# Population Health Management: Banner Health Network's Perspective



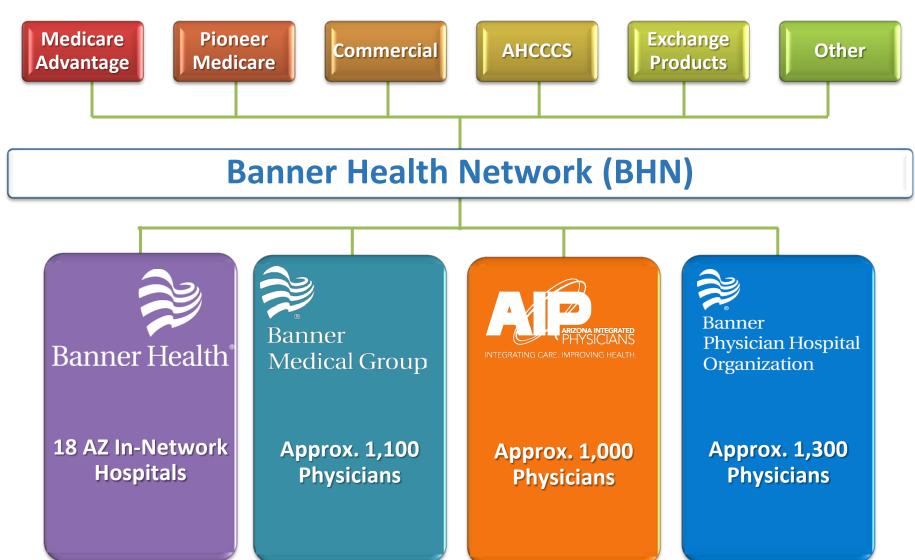




- 29 Acute Care Hospitals
- Banner Health Network with 400K lives in risk arrangements
- Banner Medical Group –
   1400 providers
- Banner University Medical Group – 800 providers
- Specialty Hospitals Heart, Children's and Behavioral
- Partnership with University of Texas MD Anderson Cancer Center
- Outpatient Surgery
- Medical Education
- \$5.4 billion in revenue, 2014
- Acquisition of University of Arizona Health Network in 2015



# **PROVIDERS AND CARE SERVICES**





# **BANNER HEALTH NETWORK VISION**

To be the health system of choice in markets we serve for those that entrust their health and wellbeing to us.

Arizona Integrated Physicians

Banner Physician Hospital Organization

**Banner Medical Group** 

**Banner Health** 



BHN Members

#### **Triple Aim Goals:**

- Improving the patient experience of care
- 2. Improving the health of populations
- 3. Reducing the per capita cost of healthcare



# VALUE PROPOSITION IN AN ACO -TYPE MODEL

#### Expense reduction

Revenue generation

Decrease unit cost



Decrease utilization



Increase new membership

# Delivery Efficiency (service/care)

- All care team members practicing at the top of their license
- Streamlined work flow
- Process automation
- Decrease the cost of delivering a service (i.e. hospital bed day)

# Appropriate Utilization (level/type)

- Population health risk management strategies
- Care coordination and navigation
- Evidence based medicine
- Fraud and abuse mitigation

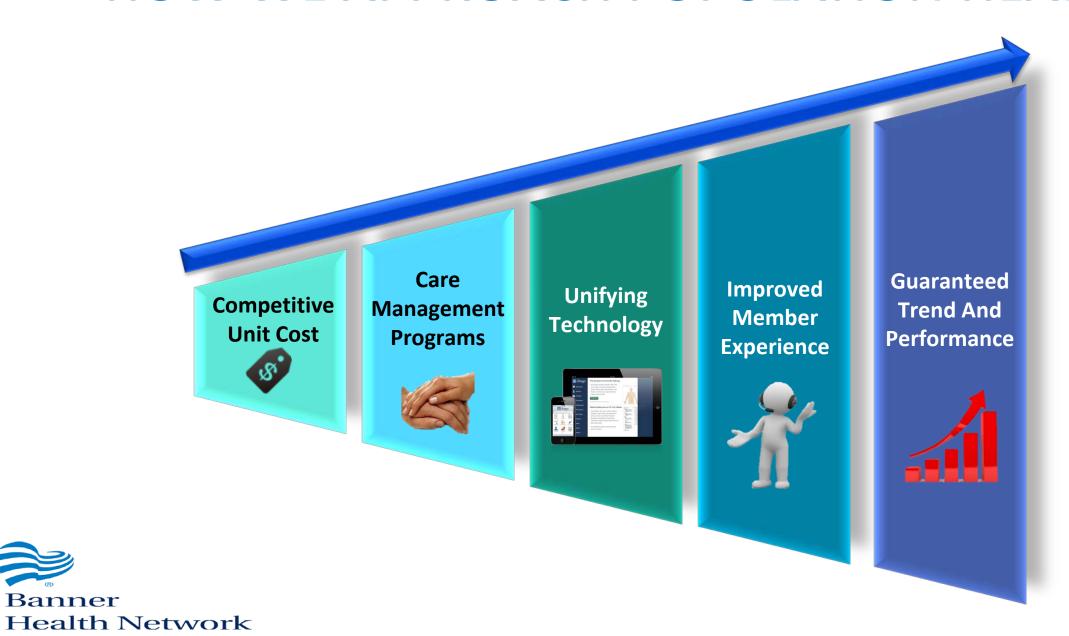
#### New Business Revenue

- Shared Savings, Care Coordination, Risk and Joint Venture arrangements with payers
- Specialty focus care delivery programs/ models with bundle payments

... while increasing quality and member experience



# HOW WE APPROACH POPULATION HEALTH



Banner

# **FOUR FOUNDATIONAL ELEMENTS – THE HOW**

# **Banner Health Network**



Care Management



Air Traffic Control Real time monitoring



Actionable Data Analytics



Seamless transitions of care

Banner Health Integrated Care Delivery Model

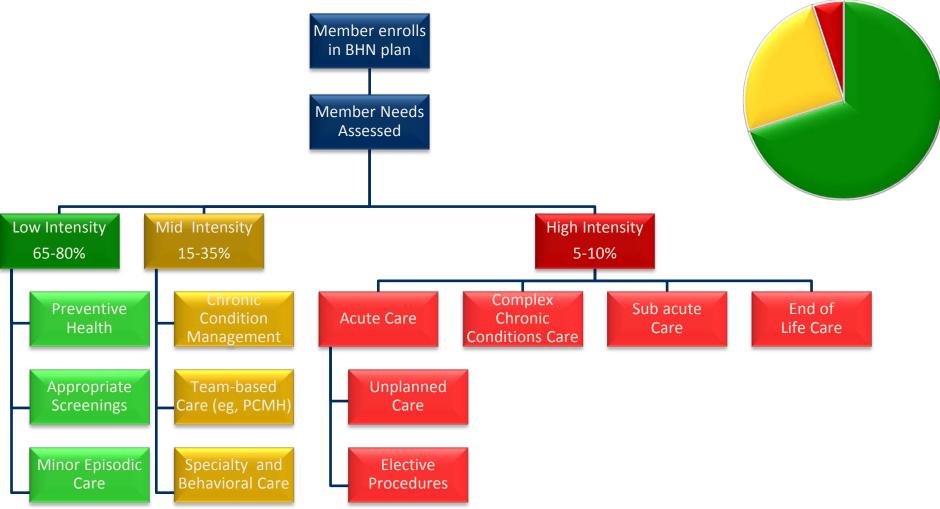


### FROM RAW DATA TO MEANINGFUL ACTIONS

**Data Collection & Aggregation Point of Care Clinical & Decision Support Tools Member and Provider Engagement Tools** Clinical Quality, Utilization, & Cost Reporting **Correlational & Predictive Analytics** 



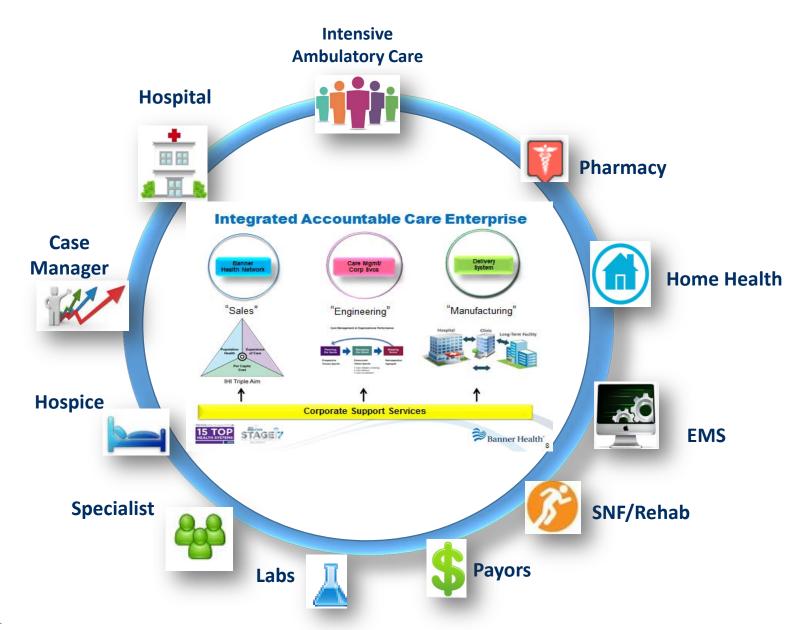
# HEALTH MANAGEMENT MODEL





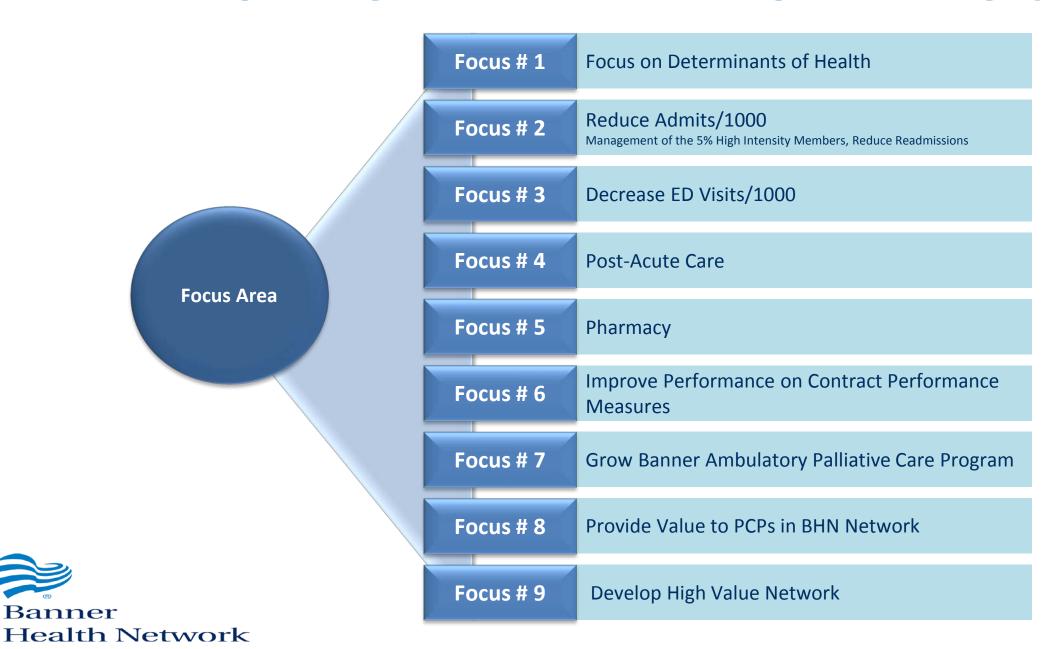


# **CONTINUUM MANAGEMENT**



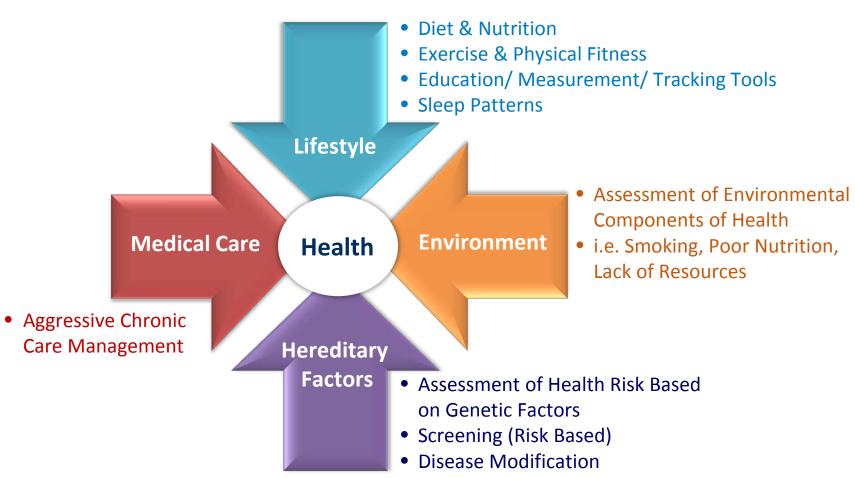


# **IMPROVING HEALTH AND LOWERING COSTS**



# **#1 FOCUS**

# **UNDERSTAND & PRIORITIZE NEEDS OF THE POPULATION**



# MEMBER EXPERIENCE CENTER

Medical Advice & Follow Up

eVisit

PCP Appointment

**Urgent Care ER** 



BHN Member



Member Experience Center

New Member On-Boarding

Care Gap
Closure

Connection to Care Management Programs

Manage Care Transitions



# TARGET HIGH INTENSITY MEMBERS' WITH TELEHEALTH

27% reduction in cost of care

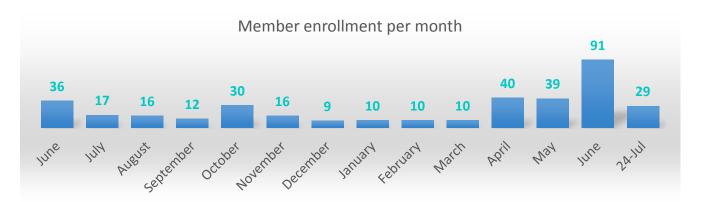
32% reduction in acute and long term care costs

45% reduction in hospitalizations

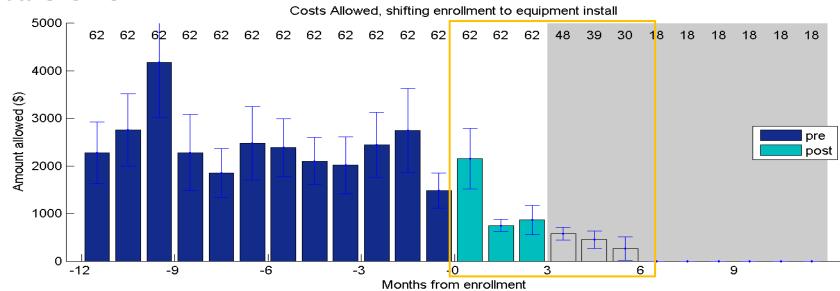


# ICARE – HOME BASED TELEHEALTH - 460

# **Enrollment in iCare – Goal 500 members**



#### iCare Data Overview

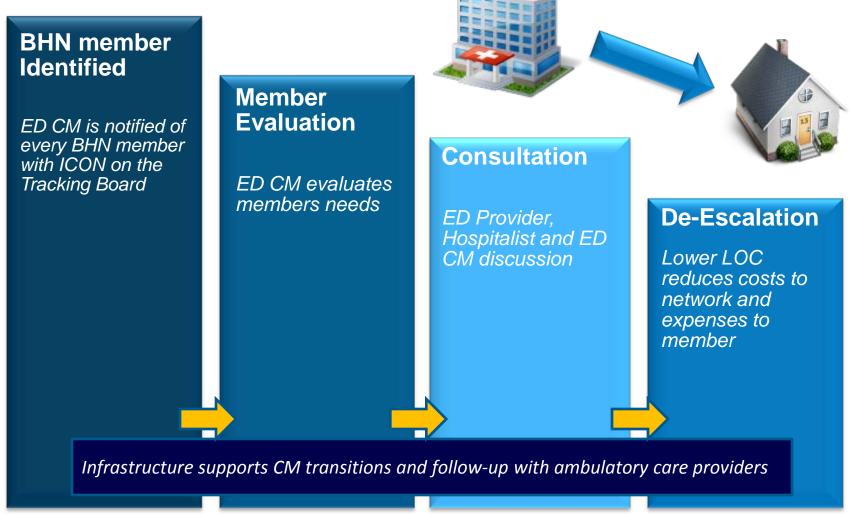




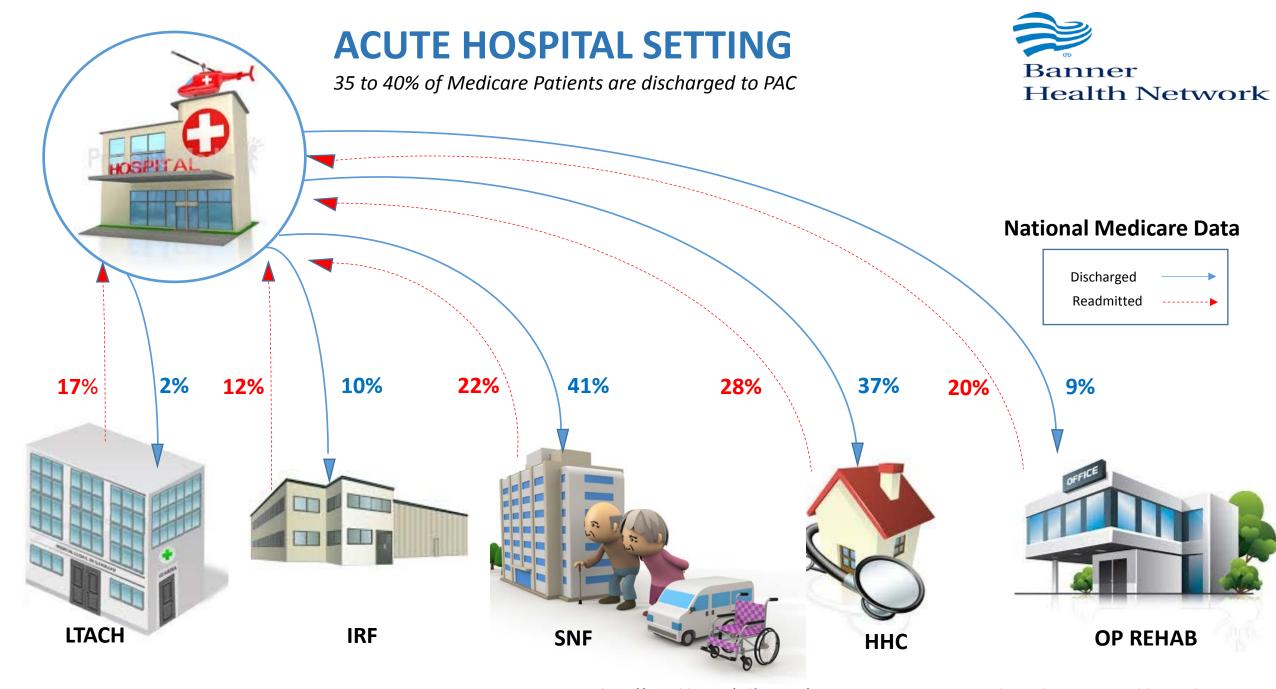
**IAC Period** 



# DE-ESCALATE HIGH COST CARE SETTINGS....







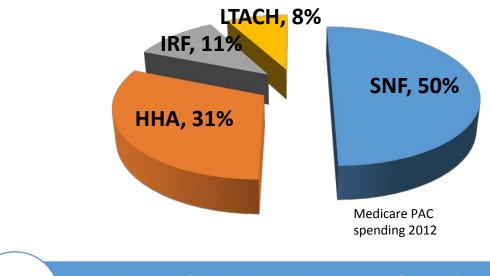


#### PAC BY THE NUMBERS

- PAC costs 20 to 25% of the total medical expense for a Medicare beneficiary.
- PAC spending, with annual growth in the last decade is outpacing other service categories by 50% or more.
- ☐ It now accounts for a significant portion of overall Medicare expenditures.
- □ \$65 Billion Annually!



# PERCENT SPENDING BY MEDICARE ON PAC SERVICE



Up to 40%

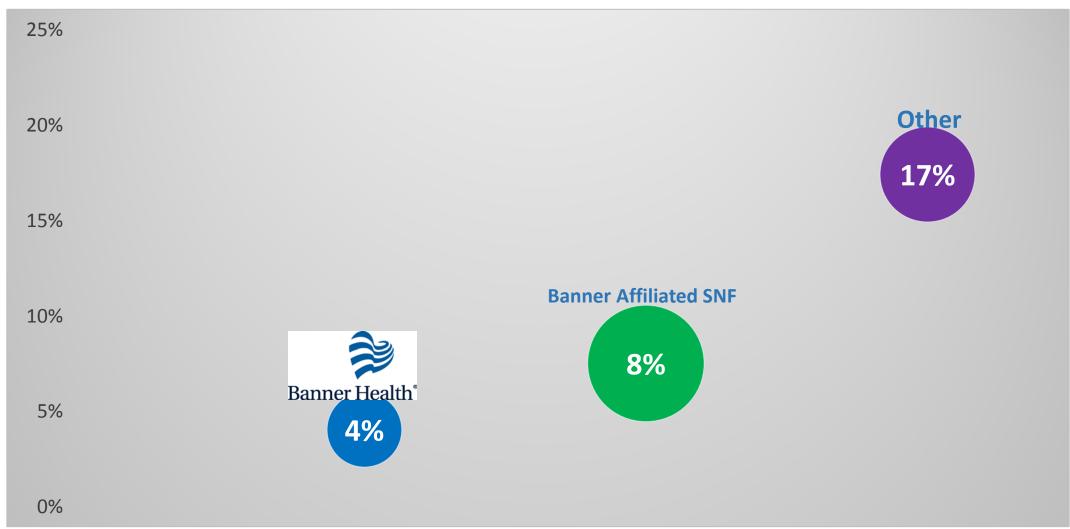
Overutilization of SNF days (the largest piece of the pie). 25% of SNF admits could go home

\$10 Billion

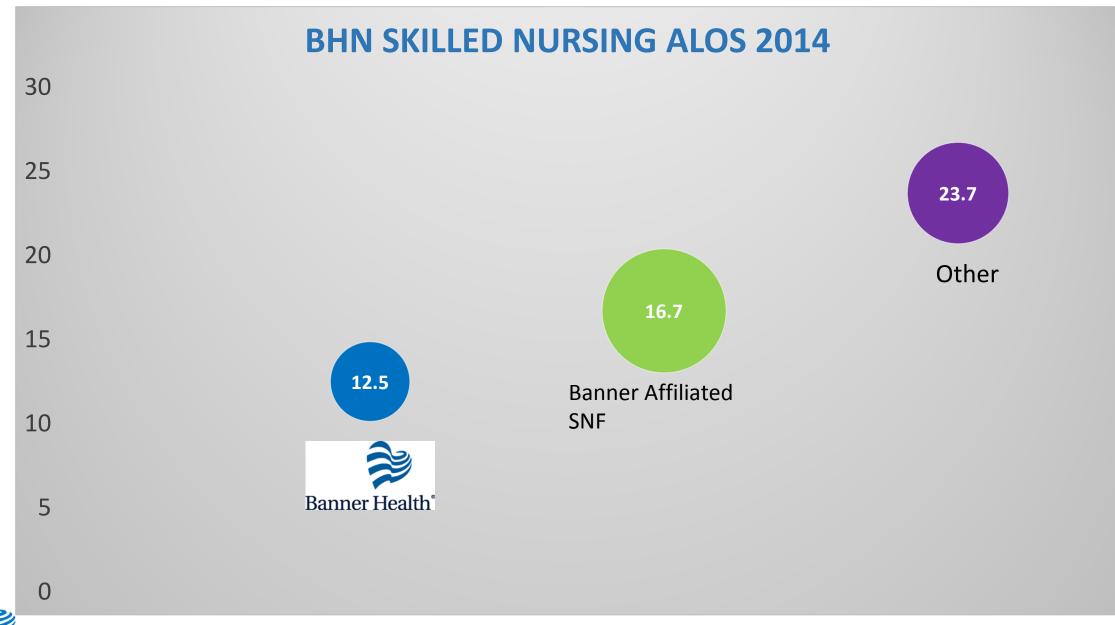
Amount that could be saved by Medicare annually if patients utilized the appropriate PAC setting

Over 8% The rate at which Medicare spending for SNF, LTC, and Homecare grew annually from 2001 -2012

# BHN & ACO SKILLED NURSING READMISSION RATES





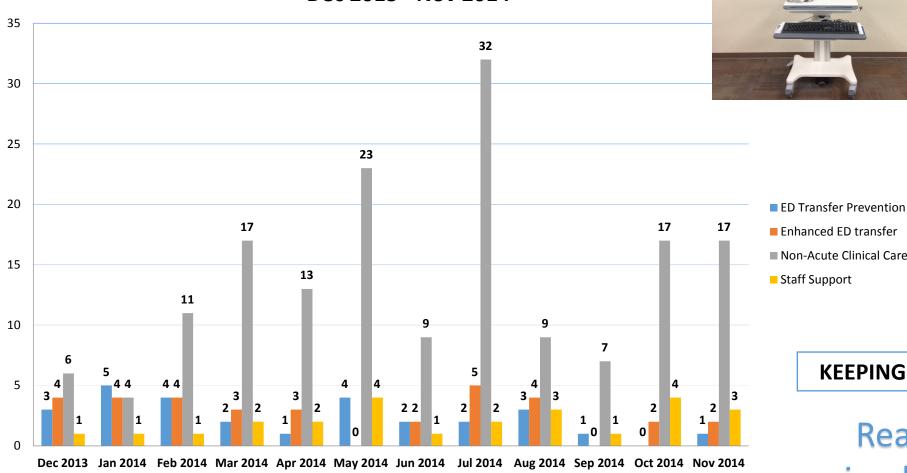






# **TELE-SNF**

**Boswell Rehabilitation Center Utilization** Dec 2013 - Nov 2014





■ Enhanced ED transfer

■ Non-Acute Clinical Care

Staff Support

#### **KEEPING HEADS IN BEDS!**

Ready to be implemented in Affiliated SNF's





# COMPARISON OF OUR SNF PBPM COST VS ALL OTHER PIONEER ACOS 2014 Q2





# **QUESTIONS?**



