MOUNTAINSTAR
St. Mark's Hospital

ADVANCING
ST. MARK'S

To improve the care
of human life

TODAY'S AGENDA

01 **OBJECTIVE**
Opportunity to advance

02 **CURRENT STATE**
Market analysis

03 **RECOMMENDATIONS**
1, 5, 10 year strategy

04 **SUMMARY**
Review impact

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MISSION

VISION

Above all else, we are committed to the care and improvement of human life.

To be the CHOICE for healthcare excellence.

Why St. Mark's? Why now?

- Addition of 125,000 sq. ft. to the hospital with 42,000 sq. ft. of renovated space
- Additional clinic and office space
- Increased patient service lines of **Cardiac** and Orthopedic specialties
- St. Mark's provided cardiac care for 838 encounters in 2022

OBJECTIVE

Build a value based care model to prevent and improve chronic cardiovascular disease progression.
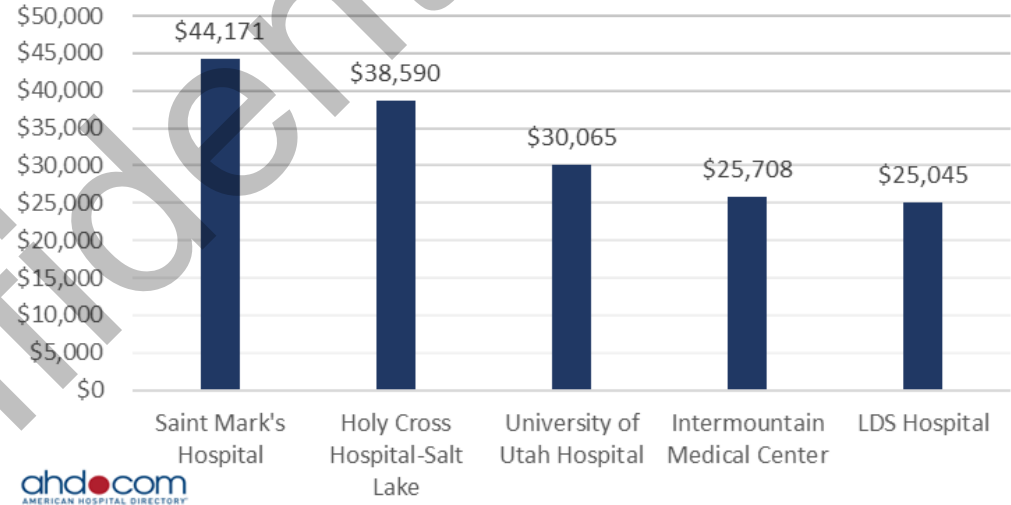
Current State of the Market

WHO ARE THE PLAYERS?
(Healthcare Systems in Salt Lake County, 2022)
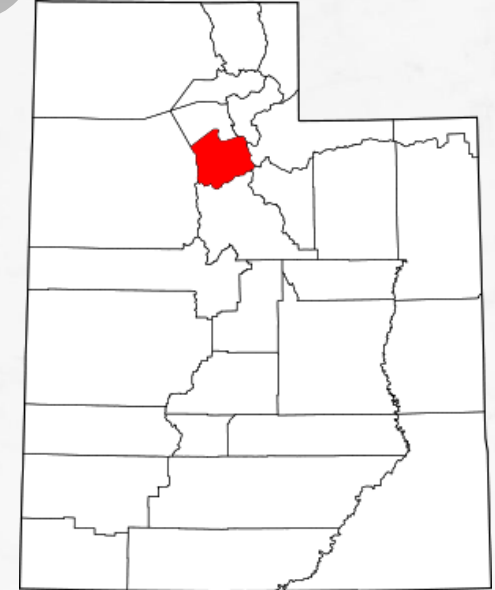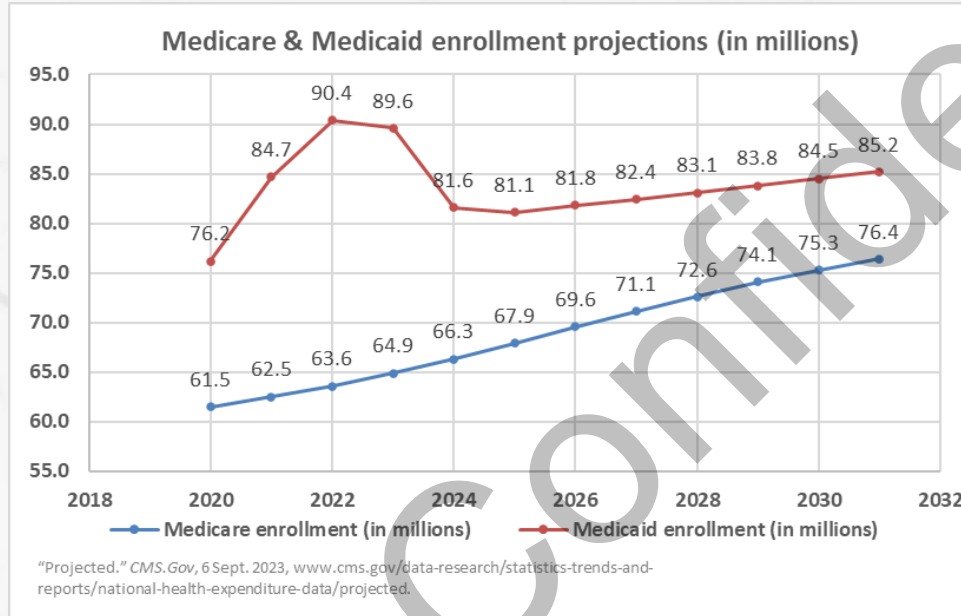
- *University of Utah Health*
  - Discharges: 34,037
  - Revenue: 5.5 billion
- *Intermountain Medical Center*
  - Discharges: 25,908
  - Revenue: 3.3 billion
- ***St. Mark's Hospital - HCA***
  - **Discharges: 12,720**
  - **Revenue: 2.4 billion**
- *LDS Hospital*
  - Discharges: 6,737
  - Revenue: 783 million
- *Holy Cross Hospital Salt Lake*
  - Discharges: 2,174
  - Revenue: 310 million

GROSS REVENUE PER PATIENT DAY

- Saint Mark's Hospital: $44,171
- Holy Cross Hospital-Salt Lake: $38,590
- University of Utah Hospital: $30,065
- Intermountain Medical Center: $25,708
- LDS Hospital: $25,045

ahd.com
AMERICAN HOSPITAL DIRECTORY

Population and Payer Projections

- Current population of Salt Lake County: 1.19 million
  - Population projection: 55% increase over the next 40 yrs

Medicare & Medicaid enrollment projections (in millions)

Medicare enrollment values: 61.5, 62.5, 63.6, 64.9, 66.3, 67.9, 69.6, 71.1, 72.6, 74.1, 75.3, 76.4

Medicaid enrollment values: 76.2, 84.7, 90.4, 89.6, 81.6, 81.1, 81.8, 82.4, 83.1, 83.8, 84.5, 85.2

"Projected." *CMS.Gov*, 6 Sept. 2023, www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/projected.

Current State of Heart Disease in Utah in 2020

66.9

deaths per 100,000 population

728.6

Utah rate for ages 75 years and older

deaths per 100,000 population

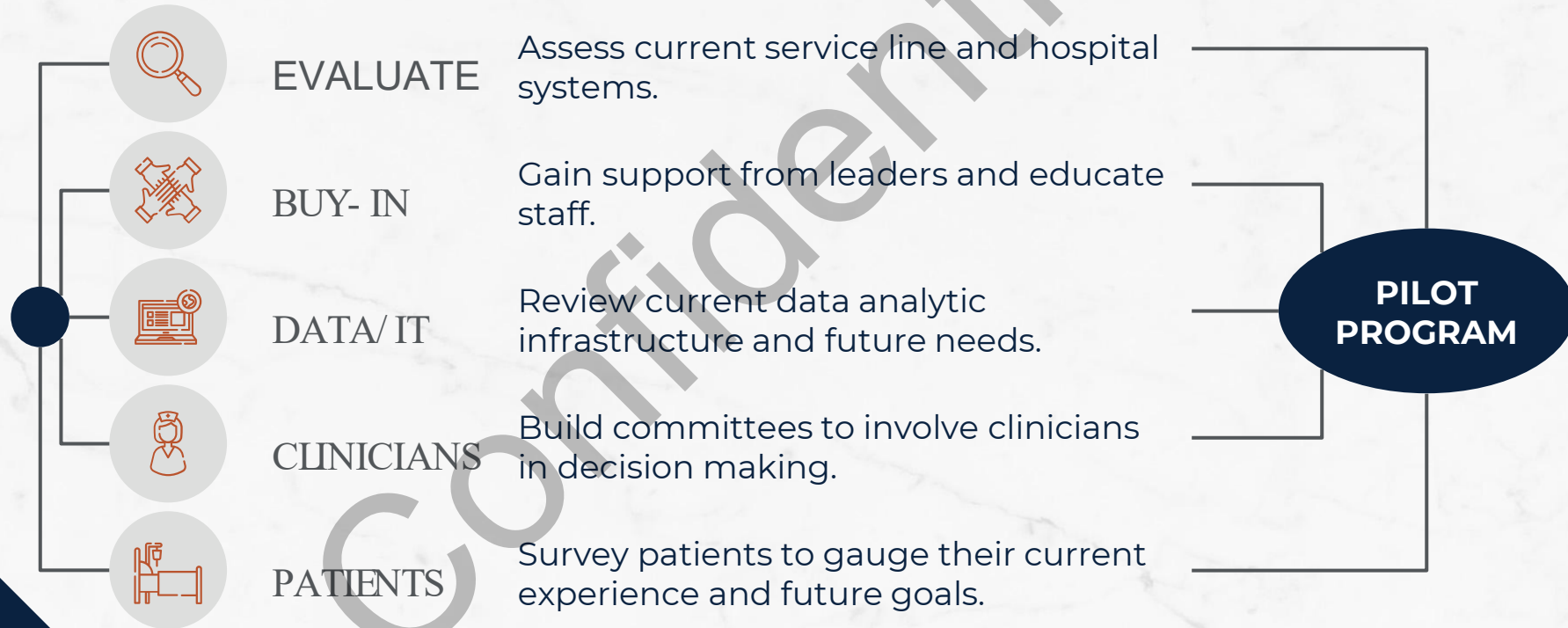Healthy People HDS-02 State of Utah Goal

54

deaths per 100,000 population

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STRATEGY OVERVIEW

Build a value-based care model to prevent and improve chronic cardiovascular disease progression.

Year 1

Establish a foundation

Year 5

Test and evaluate

Year 10

Full integration

STRATEGY: Year 1

EVALUATE — Assess current service line and hospital systems.

BUY- IN — Gain support from leaders and educate staff.

DATA/ IT — Review current data analytic infrastructure and future needs.

CLINICIANS — Build committees to involve clinicians in decision making.

PATIENTS — Survey patients to gauge their current experience and future goals.

PILOT PROGRAM

Objective | Current State | **Recommendations** | Summary | Appendix

Year 1: Evaluate & Assess
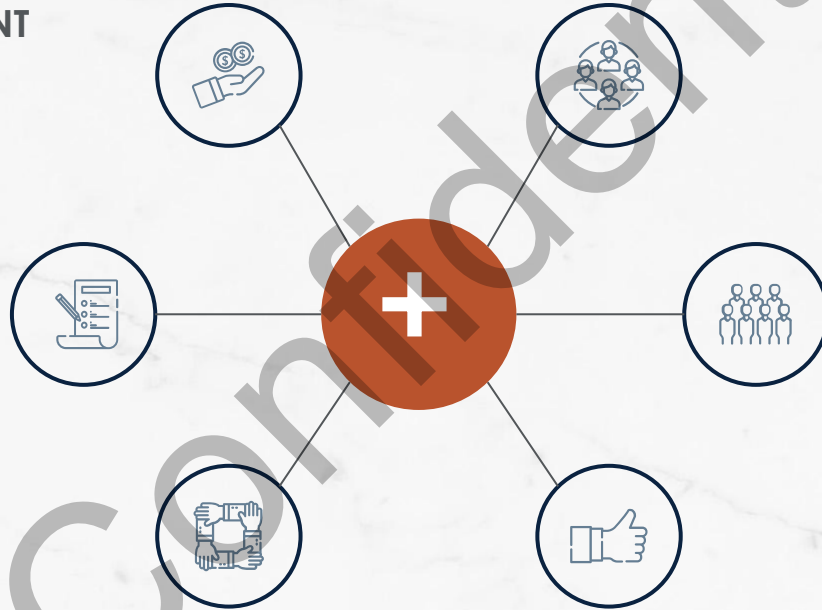
REVENUE PAYMENT MODELS

Existing bundles, CMS

WORKFLOWS

Billing, scheduling

SYSTEMS

Referrals, care coordination

WORKFORCE

APRN, PA, RN, Director

POPULATION

Patient projections

IMPROVEMENT PROCESSES

Lean Six Sigma, supply chain

Objective | Current State | **Recommendations** | Summary | Appendix

Year 1: Buy In

Stakeholders

Leaders	Cardiologists	Nurses
Clinical Support Staff	Case Managers	Pharmacists
Data Analysts	IT	Billers
Project Managers	Payors	Patients

Year 1: Data/IT Infrastructure

Data Analysis

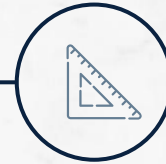Explore trends, patterns and growth

Benchmarking

Compare processes

Technology

Advance productivity, assess for equity

Tools

Report outcomes, cost and quality metrics

Year 1: Clinicians

Clinician Engagement:

- Build trust
- Gather feedback
- Involve providers in decision-making for value based care business and goals
- Elect a clinician champion

Taskforce to Identify:

- Evidence Based Medicine
- Quality outcomes
- Key performance measures (ACC, AHA)
- Patient population
- Patient care pathways
- Risk
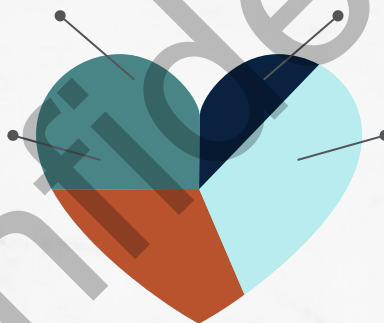
Year 1: Patients

What matters to patients?

- Identify values and preferences
- Assess readiness for involvement
- Pilot healthcare communication tools

Marketing Campaign:

- Promote new tools and link usage to improved outcomes
- Journey map to show the patient's journey through the new model

Year 1 Goal: Pilot Program

3 Month Test

Study Group

A. Small cohort of patients or mock patients
B. Enrolled by triggers in system
C. Financial stress testing

Example

A. Patient arrives to ED
B. Admits to cardiology for new onset heart failure
C. Enrolls in study group

DMAIC

A. Gather feedback
B. Process pain points
C. Assess effect on outcomes

STRATEGY: Year 5

PILOT EXPANSION
Review feedback from the pilot and expand across Cardiology service line.

CONTRACT NEGOTIATIONS
Continue to collaborate with payors to build new Value Based Care contracts.

POPULATION MANAGEMENT
Identify at risk Cardiology patients to integrate into the Value Based Care model.

CARE COORDINATION
Streamline patient care activities among key stakeholders.

PATIENT CENTERED CARE
Invite patients to engage in the management of their care.
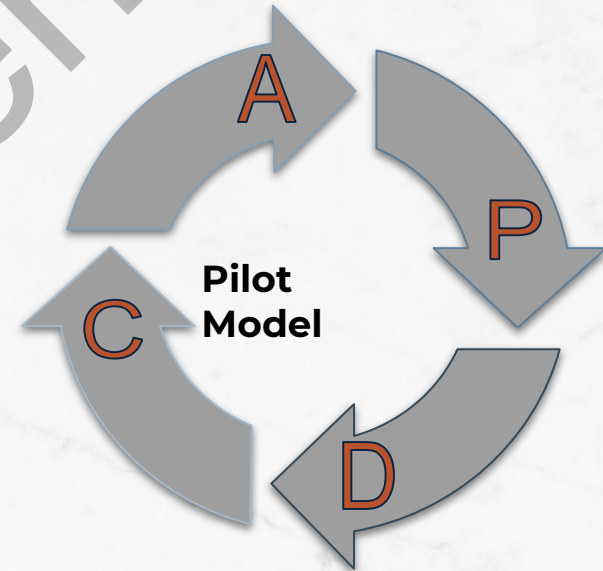
Year 5: Pilot Expansion

Expansion Steps

- Streamline the Pilot Model into all of Cardiology

- Evaluate Original Pilot results

- Use Lean and Six Sigma Methodologies for continuous improvement of the model

- Define new clear objectives

- Engage relevant stakeholders

PDCA cycle (Plan, Do, Check, Act)

Pilot Model

Year 5: Contract Negotiations

Payment Model	Bundled CMS Payments
Incentives	Hospital Readmissions Reduction Program (HRRP)
St. Mark's Steps	Establish Data measures for incentives & optimize Internal Costs

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Year 5: Population Health Management
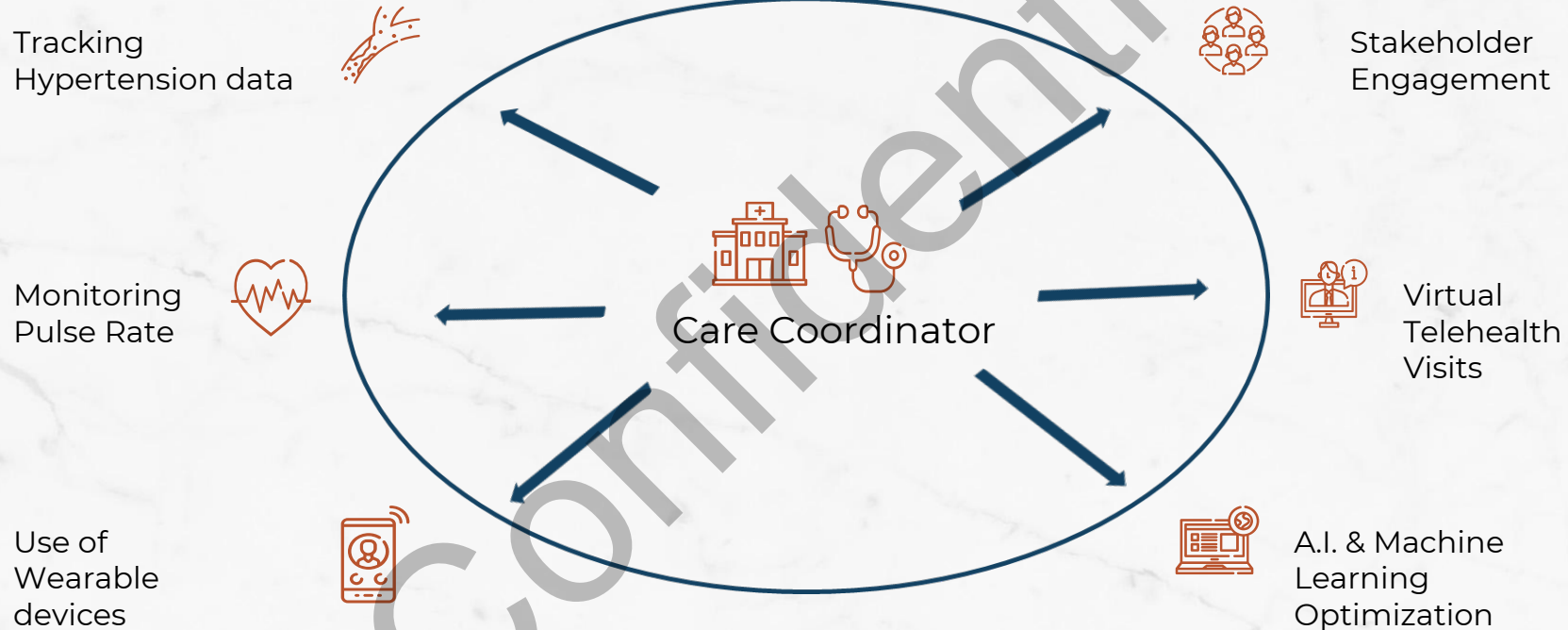
Identify at Risk Patients

- Referral Base

- At risk population

- Broaden the model

A.I. Utilization

- Outreach for disengaged patients

- Data Analysis

- Telehealth for rural areas

Year 5: Care Coordination

Tracking Hypertension data

Stakeholder Engagement

Monitoring Pulse Rate

Care Coordinator

Virtual Telehealth Visits

Use of Wearable devices

A.I. & Machine Learning Optimization

Year 5: Patient Centered Care

Create a Cardiology Patient Committee

A
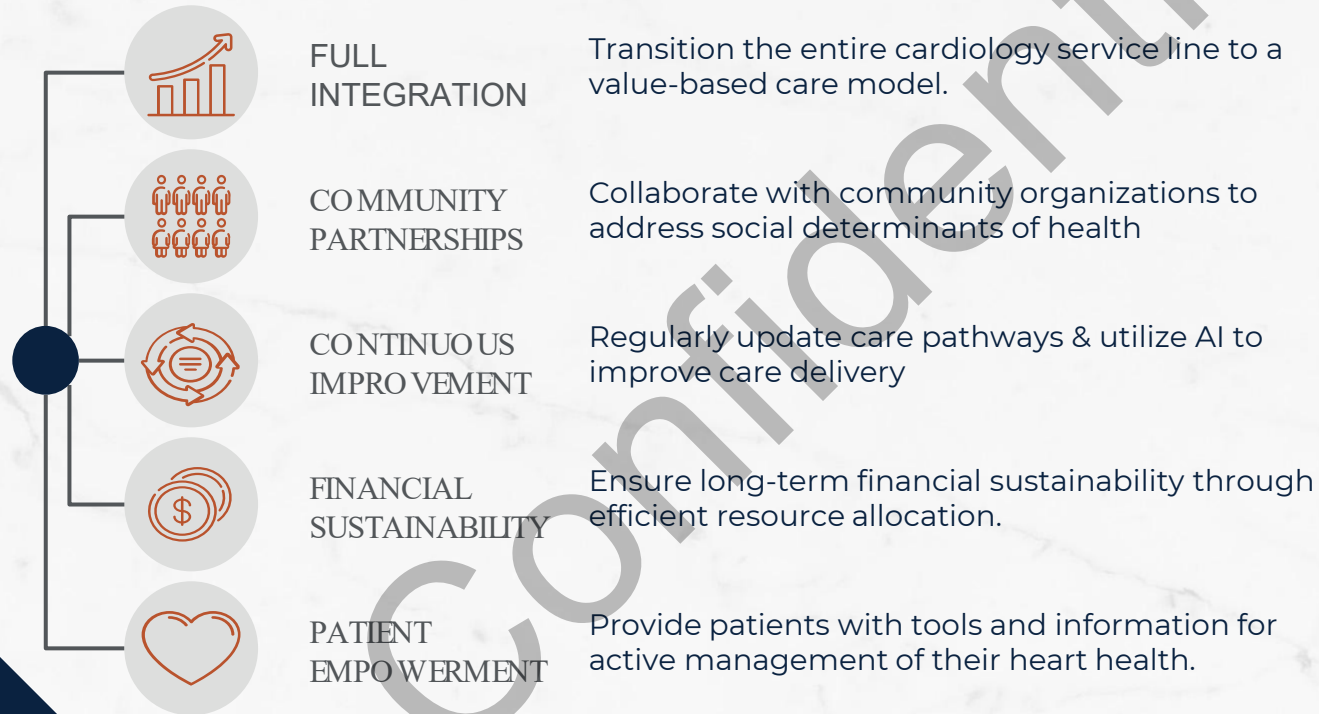
To advocate for patient decision making and concerns.

B

Implement Decision Making Aids

- Pamphlets
- Online tools
- Videos

STRATEGY: Year 10

FULL INTEGRATION — Transition the entire cardiology service line to a value-based care model.

COMMUNITY PARTNERSHIPS — Collaborate with community organizations to address social determinants of health

CONTINUOUS IMPROVEMENT — Regularly update care pathways & utilize AI to improve care delivery

FINANCIAL SUSTAINABILITY — Ensure long-term financial sustainability through efficient resource allocation.

PATIENT EMPOWERMENT — Provide patients with tools and information for active management of their heart health.

Year 10: Full Integration

Convert Entire Cardiology Service Line to VALUE-BASED CARE
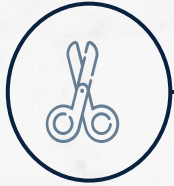
Convert to Standard Work

Annual Wellness Visit

Social Determinants of Health

Year 10: Community Partnerships

Year 10: Continuous Improvement

Lean & 6 Sigma

Eliminate variation and waste

Artificial Intelligence

Utilize advanced predictive analytics

Culture

Psychological safety and innovation

Research

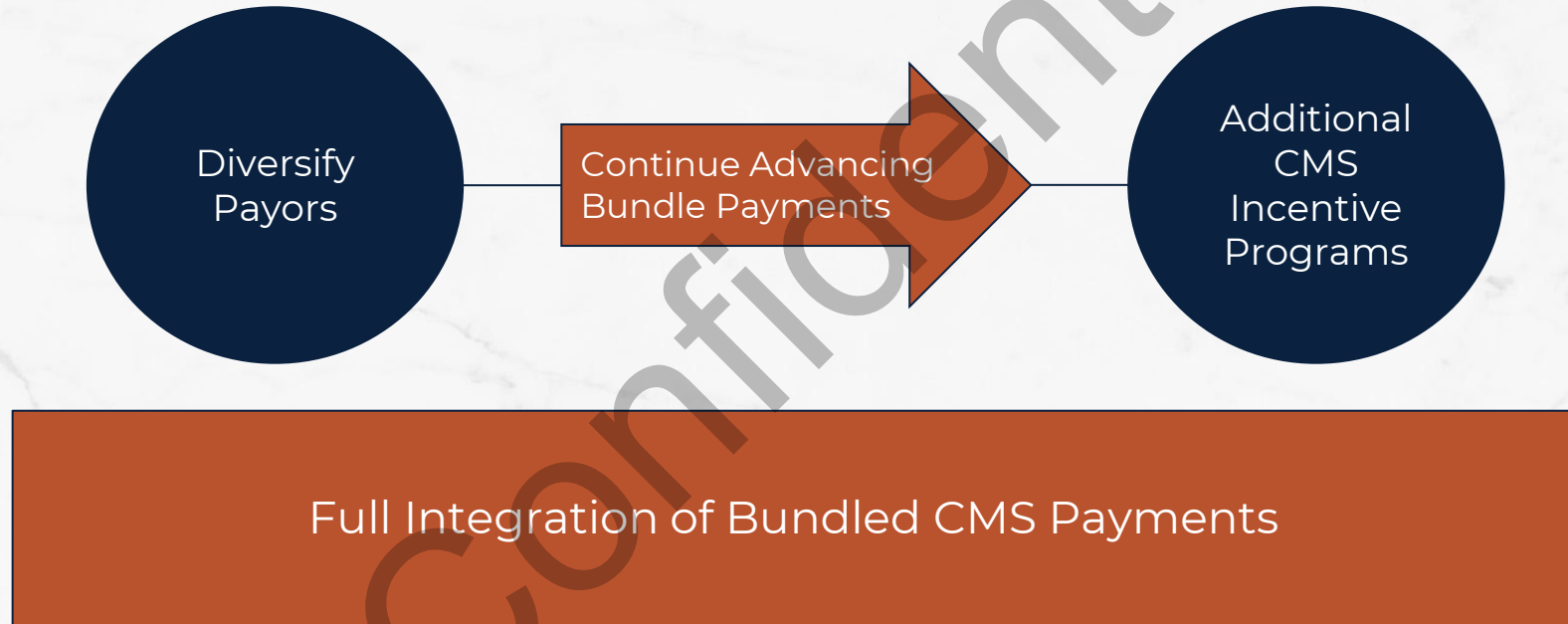Engage in the literature and enhance processes

Objective | Current State | **Recommendations** | Summary | Appendix

Year 10: Financial Sustainability

Diversify Payors

Continue Advancing Bundle Payments

Additional CMS Incentive Programs

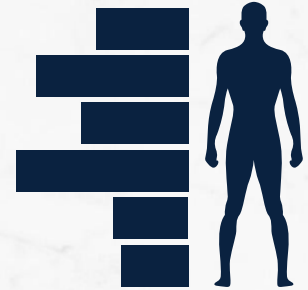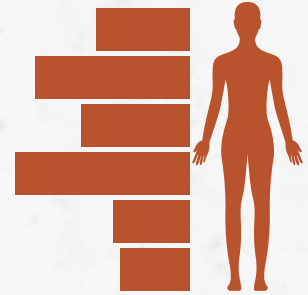Full Integration of Bundled CMS Payments

Year 10: Patient Empowerment

Encourage patients to have an active role

- Education and Awareness

- Monitoring Tools

- Technology Integration

- Family Involvement

- Personalized Care Plans

Summary

Year 1:

Establish the Foundation

Year 5:

Experiment and Implement

Year 10:

Full Integration

Objective | Current State | Recommendations | **Summary** | Appendix

References

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