

CHQI: Update

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UC Health and the National Quality Agenda: An Opportunity

Timeline Summary

2010: 15M funding fr. med ctrs.

2011: 9 grants awarded (2011 CHQI fellows)

2012: 13 grants awarded (2012 CHQI fellows)

2013: rec'd 10M fr risk svcs. (CHQI/QERM). 10 CHQI grants awarded, 14 QERM grants awarded. ■ *Initial Clinical collaboratives established.*

2014: 4 ROI grants awarded. Additional clinical collaboratives est. ■ *Early grant findings/ results and early cost benefit analysis reported.*

2015: 2 risk svcs projects funded. ■ *Intra-UC Health partnerships est.* ■ *New sys-wide svcs in development.* ■ *CHQI secures tax ID and consulting revenue.* ■ *Begin discussions with JHU and ext partners.*

2016/17: Collaboratives demonstrate positive outcomes, early gains. Ext. partnerships dev. ■ *CHQI est. Tax ID* ■ *CHQI est. contracts to provide UC Health clinical products.* ■ *UC Health Telehealth bus plan dev; begin securing funds* ■ *MOU with JHU signed.*

Grant Accomplishments

Outcomes/findings:

- Reduced LOS and/or readmissions (10 grants)
- Reduced infection rates (3 grants)
- Reduced preventable events (PE, delirium) (9 grants)
 - Reduced PEs and DVTs by 20%
 - 53% falls risk reduction
- Decreased blood utilization (2 grants)
- Specialty clinic decompression, improved access (eConsults)
- Substantial lowering of CT dosage
- Improved risk algorithm for PU risk
- Peer reviewed publications: 58
 - Multiple national/ international presentations

Grant Cost-benefits

ROI: 2.5:1

COST BENEFITS (\$M)	2014	2015	2016	Total
Cost Savings	\$3.5	\$6.8	\$7.6	\$17.9
Increased Revenue	\$4.0	\$4.0	\$26.5	\$34.6
Additional External Grant Funding				\$13.4
Total				\$65.9

System-wide collaboration / CHQI efforts

- Collaboratives—system wide efforts aimed at performance improvement
- Internal and external partnership creation
 - Athena Breast Health Network/ WISDOM Trial
 - Johns Hopkins Medicine
- New system-wide offerings
 - CHQI Tax ID
 - UC Health Telehealth
 - Workers' compensation

About collaboratives

Aims:

1. Improve system-wide efficiencies/performance
2. Support development of system-wide standards
3. Share, adopt, disseminate best practices
4. System-level/individual medical center performance improvement
5. Reduce variability in costs/quality
6. Support system-wide contracting

Multiple collaboratives since 2012

- 5 new collaboratives in 2016

UC Cardiac Surgery Consortium

- **Est. in 2012-** by the cardiac surgery department chairs
- **Objectives:** support system-wide/individual performance improvement by: 1) improve outcomes, 2) reduce practice/outcome variability, 3) reduce costs/cost variability across 5 UC med centers
- **Successes:**
 - Readmissions reduction
 - Improved pre-op instructions/discharge protocols
 - Decrease in costs of care/ increases in profit margins

UC Cardiac Surgery Consortium

ICU Delay: Opportunity Costs

UC SYSTEM	
Total ICU Delay Days (R4Q 15 & 16)	336 (Range: 22.6 – 201.8 days)
Average ICU LOS (CABG, Valve, CABG + Valve: R4Q 15 &16)	4.3 Days (Range: 2.3– 5.1)
# New CABG, Valve or CABG + Valve Patients opportunity loss	78
System Average Contribution Margin (CABG, Valve, CABG + Valve: R4Q 15 &16)	\$25.5K
Opportunity Loss (Total Contribution)	\$2.0MM

Primary Care Collaborative

Est. 2013 with the primary care leadership from the health systems to shape the future of primary care at UC Health

- **Objectives:** 1) understand how primary care is organized, 2) understand local market forces, 3) detail how transformation is being approached, 4) define successes /challenges, 5) determine what can be accomplished at a UC system-wide level
- **Common themes:** throughput, access, discharge planning, complex care management, appropriate panel size adjusted for risk /complexity, and various clinical measures such as statin compliance
- **Successes include:**
 - Sharing /adoption of care coordination/patient navigator model
 - The development of a common conceptual framework to operationalize empanelment--whitepaper produced

System-wide efforts: *Internal and external partnership creation*

- Athena Breast Health Network/ WISDOM Trial
 - CHQI secured a tax ID number
 - CHQI contracts directly with Blue Shield, Anthem, and others as the entity “housing” Athena. Enabled Athena to provide the WISDOM Trial services through UC Health
- Johns Hopkins Medicine
 - MOU with the Armstrong Institute for Patient Safety and Quality
 - Joint bi-coastal quality improvement initiatives
 - Create a joint venture to engage physicians in procurement
 - Explore opportunities to create a consortium of AMCs to demonstrate AMC value in research, education and care delivery

System-wide efforts: *New system-wide product development*

Objective: create system-wide service offerings that accrue to individual health systems as new revenue, new patients

- CHQI Tax ID
- UC Health Telehealth
- Workers' compensation

Barriers and Lessons learned

- Variation in prioritization of system-wide projects
- Lack of common infrastructure between individual UC Health systems
- Measurability and evidence of success
- Sustainability of projects
- Project champion selection
- Multi-faceted engagement

Future directions

- Develop internal and external strategic partnerships to:
 - improve the value of our care delivery model(s)
 - fund efforts and share gains
- Expand partnerships with internal leveraging-scale-for-value initiatives
- Develop system-wide health services that can offer new revenue streams
- Expand platforms for collaboration among UC health system clinical service lines
- Identify /support innovative efforts that align with the priorities of UC Health and priorities of the UC health systems