



# Integrated Health System Initiatives in Medical Homes

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*Clinical Excellence*  
*Healthcare That Is Safe*

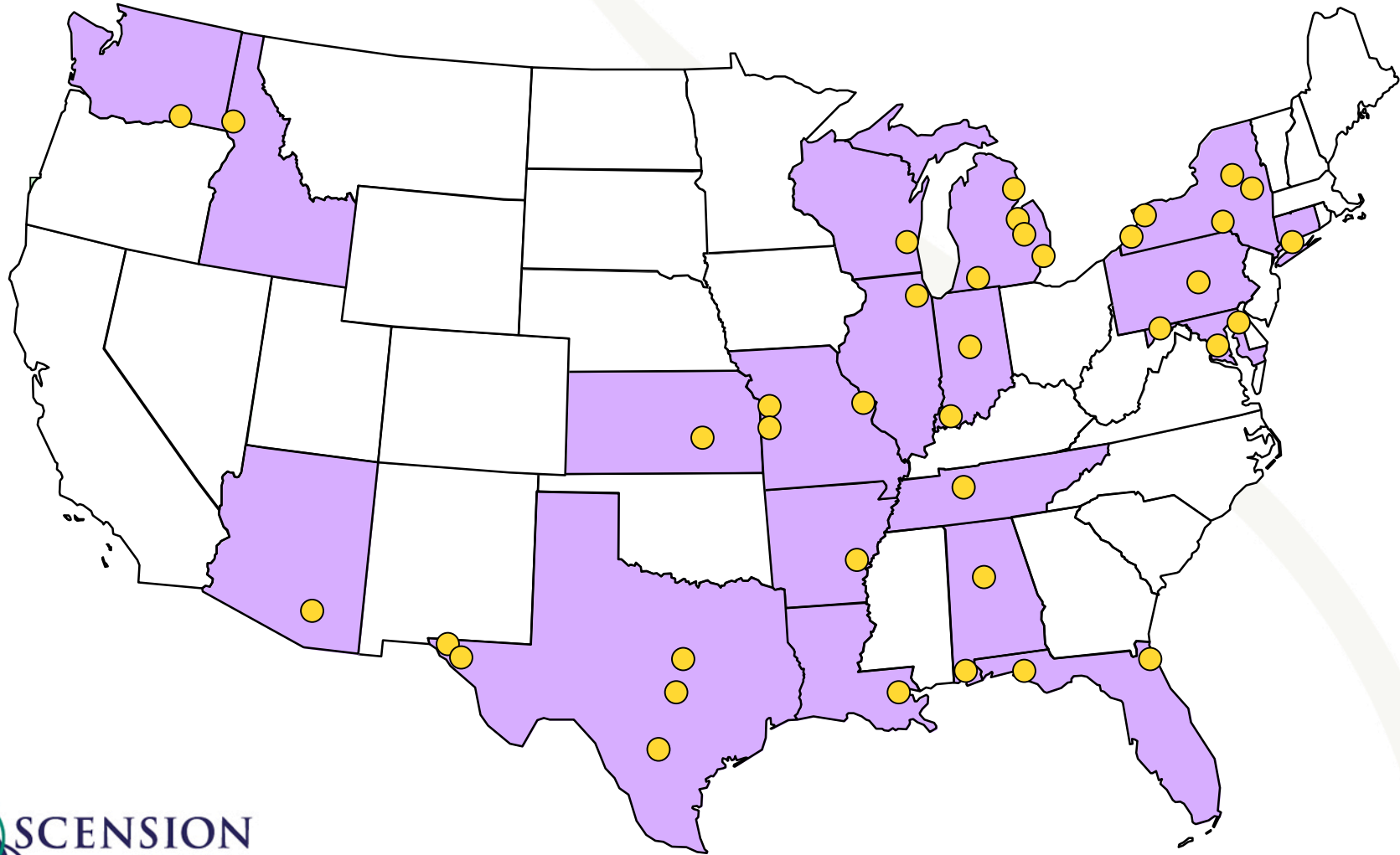
# Outline

- Who is Ascension Health
- Why the medical home initiatives are important to AH
- Where we are today
- How PCMH help
- What's missing
- How integrated health systems can help
- Some examples



# System Overview

Ascension Health is the largest Catholic and largest nonprofit healthcare provider in the United States, operating in 19 states and the District of Columbia.






# Ascension Health

- Largest nonprofit system in the USA
- 110,000 employees
- Revenues are ~ \$13.5B /year
- 67 acute care hospitals with 700,000 admissions /year
- Over 220 places where care is provided
- Nearly ½ of our revenues are not from acute care admissions
- ~30,000 physicians of whom ~2000 employed
- Last fiscal year: ~\$900 M/year in charity care, > operating margin



# Why is the PCMH Initiative Important to Ascension Health


-  The Call to Action – Healthcare That Works, Healthcare That Is Safe, and Healthcare That Leaves No One Behind
-  High quality care with access for all throughout their lives and across the continuum of care.
-  Unless we integrate care across the continuum, the sum of good parts will never provide an acceptable whole.

# The Big Goals

- Better outcomes for patients - improved health not just health care
- Better experience for patients
- Better experience for providers
- At the same or lower costs
- Access to care for all



# The Current Crisis

- Access to care for all with viable community based strategies
- A personal health information infrastructure that empowers patients
- Care system infrastructures that support best practices in real time as patients interact with the system
- A viable primary care provider strategy with enough primary care providers
- Fragmented delivery systems
- Learning infrastructures that support continuing improvement in how care is provided
-  **ASCENSION HEALTH**, Quality, Cost

# How PCMHs Help

- The whole of patient care integrated, not just pieces
- An appropriate and empowered primary care physician
- Potential for empowered patient
- Potential for improved infrastructure
- Potential for improved and standardized processes of care



# What's Missing – Viewed from the Patient

- Access for large numbers of people - both a lack of coverage and some community environments (e.g. rural)
- An integrated infrastructure regardless of where I choose to have my care
- Is the potential for empowerment and improved quality realized

## What's Missing – Viewed from the Provider

- Payment models that encourage productivity but uncouple the piece work incentives that make a provider's experience untenable
- How does all the necessary infrastructure get developed, implemented and sustained without making my office an IT shop?
- How do I integrate and take advantage of all the existing community resources into a complete package for a patient?
- How will I learn how to continue to improve and take advantage of lessons learned by others?
- Measure mania



# Why It Makes Sense To Engage Integrated Health Systems

- Large numbers of primary care physicians are not in integrated groups, but they do have relationships with integrated health systems
- Integrated health systems do have relationships with a host of other providers (specialists, home care, assisted living, social workers, parish nursing, durable medical equipment etc.)
- Integrated health systems are already part of the care delivery process
- Integrated health systems are the safety net providing care for patients without insurance
- Integrated health systems are better able to integrate across a community
- Integrated health systems ERs are where patients without medical homes often show up for care



# Why It Makes Sense To Engage Integrated Health Systems

- Nonprofit integrated health systems have the potential to represent community needs that are typically tied to their mission
- Integrated health systems do have IT shops that manage infrastructure
- Integrated health systems do have the potential to create learning systems
- Integrated health systems have the potential to contribute sustainable business models
- Integrated health systems are typically large employers facing health care cost issues similar to other employers
- In fact, the current PCMH initiatives work best in large physician practices, with or without hospitals

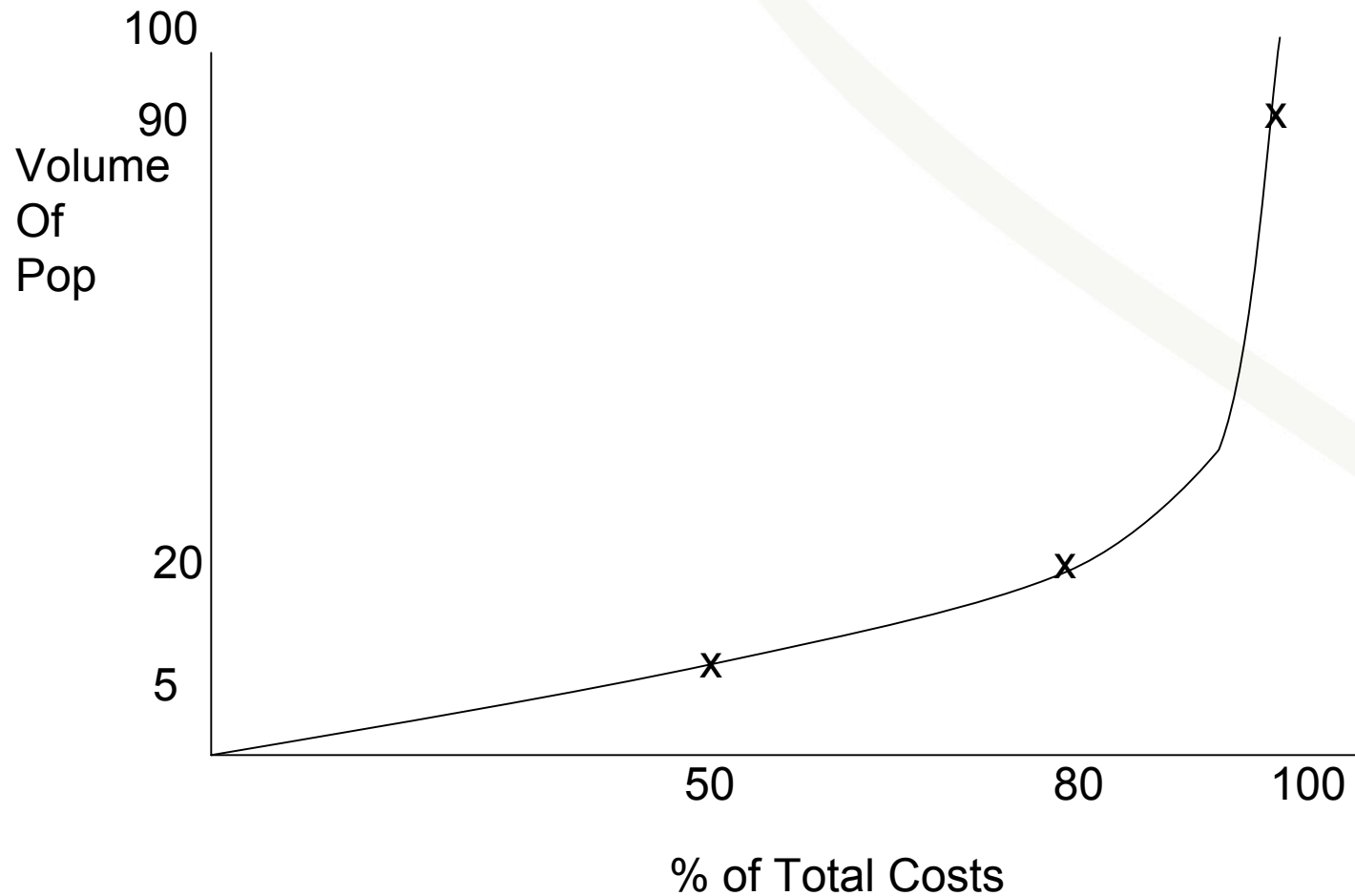


# What Has to Change for Integrated Health Systems

- Models that create incentives to provide an enabling, coordinating, or infrastructure role - i.e. PCMH services
- Management views that shift from volume to eliminating waste and improving margin
- Management views that shift from provision of inpatient services to supporting care across the community
- Must happen in a current environment with decreasing admissions and margin, increasing unfunded care demands, and business models that reward competition not collaboration.



# The Fundamental Cost/Quality Business Issue



# Examples

- Employee population
- Integrating care for the uninsured
- Community Health DM outreach, “Promotoras”



# Summary

- Ascension Health is very supportive because initiatives do solve some of the important issues
- We need to understand how integrated health systems can better support the work and be supported to do so
- We need to address some of the problems and issues not resolved by current initiatives