Orthopedics & Sports Medicine at Providence St. Joseph Health: Clinical Performance Group & Institute Overview

Tom Lorish, MD
Chair PSJH OS&M Leadership Council
Chief Executive Outreach and Strategic Affiliation, PSJH-Oregon
Medical Directory Orthopedics and Ambulatory Services, PSJH -Oregon
Agenda:

• Providence Health and Services, St. Joseph Health, Providence St. Joseph Health. AN Overview

• History of Clinical Program Services Development at PH&S/PSJH
  • Building clinical excellence
  • Clinical Program Services
  • Clinical Leadership

• Providence Health and Services, St. Joseph Health, Providence St. Joseph Health. AN Overview
Providence Health & Services
Western Washington, including Swedish Health Services and Pacific Medical Centers

Providence Health & Services
Eastern Washington/Western Montana, including Kadlec Regional Medical Center

Providence Health & Services
Oregon
Providence Health Plan

St. Joseph Health
Northern California (Humboldt, Napa, Sonoma Counties) including St. Joseph Heritage Healthcare

Providence Health & Services
Southern California (Los Angeles County), including Facey Medical Foundation

St. Joseph Health
Southern California (Orange and San Bernardino Counties) including Hoag and St. Joseph Heritage Healthcare

St. Joseph Health
West Texas/Eastern New Mexico, including Covenant Health and Covenant Medical Group FirstCare Health Plans
Our combined resources allow us to meet the needs of those we serve

- 50 HOSPITALS
- 829 CLINICS
- 23K PHYSICIANS
- 14 SUPPORTIVE HOUSING FACILITIES
- 106K CAREGIVERS
- 1.9m COVERED LIVES
- 90 NON-ACUTE SERVICES
- HIGH SCHOOL, NURSING SCHOOLS AND UNIVERSITY
- 2 HEALTH PLANS
- 21b REVENUE
- 23m ADMITS/VISITS
- $1.3b COMMUNITY BENEFIT
Building Blocks of Clinical Excellence:

- Safe
- Effective
- Compassionate
- Seamless
- Personalized
- High Value

- Table Stakes (no physical, emotional or financial harm)
- Evidence Based Practice, Research
- Care Experience, Compassion
- Institutes, Care Coordination
- Goal aligned care, CB
- Best outcomes/cost

- Culture of Reliability, Respect and Enablement
- Ease My Way
- Care For Me
- Know Me
Clinical Program Services was Initiated to:

- Optimize Expert to Expert collaboration across the entire enterprise
- Design, develop and deploy solutions that reduce variation and spread innovation over scale, creating clinical improvements to optimize growth potential of specialty care
- Coordinate the clinical experts for Epic optimization (EHR)
- Coordinate the capture of Patient Reported Outcomes
- Organize research across the enterprise
Clinician leadership, in “Expert to Expert” collaborations, across focused areas, has led to many successes

**Keys to Success**

- Recruitment of key clinicians and leaders
- All markets must be represented to assure change, more than 2500 clinicians participate today
- In person “Summits” are the key to relationship development and prioritizing focus
- Data and Healthcare Intelligence
- Patient Engagement Center
- Patient Reported Outcomes (PRO)
- Resource Optimization
- EBM, HRO & Predictable Excellence
- eCare, Epic & Knowledge Warehouse
- Population & Prevention
- Advanced Care Models

**Clinical Performance Groups**
Clinical Program Services Maturity

Clinical Performance Group…begin to integrate clinical teams……

- Established Clinical Focus Groups
- CPS leaders recruited
- Aligned physician teams
- Quality Initiatives
- Supply Chain Initiatives

Strategy and Leadership…understand shared needs…. 

- Developed Strategic Plan
- Established Leadership Council
- Physician Leaders
- Prioritization of initiatives
- Enterprise dashboards

Institute….. become an externally facing product……

- Robust Service Line Structure
  - Defined business plan
  - Discrete financial structure
  - Dedicated resources
- Identified Quaternary Centers
- Established Physician Network
- Advanced Clinical Research
- Education (CME/GME)
- Innovative Technologies
- Branded Product
- Enhanced Consumer Experience
Ingredients for Success

• Executive commitment
• Dyad Leadership– Clinical and Administrative leaders
• Regional decision/governing model is based on specialty-specific “Advisory Councils”
• Local Service Line Directors are integrated into clinical program development and decision making across all communities
• Strategic plans “road maps” jointly done.
• Execution and implementation is community-based.
### Strategic Intent

The Orthopedics & Sports Medicine Institute will connect with our patients, communities, and each other to deliver a patient and provider experience known for easy access to high value care, superior clinical outcomes and cutting edge research across our communities and the nation.

### Strategic Priorities

<table>
<thead>
<tr>
<th>Number</th>
<th>Priority</th>
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<tbody>
<tr>
<td>1)</td>
<td>Lead in evidence-based standards of care, monitoring quality metrics to the top decile and adopting new standards as evidence and innovative technologies evolve.</td>
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<td>2)</td>
<td>Create sustainable and mutually beneficial alignment strategies with clinicians across our markets to promote maximum partnership in all growth and quality initiatives.</td>
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<td>3)</td>
<td>Optimize data systems and registries to track outcomes and allow for data sharing, research, peer review, and publishing that can drive the care our patients receive.</td>
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<td>4)</td>
<td>Facilitate patient-centered, appropriate treatment for our patients, utilizing the expertise across our system to deliver the best care, as close to home as possible.</td>
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<td>5)</td>
<td>Provide a value-based model of care for purchasers and patients in our communities.</td>
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<td>6)</td>
<td>Provide advanced training programs to internal and external caregivers and clinicians.</td>
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Orthopedics & Sports Medicine CPG
Focus Groups

- Large Joint
- Trauma
- Rheumatology
- Sports Medicine
- Spine Pathways
- Research & Outcomes

OSM Leadership Council
Orthopedics & Sports Medicine CPG: Focus Group Highlights

Large Joint
- Established a system-wide data registry for joint replacements
- Coordinated system-wide implant agreement that resulted in $16.2M in savings in the first year
- Developed care pathways and tools for success under the CMS CJR model

Trauma
- Developed a patient pathway for geriatric hip fracture patients, including EPIC order sets that prioritized medication safety for this population
- Coordinating preparation for CMS expanded bundle for all hip/femur fractures (SHFFT)

Rheumatology
- System-wide pharmaceutical utilization reviews
- Dr. Phillip Mease, focus group chair, representing PSJH in the development of care standards and outcome measures for inflammatory arthritis with ICHOM
Orthopedics & Sports Medicine CPG: Focus Group Highlights

Sports Medicine
- Partnered with Neuroscience colleagues on development of concussion protocols
- Business planning efforts have led to proposals for both Community Athletic Trainer programs and non-surgical Sports Medicine clinics

Spine Pathways
- Convened surgeons, physiatrists, therapists, pharmacists, nurses, and other multi-disciplinary team members to develop a comprehensive spine care pathway

Research, Reporting, & Outcomes
- Coordinated participation and submission of data from all 34 PH&S ministries to national registry for joint replacements (AJRR)
- Partnered with clinicians from across organization to present research at national meetings (AAOS)
- Achieved organization standard for PRO collection and implemented common solution in 13 locations to date
Institute focus in 2016 – Total Joint Replacements

**Quality**
Focus on reducing readmissions were successful, with an Observed/Expected ratio of 0.83 and over 100 readmissions prevented

**Managing the Cost of Care**
By complying with a new implant agreement and partnering with clinicians, the average implant cost per case was reduced by $472

**Responsible Growth**
Each region and market exceeded the 2016 LRP for total joint procedures, with overall growth exceeding that target by 9%
Patient Reported Outcomes – a journey to listen to our patients

- After selection of a common registry tool, surgeons wanted to be able to add data from their patients to our hospital data.
- Surgeons and PH&S administrative leaders consulted their national associations for best practice.
- A common survey tool was developed that meets standards for research, payer requirements, and internal data analysis for performance improvement.
- A common collection platform (TONIC) is being deployed across the organization in partner clinician practices.
Targeting Variation – Readmission O/E for TJR (Quality) 2015

Readmission Observed/Expected Ratio – 2015 by Region
PH&S/SHS/Kadlec

Source: Vantage PH&S Reporting Information – Readmissions
TKA/THA
Readmission O/E for TJR: 2017

Vantage

30 Day All Cause Inpatient Readmission (223647)
Inpatient Diagnostic Measure: THA/TKA

Readmission Rate and Observed / Expected (O/E) Ratio (with 90 Percent Confidence Interval)

<table>
<thead>
<tr>
<th>Year</th>
<th>Observations</th>
<th>Elig Cases</th>
<th>O/E Upper CI</th>
<th>O/E Lower CI</th>
<th>Benchmark</th>
<th>O/E Ratio</th>
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<tr>
<td>2016</td>
<td>Mar 31</td>
<td>Apr 37</td>
<td>May 35</td>
<td>Jun 36</td>
<td>Jul 35</td>
<td>Aug 31</td>
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<tr>
<td>1,567</td>
<td>1.358</td>
<td>1.366</td>
<td>1.522</td>
<td>1.304</td>
<td>1.367</td>
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<td>2.1%</td>
<td>2.7%</td>
<td>2.6%</td>
<td>2.4%</td>
<td>2.7%</td>
<td>2.2%</td>
<td>2.7%</td>
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<tr>
<td>0.99</td>
<td>1.29</td>
<td>1.03</td>
<td>1.16</td>
<td>1.22</td>
<td>1.26</td>
<td>1.05</td>
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<td>0.73</td>
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<td>0.87</td>
<td>1.23</td>
<td>0.91</td>
<td>1.09</td>
<td>1.14</td>
<td>0.96</td>
<td>1.21</td>
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<td>0.72</td>
<td>1.02</td>
<td>0.75</td>
<td>0.90</td>
<td>0.94</td>
<td>0.79</td>
<td>1.00</td>
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Note 1: The last 2 months of Premier data is preliminary that requires final reconciliation by facilities.
Note 2: This dashboard shows the cross-facility readmissions and readmission rates. Same facility O/E ratio, benchmark, and CIs are reported to be consistent with Premier methodology.
Work to succeed under the CMS CJR model

**July 2015**
CMS CJR proposed rule announced and system/regional workgroup created.

**November 2015**
CMS CJR rule finalized and preparations for Performance Year 1 (PY1) intensify.

**April 2016**
Performance Year 1 begins; Care Pathway work begins; Creation of financial/data infrastructure.

**September 2016**
CMS releases first interim PY1 results; PH&S gainshare structure endorsed by CA and OR markets.

**December 2016**
CMS releases final rule for expansion of model to include all fracture patients.

**Early 2017**
Performance Year 2 (PY2) begins on 1/1/2017; CMS interviews PSJH staff for success tips/tools.

PH&S now including TX and OC in this work...