

“Models for Most Appropriate Care”

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For HASC Panel – April, 2016

What/Where is MemorialCare? Southern California



Just the Facts

Total Assets

- | | |
|-------------------|---------------|
| | \$3.1 billion |
| – Annual Revenues | \$2.2 billion |
| – Bond Rating | AA- stable |

Hospitals

- | | |
|----------------------|---------|
| – Patient Discharges | 69,000 |
| – Patient Days | 288,000 |
| – ER Visits | 199,000 |
| – Births | 10,500 |
| – Surgeries – IP/OP | 32,900 |

Ambulatory Access

- | | |
|------------------------|---------|
| – “At Risk” Lives/ACOs | 246,000 |
| – Seaside Health Plan | 33,500 |
| – Medical Group Visits | 600,000 |
| – Ambulatory Surgeries | 35,000 |

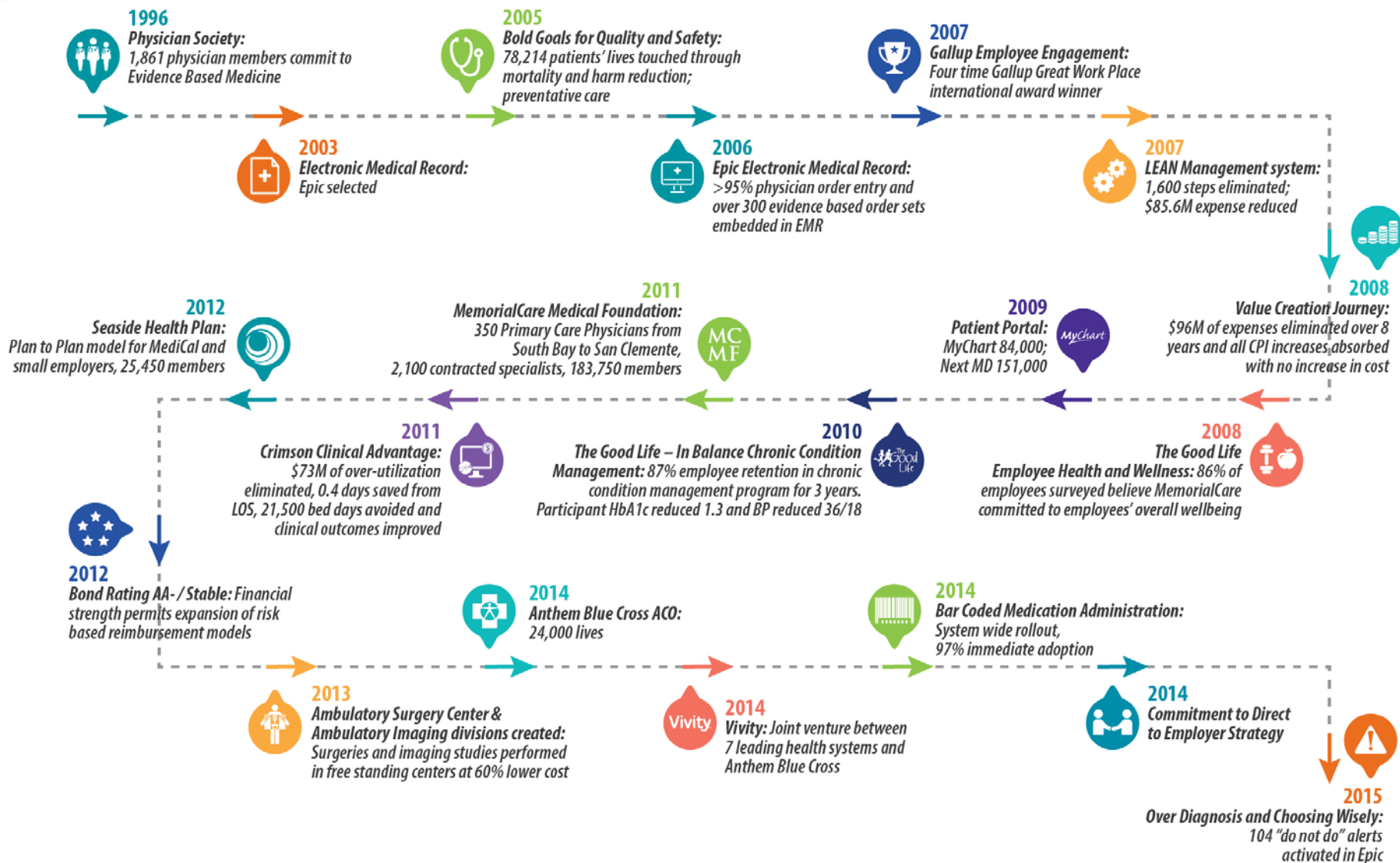
Workforce

- | | |
|-------------------------|----------------|
| – Employees | 11,200 |
| – Affiliated Physicians | 2,300 |
| – Employed Physicians | 230 |
| – Residents | 165 (Year 1-7) |



Strategic Focus & Evolution

Two decades of testing & learning



6 Keys to Most Appropriate Care a la MemorialCare

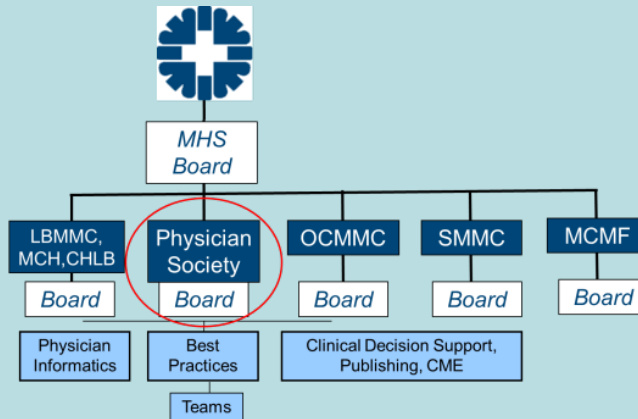
1. Physician-Driven Best Practices
2. Linking to BOLD Quality
3. Precious Use of Resources
4. Leveraging BIG Data
5. Choose Wisely, ↓ Overdiagnosis
6. Alternative Payment Models and Care Redesign



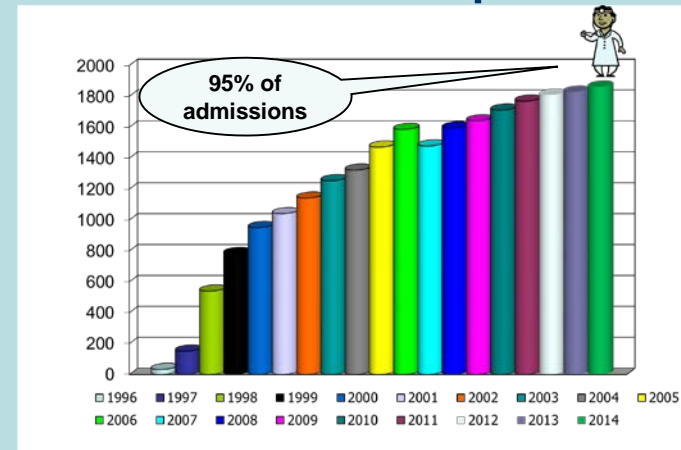
1. Physician-Driven Best Practices

The power of the Physician Society

The Physician Society



Growth in Membership



Responsibilities

- Professional association. Board level.
- Committed to development and utilization of evidence-based/best practice medicine
 - *Lead development of best practice*
 - **Implement** best practice guidelines at the bedside / visit-side
 - Leadership of **physician informatics and outcomes**

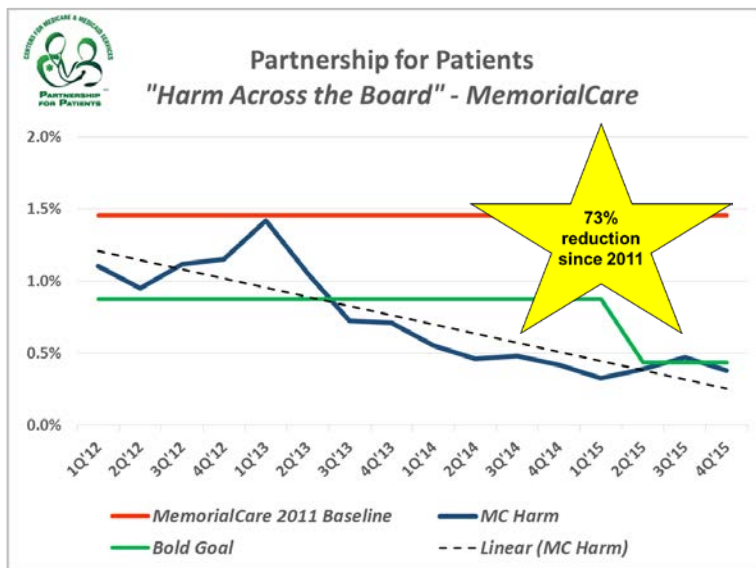
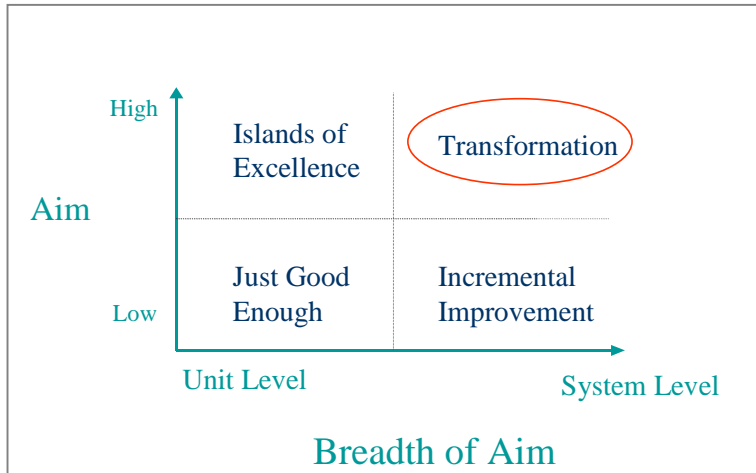
20 Years of Innovation

- Over 300 Best Practice guidelines
- Best Practice Teams, multidisciplinary

Ambulatory	Neonatal
Antibiotic Stewardship	Palliative Care
Blood Use	Pediatrics
Cardiac	Pulmonary/Critical Care
Colorectal	Stroke
Diabetes	Women's Health
Emergency Medicine	Wound Care
Imaging	

2. Linking to BOLD Quality

Reducing harm, touching lives



MEMORIALCARE BOLD GOALS

Reduce needless mortality

- Reduce **sepsis** mortality by 50%
- Reduce **code blue** emergencies outside of the ICU by 50%

Achieve "perfect care" of 95%

- Core Measure sets – **all** diagnoses/bundles
- **Medication Reconciliation**

Reduce needless harm

- Zero **hospital acquired infections (HAI)**
 - 100% **hand hygiene** compliance
- Zero **pressure ulcers**
- Zero patient **falls with injury**
- Reduce **Harm Across the Board** by 70%

Promote Population Health > top 10th

- Reduce **NTSV C-section** rate to 15%
- Medical Foundation Bold Goals to top 10th for select NCOA/HEDIS measures
 - **Screening:** Breast and colorectal
 - **Diabetes care** HbA1c < 8
 - **Generic** prescribing rate
 - **Childhood immunizations** (combo 10)

Ex: Lives Touched

Inpatient and MCMF Bold Goals



Bold Goal	MHS & *MCMG	LBMMC & CHLB	MCH	OCMMC	SMMC
Mortality	90	27	Not in measure set	21	42
HSMR (ratio) – Medicare only	<u>190</u>	<u>116</u>		<u>27</u>	<u>47</u>
Sepsis Mortality – full population	280	143		48	89
Perfect Care 95%	21,918	10,658	359	5,204	5,697
MI, HF, PN, SCIP, VTE, Stroke	<u>6,388</u>	<u>311</u>	<u>2,365</u>	<u>1,038</u>	<u>2,674</u>
Medication Reconciliation	28,306	10,969	2,724	6,242	8,371
Codes Outside ICU					
# RRT Calls last 12mo	1,667	1,024	37	437	169
Patient Safety					
Falls to Floor Med/Surg, HAPU	318	162	Not in measure set	91	65
Infection Reduction					
Central Lines, Cath-UTIs	134	31	60	9	34
MCMF Bold Goals	1,475				
Total Annualized Lives Touched based on CY2014 volumes (these indicators)	32,180	12,329	2,821	6,827	8,728

3. Precious Use of Resources

Mindset, Methods & Management System

LEAN WORKS!

- Focus on customer
- **P**roductivity, **L**ean, **U**talization & **C**are Model Redesign
- Culture shift:
 - *People, process and relationships*
- Breakthrough + CQI
 - *Scientific method*
 - *Experimentation*
 - *By Monday*
 - *Visibility, huddles*
- Taps into everyone's passion!
Joy @ work.

PLUC 



“ At the beginning of this process, I didn't want to change anything. But now I want to change everything! It makes my workload manageable ”
Allan David, Lean team member

Past the Tipping Point:

Lean Mindset

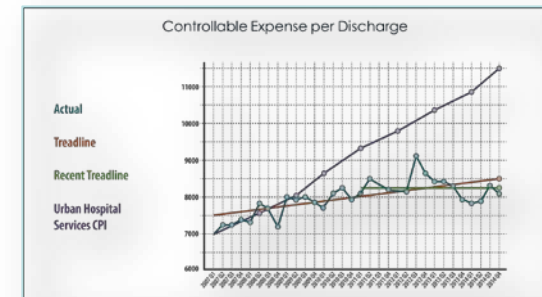
- Improvement Kata
- Coaching Kata

Lean Methods

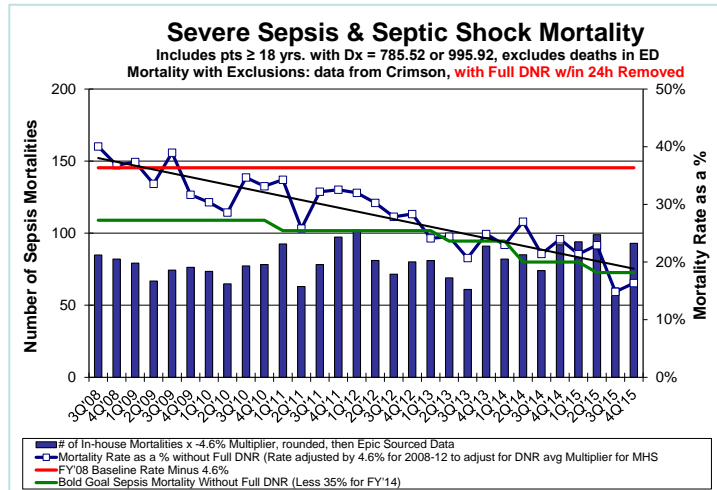
- 5S, Rapid Process Improvement (RPI) & Design (RPD)
- Lean Management System (LMS)

Lean Management System

- Visibility Boards
- Frequent Huddles

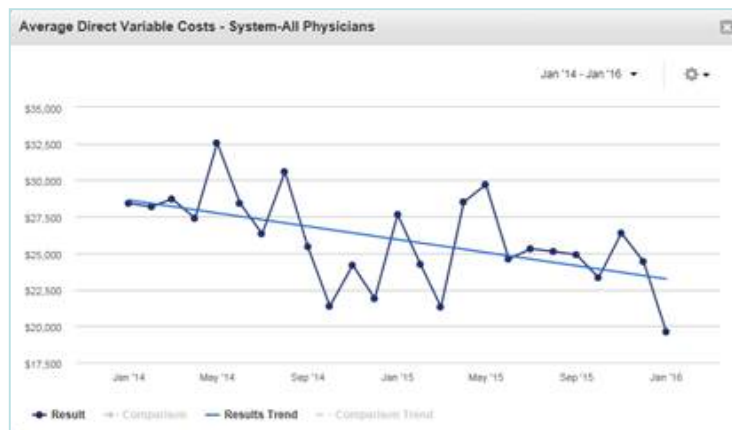


Ex: Clinical Lean Redesign Sepsis identification and care



SEPSIS BEST PRACTICE

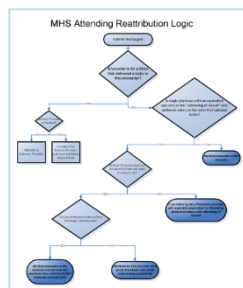
- Best Practice sharing / collaborative
- Standardized approaches & order sets – 3 hr, 6 hr, 24 hr
- Flow algorithms
- Data mart with daily reporting & follow-up
- Core Measure set



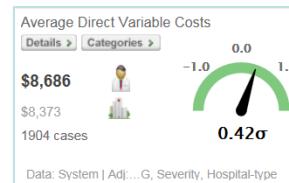
4. Leveraging BIG Data

Enabling access to help transform

DATA FOR LEARNING, NOT JUDGEMENT

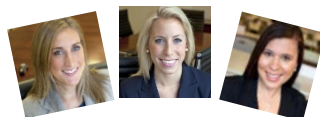


- “Power of the pen/click”
- Free the data
- Improved cost accounting model

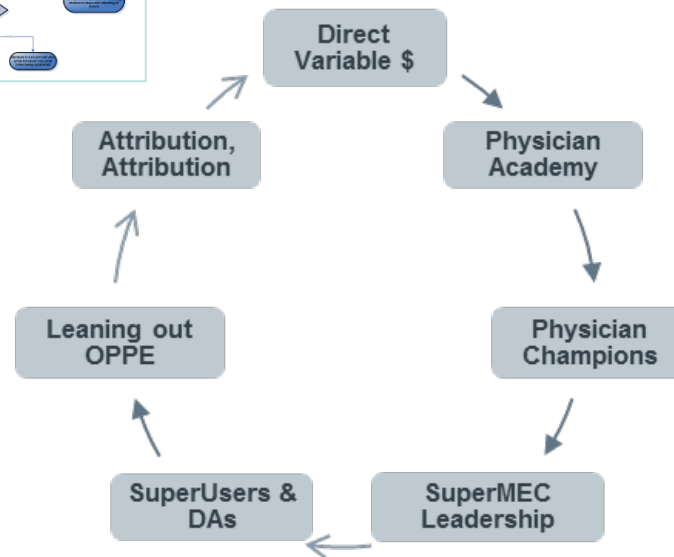


- We thought we “had this” ...
- SuperMEC call to action
- Voice of the customer
- System-wide EMR flow

- Leveraging electronic tools
- Lean standardization
- Separate log-ins
- Finally nailing OPPE!

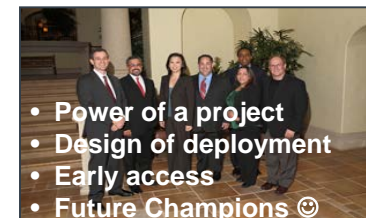


Thank you to
Laura, Sam and Nicole



- Quality Execs as Site Leads
- Growing # of dedicated SuperUsers
- Our Advisors are family!

- 5 MECs, 1 voice
- Experts, tips & ideas
- Sharing system-wide Best Practices
- Use cases



- Power of a project
- Design of deployment
- Early access
- Future Champions 😊

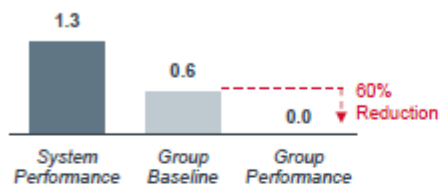
- ID'd early adopters
- Crimson Fellowship
- Mentoring, agents for change
- Crimson Steering



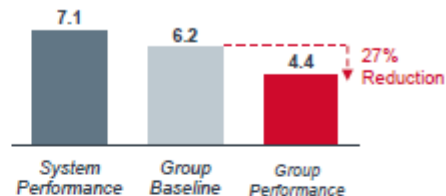
Ex: Care Redesign with Data

Colorectal use case

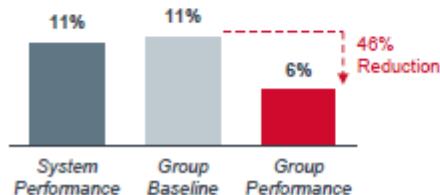
Mortality Observed: Expected Ratio



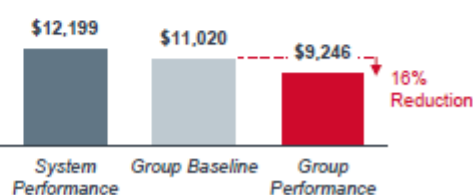
Length of Stay



30-Day Readmits (Excludes, Any APR-DRG)



Average Direct Variable Cost Per Case



COLORECTAL SURGERY

- Revised clinical pathway
 - Antimicrobial use
 - DVT prophylaxis
 - Early bowel function
- Results tracked in portal
- Proposal to Physician Society Board approved for system-wide dissemination
- Best Practice Team formed

5. Choose Wisely, ↓ Overdiagnosis

Understanding risk reduction vs harm

WE DO TOO MUCH

- Physician Society Campaign 2013→2016
- Advocacy
- Education
- Choosing Wisely
- ARR vs RRR, NNTB



An initiative of the ABIM Foundation

Wisely Choosing Wisely
Segmenting Response

Firing "Well"

Not Firing at All

Firing Too Much

Firing But to Only a Few Physicians

Example:	Mortality in Control Group = 4%	Mortality in Treatment Group = 1%
RRR: Relative Risk Reduction – the relative reduction in adverse outcome with a given treatment	$(4\% - 1\%) \div 4\%$	RRR = 75%
ARR: The absolute reduction in likelihood of the adverse outcome	$(4\% - 1\%)$	ARR = 3%
NNTB: How many patients you have to treat to achieve the desired outcome or benefit?	$1 \div \text{ARR} = 1 \div 0.03 =$	NNTB = 33.3

Ex: Wisely Choosing Wisely

Going slow to go fast

BestPractice Advisory - Teenager,Mark F

▼ Choosing Wisely (1 Advisory)

A Choosing Wisely[®] recommendation from the [American Academy of Family Physicians](#) states:

Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.^{1,2,3,4,5,6}

This recommendation is not a substitute for clinical judgment. Any trademarks identified are owned by their respective owners and used solely for reference purposes and do not imply an endorsement by such owners of the Stanson alerts. This intervention was independently developed and funded by Stanson Health, LLC and is licensed for use in an electronic health record by Stanson Health System. Initial creation date: 4/4/2012; last updated: May 2014.

Additional societies make similar recommendations - please see hyperlinks below for more information:
[Choosing Wisely: American Academy of Pediatrics](#)
[Choosing Wisely: American Academy of Allergy, Asthma & Immunology](#)

Acknowledge reason:

[Return to Order Entry to remove or pend orders](#)

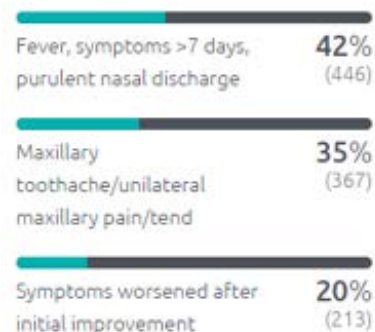
CHOOSING WISELY

- Broad education
- Ambulatory
 - Antibiotics for sinusitis
 - Cervical cancer screening > 60yo
 - Carotid artery stenosis screening
 - Dexa scan, female
 - Imaging for low back pain
 - HPV DNA
 - Pap Smears - < 21, 30-65,
 - **96 orders changed in pilot, spreading**
- Analytics → segmentation
- Inpatient launch Apr' 16

Primum non nocere

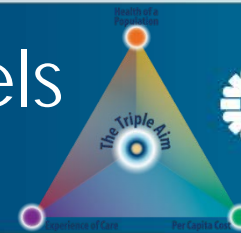


overrides (1059 total)



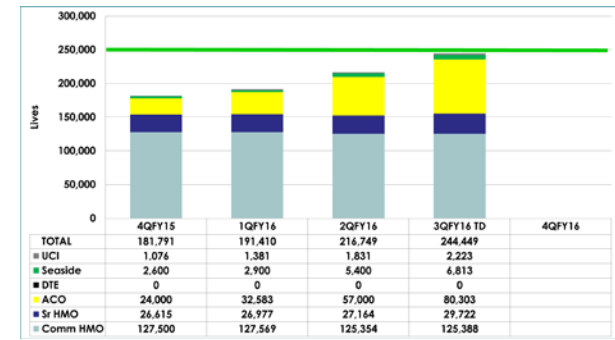
6. Alternative Payment Models

Big Dot: Triple AIM

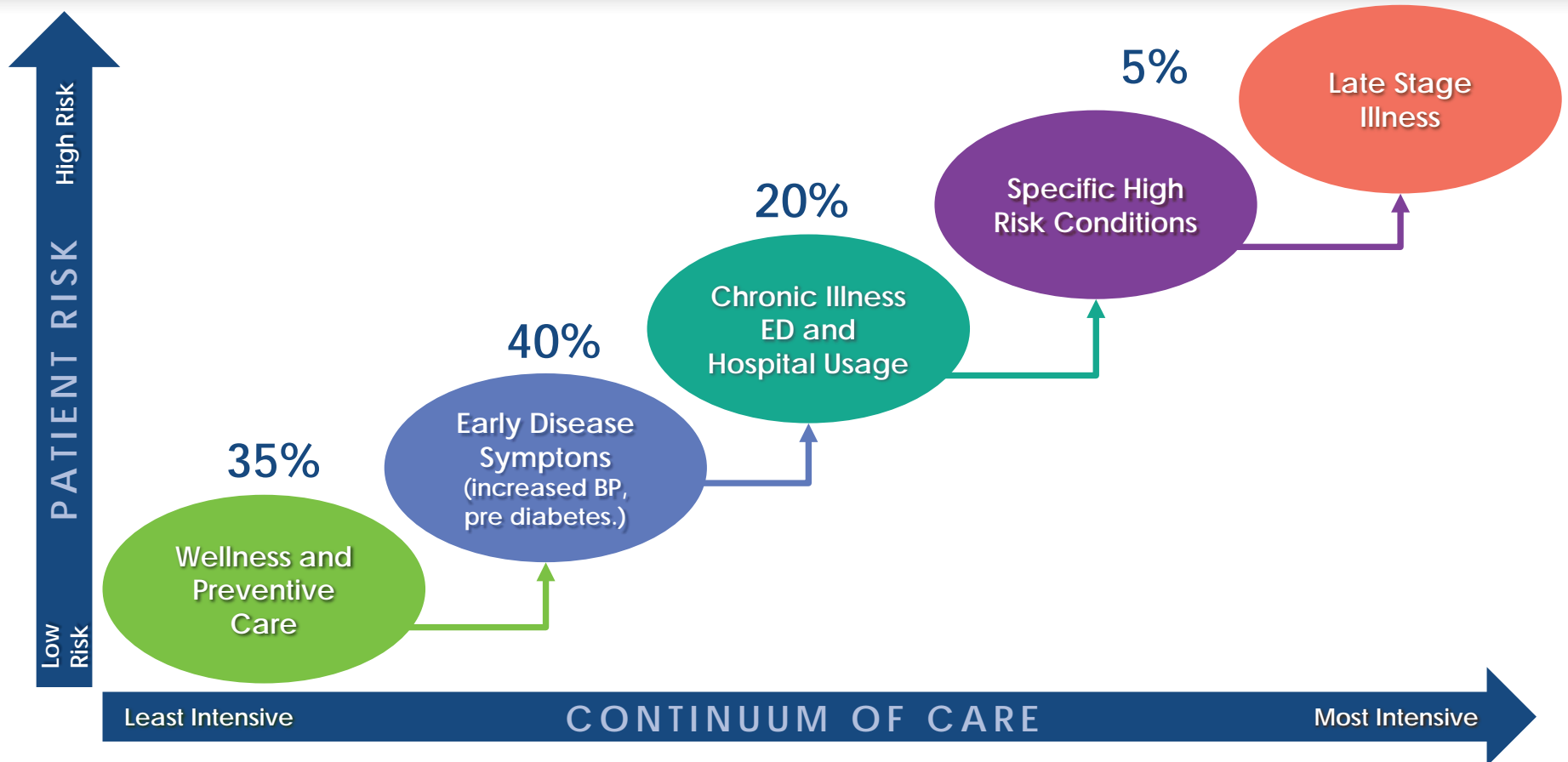


POPULATION HEALTH TEST BED

- Deep Dive roadmap
- Innovating with commercial ACOs, health plan (duals), BPCI
 - Rapid expansion
 - Health Plan ACOs
 - **Vivify** offered by **Anthem** BlueCross
 - CMMI Bundled Payment
 - CMMI NextGen ACO
 - Direct to Employer
- Innovation Center, Value Stream
 - Accountable Care Delivery Model



Customized Care Management Approach



Wellness & Prevention

Health Coaching
Preventive Screenings
Vaccination Outreach

Disease Management

Risk Stratification
COPD – CHF - Diabetes

Hospital Care

24/7 Hospitalists
HBAT (Hospital Based Admitting Team)
Discharge Clinic

High Risk

Virtual Case Conference
Complex Case Management

Late Stage

Palliative Care
Hospice

Ex: Appropriate Care

Tying it all back to the Triple Aim

MORTALITY

↓ Ratio by
0.27 to
0.72

*For observed vs
expected in-hospital
mortality ratio*

ER VISITS

↓ to
14.4/1,000

*For Commercial lives,
Medical Group.
Comparative: 40/K*

% 9s/10s

↑ to CMS
top 25th
percentile

*For Overall Rating
of Hospital Experience*

OUTCOMES

89-95%

*For Anthem PPO ACO
– cholesterol, URI,
vaccination rates.
Comparative: 86%*

READMITS

↓ to 8.1%* -
11.5%**

**Commercial,
**Seniors.
Comparative: 15-16%*

RATINGS

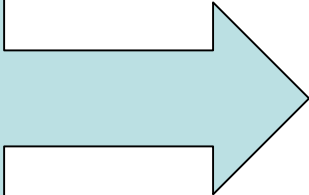
↑ to IHA
top 10th
percentile

*For Overall Rating of
Doctor, Medical Group*

Thank you!

Final thought:

“This work takes vision, clinical leadership and great partnerships. It’s about Will, Ideas & Execution. Please leave your ego at the door...”



- Helen Macfie, Pharm.D.
 - Hmacfie@memorialcare.org