Premier Health

Service Line Strategy

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Kathleen L. Forbes, MD, MSHM, CPE, FAAFP
Corporate Chief Integration Officer

The Leadership Institute

Premier Health System:

- Largest Health System in Southwest Ohio
- Five Hospitals and Two Medical Centers
- 130 locations and > 15,000 employees
- > 800 Employed Providers and 5000 Providers in PHG
- Academic Partner to both Wright State University SOM and University of Cincinnati SOM
- 23 GME programs and 365 residents and fellows
- Member of Midwest Health Collaborative
- Insurance Plan and Population Health Management Group (PHG)
- Partners is Ascend Innovations & the Brain and Behavior Center for Human Performance

Genesis of Service Lines

The service lines developed in 2012:

- Grow volume and market share by creating
  - Submarket plans
  - System configuration strategies
  - IP growth strategies
- Support Value-Based Services Approach
  - Launch Population Health Model and Self-insurance product
- Alignment with community physician partners
- Organize Around Clinical Continuum of Care and outcomes

Service Line Leadership Structure

- Dyad Leadership Model
  - Physician Leader paired with SL VP
- Governance Council
  - Meets monthly
  - Broad physician participation
- Reports Quarterly to System Leadership and biannually to Physician Partnership Committee of the Board

Current PH Service Lines

- Cardiovascular
- Women's Health
- Neurosciences
- Orthopedic and Sports Medicine
- Surgery
- Emergency & Trauma
- Oncology Service Line
- Hospitalist Medicine

Example: Neuroscience Strategy Update

- Sustaining and advancing outstanding neurosciences clinical outcomes
- Medical staff development plan/recruiting for future state model (neurology and neurosurgery) - Recruitment of new providers (added 12 new neurologists in 2016)
- Improving access, creating advance neurological/stroke market differentiation and deepen access to adjacent markets (new hospital affiliates)
- Growth in neurology residency program to 16
- Clinical Portfolio/COE design for system
- Innovation: Telestroke and NEUROne

Neurosciences Scorecard

Executive Owner: McGregor

Neurosciences Service Line
2017
9-Feb-17

Progress Color Key:

Blue	= Completed
Green	= Meet Target or Making Significant Progress
Yellow	= Below the Target, Slow Progress
Red	= No Progress
Purple	= Not Started Yet
Grey	= Discontinued

Key Strategies	Tactics	Market	Executive	Entity	Barriers/Risks	Realization D	Progress
Deepen Access into Adjacent Markets							
Key physician recruitment into sub-specialty model	Recruit 4 additional neurosurgeons (3 MVH and 1 GSH) and 5 additional neurologists into market by end of 2017.	Central	Sedwick	System	Cost and interview/offer process	Q4 2017	
Open neurosurgery/neurology clinic in Greenville	**Timeshare space available. Verdon will cover northern market after PHS completes contract.**	**North**	**Rader**	**UVMC, Wayne**	**Manpower - neurosurgery strategy approval**	**3Q 2016**	
Open neurosurgery/neurology clinic in Wilson market	**Timeshare available. Verdon will cover northern market after PHS completes contract.**	**North**	**Rader**	**UVMC, Wayne**	**Manpower - neurosurgery strategy approval**	**3Q 2016**	
Evaluate telemedicine partnerships with Grand Lakes	Potential NEUROne Clients	North	Ludwig/Neff/Post	UVMC/MVH	Two young, inexperienced neurologists in town - desire EMU arrangement that isn't feasible or necessary for their volumes (1-2/month). OSU currently Telestroke provider. Went live with All Scripts in June. Technology configuration and manpower are barriers. Meeting on July 20, 0216 with Dr. Fox and Lana Hickerson was terse. Unlikely to be a good match in partnership for us. They will reach out to us by end of year.	4Q 2016	
Evaluate telemedicine partnerships with St. Leonard's		Central	Ludwig/Neff/Post	MVH	Technology configuration and manpower	4Q 2016	
Evaluate telemedicine partnerships with the VA		Central	Ludwig/Neff/Post	MVH	Technology configuration and manpower	4Q 2016	
Evaluate telemedicine partnerships with WPAFB		Central	Ludwig/Neff/Post	MVH	Technology configuration and manpower	4Q 2016	
Expand telemedicine partnerships with Wilson (teleneurology)		North	Ludwig/Neff/Post	UVMC/MVH	Technology configuration and manpower	4Q 2016	
Create geofence for Telestroke	Evaluate our geographic boundaries and our ability to provide service for sites that are x miles away. Establish threshold for volumes that are required to make partnership a good use of resources.	All	Ludwig/Post/Marriott	ALL	No barriers to creating our thresholds	4Q 2016	
Begin teleneurology center - NEUROne	Need to offload volumes from spoke sites to one central team. Will require another full time schedule and physician team to configure. UPDATE: Position approved by FTE committee October 25. Pilot at UVMC	All	Ludwig/Stuchel/Post	All	Technology configuration, infrastructure, and manpower. Epic build and hiring of teleneurologist position will be main hurdles	3Q2017	
Open UVMC CNSI clinic	Provide routine ambulatory neurology care as well as same day/next day discharge openings for UVMC patients of NEUROne	North	Ludwig/Pleiman/Rader	UVMC	Risk of losing Kitchener group prematurely if communication gets out ahead of plan. Neurology manpower is issue - need to recruit to that particular market.	3Q 2017	
Increase Convenient Access Points							
RETAIN neurosurgeons and neurologists in	**1) Consider employment of Dr. Pugar's group (9 neurologists one of which is epileptologist, 4 PA, 2 physiatrists, 9 residents). Offer retention bonuses. UPDATE: Pugar remains uninterested in employment or partnership outside of GSH coverage. 2) Consider employment of WSU physicians and control of clinical practice by placing Dr. Ludwig as chair of WSU neurology**	**All**	**Rader, Ludwig**	**System**	**Will requires change in neurosurgery leadership structure of CNSI to elevate neurosurgery to be equal to or in partnership with Chair role. See "outstanding decisions" document**	**Ongoing**	
RECRUIT neurosurgeons and neurologists	**Develop recruitment packages with medical school loan paybacks, sign on bonuses, stipend payments while in fellowships, etc. Work with partners in recruitment to develop high end recruitment materials and establish process by which priority candidates have LOI in hand prior to leaving site visit.**	**All**	**Rader/Sedwick**	**System**	**Cost and ability to schedule visits such that a physician is available to meet candidate end and "close deal". Lead physician doesn't have authority to negotiate deal. Need to have pre approved contracts through compliance/audit process and be able to react more rapidly to meet demand. See "outstanding decisions" document**	**Ongoing**	

Service Line Challenges

- Interface between Operations and Strategy especially across the continuum of care
- Duplication of leadership structure
- Stakeholder representation/input
- Joint strategic alignment
- Asset prioritization

2017 Challenges for PH

- System Clinical Transformation
- Blueprint Strategy Update
- Consumerism and Innovation
- System Configuration
- Population Health and growth in Insurance product
- Additional Alignment Opportunities