



Clinical Integration

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Access Across 10 Counties





Meeting Patients Where They Are



ST. LUKE'S MOBILE APP

We put managing your health care at your fingertips. **Literally.**



stlukesapp.org

VIDEO VISITS 24/7

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doctor online **NOW!**



Video Visits 24/7



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St Luke's
UNIVERSITY HEALTH NETWORK

High Deductible? No Insurance?

St Luke's
PRICECHECKER



Get a great price for health care.

Are you worried about your upcoming health care needs and what the cost might be?

At St. Luke's our goal is to keep you healthy in mind, body and wallet. We understand the last thing you want to worry about is an unexpected bill. As an informed patient you will be able to anticipate costs and let St. Luke's help you along the way.

The program excludes Medicare, Medicaid and managed Medicare/Medicaid plans.

Help is a phone call or click away.

N6231/10-16

1-844-SLPRICE • PriceChecker.sluhn.org



St. Luke's In the Community



- **Temple/St. Luke's School of Medicine**
- **Intern/Resident/Fellowships** - 226 positions in 28 fully accredited programs
- **St. Luke's School of Nursing** - Nation's oldest, hospital-based accredited RN diploma program (1884)
- Our **Adopt A School** model addresses medical, dental, vision and behavioral health needs as well as promotes literacy, nutrition and physical fitness opportunities to 32 schools in 6 different districts providing mobile health services to over 2400 students.
- **St. Luke's/Rodale Institute Organic Farm** at our Anderson Campus. The farm produces more than 45,000 pounds of produce yearly which is distributed to our hospitals weekly for patients and employees.





The Area's Low-Cost, High-Quality Leader





Building Value through Clinical Integration



A clinically integrated network of healthcare across the continuum of care with select, like-minded community partners with a common vision.



1900 Physicians and Advanced Practitioners

Skilled Nursing Facilities
Durable Medical Equipment
Home Health
Ophthalmology Centers

$$\text{Value} = \frac{\text{Quality (outcomes)} + \text{Service (experience)}}{\text{Cost to the purchaser}}$$



Value-Based Transformation of America's Healthcare System



Federal spending on Medicare and Medicaid amounted to just over \$1 trillion in 2016 — one-third of America's total health spending.

*Simply put, I don't intend to spend the next several years tinkering with how to build the very best joint-replacement bundle — **we want to look at bold measures that will fundamentally reorient how Medicare and Medicaid pay for care and create a true competitive playing field where value is rewarded handsomely.***

Alex M. Azar II, Secretary of Health and Human Services
March 2018 America's Health Insurance Plans



I'll tell you a lot of what I do in my role running CMMI as senior adviser to Secretary Azar is to blow up fee for service.

Adam Boehler

Deputy Administrator and Director of the Center for
Medicare and Medicaid Innovation

November 2018 Office of the National Coordinator's Annual Conference.





Building—and sustaining—the network



- Optimize quality
- Reduce unwanted variation
- Reduce unnecessary utilization
- Improve outcomes for populations and individual patients



Value for Independent Providers



1. In-network for the SLUHN employee health plan
2. Access to other Narrow Network plans and Tier 1 status in tiered products
3. Proactive glide path to value-based care, value-based incentive payments and alternative payment models including shared savings
4. Clinician-led, peer governance
5. Care management of complex patients
6. Streamlined payer credentialing
7. Group QPP/MIPS reporting for participants in the Medicare Shared Savings Program
8. Epic EHR subsidy options

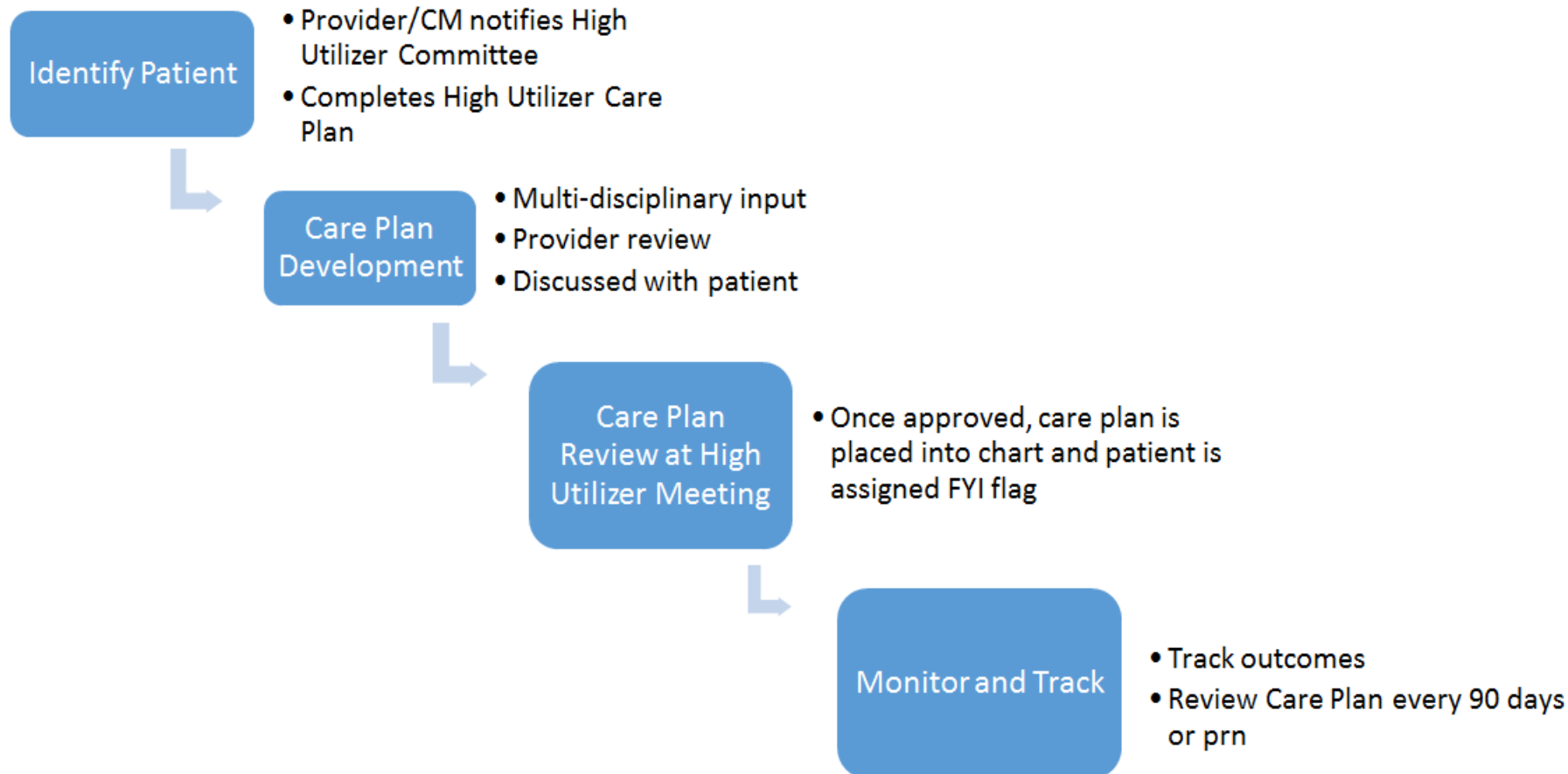


Clinician Led Strategy and Performance





Reducing ED and Admissions





Integrated Behavior Health



- LCSW embedded in 26 PCP practices
- 2,100 visits in FY18 and 3,100 FY19
- Increased PCP visit capacity
 - Urgent visits
 - Follow up visits for psychotropic meds
- Financially positive



Insights Enterprise Data Warehouse



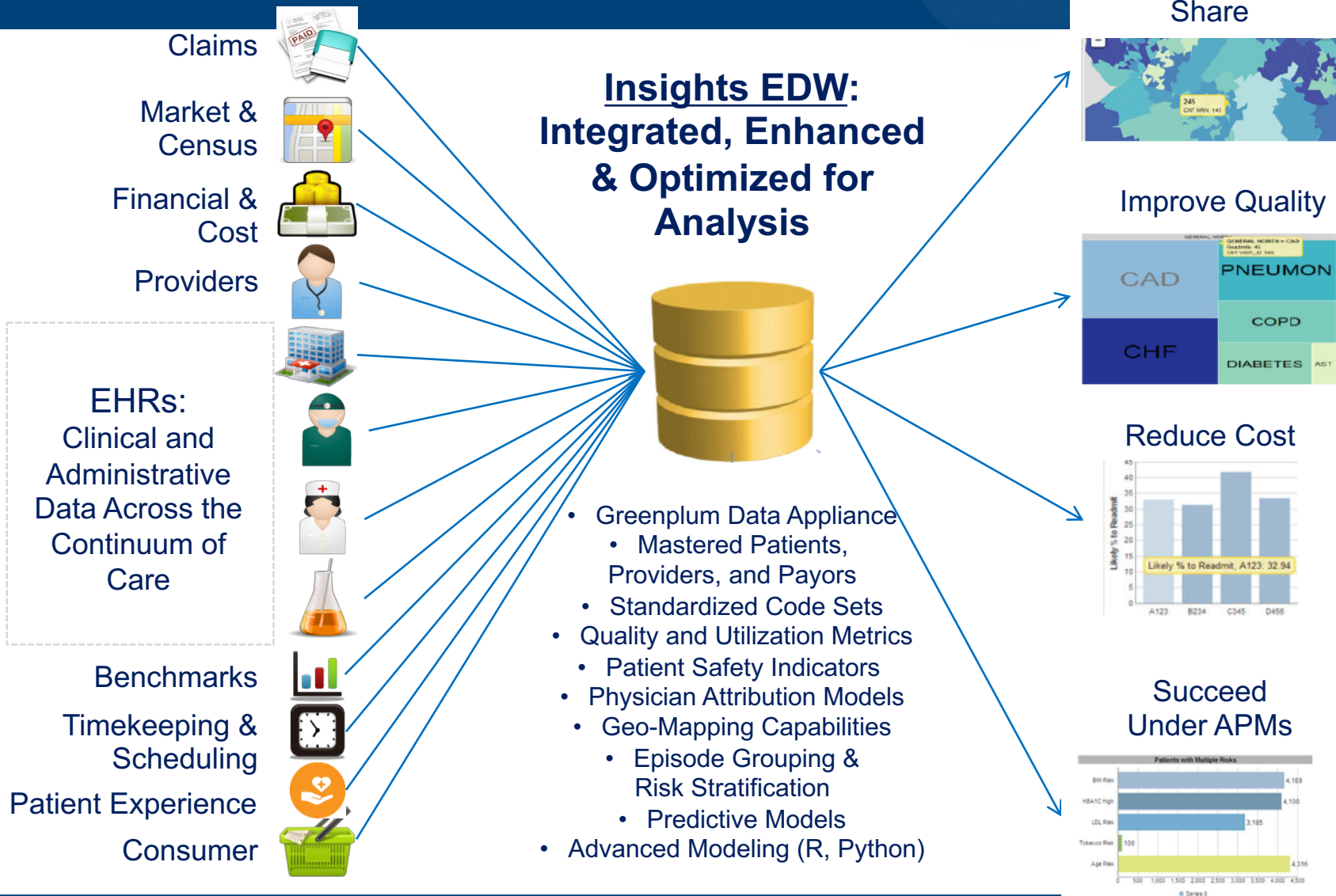
The **Insights Enterprise Data Warehouse** is a robust toolset, integrating data from many sources from across SLUHN and beyond

- **Integrates, cleanses and optimizes data for analysis**
- Includes **current and legacy** EHR data, patient experience, clinical quality, registries, timekeeping, materials, modeled cost, benchmarks, market data.
- Powerful integration and **master data management** tools
- **RxNorm, SNOMED, LOINC** industry codesets
- **Loqate** geocoding of all addresses
- **R Stat** for advanced statistical analysis
- **Optum Symmetry Episode Grouper**
 - Group and analyze risk-stratified episodes of care
 - Identify variation in care across providers
 - Predict high utilizers of care for proactive outreach





Integrated Data Foundation



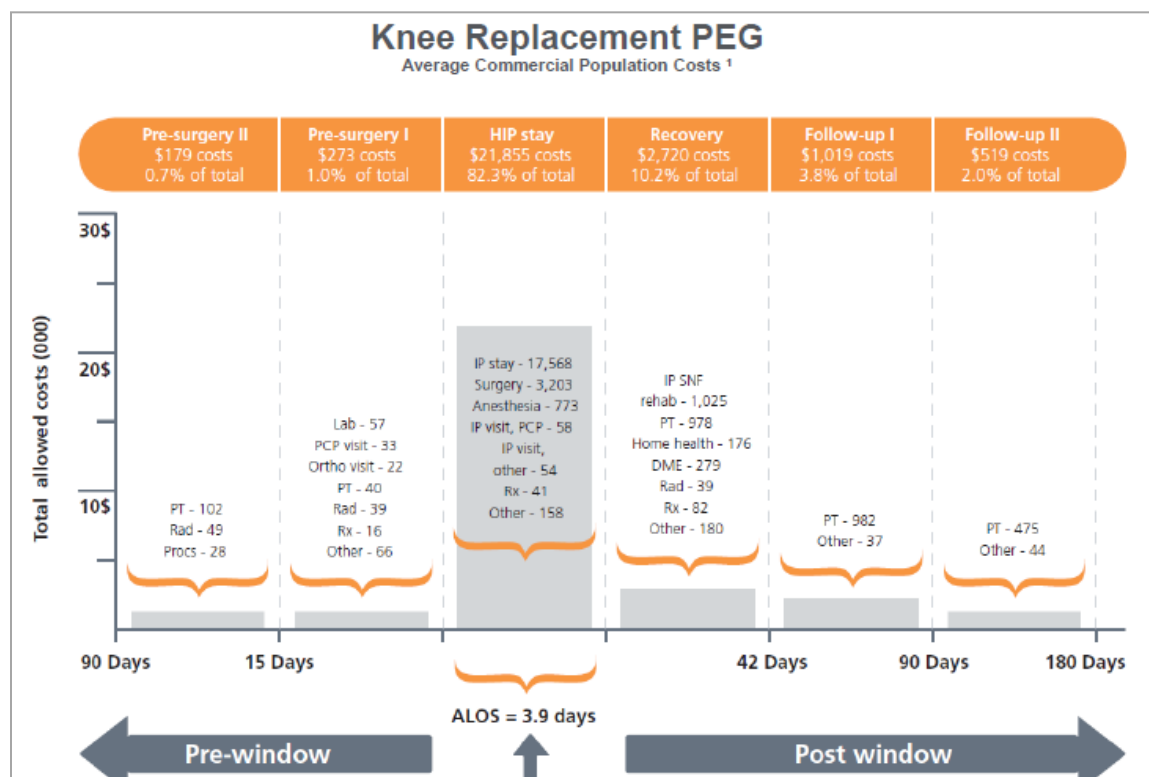


Optum Symmetry



Episode grouping and predictive modeling with Optum Symmetry

- **Identify and track** episodes of care
- **Risk-stratify** diverse clinical populations
- **Predict** opportunities such as avoidable ED visits or admissions



Source: Optum
Sample Data Only



Self-Service Population Analytics Tools



St. Luke's Care Insights is a robust set of **population analytics tools** developed by SLUHN to provide easy, self-service access to population-based information.

- Combines the unique power of the Insights enterprise data warehouse (EDW) and advanced analytics capabilities including Optum Symmetry episode grouping
- Easily **identify populations, track patient cohorts & model episodes of care**
- **Benchmark** quality, utilization and cost performance
- **Risk-stratify** patients
- Apply **predictive models** to **proactively** identify opportunities

St. Luke's Care Insights Provides:

- | | |
|---|--|
| ➤ <i>Quality, Utilization & Cost Analysis</i> | ➤ <i>Prediction of Avoidable Utilization</i> |
| ➤ <i>Gaps In Care Reporting</i> | ➤ <i>Preventable ED Visits & Admissions/Readmissions</i> |
| ➤ <i>Chronic Disease Prevalence</i> | ➤ <i>Ambulatory-Sensitive Conditions</i> |
| ➤ <i>ED Frequent Utilizers</i> | ➤ <i>Financial Management Of Shared Risk/Shared Savings Programs</i> |
| ➤ <i>High-Cost Pharmaceuticals</i> | ➤ <i>Provider Peer Comparisons</i> |
| ➤ <i>Opioid Utilization</i> | |



St. Luke's Care Insights

Self-Service Analysis: Glumetza® Rx



A health plan contacted SLCN about several prescriptions for brand name Glumetza® (>\$3K/month) instead of generic metformin (<\$50/month).



Drug	Brand Rx	Generic Rx	GPR	Unique Patients
24 HR Metformin hydrochloride 500 MG Extended Release Oral Tablet	0	71	100.00	6
Metformin 500 MG Extended Release Tablet	0	4	100.00	2
Metformin 500 MG Oral Tablet	0	32	100.00	20
Metformin 850 MG Oral Tablet	0	2	100.00	2
Metformin hydrochloride 1000 MG Oral Tablet	0	102	100.00	19
Metformin hydrochloride 500 MG Oral Tablet	0	304	100.00	36
Metformin hydrochloride 850 MG Oral Tablet	0	44	100.00	5

Generic name
associated with a
NDC number
being filled as
brand name by
pharmacies

Within 10 minutes we identified that **no prescriptions (orders) for brand name Glumetza® were done for the health plan patients** looking back an entire year. Discovered that certain generic drugs have NDC numbers that map to brand name drug. Worked to remove those options from our EHR.



Payers Are Telling Our Story



Reduction in Low-Value Prescribing

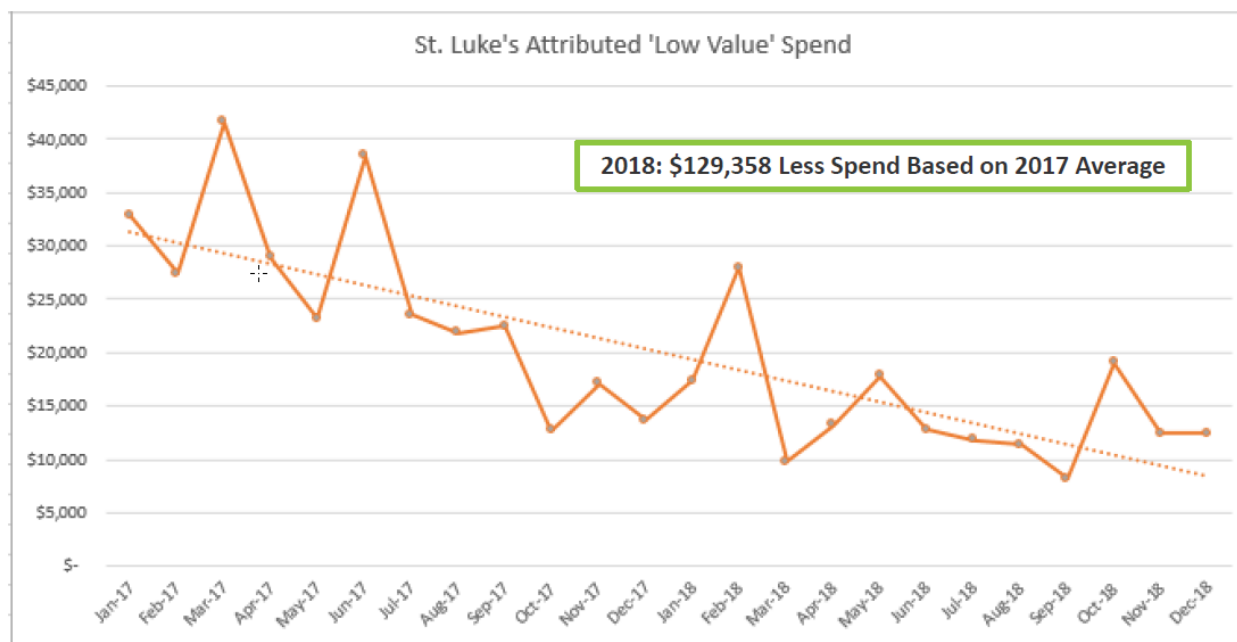
Significant reduction in spend on 'low value' prescription drugs

- Increased use of less expensive, clinically equivalent alternatives

Result of a combination of proactive physician education and corrective action with patients receiving 'low value' products

Total Prescriptions Dispensed:

- 2017: 295
- 2018: 172



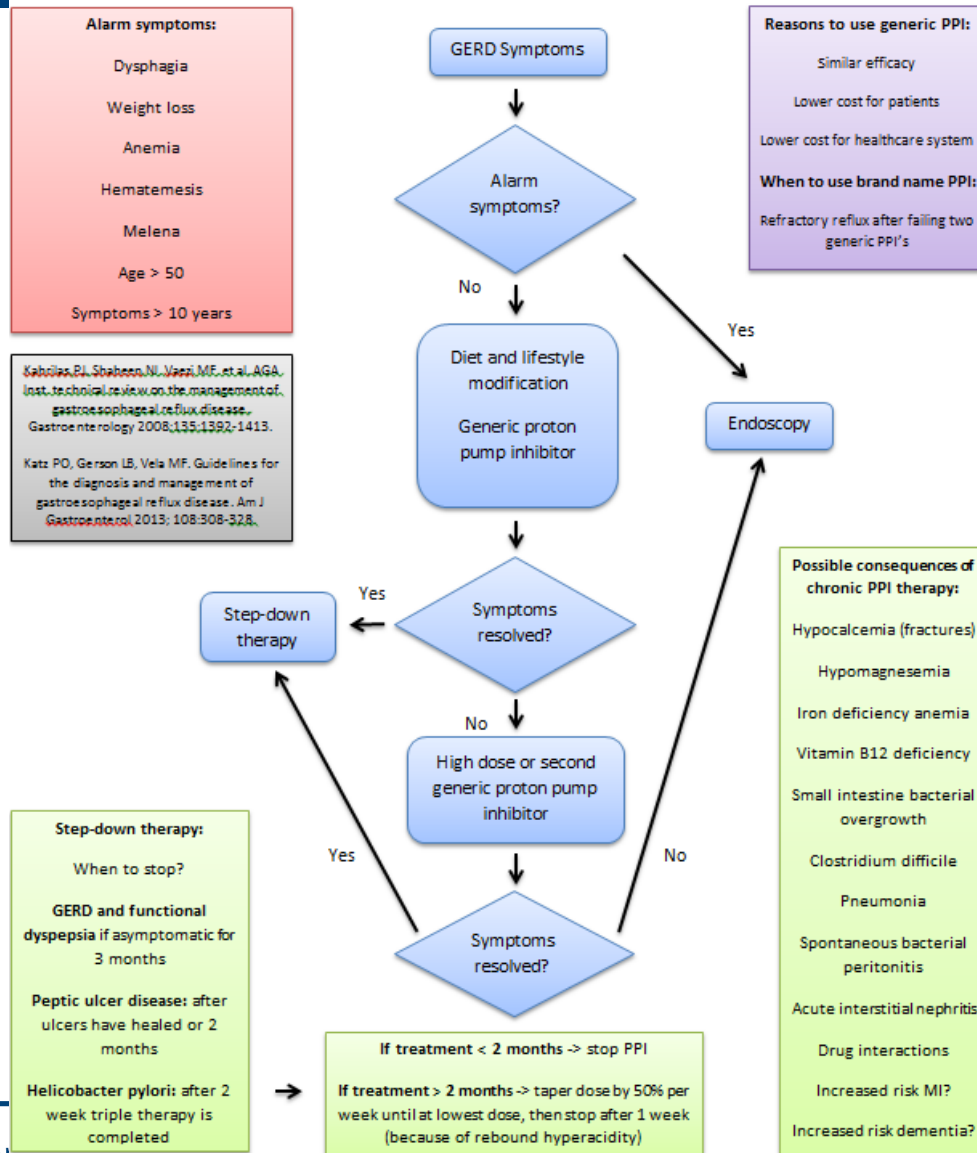
Drugs Included: Jublia, Vimovo, Duexis, Alcantin A, Glumetza, Pennsaid, Aloquin, Novacor, Zegerid powder, Fortamet, Actiq, Fentora, Oravig, Lorzone, Kerydin, Sarafem, Treximet, Durlaza, Prevpak, Diclegis.



Clinical Protocols Reduce Variation



Evaluation and Treatment of GERD





Proton Pump Inhibitor De-Prescribing



Health Plan

- Identified PPIs as the highest spend on generic drugs in one of our health plans
- >\$350,000 in 2017

Insights Data Warehouse

- 1,474 unique employees & family members prescribed PPIs – used claims data
- 839 individuals with ≥ 180 days of PPIs – long-term use of PPIs has risk of adverse effects

Clinician Review

- Gastroenterologists & internal medicine residency developed guidelines for the treatment of gastroesophageal reflux disease and PPI de-prescribing

Insights Data Warehouse

- 501 of 839 without a diagnosis to support long-term PPI therapy
- Annualized cost of >\$225,000

Clinician Engagement

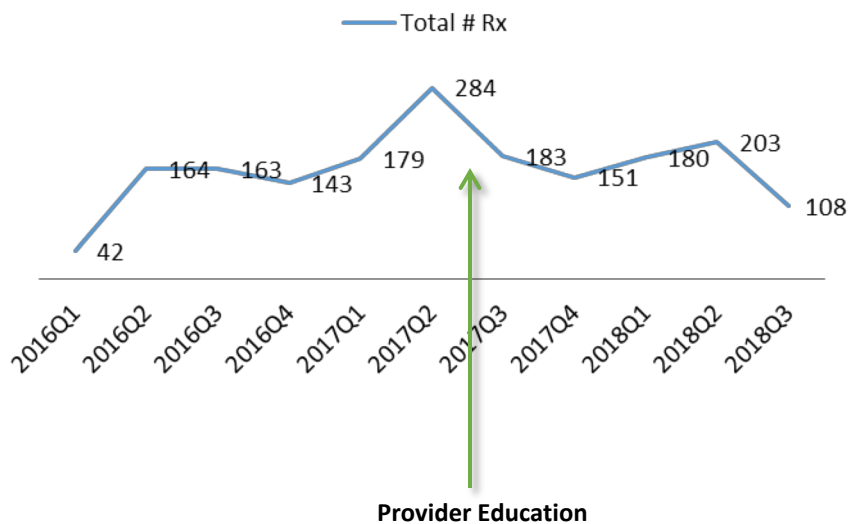
- Distributed lists of patients by prescriber for consideration of de-prescribing using a de-prescribing protocol - 249 of 501 patients de-prescribed PPIs (savings of >\$110,000 annually) – from claims data



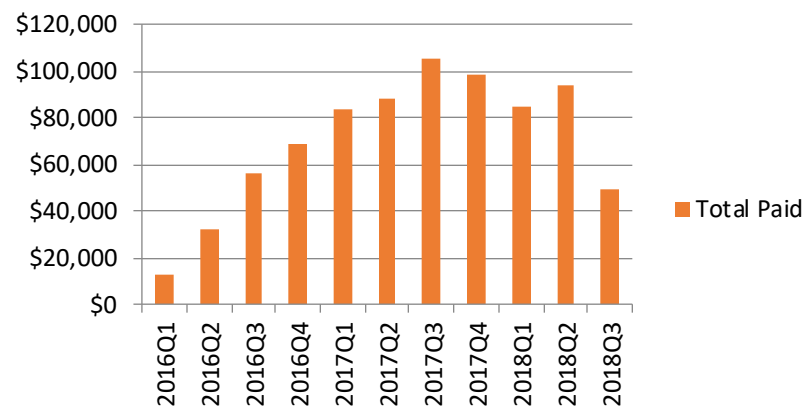
Employee Health Plan Saxenda Utilization



Total # Saxenda Prescriptions



Total Paid for Saxenda





Employee Health Plan Annual Trend



St. Luke's Employee Health Plan Total PEPM Trend 2015 – 2018

- Medical Claims: 3.2%
- Pharmacy Claims: 4.4%

Price Waterhouse Cooper medical cost trend for
2018: 6%*

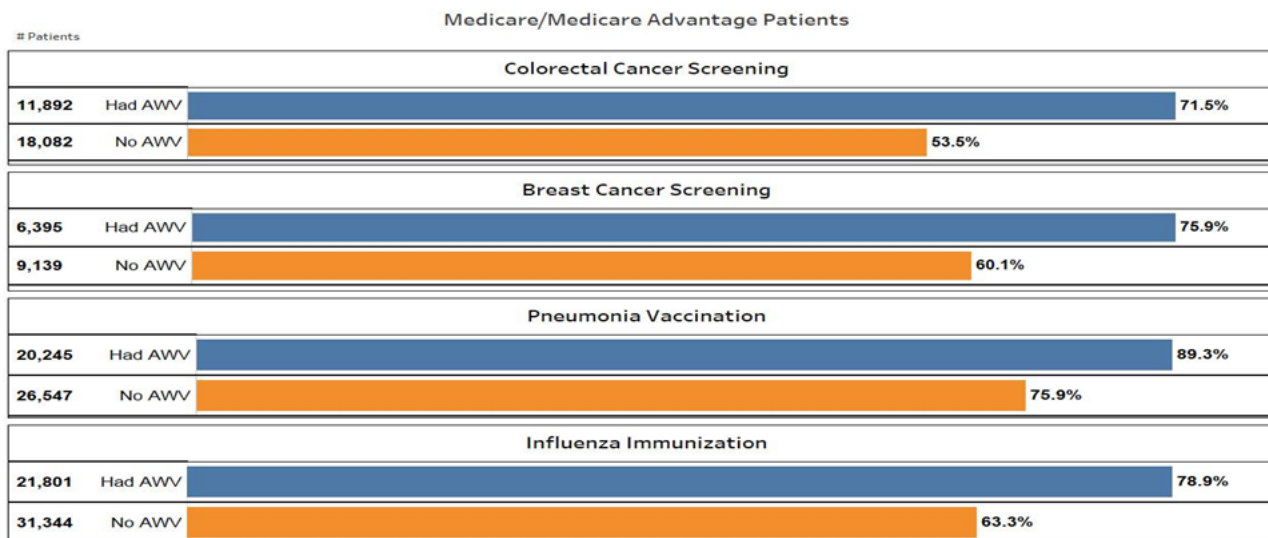
<https://www.pwc.com/us/en/industries/health-industries/library/behind-the-numbers.html>



Maintain Visibility/Priority for Initiatives with High Impact



- HCC
- Palliative Care
- Annual Wellness Visits





St. Luke's Care Network



St. Luke's Care Network will provide the highest quality health care, in the most efficient way, with the best experience, as measured by objective sources.