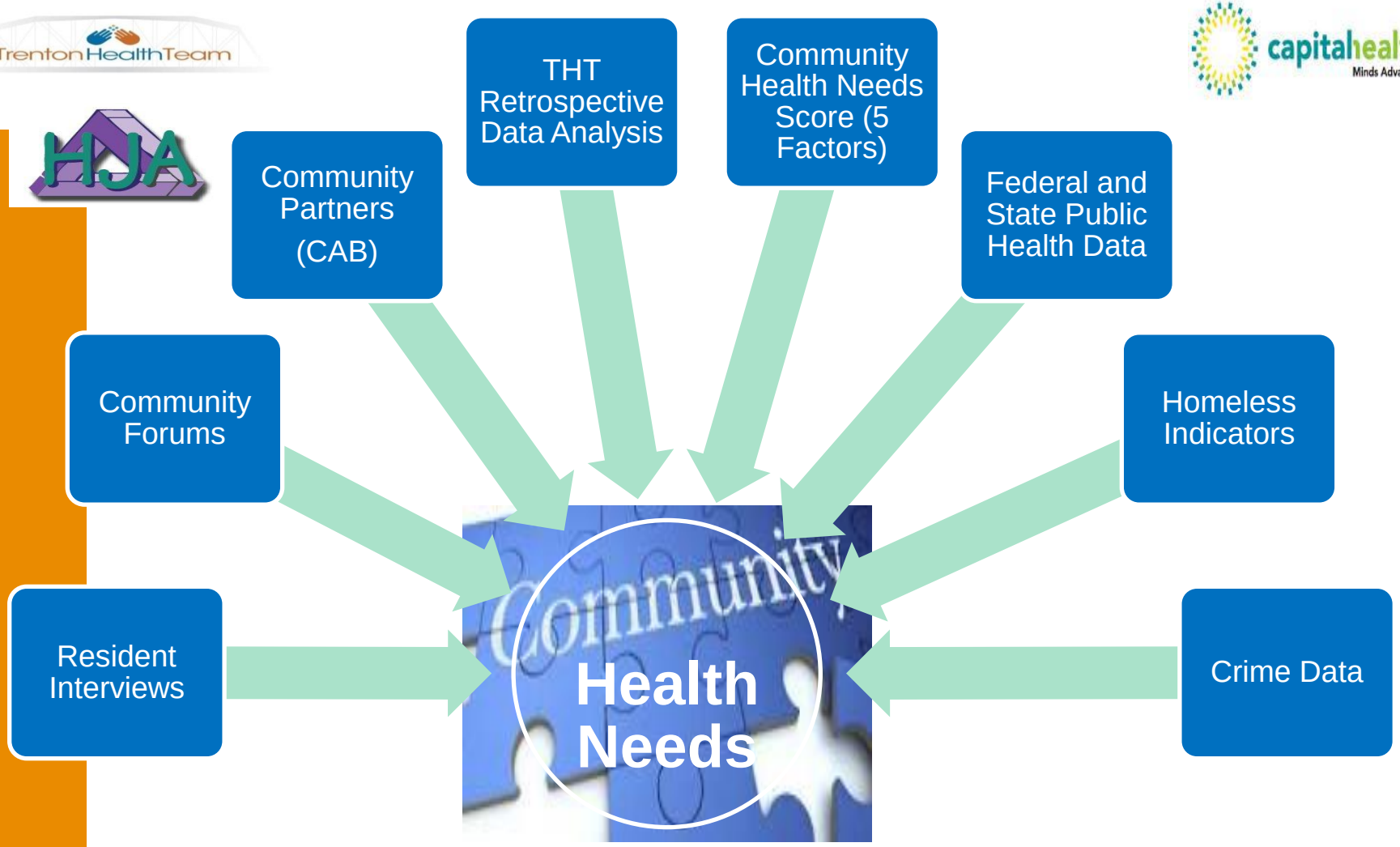
Partnerships and Collaborations



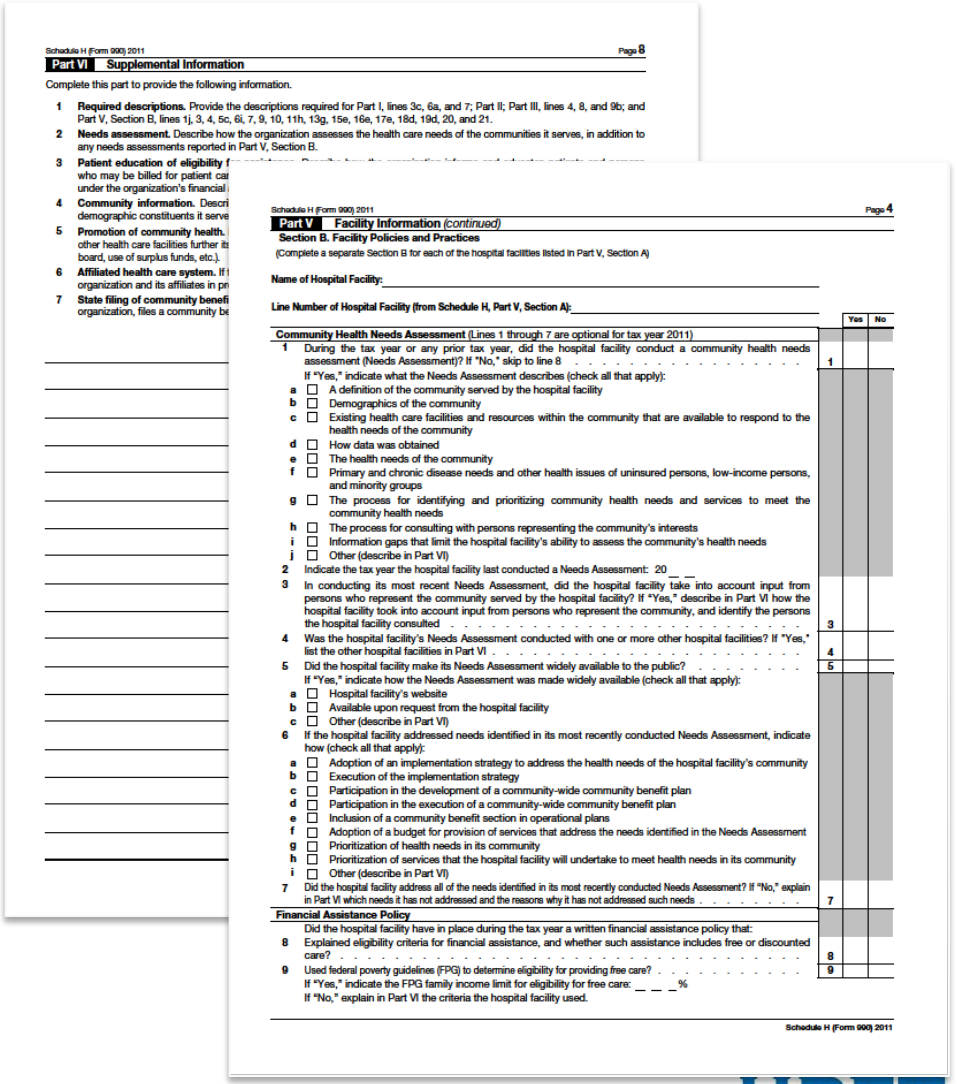
Primary and Secondary Data



2013: IRS 990, Schedule H

Requirements

- A completed community health needs assessment (CHNA).
- The involvement of unrelated collaborative tax-exempt or government organizations as partners in the assessment.
- A community improvement plan (CHIP) developed to address the needs identified in the assessment.
- The community health needs assessment and improvement plan that are available to the public.



Schedule H (Form 990) 2011 Page 8

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility f** who may be billed for patient car under the organization's financial

4 **Community information.** Descri demographic constituents it serve

5 **Promotion of community health.** other health care facilities further its board, use of surplus funds, etc.).

6 **Affiliated health care system.** If organization and its affiliates in pr

7 **State filing of community benefi** organization, files a community be

Schedule H (Form 990) 2011 Page 4

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility:

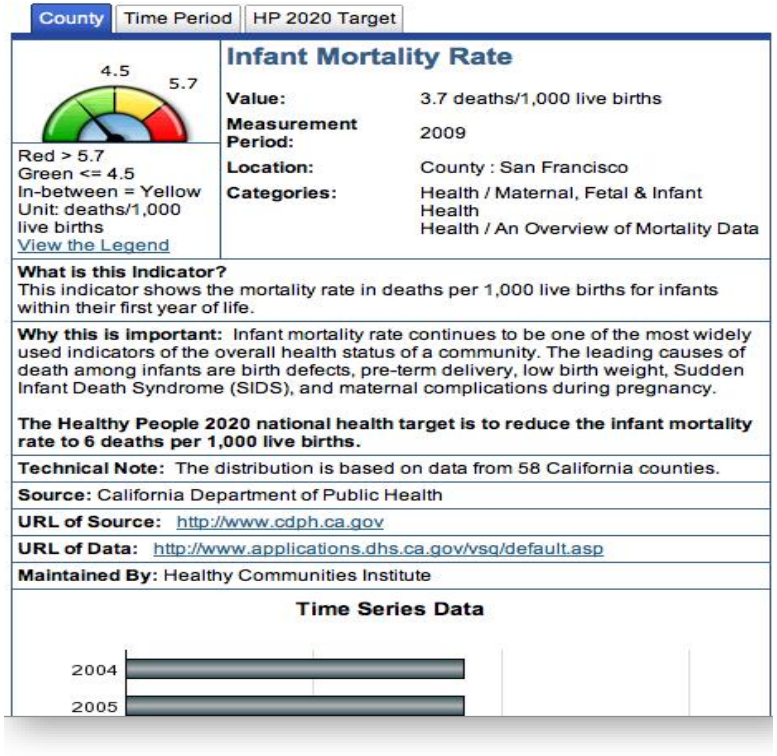
Line Number of Hospital Facility (from Schedule H, Part V, Section A):

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a	☐ A definition of the community served by the hospital facility		
b	☐ Demographics of the community		
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☐ How data was obtained		
e	☐ The health needs of the community		
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☐ The process for consulting with persons representing the community's interests		
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _ _		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its Needs Assessment widely available to the public?		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a	☐ Hospital facility's website		
b	☐ Available upon request from the hospital facility		
c	☐ Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	☐ Execution of the implementation strategy		
c	☐ Participation in the development of a community-wide community benefit plan		
d	☐ Participation in the execution of a community-wide community benefit plan		
e	☐ Inclusion of a community benefit section in operational plans		
f	☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	☐ Prioritization of health needs in its community		
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	☐ Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?		
	If "Yes," indicate the FPG family income limit for eligibility for free care: _ _ _%		
	If "No," explain in Part VI the criteria the hospital facility used.		

Schedule H (Form 990) 2011

Healthy Communities Screenshot

Access to Health Services		
Adults with Health Insurance	Comparison: CA Counties	
Children with Health Insurance	Comparison: CA Counties	
People with a Usual Source of Health Care	Comparison: CA Counties	
Percent of San Franciscans Who Have Insurance or Are Enrolled in a Comprehensive Access Program	Comparison: Prior Value	
An Overview of Mortality Data		
Age-Adjusted All-Cause Death Rate: African American	Comparison: SF County Value	
Age-Adjusted All-Cause Death Rate: Asian/Pac Islander	Comparison: SF County Value	
Age-Adjusted All-Cause Death Rate: Latino	Comparison: SF County Value	
Age-Adjusted All-Cause Death Rate: White	Comparison: SF County Value	
Age-Adjusted Death Rates (per 100,000 population) for San Francisco and California	Comparison: CA State Value	
Life Expectancy for Females	Comparison: U.S. Value	
Life Expectancy for Males	Comparison: U.S. Value	
Cancer		
Age-Adjusted Death Rate due to Breast Cancer	Comparison: CA Counties	
Age-Adjusted Death Rate due to Cancer	Comparison: CA Counties	
Age-Adjusted Death Rate due to Colorectal Cancer	Comparison: CA Counties	
Age-Adjusted Death Rate due to Lung Cancer	Comparison: CA Counties	
Age-Adjusted Death Rate due to Prostate Cancer	Comparison: CA Counties	
All Cancer Incidence Rate	Comparison: CA Counties	
Bladder Cancer Incidence Rate	Comparison: CA Counties	
Breast Cancer Incidence Rate	Comparison: CA Counties	



Healthy Communities INSTITUTE™

www.healthycommunitiesinstitute.com

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Health Care Transformation Project Status

- Community Health Needs Assessment completed & approved
- Community Engagement
- 990 Obligation turned into Community Asset
- Safety Net ACO Business Plan completed
- Increased understanding of Value and Population Health metrics
- Community-wide Dashboard

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Key Findings and Lessons Learned

- Community work with multiple stakeholders takes longer but the payoff is worth the effort
- No one organization can achieve population health
- Shift to community-wide comparative data on total cost, avoidable ED and IP utilization and health rankings is effective and enlightening in aligning interests of historic competitors
- Urban health needs require broad community partnerships

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Health Care Transformation

- Value of AHA Health Care Transformation fellowship
  - Leverage best practices from other communities
  - Focus on lessons learned
  - Accountability with flexibility
  - Acceleration of project
  - Professional growth
  - Community, hospital and system benefits

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Contact Information

Christy Stephenson

cstephenson@stfrancismedical.org

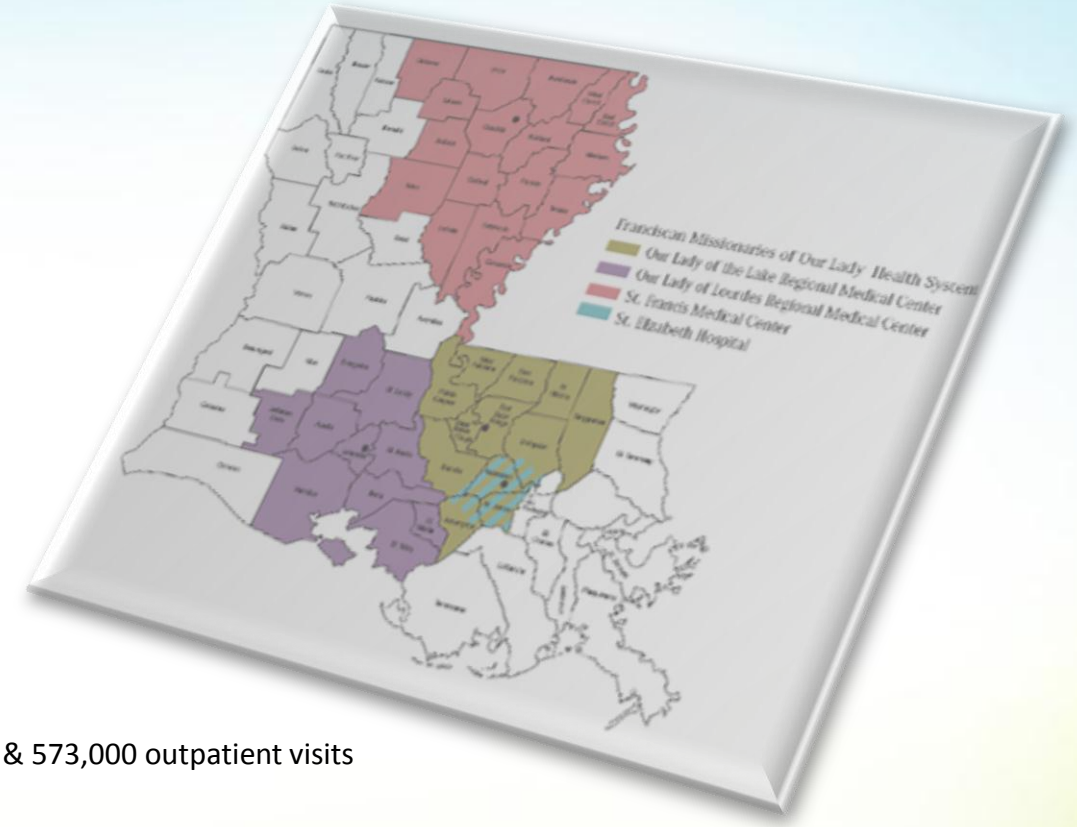
Transforming Care

Creating a culture of wellness– a toolkit for success

Our profile: FMOL Health System

Our facilities

- Our Lady of Lourdes Regional Medical Center
- Our Lady of the Lake Regional Medical Center
- St. Francis Medical Center
- St. Elizabeth Hospital
- Heart Hospital of Lafayette
- Assumption Community Hospital
- Our Lady of the Lake College
- Lake Primary Care Physicians
- St. Elizabeth Physicians
- Elderly services facilities
- Mental & behavioral health facilities
- Joint ventures: ASCs, specialty care



Our stats

- >1600 acute care beds: 67,000 annual admissions & 573,000 outpatient visits
- >10,300 team members
- >2,000 medical staff members
- >200 employed physicians
- 40 GME caps/year: 400 LSU residents & 15 Our Lady of the Lake Pediatric residents
- $1.4 billion annual revenue

HEALTHY Lives

Our vision

To make a significant difference in our communities through Catholic health services…

Improve the value of health care

Build a healthier workforce

Strengthen our communities

HEALTHY Lives

The Healthy Lives™ program

Implemented for FMOL Health System in November 2010

- >10,300 employees and >13,000 insured members
- 80% participation rate
- Third year in a row with no premium increase for members
- 1 of 30 companies in the US recognized with a platinum designation *Best Employers for Healthy Lifestyles* from the National Business Group on Health

HEALTHY Lives

The Healthy Lives™ program

Expanding our model

- 28 organizations in 8 states
- Fully and self insured
- Companies ranging in size from 30 – 6000 employees
- Variety of industries
  - Government and municipalities
  - Oil and gas
  - Education
  - Manufacturing
  - Banking
  - Health care
- Health care consulting

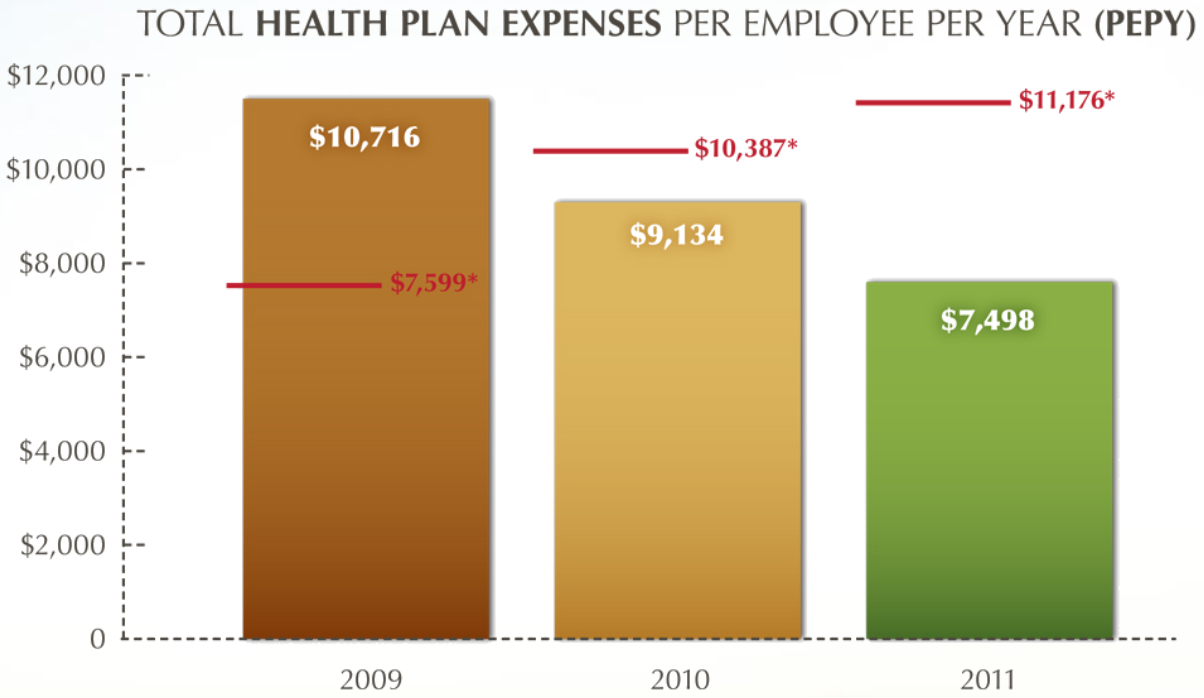
Building a new competency

- Focus on “health” and not “hospital”
- Learn how to manage risk within populations
- Drive value-based care: cost and quality
- Connect some of the silos within health care
- Foster relationships in care delivery

Strategic touch points

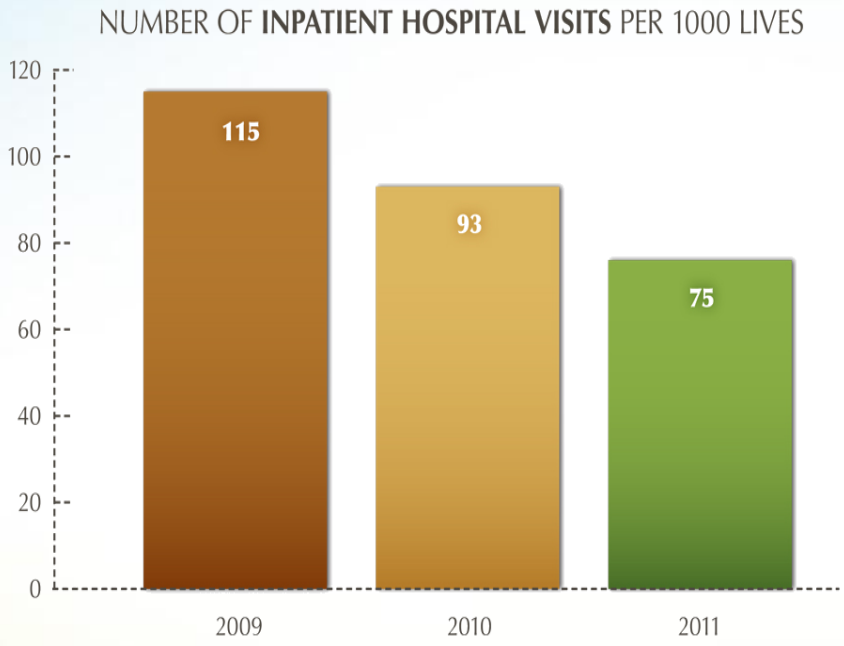
- Improve the health of your own employees & families
- Strengthen employer relations
- Develop innovative care models
- Spark clinical integration
- Care for populations
- Link to new payment models

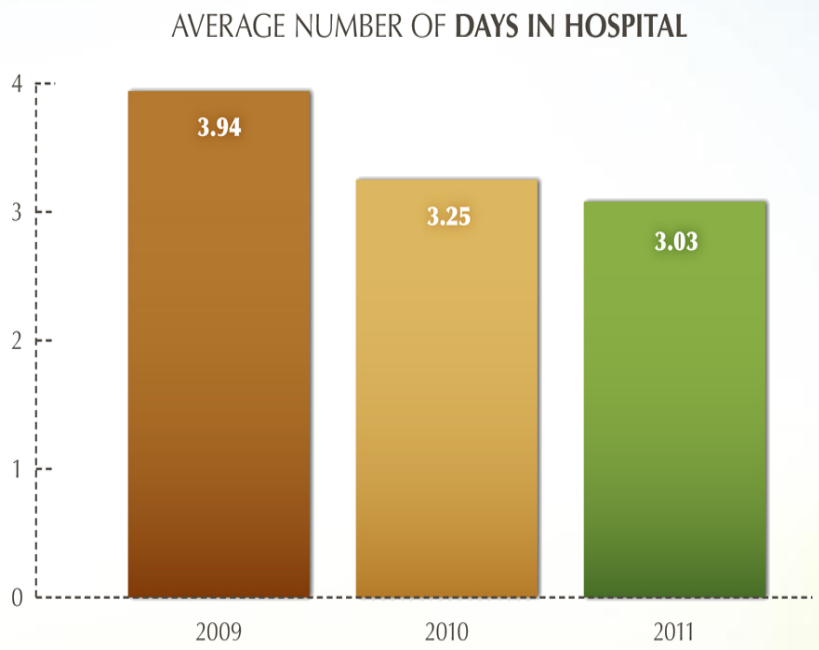
Healthy Lives™ health plan results



* National Average PEPY Benchmark *16th Annual Towers Watson/National Business Group on Health Employer Survey on Purchasing Value in Health Care*, Towers Watson/National Business Group on Health.

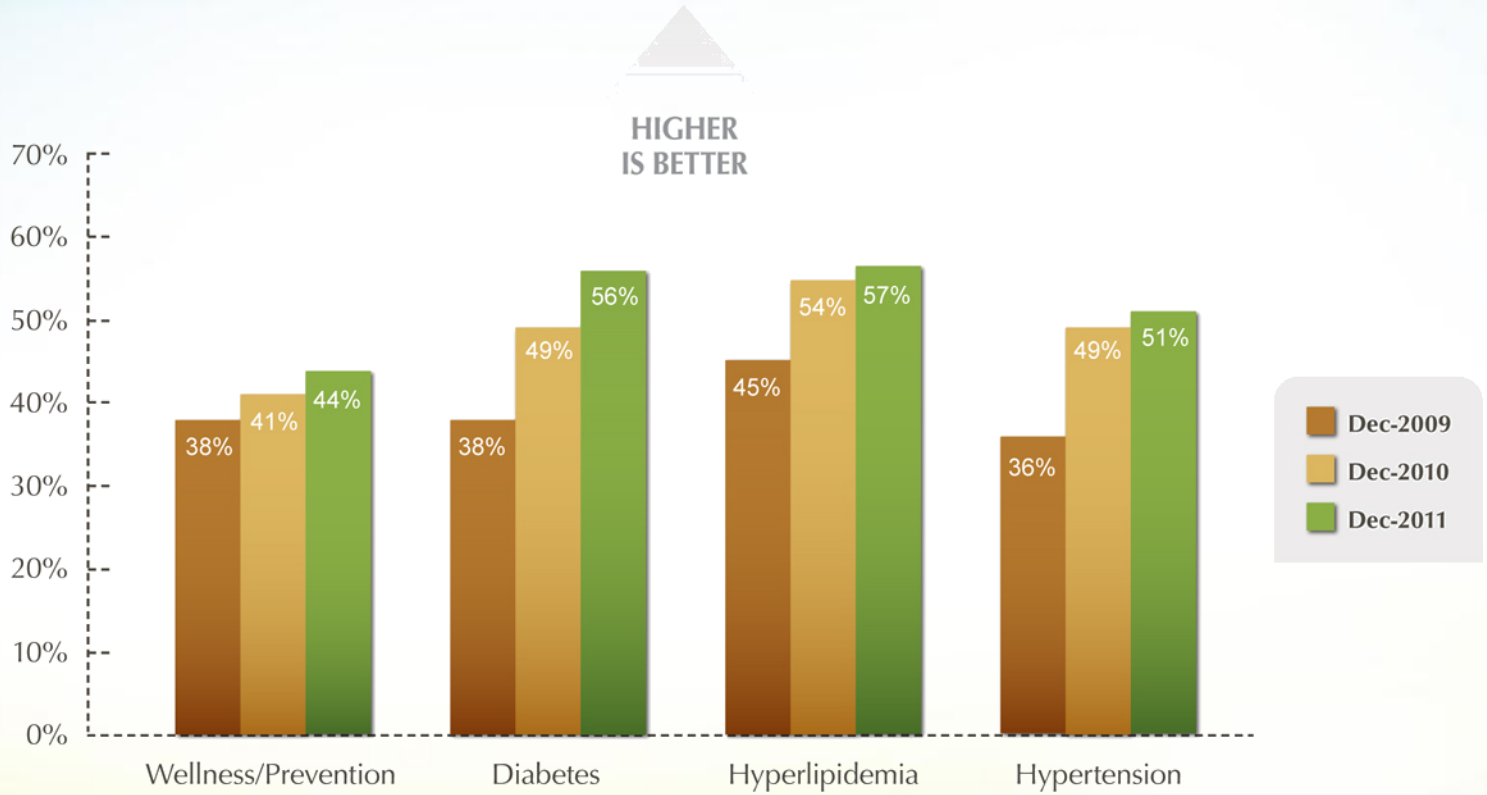
Healthy Lives™ acute care utilization





HEALTHY Lives™

Healthy Lives™ quality metrics



Driving value

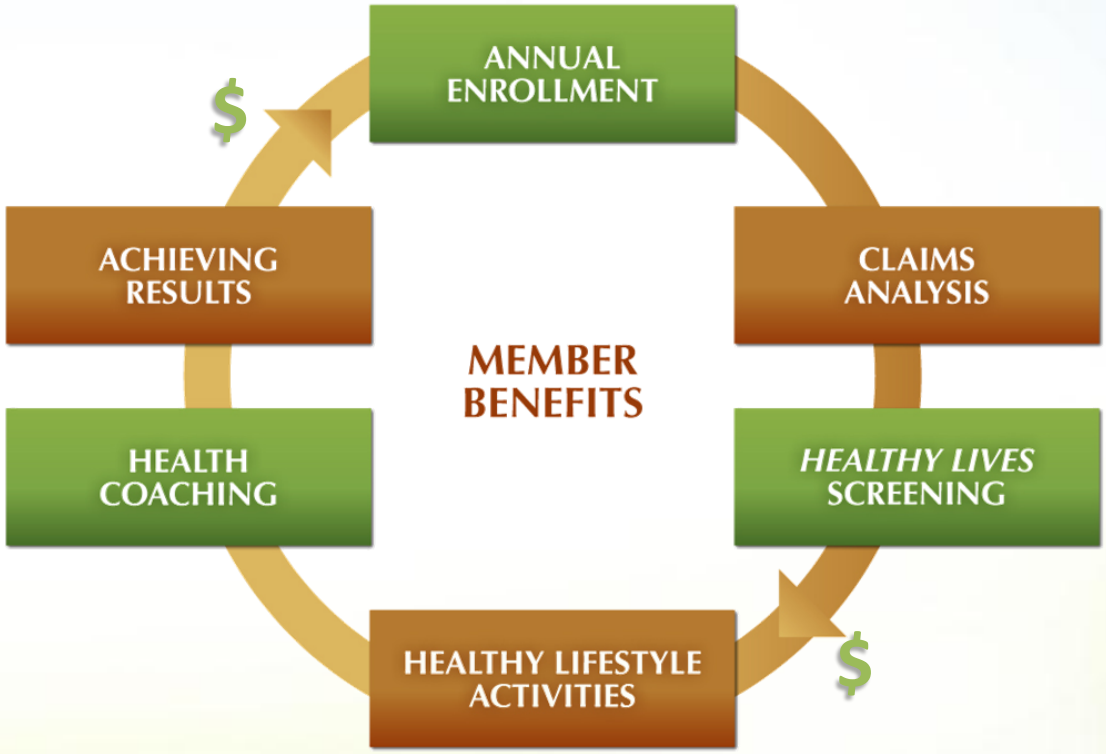
PROGRAM SERVICES

MEDICAL HOMES & PROVIDERS

HEALTHY LIVES
Analytics
Wellness programs
Health coaching

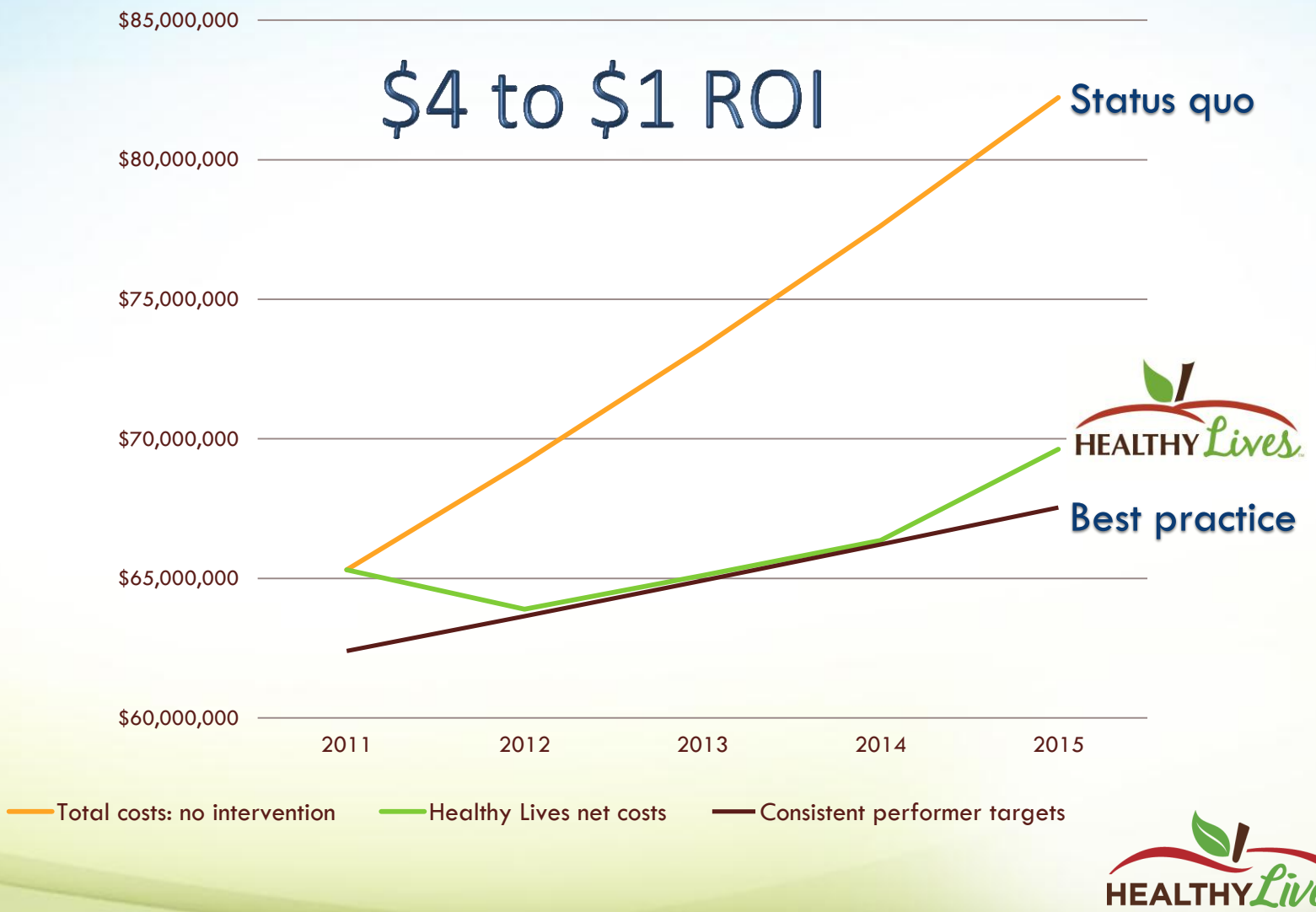
MEMBER ENGAGEMENT
Healthy Lives screening
Healthy Lives portal
Healthy Lives rewards

EMPLOYER BENEFITS



HEALTHY*Lives*

Healthy Lives™ ROI targets: FMOL Health System



HEALTHY Lives

How it works…


1
Analytics & Consulting
2
Health Assessment & Screening
3
Healthy Lives Wellness Services
4
Health Coaching
HEALTHY Lives

Sharing Healthy Lives™

Health care is local. Wellness should be, too

- Comprehensive health & wellness services in partnership with health systems
- Strengthen your relationships with employers
  - Data-driven programs that deliver results
  - Prevention, screening & awareness
  - Local & on-site wellness resources
  - Holistic health coaching to target areas of need
  - Patient-centered medical homes
  - Direct contracting
- Diversify your competencies as a provider
  - Create a foundation for population health management
  - Implement practical, value-based care models

HEALTHY Lives™

Stephanie Mills, MD MHCM
President & CEO
Franciscan Health & Wellness Services
stephanie.mills@fmolhs.org
225.526.4114

AHA - Health Care System Reform Fellowship

Overview

- 9 month, interactive fellowship program
- Provides senior health care leaders with implementation skills to execute on care delivery and payment system transformation
- Appropriate for C-suite or leadership staff in finance, operations, marketing, strategy, physician relations, clinical leadership, population health management
- Key areas of focus:
  - Clinical integration and new care delivery models
  - Physician leadership and engagement
  - Navigating financial risk
  - Population/community health management
  - Other health care transformation issues

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AHA - Health Care System Reform Fellowship

Program Components

- **Learning retreats:** Three 1.5 day in-person sessions
- **Web seminars:** Four 1-1.5 hour webinars
- **Action project:** Participants complete a defined project that increases their individual learning while supporting their organization's goal to implement a new care delivery or payment reform model
- **Advisory sessions:** Coaching and discussion sessions with faculty and AHA staff
- **Networking and information-sharing opportunities:** among industry experts, individual fellows and other membership organizations pursuing similar strategies

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2011-2012 Fellowship Organizations

Organizations	
Advocate Health	Henry Ford Health System
Ascension Health	NuHealth System
Baptist Health	Parkview Health
BayCare Health System	Pennock Health Services
Baylor Health Care System	Piedmont Healthcare
Blanchard Valley Health System	ProMedica Health System
Care New England	Provena St. Joseph Medical Center
Carilion Clinic	RehabCare
Catholic Health	San Luis Valley Regional Medical Center
Catholic Health East	St. Charles Health System
Covenant Health	St. Francis Care
Franciscan Missionaries of Our Lady Health System	University of Texas Medical Branch
Fairfield Medical Center	Shore Health/Innovation Health Services
Hancock County Memorial	Tampa General
Holy Family Memorial	University of Washington

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What You Will Learn

- Key foundational competencies for implementing care delivery
- Skills to spread successful implementation of new models across health systems
- How to demonstrate value to stakeholders by implementing new care delivery and payment models
- Effective ways to manage cost and navigate risk in the shift toward value-based reimbursement and new payment models
- How to support physician leadership development and increase physician alignment
- Population health management skills

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Example Fellowship Projects

1) Develop both a primary care and post-acute strategy with the ultimate goal of meeting requirements for an ACO

2) Align IPA with hospital network and local payers to manage population health

3) Develop a medical home pilot project in partnership with local commercial insurance provider, with goal to improve care, reduce unnecessary readmissions/ED use, and prepare for ACO development

4) Create clinically integrated network with payers that incorporates physician incentives for quality

5) Develop a health and wellness pilot program with the organization's self-insured employee base; implement a health coaching model to improve quality, costs, member engagement, provider participation, and develop population health management capabilities

6) Create evidence-based bundles of care to reduce readmissions for heart failure

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Key Dates

Key Dates	Activities	Location
May-Jun. 2013	One-on-one coaching	Teleconference
July 22-23, 2013 July 25-27, 2013	• Learning Retreat #1: Clinical Integration – Engaging Physician Leadership in Managing Population Health • AHA/Health Forum Leadership Summit (optional, included in tuition)	San Diego, CA
Jul.-Oct., 2013	One-on-one coaching	Teleconference
Aug.-Oct. 2013	Webinar #1 and 2	Web
Nov. 6-7, 2013	Learning Retreat #2: Navigating Financial Risk through Health Care's Transition to Value	Chicago, IL
Nov.–Mar. 2014	One-on-one coaching	Teleconference
Jan.–Feb. 2014	Webinar #3 and 4	Web
Mar. 3-4, 2014 Mar. 5-7, 2014	• Learning Retreat #3: Building Partnerships to Enhance Population Health Strategies • Association for Community Health Improvement (ACHI) Annual Meeting (optional, included in tuition)	Orlando, FL

Tuition and Application

Tuition

- $19,500 per organization *(discounts may be available)*
- Includes fellow, plus 1 or 2 additional colleagues
- Covers:
  - All program materials for learning retreats and webinars
  - Registration fees for 2013 AHA/Health Forum Leadership Summit in San Diego
  - Registration for 2014 ACHI Annual Meeting in Orlando, FL
  - Breakfasts, lunches and some dinners during fellowship retreats
- Space limited to 20 organizations

Application

- Deadline extended until **Friday May 10, 2013**
- Application available at: www.AHACareTransformationFellowship.org
- Contact HCTfellowship@aha.org or (877) 243-0027 for more information