UW Medicine Strategic Plan & System Integration Efforts

UW Medicine

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UW MEDICINE STRATEGIC PLAN

Mission

To improve the health of the public

Vision:

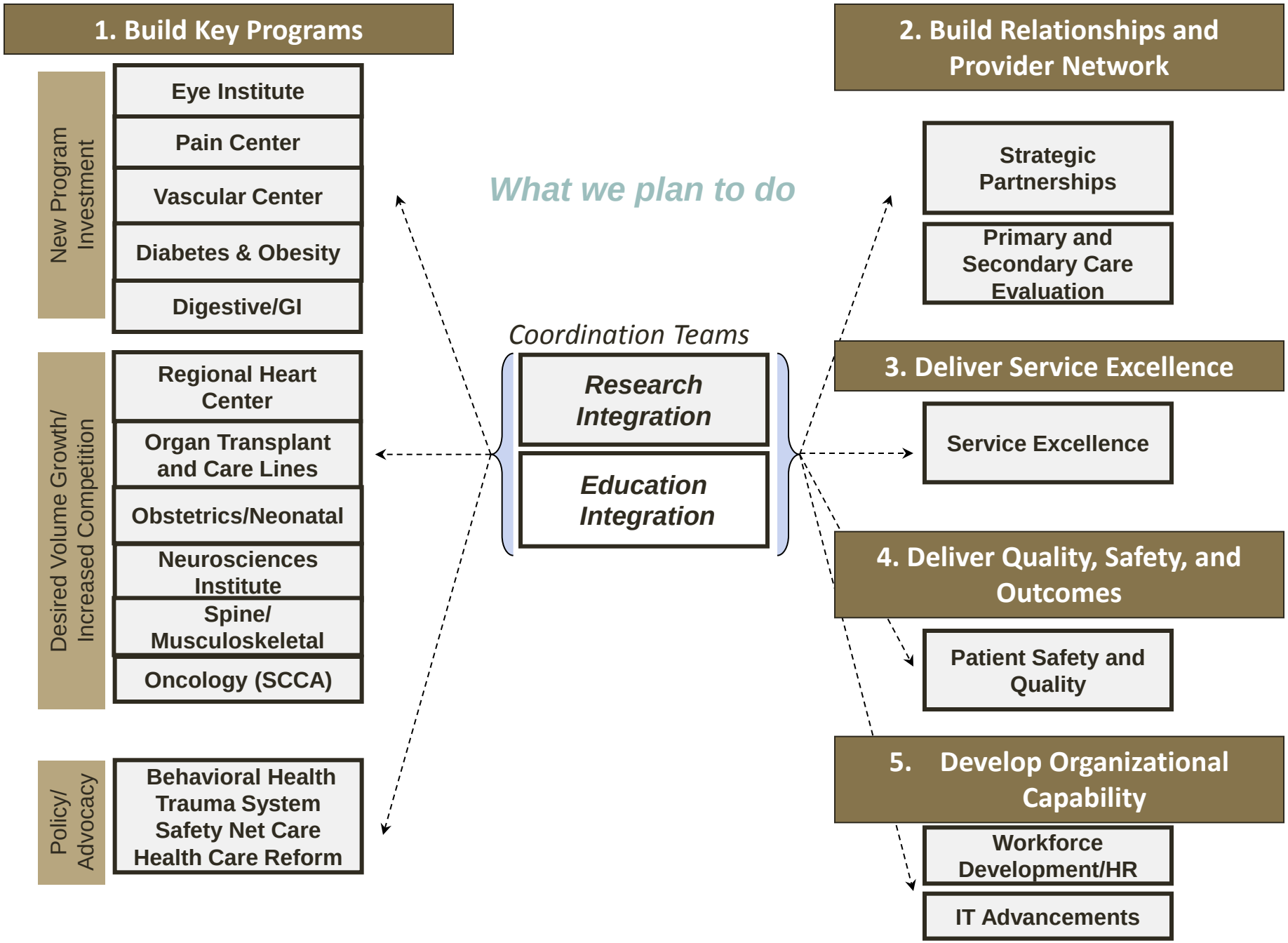
UW Medicine is dedicated to excellence in health care, research and education.

We aspire to be the health care system of choice for patients, the center of choice for researchers, and the education program of choice for health professionals, students and trainees.

In these ways we create a healthier future by improving health and reducing health disparities in the region and around the world.

UW Medicine

UW MEDICINE STRATEGIC PLAN *2012*



PILLAR GOALS

Focus on Serving the Patient/Family

Serve all patients and family members with compassion, respect and excellence.

Provide the Highest Quality Care

Provide the highest quality, safest and most effective care to every patient, every time.

Become the Employer of Choice

Recruit and retain a competent, professional workforce focused on serving our patients and their families.

Practice Fiscal Responsibility

Ensure effective financial planning and the economic performance necessary to invest in strategies that improve the health of our patients.

Data as of 1/15/13

FY 12 MAJOR ACCOMPLISHMENTS AND ACTIVITIES THROUGH MAY 2012

BUILD KEY CLINICAL PROGRAMS

- **Completing construction for an additional Cardiac Catheterization Lab and new Electrophysiology Lab at NWH.**

- **Completed lease with UW Athletics for UWMC to operate a new 30,000 sq ft UW Medicine Spine & Sports Medicine Clinic in the renovated Husky Stadium opening in 2013.**

- **Construction on schedule for the fall of 2012 opening of the UW Medical Center Tower. Provides 50 NICU beds, 32 cancer care bed and additional shelled-in floors. Preparing to accelerate the Phase II construction in shelled floors to bring on 2 additional ICU's and another medical-surgical unit.**

- **Completed the planning and implementation of the Adult ECMO program at UWMC for the Regional Heart Center.**

MAJOR ACCOMPLISHMENTS AND ACTIVITIES THROUGH MAY 2012

BUILD NETWORKS AND AFFILIATIONS

- **Continued UW Medicine strategic plan implementation at Northwest Hospital: relocated UW Medicine's OB midwife program to NWH in Oct 2012 and moved UW Medicine's orthopedic joint replacement program to NWH in Jan 2012.**

- **Completed planning and construction for relocation and expansion of UW Medicine's Multiple Sclerosis center to NWH in July 2012. Planning completed for expansion of the UW Medicine Hernia Center at NWH in August 2012.**

- **UW Medicine strategic plan launched at Valley Medical Center. Initiatives being implemented through the Operational Integration Oversight Committee. Construction begun on the VMC Covington outpatient site. Construction in the VMC Tower for OB expansion.**

- **UW Neighborhood Clinics expansion: Opened UWNC Ravenna Clinic in Oct 2012, opened UWNC Northgate Clinic and space for the Family Medicine Residency in March 2012. Expanded the UWNC KDM Clinic for the UW Pediatric Residency from Seattle Children's.**

MAJOR ACCOMPLISHMENTS AND ACTIVITIES THROUGH MAY 2012

DELIVER EXCELLENT SERVICE

- **Completed second year of the "Patients Are First" initiative, held four Leadership Development Institutes and developed standard metrics and goals for UW Medicine health system that are now reported quarterly. Making progress toward goals on all metrics.**

- **Launched a focused Studer assessment to improve patient satisfaction in our hospital emergency departments.**

- **Expanded Transfer Center to serve all four hospitals in UW Medicine health system; regional transfer center patient volume increased this past year.**

- **Completed implementation of the Contact Center for HMC and UW Neighborhood Clinics and currently completing the clinics at UWMC. *Established a dedicated employee number 206-520-5050*.**

- **Completed staff surveys at each site and a UW physician survey on satisfaction with the clinical environment of care.**

DELIVER HIGH-QUALITY, SAFE AND EFFECTIVE PATIENT CARE

- **Improved HMC and UWMC national rankings for UHC quality and safety scores. Improved NWH and VMC scores on peer rankings.**
- **Standardized quality and safety projects and assessment tools for all UW Medicine sites.**
- **Expanded standardized Process Improvement and Transformation of Care Structure at all clinical entities**
- **Expanded activities and facilities (added NWH) in the Institute for Simulation and Interprofessional Studies (ISIS).**
- **Established UW Medicine Board Patient Safety and Quality Committee and Patient Safety Rounds by Board and Management.**
- **Implemented planning for medical school and residency curricula improvements expanding the focus on training physicians to deliver high-quality, safe and cost-effective patient care. Established a resident committee on quality & safety.**

MAJOR ACCOMPLISHMENTS AND ACTIVITIES THROUGH MAY 2012

ENHANCE SUPPORT FOR RESEARCH, TEACHING AND PATIENT CARE

- **Completed a major EPIC hardware and software upgrade to the most current version for the system.**

- **Planning completed for Epic EHR in primary care at VMC. Go-live scheduled for July, followed by specialty care clinics in October 2012.**

- **UW Medicine IT Services integration at NWH. Developed UW Medicine strategic road map for IT services at NWH and implementing plans. Developed plan for outpatient EPIC at NWH. Multiple Sclerosis Center will open on EPIC in July 2012.**

- **Completed a highly successful go-live at UWMC for Cerner Computerized Physician Order Entry (CPOE). HMC go-live scheduled for Sept 2012**

- **Integrating clinical data system-wide using AMALGA from Microsoft.**

- **Advancing UW Medicine strategic research construction underway for South Lake Union Phase III.**

- **Planning expansion of GME training programs for the region in high-demand specialties.**

MAJOR ACCOMPLISHMENTS AND ACTIVITIES THROUGH MAY 2012

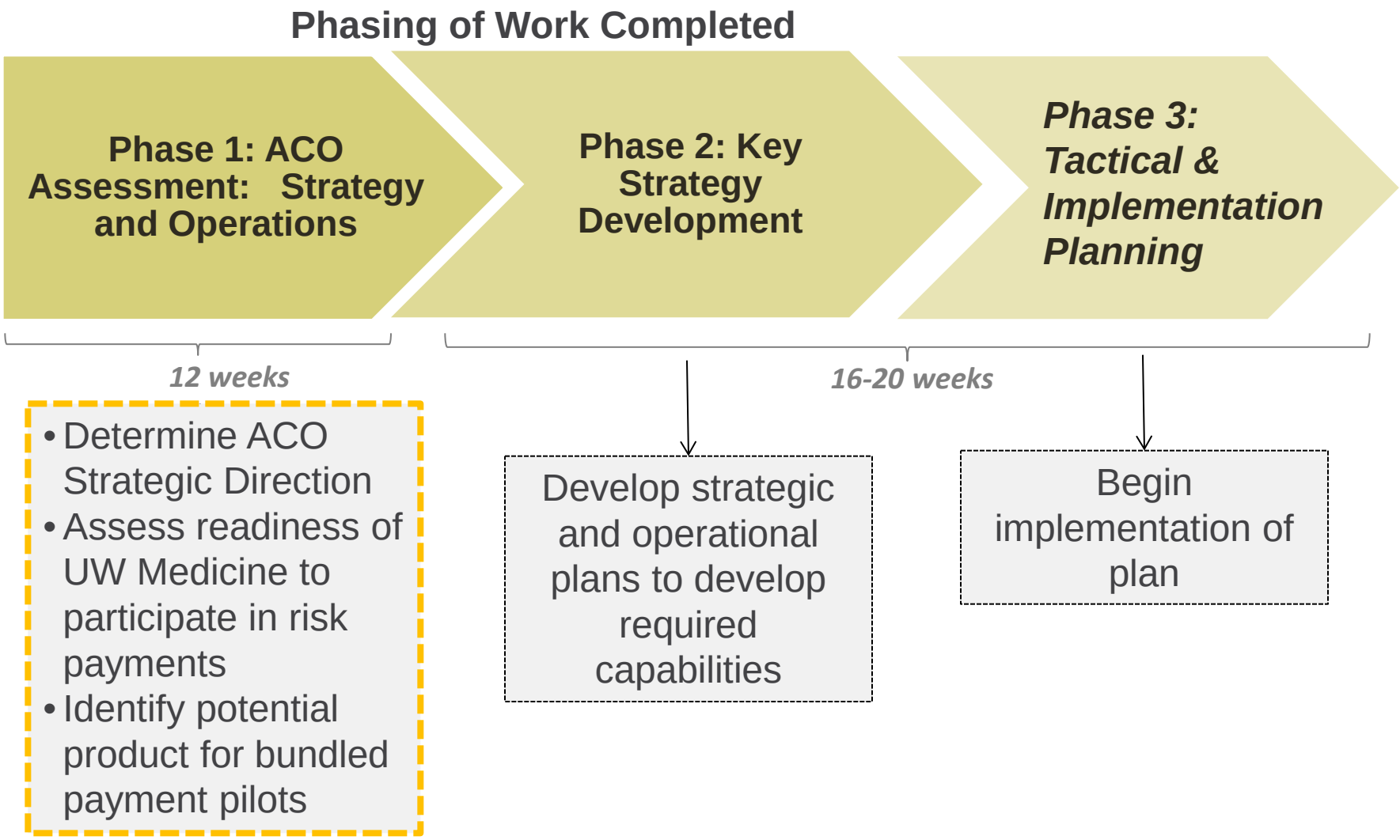
Accelerate System Integration Efforts:

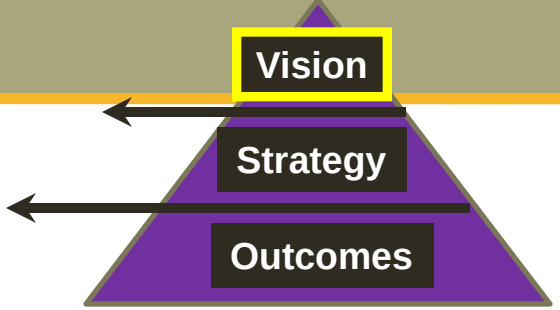
Completed Consolidation of the following departments at each entity into a Shared Service to support each site and the System:

- **Compliance**
- **Risk Management**
- **Contracting & Payor Relations and Select Areas of Financial Services**
- **Advancement Efforts & Philanthropic Fund Raising**
- **Strategic Marketing, News & Community Relations**
- **Patients Are First Initiative**
- **Performance Improvement**
- **Patient Safety & Quality**
- **System-wide dashboards and Metric Reporting**

UW Medicine ACO Visioning Project Phases

The ACO Visioning process is a three-phased process positioned as part of the broader health system strategic planning processes.





UW Medicine ACO Vision Statement

Our mission of improving health requires us to lead the market and the nation in demonstrating value through **innovative approaches** to care that reduce the total costs of care while improving service and quality.

To meet this commitment, we seek to:

- **Increase our ability to deliver value through improved cost, quality outcomes, and service performance that are best practices**
- **Design and implement innovative models of care required to meet the value-based expectations of our patients**
- **Establish new partnerships with payers and healthcare professionals on innovative approaches to care delivery**
- **Actively pilot, refine and implement new approaches to care delivery and care management**

UW MEDICINE STRATEGIC PLAN 2013

Accountable Care Organization

1. Build Key Programs

New Programs/ Innovations in Care

- Diabetes & Obesity
- Digestive/GI
- **Palliative Care**
- **Integrated Mental Health/Primary Care**

Strategic Service Expansion/ Innovations Care

- *Eye Institute*
- *Pain Center*
- *Vascular Center*
- Regional Heart Center
- Organ Transplantation
- Obstetrics/Neonatal
- Neurosciences Institute
- Spine/Sports Musculoskeletal
- Oncology (SCCA)

Policy/ Advocacy

- Trauma System
- Safety Net Care
- Health Care Reform

What we plan to do

Integration of
Research Innovation
Educational Innovation
Clinical Innovation

2. Build Relationships & Provider Network

- Strategic Partnerships ***& ACO Development***
- Primary & Secondary Care Expansion

3. Deliver Service Excellence

- Service Excellence
- *Patients are First*
- Pillar Goals

4. Deliver Quality, Safety, & Value Based Outcomes

- Patient Safety,
- Quality & Cost-Effective Outcomes
- Performance Improvement

5. Organizational Capability & Fiscal Integrity

- **Long Range Financial Plan**
- Workforce Development/HR
- IT Advancements
- **Telemedicine**

UW MEDICINE

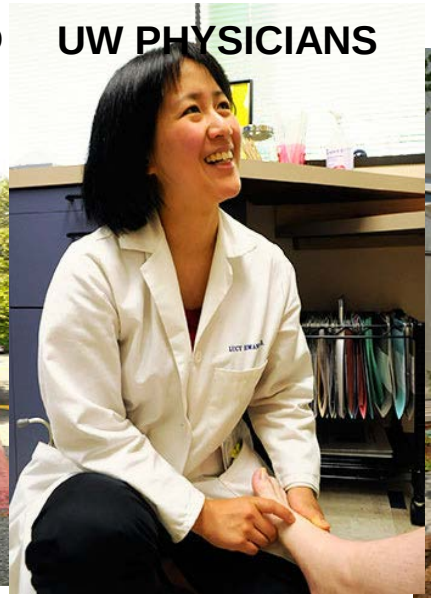

HARBORVIEW


NORTHWEST


VALLEY


UW MEDICAL CENTER
AIRLIFT


UW NEIGHBORHOOD CLINICS
UW Medicine


UW PHYSICIANS


School of Medicine
UW Medicine Research


Airlift Northwest
N951AL
Happy 30th Anniversary

Fully Integrated Medicaid ACOs

Boston Medical Center:
Moving toward an Accountable Care Organization

Presented by Tom Traylor
Vice President of Government Programs

June 2013

Takeaways

1. Create your own destiny and consider ACO initiative – especially if you are an integrated health system.

1. Mesh with state and federal initiatives; use as launching pad.

1. Envelop ACO strategy within management framework.

2. Plan for success.

3. Rome wasn't built in a day….allow time.

Boston Medical Center:
A Fully Integrated Delivery System

BOSTON MEDICAL CENTER
EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Boston Medical Center

- 508 staffed beds
- Academic medical center
- Full range of services: primary care and 22 specialty services
- Largest safety net hospital in New England
- Busiest Level I Trauma Center in New England

BMC Physician Practice Plans

- 22 physician practices with over 800 physicians

Boston HealthNet

- Health care delivery system of BMC and 15 community health centers
- Over 1,600 physicians; more than 650 primary care physicians
- Provides more than 1.2 million visits/year to 334,000 patients

BMC HealthNet Plan

- Statewide, 266,000 member MCO for low-income patients
- “Excellent” accreditation from NCQA
- NCQA top-tier ranked Medicaid MCO

BMC – like many safety net health systems – has key ACO ingredients

- **BMC & Primary-Care Physician Practices**
  - Electronic Medical Records (integrated across the BMC system)
  - Successful primary-care innovation programs:
    - Patient Centered Medical Home Initiatives
    - Project Re-Engineered Discharge (RED)
    - Patient Support Programs & Services
- **BMC HealthNet Plan Infrastructure**
  - Full breadth of health plan infrastructure: claims, billing, medical and behavioral care management, data warehouse and analytics
  - Experience with utilization reductions in several areas
- **Boston HealthNet**
  - NCQA-accredited
  - Successful experience in PACE and SCO for seniors
  - Stimulus Act infrastructure funding to expand capacity
  - Patient Center Medical Home Initiatives
  - Clinical connectivity

BMC – like many safety net health systems – has key ACO ingredients

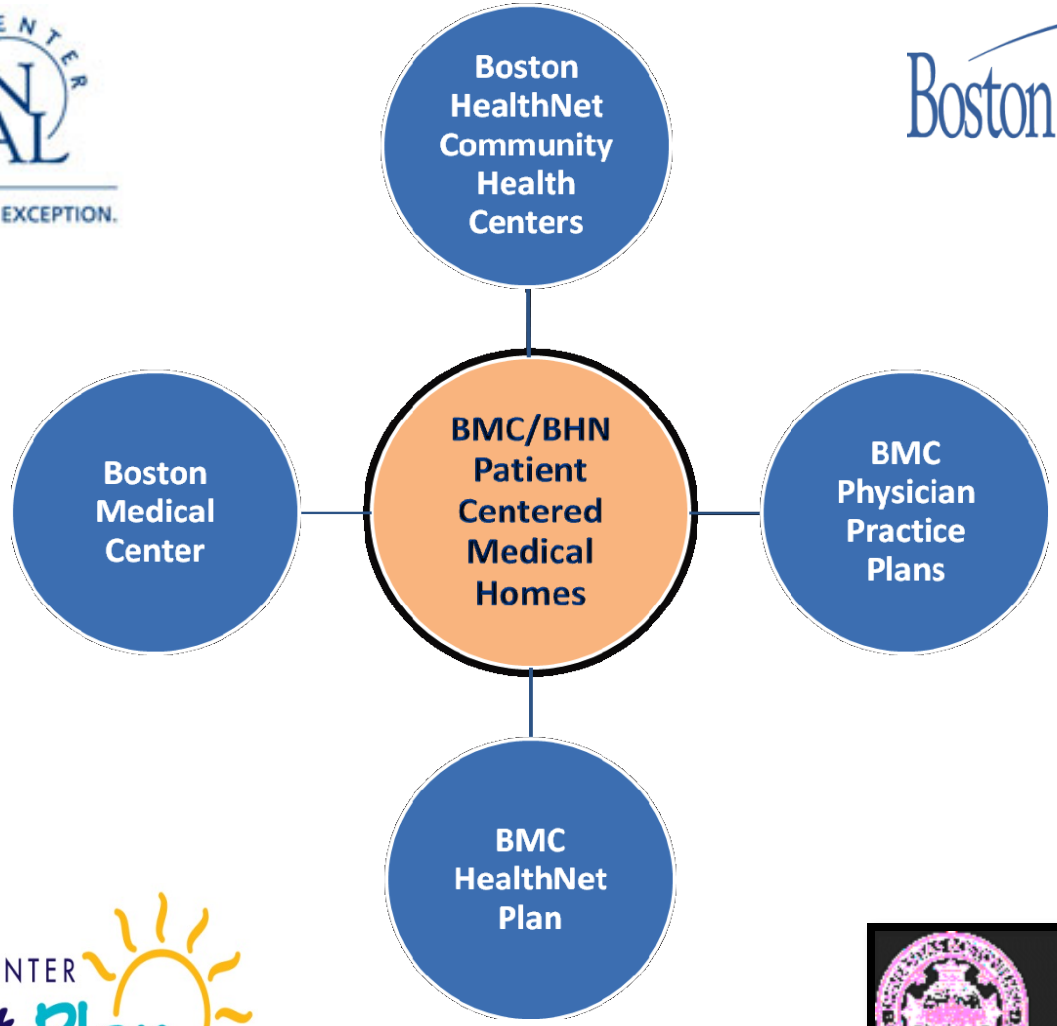
- BMC is well-positioned to **improve care delivery and coordination**, particularly with regards to primary care practices.
- BMC/BHN ACO model would build on existing BMC delivery system initiatives, such as:
  - Geographically dispersed primary care sites and after hours care
  - Enhanced patient-focused care
  - Community outreach
  - Enhanced discharge planning (Project RED)
  - Nurse advice lines & home visitors
  - Disease registries
  - System wide standardized improvement processes
  - Clinical and operational benchmarking
  - Strategic care management focused at most acute patients
  - Leverage BMCHP information and knowledge

BMC Safety Net ACO Model

The BMC ACO would:

- Manage and coordinate all care for enrolled primary care patients
- Accept full financial risk for quality care delivery
- Operate under a risk-adjusted global payment reimbursement structure

BMC ACO: Participating Providers



BMC ACO Model:
Target Patient Population

Estimated of BMC/BHN ACO Patients* (*based on primary care patients at BMC & initially 6 CHCs)	
Medicaid	78,000
Uninsured	19,000
Commercial Payers	47,000
Medicare	20,000
Grand Total	**164,000**

BMC Safety Net ACO Model: Reimbursement Structure

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Global Payment

- Transition from a fee-for-service payment methodology to a single, actuarially sound risk-adjusted, per member per month (PMPM) amount
- Assume risk for the cost of care for services included in the global payment rate

Incentives for Quality

- Performance-based incentive program
- Goal to achieve performance above the 75th percentile nationally

Ensuring State and Federal Savings

- Prepaid global payment limits financial exposure to federal and state government payors
- Actuarially sound methodology, adjusted annually based on an established trend rate

BMC Safety Net ACO Model: Reimbursement Structure

- Safety net health systems can quickly shift to ACO model because of critical mass of government payers.
- This dramatic shift is unique to safety net health systems:
  - Other health systems have numerous private payers; the transition to alternative payment contracts will be gradual.

Map to State Initiatives: MA Section 1115 Medicaid Waiver

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Set the stage for ACO development with Delivery System Transformation Initiatives (DSTI)

- Transformational payments received if key metrics achieved
- Key focal areas:
  - Primary Care Practice Redesign
  - Improved Health Outcomes and Quality
  - Transition to Alternative Payment Models

- **BMC DSTI Projects**
  - Patient Centered Medical Home
  - Practice Support Call Center
  - Rapid Diabetes Referral/Follow-Up
  - Simulation and Education Center
  - Re-Engineered Discharge (Project RED)
  - **ACO Development**
  - Learning Collaborative with other DSTI hospitals

Map to State Initiatives: MA Payment Reform (Chapter 224)

- Promotes certification of ACO's
  - Risk based provider organizations emerging
- **Prioritization** of Model ACOs
  - MassHealth (Medicaid)
  - Commonwealth Care (state-subsidized health insurance program)
  - Group Insurance Commission (state employees)
- Transitions MA Medicaid program (MassHealth) to alternative payment models
  - Primary Care Payment Reform: a primary care ACO model

Map to Federal Initiatives: Affordable Care Act

- **Medicare Shared Savings Program** (Section 3022)
- **Center for Medicare and Medicaid Innovation (CMMI / Innovation Center)** (Section 3021)
  - Pioneer ACOs
- **Medicaid Global Payment Demonstration Project** (Section 2705)
- **Pediatric ACO Demonstrations** (Section 2706)

Envelop ACO Strategy within Management Framework

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EXCEPTIONAL CARE. WITHOUT EXCEPTION.

ACO INITIATIVE

VOLUME

-- Grow selected services

-- Evaluate clinical portfolio in terms of volume, rates, cost

RATE

-- Waiver negotiation with state

-- Evaluate rates in move to risk based payments

-- Leverage health plan

COST

-- Reduction in utilization

-- Medical management strategies, including use of analytics

-- Supply chain

-- Support to Faculty Practice Plan

-- Review research and teaching investments

PROCESS IMPROVEMENT

-- Continued focus on quality management, clinical efficiency and improvement

-- Revenue cycle improvements and clinical efficiency through HIT and other strategies

-- Improve decision support

Plan for Success

Critical Steps:

1. Early engagement and “buy in” of physicians
   - Allow time for education: emphasize that FFS is not sustainable
   - Allow time for acceptance
2. Evaluate feasibility with your system’s key stakeholders; hire necessary consulting resources to facilitate discussion and allow for honest feedback.
3. Do the math
   - Consider long term payment trends
   - Consider risk
   - Consider competition
4. Make the case with your Medicaid agency. Allow time and consider the agencies’ existing initiatives.

Rome Wasn't Built in a Day

2009 - 2010: BMC launches discussion about Medicaid ACO; advances Medicaid Global Payment System Demonstration included in ACA

2010 - 2011: BMC embeds ACO proposal in waiver renewal; secures funding if metrics met.

2011: BMC collaborates with Navigant to refine proposal and drive organizational conversation.

2012: BMC applies for CMMI funding for ACO; unfortunately, not selected.

2013: BMC plans for Medicaid Primary Care Payment Initiative as starting point for full scale ACO

Final Thoughts

- Be proactive. Create your own destiny.
- Assess state priorities; envelop your ACO strategy.
  - Medicaid expansion, SIM grant, etc.
- Understand patient costs and utilization patterns.
  - Access resources to obtain full clinical data on your patients – not just services accessed within your system.
- Don't expect ACA coverage expansions to dramatically shift payer mix and finances.
- Anticipate:
  - Cost containment discussions in your state following ACA implementation.
  - Movement toward alternative payments in Medicaid over time. Current Medicaid financing system unsustainable.

For Additional Information

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