

# Defining Clinical Institutes Across An Organization

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50  
HOSPITALS



829  
CLINICS



23k  
PHYSICIANS



106k  
CAREGIVERS



HIGH SCHOOL, NURSING  
SCHOOL AND  
UNIVERSITY



90  
NON-ACUTE  
SERVICES

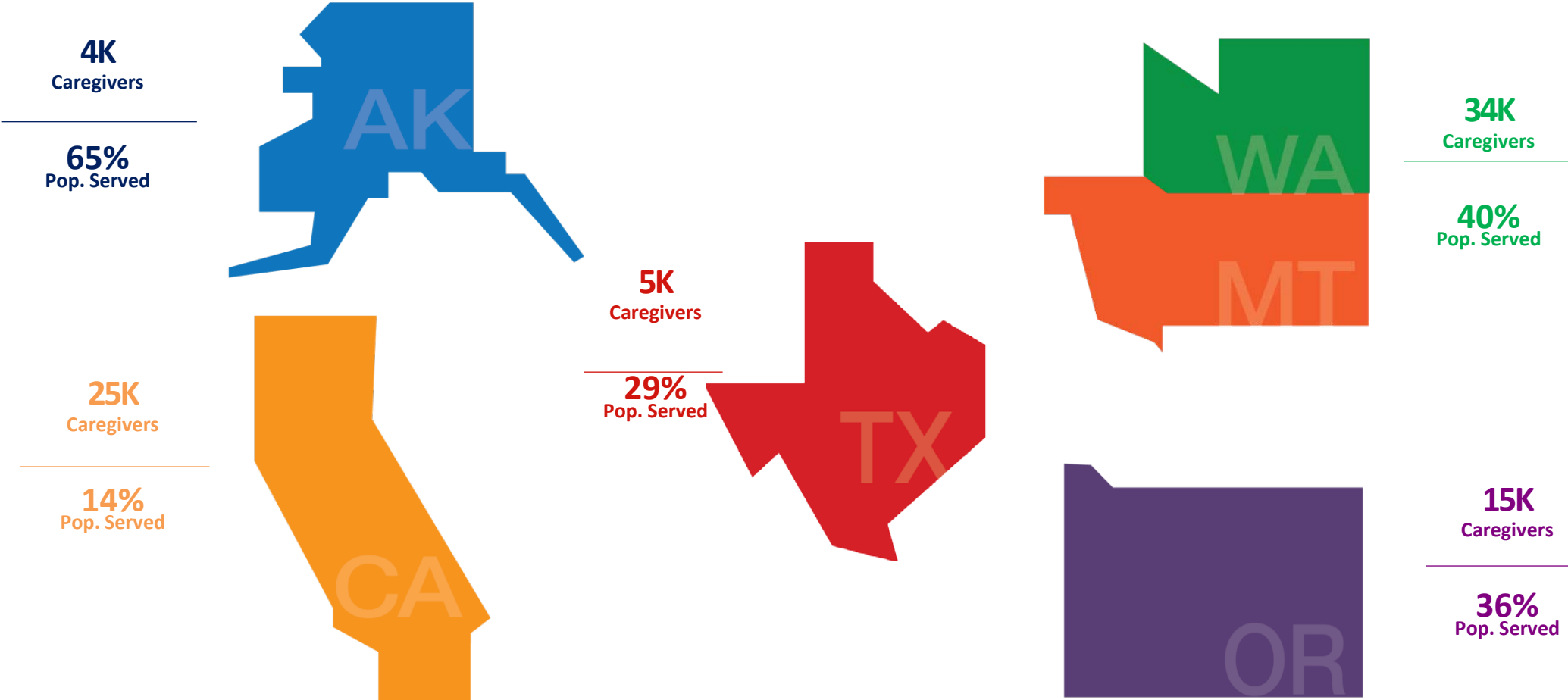


14  
SUPPORTIVE  
HOUSING FACILITIES



1.9m  
COVERED LIVES

# Communities we serve



and 16K shared services caregivers

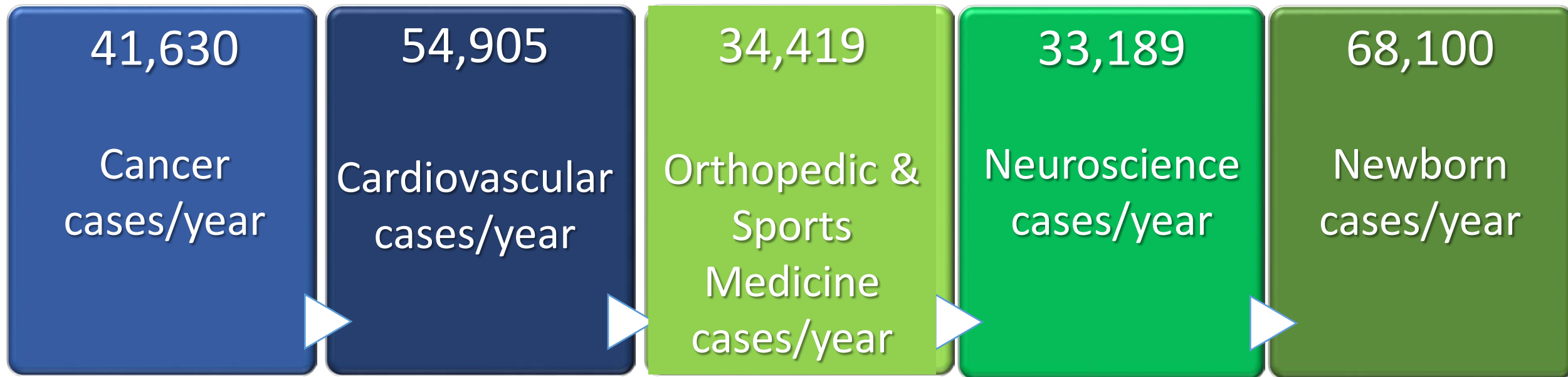
# Burning Platform.....

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- Known clinical variation, including cost and outcomes
- Optimization of size and scale
- Lack of continuity and knowledge of the breadth and depth of services and expertise
- Environment with payors, purchasers and employers changing

# *TOGETHER* as Providence St. Joseph Health we have....

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# Clinical Program Services was Initiated to.....

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- Optimize Expert to Expert clinical collaboration across the entire enterprise
- Design, develop and deploy clinical solutions that reduce variation and spread innovation over scale
- Creating clinical improvements that optimize growth potential of specialty care
- Coordinate the clinical experts for Epic optimization (EHR) and SCM to optimize costs of supplies and capital
- Coordinate the capture of Patient Reported Outcomes and system wide clinical analytics
- Organize research across the enterprise

\*\*Initial formation was Providence legacy. Integration of SJH underway

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# Clinical Program Services Maturity 2012-2017

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## **Clinical Performance Group...***begin to integrate clinical teams.....*

- Established Clinical Focus Groups
- CPS leaders recruited
- Engage regional participation
- 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
  - Innovative Technologies
  - Branded Product
  - Enhanced Consumer Experience
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# Clinician leadership, in “Expert to Expert” collaborations, across focused areas, has led to many successes

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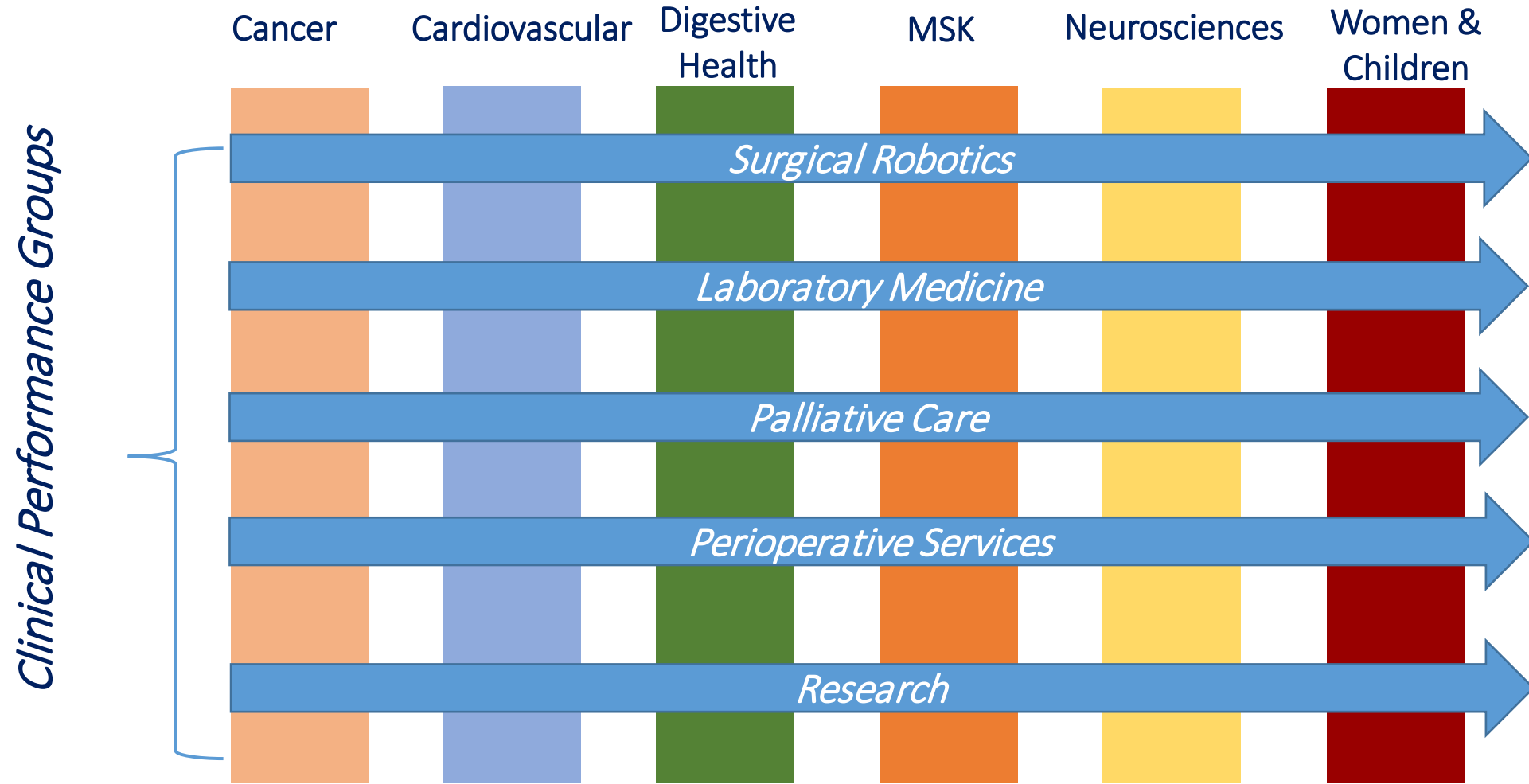


## Keys to Success

- Recruitment of 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



# Clinical Institutes





# Neurosciences



- CEI (clinical excellence index) for Stroke
- CEI for Spine Metric
- CEI Specific to Readmission & SSI
- TeleEEG Pilot Initiated
- MS PRO Tool
- Expand Telestroke Network
- Scale Registries System-Wide



- Additional Neurological services to Institute
- Spine bundle to market in select regions



**TOTAL OPPORTUNITY = \$19M**

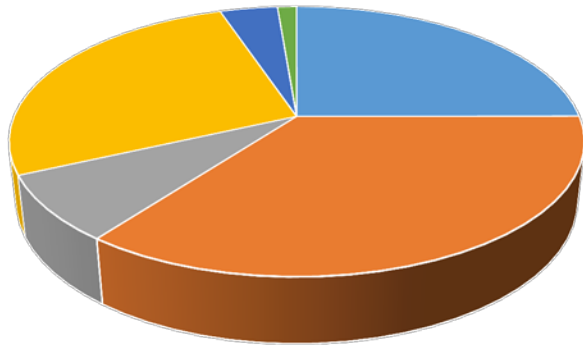
- 100% Adherence to Spine RFP = \$1.6M
- Cranial Coil Vendor RFP = \$500K
- Spine Implant Vendor Shift = \$1.9M start
- Brain Tumor Unit Cost Reduction = TBD
- Spine RFP Vendor Reduction = \$3.7M
- Osteo-biologic Cross Walk Referencing Tool = \$1.5
- Cranial/Spine/Neuro Variation Reduction - \$TBD

# Triple Aim Wins 2016

## Enhance Value

**\$60M Savings**

in the past 12 months



■ Cancer ■ MSK ■ Cardio  
■ Neuro ■ Digestive ■ W&C

### KEY INITIATIVES

- Radiation Oncology Linac contract
- Renewal of Stent contract and compliance
- Large joint contracts
- Biliary and Endoscopic Contract
- Spine Metal Implant contract

## Improve Quality

- **Cancer:** Enhance screening, diagnosis, treatment and survivorship outcomes
- **CV:** Reducing variation in vascular surgery and CABG outcomes, readmissions in heart failure
- **NS:** Understand patient reported outcomes in spine, optimize stroke care
- **MSK:** Deploy effective joint bundles, manage to PROMS
- **DH:** Scope safety, bariatric program efficacy
- **MCH:** Perinatal maternal and child safety, enhance pediatric pain management.

## Drive Growth

### **UnitedHealth Care-Optum contract**

Total Joints and Spine Surgery

- Centralized approach, data driven
- Rationalizing market
- 3 regions selected as exclusive provider

# Lesson's Learned.....

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1. Employment “agnostic” participation (physician)
  2. Non-competitive agenda, clinical quality focus, resource use, etc.
  3. Use of Guided Discovery to set priorities
  4. Multi disciplinary participation
  5. Representation of each ministry/region – critical to success
  6. Local CE participation and sponsorship of MD representation
  7. Infrastructure to support the work (leader, project staff, data/analytics, business development, SCM)
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