Banner Health: What is community delivery?

Arizona In Home Care Association’s (AZNHA) Annual Conference
October 28, 2016

Marjorie Bessel, MD
VP/CMO Community Delivery
• 29 Acute Care Hospitals
• Banner Health Network
• Medical Groups with more than 2000 providers
• Banner Health Centers and Clinics
• Behavioral Hospital
• Outpatient Surgery
• Home Care, Hospice and other PAC services
• Urgent Care Centers network
• 50,000 employees
Banner’s 2020 Vision
“Our steps to the Future”

Population Health Management Company

Clinical Quality Company

Acute Hospital Company

Industry Leadership 2016 - 2020
LEAD IT

Innovation 2011 - 2015
CHANGE IT

Growth 2007 - 2010
GROW IT

Performance 2003 - 2006
DO IT

Turnaround 2000 - 2002
FIX IT
Community Delivery Continuum

EXHIBIT 1: Healthcare Continuum

EXTENSION OF CAPABILITIES?

TRADITIONAL FOCUS OF HOSPITALS WITHIN THE “CARE CONTINUUM”

Prevention
Urgent Care
Primary Care Visit
Ambulatory Care/ Specialist Visits
Diagnostic Ancillaries, e.g., Imaging
Treatment Ancillaries, e.g., Surgery
Emergency Care
Inpatient Care
Rehab Care
Skilled Nursing
Long-Term Care
End-of-Life Care

Post Acute Care Space
The Post Acute Spend

CMS Trends

**Trends**
- PAC costs 20-25% of the total medical expense for a Medicare beneficiary.
- PAC spending, with annual growth in the last decade is outpacing other service categories by 50% or more.
- It now accounts for a significant portion of overall Medicare expenditures.
- $65 billion Annually!

**CMS Concerns**
- Overutilization of SNF level of care; estimate up to 25% of patients could be served at home
- Estimate $10 billion annual savings
- 8% annual increase in PAC spend 2001-2012

![Percent Spending by Medicare on PAC Service](chart.png)
The Post Acute Spend

High Degree of Variation in Post Acute Spend

- “Medicare spending per beneficiary varies widely throughout the country, and geographic variation in spending is particularly high for post-acute care.”

- 40 percent of all variation in Medicare spending is explained by variation in the utilization of post-acute care services- (Institute of Medicine (2013) Interim Report of the Committee on Geographic Variation in Health Care Spending and Promotion of High-Value Health Care: Preliminary Committee Observations)

- “CMS’ program integrity efforts have identified improper billing schemes by post-acute care providers ......They also point to the importance of both anti-fraud efforts as well as improvements in the way CMS pays for post-acute care to incentivize high-quality care delivered in the most appropriate care setting.”

Variation in post acute space- from CMS report- http://www.hhs.gov/asl/testify/2013/06/4481.html#ftn3
Banner’s Post Acute Services Continuum
Owned and Affiliated PAC Services

<table>
<thead>
<tr>
<th>System Owned PAC Services</th>
<th>System Affiliated PAC Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acute Inpatient Rehab</td>
<td>• LTACH</td>
</tr>
<tr>
<td>- 4 Units</td>
<td>- 1 Unit at BUMC-P</td>
</tr>
<tr>
<td>• SNF</td>
<td>• SNF</td>
</tr>
<tr>
<td>- 1 Banner Rehabilitation Center (Boswell)</td>
<td>- 35 Affiliated Providers</td>
</tr>
<tr>
<td>• Banner Home Care and Hospice</td>
<td>• Home Health</td>
</tr>
<tr>
<td>- 6 Post Acute Service Lines</td>
<td>- 9 Affiliated Agencies</td>
</tr>
<tr>
<td></td>
<td>• Hospice</td>
</tr>
<tr>
<td></td>
<td>- 4 Affiliated Agencies</td>
</tr>
</tbody>
</table>
Banner’s Post Acute Services
Banner Home Care and Hospice

Six Post Acute Service lines
- Home Health
- Hospice
- Home Based Palliative Care
- Home Medical Equipment
- Home Infusion Therapy
- Olive Branch Senior Center

Scope and Size
- $75 million revenue (2016)
- Approx. 550 employees

Unique Characteristics
- Clinical workforce is field based
- High degree of autonomy of clinicians and patients
- Variability in care setting presents unique challenges
- High level of competition for uniquely qualified staff
- Fast growing segment of health care
SWOT
Strengths

- Quality focus
- Pioneer ACO success
- Leadership structures and development
Evidence Based Practices

- Medical Imaging for Dx Community Acquired Pneumonia
- Chlorhexidine Alcohol for Surgical Skin Preparation
- Seprafilm Use in Cesarean Sections
- Knee High SCDs and TEDs
- Early Sepsis Identification
- Acute Respiratory Distress Syndrome (ARDS)
- Delirium
- Newborn Hypoglycemia Screening & Mgmt
- Medical Imaging for Peds Appendicitis
- Large/Small Bowel Surgical Care
- Diagnosis of Diarrheal Disease
- Pooling of Bronchoscopy respiratory specimens
- Diagnosis of Coccidioidomycosis by Seriological Means
- Diagnosis of Clostridium difficile Associated Diarrhea
- Elective Deliveries Prior to 39 Weeks
- Behavioral Health Medical Clearance
- Ventilated Patient Management (oral care, sedation)
- CT Scan in ED for Atraumatic Headache
- Dysphagia Management for peds patients
- Subcutaneous Insulin
- Syncope
- ED Ischemic Stroke tPA
- Scorpion Envenomations
- ED to Critical Care Admissions
- Intra Op Goal Directed Therapy
- PET Scan
- Admin Intravenous Contrast Media
- Vertebroplasty
- Pre-Term Labor
- Ambulatory Lower Back Pain
- Insulin Drip Transition Post Cardiac Surgery
- Palliative Sedation
- Readmission Risk Assessment and Management
- Pediatric Sepsis
- Enhancing Progression of Labor
- Indwelling Catheters in Laboring patients
- Pharmacy Drug Level/Lab Monitoring Service
- Appropriate Use of PPI’s (Proton Pump Inhibitors)
- DKA Hyperglycemic Crisis
- Moderate-Severe EtOH-Substance Withdrawal
- Pediatric Bronchiolitis
- Pediatric Fevers
- Adult Implantable Automatic Cardio-Defibrillators (ICD’s)
- Epoetin-Adult
- Orthopedic Care for Total Knees, CPMs, Cold Therapy
- Anesthesia Administration
- Post Partum Hemorrhage
- Early Warning System for Adult Patients
- ED Pulmonary Embolism Rule-Out Criteria (PERC)
- ED Discharge Transition
- ED Acute paint management
- Midline Sternotomy – Post Operative Management-Adult
- Point of Care Chest Ultrasonography
- Chorioamnionitis Management
- Developmental Screening for Peds
- Acute Blood Loss
- ED Chronic Pain
- T Dap Vaccine
- Use of BMP
- Nitrous Oxide
- Reducing Postoperative Pulmonary Complications
- Ambulatory Diabetes Care
- Hepatic Encephalopathy Patient Management
Banner Pioneer ACO Savings

PY1: $13,369,201
PY2: $ 9,038,408
PY3: $18,698,004
PY4: $24,578,369
QUALITY SCORE – YEAR OVER YEAR

<table>
<thead>
<tr>
<th>PY1</th>
<th>PY2</th>
<th>PY3</th>
<th>PY4</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.19%</td>
<td>81.18%</td>
<td>87.58%</td>
<td>95.23%</td>
</tr>
</tbody>
</table>

Quality Score
2015 BHN SNF Admissions vs. ACO Average [ -11% Decrease since 1Q 15’]
2015 BHN SNF Avg. LOS vs. ACO Average [ -24% Decrease since 1Q 15’]
Post Acute Spend PBPM – 4Q 2015 (BHN: $41.71; ACO Average: $83.68)
Arizona has some of the highest payments per hospice beneficiary in the western US.
Integrated Accountable Care

Banner Health Network

Care Mgmt/Design

Delivery System

IHI Triple Aim

Care Management & Organizational Performance

Corporate Support Services
The Program: Roadmap to Success

A 2-year program strategically designed to identify and cultivate talented physicians to become excellent physician leaders for Banner

Pre-work
3 Months

Formal Training
6 Months

Graduate Track
15 Months
What Does it Take to Succeed?

- **Trust**
  - Create a safe place for us all to learn
  - Believe in your potential

- **Listening**
  - Be respectful of others
  - Observe what is said and not said

- **Presence**
  - Pay attention to how you are being
  - Expand your capacity to make a difference in the lives of others

- **Awareness**
  - Gain a deeper understanding of your leadership strengths and challenges
  - Take time to reflect on what will make you a better leader

- **Accountability**
  - Complete your commitments in a timely manner
  - Hold others responsible when appropriate
Weaknesses

- Ambulatory access
- Consumerism
- Network development & management
Access Portfolio

Accessible Care: right care, right location

- Ambulatory Campus
- Health Centers / Clinics
- Urgent Care
- Retail Clinics
- Tele-Health
- Emergent Care

Role of virtual health

- BMG Primary Care
- UCE Acquisition
- Multi-specialty Centers
- Imaging
- Pharmacy
- ASC
Urgent Care
medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a re-
§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a re-
More than 10 million patients have easy access to their clinicians’ notes.
Transparency of Healthcare Service Information (Adult/Pediatric)

PRACTICE APPROACH:
Expected Clinical Practice

PRACTICE STATEMENT:
Consumers of Banner Health services, or their legally authorized representative, will have timely access to their personal health information (PHI) and the support needed for self-management.

RATIONALE:
The ability of individuals to access and use their online medical records serves as one of the cornerstones of national efforts to increase engagement and improve health/outcomes (Patel, 2014). Portals have a positive influence in patient’s health by enabling and stimulating patients to manage and monitor their care, something that may be of particular value to patients with chronic diseases. Numerous research studies have been conducted to assess patient portals (and similar EHR-linked online services) on patient outcomes, and reviews of this rapidly growing literature have been published. Several studies of patient portals to be correlated with better chronic disease management, improved outcome indicators such as blood pressure and hemoglobin A1C levels, and studies indicate that use of the portal is positively associated with patient satisfaction (Troijel, 2015).
Post Acute Alignment

Banner Post Acute "Capture" Rates: 2013-2016 (March)
AZ Facilities Only

Source: Banner Placement Rates
Post Acute Alignment

Source: 2015 data, LINC Consortium
Opportunities

• Endless!
• Olive Branch – social determinants of health
• Academic research
Determinants of Health

- Income and social status
- Social support networks
- Employment and working conditions
- Physical environments
- Education
- Healthy child development
- Biology and genetic endowment
- Health services
- Personal health practices and coping skills
Olive Branch

Sun City seniors explore the benefits of speed dating
YOUR HEADLINE

How has Research contributed to Clinical Improvement at Banner?

How has Clinical Improvement contributed to research?

How have Research and Clinical Improvement shaped clinical education?
Threats

• What do you think?
• Disrupters
• Old ways
"This is what happens when you work to change things, and first they think you're crazy, then they fight you and then all of a sudden you change the world."
Questions?

Thank you!