Vision: Billings Clinic will be a national leader in providing the best clinical quality, patient safety, service and value.

Innovations that Create Value for Medicare Beneficiaries

Billings Clinic is a not-for-profit organization structured as a medical foundation that serves the vast region of Montana, northern Wyoming and the western Dakotas. The Clinic operates a 300-licensed-bed acute care hospital located in Billings, Montana; a multi-specialty physician group based in Billings with branch clinics in Miles City and Bozeman, Montana, and Cody, Wyoming; a long-term care facility and a research center located in Billings. The Clinic also manages nine critical access hospitals in Montana and Wyoming.

An integrated health care organization, the Clinic has a total of 3,600 employees, including 240 physicians and 85 physician assistants and nurse practitioners working in more than 50 medical specialties. More than 392,000 patient visits were provided to Medicare recipients last year.

In 2013, Billings Clinic became a member of the Mayo Clinic Care Network – a collaboration between Mayo Clinic and other health care organizations. Mayo Clinic Care Network members have two main electronic tools they can use to collaborate with Mayo Clinic:

- eConsults allow Billings Clinic physicians to connect quickly with a Mayo Clinic specialist to get input on a specific question.
- AskMayoExpert is an information resource from Mayo Clinic that covers disease management, care guidelines, treatment recommendations and reference materials.
Protecting the Health of Patients

“First, do not harm me. Second, heal me. Third, be nice to me.”
(Healthcare Performance Improvement, LLC). This message is often quoted by the patient safety and quality leaders at Billings Clinic as a way to help explain the patient perspective.

The Leapfrog Group Hospital Safety Score

Recently AARP The Magazine teamed up with The Leapfrog Group for the magazine’s first health issue to highlight “America’s Safest Hospitals.” Billings Clinic is honored to be included in a list of “Safety Superstars” in that issue.

The Leapfrog Hospital Safety Score was created and administered by the Leapfrog Group, a national leader and advocate for hospital transparency.

In calculating a score, the following categories of measurements were utilized by Leapfrog:

- Patient Safety Indicators
- Hospital Acquired Conditions
- Surgical Care Improvement Measures
- Safe Practice Measures
- Cultural Measures

Learn more at hospitalsafetyscore.org

Reducing Healthcare-Associated Infections

Clostridium difficile Infections (CDI)

Rates of healthcare-associated Clostridium difficile infections (CDI) are increasing in the U.S. and worldwide and are outpacing MRSA healthcare-associated infections. CDIs are increasing in severity, are associated with higher readmissions and higher rates of colectomies in the elderly.

Since 2009, Billings Clinic has increased case-finding methods, changed the laboratory test method to improve case sensitivity, and implemented strict infection prevention and control interventions to stop transmission. In June 2012, Billings Clinic began using bleach as the sole hospital disinfectant and does not allow patient placement until CDI-positive rooms are disinfected with Bioquell (hydrogen peroxide vapor technology).

By the end of 2012, there had been an excellent response to the environmental interventions with a significant decrease in incidence of healthcare-associated CDIs.

Methicillin-resistant Staphylococcus aureus (MRSA)

Over 50 percent of MRSA infections occur in U.S. hospitals and are associated with increased length of stay, intensive care unit (ICU) stay and morbidity (death rate). Using an innovative social and behavioral change process called Positive Deviance (PD), frontline staff acted their way into consistent use of MRSA prevention practices resulting in a significant reduction of health care-associated MRSA infections.

Active MRSA surveillance testing, contact precautions for patients, hand hygiene promotion, and environmental cleaning were all implemented. Efforts were coordinated to implement new processes, reinforce best current practices and measure outcomes.

As of September 2012, hospital-wide incidence of MRSA infections decreased by 62 percent since 2005, and adult ICU incidence decreased by 100 percent.

Creating a Culture of Patient Safety, Quality, Service and Value

One of the Cornerstone Principles of Billings Clinic is an obsessive dedication to patient safety, quality, service, and value. This is a commitment to being one of the highest reliability organizations where “first, do no harm” is a key principle.

The Clinic leadership is aware of the significant impact of health care costs on individuals and families, and is dedicated to providing the highest quality care at optimal cost levels. Transparency and accountability are integral as we strive to reach these goals.

Examples of quality and safety innovations that have become part of the Billings Clinic culture based on our vision include:

- Billings Clinic was an early adopter of the CMS Core Measures of safety and quality, and volunteered as one of the first in the (continued on page 3)
region to participate in Hospital Compare, offering transparency to patients and referring physicians. To meet the requirements for both the Hospital Inpatient Quality Reporting (ICR) and Hospital Outpatient Quality Reporting (OCR), hospitals must meet administrative, data collection and submission, and data validation requirements. All measures for Billings Clinic within these Core Measures are currently 98% or higher.

Billings Clinic has worked diligently the last several years to establish a standard process with nurse driven protocols to assure all eligible patients, both inpatient and outpatient, receive the appropriate vaccination in a timely manner. Our first data reported on Hospital Compare verified the success of the program.

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<tr>
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<th>BILLINGS CLINIC</th>
<th>MONTANA</th>
<th>UNITED STATES</th>
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<tbody>
<tr>
<td>Influenza Vaccination</td>
<td>98%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>Pneumococcal Vaccination</td>
<td>98%</td>
<td>87%</td>
<td>88%</td>
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Five medication reconciliation pharmacists work to advance appropriate medication reconciliation with a focus on discharge transitions of care for providers across medical and surgical services. They are available 12 hours a day, seven days a week. This has resulted in reduced medication errors. All medications are bar-coded as well.

- Prevent wrong site surgeries by implementing the World Health Organization’s safe surgical checklist. During the last two Joint Commission surveys, Billings Clinic’s surgical checklist/time out process was described as “best practice.” This has resulted in zero wrong site surgeries for the past three years.
- Early adopter of the common electronic medical record (EMR) by implementing Cerner organization-wide in 2004, with integration among multiple providers and sites across rural communities in Montana and Northern Wyoming to provide continuity of care.
- Billings Clinic and Cerner are collaborating on a new pilot to implement electronic strategies to assure clinical care is appropriate, such as patient safety alerts within the EMR. There is also a new hospital admission tool that scores readmission risks of each patient based on dozens of established criteria. Care management will spend more time with high-risk patients to coordinate their care and transitions of care.

The Board Quality and Safety Committee and three Patient Partners Advisory Groups offer continued monthly feedback and engagement from patients and community leaders directly to physicians, nurses and clinical leaders.

Transforming Care Delivery for Better Value

New Ways of Delivering and Transitioning Care

Billings Clinic participated in the Centers for Medicare and Medicaid Services (CMS) Physician Group Practice Demonstration Project for seven years and collaborated with nine other facilities across the country as well as with CMS with the objective of maintaining quality while reducing costs.

This collaborative project included clinical interventions universally applied to all patients regardless of insurance and a change in focus to increasing outpatient care and decreasing inpatient care.

Examples of quality improvements included:
- 40% reduction of heart failure hospitalizations
- 20% reduction in one-day psychiatric hospitalizations
- 33% reduction in 30-day hospital readmissions
- Chronic condition management programs put in place for anticoagulation, heart failure, lipids, diabetes and 24/7 nurse triage
- Improved coordination for transitions in care for local and regional patients
- This project laid the groundwork for the Accountable Care Organizations that are in existence today. The PGP quality measures have transitioned into the Medicare Shared Savings Project (MSSP) quality measures for Accountable Care Organizations.
- Billings Clinic is accredited by the National Committee for Quality Assurance (NCQA) as an Accountable Care Organization (ACO). The Accreditation program provides guidance and standards for provider-led organizations to demonstrate their ability to improve quality and the patient experience while reducing the cost of care. ACOs provide coordinated services which are preventive and proactive in nature, often reducing the need for high-cost hospitalization associated with catastrophic care.
- Patient Centered Medical Homes (PCMHs) are now located at multiple Billings Clinic branch locations. A primary care physician is the leader of each medical home, with teams of physician assistants, nurse practitioners, nurses, social workers and patient care navigators working together. The Medical Home project includes improvements to the EMR, scheduling to optimize patient access, patient involvement and certification through NCQA.
- Patient care navigation teams in Primary Care have resulted in notable decreases in emergency department visits and inpatient admissions over the past year.
- Billings Clinic is participating in the Centers for Medicare & Medicaid Services for the Bundled Payments for Care Improvement Initiative. Through this new initiative, made possible by the Affordable Care Act, CMS will test how bundling payments for episodes of care, such as knee or hip replacement, can result in more coordinated care for beneficiaries and lower costs for Medicare.
Delivering Quality with Nursing Care

*Magnet Designation for Nursing Excellence*

Billings Clinic has been the only health care organization in Montana and Wyoming with Magnet recognition for nursing since 2007. The Magnet Recognition Program® recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Developed by the American Nurses Credentialing Center (ANCC), Magnet is the leading source of successful nursing practices and strategies worldwide. In the United States, only 6.8 percent of all registered hospitals have been recognized as Magnet organizations.

*Beacon Award for Excellence in Critical Care Nursing*

Billings Clinic is the only organization in Montana and Wyoming to receive the Beacon Award for Intensive Care Unit nursing (awarded for 2007-2010 and again for 2013-2016.)

The American Association of Critical-Care Nurses (AACN) created the Beacon Award for Excellence to recognize individual intensive care units (ICUs) that distinguish themselves by improving every facet of patient care.

**Operational Excellence**

In 2008, Billings Clinic started using Lean Six Sigma problem-solving methodology to help improve quality, safety, service and value through reducing waste and unnecessary variation (called “Operational Excellence” at the Clinic).

Operational Excellence has helped create innovation and teamwork successes across the organization. At the end of Fiscal Year 2012:

- More than 92 percent of current Billings Clinic staff had been trained in Operational Excellence
- More than 100 projects had been completed
- Cumulative organizational savings for FY 2009 – FY 2012 was $21.8 million
- Approximately $7.1 million in additional savings is expected for FY 2013

*Billings Clinic Operational Excellence Savings by Fiscal Year*

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<thead>
<tr>
<th>MEASURES</th>
<th>BASELINE</th>
<th>END OF YEAR 3</th>
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<tbody>
<tr>
<td>Evidence-based care</td>
<td>88%</td>
<td>94%</td>
</tr>
<tr>
<td>Mortality rate</td>
<td>1.12</td>
<td>0.73</td>
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<tr>
<td>Cost of care</td>
<td>$6,830</td>
<td>$5,440</td>
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**Collaborating for Quality**

*Partnership for Patients with CMS Innovations Center*

In 2011, CMS sought to improve care by working with hospitals to reduce readmissions by 20 percent, reduce hospital acquired conditions by 40 percent and improve transitions of care, such as hospital-to-home or hospital-to-nursing-home. Billings Clinic is part of this Collaborative in the Premier Hospital Engagement Network.

**QUEST High Performing Hospitals**

QUEST® is the most comprehensive hospital collaborative in the nation with more than 340 hospitals across 40 states. QUEST drives performance by allowing members to identify opportunities and best practices; participate in rapid performance improvement challenges; collaborate to define performance goals; use health competition to drive performance improvement; and participate in face-to-face meetings, conference calls and webinars.

Billings Clinic was recognized as one of the top six performers in the QUEST Collaborative in all categories for 2011.

**Exceeding National Benchmarks for Leadership in Quality and Safety**

In 2012 and 2013, Billings Clinic was recognized nationally for safe and effective care, including:

- Named a “Safety Superstar” by AARP The Magazine
- Received an ‘A’ Hospital Safety Score by the Leapfrog Group
- Named Number One in the Nation for Patient Safety by Consumer Reports (August 2012)
- Ranked number one in Montana for four specialties: diabetes and endocrinology, gynecology, nephrology and pulmonology by U.S. News and World Report’s Best Hospitals
- Five-star rating for Billings Clinic’s Transitional Care Unit by U.S. News and World Report’s Best Nursing Homes
- 100 Top Hospitals in the Nation by Truven Health Analytics (formerly Thomson Reuters)
- Becker’s Hospital Review 100 Great Hospitals
- HealthGrades Distinguished Hospital Award for Clinical Excellence
- Joint Commission Certification for Primary Stroke Center
- Joint Commission Certification for Total Hip and Knee Replacement

More information at: www.billingsclinic.com
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Implement **HealthWorks**
Genesys brand of Population Health Management (PCMH)

= Perform on the **Triple Aim**
(Improve health, reduce costs, and improve care/experience)

= Achieve success in our **ACO**
(Accountable Care Organization)
An **Accountable Care Organization** or **ACO** is a health care provider organization that is **accountable for meeting the health needs of a defined population**, including the total cost of care and the health outcomes.

- Global payment, shared savings/risk, and/or incentivized performance measures shift emphasis **from process to outcomes**

**All major payers** in our market are heading in this direction:
- Medicare implemented ACOs in January 2012
- BCBSM Organized Systems of Care or OSC to roll out Jan 2013
- VEBA will likely follow suit
- Managed Care Organizations are actively engaged
Genesys Population

Genesee County
Population: 435,000

Genesys PHO
Patient Centered Medical Homes
140,000 patients
(72,000 managed care)

Genesee Health Plan
25,000 patients

Genesys Primary Care Residency Clinics
13,200 patients

Genesys ACO
18,000 patients
Physician’s Role

- Establish the **patient-provider partnership** by informing patients that:
  - You are a “**Medical Home**” office
  - You and the patient are the **core of a health care team** working to provide comprehensive, coordinated health care
  - The care provided will **meet their needs** and **fit with their goals** and values. (“Meeting the patient where they are.”)
  - Their care is based on **quality and safety**
- **Document** in the patient’s medical record that this **communication has taken place**
Patients with **chronic conditions** benefit from all aspects of the PCMH model of care.

**Learning to manage their illness** and achieving optimum health status increases quality of life.

This is achieved at the practice level with the following **initiatives**:

- **Disease Registry** such as our Q2 reports.
- **Performance Reports** to provide PCPs with a scorecard of their practice for specific disease management.

- **Planned visits for specific chronic illness**… each team member has a role.

- **Re-call process** to assure patients are returning for follow-up tests, exams and education.
Patient’s Role

- Take part in planning their care.
- Learn about wellness and how to prevent disease.
- Tell their physician about their health concerns and needs.
- Follow the care plan that is agreed upon and receive the recommended treatment.
- Tell their physician about any prescribed or over the counter medication they are taking.
- Have all other physicians that are taking part in their care send reports to your primary physician regarding your visit with them.
Change takes place in the context of relationships!

- Be **genuine**
- **Care** about your patient
- Honor your **patient’s autonomy** – their ability to choose
- Be **collaborative** – not prescriptive
- Motivation and resourcefulness lie **within each individual**
- **Create an atmosphere** for patient’s natural change
- **Meet patients where they are**
Evolution of the Health Navigator


Genesys Health Risk Reduction Service
• 25% quit rates
• 55% increase in physical activity
• $200 - $500/patient associated savings in annual medical claims

Prescription for Health - Community Health Education
Referral Liaison (CHERL) Project
Statistically significant improvements in smoking, BMI, physical activity, diet, and health status

Genesee Health Plan Self-Management Support

Genesys HealthWorks
Genesys PHO PCMH

More than 20,000 health goals set

Residency Clinics

Within our Health System and community, the Health Navigator system has been developed, tested and evolved through a variety of pilot and research projects over the past 15+ years!
Achieving the Triple Aim for the Uninsured in Partnership with Genesee Health Plan

- 83% Quit Smoking
- 53% Increased Physical Activity
- 57% Increased Consumption of Fruit and Vegetables

- 83% Maintained Healthy Behaviors
- 98% ER rates/100
- 41/100 ER rates/100
- 99% Satisfaction

Yellow: Healthy Behaviors  Red: ER rates/100  Blue: Patient Satisfaction
Genesys ACO

Total Discharges 2009-2012

Claims paid through January 31, 2013
Claims paid through January 31, 2013
ED Total Visits 2009-2012

Claims paid through January 31, 2013
Actual through July; Aug-Dec IBNR
Genesys ACO Utilization Report

ED Total Visits 2012 Monthly

Claims paid through January 31, 2013
Actual through July; Aug-Dec IBNR
THANK YOU!