The Value Equation in Health Care: The Utah Implementation Path

David H. Browdy
Associate Vice President for Finance and Chief Financial Officer for the Health Sciences
University of Utah

Health Care Financial Management Association
Capital Conference
March 31, 2016
What Are a Hospital’s Costs? Utah System Is Trying to Learn

By GINA KOLATA  SEPT. 7, 2015

SALT LAKE CITY — Only in the world of medicine would Dr. Vivian Lee’s question have seemed radical. She wanted to know: What do the goods and services provided by the hospital system where she is chief executive actually cost?

Most businesses know the cost of everything that goes into producing what they sell — essential information for setting prices. Medicine is different. Hospitals know what they are paid by insurers, but it bears little relationship to their costs.

No one on Dr. Lee’s staff at the University of Utah Health Care could say what a minute in an M.R.I. machine or an hour in the operating room actually costs. They chuckled
Engaging Doctors in the Health Care Revolution

by Thomas H. Lee and Toby Cosgrove, MD

Despite wondrous advances in medicine and technology, health care regularly fails at the fundamental job of any business: to reliably deliver what its customers need. In the face of ever-increasing complexity, the hard work and best intentions of individual physicians can no longer guarantee efficient, high-quality care. Fixing health care will require a radical transformation, moving from a system...
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
EDUCATION
- School of Medicine
- College of Nursing
- College of Pharmacy
- College of Health
- School of Dentistry

$3.2 BILLION
Expense Budget FY15

50%
GROWTH
IN 4 YEARS

ACCESS
- 4 Hospitals
- 11 Community Clinics
- 15 Regional Partners
- 10% of the Continental U.S.
- 1,380 Physicians
- 75,000 lives in Health Insurance Plans

DISCOVERY
- $270 Million+
- 2,500 Peer-Reviewed Papers
- 810+ Grants Received 2015
- 1 NCI Comprehensive Cancer Center

1.8 MILLION
Patient Visits

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

810+
Grants Received 2015

1 NCI Comprehensive Cancer Center

Grants in FY2015
HOW WE THINK ABOUT VALUE

\[ V = \frac{Q + S}{\$} \]

(VALUE) (QUALITY) (SERVICE) (COST)
HOW WE DELIVER VALUE

VALUE = \text{TOP 10} \, + \, \text{NEARLY HALF OF OUR PROVIDERS ARE IN THE TOP 10\%} \, + \, \text{SERVICE} \, + \, \text{COST AMONG THE LOWEST COST HEALTH CARE IN THE COUNTRY}
UTAH HAS THE BEST HEALTH AT THE LOWEST COST

NATIONAL QUALITY RANKING FOR UNIVERSITY OF UTAH HEALTH CARE
Out of 117 academic medical centers and more than 331 of their affiliated hospitals

2008: 50
2009: 31
2010: 1
2011: 7
2012: 4
2013: 9
2014: 6
2015: 7

Source: University HealthSystem Consortium, 2008–2015
Transformational Strategic Focus

- Embrace our academic missions as a competitive advantage
- Develop a deep, organization-wide patient-centered approach
- Leverage data and analytics to drive value
- Continue to grow market share, revenue, and margin
- Expand our geographic footprint ("front door")
- Grow regional referrals to high-end services
- Capture more lives for population health and insurance products
- Rebuild our campus
- Lead transformation of academic health care
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## HSC Faculty: Recognition of Excellence

### Awards

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<thead>
<tr>
<th>Nobel Prize in Medicine</th>
<th>Mario Capecchi - 2007</th>
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<tr>
<td>Searle Scholar Awards</td>
<td>Adam Hughes, Biochemistry, 2015</td>
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<tr>
<td>Doris Duke Awards</td>
<td>Stavros Drakos, Cardiology</td>
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</table>
| NIH Innovator Awards    | Ryan O’Connell, Pathology, 2013  
                         | June Round, Pathology, 2014 |
| Howard Hughes Medical Institute | Mario Capecchi, Human Genetics, 1988  
                         | Brad Cairns, Oncological Sciences, 2000  
                         | Jared Rutter, Biochemistry, 2015 |

### Memberships

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<tr>
<td>Mario Capecchi</td>
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<td>Josef Prchal</td>
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<td>Robert Fujinami</td>
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<td>David Grainger</td>
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<td>Carl Thummel</td>
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<td>Wes Sundquist</td>
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<td>Douglas Grossman</td>
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<td>Peter Jensen</td>
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<td>Vivian Lee - 2015</td>
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<td>Charles Parker</td>
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For the past 65 years, Utah families have served as a wellspring for genetic discovery, fueling new diagnostics, informatics and treatments that are empowering us to outlive our family history.
1950s
Utah family pedigrees become a tool for investigating human inheritance

1950
Description of inheritance patterns of gastrointestinal cancer

1964
The nation's first Department of Biomedical Informatics founded at U of U

1966
Utah Cancer Registry begins collecting and reporting population-based cancer data

1970s
Genealogical Society of Utah partners with U of U scientists to link genealogies and vital records

1977
Prototype of electronic medical records developed

1978-79
Meetings at Alta Ski Resort give rise to RFLP method for mapping human genome

1980s
Utah Population Database connects vital statistics to medical records

1986
U of U geneticists develop method for studying the roles of our genes: high-frequency, homologous recombination in mice
1990
U of U is 1 of 7 genome centers chosen to conduct large-scale mapping for Human Genome Project

1991-95
Genetic causes of colon cancer (APC), breast cancer (BRCA1), and cardiac arrhythmia (KCNH2) identified at U of U

1998
U of U Enterprise Data Warehouse established

2007
U of U geneticist Mario Capecchi, Ph.D., receives Nobel Prize for knockout mouse technology

2010
Entire family sequenced for first time, leading to discovery of cause for Miller syndrome

2010s
Utah Population Database expands to 8+ million individuals and 22 million records

2012
Utah Genome Project launched

2011-14
Software tools (VAAST, pVAAST, Phevor) for rapid identification of disease causing mutations

2015
6,000+ samples sequenced by Utah Genome Project
Vice President Biden: Importance of the Utah Population Database to the “Cancer Moonshot” and the President’s Precision Medicine Initiative
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PATIENT SATISFACTION SCORES:
National benchmarks for University of Utah providers

44% of providers are in the top 10%
24% of providers are in the top 1%

10% new providers

Source: All Facilities Press Ganey Database includes the following: Number of Physicians: 142,411; Number of Patients: 2,783,597
## Patient Ratings

The Patient Rating score is an average of all responses to physician related questions on our nationally-recognized Press Ganey Patient Satisfaction Survey.

Responses are measured on a scale of 1 to 5 with 5 being the best score.

<table>
<thead>
<tr>
<th>Likelihood of recommending doctor</th>
<th>Doctor spoke using clear language</th>
<th>Doctor's explanation of condition/problem</th>
</tr>
</thead>
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<tr>
<td><strong>4.7</strong></td>
<td><strong>4.9</strong></td>
<td><strong>4.8</strong></td>
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<tr>
<td>My confidence in doctor</td>
<td>Doctor's effort to include me in decisions</td>
<td>Wait time at clinic</td>
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<tr>
<td><strong>4.8</strong></td>
<td><strong>4.7</strong></td>
<td><strong>4.1</strong></td>
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<tr>
<td>Time doctor spent with me</td>
<td>Doctor's concern for questions &amp; worries</td>
<td>Doctor's friendliness and courtesy</td>
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<tr>
<td><strong>4.8</strong></td>
<td><strong>4.7</strong></td>
<td><strong>4.8</strong></td>
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## Patient Comments

Patient comments are gathered from our Press Ganey Patient Satisfaction Survey and displayed in their entirety. Patients are de-identified for confidentiality and patient privacy.

**UofU Patient** November 18, 2013
This was the first visit to this doctor- I'm sure it will get better as there will be more visits- I would like to be informed of any procedure that is going to be performed while I am at the Huntsman- ie- taking biopsies etc.
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The Current Reality For a Healthcare System

- Landscape is to define **costs** from a payer perspective
- Need to engage **providers** in improving value
- Need to engage **patients** in their health status
- Need to scale to the **enterprise**
- Need to foster a **culture** of transparency and CQI
- Numerous payer required **quality** metrics
Our Path from Cost to Value

- Value Driven Outcomes (VDO)
- Exceptional Patient Experience
- “Perfect Care” Clinical Outcomes
- Patient Reported Outcomes
- Patient- and Population-Centric

**Analytics**

- Descriptive Analytics
- Predictive Analytics
- Prescriptive Analytics
Ex: Emergency Appendectomy, 3.12 LOS

10:54am - Day 1
Emergency Department
10:54am

Day 2
SICU Surgical ICU
2:16am

Day 3
IMCU Intermediate Care Unit
1:30pm

Day 4 – 1:45pm
SSTU Surgical Specialty & Trans. Unit
3:25pm

Emergency Department
Labor Supplies
Imaging
Pharmacy
Lab
Other Services

Operating Room
Labor Supplies
Other Services

Surgical ICU
Labor Supplies
Pharmacy
Lab

Step down and Floor Units
Labor Supplies
Other Services

Total Cost of Providing Patient Care
Emergency Appendectomy (47.01 Laparoscopic Appendectomy), 3.12 Clinical LOS
### Emergency Appendectomy (47.01 Laparoscopic Appendectomy), 3.12 Clinical LOS

#### Professional Cost Allocations

<table>
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<th>Description</th>
<th>Code</th>
<th>Qty</th>
<th>Cost</th>
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<tbody>
<tr>
<td>DR. ANESTHESIOLOGY</td>
<td>ANES-158 MIN</td>
<td>HR</td>
<td>XX.XX</td>
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<td>DR. ANESTHESIOLOGY</td>
<td>GL</td>
<td>XX</td>
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<tr>
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- **Anesthesiology**

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<tr>
<td>DR. PATHOLOGY</td>
<td>Level III Surg/Path Gross/Micro</td>
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- **Pathology**

<table>
<thead>
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<th>Code</th>
<th>Qty</th>
<th>Cost</th>
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<td>DR. RADIOLOGY</td>
<td>CT ABD/Pelvis w/Contrast</td>
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<tr>
<td>DR. RADIOLOGY</td>
<td>GL</td>
<td>XX</td>
<td>XX.XX</td>
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- **Radiology**

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<td>Postop FU</td>
<td>HR</td>
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<td>DR. SURGERY</td>
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- **Surgery**

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<td>DR. NEUROLOGY</td>
<td>ECG Routine</td>
<td>HR</td>
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<td>DR. NEUROLOGY</td>
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<td>DR. NEUROLOGY</td>
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- **Neurology**

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<td>Level III Surg/Path Gross/Micro</td>
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<td>XX.XX</td>
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- **Pathology**

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**Professional Cost $X,XXX.XX**
Inpatient Value Explorer

Discharges: 52
Total Cost: $1,289,456
Cost per Discharge: $24,468
Cost Variance: -1.5%
Length of Stay: 3.3 days
Length of Stay Variance: 7.3%

Cost Comparison 7/1/13 to 2/28/15

774 - Vaginal Delivery with Complicating Diagnoses
775 - Vaginal Delivery without Complicating Diagnoses
766 - Cesarean Section without CC/MCC
765 - Cesarean Section with CC/MCC
743 - Uterine and Adnexa Procedures for Normal Pregnancy without CC/MCC
742 - Uterine and Adnexa Procedures for Normal Pregnancy with CC/MCC
767 - Vaginal Delivery with Sterilization and/or D&C
776 - Postpartum and Postabortion Diagnoses without O.R. Procedure
778 - Threatened Abortion
781 - Other Antepartum Diagnoses with Medical Complications
744 - D&C, Cionization, Laparoscopy and Tubal Interruption with CC/MCC
746 - Vagina, Cervix and Vagina Procedures with CC/MCC
770 - Abortion with D&C, Aspiration Curettage or Hysterotomy
779 - Abortion without D&C
513 - Coagulation Disorders

Link to detail
### CV Heart Failure Patients

**Discharge Date**

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Value Driven Outcomes
Outcomes Trending
Discharges from October 2012 through March 2014

- **Perfect Care Rate**
- **30 Day Readmit Rate**
- **Early Mobility Rate**
- **SCIP Fallout Rate**
VALUE-DRIVEN OUTCOMES IN TOTAL JOINT REPLACEMENT:
Higher quality drives lower cost

PERFECT CARE RATES TJR

Baseline Year  Implementation Year  Post-Implementation Year

Baseline Before Perfect Care Phase 1  Perfect Care Phase 1
Baseline Before Perfect Care Phase 2  Perfect Care Phase 2

Cost in $200 Increments
Transformational Strategic Focus

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All Patient Visits

FY2015 improvement = 11.61%, CAGR = 11.70%
FY2015 improvement = 12.4%, 5-year CAGR = 7.1%
Medical Group
Net Payments

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<td>2014</td>
<td>$370.0</td>
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<tr>
<td>2015</td>
<td>$417.1</td>
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FY2015 improvement = 12.7%, 5-year CAGR = 7.9%
Hospitals and Clinics
Operating Revenue

2011: $929
2012: $1,007
2013: $1,103
2014: $1,187
2015: $1,396

FY2015 improvement = 17.5%, 5-year CAGR = 10.7%
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- Capture more lives for population health and insurance products
- Rebuild our campus
- Lead transformation of academic health care
Ambulatory Centers

Services rendered at Ambulatory Centers:

**Ancillary Services**

- Emergency Dept
- Endoscopy/GI
- Laboratory
- Pharmacy
- Radiology
  - MRI
  - CT
- X-RAY
- Ultrasound
- Mammography
  - Same Day Surgery
  - Urgent Care

South Jordan Health Center
200,000 square feet
28 miles southwest of the University Hospital

Farmington Health Center
130,000 square feet
20 miles north of the University Hospital

Specialist Medicine
- Emergency Dept
- Endoscopy/GI
- Laboratory
- Pharmacy
- Radiology
  - MRI
  - CT
  - X-RAY
  - Ultrasound
  - Mammography
- Same Day Surgery
- Urgent Care
- Urgent Care
Successful and Growing Regional Outreach Strategy
Transformational Strategic Focus

- Embrace our academic missions as a competitive advantage
- Develop a deep, organization-wide patient-centered approach
- Leverage data and analytics to drive value
- Continue to grow market share, revenue, and margin
- Expand our geographic footprint ("front door")
- Grow regional referrals to high-end services
- Capture more lives for population health and insurance products
- Rebuild our campus
- Lead transformation of academic health care
Decreasing our Footprint, Increasing our Impact
New approaches to our physical spaces will further drive the transformation of care and leverage the value of our academic missions.
Transformational Strategic Focus

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Bryce Canyon National Park

Arches National Park

Canyonlands National Park

Zion National Park

Snowbird, Park City, Alta Ski Resorts
Questions? Discussion?