

# Comment mesurer institutionnellement l'amélioration de la qualité par des tableaux de bord clinique

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Forum Qualité – Sécurité HUG  
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# Remerciements

- Les informations, données et chiffres contenus dans cette présentation sont la propriété d'Intermountain Healthcare et sont confidentiels.
- Tous mes remerciements à Intermountain Healthcare, son Institut for Healthcare Leadership et ses Programmes Cliniques.

# Tables des matières

- 1. La problématique de l'inefficience du système de soins Américains**
2. Intermountain Healthcare (IH) et trois exemples d'amélioration de ses processus cliniques
3. Exemples de ses tableaux de bord

# Que savons nous de la qualité ?

- Grandes variations de pratique au delà de ce qui est attendu:
  - Ordering of care
  - Dispensing of care
  - Safe dispensing of care
- Quel en est l'impact pour les hôpitaux américains:
  - 98000 décès par an <sup>1</sup>
  - 60000 décès par an dus à des escarres nosocomiaux <sup>2</sup>
  - 180000 décès par an pour la population Medicare <sup>3</sup>
  - 210000 - 440000 décès par an <sup>4</sup>
  - 251454 décès par an (3ème cause de décès aux USA) <sup>5</sup>

1 Kohn LT, Corrigan JM, Donaldson MS. (Institute of Medicine) To err is human: building a safer health system. Washington, DC: National Academy Press, 2000.

2 Reddy M, Gill SS, Rochon PA. Preventing pressure ulcers: a systematic review. JAMA. 2006;296:974–984.

3 Levinson DR, Adverse events in hospitals: national incidence among medicare beneficiaries. Department of Health and Human Services Office of Inspector General, November 2010

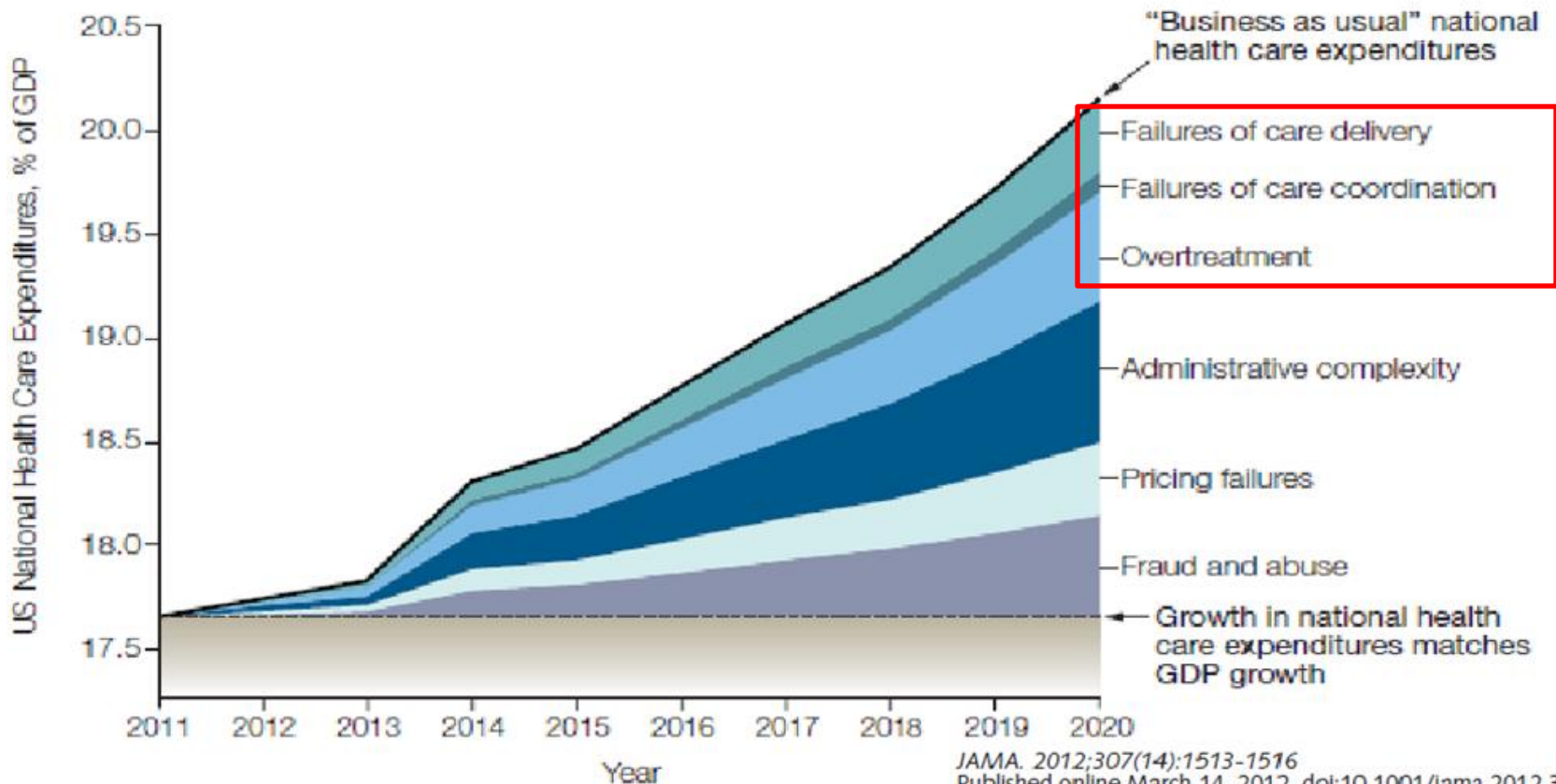
4. James JT. A new evidence based estimate of patient harms associated with hospital care. Journal of Patient Safety. 2013 Sep;9(3):122-128.

5. Makary MA, Daniel M. Medical error – the third leading cause of death in the US. BMJ 2016;353:i2139.

# Importance du gaspillage <sup>(1/2)</sup>

Unnecessary services	8.40% (\$210 B / \$2500 B)
Services inefficiently delivered	5.20% (\$130 B / \$2500 B)
Missed prevention opportunities	2.20% ( \$55 B / \$2500 B)
Excess administrative costs	7.60% (\$190 B / \$2500 B)
Medicaid fraud	3.00% ( \$75 B / \$2500 B)
Prices that are too high	4.20% (\$105 B / \$2500 B)
<b>Total</b>	<b>30.60% (\$765 B / \$2500 B)</b>

# Importance du gaspillage (2/2)



American health care « gets it **right** » **54.9%**  
of the time.<sup>1</sup>

it takes an average of **17 years** for research  
evidence to **reach clinical practice**.<sup>2,3,4</sup>

1. McGlynn EA, Asch SM, Adams J, et al. The quality of health care delivered to adults in the United States. *N Engl J Med* 2003; 348(26):2635-45 (June 26).
2. Westfall J, Mold J, Fagnan L. Practice-based research – “Blue Highways” on the NIH roadmap. *JAMA* 2007;297:403–6.
3. Trochim W. Translation Won't Happen Without Dissemination and Implementation: Some Measurement and Evaluation Issues. 3rd Annual Conference on the Science of Dissemination and Implementation. Bethesda, MD: 2010.
4. Health Economics Research Group, Office of Health Economics, RAND Europe. Medical Research: What's it Worth? Estimating the Economic Benefits from Medical Research in the UK. London: UK Evaluation Forum, 2008.

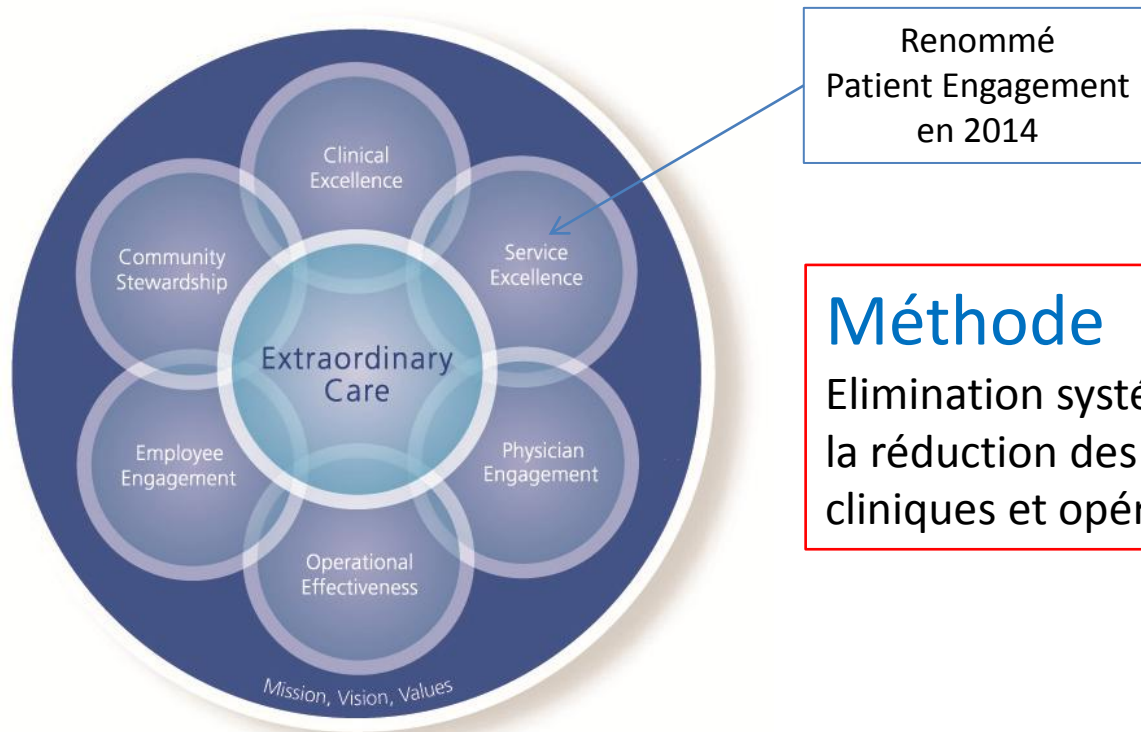
1. La problématique de l'inefficience du système de soins Américain
- 2. Intermountain Healthcare (IH) et trois exemples d'amélioration de ses processus cliniques**
3. Exemples de ses tableaux de bord



## Mission

1975 – 2013: Excellence in the provision of health care services to communities in the Intermountain region.

2014 - : Helping people live the healthiest lives possible.



## Méthode

Elimination systématique du gaspillage par la réduction des variations de pratiques cliniques et opérationnelles

## Vision

1975 – 2013: Be a model health care system by providing extraordinary care and superior service at an affordable cost.

2014 - : Be a model health system by providing extraordinary care and superior service at an affordable cost.

# Evolution d'un système intégré de santé et d'assurance maladie



  
Intermountain<sup>®</sup>  
Healthcare  
1975



  
selecthealth  
1983



  
Intermountain<sup>®</sup>  
Medical Group  
1994



Intermountain<sup>®</sup>  
Healthcare  
*Healing for Life*  
2015



# Aperçu d'Intermountain Healthcare

- 34000 employés: siège est à Salt Lake City, ~ 5,1 milliards d'euros de revenu (2014)
- Créé en 1975, lorsque l'église des Mormons fait don de ses 15 hôpitaux à la communauté

Hôpitaux  
(1975)

22 hôpitaux  
2500 médecins  
affiliés  
2800 lits  
41% des hôpitaux  
de l'Utah,  
44% des lits,  
54% des  
admissions

Assurance  
SelectHealth  
(1983)

800000 assurés  
~ 23% du marché

Groupe Médical  
(1994)

185 cliniques  
(centres  
ambulatoires  
pluridisciplin  
aires)  
1500 médecins  
employés

Gestion de la  
santé de la  
population  
(2015)

Responsabilité  
partagée  
Soins primaires  
personnalisés  
Bien être de vivre

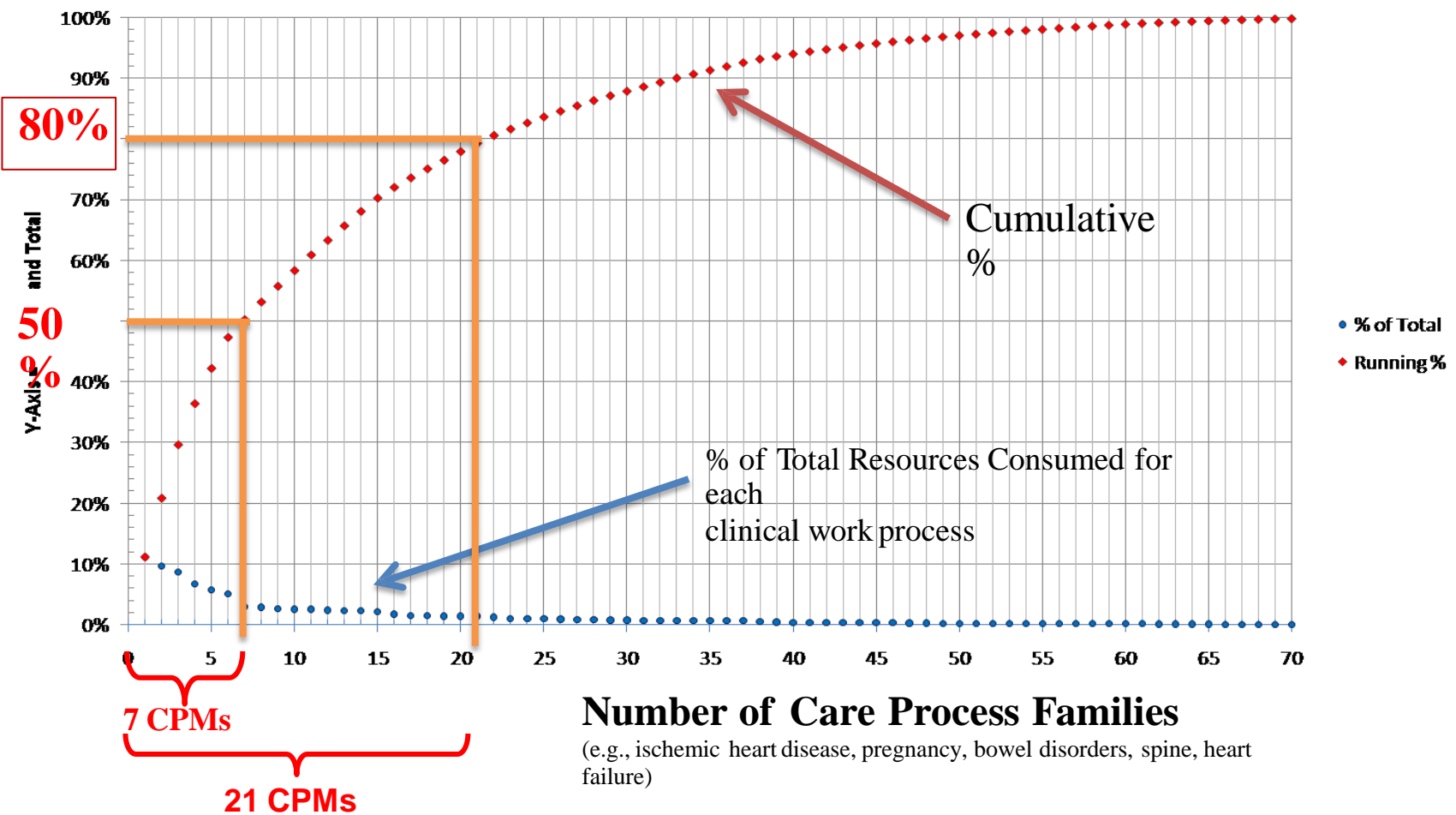
# Volume d'activités de soins aigus

Clinical Program	Hosp IP+OP Cost	% Total Cost	Cumulative %
Cardiovascular	\$ 129,442,947	18.5%	18.5%
Neuromusculoskeletal	128,675,965	18.4%	36.9%
Surgical Specialties	116,646,327	16.7%	53.6%
Women & Newborn	114,984,231	16.4%	70.0%
Medical Specialties	94,773,645	13.5%	83.5%
Pediatric Specialties	44,552,204	6.4%	89.9%
Behavioral Health	17,185,283	2.5%	92.3%
<b>Total: Clinical Programs</b>	<b>\$646,260,602</b>	<b>92.3%</b>	
ICU + Trauma	31,079,870	4.4%	96.7%
Unassigned	22,759,375	3.3%	100.0%
<b>Total: All Hosp Cases</b>	<b>\$646,260,602</b>	<b>100.0%</b>	

# Quel est le business d'IH et comment est-il organiser?

**Key Findings:**

- **50%** of all in-patient resources are represented by **7** Care Process Families
- **80%** of all in-patient resources are represented by **21** Care Process Families

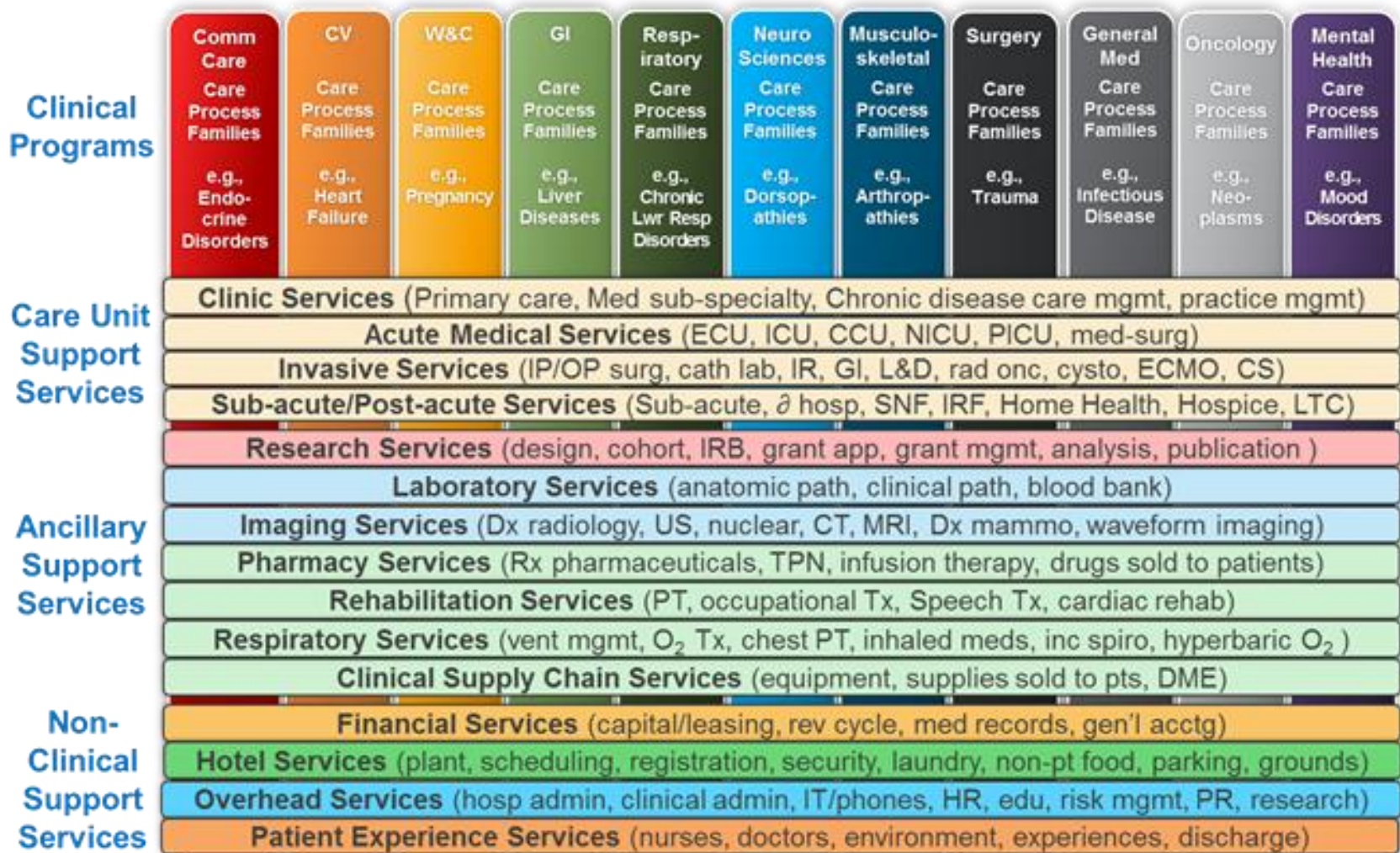




# Famille de processus cardiovasculaires

Processes	DRGs	IP&OP \$	%	Cumulative
<b><u>Ischemic heart disease</u></b>				
CABG <i>et al.</i>	106-108,110-111	\$ 34,228,066	28.9%	28.9%
Dx cath, PTCA, stents, <i>etc.</i>	112,124-125	24,213,792	20.5%	49.4%
Acute chest pain	121-123,132-133,140,143	9,293,639	7.9%	57.2%
<b><u>Congestive heart failure</u></b>				
Valves	104-105	13,417,746	11.3%	68.5%
CHF	87,127	5,348,209	4.5%	73.1%
Transplant	103	4,243,428	3.6%	76.7%
Arrhythmias/pacemakers	116-118,129,138-139,141-142	9,015,295	7.6%	84.3%
Peripheral vascular surg	5,130-131,478-479	8,374,590	7.1%	91.4%
Resp Ca/pulmonary surg	75-77, 82-84, 94-95	7,343,294	6.2%	97.6%
<b>Total: Cardiovascular Program</b>		<b>\$ 115,478,059</b>	<b>97.6%</b>	
Other cardiovascular	120,126,135-136,144-145	2,879,647	2.4%	100.0%
<b>Total: Cardiovascular</b>		<b>\$ 118,357,706</b>	<b>100.0%</b>	

# Comment pourrait on penser organiser le système de production clinique des HUG?



Source: David Burton, Intermountain Healthcare, Health Catalyst, Health care production model, 2013

# Exemples

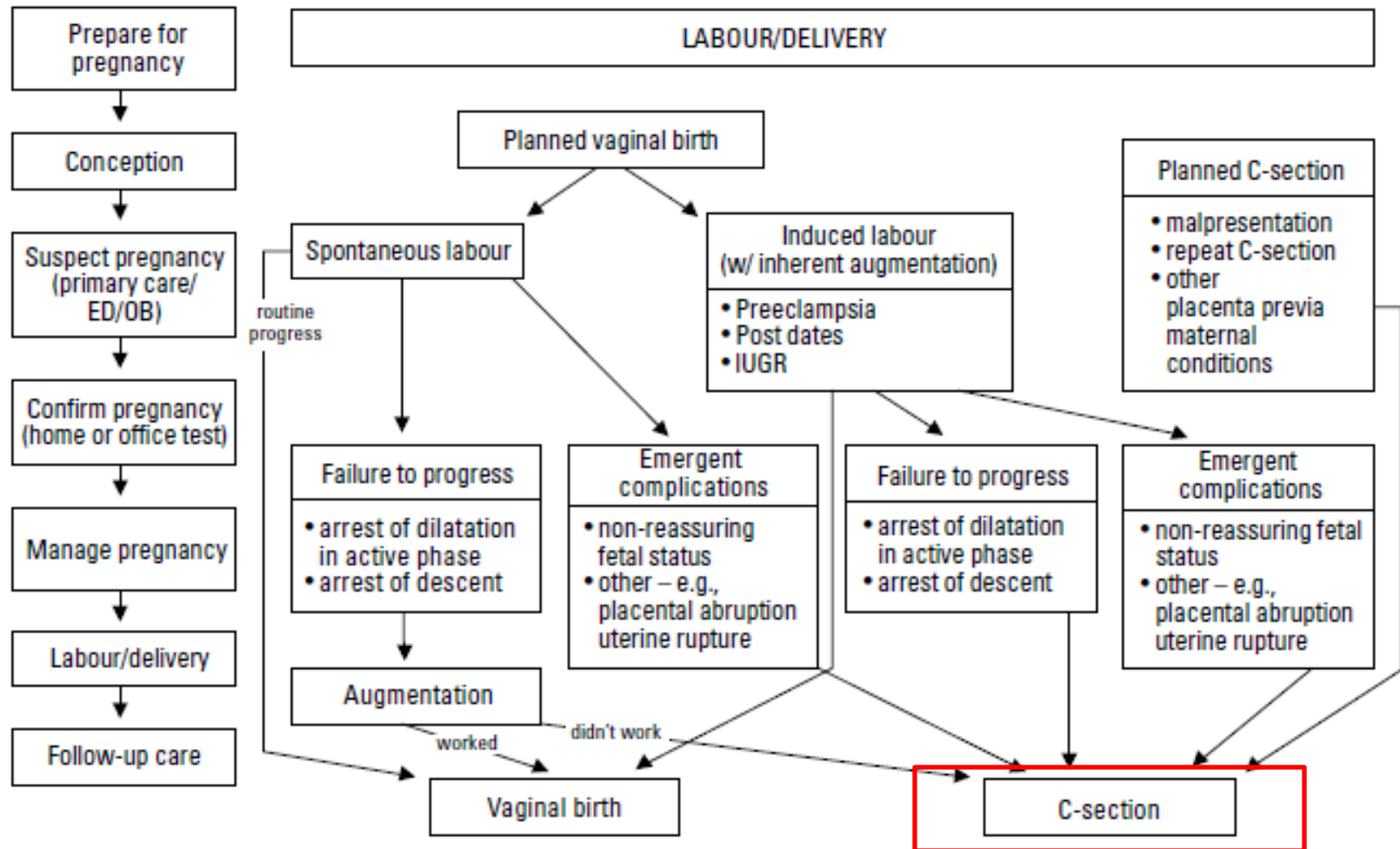
**I. Accouchements avant 39 semaines**

II. Prise en charge du diabète

III. Prévention des chutes



# Labor & delivery – Clinical process model

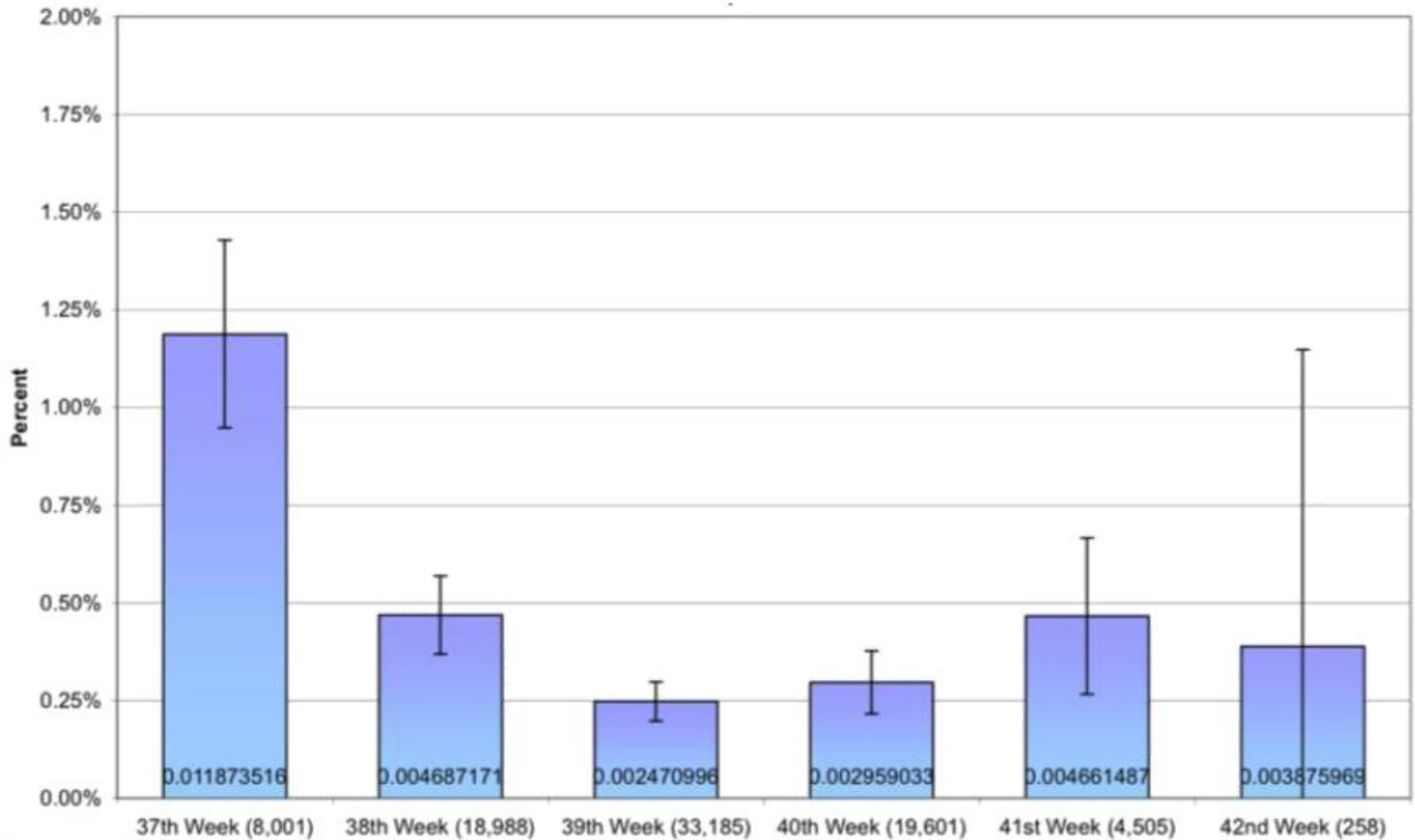


Source: James (2001c).  
Used by permission.

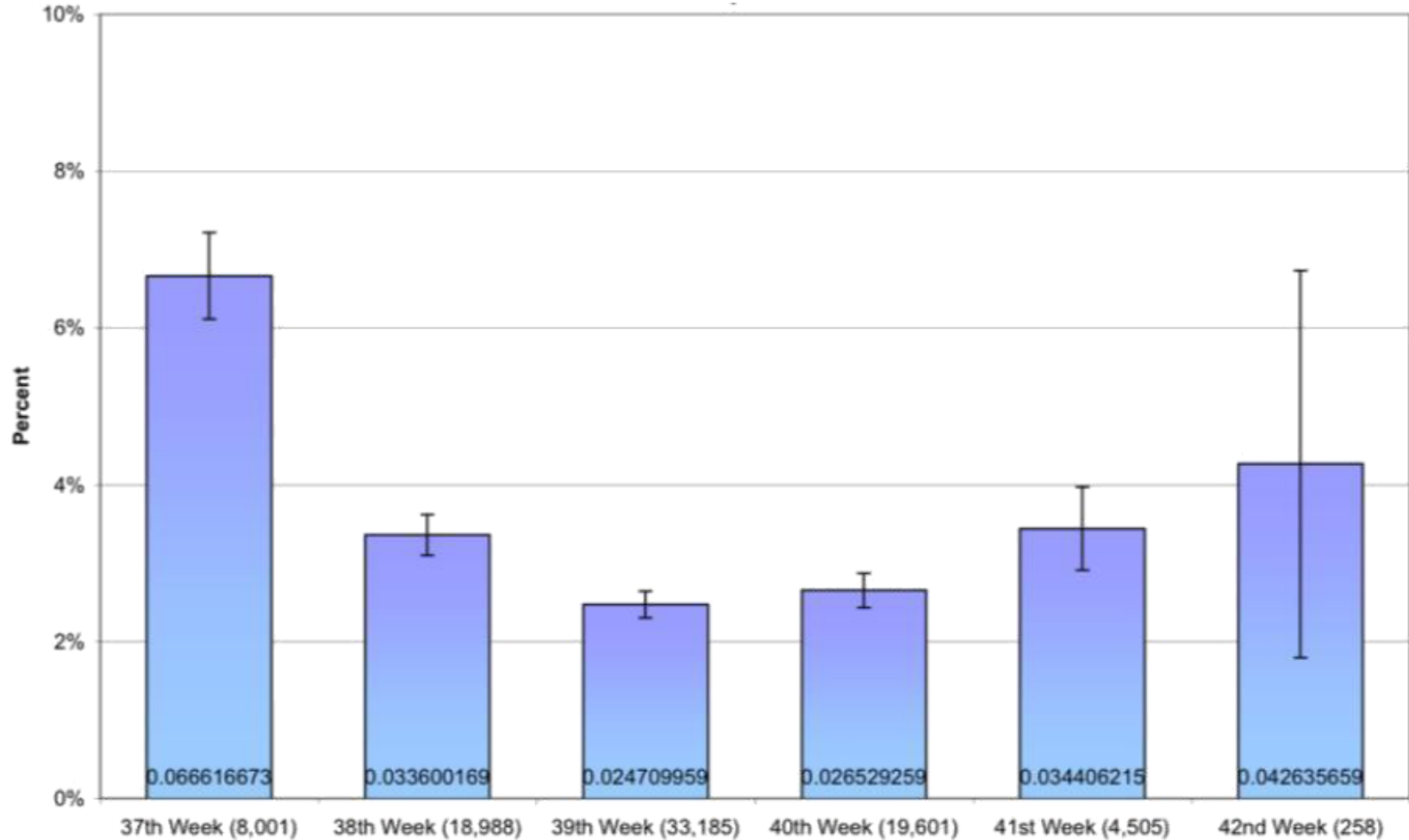
# Accouchements par césariennes avant 39 semaines

- Données nationales publiées: complications si l'accouchement est fait avant 39 semaines
- Le programme clinique d'IH « Women and Newborns » propose de suivre les recommandations nationales
- Les obstétriciens d'IH ne pensent pas avoir des problèmes avec leurs taux de complications
- Leurs propres données démontrent un problème identique au problème national et ils s'engagent dans un processus de changement

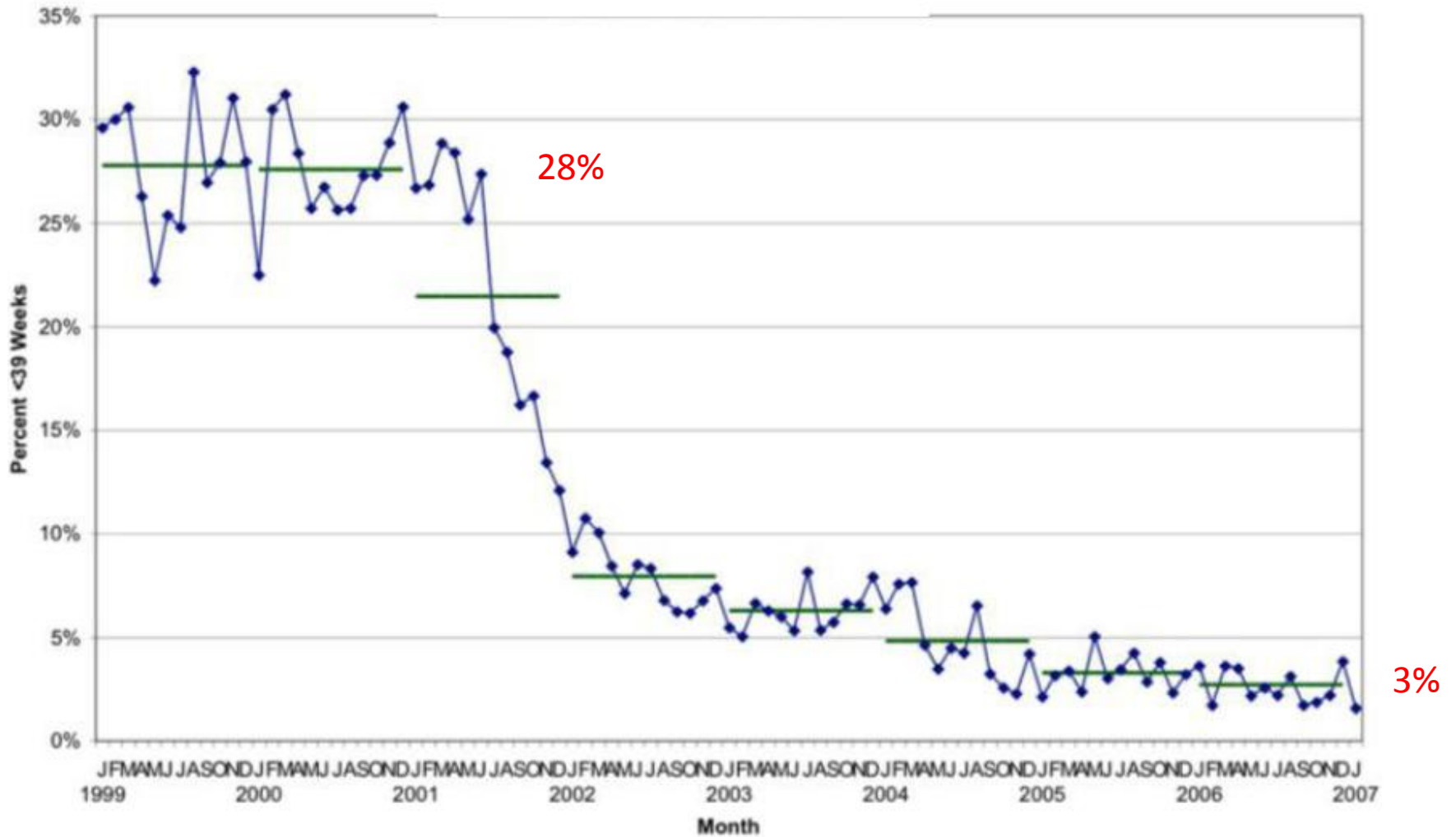
# Ventilator usage by weeks gestation



# NICU admissions by weeks gestation



# Result of the intervention



# Impact

- 1500 nouveau-nés naissent en plus chaque année dans le système d'IH sans que celui-ci ait dû rajouter des lits ou du personnel infirmier supplémentaires
- Réduction des coûts des soins dans l'Utah d'environ 50 millions \$ par an

Oshiro BT et al. Decreasing elective deliveries before 39 weeks of gestation in an integrated health care system. *Ostet Gynecol.* 2009; 113(4); 804 – 11.

James, BC, Savitz L. How Intermountain trimmed health care costs through robust quality improvement efforts. *Health Affairs* 30, No 6(2011).

# Exemples

I. Accouchements avant 39 semaines

**II. Prise en charge du diabète**

III. Prévention des chutes

# Le coût des maladies chroniques pour l'état de l'Utah

## Most Expensive Chronic Diseases

Table 1. Top ten chronic diseases by annual cost to treat and number of individuals treated, 2010

Chronic Disease	Annual Cost to Treat	Individuals Treated
1. Diabetes	\$202,885,766	48,108
2. Hypertension	\$111,284,114	60,381
3. Asthma	\$78,642,310	30,970
4. Coronary Heart Disease	\$52,236,140	7,995
5. Breast Cancer	\$30,563,297	3,150
6. Depression	\$28,162,682	32,415
7. End Stage Renal Disease	\$26,188,497	2,051
8. Heart Failure	\$21,696,168	2,081
9. Stroke	\$21,301,554	2,039
10. Chronic Obstructive Pulmonary Disease	\$13,335,058	1,647

Source: Utah All Payer Claims Database

• **\$435,000,000**

Source: Utah Health Status Update: Uncontrolled High Blood Pressure in Utah, Utah Department of Health, July 2012



# Ojectif de 2011 du conseil d'administration d'IH pour améliorer la prise en charge des patients diabétiques

## PRIMARY CARE CLINICAL PROGRAM 2011 BOARD GOAL

**Overview & Opportunity:** Glyco-hemoglobin (HbA1c) is a laboratory blood test that indicates a patient's average blood sugar over a three-month time period. It is the best measure of diabetes control. Studies show that glyco-hemoglobin levels below 7 (HbA1c<7) prevents complications from diabetes (heart disease, kidney disease, eye disease, and circulation and pain in the feet and legs). Our goal is to improve diabetes control in patients who are most severely out of control as indicated by having an HbA1c $\geq$ 8 for 12 months or longer.

### 2011 Goal for the Primary Care Clinical Program (PCCP) and SelectHealth

Improve the average HbA1c for SelectHealth patients age 18 and over with diabetes who have had a glycohemoglobin  $\geq$  8.0 for at least 12 months on Oct 1, 2010 from 9.76% to 9.32%.

**Entry Goal:** 9.41%

**Target Goal:** 9.32%

**Stretch Goal:** 9.23%

**Clinical Challenges to Meet the Goal:** The challenge in achieving this goal is that there are many complex reasons for uncontrolled diabetes (as shown by HbA1C > 8 for 12 months or longer). These include inadequate medical care and patient failure to follow the medical care plan due to financial challenges, life stressors, additional co-morbidities (other chronic illnesses), mental health issues, and socioeconomic issues.

**Methodology:** Patients will be identified from the diabetes data mart on October 1, 2010. The diabetes data mart includes data from SelectHealth claims, the Clinical Data Repository (CDR), SelectHealth pharmacy data, IDX, and Mysis (laboratory) data bases. It is updated quarterly and housed within the EDW and maintained by EDW staff and PCCP staff. The average HbA1c of these patients will be tracked monthly and the final results will be available October 15, 2011.

**Measurement Time Period:** October 2010 - October 2011

# Pour chaque médecin, liste de leur patients dont le taux d'hémoglobine glyquée (A1c) > 8%

Intermountain Medical Group

Medical Director :

## Persistent HbA1C Greater Than 8% Report : Patient List Reporting Period: Current Reporting Period Date

Intermountain

15 Patient(s)

Patient Name * New Patient	RX date**	Insulin	Dep	IDX MRN	EMPI	Birthdate	Age	Phone	Specialist	Last Office Visit	Last A1C date result	Last LDL date result	Last MA date result	
<b>SelectHealth 2011 Board Goal Cohort Patients</b>											<b>Avg A1c: 9.88</b>		<b>13 Patient(s)</b>	
	•						55			> 1 Year	12/22/2010 13.4	12/22/2010 148 †	12/22/2010 POS ‡	
	•	•	•				64			11/11/2010	11/11/2010 11.9	Not Tested	2/25/2010 POS	
	•	•	•				47			11/11/2010	11/11/2010 11.8	11/11/2010 121	11/11/2010 POS	
	•						58			4/16/2010	4/19/2010 11.2	Not Tested	Not Tested	
	•						52			11/3/2010	11/19/2010 10.6	11/3/2010 119	11/3/2010 NEG	
							57			12/22/2010	12/22/2010 9.8	12/22/2010 103	12/22/2010 NEG	
	•						69			12/16/2010	12/16/2010 9.6	12/16/2010 135 †	1/12/2010 POS ‡	
	•	•					64			5/5/2010	5/4/2010 9.5	5/4/2010 167 †	5/4/2010 NEG	
	•	•					34			2/5/2010	6/29/2010 9.3	8/5/2010 89	Not Tested	
	•	•	•				30			12/14/2010	12/14/2010 8.6	12/14/2010 74	12/14/2010 NEG	
	•	•					56			12/27/2010	12/27/2010 8.1	12/27/2010 91	8/9/2010 POS	
	•	•					53			12/7/2010	12/7/2010 8	12/7/2010 66	12/7/2010 POS ‡	
	•	•					60			11/9/2010	12/1/2010 6.7	11/9/2010 Trig>400	Not Tested	
<b>SelectHealth Non-Cohort Patients</b>											<b>Avg A1c: 9.85</b>		<b>2 Patient(s)</b>	
	•						38			12/3/2010	11/24/2010 10.7	8/6/2010 Trig>400	8/6/2010 NEG	
	•	•					58			11/23/2010	10/29/2010 9	10/29/2010 160 †	Not Tested	

\* New Patient this Reporting Period \*\* Prescription Benefits this Reporting Period  
 † Not on Lipid Medication (i.e. statin, fibrinic acid)  
 ‡ Not on ACE/ARB Medication  
 Dep - History of Depression Diagnosis

### 2011 Board Goal Objective

Board Goal is to lower the average HbA1c of all patients in the Board Cohort, not a specific target.

CONFIDENTIAL: This material is prepared pursuant to Utah Code Ann. 26-25-1 et. seq., Idaho Code Ann. 39-1392 et seq., for improvement of the quality of hospital and medical care rendered by hospitals or physicians.

# Pour chaque patient, liste de leur dernière visite médicale, des résultats de leur examens et de leur médicaments

## SelectHealth - Diabetes A1C Greater than 8% Patient Profile

Report Period:

Intermountain Medical Group

Provider Name – Clinic (Specialty)

Medical Director :

Days Enrolled in SelectHealth During Reporting Period ..... 365	On Insulin .... Yes	SH Case Mgmt..... No	Current Reporting Period DM Encounter Summary	Primary Care Office · Last Visit: 12/14/2010
Pharmacy Data Available for this Patient ..... Yes	Depression Dx..... Yes			Last A1c Date: ..... 12/14/2010 8.6
Patient Name ..... Cohort Patient	IDX MRN	EMPI	SH Number	Phone Number
	Birthdate	Office	Inpatient	ER
		6		
				Endocrinologist Last Visit: 8/24/2010

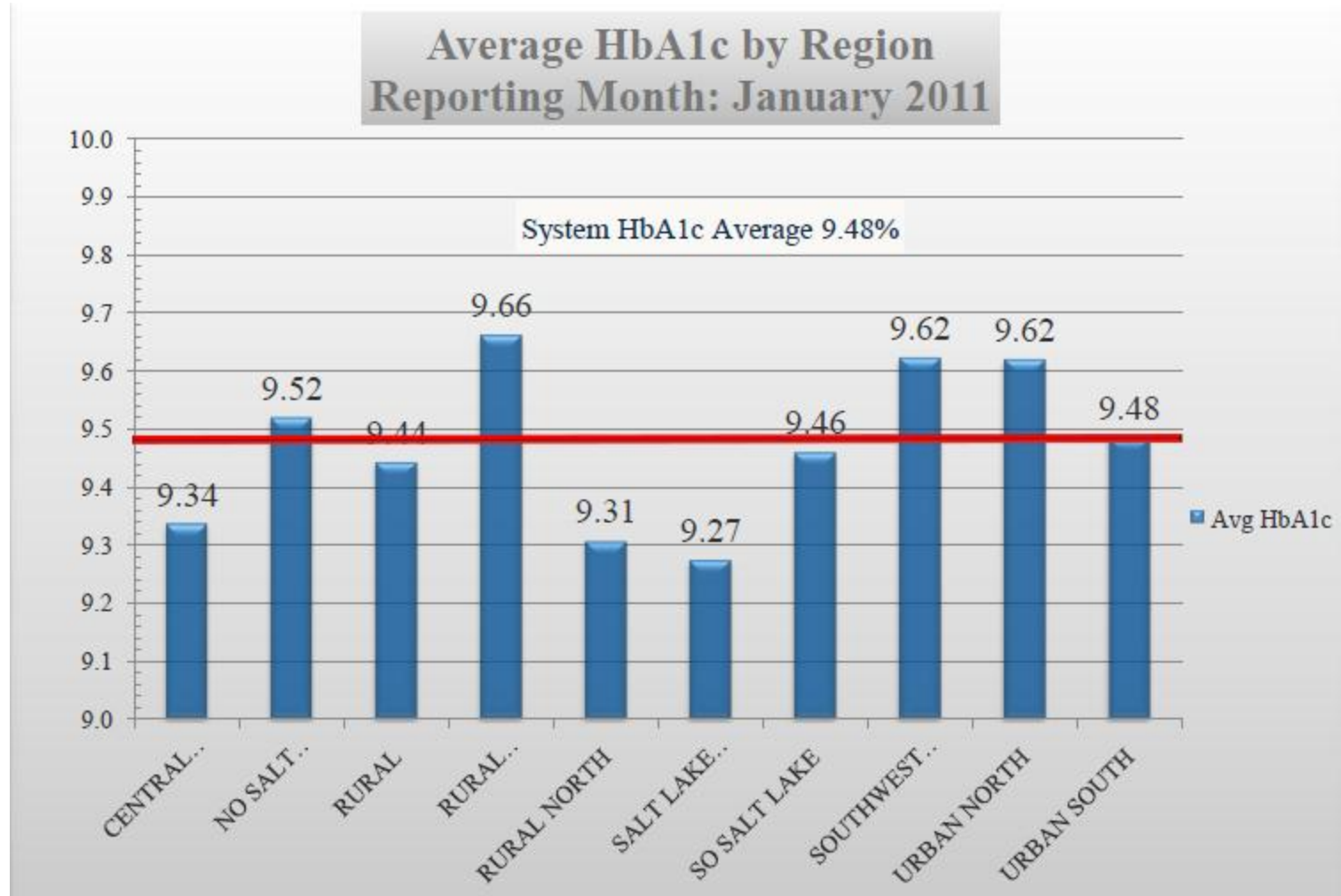
PHQ-9 / Vitals / Labs	2009				2010				2011			
	1 QTR	2 QTR	3 QTR	4 QTR	1 QTR	2 QTR	3 QTR	4 QTR				
Hemoglobin A1C	8.4	7.9		8.3		9.5	9.2	8.8				
LDL Cholesterol	100			139				74				
HDL Cholesterol	51			83				81				
Triglycerides	180			83				142				
Microalbumin	NEG			NEG				NEG				
Blood Pressure (qtr average)	122/84	118/78		127/78		116/69	114/70	114/78				
Body Weight	181	187		171.1		178.7	178.5	175.8				

Diabetes Related Visits												
Eye Exam								1				
Office ENC								2				
Office IM		1		1			2	1	1			

Medication Profile (reported as days supply / quarter)	2009				2010				2011			
	1 QTR	2 QTR	3 QTR	4 QTR	1 QTR	2 QTR	3 QTR	4 QTR				
<b>Antilipidemic Meds</b>												
LOVASTATIN 20 MG TABLET				60	90	60	120	90				
<b>Diabetes Meds</b>												
GLUCAGON 1 MG EMERGENCY KIT						5						
LANTUS 100 UNITS/ML VIAL				60	90	55	90	90				
NOVOLOG FLEXPEN SYRINGE						30	60	30				
RELION NOVOLIN N 100 UNIT S/ML						30	30					
<b>Diabetes Supplies</b>												
FREESTYLE LITE TEST STRIP						68	34					
<b>Mental Health Meds</b>												
MIRTAZAPINE 30 MG TABLET	30											
PRISTIQ 50 MG TABLET		30	30	90	90	90	90	90				
RISPERIDONE 0.25 MG TABLET						30		60				

Days Supply: Determined by pharmacy benefit and calculated by dispensing pharmacy according to prescription instructions and quantity. Most long term prescriptions cover 30 or 90 days. However, days supply for medications requiring variable dosing (i.e. insulin, insulin pens, inhalers) may be over/under estimated.

# Pour chaque region d'IH, variation de la moyenne du taux d'hémoglobine glyquée (A1c)

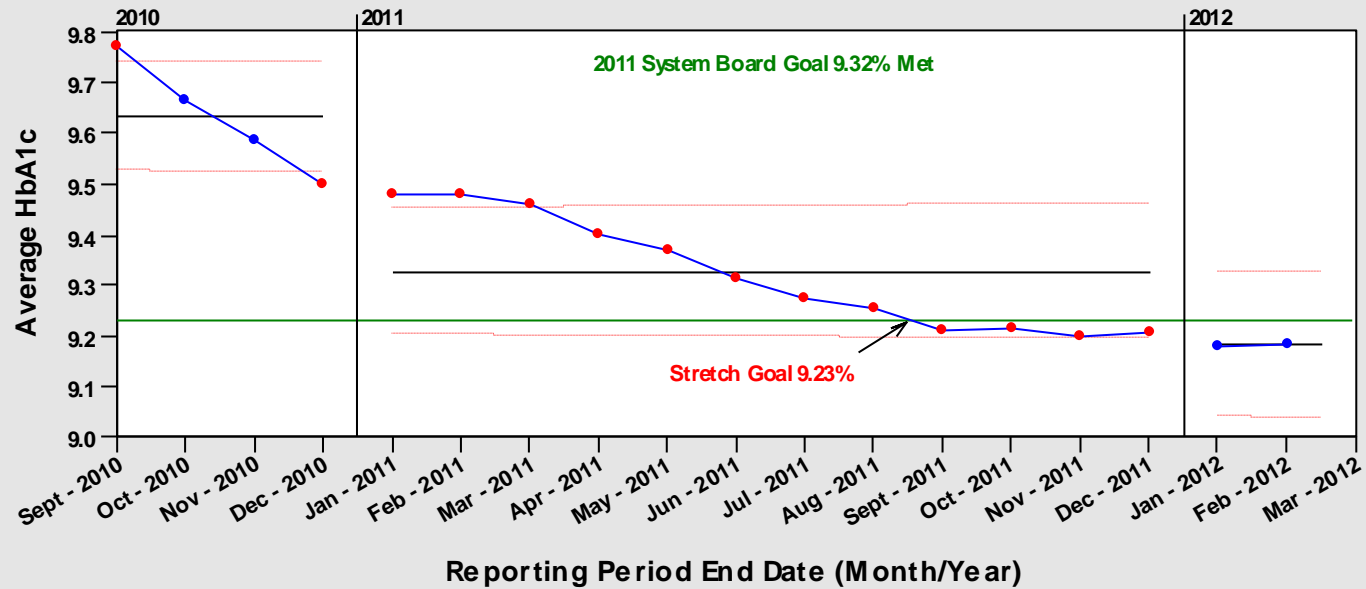


# Mesurer mensuellement l'objectif du conseil d'administration (Board Goal)

X-bar Chart

## Average HbA1c for Board Goal Cohort October 1, 2010 to February 29, 2012 Holding The Gains

3 sigma limits



Avg.	9.769	9.662	9.586	9.499	9.478	9.477	9.457	9.401	9.369	9.312	9.274	9.254	9.210	9.215	9.197	9.205	9.179	9.184	
n	1836	1810	1787	1773	1711	1684	1671	1647	1620	1606	1579	1554	1524	1504	1488	1488	1389	1370	
UCL	9.737	9.738	9.739	9.739	9.450	9.451	9.452	9.453	9.454	9.454	9.455	9.456	9.458	9.458	9.459	9.459	9.324	9.325	
LCL	9.523	9.523	9.522	9.522	9.201	9.200	9.200	9.199	9.198	9.197	9.196	9.195	9.194	9.193	9.192	9.192	9.039	9.038	

# Créer un nouvelle connaissance: indicateur groupé (mesuré mensuellement pour chaque médecin)

## 2012 Diabetes Provider Summary Report

Provider:   
 Reporting Period: Mar 2011 - Feb 2012



### Patients Tested (Proportion of Total Pts %) -SelectHealth Patients Only

Provider Clinic Region System

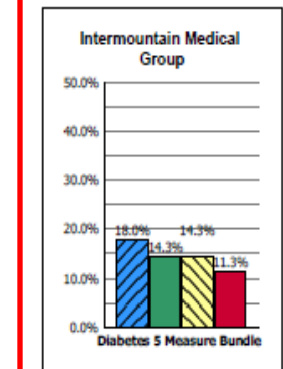
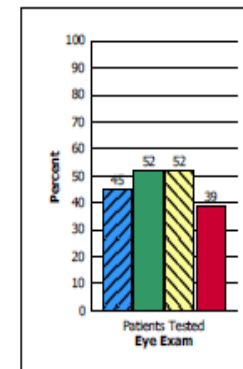
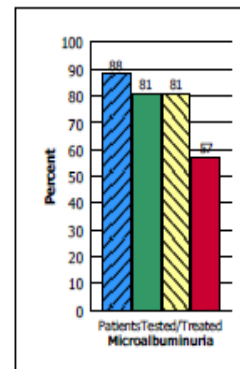
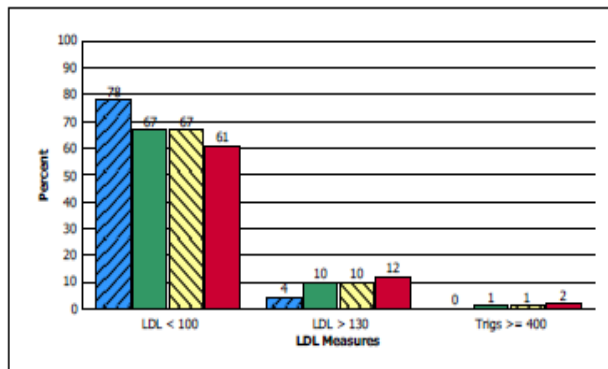
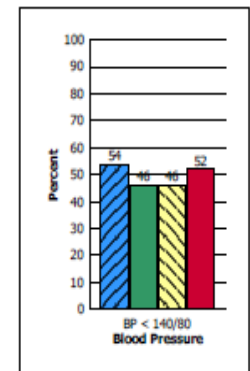
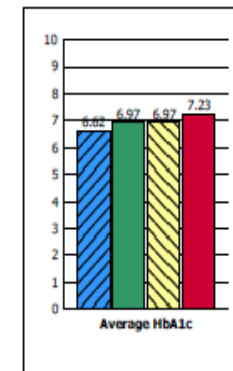
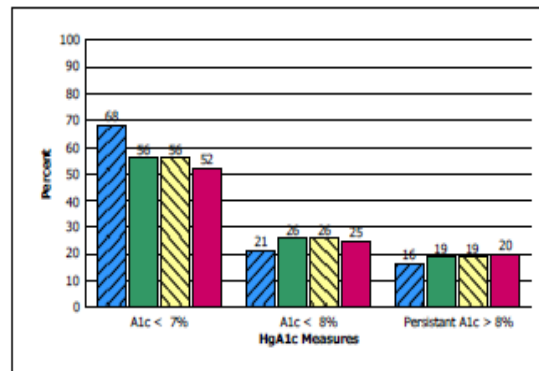
Measure	Provider	Clinic	Region	System
HbA1c	50 (100%)	264 (98%)	264 (98%)	11234 (89%)
LDL/Trig	44 (88%)	245 (91%)	245 (91%)	9676 (77%)
Eye Exam	24 (48%)	147 (54%)	147 (54%)	5192 (41%)
Microalbuminuria	49 (98%)	257 (95%)	257 (95%)	10910 (86%)
Blood Pressure	50 (100%)	269 (100%)	269 (100%)	6602 (52%)
Bundle 5	9 (18%)	41 (15%)	41 (15%)	678 (5%)

LDL measured in the chosen reporting period.

Eye exam percent calculated using SelectHealth patients only.

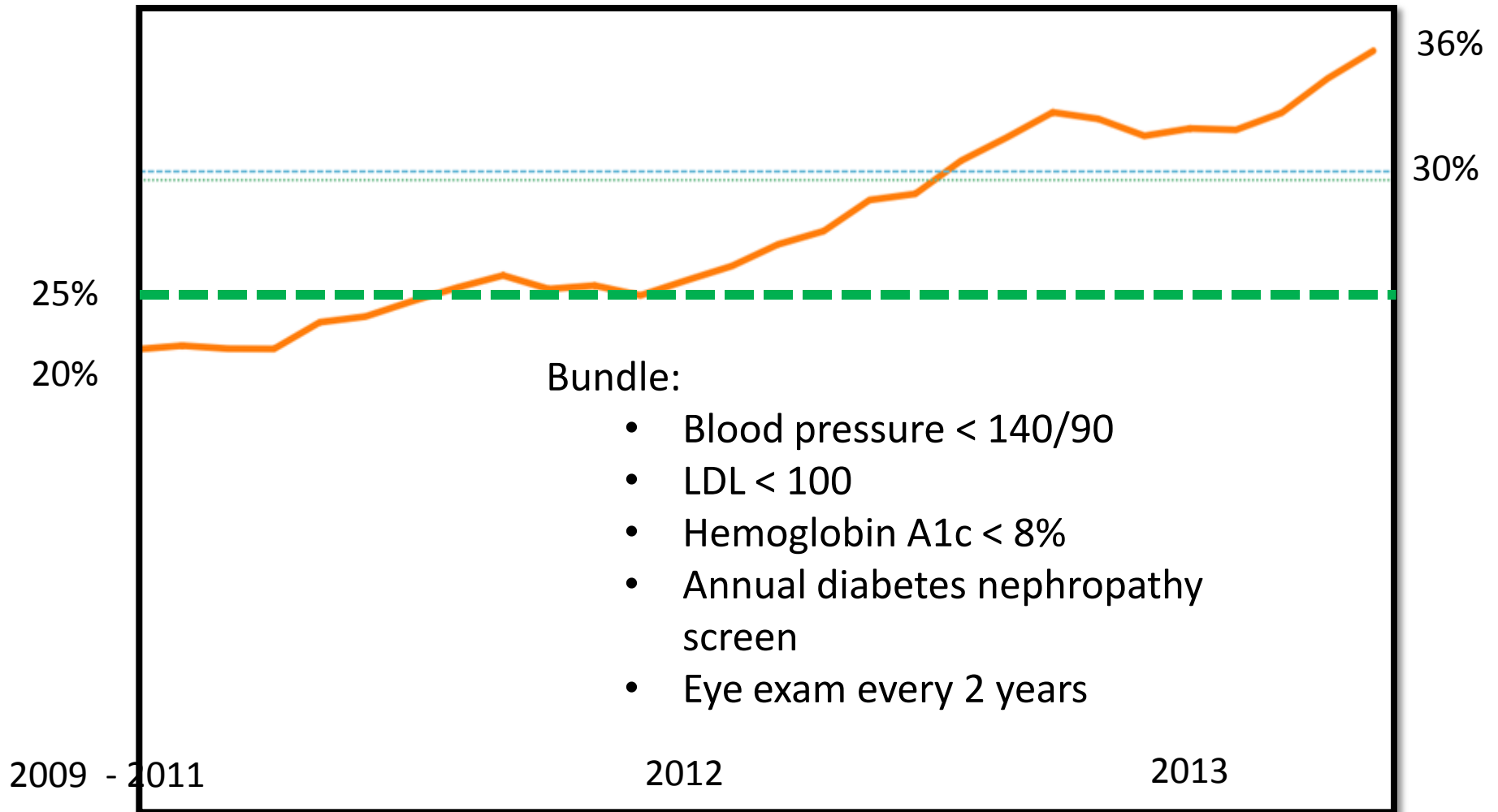
MA includes spot microalbumin, 24 hr urine for protein and microalbumin/creatinine ratio within the reporting period, or any history of treatment for nephropathy (i.e. ACE/ARB medication use).

Blood Pressure is the most recent recorded blood pressure result from office clinic visit. Blood pressure data only available for physicians with access to Intermountain EMR.



Indicateur groupé

# Nouvel objectif pour indicateur groupé



# Exemples

I. Accouchements avant 39 semaines

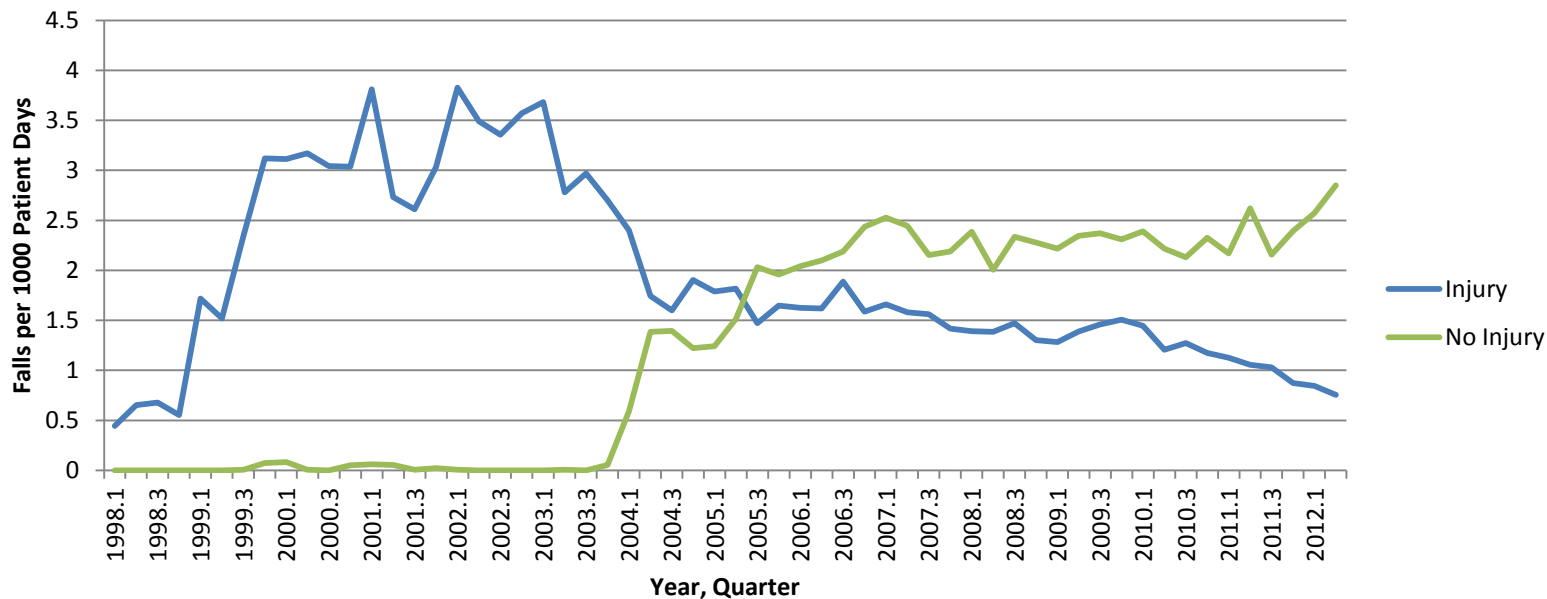
II. Prise en charge du diabète

**III. Prévention des chutes**



# Taux de chute à l'hôpital

## Rate of Falls with Injury per 1000 Patient Days

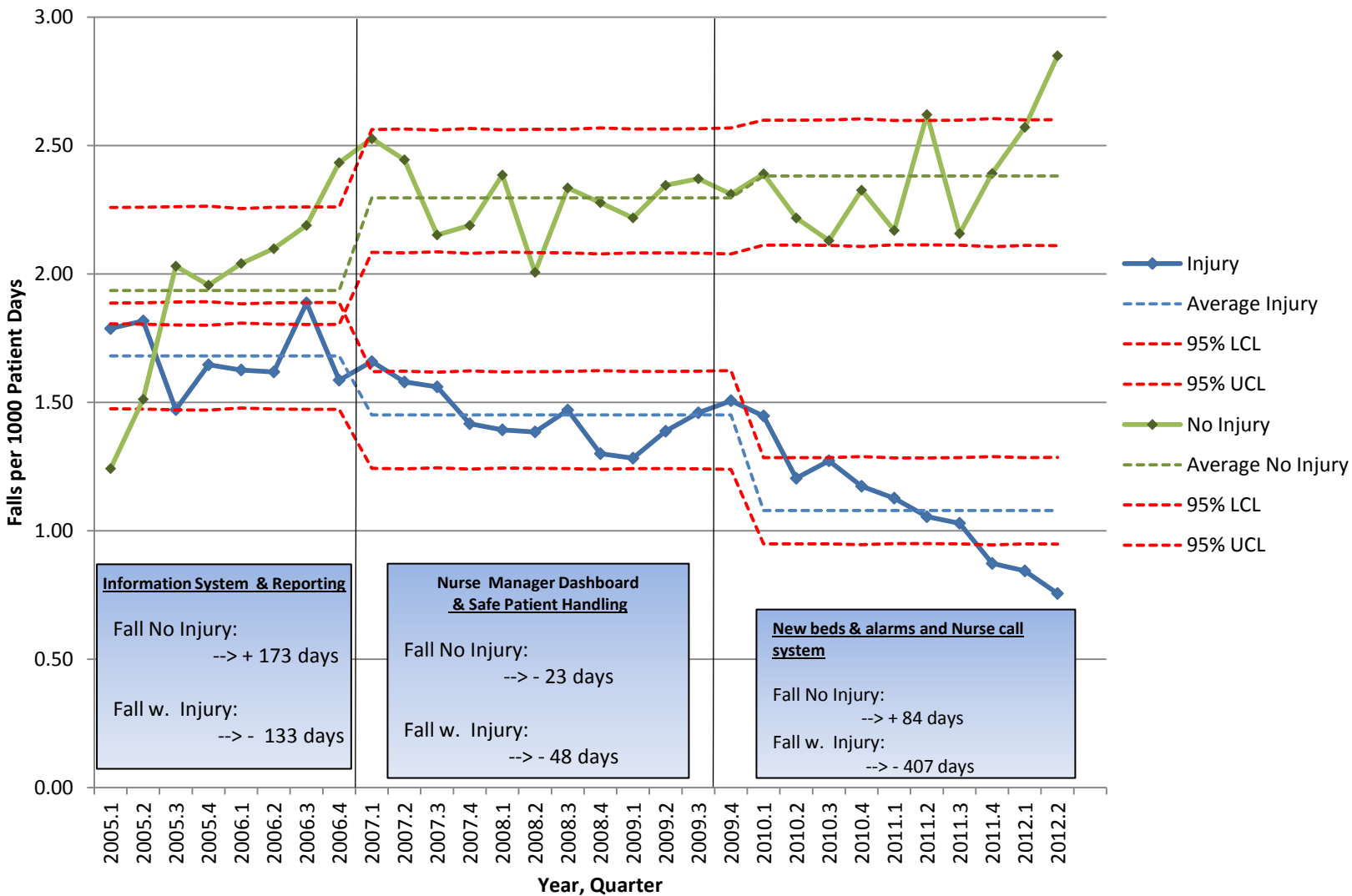


**1998**  
 Creation of Patient Safety Team  
 Meeting Prep and Follow-up  
 Nursing Falls Education  
 Develop protocol

**2005 - 2007**  
 Creation Safe Patient Handling team (earned Magnet status, gait belts & lift system, awareness signs)  
 Standardize Fall definition  
 Added electronic risk scoring/protocol to event system  
 Developed web reports for front line  
 Inclusion of falls on nurse manager dashboard

**2010 - 2011**  
 Board Goal (2010)  
 Designated Fall Champions  
 Post Falls Assessment Implementation  
 Mini-RCA for Falls (Falls Assessment Huddle)  
 Patient Safety Index  
 Skill Pass Off for bed types  
 New Bed (with integrated bed alarm)  
 Nurse Call System Integration

# Suivi des interventions déployées pour réduire le taux de chute (2005 – 2012)



# Résultats financiers et mesure de retour sur investissement (ROI)

	2007	2008	2009	2010	2011	2012
<b>Personnel Cost</b>						
Education	\$89,313	\$87,372	\$86,615	\$86,303	\$83,696	\$82,240
Protocol	\$782	\$765	\$758	\$748	\$733	\$720
Communication	\$543	\$531	\$527	\$520	\$509	\$500
<b>Infrastructure Cost</b>						
Building	\$0	\$53,120	\$0	\$333	\$326	\$320
Equipment	\$0	\$0	\$0	\$1,858,599	\$3,104,986	\$3,200
<b>IT Cost</b>						
Tracking/Reporting	\$1,911	\$1,190	\$1,180	\$1,164	\$1,140	\$1,120
<b>Total System Cost</b>	<b>\$92,549</b>	<b>\$142,978</b>	<b>\$89,080</b>	<b>\$1,947,667</b>	<b>\$3,191,389</b>	<b>\$88,100</b>
<b>System Benefit</b>						
Legal Savings	(\$4,101)	\$135,826	\$135,299	\$281,164	\$482,216	\$682,457
NOI Change	(\$260,709)	\$320,923	\$306,845	\$418,345	\$529,588	\$762,602
Employee Falls Rate	(\$490)	\$0	\$2,462	\$3,230	\$728	\$8,567
<b>Total Benefit</b>	<b>(\$265,300)</b>	<b>\$456,749</b>	<b>\$444,606</b>	<b>\$702,739</b>	<b>\$1,012,531</b>	<b>\$1,453,626</b>
<b>Yearly Impact</b>	<b>(\$357,849)</b>	<b>\$313,771</b>	<b>\$355,526</b>	<b>(\$1,244,928)</b>	<b>(\$2,178,858)</b>	<b>\$1,365,526</b>
<b>Net Savings (Loss)</b>	<b>(\$1,746,812)</b>					

# Résumé des démarches d'IH pour réussir dans sa mission et vision

- « Our business is clinical medicine », therefore our corporate dashboards must measure « our business ».
- The clinical management structure necessary to manage the clinical processes of the organization must become integrated with the operational management structure which manages the « functioning support » of the organization.
- This integration can only happen with: a robust and sophisticated information and measurement system and
- All the incitatives from insurance payment of care to compensation for the employees (clinical and administrative) must be aligned to facilitate and reward the right care at the right time by the right team in the right setting on the right patient done correctly the first time.

1. La problématique de l'inefficience du système de soins Américain
2. Intermountain Healthcare (IH) et trois exemples d'amélioration de ses processus cliniques
3. **Exemples de ses tableaux de bord**

# La nécessité de passer d'un dashboard financier à un dashboard plus clinique

## DIMENSIONS

## FINANCIAL INTEGRATION - 1996

Clinical Integration (8%)

Build infrastructure to support implementation of Clinical Integration and demonstrate progress on patient safety goals.

Extraordinary Caring / sensibility to patient & Family (10%)

Design training to provide a caring and compassionate experience for patients, members and their families

Operation & Cost Containment (70%)

Maintain increases in cost per case at or below 3.6%. Achieve volume-adjusted budget

Human performance (5%)

Implement a single indicator that meaningfully represents employee ability and motivation to achieve system goals.

Clinical Integration (2%)

Integrate physicians in central boards and governing boards.

Community Health (5%)

Expand the availability of health care professionals through participation in the training of physicians and nurses.

## DIMENSIONS

## CLINICAL INTEGRATION - 2011

Clinical Excellence (20%)

Average of all Clinical Goals & Composite Value Based Purchasing at 60%

Service Excellence (15%)

For Hospital: HCAHPS Goal 6 out 8.  
For Medical Group: Top Box Rating >= 57%. For SH: Top Box Rating >= 50%

Operational Effectiveness (20%)

Complete 3 to 6 operational flow projects

Employee Engagement (15%)

More than 4.09 Score on Annual Gallup Survey

Physician Engagement (15%)

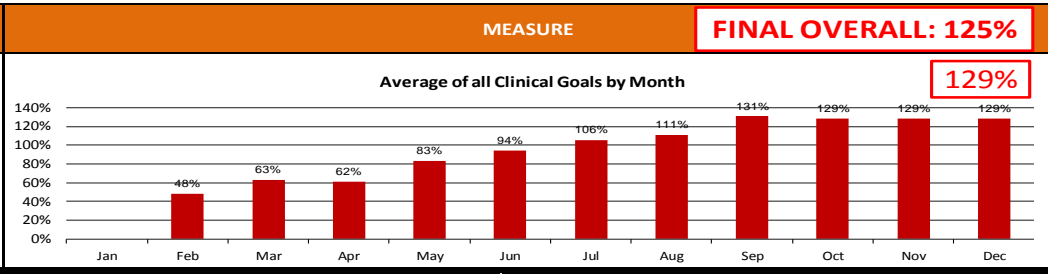
Implement 1 out of 3 following transition of care process

Community Stewardship (15%)

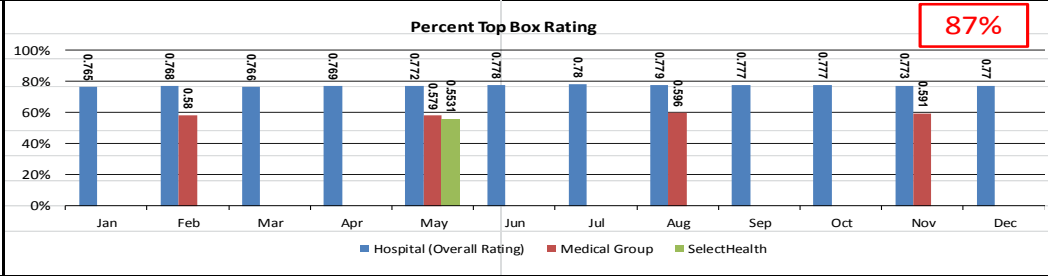
Achieve 95% to 100% of operating cash flow target and implement 6 to 12 of 12 Community Benefit Initiatives

Intermountain Healthcare 2011 Goals

DIMENSION	ENTRY GOAL 60%	TARGET GOAL 100%	STRETCH GOAL 140%	WT
CLINICAL EXCELLENCE	Average of all Clinical Goals & Composite Value Based Purchasing Goal at:			20
	60% +	100% +	140%	
	1	2	11	
Current Clinical Program Goals & VBP Goal Avg: 129%				



SERVICE EXCELLENCE		HCAHPS System Domain Goal Achievement			WT
		3 of 8	5 of 8	7 of 8	
Hospital		Domain's at Goal: 4 (80%)			15
YTD Score	Percent "Top Box Rating"				
Medical Group	59.1%	57%	58.30%	59.50%	
SelectHealth	55.3%	55%	60%	65%	
Final % Goal Total: 126.7%					
Final Goal % Total: 62.5%					
Weighted Overall Goal Average: 87%					

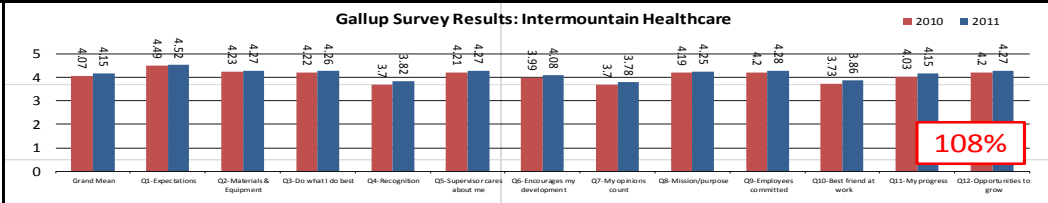


OPERATIONAL EFFECTIVENESS	Complete one of the following:	Complete two of the following:	Complete three of the following:	WT
On Target/Completed: 3 (140%)				

Plan for Select Medicare and Medicaid products  
Staffing best practice savings and actions  
Planning for a Shared Accountability Organization

**140%**

EMPLOYEE ENGAGEMENT	2011 Annual Gallup Score Achievement			WT
	4.09	4.14	4.19	
2011 Grand Mean Score: 4.15 (108%)				

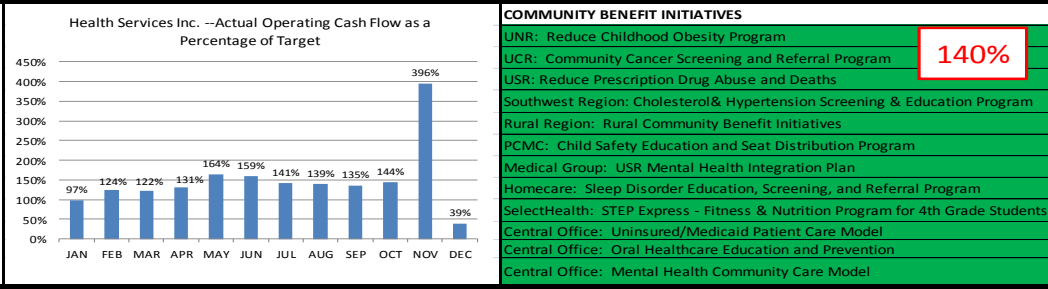


PHYSICIAN ENGAGEMENT	Implement one of the following:	Implement two of the following:	Implement three of the following:	WT
On Target/Completed: 3 (140%)				

Handoff tools with hospitalist between Inpatient to ECF  
Handoff tools with hospitalist between Inpatient to Physician Office  
Handoff tools with hospitalist between Shift to Shift between hospitalists

**140%**

COMMUNITY STEWARDSHIP	Achieve 95% of cash flow target and:			WT
	6 of 12 Community Benefit initiatives	9 of 12 Community Benefit initiatives	12 of 12 Community Benefit initiatives	
	On Target/Completed: 12 (140%)			



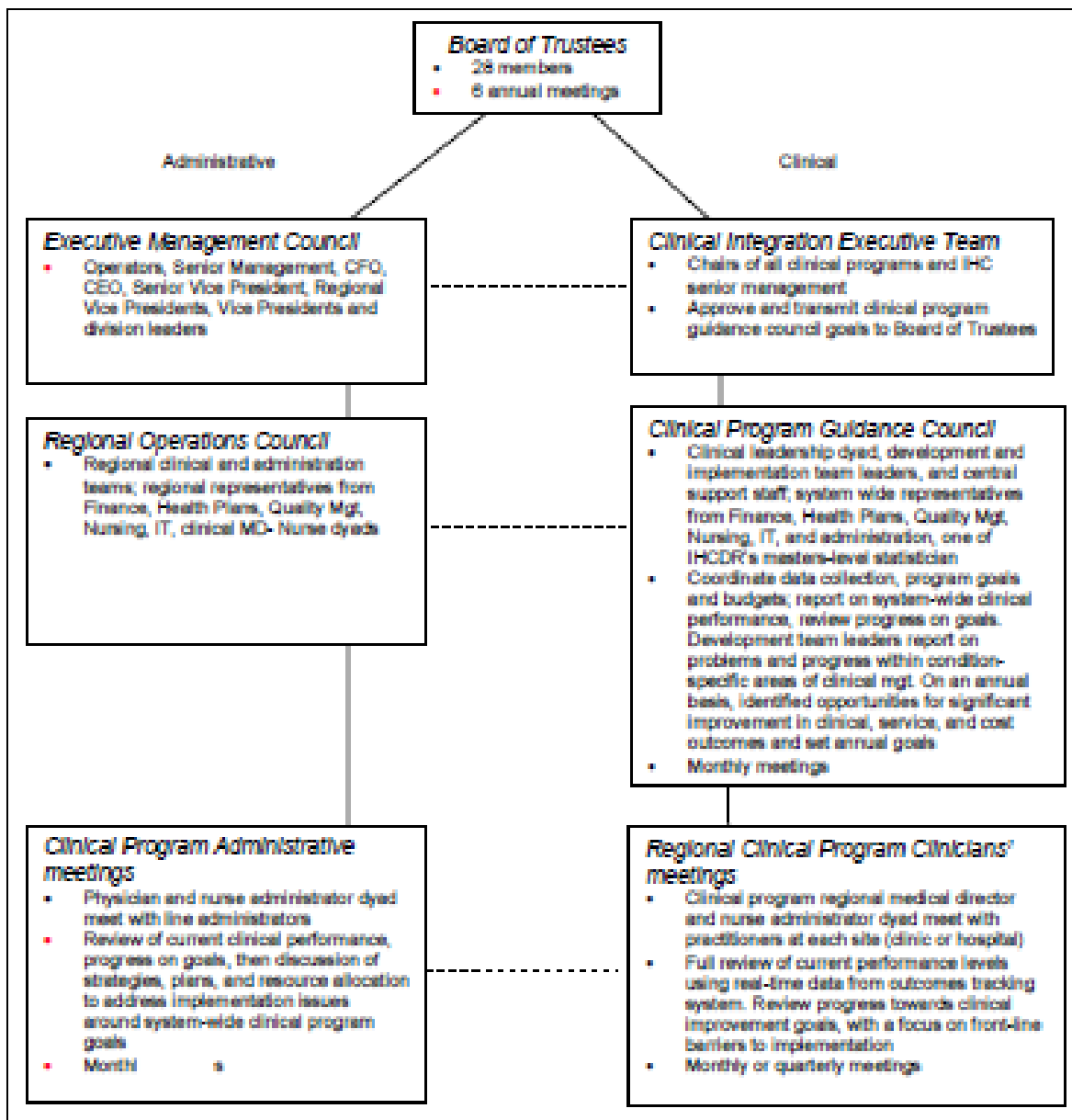
- COMMUNITY BENEFIT INITIATIVES**
- UNR: Reduce Childhood Obesity Program
  - UCR: Community Cancer Screening and Referral Program
  - USR: Reduce Prescription Drug Abuse and Deaths
  - Southwest Region: Cholesterol & Hypertension Screening & Education Program
  - Rural Region: Rural Community Benefit Initiatives
  - PCMC: Child Safety Education and Seat Distribution Program
  - Medical Group: USR Mental Health Integration Plan
  - Homecare: Sleep Disorder Education, Screening, and Referral Program
  - SelectHealth: STEP Express - Fitness & Nutrition Program for 4th Grade Students
  - Central Office: Uninsured/Medicaid Patient Care Model
  - Central Office: Oral Healthcare Education and Prevention
  - Central Office: Mental Health Community Care Model

# Intégration de la structure organisationnelle de management clinique

- Board level vision: Clinical Excellence
- Employed & independent physicians are on the Board

- Unified Management to establish best practice
- Clinical, operational, and financial leadership must share the same goal

Balanced Dashboard



OPERATIONAL DASHBOARD-INTERMOUNTAIN HEALTHCARE				Intermountain Healthcare 2011 Goals		DECEMBER 2011	
OBJECTIVES	ENTER 2011 60%	MEET 2011 100%	STRENGTHEN 2011 20%	WT	MEASURE	FINAL OVERALL: 125%	
<b>CLINICAL EXCELLENCE</b>	Average of all Clinical Goals & Composite Value Based Purchasing Goal at:	60% +	100% +	30	Average of all Clinical Goals by Month	129%	
Current Clinical Program Goals & VBP Goal Avg: 129%							
<b>SERVICE EXCELLENCE</b>	HCAHPS System Domain Goal Achievement	2 of 8	5 of 8	15	Percent Top Box Rating	97%	
Hospital							
Medical Group	57%	58.30%	59.00%				
SelectHealth	55.3%	55%	60%				
Weighted Overall Goal Average: 87%							
<b>OPERATIONAL EFFECTIVENESS</b>	Complete one of the following:	Complete two of the following:	Complete three of the following:	20	Plan for select Medicare and Medicaid products Staffing best practice savings and actions. Planning for a Shared Accountability Organization	140%	
On Target/Completed: 3 (140%)							
<b>EMPLOYEE ENGAGEMENT</b>	2011 Annual Gallup Score Achievement	4.06	4.14	15	Gallup Survey Results Intermountain Healthcare	108%	
2011 Grand Mean Score: 4.15 (108%)							
<b>PHYSICIAN ENGAGEMENT</b>	Implement one of the following:	Implement two of the following:	Implement three of the following:	15	Sendoff tools with hospitalist between inpatient to ECP Sendoff tools with hospitalist between inpatient to Physician Office Sendoff tools with hospitalist between Shift to Shift between hospitalists	140%	
On Target/Completed: 3 (140%)							
<b>COMMUNITY STEWARDSHIP</b>	Achieve 90% of cash flow target and:			15	Health Services Inc. - Actual Operating Cash Flow as a Percentage of Target	140%	
On Target/Completed: 2 (140%)							



Pouvoir contrôler sa propre destinée et assurer sa vision

# The New York Times

BUSINESS DAY

## *A Novel Plan for Health Care: Cutting Costs, Not Raising Them*

By REED ABELSON FEB. 17, 2016

[Intermountain Healthcare](#), a nonprofit health system in Salt Lake City, is trying something virtually unheard-of: promising to sharply cut costs rather than pass them on.

Its new health plan, SelectHealth Share, is guaranteeing to hold yearly rate increases to one-third to one-half less than what many employers across the country typically face.

To help keep the rate increases roughly in line with a rise in consumer prices, Intermountain, which operates 22 hospitals and employs 1,400 doctors, says it will produce savings of \$2 billion over the next five years.

Health systems and insurers are closely watching Intermountain's rollout. It has established itself as a leading health system by tracking and analyzing costs and the quality of patient care, allowing it to improve treatments and reduce unnecessary expenses.

Merci