



**65,000
VOICES**

Customer-Driven Health: *The Race to Wellness*

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Alaska Native People Shaping Health Care



The New York Times

"All the News That's Fit to Print"

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Sunday Review

A Formula for Cutting Health Costs

Alaska Natives have something to teach doctors and patients in the rest of the world

No matter what happens to President Obama's health care reforms after the November elections, the disjointed, costly American health care system must find ways to slow the rate of spending while delivering quality care. There is widespread pessimism that anything much can be achieved quickly, but innovative solutions are emerging in unexpected places. A health care system owned and managed by Alaska's native people has achieved astonishing results in improving the health of its enrollees while cutting the costs of treating them.

At a recent conference for health lead-

colm Baldrige award, the foundation has achieved startling efficiencies: emergency room use has been reduced by 50 percent, hospital admissions by 53 percent, specialty care visits by 65 percent and visits to primary care doctors by 36 percent. These efficiencies, in turn, have clearly saved money. Between 2004 and 2009, Southcentral's annual per-capita spending on hospital services grew by a tiny 7 percent and its spending on primary care, which picked up the slack, by 30 percent, still well below the 40 percent increase posted in a national index issued by the Medical Group Manage-

ment. When a patient calls, the nurse decides whether a face-to-face visit with a doctor or other health care provider is required or whether counseling by phone is sufficient. The doctors are left free to deal with only the most complicated cases. They have no private offices and the nurses have no nursing stations to which they can retreat.

Integrating a wide range of data to measure medical and financial performance. Southcentral's "data mall" coughs up easily understood graphics showing how well doctors and the teams they lead are doing to improve health

Why listen to our story

- Evidenced-based generational change reducing family violence
- Over **50% drop** in ER visits, Hospital Days, and visits to Specialists
- Significant change in primary care utilization – less visits, more other
- **75-90%ile** on most HEDIS outcomes and quality
- Benchmarked data nationally and internationally showing **top in class performance** in utilization, quality, satisfaction
- Employee turnover rate **less than 12%** annualized (very low)
- Customer and staff overall satisfaction over **90%**
- **Baldrige Award** 2011



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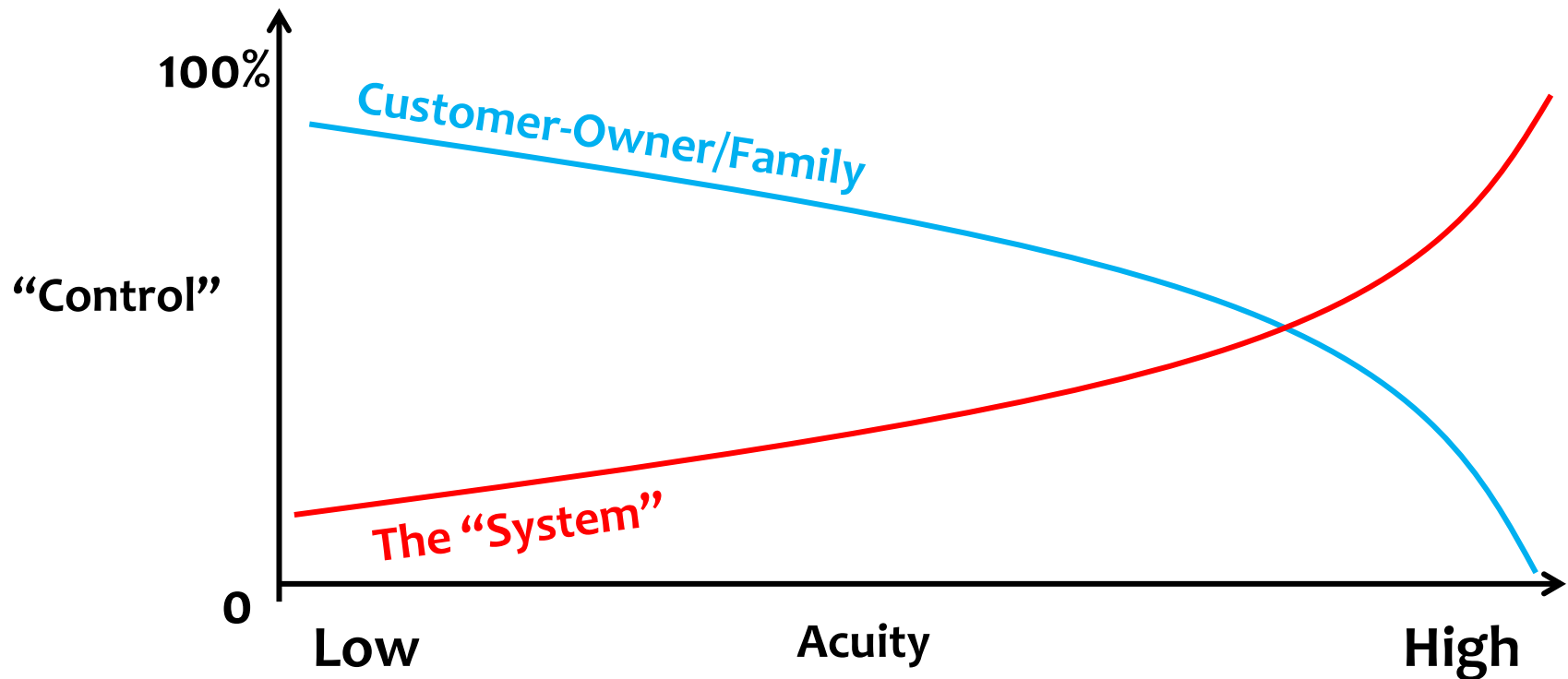


Fundamentally Rethinking Health Care

Financial Incentives

- See Everyone in person
- Order Everything
- Give medications, procedures, interventions
- Send to lots of specialists
- Optimizing Protocols/Pathways
- ED and Hospital
- Third Party Payer
- Coverage for Everyone
- Mechanical Understanding of 'Illness'

Who really makes the decisions?





Hitting Target:
Rock vs. Bird

Operational Principles

- Relationships** between customer-owner, family and provider must be fostered and supported
- Emphasis** on wellness of the whole person, family and community
(physical, mental, emotional and spiritual wellness)
- Locations** convenient for customer-owners with minimal stops to get all their needs addressed
- Access** optimized and waiting times limited
- Together** with the customer-owner as an active partner
- Intentional** whole-system design to maximize coordination and minimize duplication
- Outcome** and process measures continuously evaluated and improved
- Not** complicated but simple and easy to use
- Services** financially sustainable and viable
- Hub** of the system is the family
- Interests** of customer-owners drive the system to determine what we do and how we do it
- Population-based** systems and services
- Services** and systems build on the strengths of Alaska Native cultures

Customer- Ownership





Story Behind Our Eyes

Core Concepts Workshop



Sharing story, being in relationship



Providers are not the hero

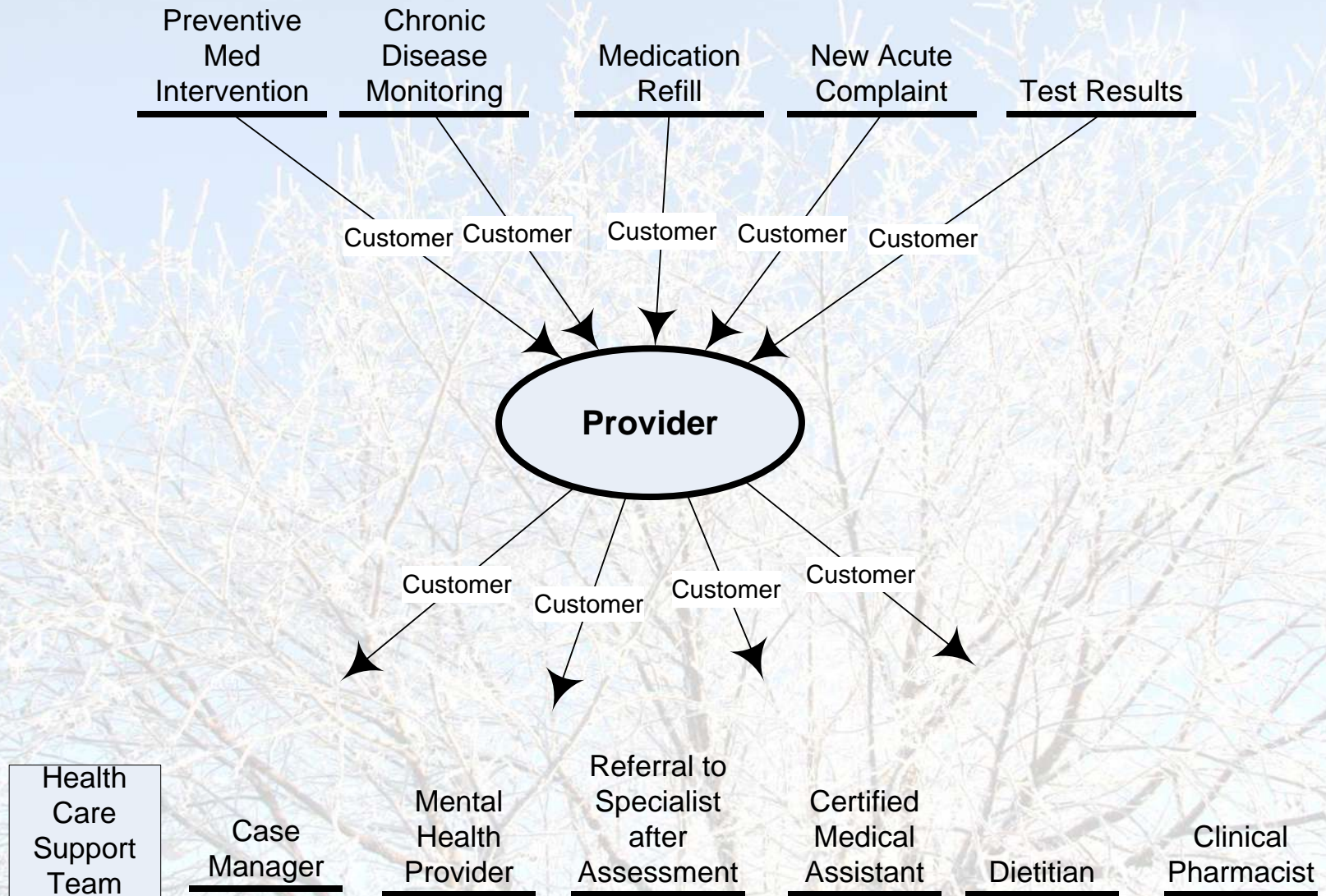


Providing a service, not a product



Integrated Care
Teams

Traditional Work Flow Method



Workforce Development



Financial Impacts

- Far less visits
- Far less specialty referrals
 - Specialists as supportive consultants
- Willing to 'live with it' for a few days before testing and intervening
 - Less Cost
 - Less Overuse that results in resistance, tolerance, over-reaction, exposures
- Way less ED and Hospital and Procedures

Sustained Improvements

50

% Reduction in ER
visits

40

% Reduction in
hospital days

60

% Reduction in
specialty visits

Sustained Improvements

93



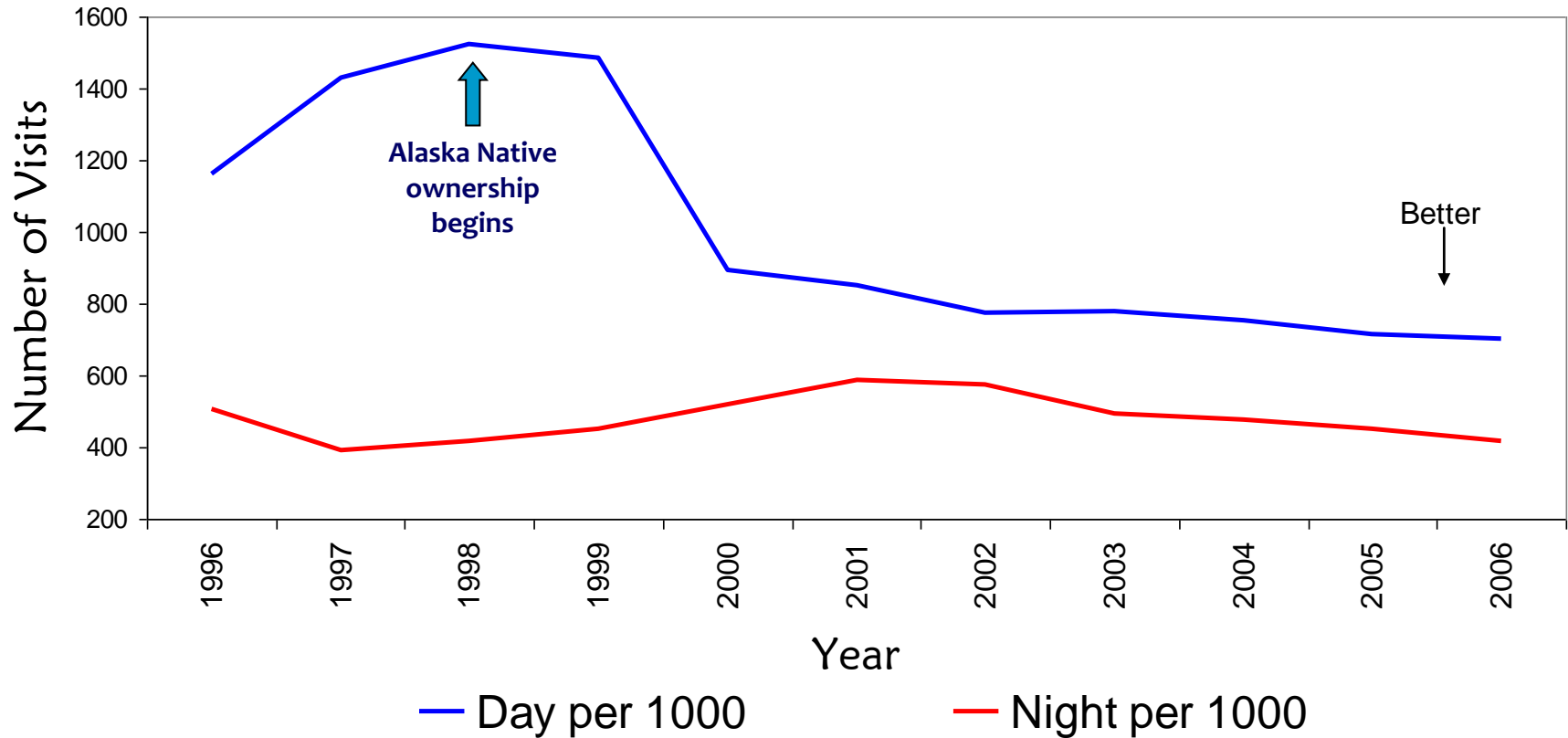
% Employee
Satisfaction

93



% Customer
Satisfaction

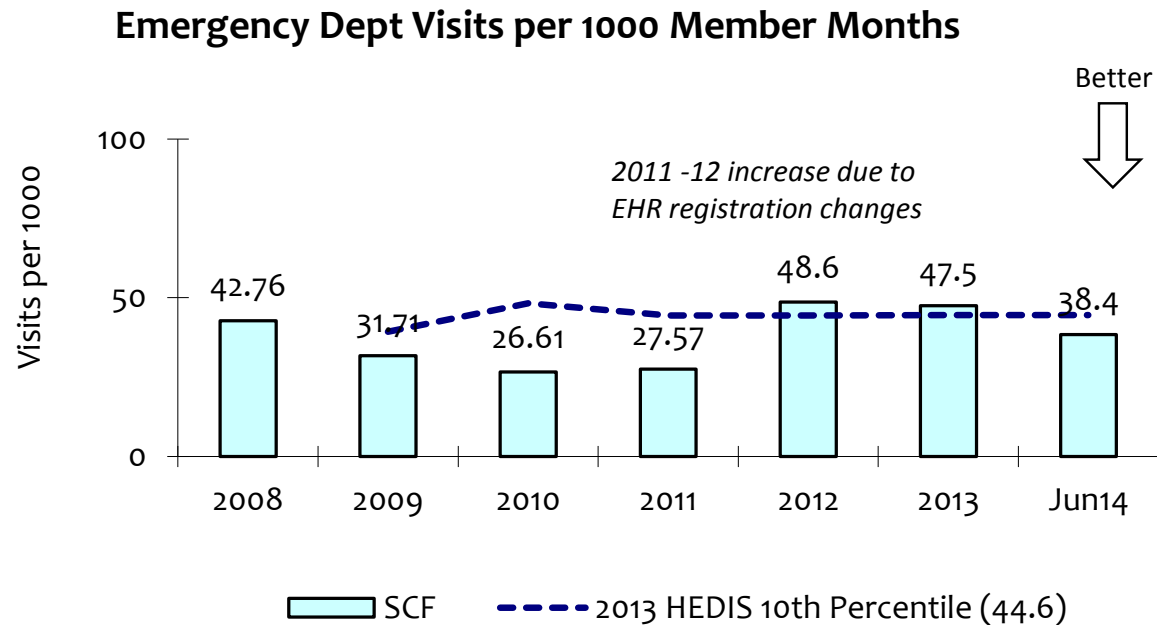
Anchorage Area Patient Visits to ER/Urgent Care Per 1000



Alaska Native People Shaping Health Care

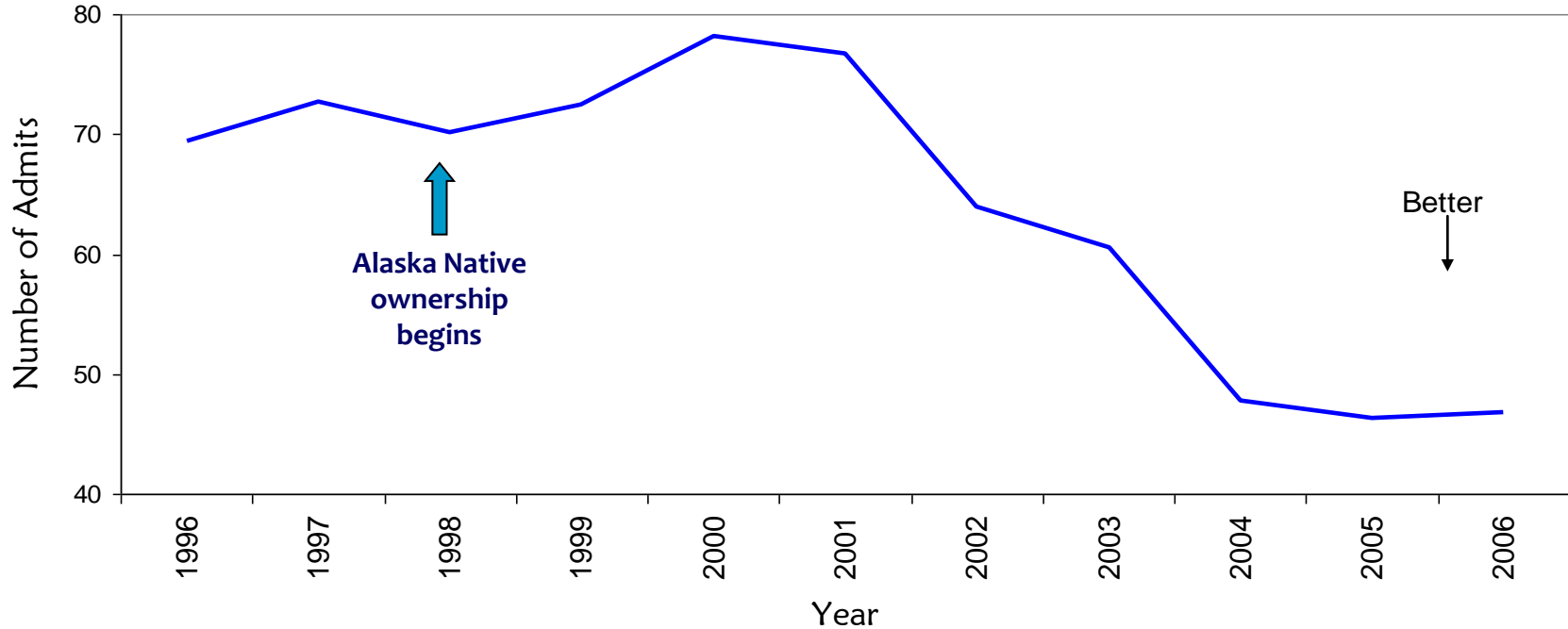


Emergency Department Utilization



Beginning in 2008 Benchmarking to HEDIS

Anchorage Area Patients Admits per 1000



— Admts per 1000

Excludes Newborns and Delivery Moms
and Length of Stay must be more than 1 day

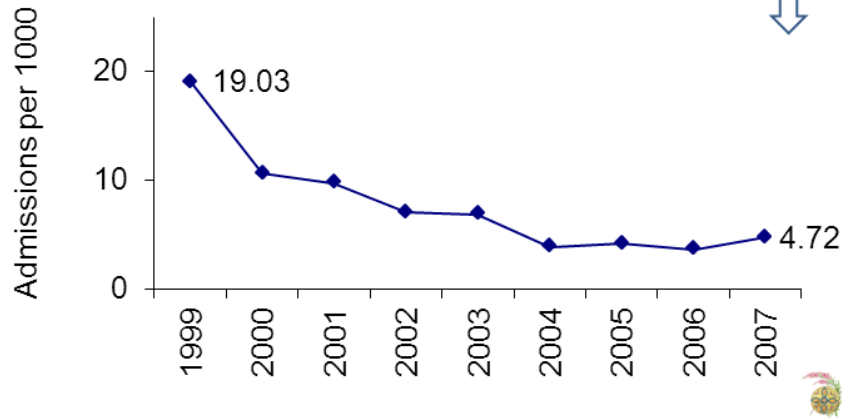


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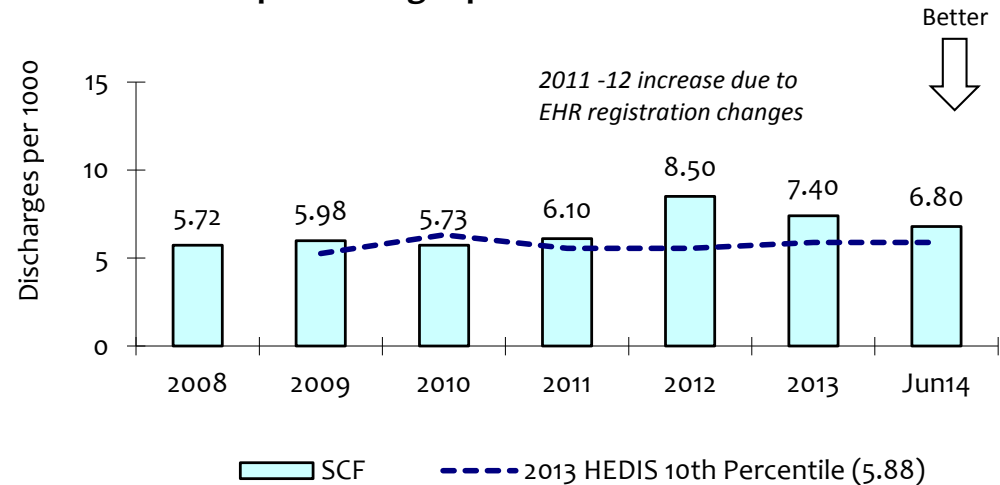


Inpatient Utilization

Qrtly Hosp. Admissions Per 1000 Customers
(Historical)



Total Inpt Discharges per 1000 Member Months



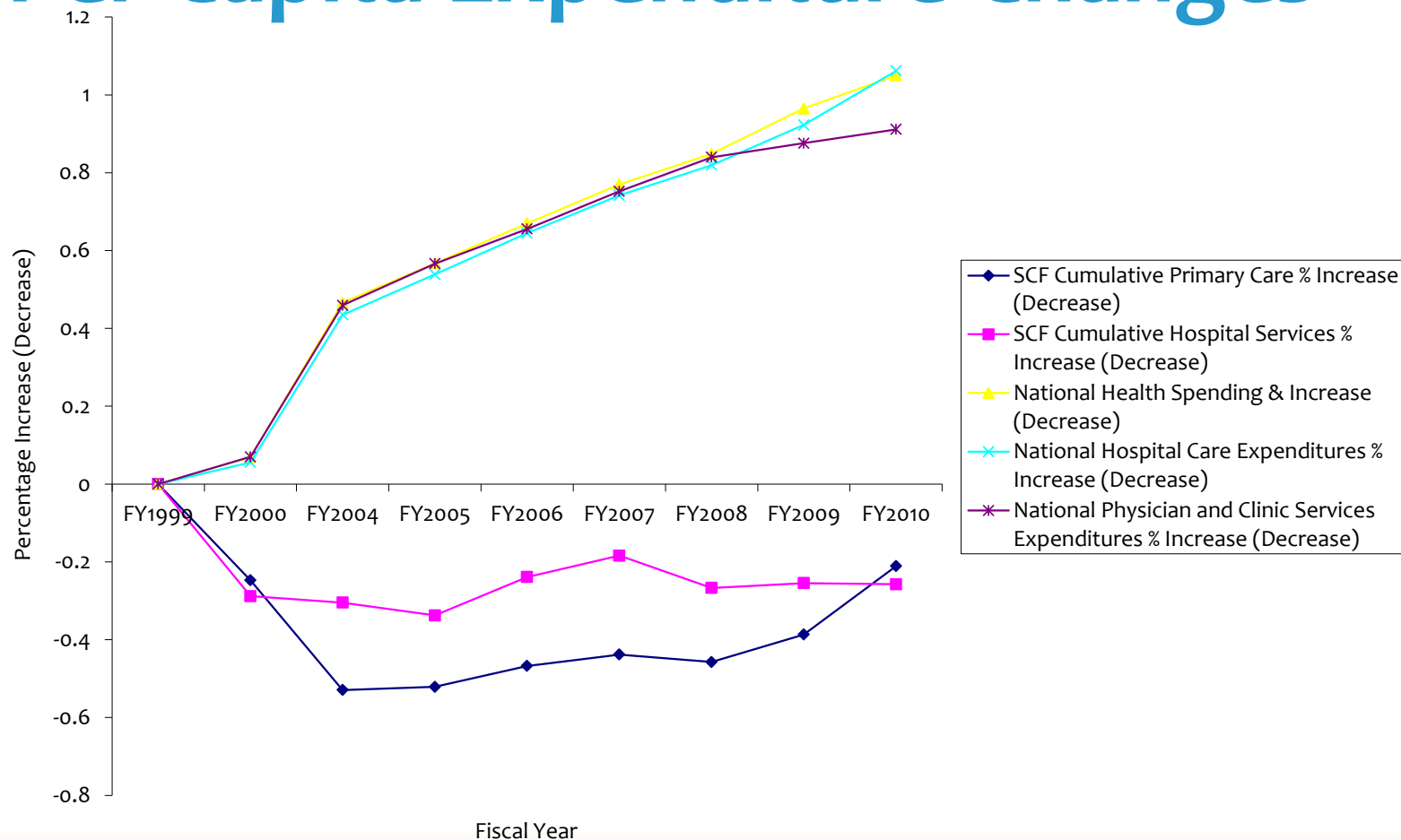
Beginning in 2008 Benchmarking to HEDIS



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Southcentral Foundation Cumulative Per Capita Expenditure Changes



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The Emerging Future

- Direct to Consumer – video visits, health monitoring devices, on demand consultants, robotics
- Distill Healthcare to the basics – Relationship, Advice, Information Management, Procedures
 - Smart Phone is Relationships and Information Management and Advice (decision support)
 - Technicians and Robots – Procedures
 - Long Term Care Campuses



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Alaska Native Health Campus today ... and growing





I care what
happens in 100
years

Thank You!

Qaġaasakung
Aleut

Quyanaq
Inupiaq

'Awa'ahdah
Eyak

Mahsi'
Gwich'in Athabascan

Igamsiqanaghalek
Siberian Yupik

Háw'aa
Haida

Quyana
Yup'ik

T'oyaxsm
Tsimshian

Gunalchéesh
Tlingit

Tsin'aen
Ahtna Athabascan

Quyanaa
Alutiiq

Chin'an
Dena'ina Athabascan



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