

# CEO Update

## September 27, 2013



Healing  
Caring  
Learning  
Discovering

CLINTON HOSPITAL  
COMMUNITY HEALTHLINK

FAIRLAWN HOSPITAL  
HEALTHALLIANCE HOSPITAL

MARLBOROUGH HOSPITAL

UMASS MEMORIAL MEDICAL CENTER

UMASS MEMORIAL MEDICAL GROUP

WING MEMORIAL HOSPITAL AND MEDICAL CENTERS

# System Leading Indicator Report

Comparison

UMMMC

Wing

Health Alliance

Marlborough

Clinton

UMMMC Executive Summary

Refreshed: July 2013

## Hospital Wide

QTR YTD

- ▲ ▲ UHC Inpatient Mortality (Ptile = 79)
- ▲ ▲ CMS Care Measure (Ptile = 72)
- ◆ ◆ Pneumococcal Vaccination (Ptile = 76)
- ▲ ▲ AHRQ Patient Safety (Ptile = 65)
- ▲ ▲ Central Venous Catheter-Related BSI Adult (Ptile = 57)
- ◆ Central Line NICU
- ◆ AHRQ Composite (Pedi) (Ptile = 25)
- — Serious Reportable Events
- ▲ ▲ AHRQ Mortality - Conditions (Ptile = 45)
- ▲ ● AHRQ Mortality - Procedures (Ptile = 59)

## Readmissions

- ◆ ◆ Readmission Rate (30 day) (Ptile = 77)
- ◆ ▲ Heart Failure Readmission (Ptile = 77)
- ▲ Joint Replace Readmission (Ptile = 24)
- ◆ ▲ COPD Readmission (Ptile = 78)
- ◆ ▲ AMI Readmission (Ptile = 84)
- ◆ ▲ Pneumonia Readmission (Ptile = 78)

## Stroke

QTR YTD

- ▲ ▲ Inpatient Stroke Mortality (Ptile = 60)

## Surgical

- ▲ ▲ Iatrogenic Pneumothorax (Ptile = 57)
- — Surgical Site Infections
- ● Catheter-associated UTI (Ptile = 24)

## Cardiovascular

- ● CABG Mortality
- ▲ ▲ AMI Mortality (Ptile = 72)

## Transplant

- ● Liver Transplant Mortality
- ● Kidney Transplant Mortality

## Nursing

QTR YTD

- ◆ ◆ Falls w/ Injury

## Patient Experience

- ◆ ◆ Overall Rating of Inpatient (9-10)
- ◆ ◆ Nursing Communication
- ◆ ◆ Response Time
- ◆ ◆ Physician Communication
- — HCAHPS Unit Comparison (Memorial)
- — HCAHPS Unit Comparison (University)

## Emergency Department

- — ED Timed Measures
- ◆ ◆ ED Overall Rating

## Orthopedics

- ▲ Hip Fracture Mortality (Ptile = 3)

## Ambulatory

- — Patient Experience Survey

## Key

● ● Top 25 percentile in comparative group or meets goal/target

▲ ▲ 26th - 74th percentile in comparative group or at goal/target

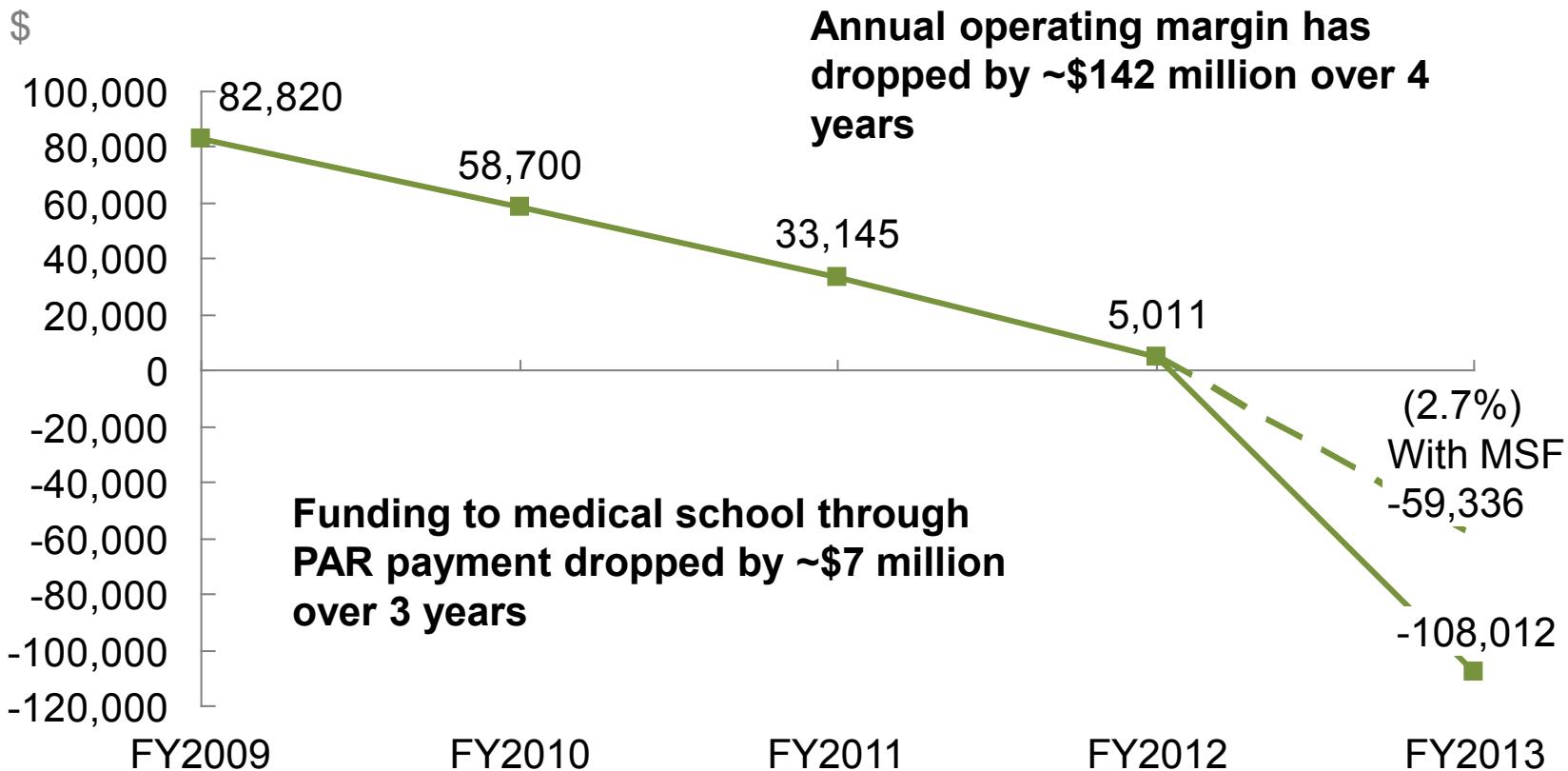
◆ ◆ Bottom 25th percentile in comparative group or below goal/target



# For the first time in 8 years UMMHC will have an operating loss

PRELIMINARY

## Operating Margin

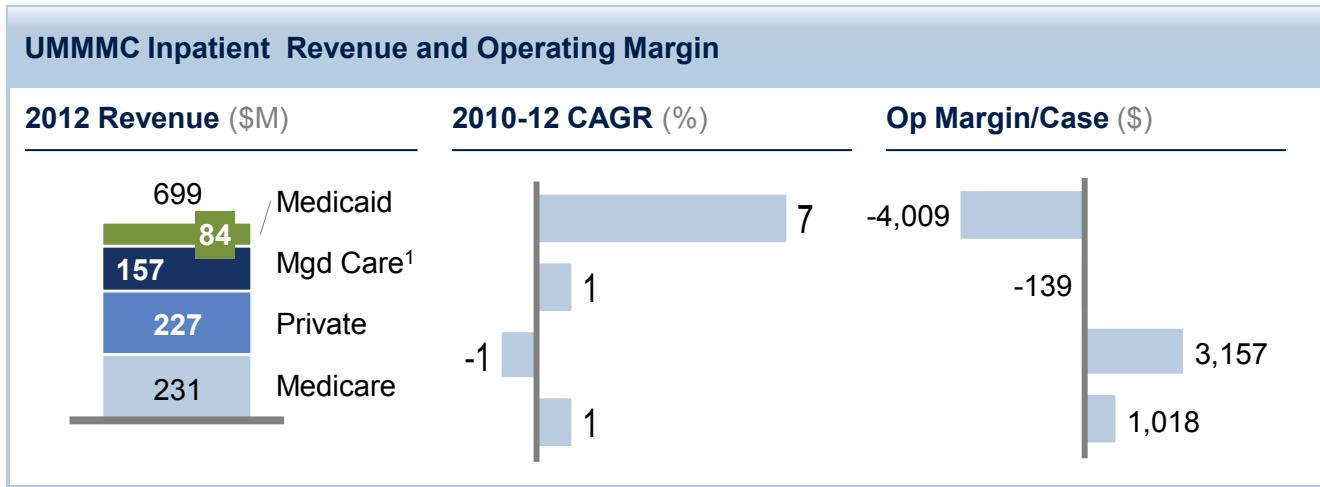


Note: the projections were calculated using a straight-line methodology based on the first 8 months actual

SOURCE: Audited Financials



# Less valuable Medicare and Medicaid payors are growing while profitable private business is shrinking

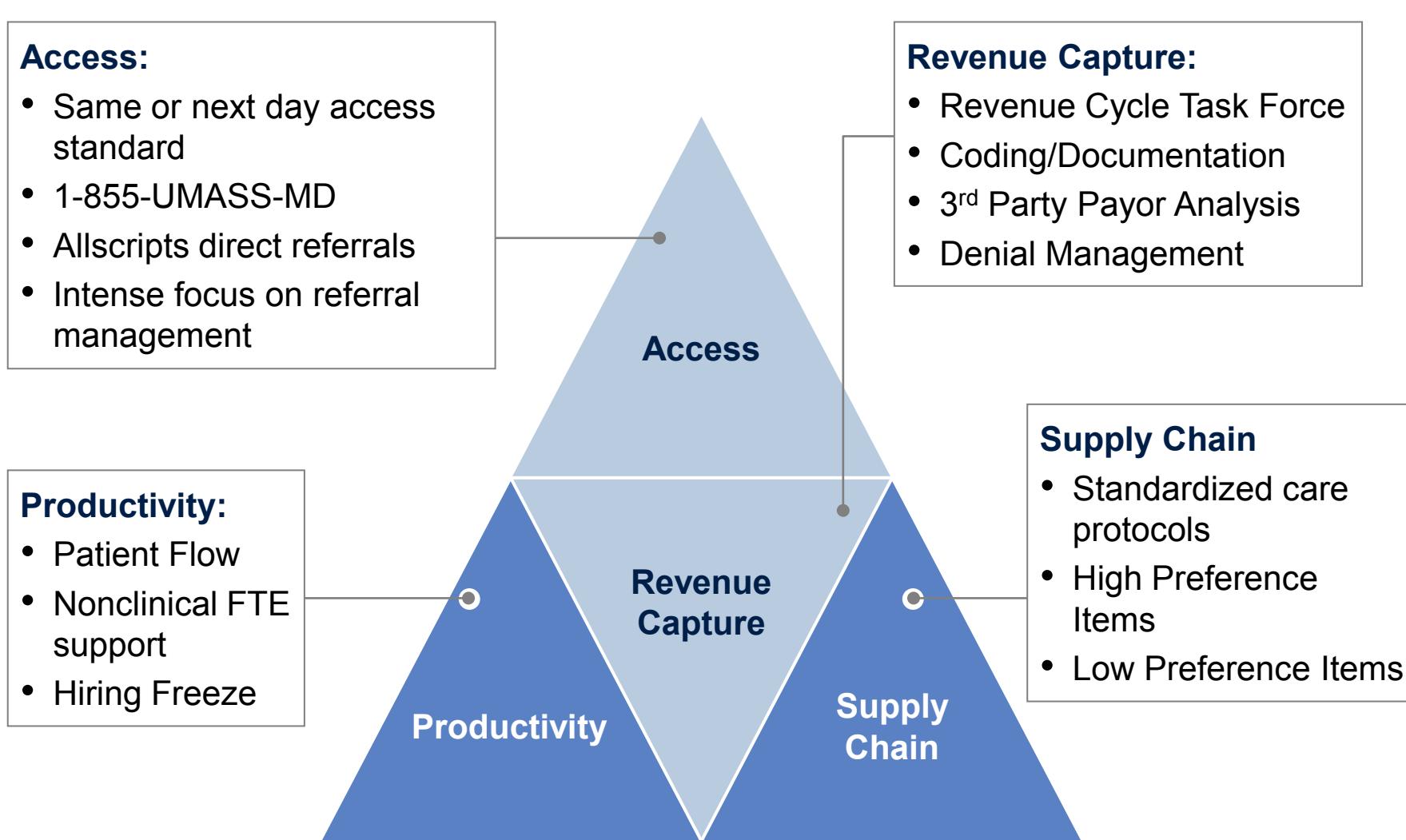


Note: Margins do not include MSF

1 Includes managed Medicare and managed Medicaid

SOURCE: EPSI

# Strategy for FY 2014 is to focus 100% on achieving operational excellence in four areas.



# ACA, Sequestration, AWI and Chapter 224 will have a profound impact on Massachusetts healthcare in 2015 and beyond

## ACA provision

1 Increase in insured population and utilization

2 Medicare rate decreases and quality penalties

3 Reductions in DSH payments

4 Medicaid reimbursement impact

5 Cadillac tax and limit on commercial growth rates

6 Medicare wage index reformulation

## National impact

- Increase in coverage of ~32 million previously uninsured lives likely to change utilization patterns and increase contribution margins

- Medicare payment growth will slow due to reforms and more closely approximate CPI inflation

- Medicare and Medicaid DSH payments will be significantly reduced as a result of reform

- State reimbursement rates likely to be reduced as federal coverage of Medicaid expansion rolled back starting in 2017

- Enactment of Cadillac tax could lead to employer 'buy down' of plans, leading to increased patient responsibility and subsequent reductions in utilization

- Medicare base payment wage index calculation will reduce large number of exceptions

## Implications for Massachusetts

Implemented – so upside to providers will be small

Payment changes – representing downside for providers – have not been implemented



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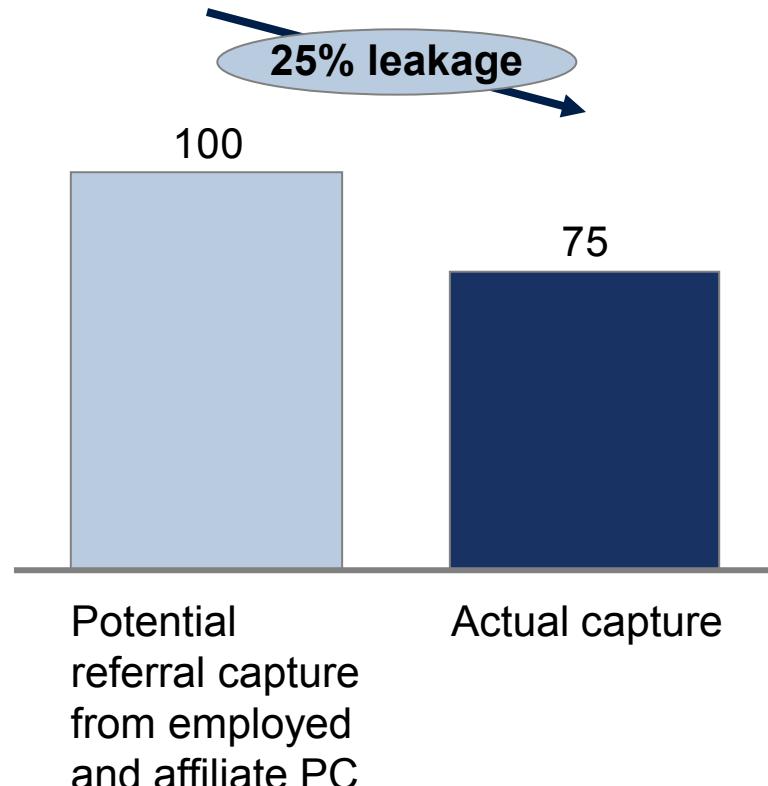
# Referral leakage needs to be addressed

## 1-855-UMassMD

PRELIMINARY

### Current leakage<sup>1</sup> rate

Percent



- Factors of importance to referring providers
  - Ease of access
  - Communication back to PCP
  - Patient experience
  - Professional relationship between PCP and specialist

<sup>1</sup> Leakage defined as 'external revenue' over total revenue (internal, affiliate and external) for all services in UMMHC's Worcester-area and beyond- Worcester area that can be traced back to a UMMHC-employed or affiliate PCP

## Access Initiative

**1-855-UMASS-MD**

**Allscripts direct referrals**

**Online booking of appointments 24/7**

**Same or next day access in all specialty clinics.**



# We are underutilizing our space today, especially in inpatient pediatrics and outpatient clinics

University  
Memorial  
Med Center

## UMMMC capacity utilization

Percent

### IP bed utilization

ICU

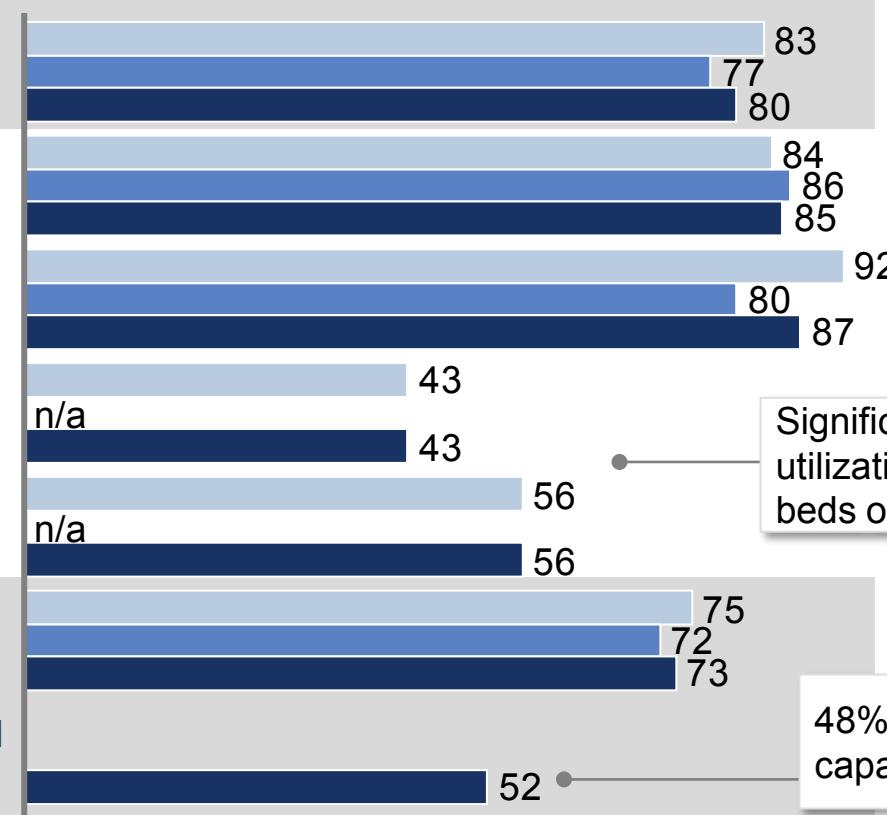
MedSurg

PICU

Pedi MedSurg

### OR utilization

### OP-facility based utilization



Significant under-utilization of Pedi beds on University

48% unused capacity

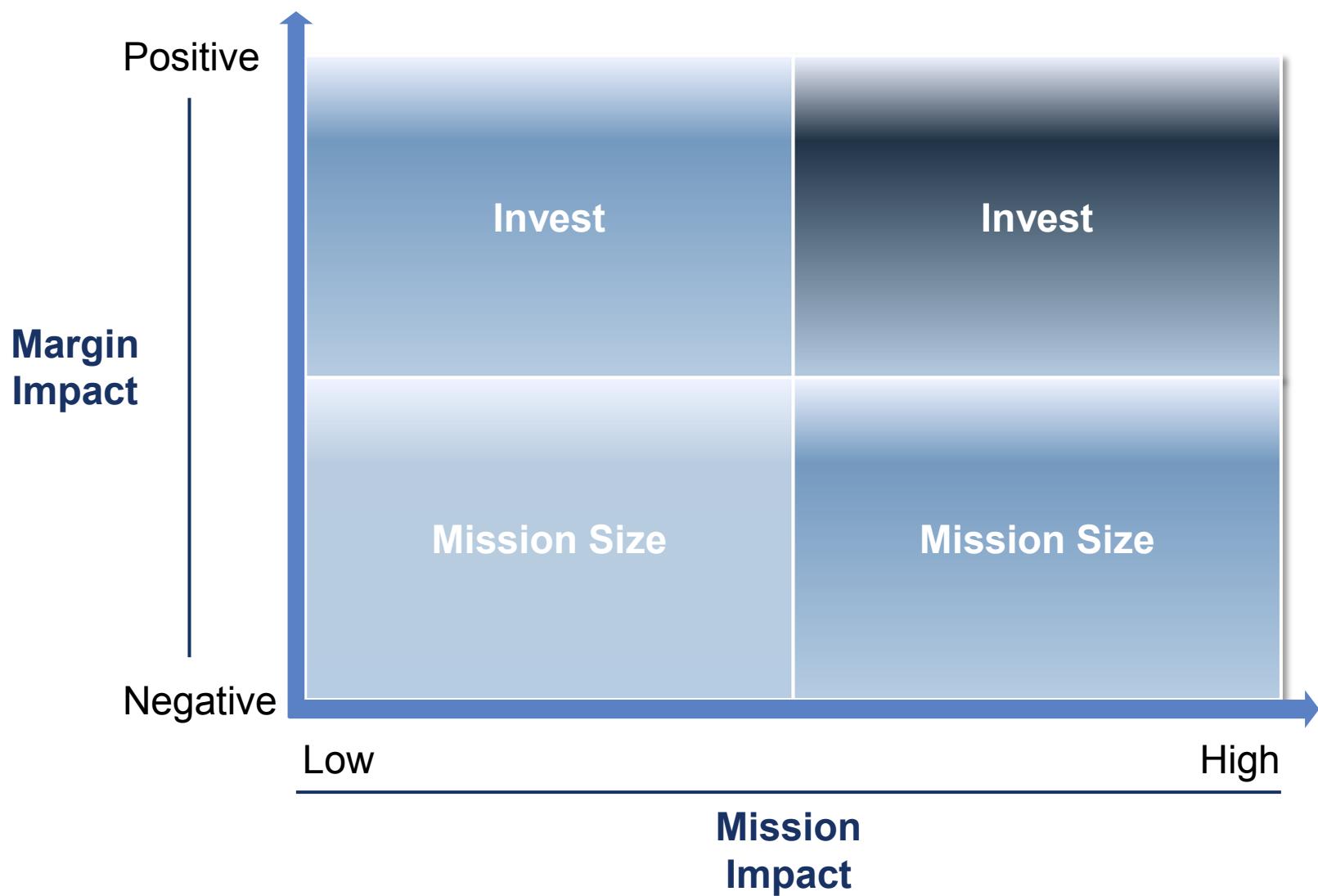


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## Framework: Investing where there is high impact

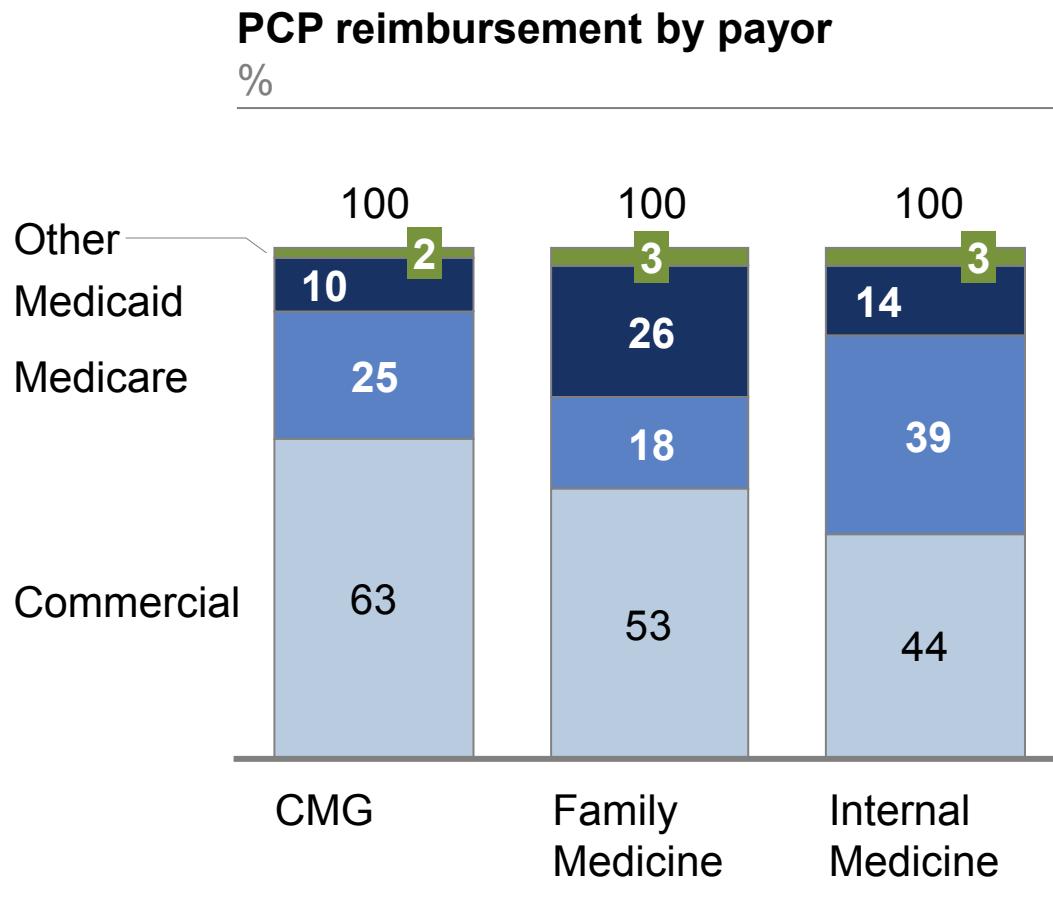




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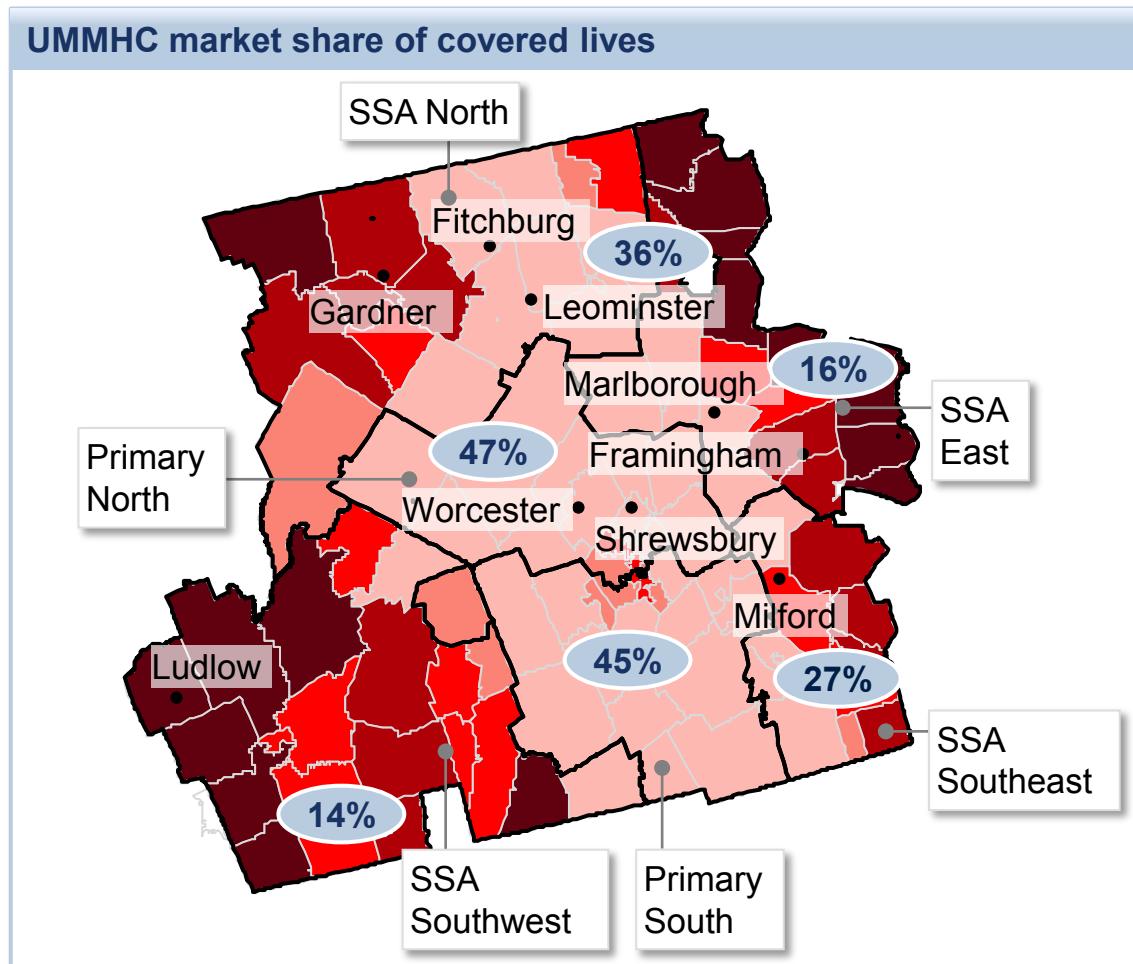
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# Our PCP growth strategy targets the higher reimbursing payors from CMG practices



- 63% of CMG reimbursements are from commercial payors versus 53% and 44% for Family and Internal Medicine respectively
- Only 35% of CMG reimbursements are from Medicare and Medicaid compared 44% and 53% for Family and Internal Medicine respectively

# UMMHC's growth strategy should assess current market share and projected upside from investment by geography



In addition to penetration, a robust methodology to assess where to grow and through which practices should include

- Payor mix
- Panel size of target practice
- Expected increase in referral rate

1 Numerator includes all unique patients seen by PCPs in AllScripts for MCB and CMG PCPs, HMO patients of Wing-employed PCPs and private affiliates in the MCN, and a modeled estimate of the non-HMO patients of Wing-employed and private affiliates in the MCN. Denominator includes the entire zip code population.



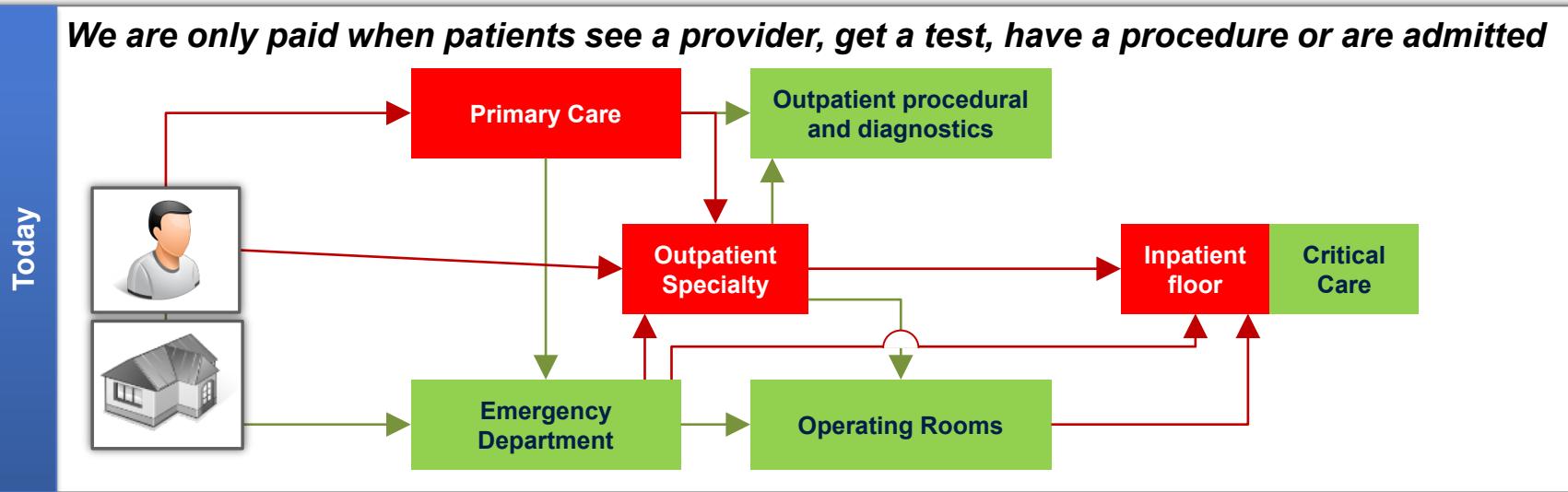
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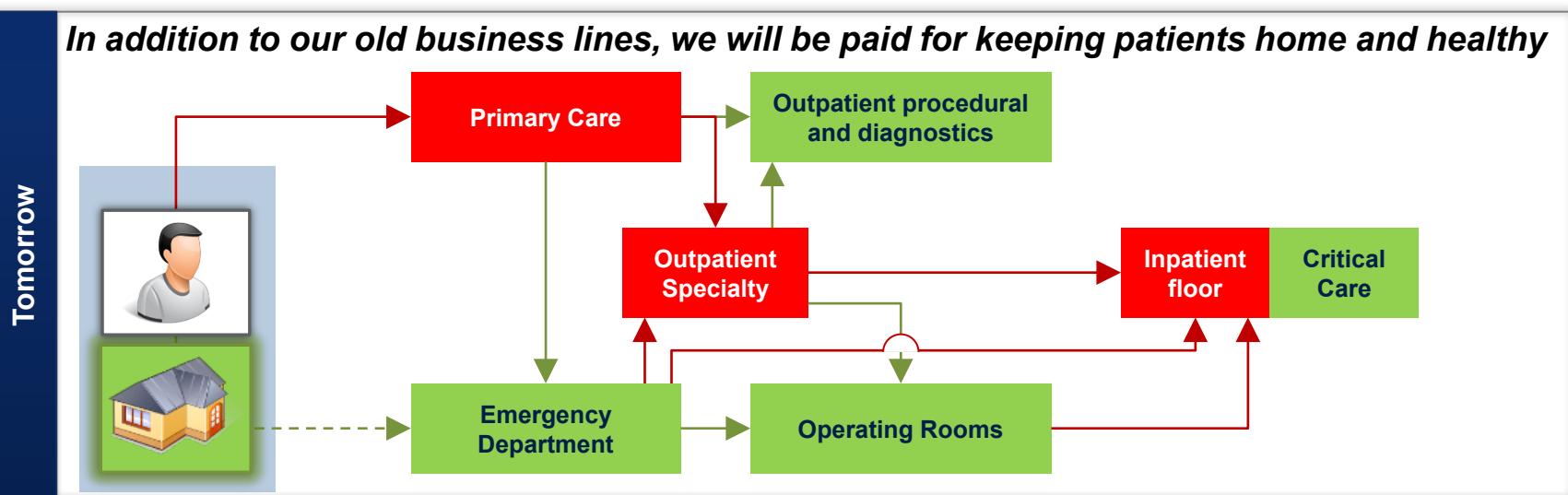
# What Business Are We In?

 Money-losing activities  Profitable activities

**We are only paid when patients see a provider, get a test, have a procedure or are admitted**



**In addition to our old business lines, we will be paid for keeping patients home and healthy**





# Knowledge of patient segments is critical to providers managing patient populations

Pioneer – Examining a Subset of the Pioneer Population

**Defined criteria to subdivide the Pioneer population and broke Pioneer population into 4 subsets based on spend and chronic diseases**

Super Users	High Risk	At Risk	Low Risk
>50K/per person/year	2 or + chronic conditions <\$50K/per person/year	1 chronic condition <\$50K/per person/year	0 chronic conditions <\$50K/per person/year
<b>3% of Pioneer Population</b> <b>30% of Total Pioneer \$'s</b>	<b>25% of Pioneer Patients</b> <b>26% of Total Pioneer \$'s</b>	<b>46% of Pioneer Patients</b> <b>28% of Total Pioneer \$'s</b>	<b>23% of Pioneer Patients</b> <b>12% of Total Pioneer \$'s</b>
729 Patients	5836 patients	10,480 Patients	5383 Patients
\$57,673,935	\$49,942,951	\$54,405,113	\$23,476,572

# Our population health management efforts

Patient group	Description of effort
<b>HMO Patients</b> Low users of care	<ul style="list-style-type: none"><li>• Pay for performance on quality, shared savings or small amount of shared risk</li><li>• Recently signed onto BCBS AQC contract</li></ul>
<b>Medicare</b> Medium users of care	<ul style="list-style-type: none"><li>• Time with loss of AWI</li><li>• Created new ACO and submitted application to become Medicare Shared Saving Program (MSSP) ACO</li></ul>
<b>Dual Eligible Patients</b> High users of care	<ul style="list-style-type: none"><li>• Full risk consider and or joint venture with health plan</li><li>• Engaging in government payor pilot with Fallon Community Health Plan</li></ul>



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# Supporting a Culture of Ownership

## Focus Area

Listen to Me

## Current Examples

- Idea Management System
- Physician and staff engagement surveys

## Future Plans

- Employee Advisory Committee
- Stay interviews

Train Me

- Physician Leadership Development Program (PLDP)
- Strategic Leadership Development Program (SLDP)

- MOAs with labor unions
- Core Employee Training: UMass Memorial Experience

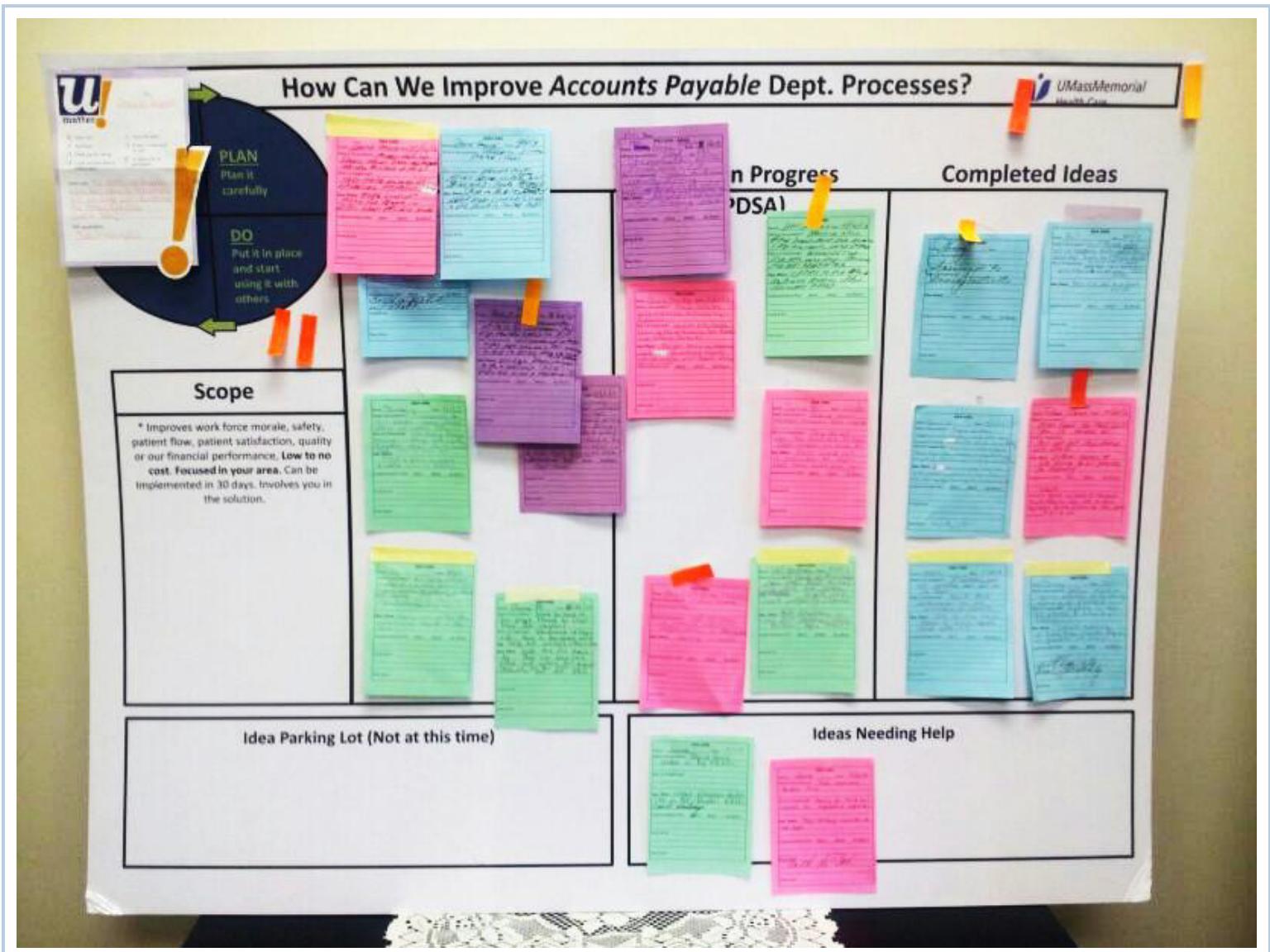
Acknowledge Me

- Patient recognition of caregivers
- Manager Recognition Toolkit
- Member Hospital Recognition Programs

- Electronic, peer-to-peer recognition

Note: Additional future employee engagement activities include: Launch Wellness Program, offer voluntary benefits, deploy automated performance management system, initiate Meal of the Week, launch Safety Matters initiative, Manager Playbook training, etc.

# A tool for listening to our people: the Idea Board



## Thank you for your help





# UMMHC 2017: Leverage existing strengths to create a strong platform for the future

	2013-2014	2015-2016	2017 and beyond
<b>I Maximize the efficiency of current operations</b>	<b>Increase Focus</b> <ul style="list-style-type: none"> <li>Master facility plan (no new leases, sell a building a year)</li> <li>CCOC and ACOC to standardize care for maximal quality, efficiency and patient flow</li> <li>Same/next day access at (855-UMassMD) and Allscripts referral module and tight referral management</li> </ul>	<b>Consolidate Wins</b> <ul style="list-style-type: none"> <li>Geographic cohorting and consolidation for inpatient and outpatient services for maximal efficiency</li> </ul>	<b>Position Ourselves for Future</b> <ul style="list-style-type: none"> <li>Cost-effective, high quality care</li> </ul>
<b>II Invest in the best</b>	<ul style="list-style-type: none"> <li>Programmatic service line review and investment/divestment/partner on initial services</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced partnerships and joint ventures</li> </ul>	<ul style="list-style-type: none"> <li>Distinctive, regionally-compelling quaternary offerings</li> </ul>
<b>III Optimize physician resources</b>	<ul style="list-style-type: none"> <li>Community primary care growth</li> <li>MCN private physician expansion</li> <li>Grow specialty programs in the community</li> </ul>	<ul style="list-style-type: none"> <li>Continued gains in productivity and practice growth around Worcester to capture very best payer mix for FFS business</li> </ul>	<ul style="list-style-type: none"> <li>Academic health system with a strong community presence</li> </ul>
<b>IV Build our population health capabilities</b>	<ul style="list-style-type: none"> <li>HMO patients in shared savings and quality focused shared risk</li> <li>Medicare ACO in 2015</li> <li>Shared risk with dual eligible patients</li> </ul>	<ul style="list-style-type: none"> <li>Vertical integration through a joint venture with an HMO</li> <li>Increased Shared Risk Contracting</li> <li>ACO laboratory with med school</li> </ul>	<ul style="list-style-type: none"> <li>Fully Integrated delivery system</li> </ul>
<b>V Create an enabling culture of ownership</b>	<ul style="list-style-type: none"> <li>Culture of ownership program</li> <li>Employee wellness program</li> <li>Zero defect quality initiatives</li> <li>World Class Employee Idea System</li> </ul>	<ul style="list-style-type: none"> <li>Great place to give care great place to get care</li> <li>4 ideas per person per year</li> <li>Reduced employee health care costs</li> </ul>	<ul style="list-style-type: none"> <li>Top decile patient experience</li> <li>Top decile employee satisfaction</li> <li>Top decile quality measures</li> </ul>
<b>Rationale</b>	<ul style="list-style-type: none"> <li><b>Doable &amp; financially feasible</b></li> <li><b>Path critical</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Time and/or capital intensive</b></li> <li><b>Dependent on Phase I</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Time and/or capital intensive</b></li> <li><b>Dependent on Phase II</b></li> </ul>