
7th Annual Winter CME Symposium
Community Medical Centers – Whistler, B.C., Canada
February 10, 2012

Glenn Steele, Jr., MD, PhD
President & CEO
Geisinger Health System
Where We Are Now (Nationally)
International Comparison of Spending on Health, 1980-2009

**Average spending on health per capita ($US PPP)**

- United States: $7,960
- Netherlands: $3,487
- Canada: $7,960
- Germany: $3,487
- OECD Median: $7,960
- United Kingdom: $3,487

**Total expenditures on health as percent of GDP**

- United States: 17.4%
- Netherlands: 9.5%
- Canada: 17.4%
- Germany: 9.5%
- OECD Median: 17.4%
- United Kingdom: 9.5%

Note: $US PPP = purchasing power parity.
Total National Health Expenditures (NHE), 2009–2019
Before and After Reform

NHE in trillions

- Before Reform*
- After Reform

Notes: * Estimate of pre-reform national health spending when corrected to reflect underutilization of services by previously uninsured.

Access
Demand
Perverse incentives still in play
“Piece rate” Medicare/Medicaid payment

↑ units of work

↑ cost

↓ value

Plus new incentives!!
Consolidation of insurance companies
Consolidation of hospitals
↑ Integrated Delivery Systems
? Accountable Care Organizations
Where Do We Want to Be?

1. Affordable coverage for all
2. Payment for value
3. Coordinated care
4. Continuous improvement/innovation
5. National health goals, leadership, accountability
How Do We Get From Where We Are To Where We Want To Be?
The Quality of Health Care Delivered To Adults In the United States


BACKGROUND
We have little systematic information about the extent to which standard processes involved in healthcare—a key element of quality—are delivered in the United States.

METHODS
We telephoned a random sample of adults living in 12 metropolitan areas in the United States and...received written consent to copy their medical records...to evaluate performance on 439 indicators of quality of care for 30 acute and chronic conditions as well as preventative care...

RESULTS
Participants received 54.9 percent of recommended care.

CONCLUSIONS
The deficits we have identified in adherence to recommended processes for basic care pose serious threats to the health of the American public. Strategies to reduce these deficits are warranted.
Cost/Quality “Correlation”

MD Longitudinal Cost Efficiency Index
(total cost per case mix-adjusted treatment episode)

Adapted from Regence Blue Shield; Arnie Milstein, MD - Mercer
Cost or Quality
1993-1994
Hillary-Care ‘Debate’

Cost ↓ or Quality ↑
2003

Cost ↓ = Quality ↑
2006-2010
GHS Innovations
Geisinger Health System
An Integrated Health Service Organization

Provider Facilities

- Geisinger Medical Center
  - Hospital for Advanced Medicine, Janet Weis Children’s Hospital, Women’s Health Pavilion, Level I Trauma Center, Ambulatory Surgery Center
  - Geisinger Shamokin Area Community Hospital
- Geisinger Northeast (3 campuses)
  - Geisinger Wyoming Valley Medical Center with Heart Hospital, Henry Cancer Center, Level II Trauma Centers
  - South Wilkes-Barre Adult & Pediatric Urgent Care, Ambulatory Surgery Center, inpatient rehabilitation, pain mgmt, sleep disorders
- Marworth Alcohol & Chemical Dependency Treatment Center
  - >56K admissions/OBS & SORU
  - ~895 licensed in-patient beds

Managed Care Companies

- ~298,000 members (including ~63,000 Medicare Advantage members)
- Diversified products
- >30,000 contracted physicians/facilities
- 43 Pennsylvania (PA) counties

Physician Practice Group

- Multispecialty group
- ~900 physicians
- ~520 advanced practitioners
- ~65 primary and specialty clinic sites (37 community practice sites)
- 1 Outpatient surgery center
- >2.1 million outpatient visits
- ~360 residents and fellows
A Pennsylvania-based Integrated System

- Geisinger ProvenHealth Navigator Sites
- Contracted ProvenHealth Navigator Sites
- Geisinger Medical Groups
- Geisinger Specialty Clinics
- Geisinger Inpatient Facilities
- Ambulatory Care Facility
- Geisinger Health System Hub and Spoke Market Area
- Geisinger Health Plan Service Area
- Careworks Convenient Healthcare
- Non-Geisinger Physicians With EHR
- LifeFlight Base
Electronic Health Record (EHR) update

- **>$135M invested** (hardware, software, manpower, training)
- **Running costs:** ~4.4% of annual revenue of >$3B
- **Fully-integrated EHR:** 37 community practice sites; 2 hospitals; 2 EDs; 6 Careworks retail-based and worksite clinics
  - Acute and chronic care management
  - Optimized transitions of care
- **Networked PHR** - ~178,000 active users (34% of ongoing patients)
  - Patient self-service (self-scheduling, kiosks)
  - Home monitoring integrated with Medical Home
- **“Outreach Health IT”** – 3,159 users in 612 non-Geisinger practices
  - Remote support for regional ICUs
  - Telestroke services to regional EDs
- **Active Regional Health-Information Exchange (KeyHIE)**
  - 18 hospitals, 100+ practices, 500,000 patients consented
- **e-health (eICU®) Programs**
- **Keystone Beacon Community - $16M Grant from ONCHIT over 3 years**
  - HIT-enabled, Community-wide care coordination in 5 rural counties
The Vision

- Quality
- Innovation
- Market Leadership
  - Growth
  - Scale and Generalize Innovation
- The Geisinger Family
  - Legacy
  - Personal and Professional Well-being
Targets for Geisinger Innovation

• Unjustified variation
• Fragmentation of care-giving
• Perverse payment incentives
  – ↑Units of work
  – Outcome irrelevant
• Patient as passive recipient of care
Innovation Portfolio

- ProvenCare® for Acute Episodic Care (the “Warranty”)
- ProvenCare® Chronic Disease
- ProvenHealth Navigator® (Advanced Medical Home)
- Transitions of Care
- GAPP (Geisinger Accelerated Performance Program)
ProvenCare® for Acute Episodic Care (the “Warranty”)
ProvenCare® for Acute Episodic Care

ProvenCare®

- Identify high-volume DRGs
- Determine best practice techniques
- Deliver evidence-based care
- GHP pays global fee
- No additional payment for complications
## ProvenCare® CABG

### Patient characteristics: Pre vs. Post ProvenCare®

<table>
<thead>
<tr>
<th></th>
<th>Before ProvenCare® N = 132</th>
<th>After ProvenCare® N = 554</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>66.0</td>
<td>65.2</td>
</tr>
<tr>
<td>Male</td>
<td>73 %</td>
<td>81 %</td>
</tr>
<tr>
<td>Weight</td>
<td>89.0 kg</td>
<td>94.3 kg</td>
</tr>
<tr>
<td>BSA</td>
<td>2.04 m²</td>
<td>2.10 m²</td>
</tr>
<tr>
<td>Diabetes</td>
<td>35%</td>
<td>47%</td>
</tr>
<tr>
<td>Smoking history</td>
<td>60 %</td>
<td>37%</td>
</tr>
<tr>
<td>Previous CV intervention</td>
<td>11 %</td>
<td>24%</td>
</tr>
<tr>
<td>Left main stenosis</td>
<td>11 %</td>
<td>27%</td>
</tr>
<tr>
<td>Number coronaries grafted</td>
<td>2.99</td>
<td>2.98</td>
</tr>
<tr>
<td>IABP</td>
<td>3 %</td>
<td>6%</td>
</tr>
<tr>
<td>Off pump</td>
<td>96%</td>
<td>91%</td>
</tr>
</tbody>
</table>
## ProvenCare® CABG
### Clinical Outcomes: Pre vs. Post ProvenCare® protocols

<table>
<thead>
<tr>
<th></th>
<th>Before ProvenCare®</th>
<th>After ProvenCare®</th>
<th>% Improvement (Deterioration)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 132</td>
<td>N = 554</td>
<td></td>
</tr>
<tr>
<td>In-hospital mortality</td>
<td>1.5 %</td>
<td>0.5 %</td>
<td>67 %</td>
</tr>
<tr>
<td>Patients with any complication (STS)</td>
<td>38 %</td>
<td>34 %</td>
<td>10 %</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>24 %</td>
<td>20 %</td>
<td>16 %</td>
</tr>
<tr>
<td>Permanent stroke</td>
<td>1.5 %</td>
<td>1.3 %</td>
<td>13 %</td>
</tr>
<tr>
<td>Prolonged ventilation</td>
<td>5.3 %</td>
<td>4.9 %</td>
<td>8 %</td>
</tr>
<tr>
<td>Re-intubation</td>
<td>2.3 %</td>
<td>1.4 %</td>
<td>40 %</td>
</tr>
<tr>
<td>Intra-op blood products used</td>
<td>24 %</td>
<td>12 %</td>
<td>48 %</td>
</tr>
<tr>
<td>Re-operation for bleeding</td>
<td>3.8 %</td>
<td>2.4 %</td>
<td>37 %</td>
</tr>
<tr>
<td>Deep sternal wound infection</td>
<td>0.8 %</td>
<td>0.2 %</td>
<td>76 %</td>
</tr>
<tr>
<td>Post-op mean LOS</td>
<td>5.2 d</td>
<td>5.0 d</td>
<td>4 %</td>
</tr>
</tbody>
</table>
ProvenCare® CABG

Reporting Period: FY2011 Q4 Apr-Jun
Update Date: July 5, 2011
ProvenCare® CABG: Financial Outcomes

Hospital:
• Contribution margin increased 17.6%
• Total inpatient profit per case improved $1946

Health Plan:
• Paid out 4.8% less per case for CAB with ProvenCare® than it would have without
• Paid out 28 to 36% less for CAB with GHS than with other providers
<table>
<thead>
<tr>
<th>Epo CKD (n=241)*</th>
<th>Control (n=74)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median days to goal = 35 days</td>
<td>Median days to goal = 62.5 days</td>
</tr>
<tr>
<td>% Time below goal = 11.6%</td>
<td>% Time below goal = 39.7%</td>
</tr>
<tr>
<td>% Time in goal = 62.7%</td>
<td>% Time in goal = 43.9%</td>
</tr>
<tr>
<td>% Time above goal = 25.6%</td>
<td>% Time above goal = 16.4%</td>
</tr>
<tr>
<td>Avg Epo Units/week = 4,400***</td>
<td>Avg Epo Units/week = 12,000</td>
</tr>
<tr>
<td>Home/Clinic = 82%/18%</td>
<td>Home/Clinic = 39.2%/60.8%</td>
</tr>
<tr>
<td>Expanded Dose Utilization = 74%</td>
<td>Expanded Dose Utilization = 16%</td>
</tr>
<tr>
<td>Avg Hgb at start = 10.4 mg/dl</td>
<td>Avg Hgb at start = 10.0 mg/dl</td>
</tr>
<tr>
<td>Avg T-Sat at start = 27%</td>
<td>Avg T-Sat at start = 18%</td>
</tr>
</tbody>
</table>

***Savings $2,200/pt/year @ASP+6% (After management fee accounted for. Does not take into account benefit of decreased clinic administration cost)

*VITALine results (as of 12/1/10), Hgb range 10-12

**Bucaloiu et. al, Managed Care Interface, June 2007. Hgb target range 11-13 at this time
ProvenCare® Portfolio

ProvenCare®:
- CABG
- PCI (Percutaneous Coronary Interventions Angioplasty/Angioplasty + AMI)
- Hip replacement
- Cataract
- EPO
- Perinatal
- Bariatric surgery
- Low back
- Lung cancer
- Knee Replacement
ProvenCare® - Chronic Disease
Chronic Disease Portfolio

- Diabetes
- Congestive Heart Failure
- Coronary Artery Disease
- Hypertension
- Prevention Bundle
## Improving Diabetes Care for 25,071 Patients

<table>
<thead>
<tr>
<th>Metric</th>
<th>3/06</th>
<th>3/07</th>
<th>8/10</th>
<th>8/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Bundle Percentage</td>
<td>2.4%</td>
<td>7.2%</td>
<td>13.0%</td>
<td>12.5%</td>
</tr>
<tr>
<td>% Influenza Vaccination</td>
<td>57%</td>
<td>73%</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>% Pneumococcal Vaccination</td>
<td>59%</td>
<td>83%</td>
<td>83%</td>
<td>82%</td>
</tr>
<tr>
<td>% Microalbumin Result</td>
<td>58%</td>
<td>87%</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>% HgbA1c at Goal</td>
<td>33%</td>
<td>37%</td>
<td>52%</td>
<td>50%</td>
</tr>
<tr>
<td>% LDL at Goal</td>
<td>50%</td>
<td>52%</td>
<td>54%</td>
<td>55%</td>
</tr>
<tr>
<td>% BP &lt; 130/80</td>
<td>39%</td>
<td>44%</td>
<td>55%</td>
<td>57%</td>
</tr>
<tr>
<td>% Documented Non-Smokers</td>
<td>74%</td>
<td>84%</td>
<td>85%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Cumulative Hazard Function for Macro-Vascular and Micro-Vascular Disease
Micro-vascular (Retinopathy and Amputation)
Cumulative Hazard Function for Macro-Vascular and Micro-Vascular Disease

Macro-vascular outcomes (MI and Stroke)
### Value Driven Primary Care

**Patient Centered Outcome Improvements**

<table>
<thead>
<tr>
<th>Microvascular</th>
<th>Macrovascular</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retinopathy</strong></td>
<td><strong>Heart Attack</strong></td>
</tr>
<tr>
<td>• 10 fewer cases per 1000</td>
<td>• 30 fewer cases per 1000</td>
</tr>
<tr>
<td>• 750 over six years</td>
<td>• 2250 less over six years</td>
</tr>
<tr>
<td><strong>Amputations</strong></td>
<td><strong>Stroke</strong></td>
</tr>
<tr>
<td>• One less case per 1000</td>
<td>• 20 fewer cases per 1000</td>
</tr>
<tr>
<td>• 75 over six years</td>
<td>• 1500 less over six years</td>
</tr>
</tbody>
</table>
## Improving CAD Care for 15,532 Patients

<table>
<thead>
<tr>
<th></th>
<th>9/06</th>
<th>3/07</th>
<th>8/10</th>
<th>8/11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAD Bundle Percentage</strong></td>
<td>8%</td>
<td>11%</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>% LDL &lt;100 or &lt;70 if High Risk</td>
<td>38%</td>
<td>37%</td>
<td>50%</td>
<td>52%</td>
</tr>
<tr>
<td>% ACE/ARB in LVSD,DM, HTN</td>
<td>65%</td>
<td>66%</td>
<td>76%</td>
<td>77%</td>
</tr>
<tr>
<td>% BMI measured</td>
<td>79%</td>
<td>86%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>% BP &lt; 140/90</td>
<td>74%</td>
<td>74%</td>
<td>79%</td>
<td>81%</td>
</tr>
<tr>
<td>% Antiplatelet Therapy</td>
<td>89%</td>
<td>91%</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>% Beta Blocker use S/P MI</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>% Documented Non-Smokers</td>
<td>86%</td>
<td>86%</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td>% Pneumococcal Vaccination</td>
<td>80%</td>
<td>80%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>% Influenza Vaccination</td>
<td>60%</td>
<td>74%</td>
<td>78%</td>
<td>78%</td>
</tr>
</tbody>
</table>
## Improving Preventive Care for 220,946 Patients

<table>
<thead>
<tr>
<th>Service</th>
<th>11/07</th>
<th>8/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Preventive Bundle</td>
<td>9.2%</td>
<td>31%</td>
</tr>
<tr>
<td>Breast Cancer Screening (q 2 40-49, q 1 50-74)</td>
<td>46%</td>
<td>61%</td>
</tr>
<tr>
<td>Cervical Cancer Screening (q 3 yr Age 21-64)</td>
<td>64%</td>
<td>71%</td>
</tr>
<tr>
<td>Colon Cancer Screening (Age 50-84)</td>
<td>44%</td>
<td>66%</td>
</tr>
<tr>
<td>Prostate Cancer Discussion (Age 50-74)</td>
<td>72%</td>
<td>77%</td>
</tr>
<tr>
<td>Lipid Screening (Every 5 yr M &gt; 35, F &gt; 45)</td>
<td>75%</td>
<td>87%</td>
</tr>
<tr>
<td>Diabetes Screening (Every 3 yr &gt; 45)</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td>Obesity Screening (BMI in Epic)</td>
<td>77%</td>
<td>97%</td>
</tr>
<tr>
<td>Documented Non-Smokers</td>
<td>75%</td>
<td>78%</td>
</tr>
<tr>
<td>Tetanus Diphtheria Immunization (every 10 yr)</td>
<td>35%</td>
<td>72%</td>
</tr>
<tr>
<td>Pneumococcal Immunization (Once Age &gt;65)</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>Influenza Immunization (Yearly Age &gt;50)</td>
<td>47%</td>
<td>59%</td>
</tr>
<tr>
<td>Chlamydia Screening (Yearly Age 18-25)</td>
<td>22%</td>
<td>37%</td>
</tr>
<tr>
<td>Osteoporosis Screening (every 3 yr Age &gt; 65)</td>
<td>52%</td>
<td>73%</td>
</tr>
<tr>
<td>Alcohol Intake Assessment</td>
<td>84%</td>
<td>92%</td>
</tr>
</tbody>
</table>
Ongoing Issues

- More individualized targets?
- Smaller cohorts?
- Specialist / PCP interactions
ProvenHealth Navigator®
(Advanced Medical Home)
ProvenHealth Navigator®
(Advanced Medical Home)

- Partnership between primary care physicians and GHP that provides 360-degree, 24/7 continuum of care
- “Embedded” nurses
- Assured easy phone access
- Follow-up calls post-discharge and post-ED visit
- Telephonic monitoring/case management
- Group visits/educational services
- Personalized tools (e.g., chronic disease report cards)
A Health Insurer Pays More to Save
By Reed Abelson

Value and the Medical Home: Effects of Transformed Primary Care
Richard J. Gilfillan, MD; Janet Tomcavage, RN, MSN; Meredith B. Rosenthal, PhD;
Duane E. Davis, MD; Jove Graham, PhD; Jason A. Roy, PhD; Steven B. Pierdon, MD;
Frederick J. Bloom Jr, MD, MMM; Thomas R. Graf, MD; Roy Goldman, PhD, FSA; Karen M. Weikel, BA;
Bruce H. Hamory, MD; Ronald A. Paulus, MD, MBA; and Glenn D. Steele Jr, MD, PhD

How Geisinger’s Advanced Medical Home Model Argues The Case For Rapid-Cycle Innovation
By Glenn D. Steele, Jean A. Haynes, Duane E. Davis, Janet Tomcavage, Walter F. Stewart,
Tom R. Graf, Ronald A. Paulus, Karen Weikel, and Janet Shikles
### ProvenHealth Navigator®
**Expansion since 2007 update**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Sites</th>
<th>MA members</th>
<th>Commercial members</th>
<th>Medicare members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 (2007)</td>
<td>3</td>
<td>3,100</td>
<td>800</td>
<td>2,000</td>
</tr>
<tr>
<td>Phase 2 (2008)</td>
<td>10</td>
<td>7,300</td>
<td>8,500</td>
<td>11,000</td>
</tr>
<tr>
<td>Phase 3 (2009)</td>
<td>12</td>
<td>4,600</td>
<td>7,000</td>
<td>7,800</td>
</tr>
<tr>
<td>Phase 4 (2010)</td>
<td>12</td>
<td>4,300</td>
<td>7,100</td>
<td>5,300</td>
</tr>
<tr>
<td>Phase 5 (2011)</td>
<td>9</td>
<td>1,100</td>
<td>4,600</td>
<td>3,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong>*</td>
<td><strong>20,500</strong></td>
<td><strong>28,000</strong></td>
<td><strong>29,100</strong></td>
</tr>
</tbody>
</table>

*37 Geisinger primary care practices & 9 non-Geisinger primary care practices
Acute admissions show improvement in the Medicare population

Risk Adjusted Acute Admissions Per 1000

- 2006: 0 sites (294 PHN, 309 Non-PHN)
- 2007: 3 sites (257 PHN, 301 Non-PHN)
- 2008: 13 sites (240 PHN, 303 Non-PHN)
- 2009: 25 sites (232 PHN, 292 Non-PHN)
- 2010: 37 sites (241 PHN, 286 Non-PHN)

44 Current PHN Sites
Readmissions are also lower

Risk Adjusted Readmissions/1000

- 2006: 43 (0 sites)
- 2007: 41 (3 sites)
- 2008: 31 (13 sites)
- 2009: 34 (25 sites)
- 2010: 34 (37 sites)

PHN: Non-PHN

- 44 Current PHN Sites
Cumulative percent difference in spending (Pre-Rx Allowed PMPM $) attributable to PHN in the first 21 PHN clinics for calendar years 2005-2009. Dotted lines represent 95% confidence interval. P = < 0.003
Physician Group Practice (PGP) Demonstration Project

April 1, 2005 – March 30, 2010

Do large multispecialty group practices deliver higher quality care at lower cost than surrounding physicians and hospitals?

<table>
<thead>
<tr>
<th>NAME</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billings Clinic</td>
<td>MT</td>
</tr>
<tr>
<td>Dartmouth-Hitchcock Clinic</td>
<td>NH</td>
</tr>
<tr>
<td>Everett Clinic</td>
<td>WA</td>
</tr>
<tr>
<td>Forsyth Medical Group</td>
<td>NC</td>
</tr>
<tr>
<td>Geisinger Clinic</td>
<td>PA</td>
</tr>
<tr>
<td>Marshfield Clinic</td>
<td>WI</td>
</tr>
<tr>
<td>Middlesex Health System</td>
<td>CT</td>
</tr>
<tr>
<td>Park Nicollet Health Services</td>
<td>MN</td>
</tr>
<tr>
<td>St. John’s Health System</td>
<td>MO</td>
</tr>
<tr>
<td>University of Michigan</td>
<td>MI</td>
</tr>
</tbody>
</table>
Geisinger PGP Year over Year Per Capita Trend

- Quality Rating
  - PY 1: 73%
  - PY 2: 100%
  - PY 3: 100%
  - PY 4: 100%
  - PY 5: 100%
- Shared Savings
  - PY 1: $0
  - PY 2: $0
  - PY 3: $1.95M
  - PY 4: $1.79M
  - PY 5: $0

Year 5 had the lowest cost trend.
PGP to “Transitions Demonstration” (ACO #1)

Key changes

- Population/Attribution
- Shared Savings Split/“Corridor” of significance
- Quality Criteria/Leading Quality optional module
Question: And Now What?
Answer: Reengineering Care!
ACOs Rules & Regs
More value for patients!
And / Or

"Price controls!!"
Value $\rightarrow$ Shared Savings

or

Quasi-capitation
(i.e., population health accountability)

or

Fee-for-Service
(with $\downarrow\downarrow$ fees)
↑ Value → Shared Savings

or Quasi-capitation
(i.e., population health accountability)

or

Fee-for-Service
(with ✅ fees)
Caveats I

For all of the Innovations

↓ Cost in hospital
↓ Hospital volume
↓ Total cost of care

•• New relationship to payer
  or
New payment incentives
  or
Backfilled volume with new payer mix
Caveats II

- Scalable?
- Applicable to non-Integrated Delivery Systems?
- Applicable in absence of real-time EHR?
- Applicable in fee-for-service settings?
- Pending wider use in marketplace
- Reliance on partnering with CMS or CMMI?
- Market based response may be even more important!
Fundamental Innovation at Geisinger
How and Why?

Anatomy

• Continuum of Care (provider “all-in”)
• Hub and spoke provider design
• Aligned incentives
• Insurance/provider joint goals

Market

• Demography
• Brand
• Market share (insurance and provider)
• Electronic enabler across 43 counties
Fundamental Innovation at Geisinger
How and Why?

Financial Health
- Balance sheet
- Operating margin
- “Hedging” strategy
- Planned risk taking

Sociology
- IHS culture
- Clinical leadership (insurance and provider)
- Patient centric design
- The “common good” goal
All of the above
“permissive” but not enough

Clinical leadership
Pride of purpose
Professionalism

Overarching
Geisinger Health System
Scalability Experiments

PGP → Transition Demonstration (ACO #1)
Clinical Enterprise Partnering

➢ Consulting
➢ GHS Collaboratives
  • Singapore
  • Jefferson University Health / Main Line Health
  • HSHS/Bon Secours
  • Premier Integrated Care Collaborative
  • Orlando – UCF
  • Care Connectivity Consortium (Mayo/Intermountain/Kaiser/Group Health)
  • ACS Commission on Cancer Collaboration
  • CMMI Bundling Cooperative
➢ GIO Scaling/Generalizing
  • New Jersey Risk Products
  • TPA Plus
    ▪ Delaware, West Virginia, Maine, NY
➢ National Innovation Center