

Are You *Destined* for Reform?

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2012 CONGRESS ON
HEALTHCARE LEADERSHIP



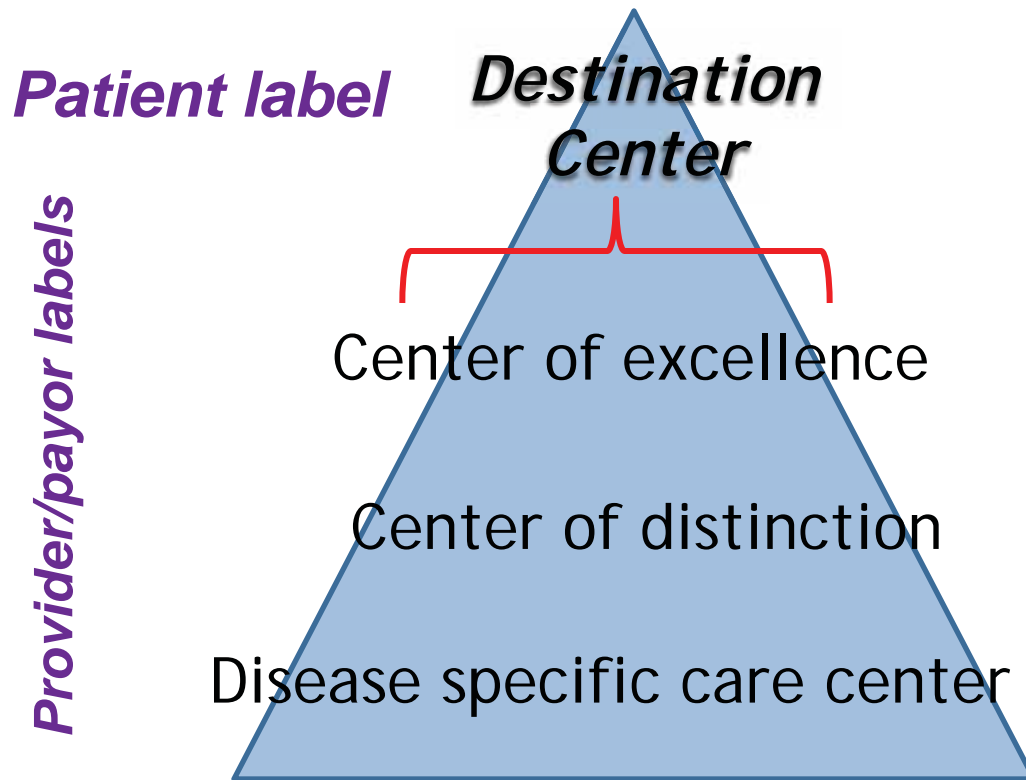
Foundation of the
American College of
Healthcare Executives
for leaders who care®

Today's discussion

- Introduction to destination centers.
- Why now?
- Case Study – The Cleveland Clinic.



What is a destination center?



What is a destination center?



- Regional, national, and international draw.
- Advanced specialty care.
- Exceptional quality, outcomes, service at competitive prices.
- Coordinated care.

NOT medical tourism



Thai Tour Guide
Destination Program Manager



They're not passengers arriving from a crash. They're part of our medical tourism travel package.

A step above and a step ahead

	Center of Excellence (JCAHO)	Destination Center
	Higher standard of service .	Higher value proposition.
<i>Standards of care</i>	Compliance with national standards.	Developing new standards of care.
<i>Evidence based care</i>	Use evidence based guidelines to manage and optimize care.	Leader in developing guidelines.
<i>Performance measurement</i>	Focus on process. Standard measures dictated by others (eg CMS).	New tools for evaluating value. Not what you DO but what WORKS.



Why now?

- Despite reform specifics, competition for the healthcare dollar will come down to *value*
 - To the patient,
 - To the provider(s),
 - To the payor.

What is value?

- Good value - Meeting expectations.
- Great value - Exceeding expectations:
 - Quality
 - Service
 - Coordination
 - Price.

VALUE in care provided...

- Aligned providers
- Quality and outcomes
- Continuum of care
- Population health

...And in service

- Schedule all services in the same day or few days.
- Coordinate provider schedules, referrals, billing, accommodations and insurance approvals.
- Anticipate and address concerns with reimbursement, copays, bills.
- Provide concierge services as needed –
 - Lodging
 - Transportation
 - Other.





Destination – Neurosciences

The Cleveland Clinic – a step above and a step ahead

- MyHealth assessment
- Collect and report outcomes in all clinical departments
- Population management - telemedicine
- Evidence based care paths
- CI imbedded staff – LEAN philosophy
- Value purchasing - direct to employer
- National & international cardiac and neuro affiliation programs
- Business reviews

MyHealth assessment

- Started as Spine Clinical Outcomes Information System.
- 2008 redesigned as The Knowledge Project.
- Currently used in 14 departments.
- Assessments are tailored to disease.
- Direct integration with EMR.
- Used for reporting outcomes.
- Tablet based.



Tablet based

- Patient or patient's delegate enters information based on visit type.



Outcomes

- Clinical department start up 2003.
- In print and on line
- Thousands mailed annually.
- Annual schedule.
- Steering committee.
- Collected by department.
- Transparency is key – all outcomes reported.



Telemedicine

- **Get the right patient...**shortage of neurologists and stroke experts to treat patients.
- **To the right therapy...**ED caregivers/Neurologists looking for support in using clot-busting drugs and don't have intra arterial and/or mechanical interventions at their disposal.
- **In the right location...**match patient needs to the appropriate services available.

Telemedicine – Step 1: Access



Patient arrives in ED.



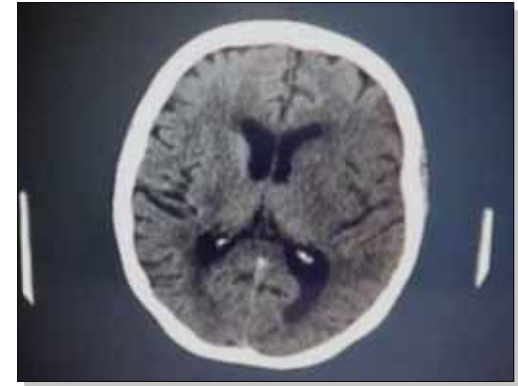
Connect with Cleveland Clinic stroke telemedicine.



CCF staff stroke specialist links into local hospital.

Telemedicine – Step 2: Physician to physician consult

The stroke specialist assesses patient with attending ER provider.



CT scans and lab results reviewed remotely; treatment recommendations discussed (IV tPA and/or alternative therapies).



Step 3: Consult with patient & family

Specialist can speak with the patient and/or family members to discuss treatment of care.

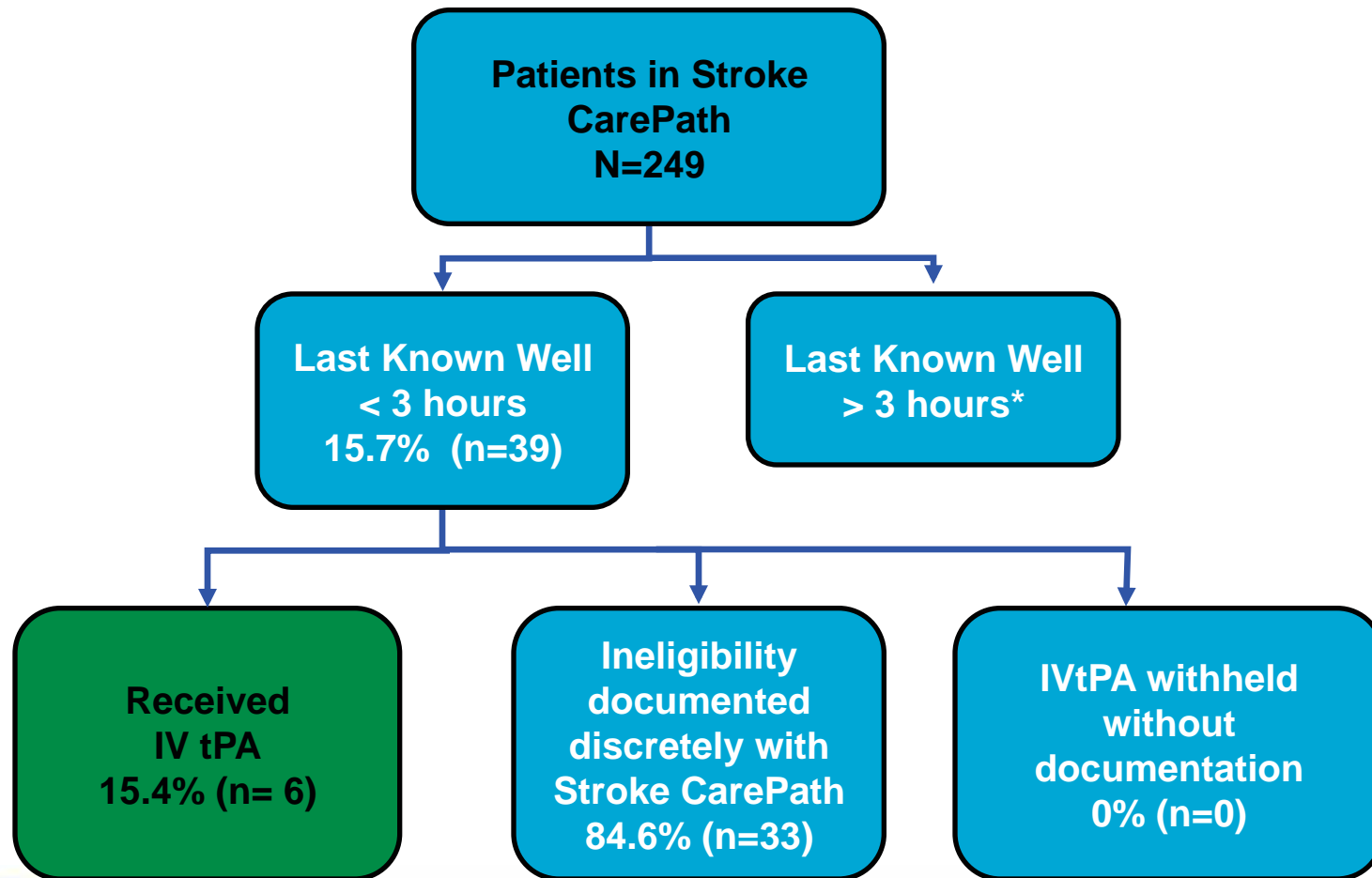


Step IV – Admit or transfer?

Decision is made to admit to local Critical Care Unit or transfer to a comprehensive stroke center.

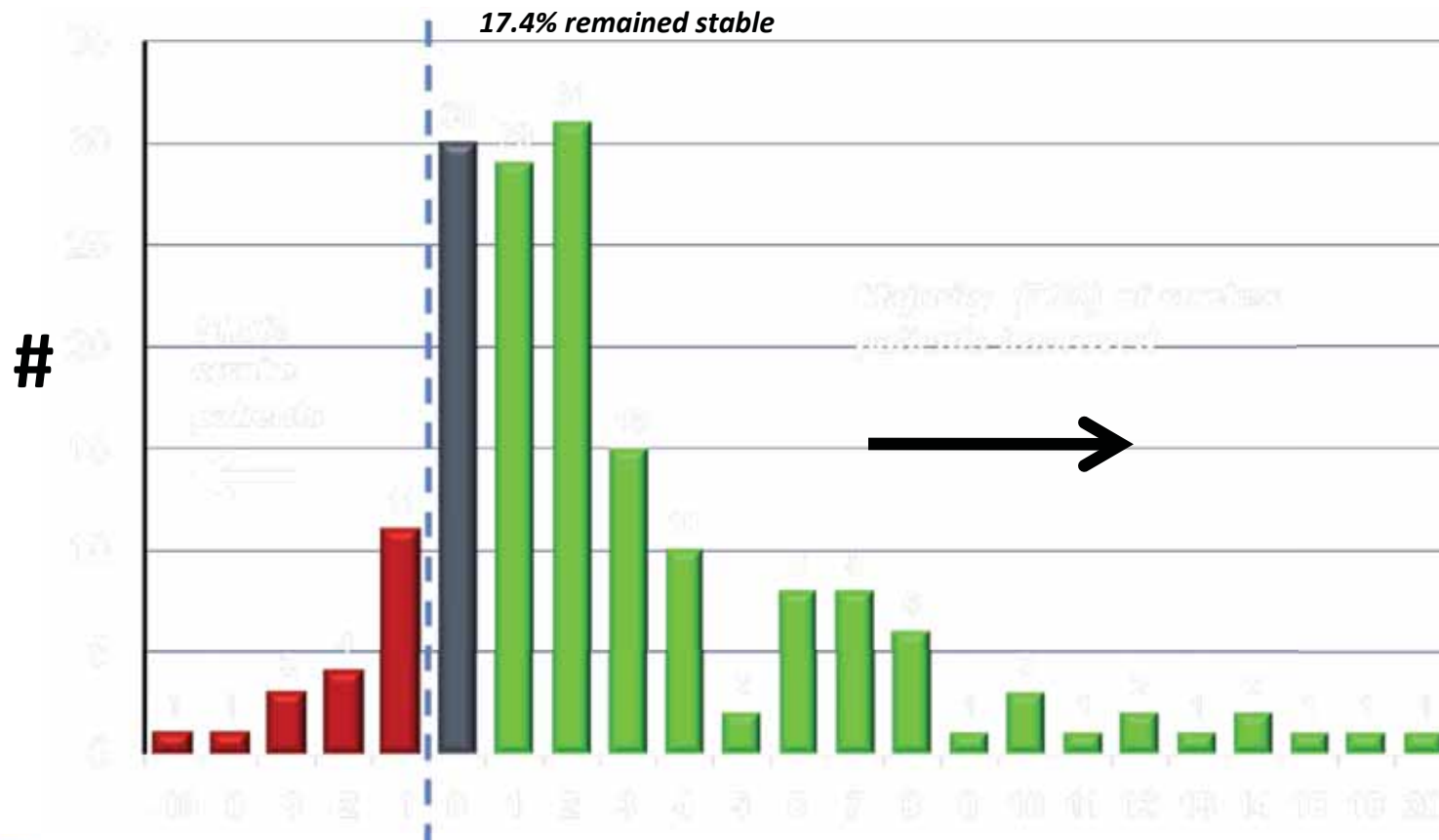


Evidence - based carepaths



* Includes patients with unknown LKW

Change in neurological impairment admission to discharge



Change in NIHSS from admission to discharge

Value based bundling

- Direct to employer contracting.



HVI affiliation / consulting

- Assist partners develop and manage cardiovascular and neurological programs.
- Flexible offering to meet partner needs:
 - Program assessment consulting,
 - Implementation of clinical protocols,
 - Branded management affiliations.



Consulting and affiliation summary

Phase I: Assessment Typical Duration: 6 months

- Evaluation
 - Quality data
 - Cultural fit
 - Strategic alignment
 - Organizational Structure and Decision Making
 - Physician readiness
- Site visits
- Recommendations

Phase II: Implementation Typical Duration: about 1 year

- Implementation of recommendations
- Tailored plan

Phase III: Affiliation Typical Duration: 5–7 years

- Cardiovascular program performance management
- Ongoing quality benchmarking
- Clinical data management support
- Service line co-branding
- Marketing support
- Physician recruitment

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CV Management services - impact

Quality improvements

- Decreased **post surgical ALOS** by **.5 days**.
 - Decreased **deep sternal wound Infection** from **8 in one year to 0** the next.
 - Decreased mortality from **4.8% to 0.8%**.
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Operational efficiencies

- Increased OR throughput by **1 case per day**.
 - **Advice & support on supply/device** appropriateness.
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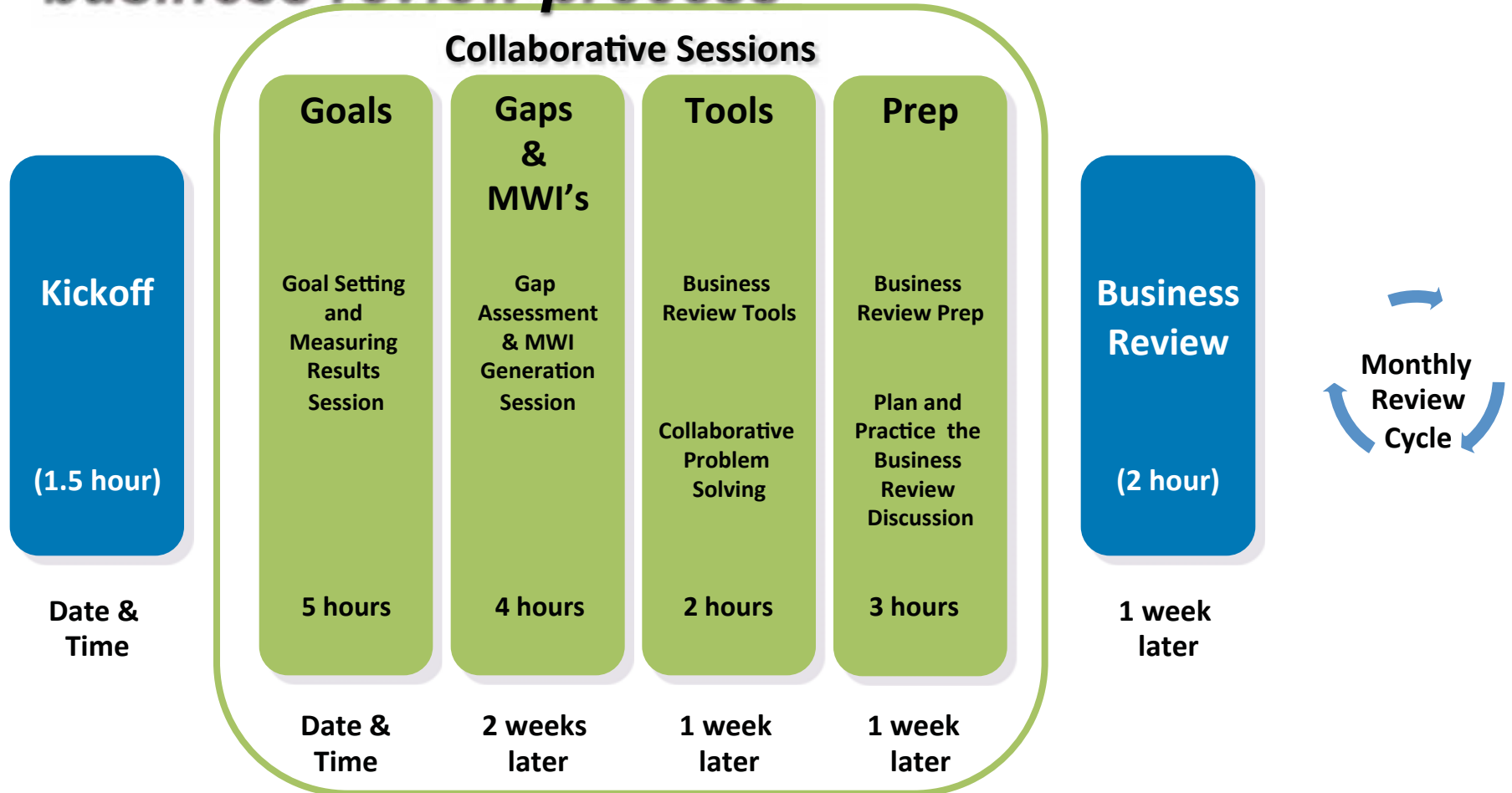
Market differentiation

- Enhanced market position **relative to local players**.
 - **Brand may provide layer of defense** against cannibalization **by regional AMCs**
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Shared best practices

- **Access to Cleveland Clinic** physicians.
- **Development of innovative and** clinically meaningful quality measures.

Maintaining a sustainable business model - business review process



What does this mean to you?

- Can you define your value proposition?
- Who is it of value **to**? Physicians, patients, payors?
- Are you focusing on episodic illness or population health?
- Are your physicians as committed as you? Can you succeed under lower reimbursement and bundled payments?
- Are you proactive or reactive in EBP and quality initiatives?
- What kind of continuum do you have access to and how do you use it?

Should this be part of your strategy?

- Value based purchasing?
- Accountable care?
- Disease management/community health?
- Physician alignment?





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