

THE TRIPLE ROLE IN TRIPLE AIM FOR HOSPITALS/HEALTH SYSTEMS: POPULATION HEALTH MANAGEMENT AS EMPLOYER, ACO AND PROVIDER

POPULATION HEALTH COLLOQUIUM
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THE TRIPLE ROLE IN THE TRIPLE AIM FOR HEALTH SYSTEMS

- Employer
- Provider
- Insurer/ACO (Financial Risk Bearer)

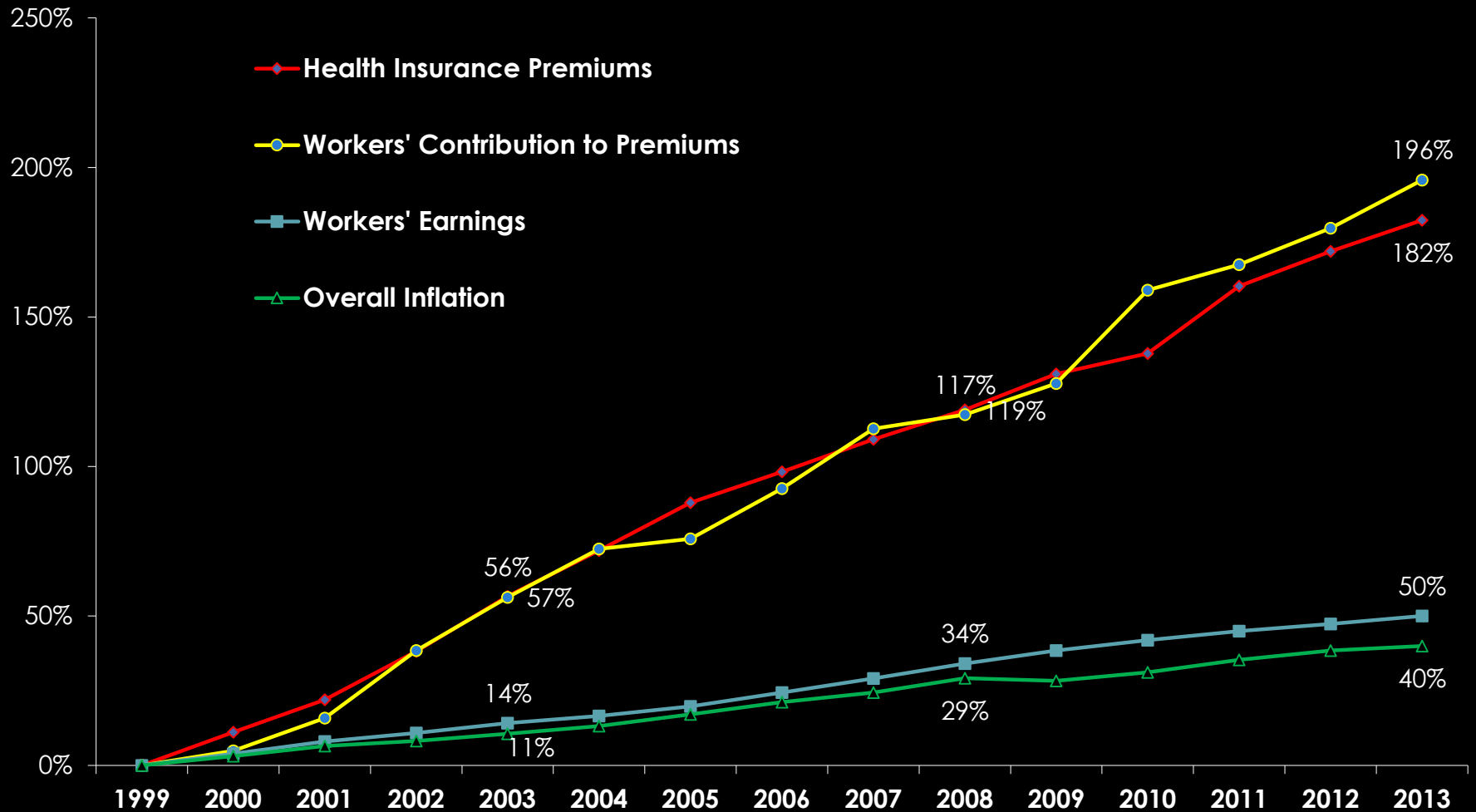
POPULATION HEALTH MANAGEMENT: THE FUNDAMENTAL FORMULA FOR SUCCESS

*When an organization is at Financial Risk
for the Clinical/Health Risk of a Population:
Population Health Management
is the Fundamental Formula for Success*

$$**BH + BHC = GV (HQ/LC)**$$

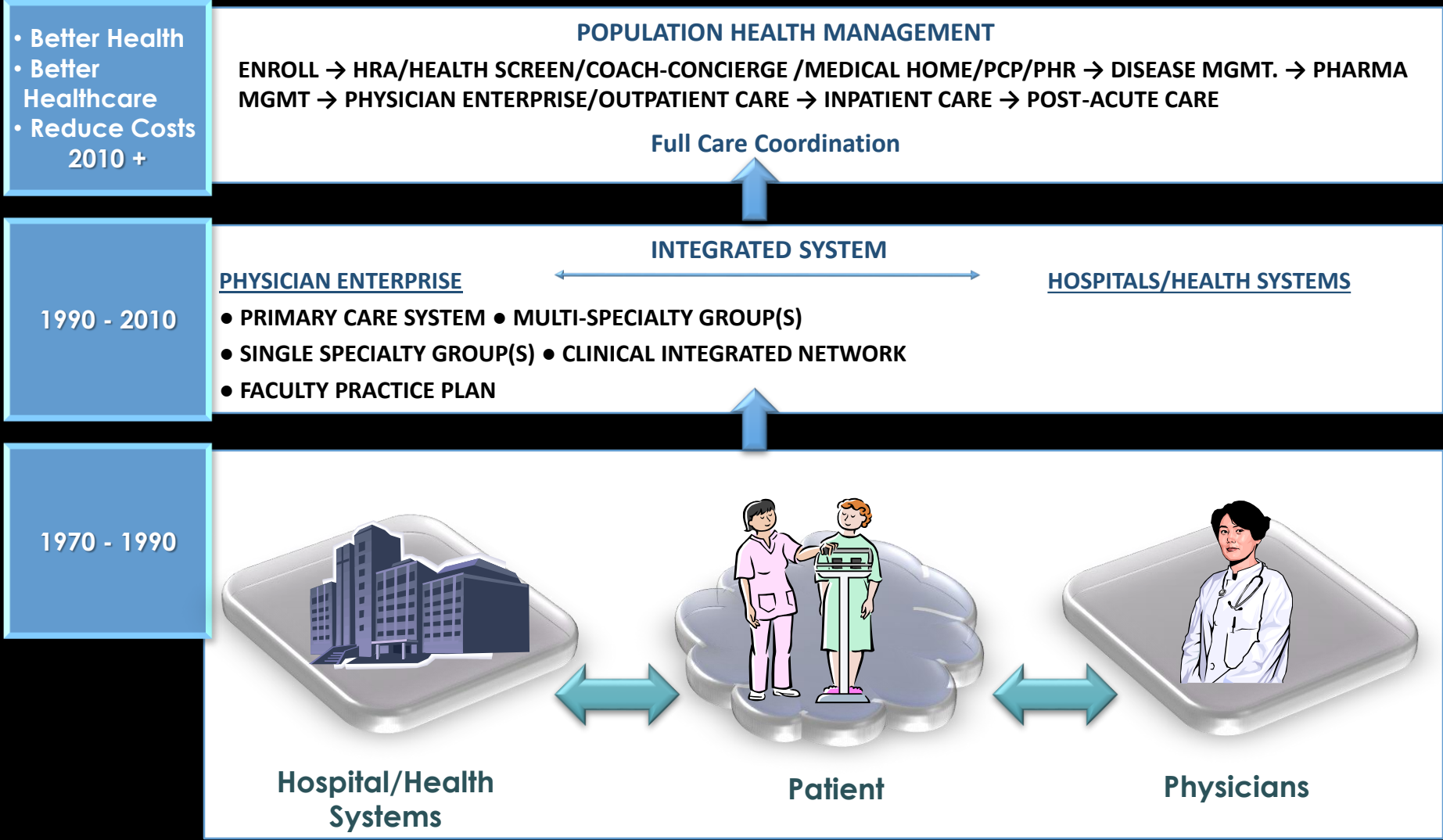
Better Health + Better Health Care = Greater Value (Higher Quality/Lower Cost)

CUMULATIVE INCREASES IN HEALTH INSURANCE PREMIUMS, WORKERS' CONTRIBUTIONS TO PREMIUMS, INFLATION, AND WORKERS' EARNINGS, 1999-2013

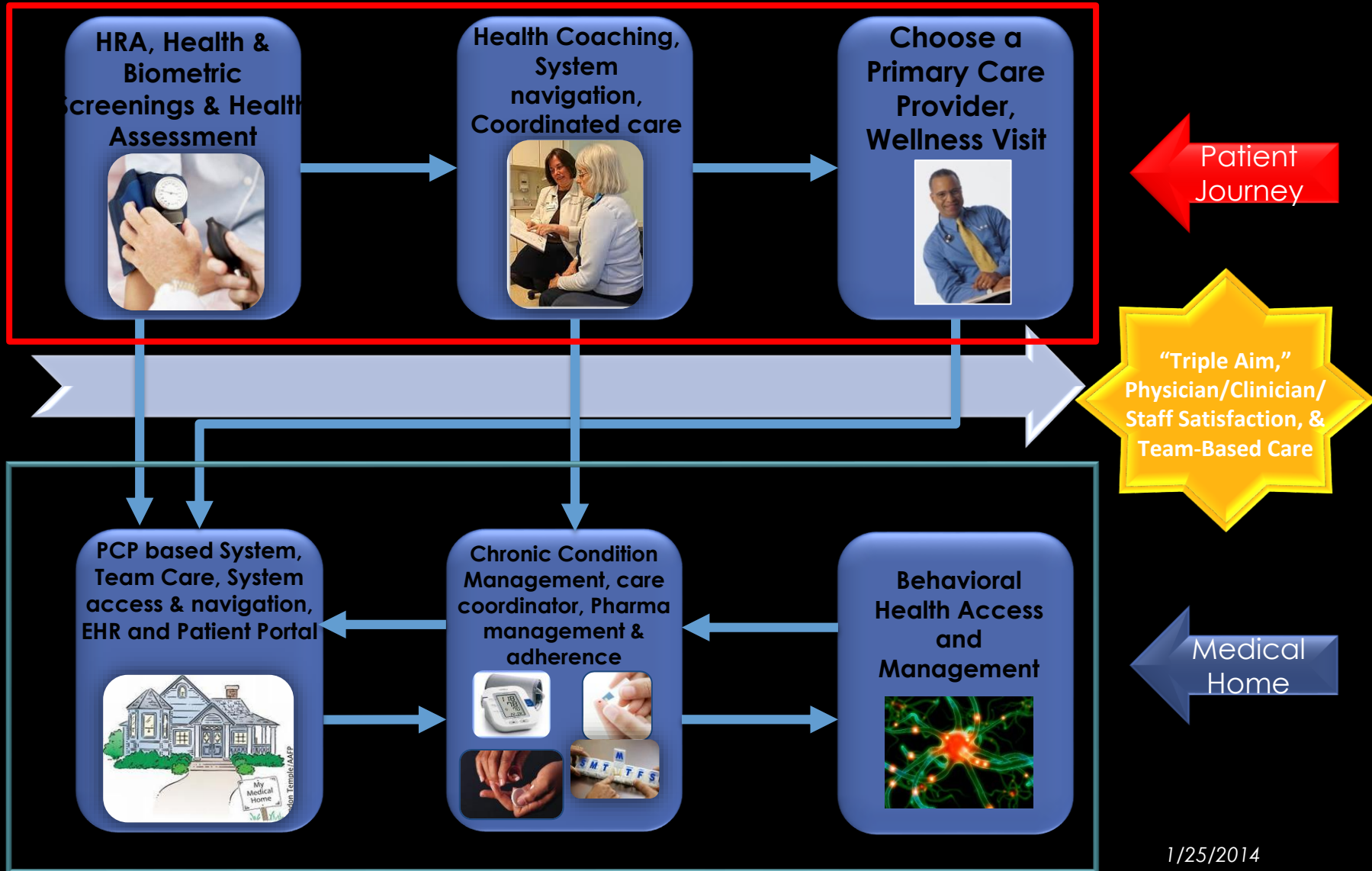


SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2013. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2013; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2013 (April to April).

VALUE-BASED CARE: THE HEALTH SYSTEM JOURNEY



VALUE-BASED CARE: THE PERSON JOURNEY MODEL



UCLA INNOVATION/TRANSFORMATION MODEL REPLICATION AND SCALABILITY

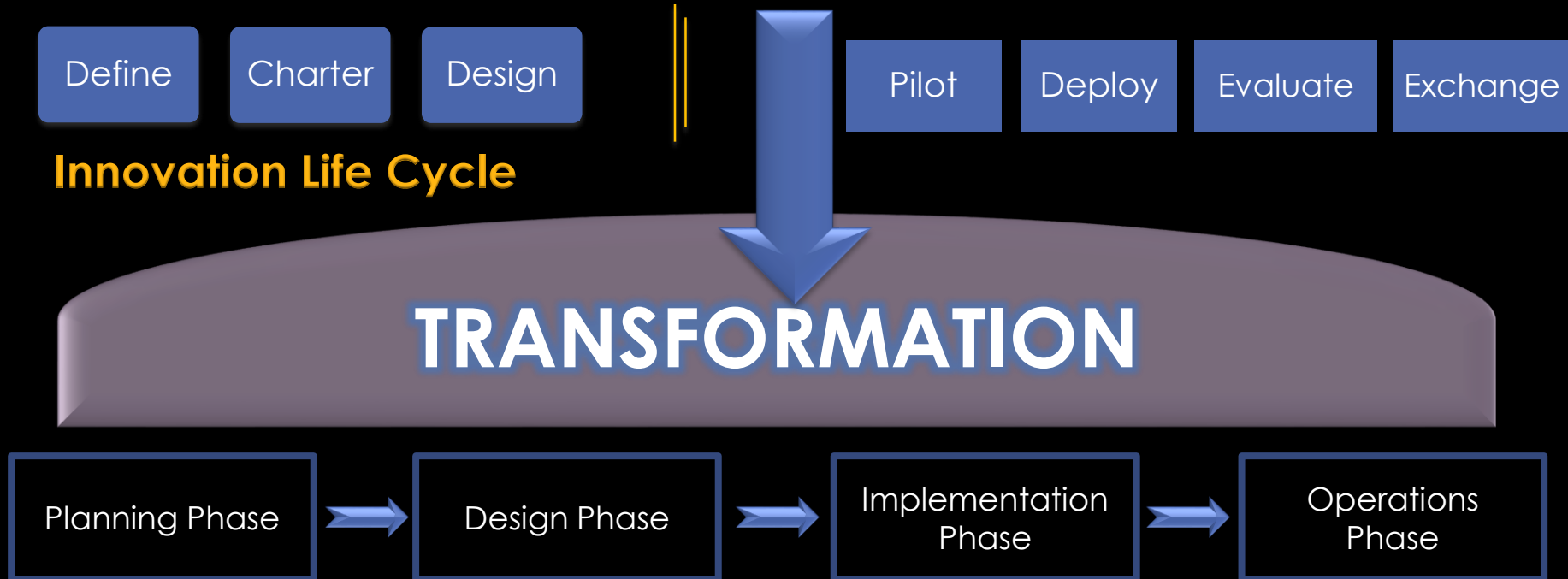
**Design
Processes,
Refine
Metrics**

**Share, Advise Others,
Replicate and Scale,
Accelerated Spread**

**Document Processes
and Metrics,
Identify Scalable
and Replicable
Components**



A KEY ASPECT OF INNOVATION IS ENGAGING STAKEHOLDERS IN THE *PROCESS* OF TRANSFORMATION



- PCMH + population health management components
- Five clinics in six months: 33,000 patients
- Rapid replication to 14 clinics: 100,000 patients
- Completed replication 26 clinics 160,000 patients
- Platform for continuous introduction, design, testing and deployment

THE TRANSFORMATION PROCESS DESIGN/ IMPLEMENT/ OPERATIONALIZE FOR ACCELERATED REPLICATION AND SCALABILITY



- Establish High Level Project Objectives
- Establish Initial Priorities
- Define Design Team Charge
- Define metrics for success

- Apply the specific approach and methodology to accelerate the implementation of and sustainability of the objectives
- Apply the process of rapid cycle scalability and replicability

- Define the application of the implementation and operationalization process
- Implements/operationalizes across the systems

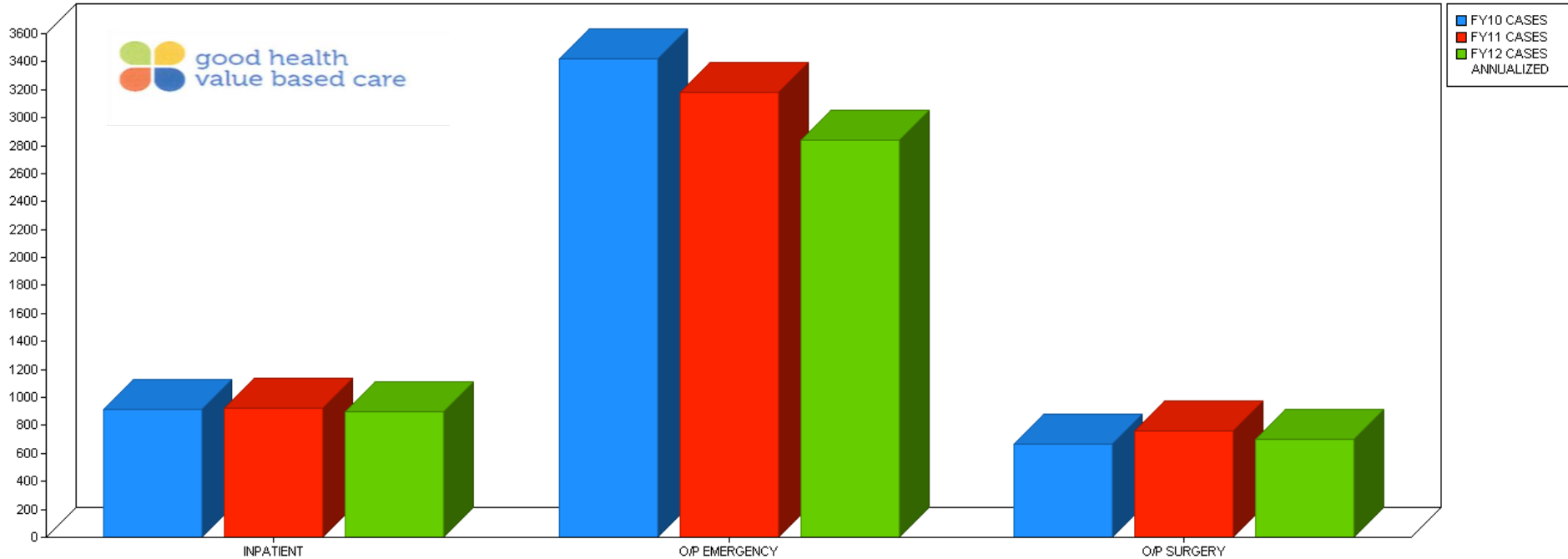
- Innovation Science teams

METRICS TO MEASURE VALUE

- **Engagement:** Participant Engagement for each step of the Person Journey
- **Utilization/ Risk Identification/Mitigation**
 - Quantification of avoidable ED, inpatient admission, and readmission
 - Quantification of visits to PCPs (MD and System) and electronic alignment with PCP system
- **Total Cost of Care:** Quantification of Impact on PMPM/PMPY Spend Trend and Total Population Spend Trend
- **Workers' Comp/Absenteeism/Presenteeism:** Impact on Worker's Comp Spend Trend/Absenteeism / Presenteeism

2012 BON SECOURS VIRGINIA RICHMOND EMPLOYEE UTILIZATION

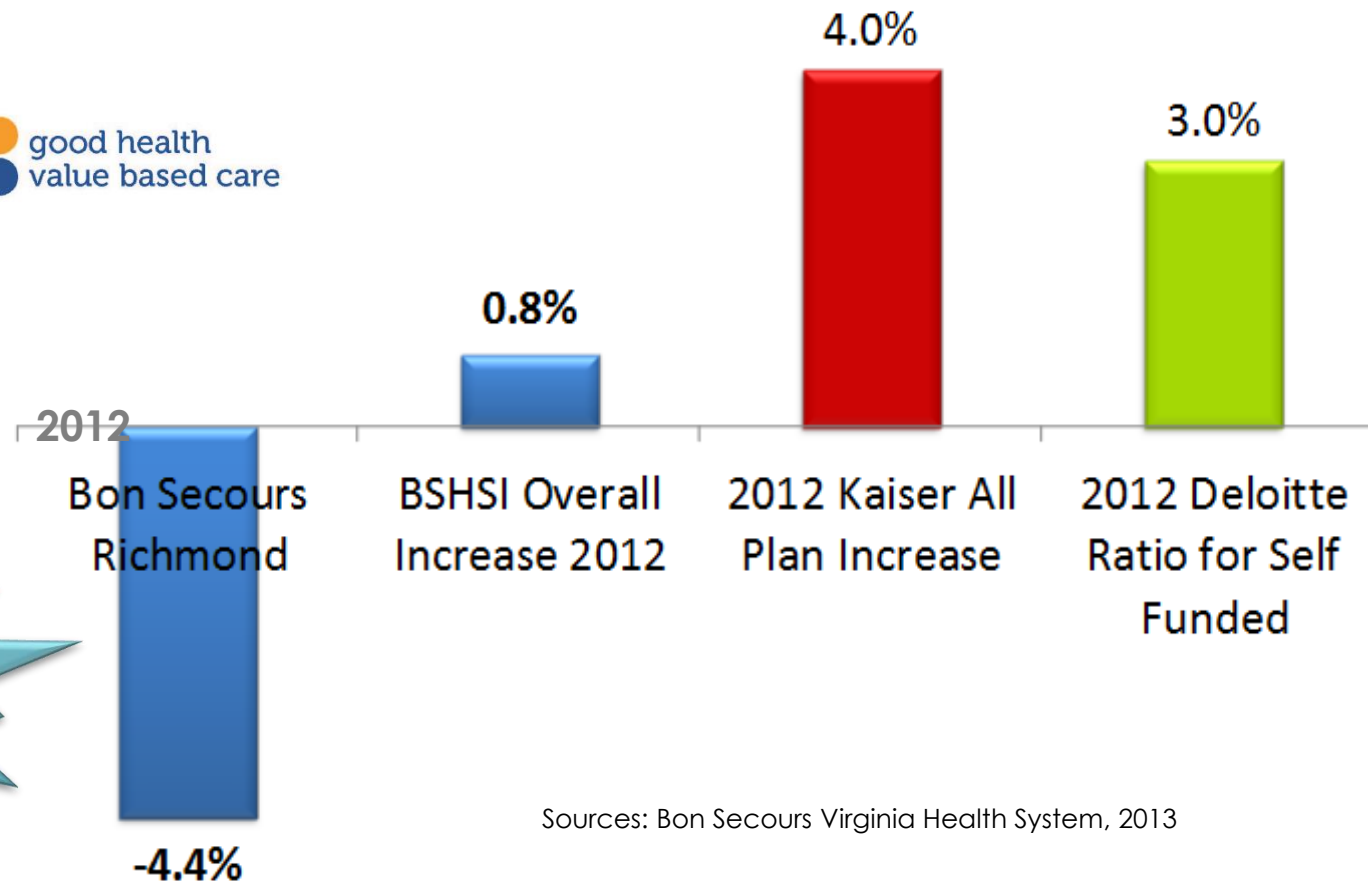
FY10 - FYTD12 Annualized Cases



PATIENT TYPE	FY10 CASES	FY11 CASES	FY12 CASES	FY12 CASES ANNUALIZED	VARIANCE %
INPATIENT	914	925	826	901	(3)%
O/P EMERGENCY	3,421	3,179	2,599	2,835	(11)%
O/P SURGERY	669	758	640	698	(8)%
Report Total	5,004	4,862	4,065	4,435	(9)%

2012 EARLY SIGNS OF SUCCESS

2012 Total Health Insurance Benefit Expense vs. National Trends



Sources: Bon Secours Virginia Health System, 2013

UCLA PCIM* EFFECT: UCLA FACILITY USE

Engaged Cohort*		Trend (mean 7 months observation after intervention)
	Number of patients in cohort	
UCLA Emergency Department Use	1093	-29%
UCLA Acute Care Hospital Use	1093	-19%

Population Analysis**		Decline from baseline
	Number of patients	
All Emergency Department Use	14,000	-15%
All hospital Re-admission Rate	14,000	-30%

*Preliminary observation results as of February 2013, based upon 14 PCMH offices, 1093 patients with 12 months baseline data and at least 6 months (mean 7 months) of observation after care coordinator/PCIM interventions.

** Preliminary results, **recent analysis by one contracted health plan

HEALTH EMPLOYER EXCHANGE LAUNCH

- **Population Target:** Health System Employees about whose health we care most; knowledgeable consumers; self-insured plans transferable to other self-insured employers
- **Utilization of Innovation/Transformation Model:** Promotes Healthcare Reform from within Healthcare Systems
- **Systems Replicate and Scale Sets of Best Practices:** Accelerates Change and Make Sustainable
- **Value Based Care:** Accomplishes The Triple Aim plus Physician/Clinician/Staff Satisfaction
- **System Pilots to Replicate and Scale:** 5-6 Systems (UCLA Health, Bon Secours Virginia, & Other AMCs and Community/Regional Healthcare Systems Pilot 2014-2017)
- **Sustainability:** 3-year Duration for Initial Plan/Design and Implementation/Operationalization with Plan to Replicate with Self-Insured Employers