

TRANSPARENCY: A Force for Engagement

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Senior Vice President, University of Utah Health Sciences CEO, University of Utah Health Care Dean, University of Utah School of Medicine









CLINICS

PHYSICIANS

1,2M+patient visits

COLLEGES

School of Medicine College of Nursing College of Pharmacy School of Dentistry College of Health

\$257.7m

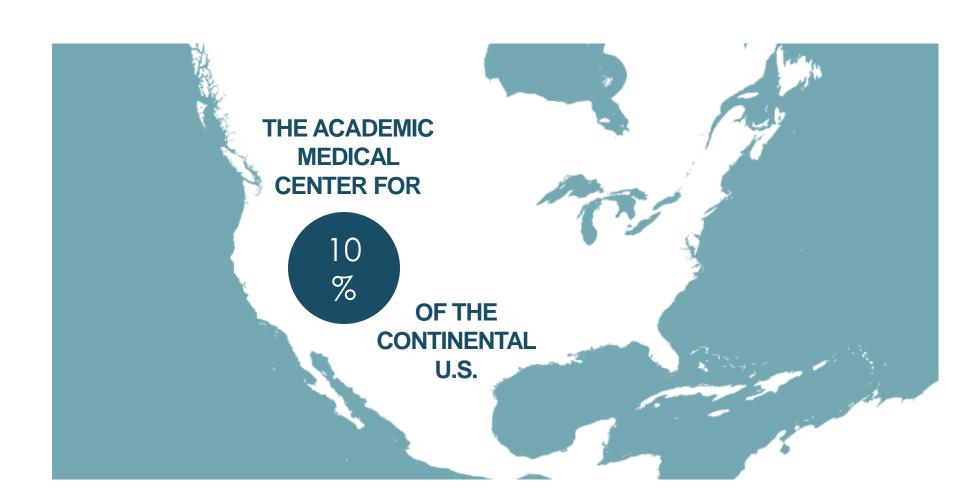
677 RESEARCH **GRANTS**

\$2.4b **ANNUAL BUDGET**

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Who We Serve





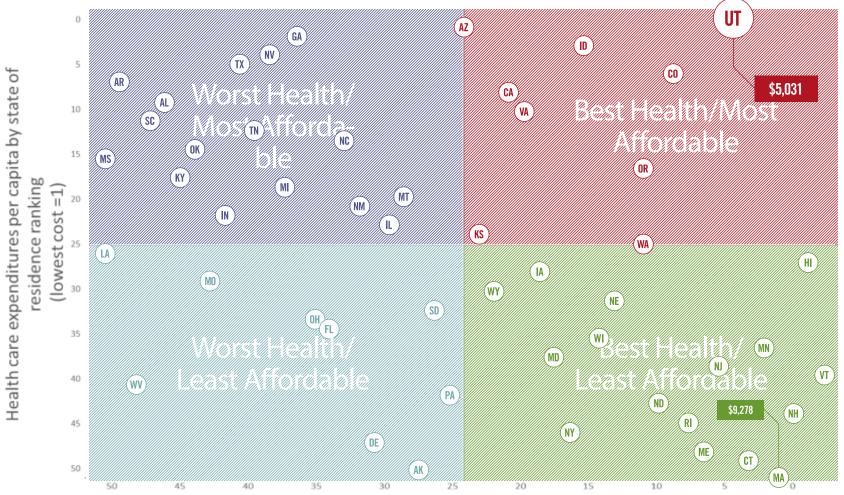
Who We Serve





The Sweet Spot

State Rankings of Healthiness v. Cost 2013

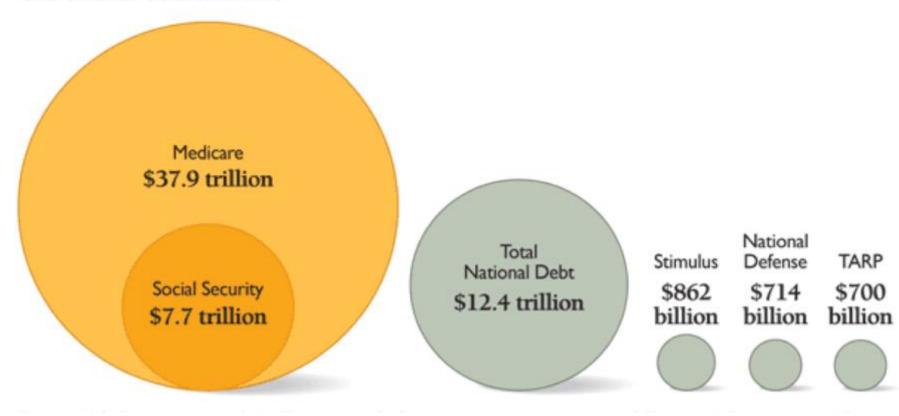


Health Ranking (healthiest = 1)



Future Obligations

UNFUNDED OBLIGATIONS

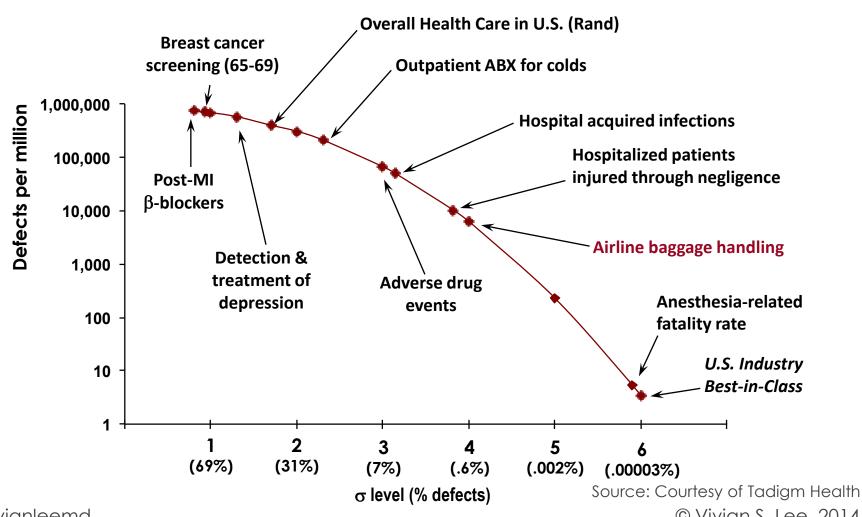


Source: U.S. Department of the Treasury, U.S. Government Accountability Office, and Congressional Budget Office

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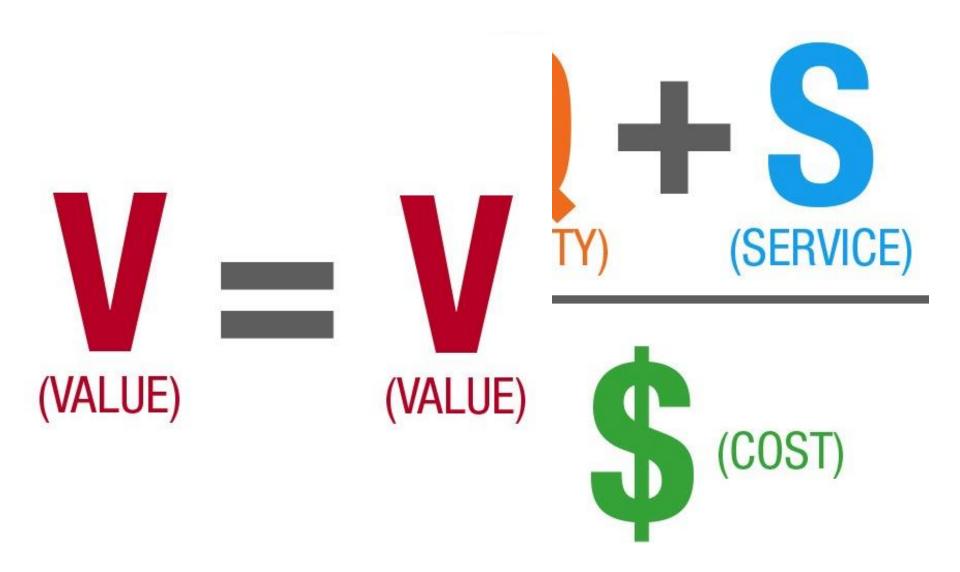


Quality Defects





The Transformation





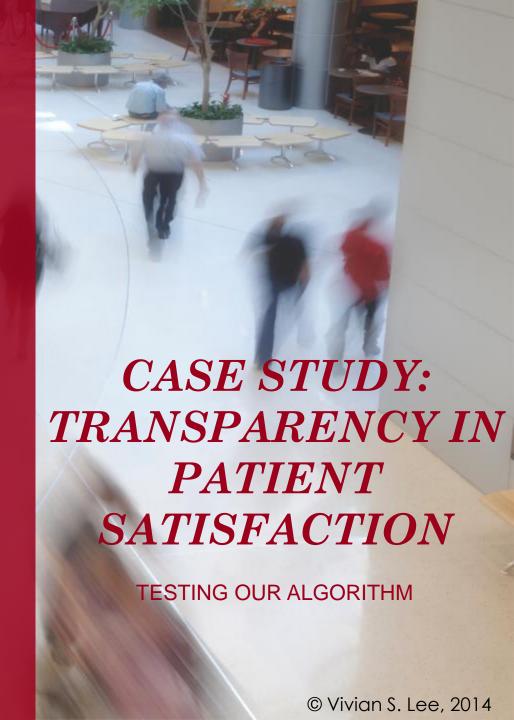


THE SYSTEM?

An algorithm for change

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Identify and Communicate SOLVABLE PROBLEMS



Poor patient satisfaction: The easiest thing to fix

University of Utah Health Care post unfiltered patient comments online

December 19, 2012 | By Karen Cheung-Larivee

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COMMUNICATE

the need for change

DEVELOP

your teams

ESTABLISH

metrics

ENGAGE

physicians staff and trainees

EMPOWER

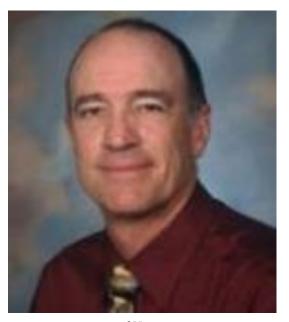
front-lines

NURTURE

Team COLLABORATION



Brian Gresh Senior Director of Interactive Marketing and Web



Tom Miller, M.D.
Chief Medical
Officer



Chrissy Daniels
Director of
Strategic
Initiatives

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How We MEASURE SATISFACTION

CARE PROVIDER	Very Poor	Poor 2	Fair 3	Good 4	Very Good 5			
During your visit, your care was provided primarily by a doctor, physician assistant (pa), nurse practitioner (np), or midwife. Please answer the following questions with that health care provider in mind.								
1) Friendliness/courtesy of the care provider	0	0	0	0	0			
Explanations the care provider gave you about your problem or condition	0	0	0	0	0			
 Concern the care provider showed for your questions or worries 	0	0	0	0	0			
 Care provider's efforts to include you in decisions about your treatment 	0	0	0	0	0			
Information the care provider gave you about medications (if any)	0	0	0	0	0			
Instructions the care provider gave you about follow- up care (if any)	0	0	0	0	0			
 Degree to which care provider talked with you using words you could understand 	0	0	0	0	0			
8) Amount of time the care provider spent with you	0	0	0	0	0			
9) Your confidence in this care provider	0	0	0	0	0			
 Likelihood of your recommending this care provider to others 	0	0	0	0	0			
11) Comments (describe good or bad experience)								

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How We DEFINE METRICS

FY14 Patient Satisfaction Scorecard - Entity Composite



**Current QTD: 10/01/13 - 11/13/13 All scores based on RECEIVED DATE

	Executive	Medical Director	FY12 %tile	FY13 %tile	FY14%tile GOAL	Q1 FY14 %tile	Oct '13 %tile	Current QTD %tile	Current QTD n
Overall	David Entwistle	Sean Mulvihill, MD	65	71	80	72	71	76	4448
UH - 55%	Quinn McKenna	Tom Miller, MD	59	63	79	64	62	63	2861
Inpatient (60%) Recommend-HCAHPS	Quinn McKenna	Tom Miller, MD	68	63	80	63	54	53	435
Outpatient (30%)	Dan Lundergan	Tom Miller, MD	50	68	80	72	72	74	2220
Emergency (5%)	Margaret Pearce	Christy Hopkins, MD	15	43	70	44	81	84	122
Ambulatory Surgery (5%)	Margaret Pearce	Tom Miller, MD	57	59	70	52	79	87	84
UNI - 10%	Ross VanVranken	Michael Lowrey, MD	96	93	90	94	98	98	431
Huntsman Cancer -15%	Ray Lynch	John Sweetenham, MD	93	98	90	97	97	97	953
Inpatient (50%) Recommend-HCAHPS	Sue Childress	Ward/Scaife/Harris/Boyer	99	99	90	97	99	99	121
Outpatient (50%)	Don Milligan	William Dunson, MD	87	96	90	96	95	95	832
UOC - 5%	Bart Adams	Charles Saltzman, MD	40	50	60	50	44	43	676
Inpatient (30%)	bart riosins	charles sangmany mio	72	76	80	66	60	53	98
UUOC Inpatient: Recommend-HCAHPS	Janiel Quinn	Patrick Greis, MD	97	95	90	97	96	86	12
OTSS Inpatient: Recommend-HCAHPS	Lance Littledike	Chris Pelt, MD	69	73	78	64	55	48	86
Outpatient (55%)	Rvan Vanderwerff	Patrick Greis, MD	18	28	60	28	47	49	397
Orthopaedic Surgery (80%)	- Injurior Constitution	T deliver diverse into			60	30	53	51	518
Physical Medicine & Rehab (20%)					60	20	25	43	58
Ambulatory Surgery (15%)	Janiel Quinn	Patrick Greis, MD	35	76	90	97	1	1	2
Moran Vision Services - 5%	Wayne Imbrescia	Randall Olson, MD	54	68	74	53	49	49	1243
Community Clinics - 10%	Wayne Imbrescia	Susan Terry, MD	38	68	78	72	78	76	2674

Column Key:
11th%tile or more below goal
Within 10th%tile of goal
Met goal OR 90th%tile and above

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How We Engage Faculty by

SHARING DATA

	National Rank			
MD - Cardiology	2011	2012	2013	
Care Provider Section	29	63	81	
Friendliness/courtesy of CP	28	59	76	
CP explanations of prob/condition	29	67	80	
CP concern for questions/worries	31	63	80	
CP efforts to include in decisions	29	67	84	
CP information about medications	28	62	74	
CP instructions for follow-up care	24	52	68	
CP spoke using clear language	29	59	76	
Time CP spent with patient	21	55	72	
Patients' confidence in CP	40	73	92	
Likelihood of recommending CP	34	61	88	

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Feedback and Recognition

REINFORCE ENGAGEMENT & CHANGE



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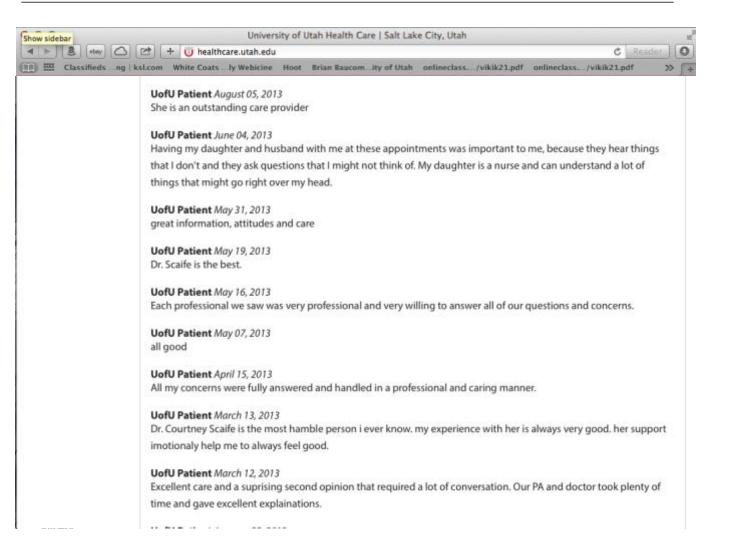
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How We SHARE DATA WITH CONSUMERS



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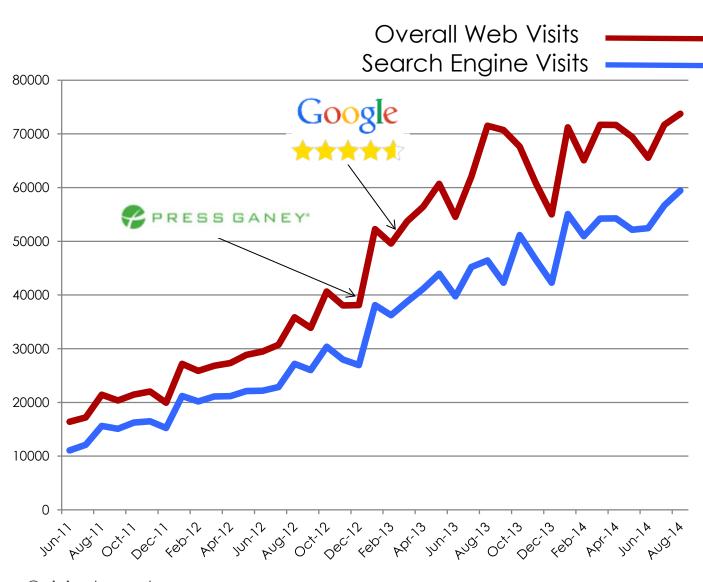
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The Online Benefits OF TRANSPARENCY



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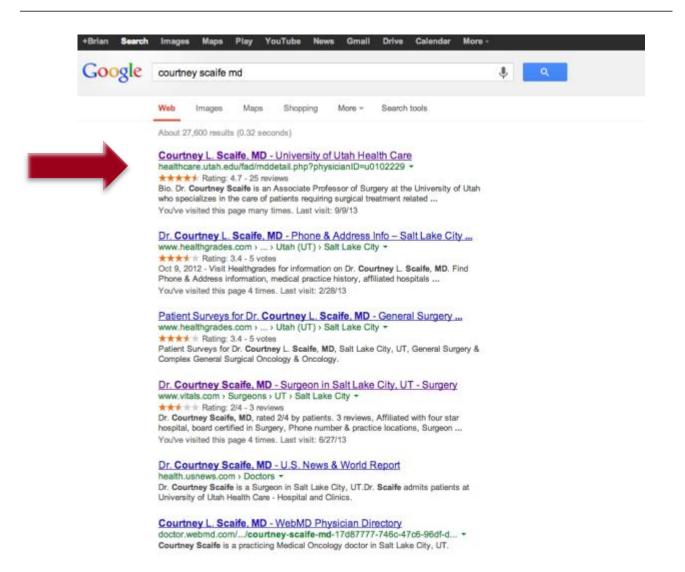
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The Online Benefits OF TRANSPARENCY



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Taking Ownership OF ONLINE PROFILES

		(healthgrades)	vitals	UCompare HealthCare	RateMDs
# of profiles out of 100	100	98	91	86	81
Avg # Reviews/ Surveys per profile	214.6	5.7	6.4	4.3	3.1
Avg # Comments per profile	75.5	0	2.4	0.2	0.6
Avg Rating	4.7	4.2	3.5	4.3	3.1
	****	****		***	***

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How Patients Value ONLINE PROFILES

2. What caused you to visit this physician's profile web page?

Sample Comments

I am a University provider wishing to contact the physician to communicate about a shared patient

I wanted to review my physician.

trrying to find a way to pay bil on line

In house professional referral

work at the U looking for new doctor

I wanted to submit a review of this physician.

search from insurance page on in network providers

Upcoming surgery with this physician

I was looking up Dr. Kendall for my mother in law, and checked out his ratings.

My daughter's OB/GYN

Did not like this Dr. and wanted to see what other patients thought.

I was looking for his address

My patient's request.

wanted to know read other patient's comments regarding this physician

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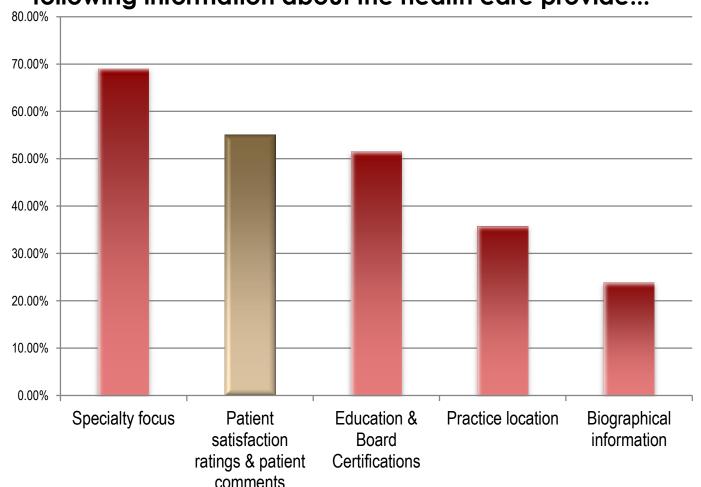
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How Patients Value

ONLINE PROFILES

3. On a scale of 1-5, please rate how important the following information about the health care provide...



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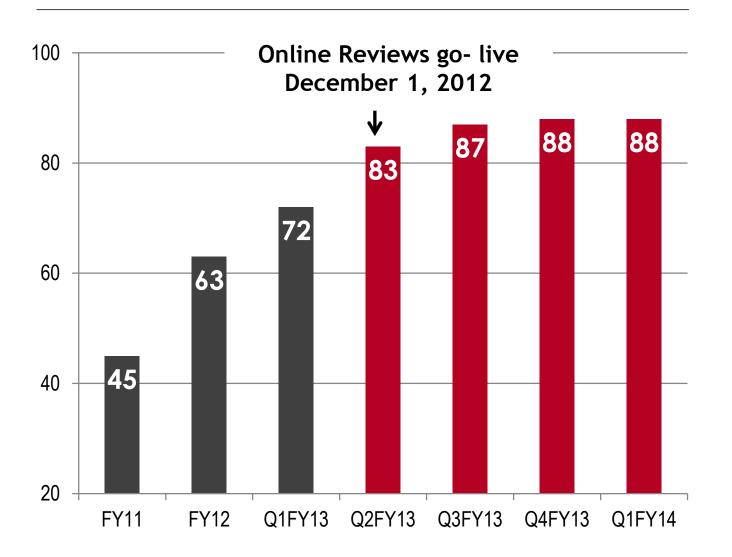
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Improving PATIENT SATISFACTION



Data collection: Press Ganey Medical Practice Survey, UHC Compare Group

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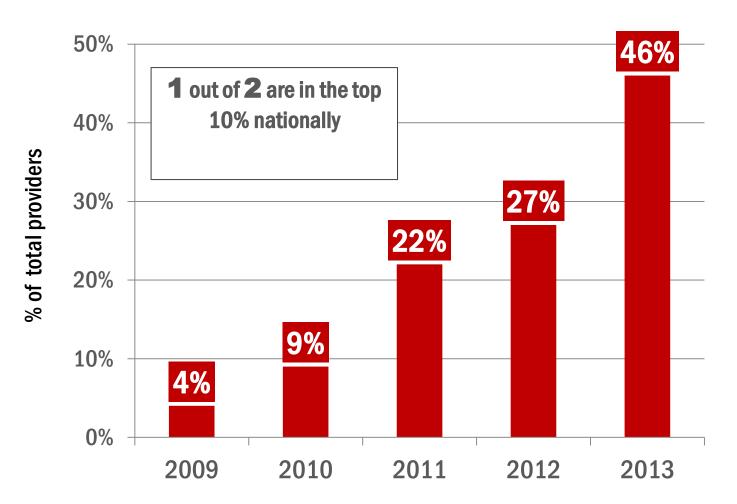
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Percentile of Providers

90TH %ILE OR ABOVE



Medical Practice Survey – providers must have n=30 returned in calendar year National Rank – compared against the Press Ganey National Database: 128,705 physicians

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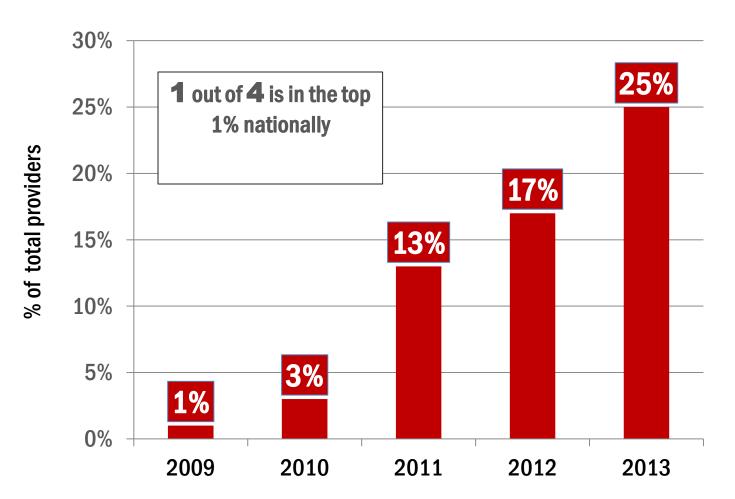
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Percentile of Providers

99TH %ILE OR ABOVE



Medical Practice Survey – providers must have n=30 returned in calendar year National Rank – compared against the Press Ganey National Database: 128,705 physicians

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Contributing To A NATIONWIDE SOLUTION



Engaging Doctors in the Health Care Revolution

by Thomas H. Lee and Toby Casgrove

MOTIVATION	HOW TO APPLY IT	EXAMPLE
To engage in a noble shared purpose	Appeal to the satisfaction of pursuing a common organizational goal.	The Cleveland Clinic reinforced its commitment to compassionate care by launching a same-day appointment policy.
To satisfy self-interest	Provide financial or other rewards for achieving targets.	At Geisinger Health System, 20% of endocrinologists' compensation is tied to goals such as improving control of patients' diabetes.
To earn respect	Leverage peer pressure to encourage desired performance.	Patients' ratings of University of Utah physicians are shared both internally and on public websites to drive improvements in patient experience.
To embrace tradition	Create standards to align behaviors, and make adherence a requirement for community membership.	At the Mayo Clinic, a strict dress code and communication rules signal the "Mayo way of doing things."

"The University of Utah was the first to go down this road...and patient care will be better for it." –

Thomas H. Lee, MD

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Wake Forest®
Baptist Medical Center







DukeMedicine





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CreateA FUTURE SOLUTION



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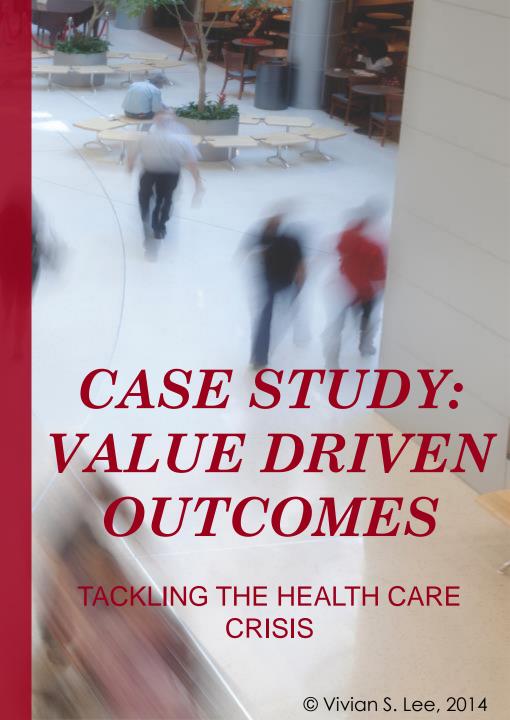
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Härvard Business Review

The Big Idea

THE STRATEGY THAT WILL FIX HEALTH CARE

PROVIDERS MUST LEAD THE WAY IN MAKING VALUE THE OVERARCHING GOAL BY MICHAEL E. PORTER AND THOMAS H. LEE



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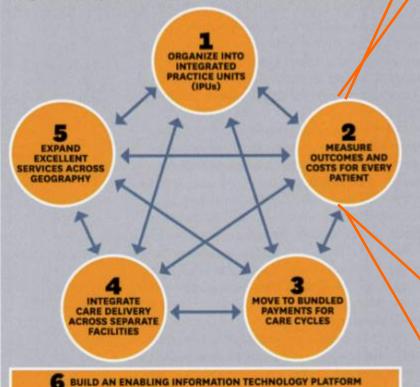
Härvard Business Review

Transform the system?

The Value Agenda

The strategic agenda for moving to a high-value health care delivery system has six components. They are interdependent and mutually reinforcing.

Progress will be greatest if multiple components are advanced together.



"Accurate costing also

"For a field in which high cost is an overarching problem, the absence of accurate cost information in health care is nothing short of astounding."

 Robert S. Kaplan and Michael E.
 Porter, "The Big Idea: How to Solve the Cost Crisis in Health Care", HBR, September 2011

Porter, "The Big Idea: How to Solve the Cost Crisis in Health Care", HBR, September 2011

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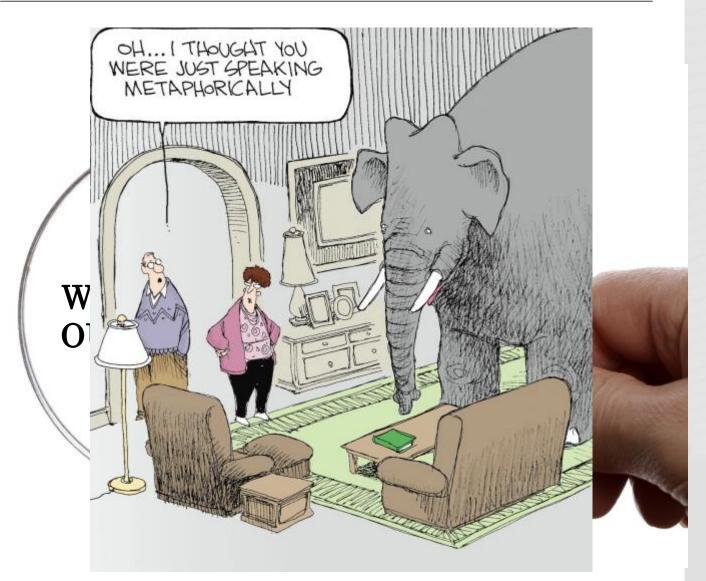
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Let's Talk About THE ELEPHANT



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How Can We Know Our Costs? START WITH SEQUESTRATION



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VDO VALUE DRIVEN OUTCOMES



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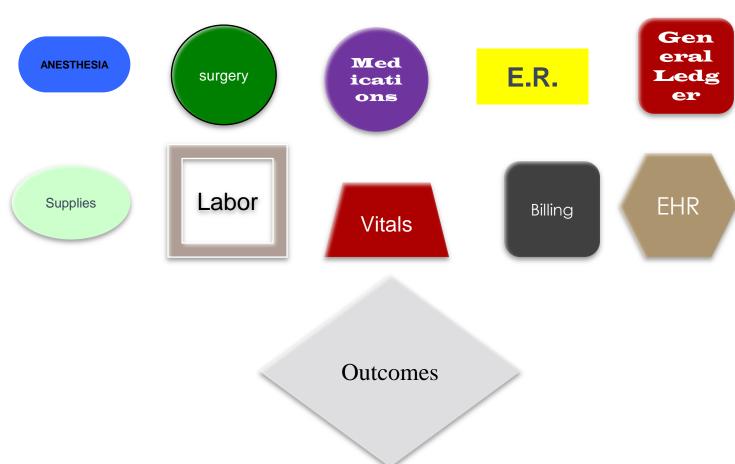
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VDO: Nuts and Bolts IDENTIFY AND GATHER DATA



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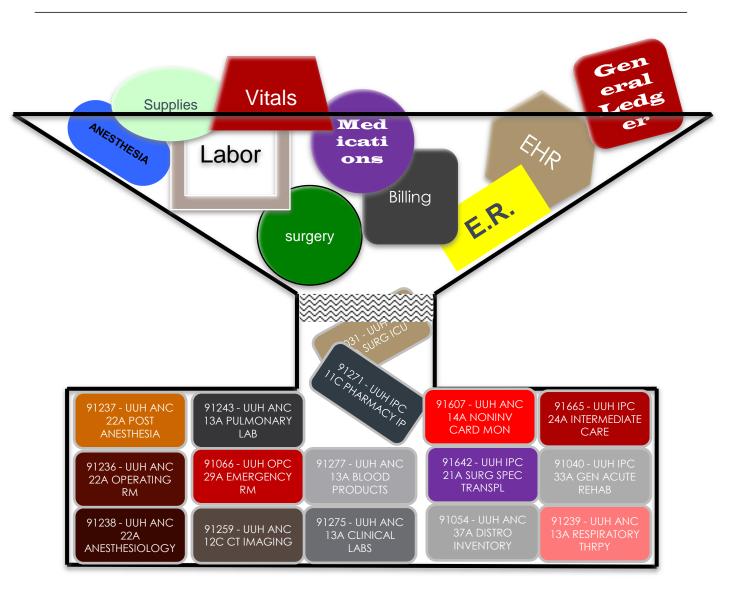
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VDO: Nuts and Bolts EXTRACT, LOAD AND TRANSLATE DATA



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VDO: Nuts and Bolts CATEGORIZE AND ALLOCATE EXPENSES

Laboratory Supply Pharmacy **Cost Type** Diagnostic Imaging Groupings Other **Operating Room** Utilization Accommodation

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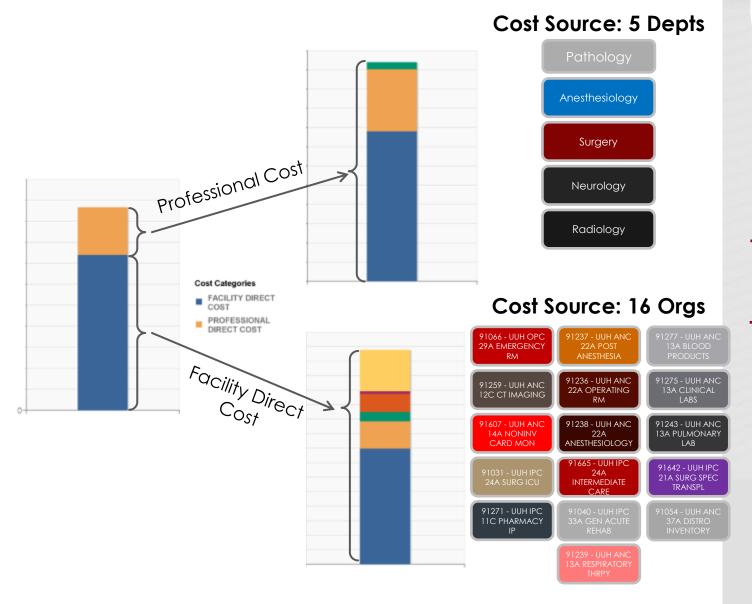
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Facility Cost Allocations

Emergency Appendectomy (47.01 Laparoscopic Appendectomy), 3.12 Clinical LOS



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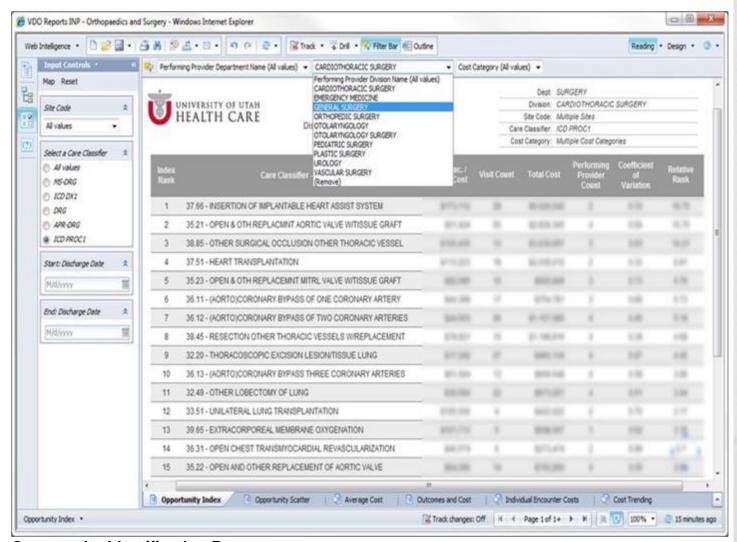
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Opportunity Identification Report: Kawamoto K et al. J Am Med Inform Assoc doi:10.1136/amiajnl-2013-002511

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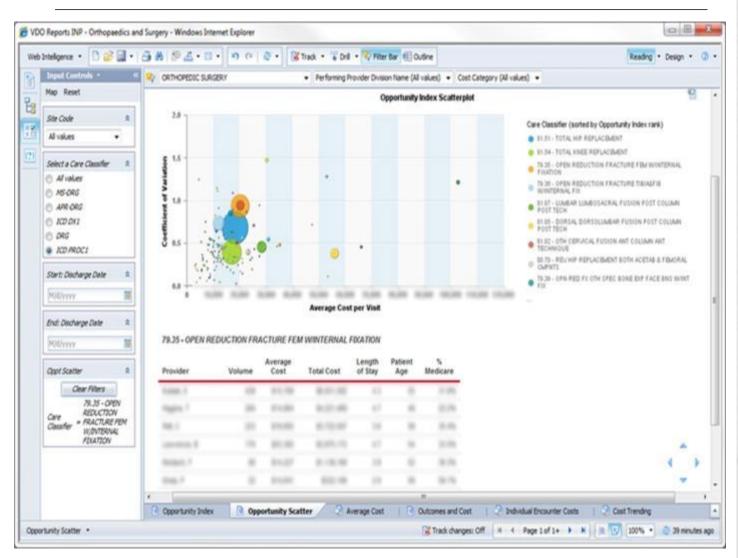
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Opportunity Index Scatterplot: Kawamoto K et al. J Am Med Inform Assoc doi:10.1136/amiajnl-2013-002511

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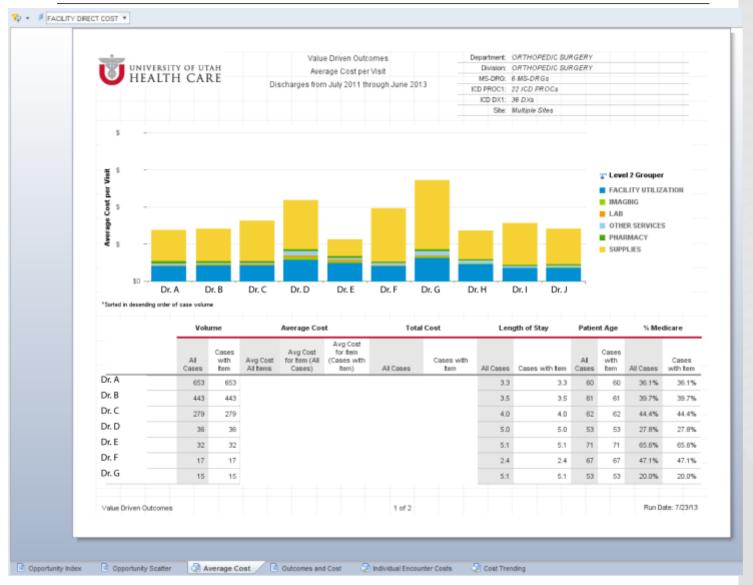
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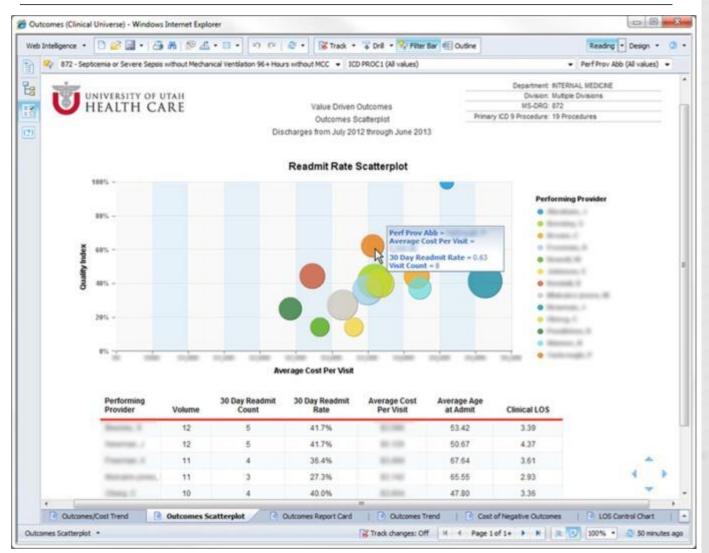
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Value Dashboard: Kawamoto K et al. J Am Med Inform Assoc doi:10.1136/amiajnl-2013-002511

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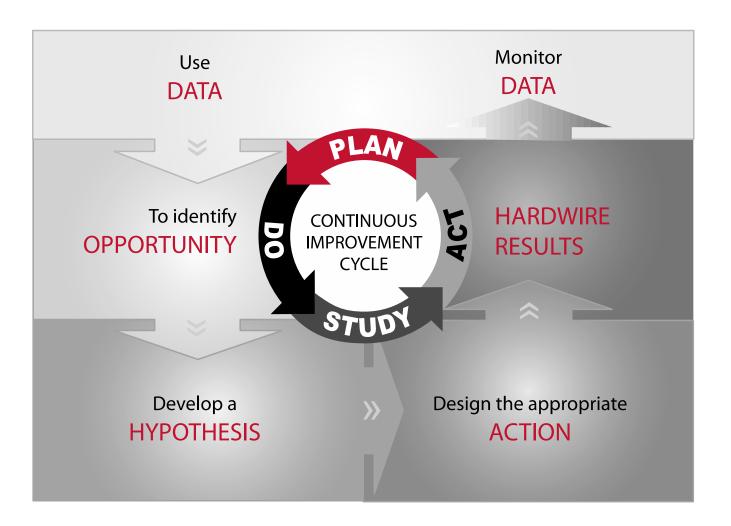
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Use Data to Create a LEAN PROCESS



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Engage Your FRONT LINES



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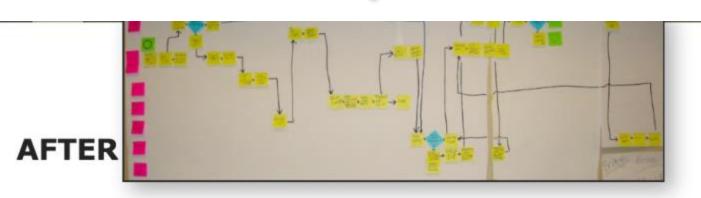
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Engage Everyone to REDESIGN SYSTEMS & PROCESSES

Mapping Current State







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Use DATA to Engage PROVIDERS TO BE PROBLEM-SOLVERS



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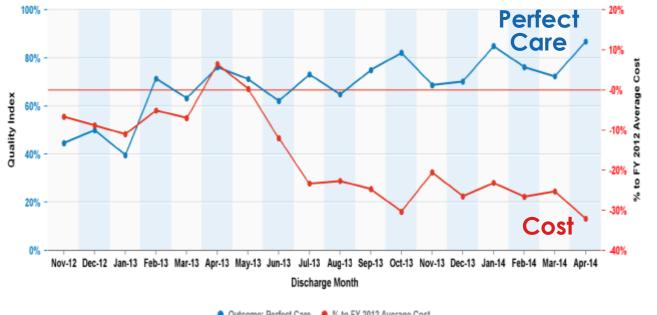
Where Quality Goes Up & COSTS GO DOWN



Value Driven Outcomes
Outcomes and Cost Trend
Discharges from November 2012 through April 2014

Department: ORTHOPEDIC SURGERY
Division: ORTHOPEDIC SURGERY
Physician: 3 Physicians
Outcome Measure: Perfect Care
Primary ICD 9 Procedure: 11 Procedures

Perfect Care and Average Cost



Quality Index: Percentage Of All Visits Where Selected Care Measure Was Met % to FY 2012 Average Cost: Ratio of that Months Ave. Cost Compared to a Baseline 2012 Ave. Cost

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Creating Value FOR THE PATIENT



Patient Reported Outcomes

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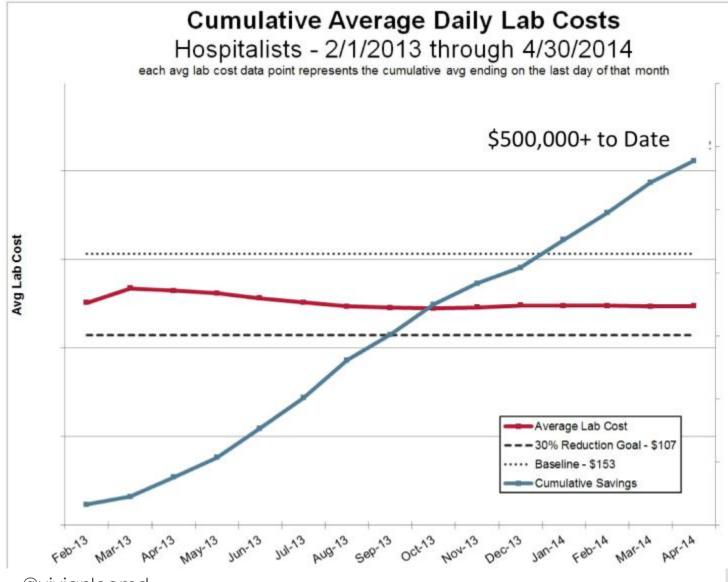
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Where Quality Goes Up & COSTS GO DOWN



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Hard-wiring the System THROUGH PARTNERSHIPS



LEAN 101

TIME-DRIVEN

Activity-Based Costing



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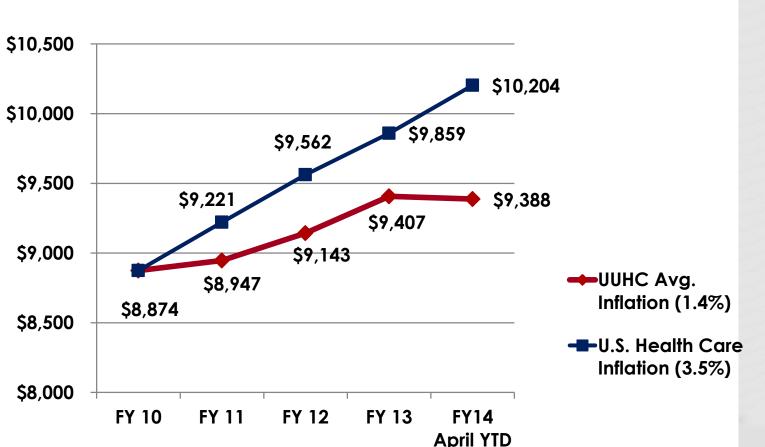
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BendingTHE COST CURVE

Total Expense per CMI Adj. Discharge



Source: Bureau of Labor Statistics and CMS, University of Utah Hospitals & Clinics Finance

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Contributing To A NATIONWIDE SOLUTION

Utah hospitals try the unthinkable: Get a grip on costs

Julie Appleby, Kaiser Health News 8 a.r.

8 a.m. EDT June 28, 2014













SALT LAKE CITY — When a car rolls off an assembly line, the automaker knows exactly what parts, labor and facilities cost. Not so in health care, and now some health executives are trying to change that.

Although U.S. hospitals account for the single largest chunk of the nation's \$2.7 trillion in health spending, few of them can say how much it actually costs them to care for every patient they admit.



Jul 02, 2014

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