Population Health Management: Banner Health Network’s Perspective

Neta Faynboym, Medical Director Banner Health Network
• 29 Acute Care Hospitals
• Banner Health Network with 400K lives in risk arrangements
• Banner Medical Group - 1400 providers
• Banner University Medical Group - 800 providers
• Specialty Hospitals - Heart, Children's and Behavioral
• Partnership with University of Texas MD Anderson Cancer Center
• Outpatient Surgery
• Medical Education
• $5.4 billion in revenue, 2014
• Acquisition of University of Arizona Health Network in 2015
PROVIDERS AND CARE SERVICES

Banner Health Network (BHN)

- Medicare Advantage
- Pioneer Medicare
- Commercial
- AHCCCS
- Exchange Products
- Other

Banner Health
18 AZ In-Network Hospitals

Banner Medical Group
Approx. 1,100 Physicians

AIP
Approx. 1,000 Physicians

Banner Physician Hospital Organization
Approx. 1,300 Physicians
BANNER HEALTH NETWORK VISION

To be the health system of choice in markets we serve for those that entrust their health and wellbeing to us.

Arizona Integrated Physicians
Banner Physician Hospital Organization
Banner Medical Group
Banner Health

BHN Members

Triple Aim Goals:
1. Improving the patient experience of care
2. Improving the health of populations
3. Reducing the per capita cost of healthcare
VALUE PROPOSITION IN AN ACO -TYPE MODEL

Delivery Efficiency (service/care)
• All care team members practicing at the top of their license
• Streamlined work flow
• Process automation
• Decrease the cost of delivering a service (i.e. hospital bed day)

Appropriate Utilization (level/type)
• Population health risk management strategies
• Care coordination and navigation
• Evidence based medicine
• Fraud and abuse mitigation

New Business Revenue
• Shared Savings, Care Coordination, Risk and Joint Venture arrangements with payers
• Specialty focus care delivery programs/models with bundle payments

... while increasing quality and member experience
HOW WE APPROACH POPULATION HEALTH

- Competitive Unit Cost
- Care Management Programs
- Unifying Technology
- Improved Member Experience
- Guaranteed Trend And Performance
FOUR FOUNDATIONAL ELEMENTS – THE HOW

Banner Health Network

- Care Management
- Air Traffic Control
  *Real time monitoring*
- Actionable Data Analytics
- Seamless transitions of care

Banner Health Integrated Care Delivery Model
FROM RAW DATA TO MEANINGFUL ACTIONS

- Data Collection & Aggregation
- Point of Care Clinical & Decision Support Tools
- Member and Provider Engagement Tools
- Clinical Quality, Utilization, & Cost Reporting
- Correlational & Predictive Analytics
Member enrolls in BHN plan

Member Needs Assessed

Low Intensity 65-80%
- Preventive Health
- Appropriate Screenings
- Minor Episodic Care

Mid Intensity 15-35%
- Chronic Condition Management
- Team-based Care (eg, PCMH)
- Specialty and Behavioral Care

High Intensity 5-10%
- Acute Care
- Complex Chronic Conditions Care
- Sub acute Care
- End of Life Care

HEALTH MANAGEMENT MODEL
IMPROVING HEALTH AND LOWERING COSTS

Focus Area

Focus # 1: Focus on Determinants of Health

Focus # 2: Reduce Admits/1000
Management of the 5% High Intensity Members, Reduce Readmissions

Focus # 3: Decrease ED Visits/1000

Focus # 4: Post-Acute Care

Focus # 5: Pharmacy

Focus # 6: Improve Performance on Contract Performance Measures

Focus # 7: Grow Banner Ambulatory Palliative Care Program

Focus # 8: Provide Value to PCPs in BHN Network

Focus # 9: Develop High Value Network
#1 FOCUS
UNDERSTAND & PRIORITIZE NEEDS OF THE POPULATION

- Diet & Nutrition
- Exercise & Physical Fitness
- Education/ Measurement/ Tracking Tools
- Sleep Patterns

- Assessment of Environmental Components of Health
  i.e. Smoking, Poor Nutrition, Lack of Resources

- Assessment of Health Risk Based on Genetic Factors
- Screening (Risk Based)
- Disease Modification

Biopsychosocial Model
MEMBER EXPERIENCE CENTER

- Medical Advice & Follow Up
- eVisit
- PCP Appointment
- Urgent Care ER

BHN Member

Member Experience Center

- New Member On-Boarding
- Care Gap Closure
- Connection to Care Management Programs
- Manage Care Transitions
TARGET HIGH INTENSITY MEMBERS’ WITH TELEHEALTH

- 27% reduction in cost of care
- 32% reduction in acute and long term care costs
- 45% reduction in hospitalizations

Enrollment in iCare – Goal 500 members

Member enrollment per month

iCare Data Overview

Costs Allowed, shifting enrollment to equipment install
DE-ESCALATE HIGH COST CARE SETTINGS....

**BHN member Identified**
ED CM is notified of every BHN member with ICON on the Tracking Board

**Member Evaluation**
ED CM evaluates members needs

**Consultation**
ED Provider, Hospitalist and ED CM discussion

**De-Escalation**
Lower LOC reduces costs to network and expenses to member

*Infrastructure supports CM transitions and follow-up with ambulatory care providers*
ACUTE HOSPITAL SETTING

35 to 40% of Medicare Patients are discharged to PAC

PAC BY THE NUMBERS

- PAC costs 20 to 25% of the total medical expense for a Medicare beneficiary.
- PAC spending, with annual growth in the last decade is outpacing other service categories by 50% or more.
- It now accounts for a significant portion of overall Medicare expenditures.
- $65 Billion Annually!

PERCENT SPENDING BY MEDICARE ON PAC SERVICE

- SNF, 50%
- HHA, 31%
- IRF, 11%
- LTACH, 8%

- Overutilization of SNF days (the largest piece of the pie). 25% of SNF admits could go home.
- $10 Billion: Amount that could be saved by Medicare annually if patients utilized the appropriate PAC setting.
- Over 8%: The rate at which Medicare spending for SNF, LTC, and Homecare grew annually from 2001-2012.
BHN & ACO SKILLED NURSING READMISSION RATES

Banner Affiliated SNF: 8%
Banner Health: 4%
Other: 17%
**TELE-SNF**

Boswell Rehabilitation Center Utilization  
Dec 2013 - Nov 2014

### Data Bars
- ED Transfer Prevention
- Enhanced ED transfer
- Non-Acute Clinical Care
- Staff Support

**KEEPPING HEADS IN BEDS!**

Ready to be implemented in Affiliated SNF’s
COMPARISON OF OUR SNF PBPM COST VS ALL OTHER PIONEER ACOS 2014 Q2

Banner is a top performer!

Banner Health Network