



Banner
University Medicine

CARE MANAGEMENT OVERVIEW

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Banner Health's Values

People Above All ... by treating those we serve with compassion, dignity and respect.

Excellence ... by acting with integrity and striving for the highest quality care and service.

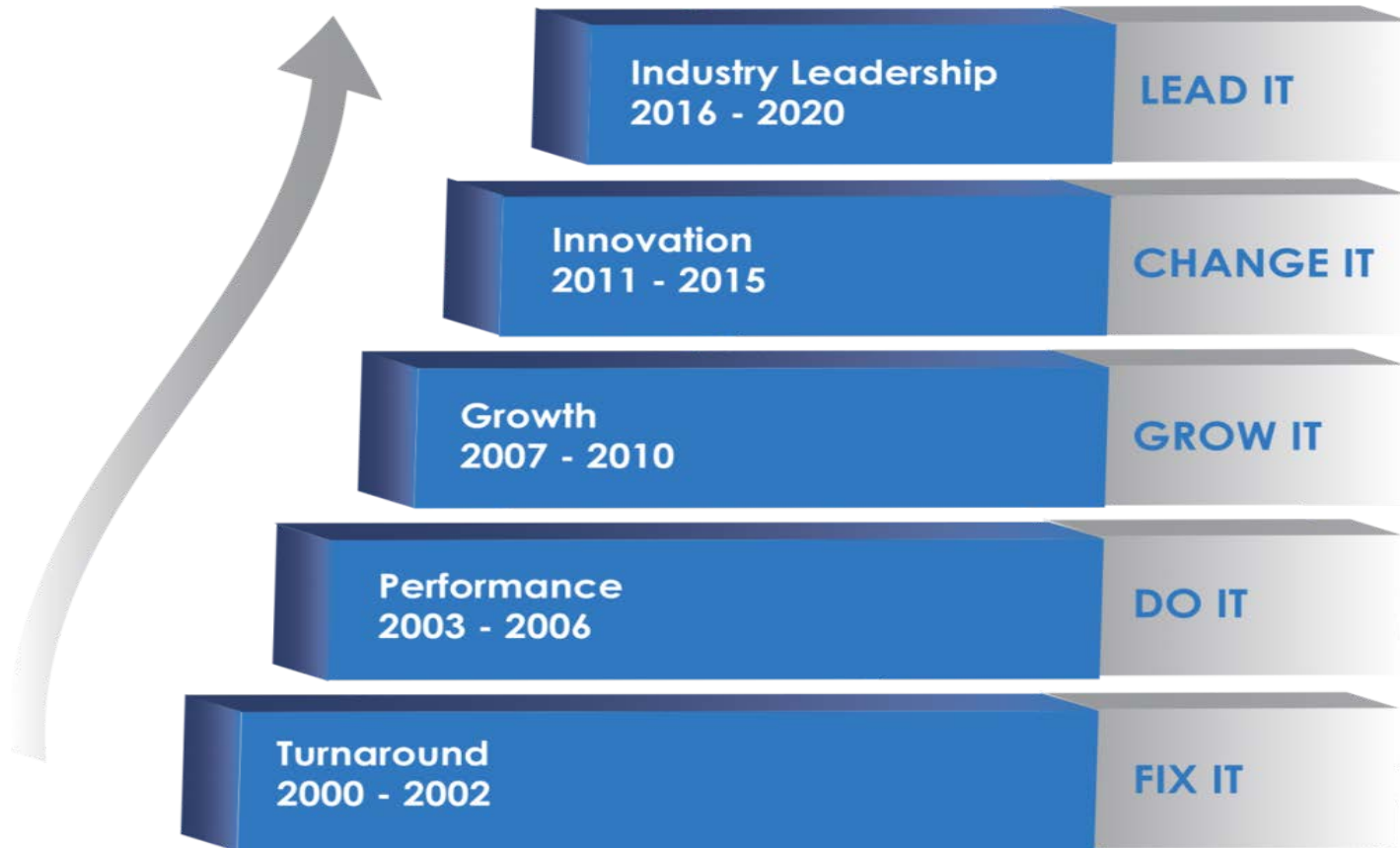
Results ... by exceeding the expectations of those we serve and those we set for ourselves.

Banner Health's Vision

“We will be a national leader recognized for clinical excellence and innovation, preferred for a highly coordinated patient experience, and distinguished by the quality of our people.”

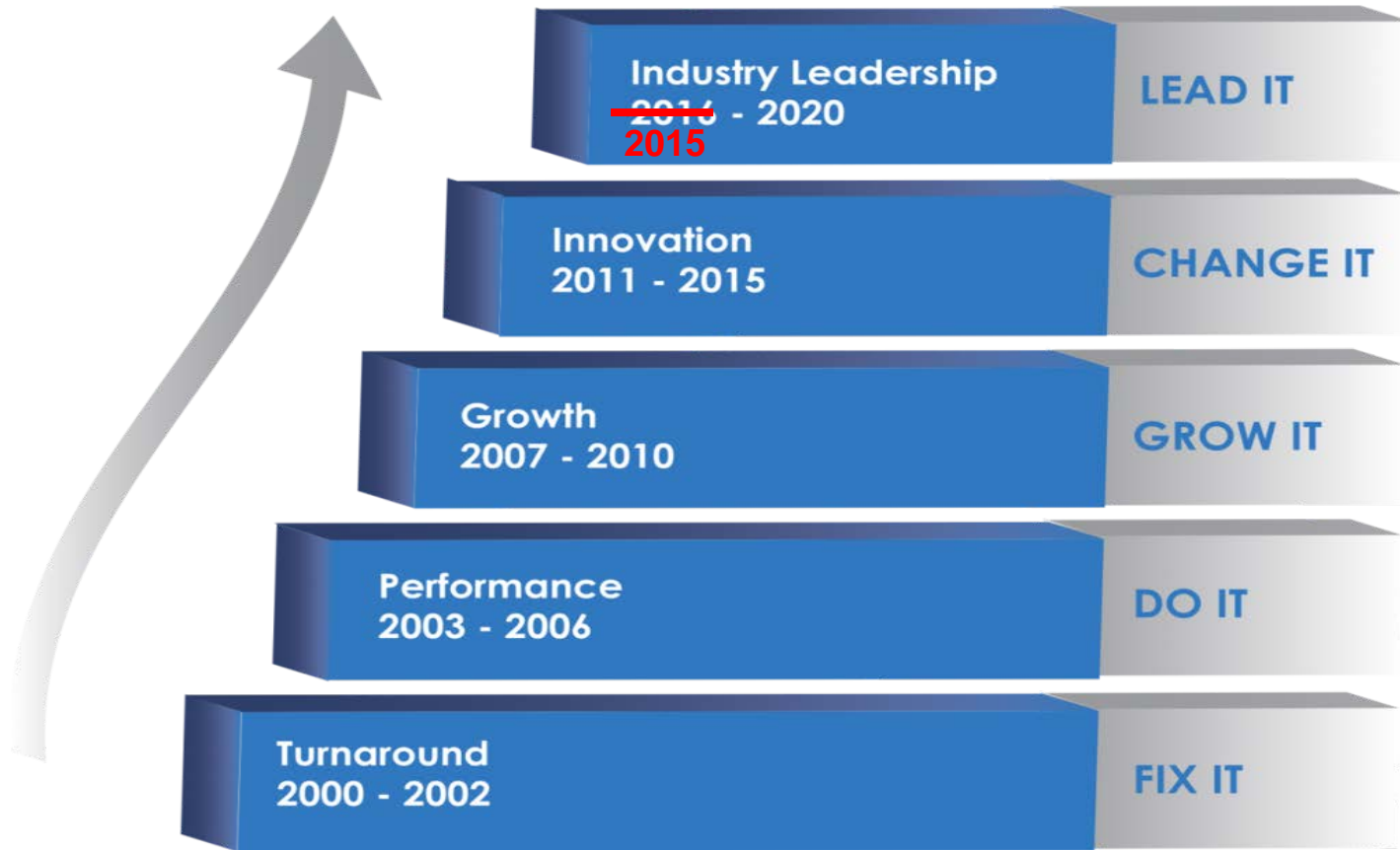
Banner's 2020 Vision

"Our steps to the Future"



Banner's 2020 Vision

"Our steps to the Future"



Banner's New 2025 Vision

"Our Roadmap to the Future"

Trusted Advisor, Health Steward



Optimize to Perfect the Model

LEAD (2020 +)



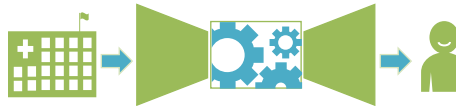
N.O

SCALE (2016 – 2020)

Flex to Achieve Scale



Re-orient Operations from Facility to Member Driven



Demonstrate Value Prop and Build Loyalty



ENABLE (2015 – 2017)

Create Additional Resource Capacity



Eliminate Disappointments



Digitize Platform



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

Banner's Strategic Planning Framework

Mission & Values

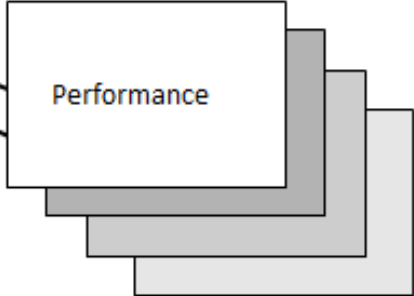


**Strategic Plan
Mid Term
(3 – 5 Years)**

**Strategic Initiatives
and Budget
Short Term
(1Year)**



Strategy Map



ISSUES (External & Internal Environment)

**So why Accelerate the Development of
Banner's next Long-Range Strategic Plan?**



HHS.gov

U.S. Department of Health & Human Services

News

FOR IMMEDIATE RELEASE

January 26, 2015

Contact: HHS Press Office

202-690-6343

Better, Smarter, Healthier: In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value

In a meeting with nearly two dozen leaders representing consumers, insurers, providers, and business leaders, Health and Human Services Secretary Sylvia M. Burwell today announced measurable goals and a timeline to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patients.

HHS has set a goal of tying 30 percent of traditional, or fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016, and tying 50 percent of payments to these models by the end of 2018. HHS also set a goal of tying 85 percent of all traditional Medicare payments to quality or value by 2016 and 90 percent by 2018 through programs such as the Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs. This is the first time in the history of the Medicare program that HHS has set explicit goals for alternative payment models and value-based payments.

To make these goals scalable beyond Medicare, Secretary Burwell also announced the creation of a Health Care Payment Learning and Action Network. Through the Learning and Action Network, HHS will work with private payers, employers, consumers, providers, states and state Medicaid programs, and other partners to expand alternative payment models into their programs. HHS will intensify its work with states and private payers to support adoption of alternative payments models through their own aligned work, sometimes even exceeding the goals set for Medicare. The Network will hold its first meeting in March 2015, and more details will be announced in the near future.

"Whether you are a patient, a provider, a business, a health plan, or a taxpayer, it is in our common interest to build a health care system that delivers better care, spends health care dollars more wisely and results in healthier people. Today's announcement is about improving the

Market Drivers



Regulation

New payment and delivery models shift from volume to value, industry roles are being realigned, individual market is dramatically expanding, and funding is allocated to digitize health information and create transparency.



Economics

Healthcare costs increase while growing financial responsibility shifts to the consumer and governmental reimbursements continue to decline in a flat economy.



Demographics and Disease

Individuals are older, fatter, sicker leading to an explosion in chronic conditions. Providers increasing must have competencies in managing the health of complex populations.



Technology

Significant advancements in technology create more opportunities for innovation and market disruption as well as capabilities to serve people with new value propositions.

Emerging Trends



Consumerism

As healthcare becomes a consumer market, patients demand convenience, transparency, multi-channel access, affordability, and highly-personalized care experiences.



Digital Disruption

Digital disruption is mandating new business models and creating a fundamental shift in how organizations operate and interact with their customers. While competitive disruption threatens incumbents.



New Competitors

The US healthcare industry is a \$2.8 trillion industry and is growing faster than the economy, yet it is filled with unsatisfied customers and a broken value chain.



Value Migration

Shifts in segment funding and population distribution fundamentally changes market economics and operational demands of the health system.



New Care Delivery Models

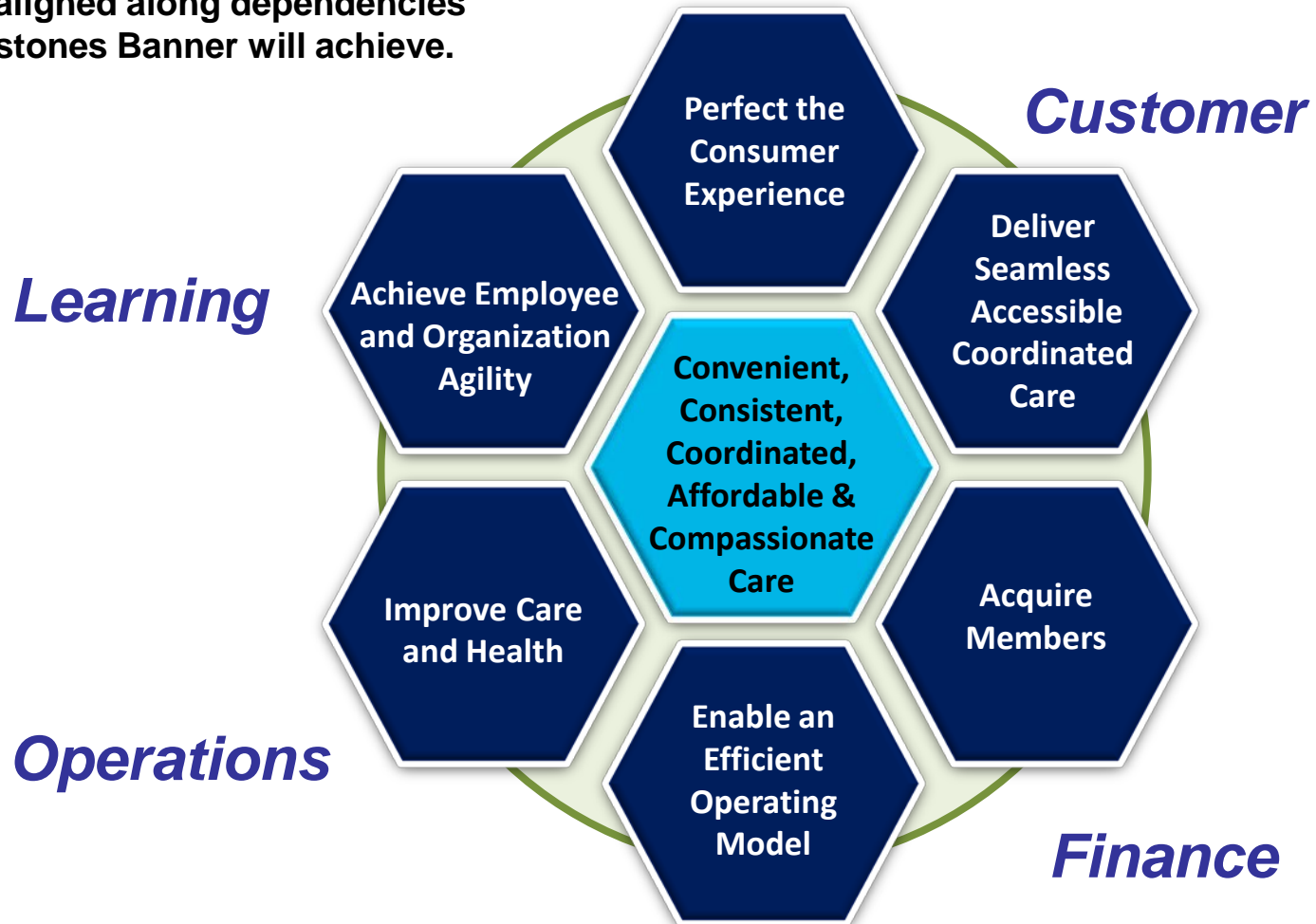
Market events are demanding a metamorphosis in care models, including providing care in more convenient and less expensive settings.

Strategic Plan Executive Summary

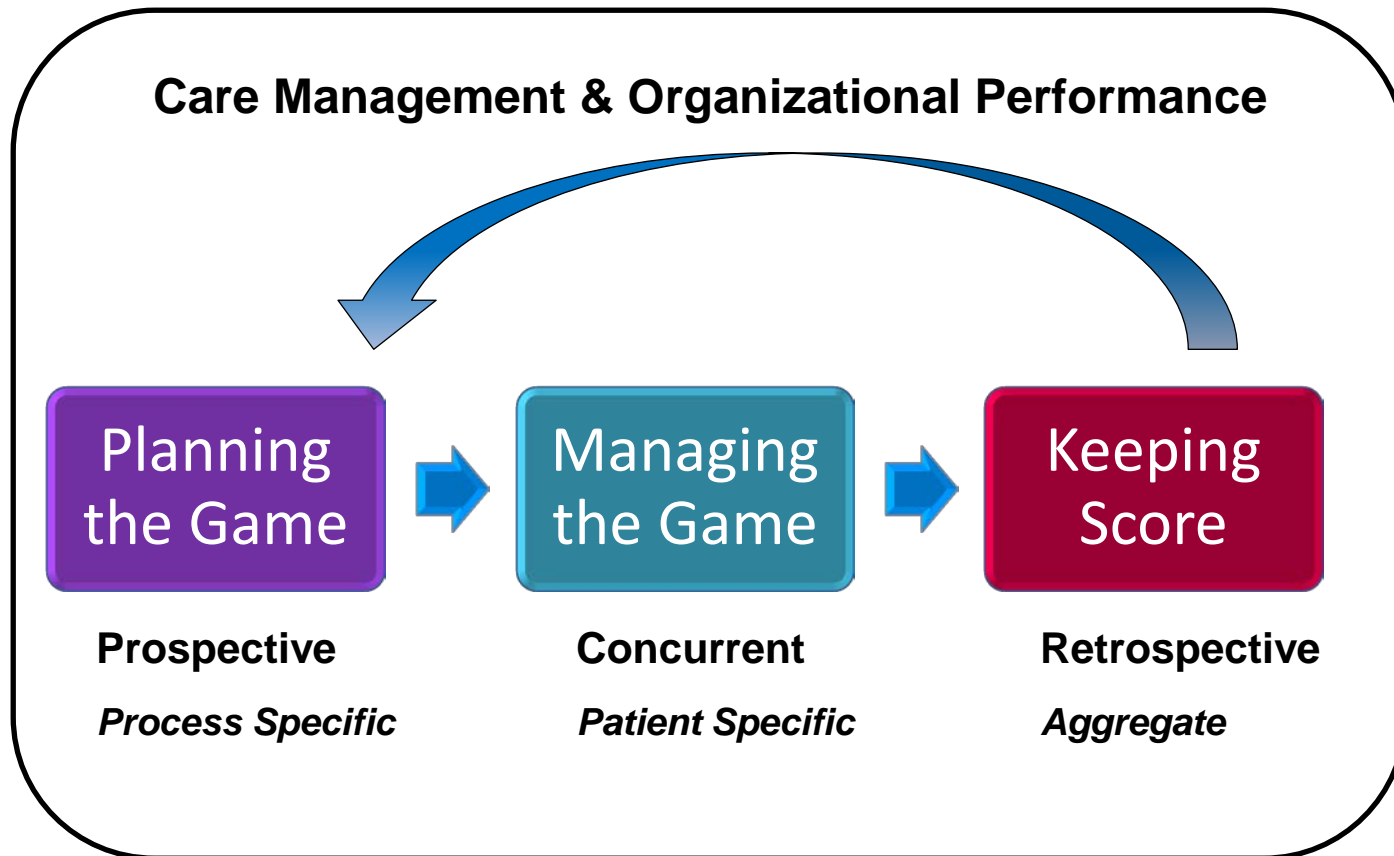
Strategic Themes

Six interrelated themes were developed to help Banner Health achieve its strategic vision.

Themes aligned along dependencies and milestones Banner will achieve.



Banner Health Improvement “Architecture”



What is Care Management?

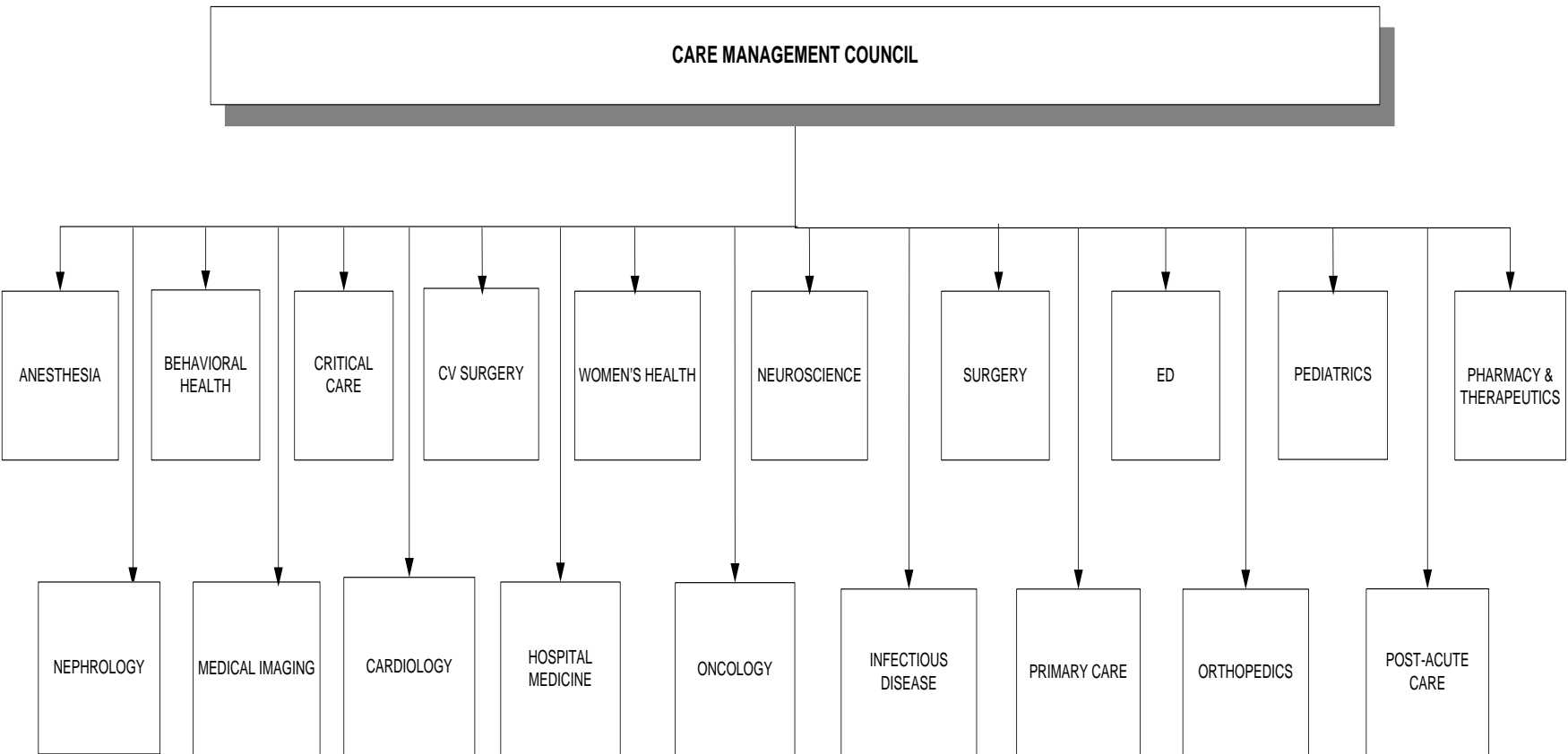
Led by Executive Vice President and Chief Medical Officer, John Hensing, M.D., Care Management **provides leadership for excellence in clinical care and patient safety** across the system.

Organizational Divisions

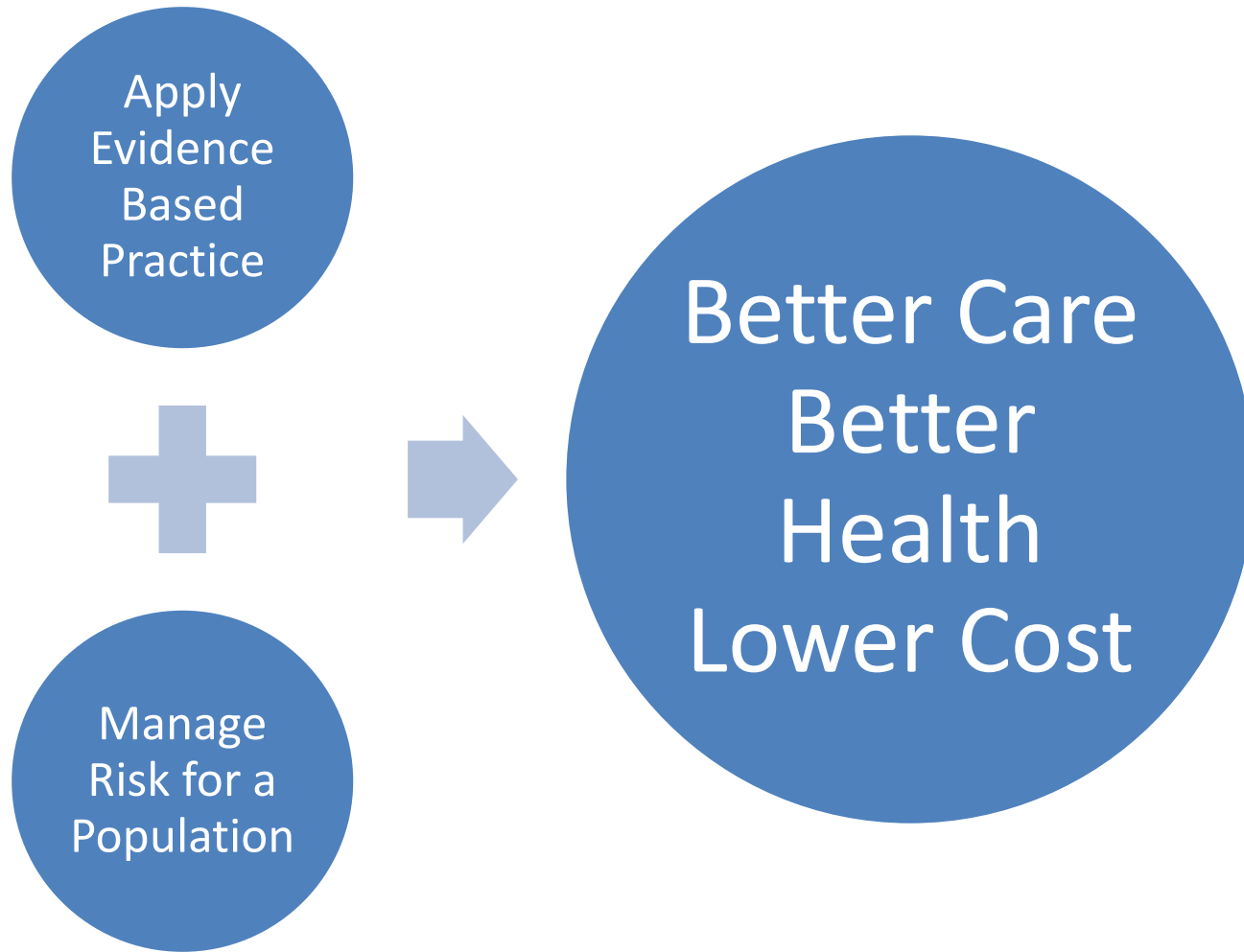
Departments and functions extend through the organization:

- CMOs
- Clinical Informatics
Design and Usability
- Medical Informatics
- Risk Management
- Case Management
- Clinical Outcomes
and Analysis
- Process
Engineering/Program
Management
- Research
- Clinical Innovation
- Clinical Education
- Clinical Performance
Assessment
- Risk Management (Business
Health)

Clinical Consensus Groups



Health Care Formula for Success

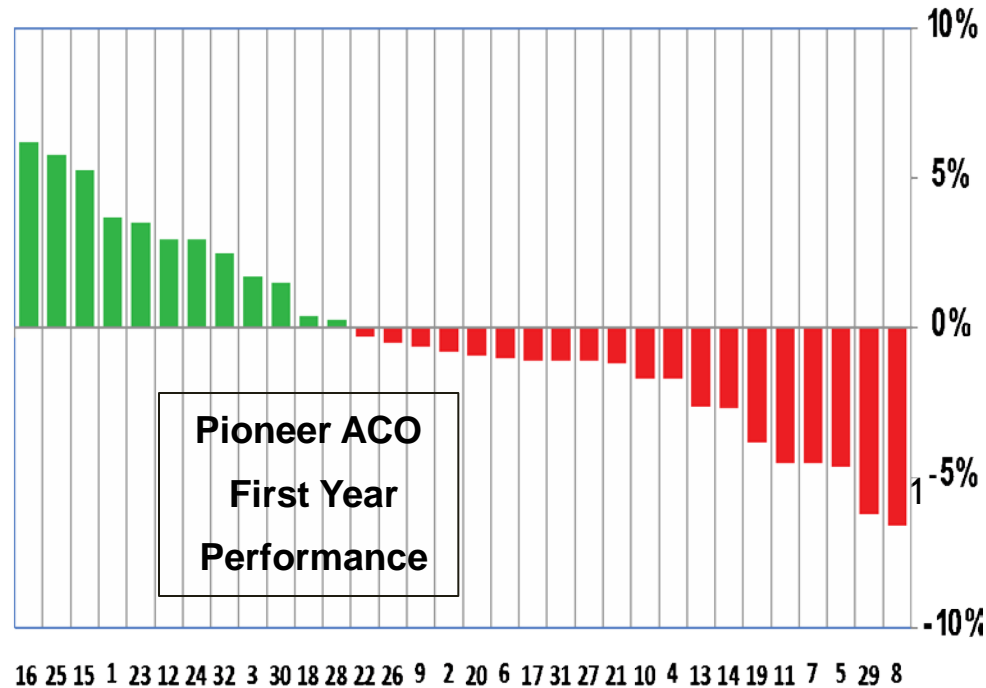
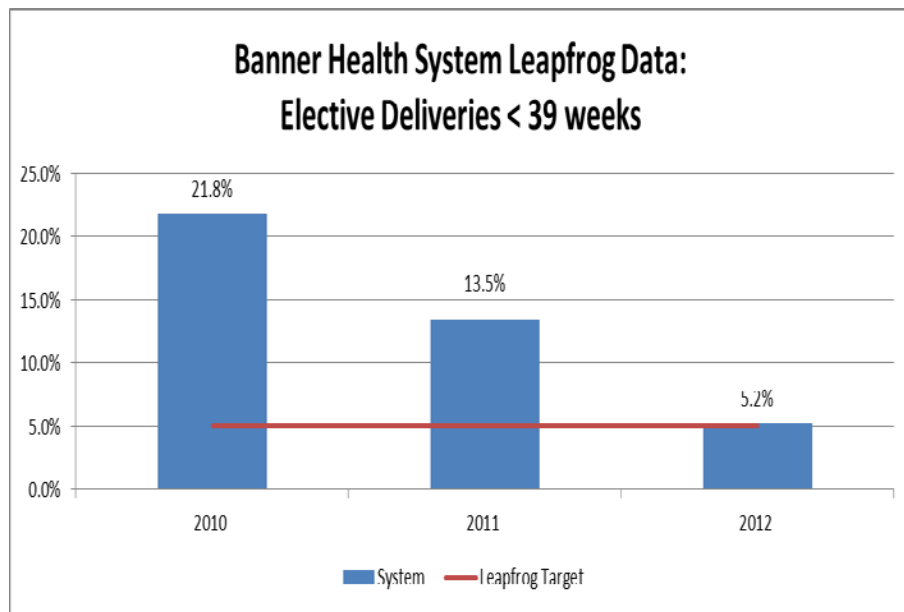
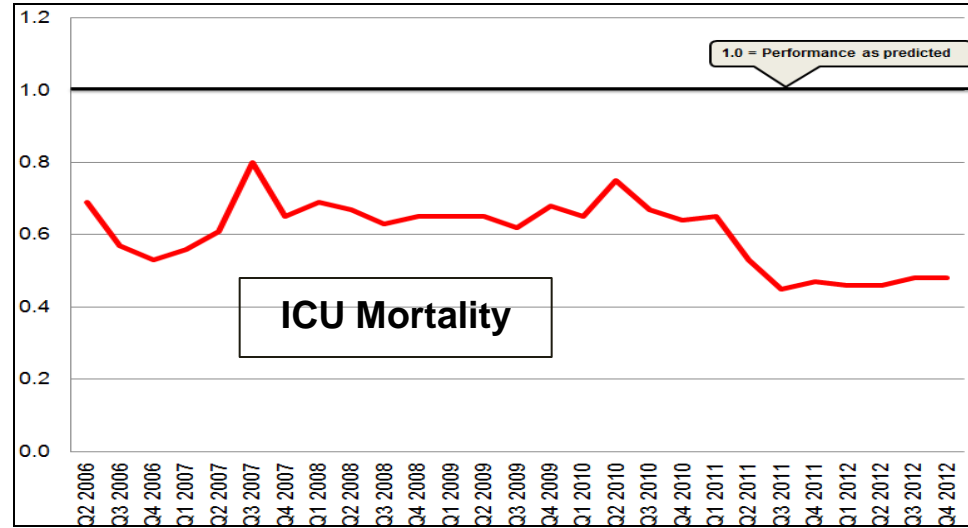
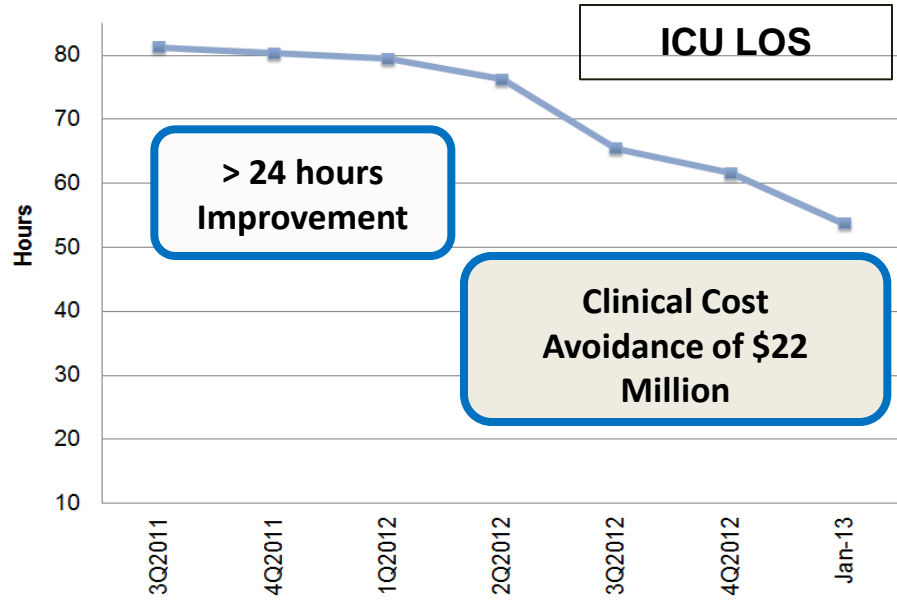


Apply Evidence Based Practice

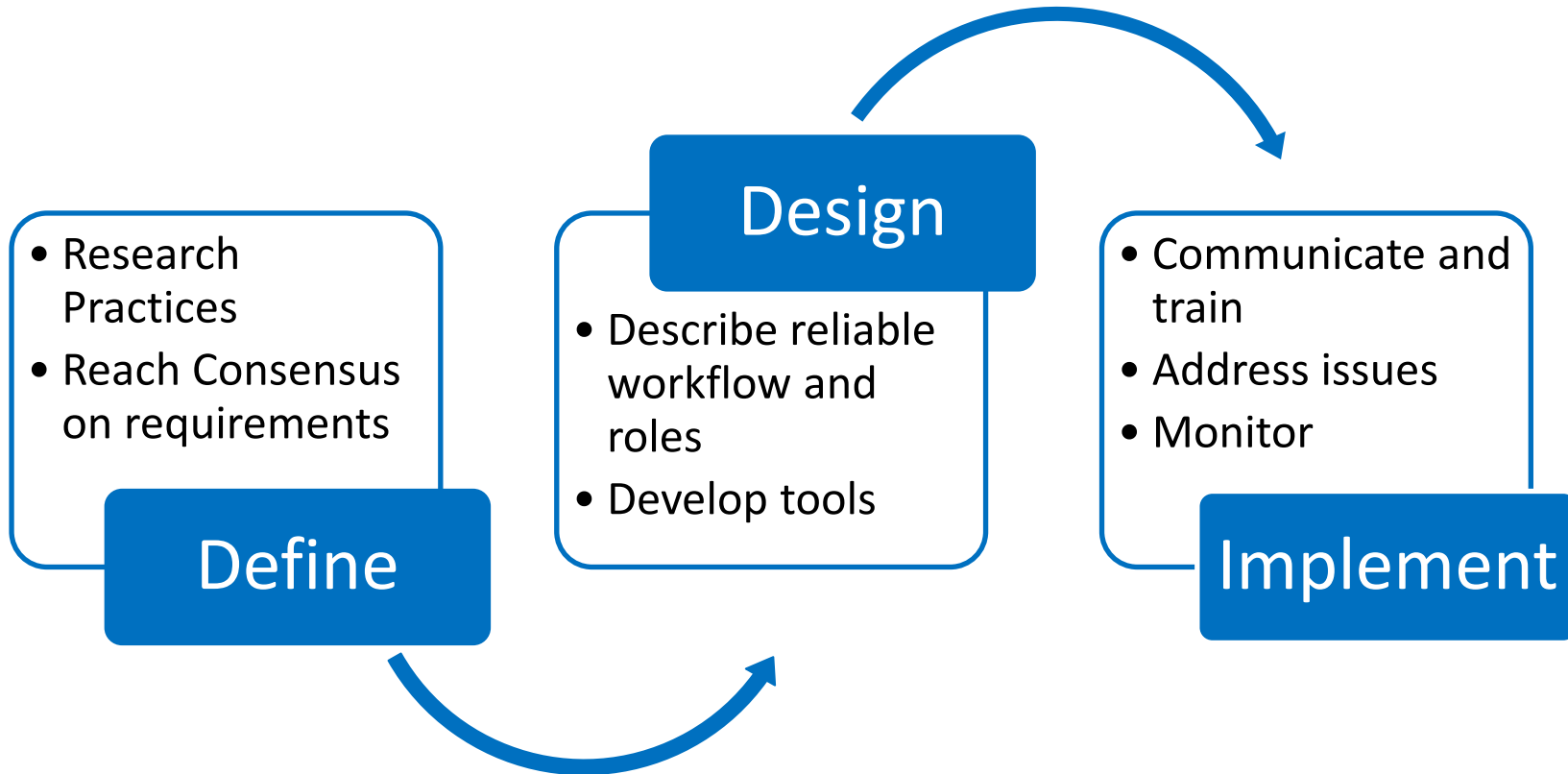
Evidence Based Practices

- 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 pain management
- Midline Sternotomy – Post Operative Management-Adult
- Point of Care Chest Ultrasonography
- Chorioaminonitis 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

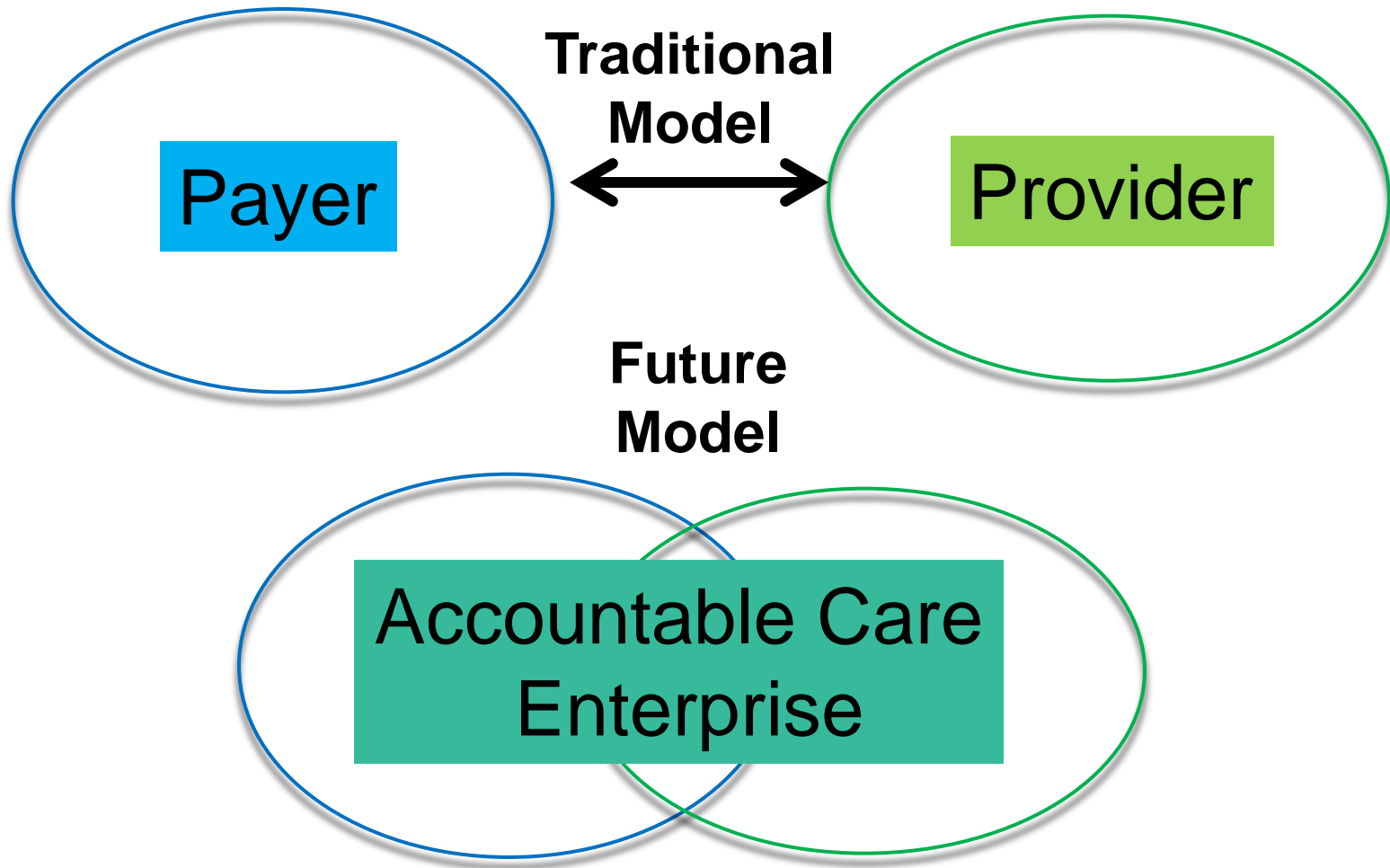
Sample Results



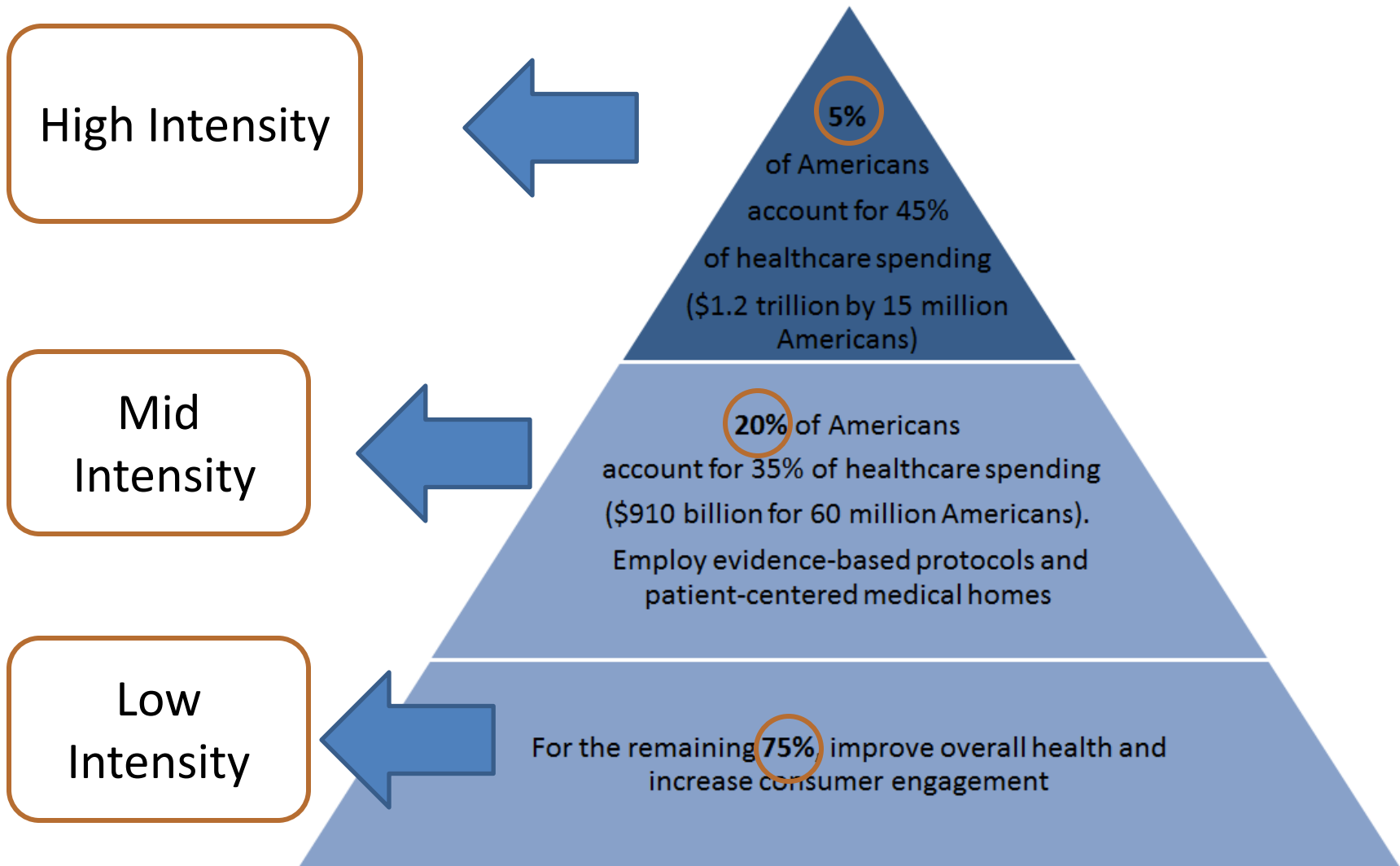
“Engineering” New Models



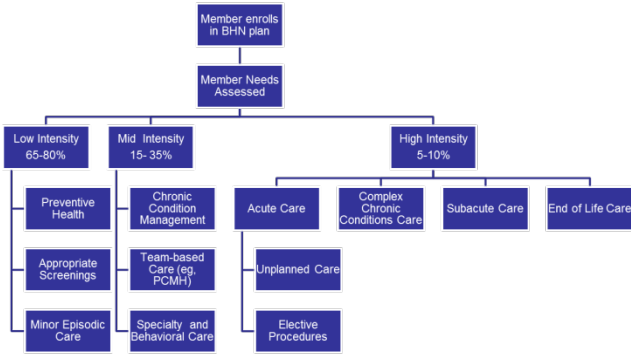
Managing Risk for a Population



Managing Risk for a Population



Health Management Design



- Create an infrastructure of people working in teams, technology that provides access to information and resources, and processes that are easy to navigate.
- Design future models that are integrated, health focused, outcome driven and based on individuals receiving the right care at the right time and in the right place.
- Maximize efficient and reliable clinical management by embedding process within the delivery system.
- Provide proactive preventive and chronic care to all members, both during and between healthcare encounters.

2015

**BUMC-T and BUMC-S
strategic initiatives**

BUMD- Blood Utilization

Reduce Variation

Campus	Baseline	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Tucson	466.9	417.6	338.3	310.0	325.9	354.1					348.9
South	153.7	136.8	127.5	185.9	70.4	78.7					125.4
Composite	374.8	332.7	273.6	271.4	255.9	272.1					294.6

Reduction Goals			
	Threshold	Target	Maximum
Tucson	448.2	429.5	410.9
South	147.6	141.4	135.3
Composite	359.8	344.8	329.8

BUMD- Length of Stay- IP

Observed to Expected Ratio: UHC

Campus	Baseline	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Tucson	.98	.96	.95	.96	.88	Pending					.93
South	.82	.76	.81	.82	.77	Pending					.78
Composite	.95	.91	.92	.93	.86	Pending					.90

Reduction Goals			
	Threshold	Target	Maximum
Tucson	.93	.91	.88
South	.80	.78	.76
Composite	.91	.88	.86

BUMD-Length of Stay-OBS:

% Obs time ≥ 2 and < 18 hours

Campus	Baseline	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Tucson	21.4%	24.8%	24.5%	31.4%	23.2%	27.8%					26.3%
South	27.5%	34.5%	30.1%	38.8%	36.7%	50.0%					37.2%
Composite	23.5%	27.2%	26.1%	33.1%	26.9%	34.5%					29.5%

% of Obs patients with LOS between 2 and 18 hours

	Threshold	Target	Maximum
Tucson	24.0%	26.0%	29.0%
South	29.0%	31.0%	33.0%
Composite	25.7%	27.7%	30.4%

BUMD- All-Cause Readmissions

Reduce Readmission%

Campus	Baseline	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Tucson	13.5%	13.1%*	11.6%*	12.4%*	13.0%*	12.8%*					12.7%
South	10.6%	10.2%*	13.2%*	11.9%*	8.3%*	9.6%*					10.7%
Composite	12.9%	12.8%*	11.9%*	12.3%*	11.9%	12.1%*					12.3%*

Reduction Goals			
	Threshold	Target	Maximum
Tucson	12.8%	12.5%	12.1%
South	10.1%	9.9%	9.5%
Composite	12.3%	12.0%	11.6%

* Scores reported for Readmissions are for prior month

BUMD- HCAHPS:

Likelihood to Recommend

Campus	Baseline	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Tucson	74.6%	70.9%	70.6%	68.9%	71.5%	73.6%					71.0%
South	67.2%	65.4%	67.9%	51.9%	61.5%	73.5%					63.9%
Composite	73.4%	69.7%	70.1%	66.4%	69.3%	73.6%					69.7%

Increase % Patients Responding Definitely Yes Goals			
	Threshold	Target	Maximum
Composite	73.6%	73.9%	74.4%

BUMD- CG-CAHPS:

Likelihood to Recommend

Campus	Baseline	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Composite	86.3%	88.4%	86.6%	87.4%	91.2%	87.2%					88.2%

Increase % Patients Responding Definitely Yes Goals			
	Threshold	Target	Maximum
Composite	86.4%	86.5%	86.8%

March 27, 1977 Tenerife Island



Summary

- Banner is defining, designing, and implementing evidence-based practices as part of its “formula for success.”
- We are also designing new infrastructure for managing the health of a population.
- These changes will position Banner well for success.
- We are living in a rapidly changing environment that will continue at this pace for some time.