

New Ulm Medical Center

“The Strategic Foundation Beneath our
Healthcare Transformation – Physician
Integration, EHR, and Community Collaboration”

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June 23, 2008



COMMON PURPOSE
UNCOMMON CARING

The Case for Change

- **State of Minnesota – Heart Disease**

- **Good News – from 1991 to 2005, 34% decrease in heart disease mortality**
- **139,000 adults with coronary heart disease, another 71,000 had a stroke**
- **73,000 hospitalizations due to heart disease**

Source: Minnesota Dept of Health – Heart Disease and Stroke Burden Report 2007

Risk Factors	All MN adults	MN over age 65
Cigarettes	18%	6%
No Daily Physical Activity	14%	21%
Fruits/Veg	75%	71%
High Blood Pressure	22%	54%
High Cholesterol	33%	45%
Obese	24%	21%
Diabetes	6%	14%

The Case for Change

State of Minnesota – Diabetes

- The prevalence of diagnosed diabetes in MN increased 84% from 1995 to 2006 – from 3.1% to 5.7% of adults
- In 2006, 320,000 adults with diabetes --- another 982,000 estimated with Pre-diabetes, a combined 33% of population
- Only 9.4% of Diabetic patients were under optimal control – BP, LDL, A1C, Aspirin, Smoking
- Prescription Drugs – an estimated 50% of population nationwide takes a prescription drug for chronic health problem

The Case for Change

- **Increasing Prevalence of Chronic Disease**
 - **New Ulm – population of 17,000 in zip code**
 - 2800 with hypertension
 - 850 with diabetes
 - 1650 with hyperlipidemia
 - 85 heart attacks cared for in ER
 - Only 19% of Diabetics with optimal care for BP, A1C, LDL, Aspirin, Smoking

The Case for Change

- **Prevention**

- **New Ulm - <50% of adults received recommended preventive medicine in past year (physical, mammogram, pap smear, colonoscopy)**
- **State of Minnesota**
 - **1 of 3 adults over age of 50 have not had a colonoscopy in past 10 years**
 - **19% of women over age 40 have not received a mammogram in past 2 years**
 - **29% of rural MN adults recommended had a colonoscopy within 10 years (only 37% of colorectal cancer cases detected early nationwide)**

The Case for Change

- **Wellness**

- **New Ulm/Allina**

- **55% of Allina HRA participants high risk health status, 48% with high blood pressure, 40% with high cholesterol, 71% not getting recommended physical activity and 62% eating inadequate fruits/vegetables**

- **State**

- **In 2005, 51% of Minnesota adults met minimum recommended daily physical activity**
 - **In 2005, 25% of Minnesota adults ate five servings of fruits and vegetables daily**
 - **Minnesota obesity rate projected to increase from 24% to 31% by 2020 and overweight from 37% to 45% if trends continue**

Costs of Chronic Illness

- **Annual national healthcare spending per person by # of chronic conditions in year 2004 -**
 - 0 - \$850
 - 1 - \$2241
 - 2 - \$4256
 - 3 - \$6178
 - 4 - \$8518
 - 5 - \$12699
- **73% of State of MN health claims related to chronic illness**
- **The average cost to treat a MN obese person in year 2020 will be 61% more than a healthy-weight person**
- **Nearly 31% of overall increase in MN health care costs from 2005 to 2020 will be due to obesity and overweight - projected to add \$1 billion by 2010 and \$3.7 billion by 2020 to state health costs.**



The Case for Change

- **Impact of higher healthcare costs**
 - **Local employers struggling to maintain benefits**
 - **Government programs will continue to be stressed**
 - **Uncompensated care continues to rise**
 - **Other cost pressures will further complicate affordability of healthcare – workforce, technology, waste**



MN Health Legislation

- **Health Reform approved by legislature and governor**
 - **Medical Home for Care Coordination**
 - **Interoperable EHRs**
 - **Quality transparency and incentives**
 - **Pricing transparency - packaging**
 - **Value grouping and steerage programs**
 - **Preventive and wellness grants**

All Of This In Addition To.....

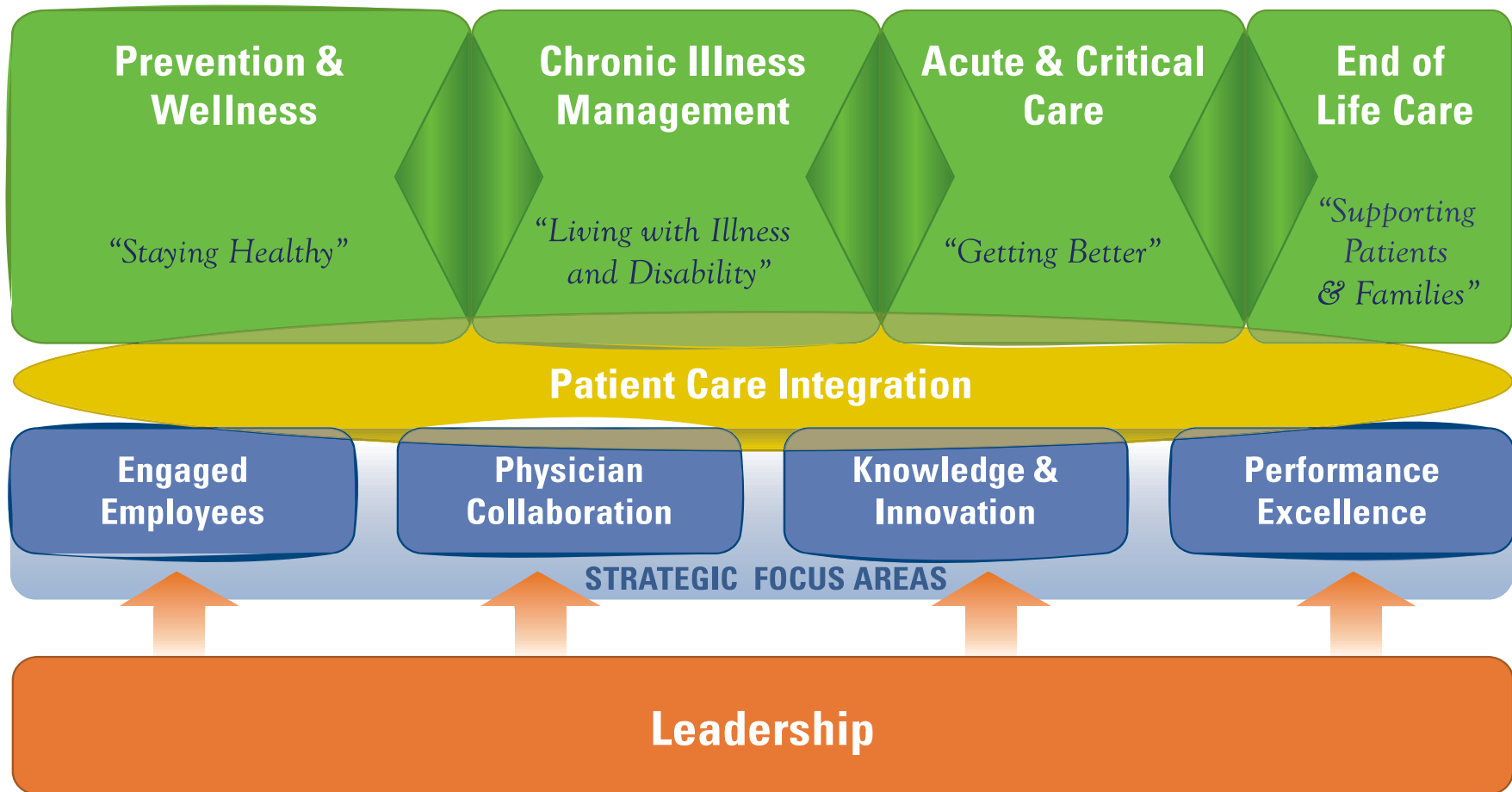
- **Traditional Hospital Quality Success Factors**
 - Core Measures
 - Infection Rates
 - Patient Falls
 - Medication Safety
 - Safety of Surgery
 - JCAHO
 - And more....

 **NEW ULM MEDICAL CENTER**
Allina Hospitals & Clinics



Allina's Strategic Vision

Allina will integrate and coordinate patient care to achieve clinical excellence, operating efficiency and optimal patient experiences.



Physician Integration in New Ulm

- **History of Integration**
 - 1974 -Five clinics come together as one
 - 1991 - New Ulm Clinic moves on hospital campus
 - 1996 -Professional Service Agreement between Hospital and Physicians for all professional services
- **Aspects of Professional Services Agreement**
 - Shared local governance
 - Shared administrative responsibility - physician leadership roles established
 - NUMC operates clinic, physicians provide service in exchange for production based reimbursement
 - Rights and responsibilities for each entity



Physician Integration

- **Strengths of partnership and anticipated outcomes**
 - **Aligned strategy and operations across continuum of care**
 - **Aligned incentives to move the needle in new care models**
 - **One source for integrated healthcare in community; reducing duplication, increasing efficiency and effectiveness of delivery**
 - **With partnership, each entity maximizes strengths**

Electronic Health Record

- Allina selected Epic as EHR vendor
- 8 hospitals and 60 clinics on-line
- One medical record across all of Allina
- NUMC went live in Fall 2005 - “big bang”
- NUMC spent 18 months with sole focus on optimizing documentation/efficiency
- Last 12 months spent mining data and improving system to improve care and health of community

Electronic Health Record

- Clarity Reporting (data warehouse)
- MyChart – personal health record
 - Ex. Diabetes Flowsheet
- Optimal Care Support systems
 - Order sets
 - Documentation review reports
 - Best Practice Reminders – preventive & chronic
 - Immunizations
- Continuity of Care Across System
- Evaluating offering to healthcare partners

Moving Upstream

- Chronic Illness – providers receive patient specific reports on Diabetes patients and optimal care indicators
- Prevention – new letter program targeting recommended preventive health services
- Tracking comprehensive health indicators of community went from impossible to available standard reporting
- Provider Decision Support through EHR



CLINICAL CARE IMPROVEMENT DIABETES PROVIDER REPORTS

Diabetes Patient Management Site Summary - Monthly

NEW ULM MEDICAL CENTER CLINIC

Reporting Date: April 30, 2008

[Click here for report documentation](#)

Run Date & Time: 5/5/08 & 9:23 am

Population included in this report are patients ages 18-75 with an active registry status and have been seen in the past 24 months.

NEW ULM MEDICAL CENTER CLINIC

Total Population (n)	% A1c 2X Annually	% A1c < 7	% LDL Annually	% LDL < 100	% BP Recorded	% BP < 130/80	% ASA Usage	% Tobacco Non-Use	% Optimal control	% A1c > 9.5	% A1c > 9.5 Receiving Ed
2	50.0	0.0	100.0	50.0	100.0	100.0	0.0	100.0	0.0	50.0	0.0
1	0.0	0.0	0.0	0.0	100.0	100.0	0.0	100.0	0.0	0.0	0.0
62	69.4	46.8	74.2	51.6	91.9	48.4	75.9	80.6	9.7	12.9	0.0
26	69.2	38.5	53.8	50.0	88.5	57.7	84.6	84.6	15.4	3.8	0.0
39	66.7	35.9	79.5	56.4	89.7	38.5	82.4	82.1	15.4	10.3	0.0
2	100.0	50.0	50.0	100.0	100.0	0.0	50.0	100.0	0.0	0.0	0.0
29	82.8	93.1	89.7	82.8	100.0	69.0	88.9	100.0	51.7	0.0	0.0
49	69.4	65.3	89.8	61.2	98.0	63.3	100.0	87.8	20.4	10.2	0.0
67	77.6	64.2	83.6	70.1	94.0	47.8	96.9	92.5	28.4	6.0	25.0
26	61.5	73.1	80.8	53.8	88.5	57.7	84.0	96.2	30.8	0.0	0.0
59	83.1	55.9	94.9	62.7	98.3	42.4	92.6	86.4	15.3	11.9	0.0
3	100.0	33.3	66.7	66.7	100.0	66.7	100.0	66.7	33.3	33.3	0.0
82	64.6	61.0	85.4	79.3	95.1	57.3	93.8	93.9	28.0	4.9	25.0
30	63.3	56.7	70.0	50.0	93.3	33.3	85.7	80.0	16.7	13.3	0.0
94	74.5	56.4	72.3	60.6	91.5	57.4	81.3	86.2	21.3	5.3	20.0
83	69.9	57.8	79.5	48.2	97.6	53.0	80.8	90.4	13.3	9.6	12.5
65	67.7	61.5	69.2	55.4	92.3	46.2	69.5	81.5	7.7	15.4	0.0
41	65.9	46.3	80.5	56.1	95.1	43.9	82.5	82.9	4.9	12.2	0.0
79	75.9	63.3	82.3	72.2	91.1	57.0	96.1	96.2	25.3	8.9	0.0



COMMON PURPOSE
UNCOMMON CARING

Community Partnerships

- **Wellness @ Work – new service**
- **Community Focus Committee of Board**
 - **Childhood obesity**
 - Shapedown
 - DAAN curriculum program
 - **Heart health**
 - AED's – 68 placed
 - CPR – 5,000 in 5 year goal; 3400 in 1st year
- **Community Education**
 - **Physician and Staff**

Community Partnerships

- **Recent community-wide retreat, goal of becoming a healthy community focused on wellness**
 - Worksite wellness programs
 - Community-wide annual health challenge
 - City planning and zoning
 - Programming targeted at specific demographic populations within community
- **Heart of New Ulm**
 - Vision is to have no heart attacks in New Ulm

Driving Results

- **Strategic Planning**
- **Goal Setting – each leader has goals cascaded from organization goals**
- **Measurement – use 20 balanced scorecards across NUMC**
- **Quarterly check-ins on individual performance**
- **Monthly strategy sessions with management and physician leaders**



LAB

6/2/2008

New Ulm Medical Center Balanced Score Card

Measure	Definition	Actual Y-T-D	Goal Y-T-D	Indicator Apply For Month	Trending	Notes	Improvement Plan
Care							
Potassium Test	Improve turn around time of Potassium test to 30 minutes	91%	90%	Current Month			
Critical Values	% called within 10 minutes and documented appropriately	99%	100%	Current Month			
Service							
ED Patient Satisfaction	% of Patient Survey Responses that gave excellent rating for: ED	43%	43%	Current Month			
InPatient Satisfaction	% of Patient Survey Responses that gave excellent rating for: Med-Surg, CCU and OB	42%	46%	Current Month			
Clinic Satisfaction	% of Patient Survey Responses that gave excellent rating for: Clinic	44%	48%	Current Month			
Wait Times - Registration to Specimen Collection (10 minutes)	% of Time of registration to specimen collection completion in 10 minutes.	80%	78%	Current Month			
Growth							



ALLINA
Hospitals & Clinics

COMMON PURPOSE
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Measure	Definition	Actual Y-T-D	Goal Y-T-D	Indicator Light for Month	Trending	Notes	Improvement Plan														
Lab Tests	# of Lab tests compared to budget	63,152	59,786	Current Month	<table border="1"> <caption>Lab Tests Trending Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2006</td> <td>14,500</td> </tr> <tr> <td>2007</td> <td>14,800</td> </tr> <tr> <td>Jan-08</td> <td>15,500</td> </tr> <tr> <td>Feb-08</td> <td>15,000</td> </tr> <tr> <td>Mar-08</td> <td>15,800</td> </tr> <tr> <td>Apr-08</td> <td>16,500</td> </tr> </tbody> </table>	Year	Value	2006	14,500	2007	14,800	Jan-08	15,500	Feb-08	15,000	Mar-08	15,800	Apr-08	16,500		
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2006	14,500																				
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Feb-08	15,000																				
Mar-08	15,800																				
Apr-08	16,500																				
Winthrop Lab Tests	# of lab tests done in Winthrop	953	No goal for 2008		<table border="1"> <caption>Winthrop Lab Tests Trending Data</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Jan-08</td> <td>230</td> </tr> <tr> <td>Feb-08</td> <td>200</td> </tr> <tr> <td>Mar-08</td> <td>250</td> </tr> <tr> <td>Apr-08</td> <td>230</td> </tr> </tbody> </table>	Month	Value	Jan-08	230	Feb-08	200	Mar-08	250	Apr-08	230						
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Jan-08	230																				
Feb-08	200																				
Mar-08	250																				
Apr-08	230																				
Financial																					
Productivity Level Per Test	Worked (Productive) hours per lab test	0.16	0.16	Current Month	<table border="1"> <caption>Productivity Level Per Test Trending Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2006</td> <td>0.16</td> </tr> <tr> <td>2007</td> <td>0.16</td> </tr> <tr> <td>Jan-08</td> <td>0.16</td> </tr> <tr> <td>Feb-08</td> <td>0.16</td> </tr> <tr> <td>Mar-08</td> <td>0.16</td> </tr> <tr> <td>Apr-08</td> <td>0.16</td> </tr> </tbody> </table>	Year	Value	2006	0.16	2007	0.16	Jan-08	0.16	Feb-08	0.16	Mar-08	0.16	Apr-08	0.16		
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Apr-08	0.16																				
Department Expense per lab test	Cost per lab test performed.	7.65	7.91	Current Month	<table border="1"> <caption>Department Expense per lab test Trending Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2007</td> <td>8.00</td> </tr> <tr> <td>Jan-08</td> <td>7.00</td> </tr> <tr> <td>Feb-08</td> <td>7.50</td> </tr> <tr> <td>Mar-08</td> <td>8.50</td> </tr> <tr> <td>Apr-08</td> <td>7.00</td> </tr> </tbody> </table>	Year	Value	2007	8.00	Jan-08	7.00	Feb-08	7.50	Mar-08	8.50	Apr-08	7.00				
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Apr-08	7.00																				



Parting Shots

- **How many different ways do we define success in our organizations?**
- **How do you measure the health of your community?**
- **Will the overall health of the community improve over the next five years, ten years?**
- **What would happen when we spend more time being proactive to community health needs and implement the structures to be effective?**

Questions??

Thank you!

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