OUR PROGRAM AND FUNCTIONAL STRUCTURE:

The Four Pillars of Ambulatory Care Management

Academic Practice Plan Directors Spring Roundtable

May 16, 2015

LEARNING OBJECTIVES

Describe and discuss:

1. An effective model of Ambulatory Care Management operations, with a focus on transforming care by delivering consistent, reliable, and excellent clinical and service outcomes.

2. Successful strategies for improvements around clinical quality, clinical care, patient access, patient satisfaction, and referral management.

EMORY CLINIC

AGENDA

1. Our Organization
2. Our Journey
3. The Four Pillars
4. Our Lessons Learned

EMORY
CLINIC

our ORGANIZATION

our ORGANIZATION

EMORY UNIVERSITY
Woodruff Health Science Center

EMORY HEALTHCARE

EMORY SCHOOL OF MEDICINE

EMORY SCHOOL OF PUBLIC HEALTH

EMORY SCHOOL OF NURSING

EMORY WINSHIP CANCER INSTITUTE

YERKES NATIONAL PRIMATE RESEARCH CENTER

EMORY CLINIC
- ✓ 1,700 Clinical Providers
- ✓ 90+ Locations
- ✓ 2,670,000 Annual Visits

EMORY SPECIALTY ASSOCIATES
- ✓ 280 Clinical Providers
- ✓ 50+ Locations
- ✓ 480,000 Annual Visits

EMORY HOSPITALS
- ✓ 6 Hospitals
- ✓ 1,800 Beds
- ✓ 70,000 Admissions

EMORY HEALTHCARE NETWORK
- ✓ 7 Hospitals
- ✓ 1,400 employed MDs
- ✓ 400 private practice MDs

EMORY CLINIC

our ORGANIZATION

EMORY HEALTHCARE

2 HOSPITALS IN
University Health Consortium (UHC)
TOP 25 in 2012, 2013 & 2014

Quality Leadership Award 2014 WINNER

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

2 MAGNET HOSPITALS:
ONLY HEALTH SYSTEM
IN GEORGIA to achieve this standing

Named *one of Atlanta's Best and Brightest Companies to work for* in 2014

ATLANTA'S BEST AND BRIGHTEST COMPANIES TO WORK FOR WINNER 2014

EMORY CLINIC

our ORGANIZATION

EMORY CLINIC

The faculty physician enterprise of Emory Medicine
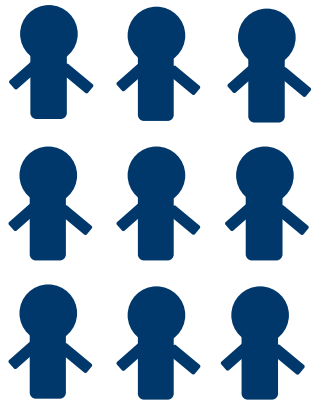
1,200 FACULTY PHYSICIANS
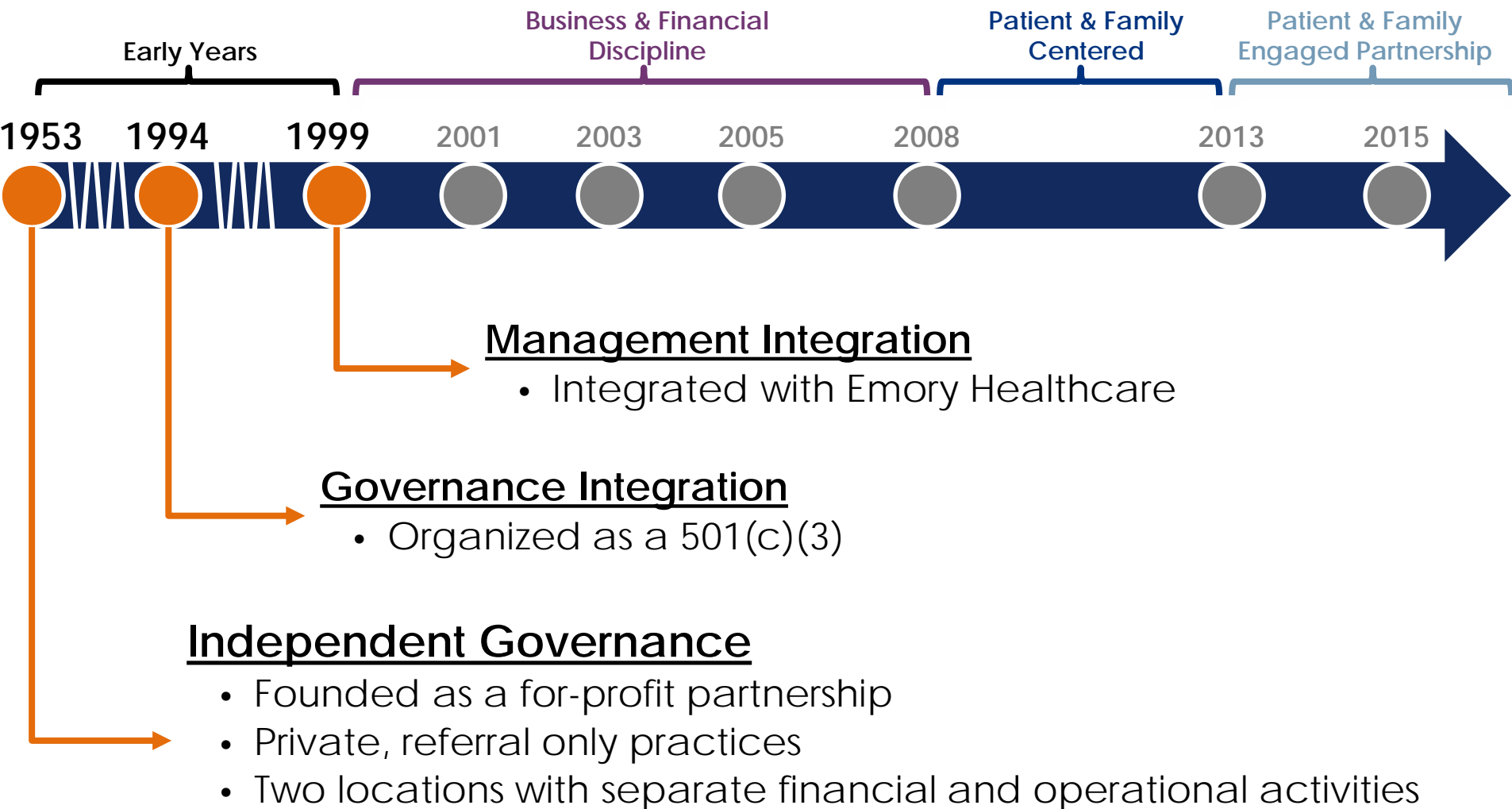
500 ADVANCED PRACTICE PROVIDERS

2,800 STAFF EMPLOYEES

400 DEVELOPMENT PROGRAM PARTICIPANTS
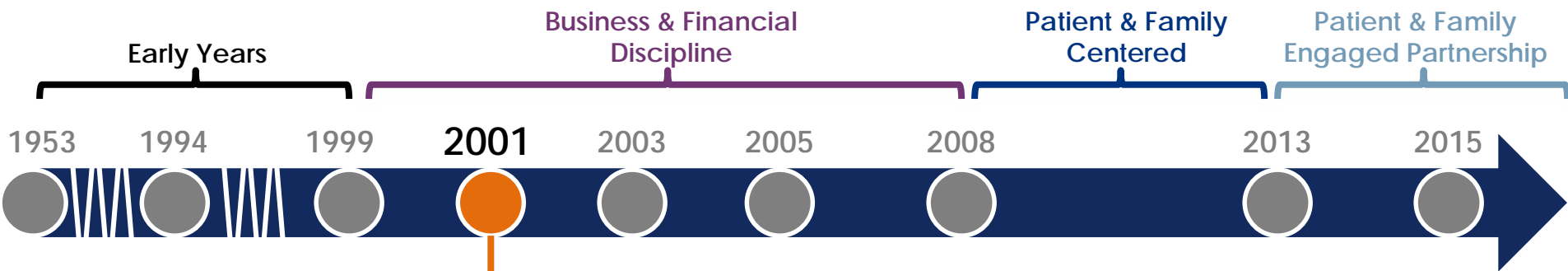
90+ LOCATIONS THROUGHOUT CITY & STATE

EMORY CLINIC

our JOURNEY

Early Years	Business & Financial Discipline	Patient & Family Centered	Patient & Family Engaged Partnership

1953	1994	1999	2001	2003	2005	2008	2013	2015

Management Integration
- Integrated with Emory Healthcare

Governance Integration
- Organized as a 501(c)(3)

Independent Governance
- Founded as a for-profit partnership
- Private, referral only practices
- Two locations with separate financial and operational activities

EMORY CLINIC

our JOURNEY

Early Years

Business & Financial Discipline

Patient & Family Centered

Patient & Family Engaged Partnership

1953 1994 1999 **2001** 2003 2005 2008 2013 2015
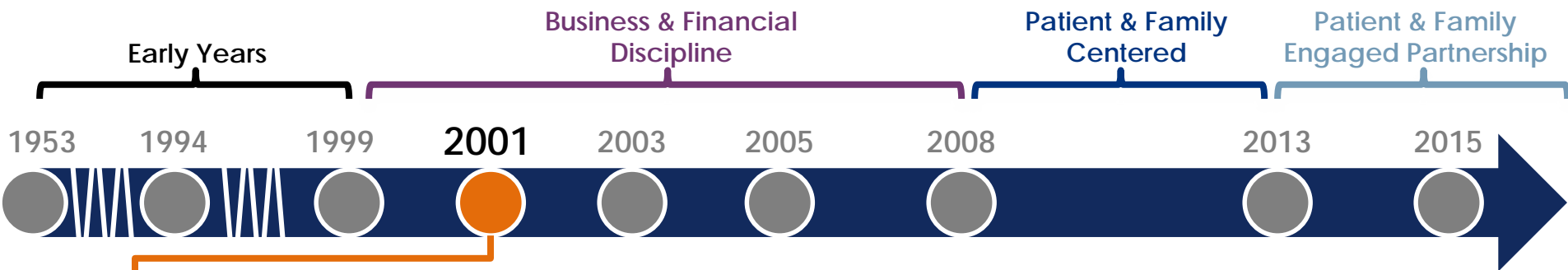
Management Assessment:

Not Consistently Meeting Financial Performance Goals
Inadequate business and financial activities yielded poor accounting, administrative, and business functions

EMORY CLINIC

our JOURNEY

Business & Financial Discipline

Patient & Family Centered

Patient & Family Engaged Partnership

Early Years

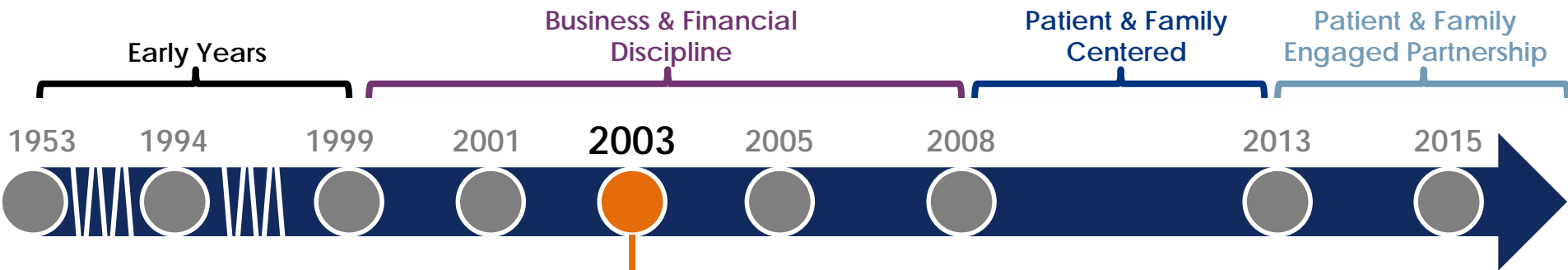| 1953 | 1994 | 1999 | **2001** | 2003 | 2005 | 2008 | 2013 | 2015 |

The Challenge:

Develop and implement a Financial, Accounting, and Revenue Management infrastructure to achieve a sustainable, positive financial position
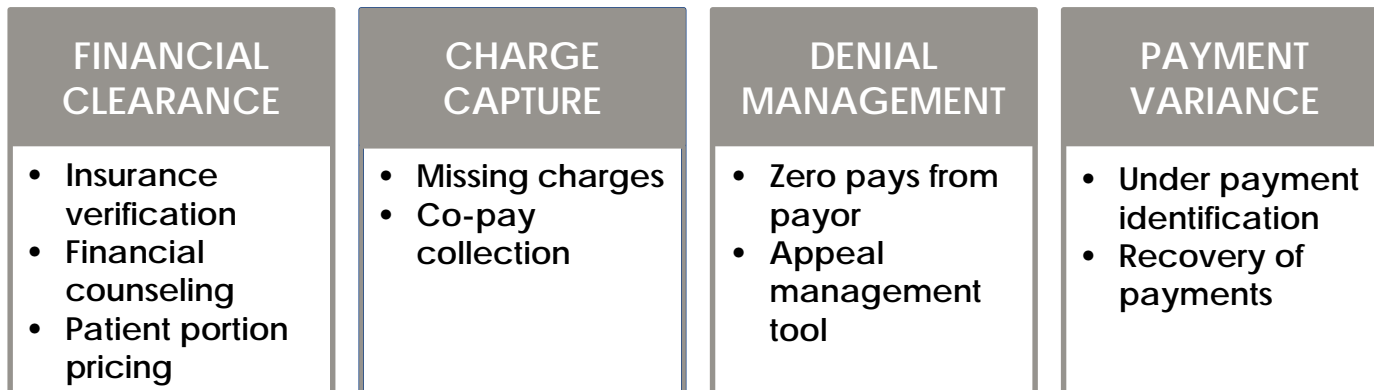
The Response:

A functional structure built to support corporate and business unit operations

- Set in place core business systems to support the organization's business units (clinical departments and sections)
- Created revenue management, accounting, budgeting, and financial management infrastructure at the corporate and business unit level
- Established routine, focused action plans consisting of objectives, actions, timelines, and responsibilities around key financial performance metrics
- Formed business discipline around revenue management to increase the yield of the top line while creating solid bottom line results
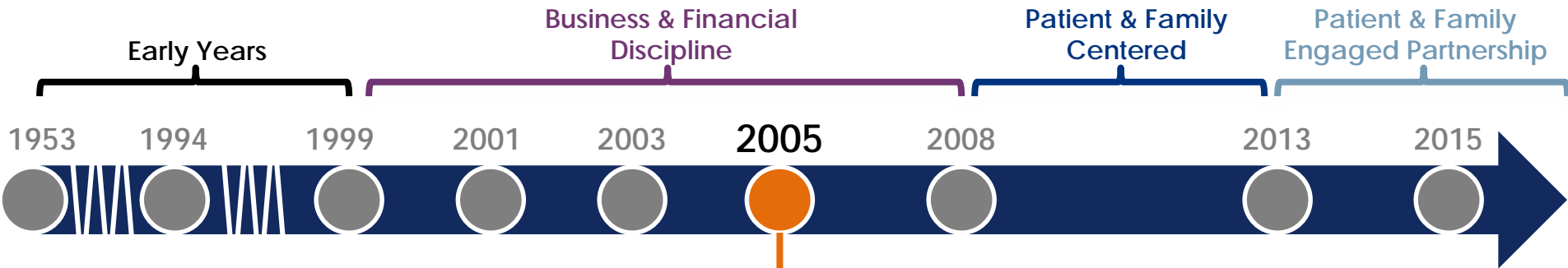
EMORY CLINIC

our JOURNEY

| Early Years | Business & Financial Discipline | Patient & Family Centered | Patient & Family Engaged Partnership |

| 1953 | 1994 | 1999 | 2001 | **2003** | 2005 | 2008 | 2013 | 2015 |

Established the Four Pillars Program & Functional Structure:

Four Pillars of Revenue Cycle Management

FINANCIAL CLEARANCE	CHARGE CAPTURE	DENIAL MANAGEMENT	PAYMENT VARIANCE
• Insurance verification • Financial counseling • Patient portion pricing	• Missing charges • Co-pay collection	• Zero pays from payor • Appeal management tool	• Under payment identification • Recovery of payments

EMORY CLINIC

our JOURNEY

| | | Business & Financial Discipline | | | | | Patient & Family Centered | Patient & Family Engaged Partnership |

Early Years

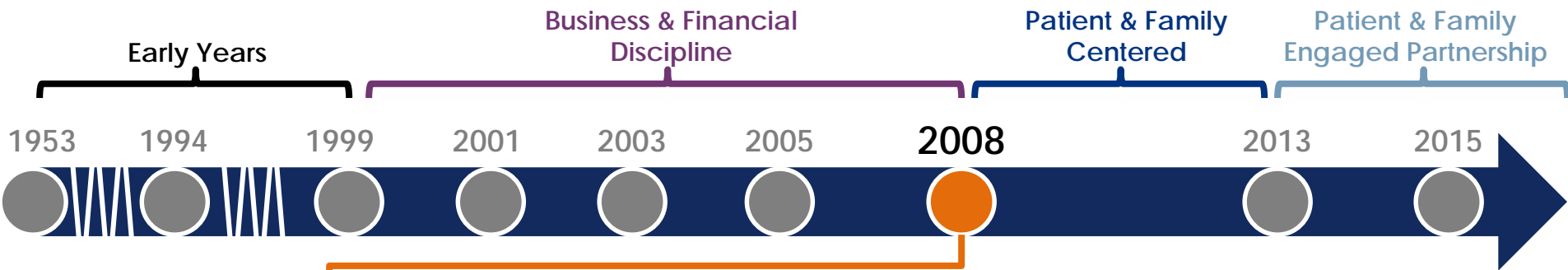| 1953 | 1994 | 1999 | 2001 | 2003 | **2005** | 2008 | 2013 | 2015 |

The improved discipline and financial focus yielded sustainable results.

Outcomes

✓ **Four years of positive bottom line growth**

✓ **Positive cash balances**

✓ **Consistent equity/earnings transfers to the School of Medicine**

✓ **Double digit top line growth in 6 of the 10 subsequent years**

➢ Reduced *denials as a percent of claims* from *40% to 10%*

➢ Improved *charge capture* from *65% within 30 days* to *85% within 10 days*

➢ Implemented a *denials management system*

➢ Recovered *$400,000 per month* in *net under payments*

EMORY CLINIC

our JOURNEY

| | | Business & Financial Discipline | | | Patient & Family Centered | Patient & Family Engaged Partnership |

Early Years

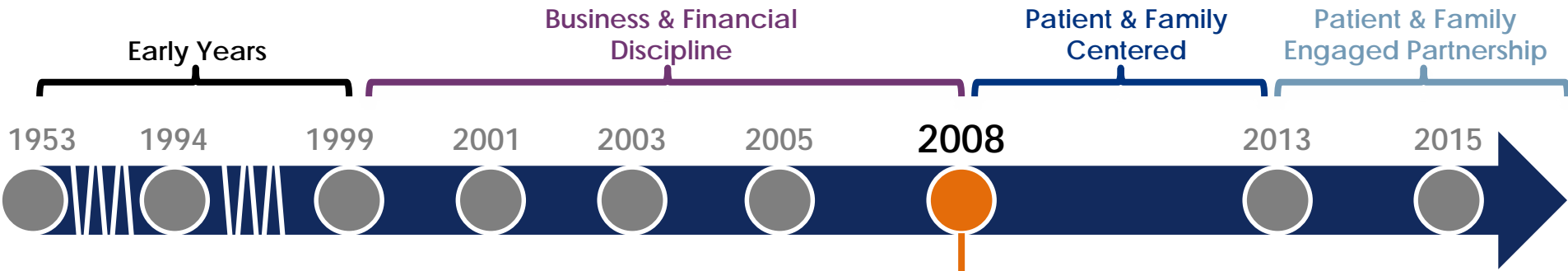| 1953 | 1994 | 1999 | 2001 | 2003 | 2005 | 2008 | 2013 | 2015 |

Management Assessment:

Not Consistently Meeting Outcome & Satisfaction Targets

- Quality Outcomes and Measures
- Patient Access
- Patient Satisfaction
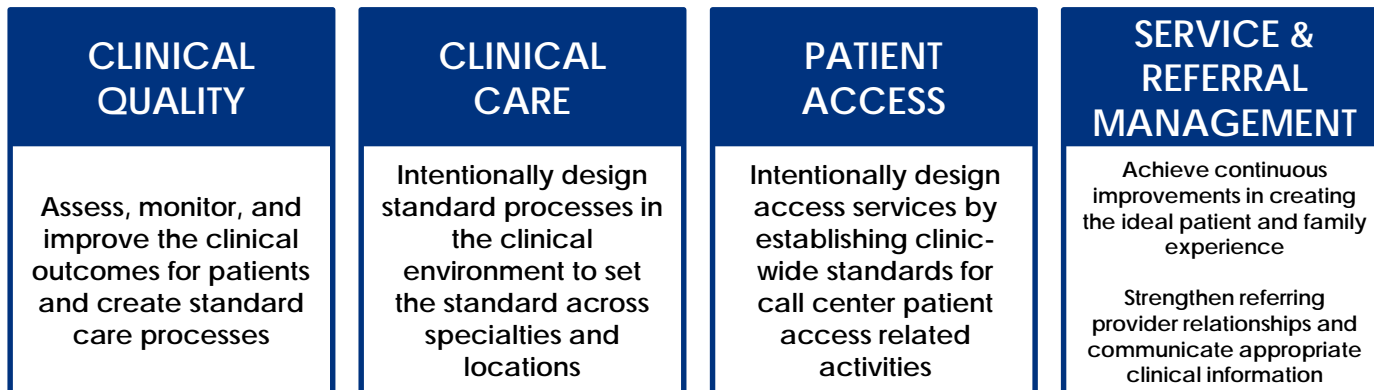- Employee Engagement
- Physician Engagement

Not Consistently Meeting "Emory Brand" Expectations

- Decentralized structure resulted in a lack of consistency and coordination in patient care processes
- Not able to advance Emory's ambulatory care enterprise in a patient-oriented, operationally demanding healthcare environment
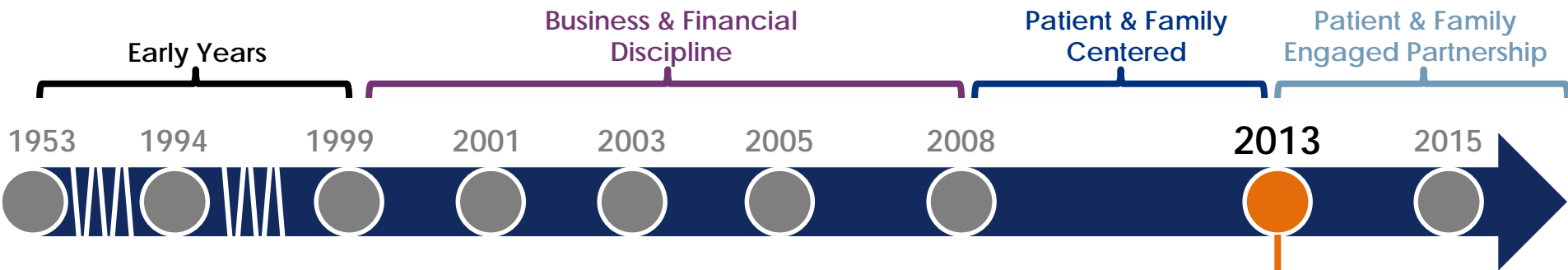
EMORY CLINIC

our JOURNEY

Early Years

Business & Financial Discipline

Patient & Family Centered

Patient & Family Engaged Partnership

1953   1994   1999   2001   2003   2005   **2008**   2013   2015

Expanded the Four Pillars Program & Functional Structure:
Four Pillars of Ambulatory Care Management

CLINICAL QUALITY	CLINICAL CARE	PATIENT ACCESS	SERVICE & REFERRAL MANAGEMENT
Assess, monitor, and improve the clinical outcomes for patients and create standard care processes	Intentionally design standard processes in the clinical environment to set the standard across specialties and locations	Intentionally design access services by establishing clinic-wide standards for call center patient access related activities	Achieve continuous improvements in creating the ideal patient and family experience

Strengthen referring provider relationships and communicate appropriate clinical information |

EMORY CLINIC

our JOURNEY

Early Years	Business & Financial Discipline	Patient & Family Centered	Patient & Family Engaged Partnership

| 1953 | 1994 | 1999 | 2001 | 2003 | 2005 | 2008 | **2013** | 2015 |

The improved functional structure yielded sustainable outcome and satisfaction results.

➢ *A synchronized, efficient patient and family experience*

➢ *Intentionally designed standard processes, operating procedures, communication, and accountability*

Outcomes

✓ **Achieved physician and employee participation and buy-in**

✓ **Overcame the historical complexity of the Clinic, rooted in a silo-oriented, decentralized infrastructure**

EMORY CLINIC

our PROGRAM & FUNCTIONAL STRUCTURE

the FOUR PILLARS

Transforming care by delivering consistent, reliable, and excellent clinical and service outcomes

1. the PILLAR
2. the PRIORITIES
3. the METRICS
4. the RESULTS

EMORY CLINIC

the FOUR PILLARS

Transforming care by delivering consistent, reliable, and excellent clinical and service outcomes

	CLINICAL QUALITY	CLINICAL CARE	PATIENT ACCESS	SERVICE & REFERRAL MANAGEMENT
LEADER	Chief Medical Officer & Chief Quality Officer	Vice President & Chief Nursing Officer	Vice President of Operations	Vice President of Operations
AIM	Assess, monitor, and improve quality outcomes through disciplined performance improvement that leverages technology and simplified workflow, to achieve patient safety and pay-for-performance goals	Create and sustain consistent, reliable, and timely clinical workflow that produces excellent care and delivers the ideal patient and family experience	Monitor and improve access standards through four primary functions: appointment centers, capacity management, clinical call management, and access optimization	Coordinate activities related to patient and provider satisfaction to continuously enhance the patient and provider experience

EMORY CLINIC

CLINICAL QUALITY

ASSESS, MONITOR, AND IMPROVE QUALITY OUTCOMES THROUGH DISCIPLINED PERFORMANCE IMPROVEMENT THAT LEVERAGES TECHNOLOGY AND SIMPLIFIED WORKFLOW, TO ACHIEVE PATIENT SAFETY AND PAY-FOR-PERFORMANCE GOALS

the PILLAR

CLINICAL QUALITY:

Chief Medical Officer/Quality Officer

SAFETY, ACCREDITATION & RISK	ELECTRONIC HEALTH RECORD	CLINICAL OUTCOMES IMPROVEMENT	QUALITY TRACKING & REPORTING
Assess patient safety risk and accreditation readiness through regular tracing rounds, mid-cycle monitoring, and regular staff education	Optimize the use of EeMR by leveraging technology, simplifying clinical workflow, and improving clinical documentation	Improve clinical outcomes through a disciplined process improvement methodology performed by an interdisciplinary team, focused on specific disease states, with commitment to success from leadership	Coordinate clinical data flow to ensure data integrity through appropriate data planning and use in order to achieve pay-for-performance goals

EMORY CLINIC

the PILLAR

CLINICAL QUALITY:

CURRENT PRIORITIES

1. EMORY ELECTRONIC MEDICAL RECORD (EeMR) TOOLS, STAFFING LEVELS, AND CLINICAL DOCUMENTATION METHODOLOGIES TO IMPROVE WORKFLOW

2. CODING SPECIFICITY AND PROBLEM LIST CAPTURE IN PREPARATION FOR ICD-10

3. ACCURACY OF CLASSIFICATION OF PATIENT POPULATION ACUITY MEASUREMENT

4. CONTINUED EXPANSION OF CLINICAL EXCELLENCE EXECUTIVE OVERSIGHT COMMITTEE (CEEOC)

5. ACTIVE PREPARATION FOR AMBULATORY QUALITY MEASUREMENT, REPORTING, AND RATING SYSTEMS

EMORY CLINIC

the PILLAR

CLINICAL QUALITY:

CLINICAL EXCELLENCE EXECUTIVE OVERSIGHT COMMITTEE (CEEOC):

A DISCIPLINED PROCESS IMPROVEMENT TEAM AIMING TO OPTIMIZE PERFORMANCE ON PUBLICLY REPORTED QUALITY MEASURES AND SHARED SAVINGS PLANS

FOCUS AREAS

- Cardiovascular
  - **Control of LDL-C in CAD**
- Prevention
  - **Influenza Vaccine**
  - **Colorectal Cancer**
- Diabetes
  - **Control of HbA1C**

LEADERSHIP COMMITMENT THROUGH MEMBERSHIP

✓ Consistent representation from the top physician and quality improvement leaders in Emory Healthcare

PROJECT TEAM COMPOSITION

Team Leaders
- ✓ Physician executive sponsor
- ✓ Clinical nursing expert
- ✓ Front line clinical staff

Quality Team
- ✓ Process Improvement resource

Project Management
- ✓ Clinical operations support
- ✓ Project manager
- ✓ Informatics expert

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CLINICAL QUALITY:

HYPERTENSION:
REDUCE OUT-OF-CONTROL
BLOOD PRESSURE

$$= \frac{\text{\# of Patients with BP IN CONTROL}}{\text{\# of Patients DIAGNOSED WITH HTN}}$$

CORONARY ARTERY DISEASE:
STATIN THERAPY

$$= \frac{\text{\# of Patients on STATIN THERAPY}}{\text{\# of Patients DIAGNOSED WITH CAD}}$$

DIABETES:
REDUCE HBA1C POOR CONTROL

$$= \frac{\text{\# of Patients with most recent HBA1C LEVEL} > 9.0\%}{\text{\# of Patients DIAGNOSED WITH DIABETES}}$$

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CLINICAL QUALITY:

Coronary Artery Disease: LDL Control

60% → **68%**

(Graph: y-axis 58% to 70%, x-axis Apr 2013, Aug 2013, Dec 2013, Apr 2014, Aug 2014)
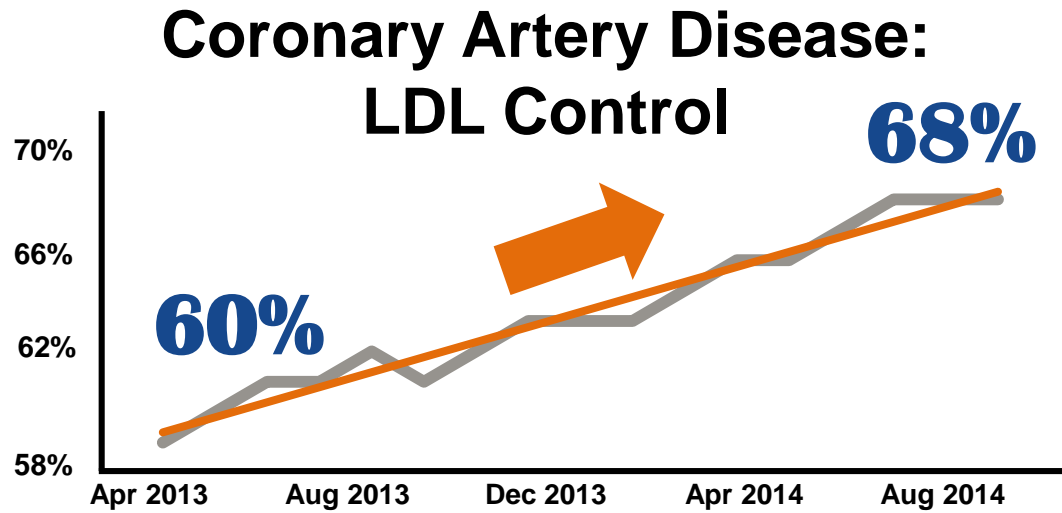
Diabetes: HbA1C Control

TESTS OF CHANGE (TOC) RELATED TO OBTAINING AND RECORDING HbA1C RESULTS:

- Pre-visit planning
- Improved discrete documentation tools in EeMR

7 TOCs in General Internal Medicine, Family Medicine, & Endocrinology

5 TOCs in Cardiology & Cardiac Outreach

Improved HbA1c Poor Control in Cardiac Outreach Clinics from

63% to 37%

from August 2013 to September 2014

EMORY CLINIC

CLINICAL CARE

CREATE AND SUSTAIN CONSISTENT, RELIABLE, AND TIMELY CLINICAL WORKFLOW THAT PRODUCES EXCELLENT CARE AND DELIVERS THE IDEAL PATIENT AND FAMILY EXPERIENCE

the PILLAR

CLINICAL CARE:

Vice President and Chief Nursing Officer

INTENTIONALLY DESIGNED CLINICAL OPERATIONS	CLINICAL STAFF OPTIMIZATION	CLINICAL STRUCTURE & GOVERNANCE	CARE TEAM EXCELLENCE
Assess, monitor, and improve clinical processes to remove unnecessary variation and deliver consistent, reliable care	Invest in education, development, and certification of clinical staff programs to ensure staff are as effective as possible in their role	Operate within a leadership infrastructure that allows us to maximize the efficiency and effectiveness of our care teams	Define, measure, and improve upon how we transform care by consistent, reliable, and excellent clinical and service outcomes

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CLINICAL CARE:

CURRENT PRIORITIES

1. DEVELOPMENT OF NEW CARE MODELS THAT OPTIMIZE THE USE OF ADVANCE PRACTICE PROVIDERS

2. OVERALL CARE TEAM PRODUCTIVITY

3. TOP OF LICENSURE PRACTICE SCOPE

4. AMBULATORY INTAKE WORKFLOW

5. ACCURATE CAPTURE OF VITALS SIGNS, HEIGHT, AND WEIGHT

6. ESTABLISHMENT OF INTERDISCIPLINARY PRACTICE COUNCILS

7. STAFF COMPETENCY PROGRAM

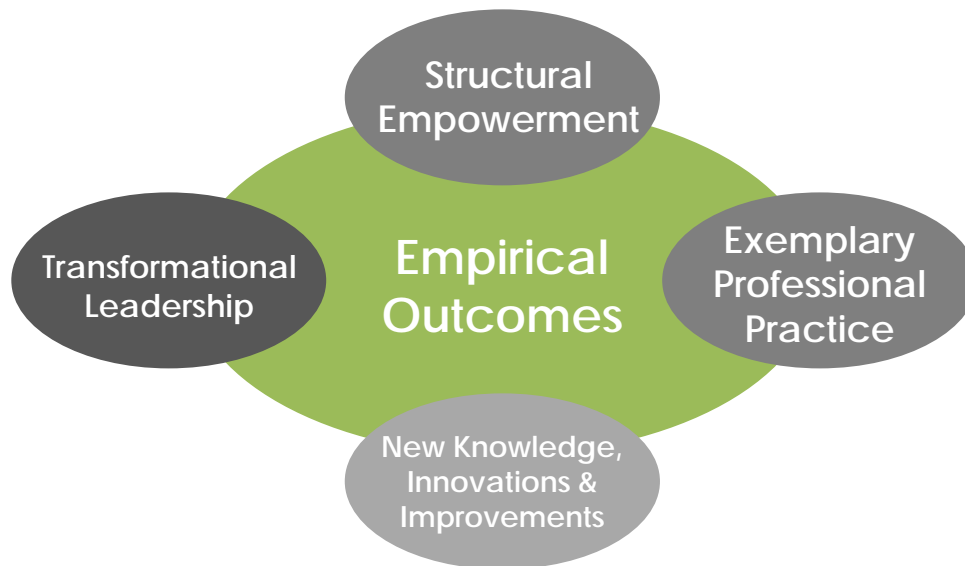8. ESTABLISHING, VALIDATING, AND EDUCATING STAFF ON MAGNET METRICS

EMORY CLINIC

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CLINICAL CARE:

AMBULATORY MAGNET JOURNEY

AS EMORY CLINIC STRIVES FOR AMBULATORY MAGNET STATUS, METRICS, AND DASHBOARDS ARE EVOLVING TO MEASURE NURSING EXCELLENCE ACROSS EMORY CLINIC SECTIONS

Global Issues in Nursing & Health Care

Structural Empowerment

Transformational Leadership

Empirical Outcomes

Exemplary Professional Practice

New Knowledge, Innovations & Improvements

THE MAGNET ROADMAP

1. Complete the internal review
2. Strengthen our areas of need
3. Submit the application
4. Achieve scores in the Range of Excellence
5. Schedule and conduct site visit

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CLINICAL CARE:

CAPTURE OF VITAL SIGNS MEASUREMENT $=$

$$\frac{\text{\# of E\&M visits that captured BP, height, and weight}}{\text{\# E\&M visits}}$$

PRACTICE PRODUCTIVITY $=$

$$\frac{\text{TOTAL SALARY \$}}{\text{\# of wRVUs}}$$

VISIT SUMMARY SOP ADHERENCE $=$

$$\frac{\text{\# of applicable E\&M visits for which the Emory Visit Summary was given to the patient}}{\text{\# applicable E\&M visits}}$$

PATIENT PRACTICE COMMUNICATION $=$

$$\frac{\text{\# of clinical messages addressed within 2 hours}}{\text{\# of clinical messages}}$$

PATIENT PORTAL ENROLLMENT $=$ # of Patients enrolled in an **Emory Patient Portal**

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CLINICAL CARE:

Capture of Vital Signs

92%

59%

90%
80%
70%
60%
50%

Nov
2012

May
2013

Nov
2013

May
2014
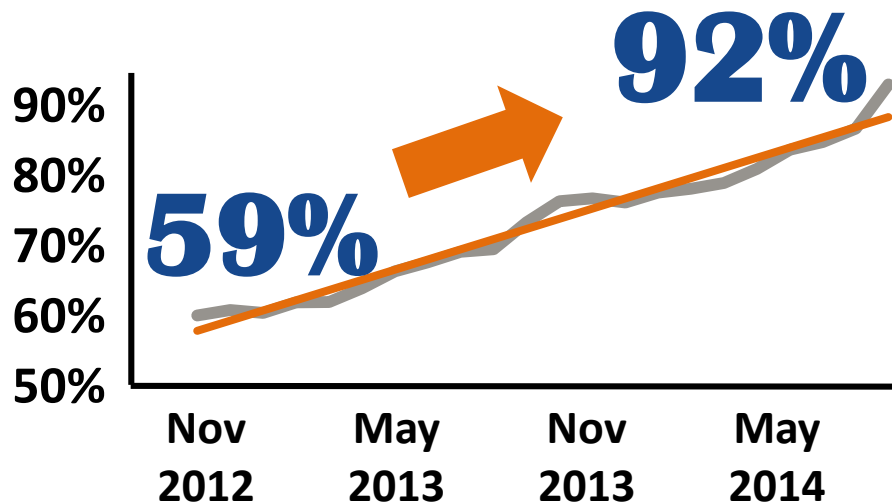
84%
of appropriate
patients receive a
**VISIT SUMMARY
UPON COMPLETION
OF THEIR VISIT**

175,000+
PATIENTS ENROLLED IN AN
EMORY PATIENT PORTAL

IMPROVED THE ENROLLMENT RATE **80%**,
FROM **7,500** PATIENTS PER MONTH TO
OVER **13,500** PATIENTS PER MONTH.

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EMORY CLINIC

PATIENT ACCESS

MONITOR AND IMPROVE ACCESS STANDARDS THROUGH FOUR PRIMARY FUNCTIONS: APPOINTMENT CENTERS, CAPACITY MANAGEMENT, CLINICAL CALL MANAGEMENT, AND ACCESS OPTIMIZATION

the PILLAR

PATIENT ACCESS:

Vice President of Operations

APPOINTMENT CENTER	CAPACITY MANAGEMENT	CLINICAL CALL MANAGEMENT	ACCESS OPTIMIZATION
Deliver a quality, service oriented scheduling experience	Design, monitor, and maintain provider schedules in accordance with set access standards	Live clinical call answering, nurse triage, and telephonic nurse encounter	• Quality • Training • Workforce & Staffing Management • Metric Monitoring • Process Improvement

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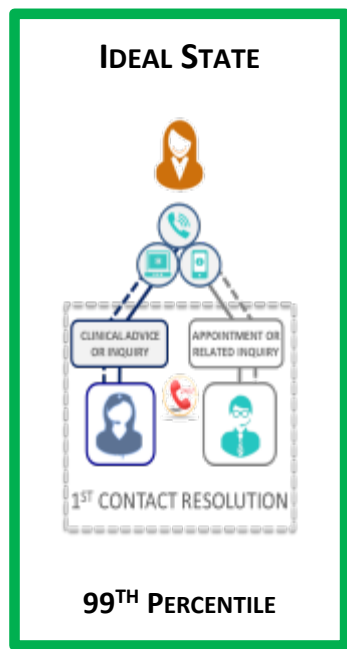
the PILLAR

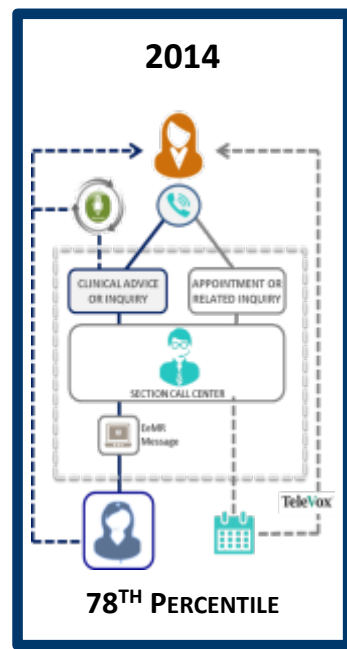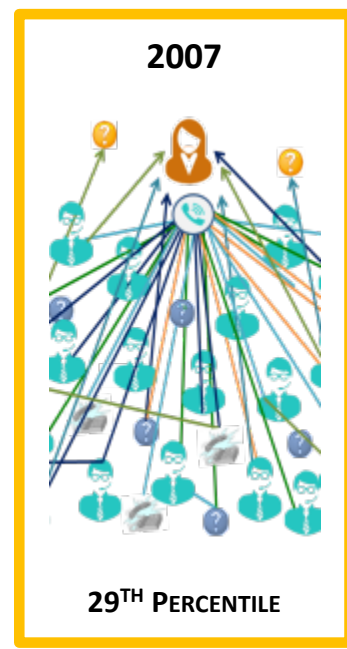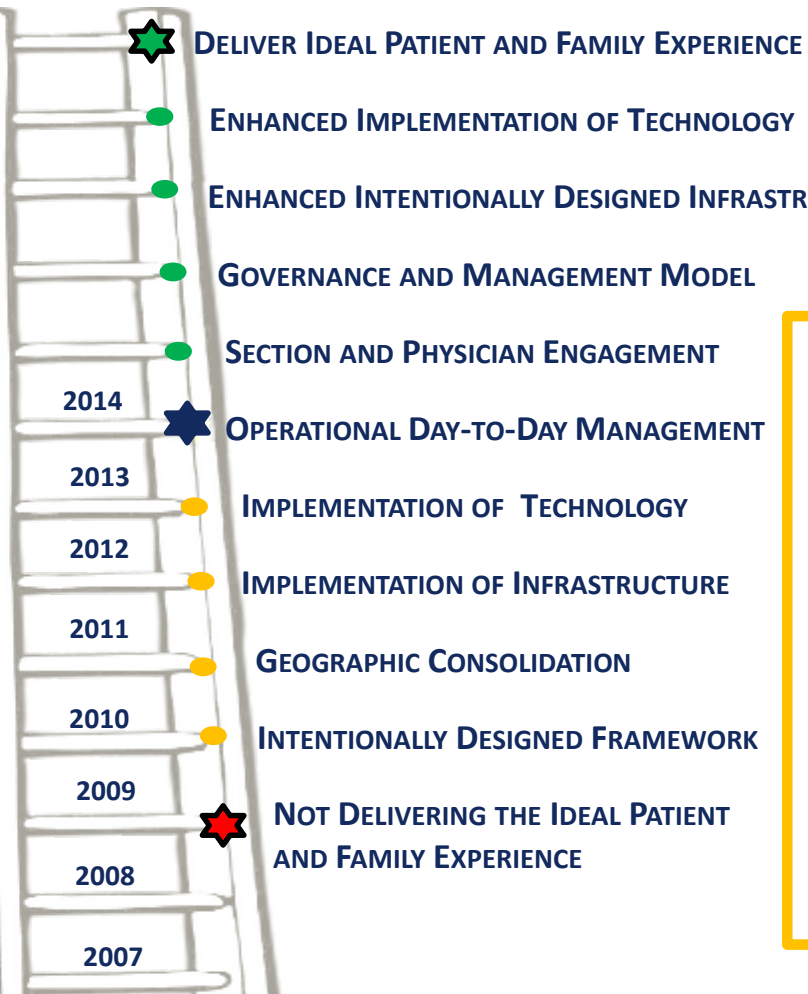## PATIENT ACCESS:

CURRENT PRIORITIES

1. COMPREHENSIVE CALL CENTER AGENT PERFORMANCE PROGRAM

2. ONLINE SCHEDULE CHANGE REQUEST AND APPROVAL SYSTEM

3. PROVIDER SCHEDULE IMPACT ANALYSIS

4. OPTIMAL PROVIDER SCHEDULES

5. LIVE CLINICAL CALL MANAGEMENT FOR FIRST CONTACT RESOLUTION

6. SCHEDULING TOOLS AND TECHNOLOGIES

7. NO SHOW RATES AND APPOINTMENT REMINDERS

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PATIENT ACCESS:

Emory Clinic Patient Access

- ★ DELIVER IDEAL PATIENT AND FAMILY EXPERIENCE
- ● ENHANCED IMPLEMENTATION OF TECHNOLOGY
- ● ENHANCED INTENTIONALLY DESIGNED INFRASTRUCTURE
- ● GOVERNANCE AND MANAGEMENT MODEL
- ● SECTION AND PHYSICIAN ENGAGEMENT
- 2014 ✦ OPERATIONAL DAY-TO-DAY MANAGEMENT
- 2013 ● IMPLEMENTATION OF TECHNOLOGY
- 2012 ● IMPLEMENTATION OF INFRASTRUCTURE
- 2011 ● GEOGRAPHIC CONSOLIDATION
- 2010 ● INTENTIONALLY DESIGNED FRAMEWORK
- 2009 ★ NOT DELIVERING THE IDEAL PATIENT AND FAMILY EXPERIENCE
- 2008
- 2007

OUR CLIMB TO THE IDEAL PATIENT AND FAMILY EXPERIENCE

2007

29TH PERCENTILE

2014

78TH PERCENTILE

IDEAL STATE

99TH PERCENTILE

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PATIENT ACCESS:

$$\text{NEW PATIENT APPOINTMENT LAG TIME} = \frac{\text{\# of days between being booked and the date the patient arrives}}{\text{\# of new patient appointments}}$$
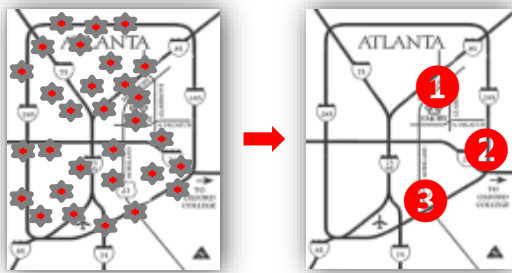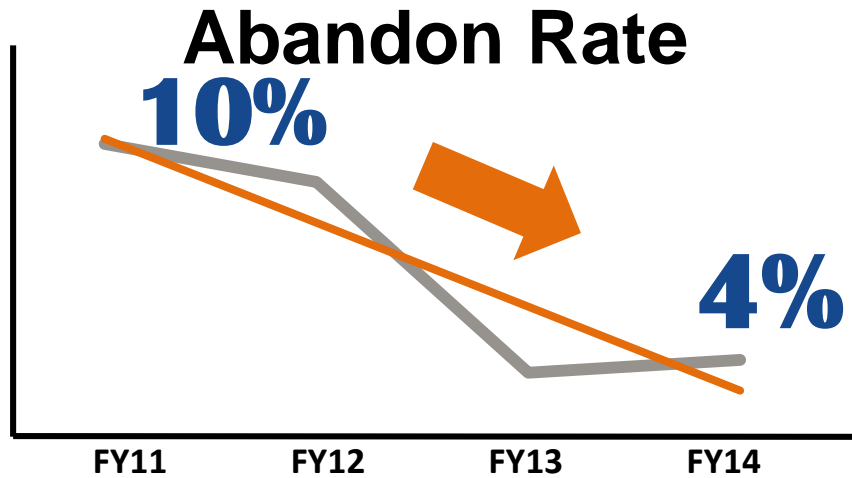
$$\text{ABANDON RATE} = \frac{\text{\# of calls disconnected by initiator while in queue}}{\text{\# of calls}}$$

$$\text{SERVICE LEVEL} = \frac{\text{\# of calls answered within 40 seconds}}{\text{\# of calls}}$$

$$\text{APPOINTMENT UTILIZATION} = \frac{\text{minutes BOOKED}}{\text{minutes ALLOCATED}}$$

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PATIENT ACCESS:

Abandon Rate

10%

4%

FY11   FY12   FY13   FY14

2.2+ Million
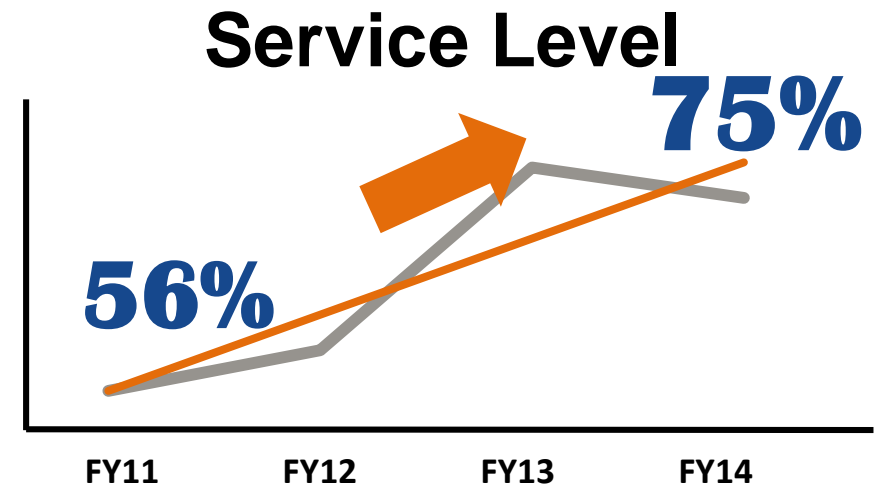
CALLS ANSWERED IN EMORY CLINIC APPOINTMENT CENTERS ANNUALLY

Consolidated 175+ agents to three sites to ensure **CONSISTENT, RELIABLE STANDARDS** could be deployed and improved in order to meet patient needs

Service Level

75%

56%

FY11   FY12   FY13   FY14

EMORY CLINIC

SERVICE & REFERRAL MANAGEMENT

Coordinate activities related to patient and provider satisfaction to continuously enhance the patient and provider experience

the PILLAR

SERVICE & REFERRAL MANAGEMENT:

Vice President of Operations

SERVICE MANAGEMENT		REFERRAL MANAGEMENT	
SERVICE IMPROVEMENT ACCELERATION	PATIENT EXPERIENCE PROGRAMS	PRIORITY SCHEDULING CENTER	REFERRING PROVIDER COMMUNICATION
Coordinate consistent process improvement efforts to achieve continuous enhancements in patient, staff, and provider experience	Develop and deploy meaningful service volunteer and special constituent programs and resources to ensure an ideal patient and family experience on every visit	Secure appointments for priority referral patients within the standard of seeing an Emory provider today, tomorrow, or within a week	Ensure reliable, consistent, and timely communication of clinical information and results to referring providers

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SERVICE & REFERRAL MANAGEMENT:

CURRENT PRIORITIES

1. INNOVATIVE AND MEANINGFUL PRACTICES TO IMPROVE THE PATIENT AND PROVIDER EXPERIENCE THROUGH PATIENT SATISFACTION ACCELERATION TEAM

2. BEST PRACTICE PATIENT FEEDBACK

3. PROVIDER SPECIFIC ONLINE RATINGS BASED ON PATIENT FEEDBACK

4. TARGETED AND SUSTAINABLE SERVICE COACHING AND TRAINING

5. EXPAND SYSTEM FUNCTIONALITY TO CAPTURE, TRACK, AND REPORT REFERRING PROVIDER INFORMATION

6. ENSURE ALL EMORY-SPONSORED HEALTH PLAN MEMBERS HAVE ACCESS TO APPOINTMENTS WITHIN A WEEK

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SERVICE & REFERRAL MANAGEMENT:

PATIENT SATISFACTION ACCELERATION TEAM

- ✓ Constant focus on priority index/focus area metrics
- ✓ Section-driven tests of change to identify best practices in the patient experience
- ✓ Bi-weekly meetings with all key stakeholders in attendance that deploy consistent structure around metrics review
- ✓ Impactful physician engagement

Focus areas:
- **1. Ease of scheduling**
- **2. Ease of getting the clinic on the phone**
- **3. Wait time at the clinic**
- **4. Sensitivity to patient needs**

PRIORITY SCHEDULING CENTER

A team of advanced call center agents dedicated to scheduling appointments for priority referral patients

- ➢ Internal referrals
- ➢ Emory employees

TECMD   4-ESA   8-EVIP
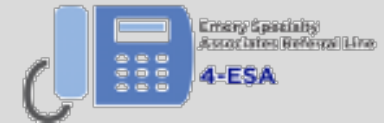
EMORY CLINIC

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SERVICE & REFERRAL MANAGEMENT:

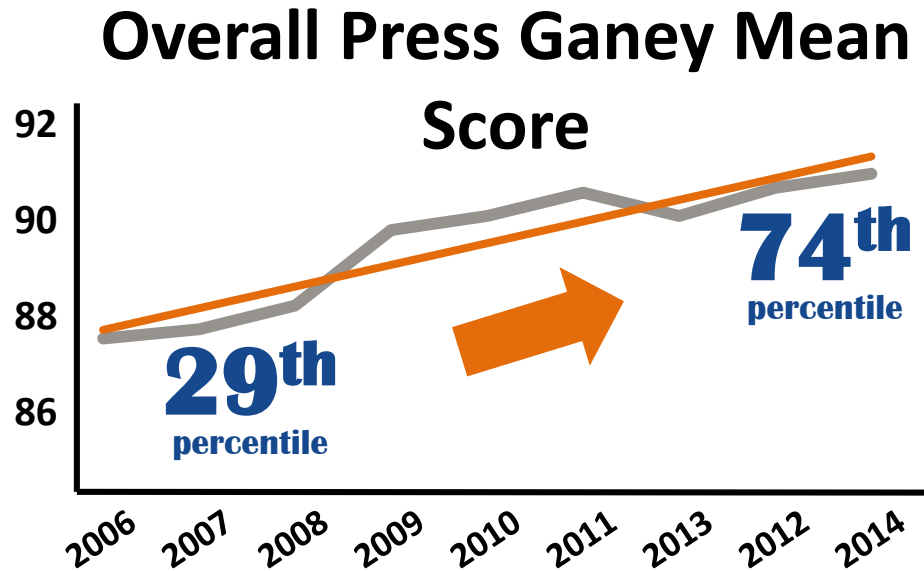|		
OVERALL PATIENT SATISFACTION	=	**current standing of Emory Clinic Press Ganey %^{ile} rank**
PROVIDER SPECIFIC PATIENT SATISFACTION	=	**provider specific current standing by specialty Press Ganey %^{ile} rank**
PHYSICIAN ENGAGEMENT	=	**physician engagement as measured by Press Ganey %^{ile} rank**
EMPLOYEE ENGAGEMENT	=	**employee engagement as measured by Press Ganey %^{ile} rank**

CORRESPONDENCE CENTER UTILIZATION = $\dfrac{\text{# of discharge communications SENT}}{\text{# of discharges}}$

EMORY CLINIC

the PILLAR

SERVICE & REFERRAL MANAGEMENT:

Overall Press Ganey Mean Score

29th percentile → **74th** percentile

(Chart: years 2006, 2007, 2008, 2009, 2010, 2011, 2013, 2012, 2014; scale 86–92)

1 of 15 organizations recognized nationwide with a **2013 Press Ganey Success Story Award** for our creative approaches to improving patient satisfaction

Implemented a **Correspondence Center** to ensure **reliable, consistent, and timely communication** of clinical information and results to referring providers following a patient's discharge from an Emory Healthcare hospital
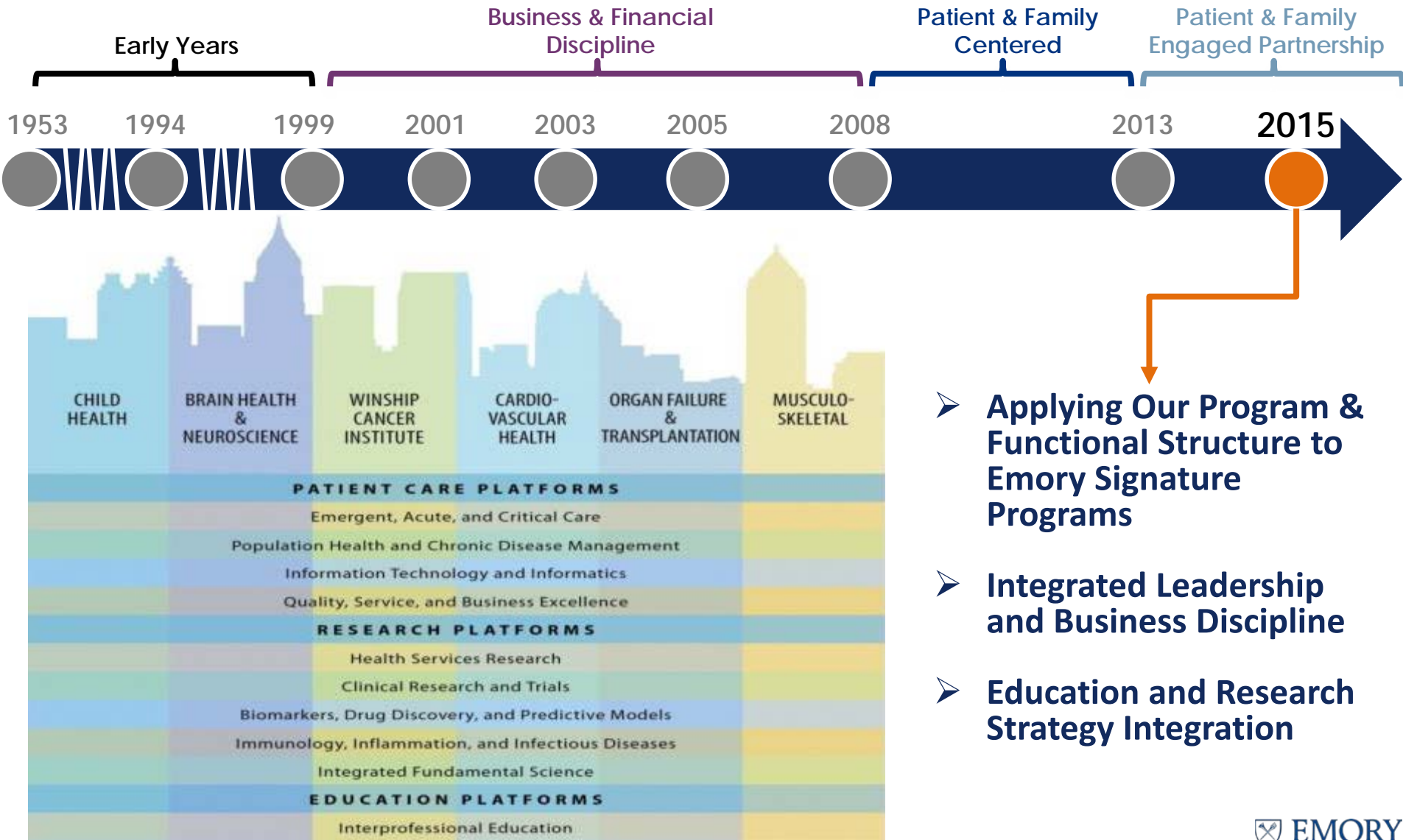
Clinical Encounter → Correspondence Center → Communication Sent → Communication Received → Provider Follow Up

90%+ OF DISCHARGES WITH A CORRESPONDING COMMUNICATION

EMORY CLINIC

EMORY CLINIC

our JOURNEY

our JOURNEY

Early Years — 1953 – 1999

Business & Financial Discipline — 1999 – 2008

Patient & Family Centered — 2008 – 2013

Patient & Family Engaged Partnership — 2013 – 2015

Timeline: 1953 · 1994 · 1999 · 2001 · 2003 · 2005 · 2008 · 2013 · **2015**

CHILD HEALTH

BRAIN HEALTH & NEUROSCIENCE

WINSHIP CANCER INSTITUTE

CARDIO-VASCULAR HEALTH

ORGAN FAILURE & TRANSPLANTATION

MUSCULO-SKELETAL

PATIENT CARE PLATFORMS
- Emergent, Acute, and Critical Care
- Population Health and Chronic Disease Management
- Information Technology and Informatics
- Quality, Service, and Business Excellence

RESEARCH PLATFORMS
- Health Services Research
- Clinical Research and Trials
- Biomarkers, Drug Discovery, and Predictive Models
- Immunology, Inflammation, and Infectious Diseases
- Integrated Fundamental Science

EDUCATION PLATFORMS
- Interprofessional Education

➢ **Applying Our Program & Functional Structure to Emory Signature Programs**

➢ **Integrated Leadership and Business Discipline**

➢ **Education and Research Strategy Integration**

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our JOURNEY

| | Business & Financial Discipline | Patient & Family Centered | Patient & Family Engaged Partnership |

Early Years

1953   1994   1999   2001   2003   2005   2008   2013   **2015**

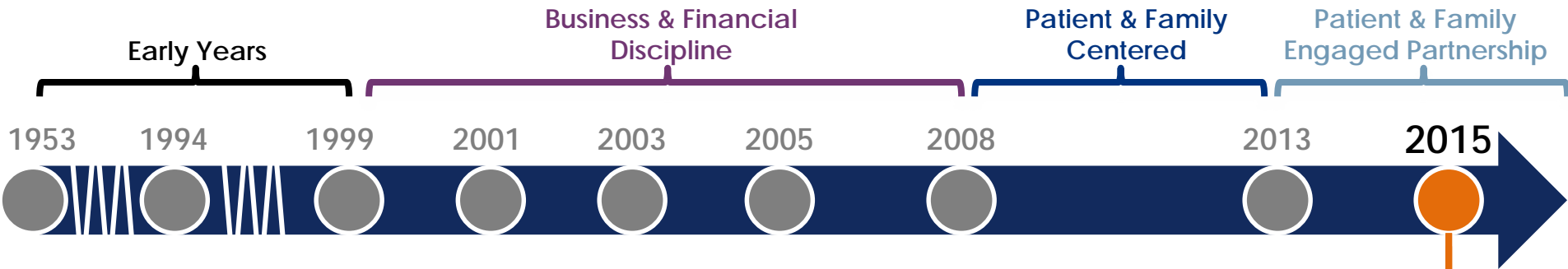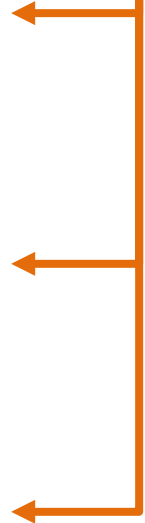## Current State:

✓ The ambulatory care enterprise is emerging as a dominant environment of care delivery for patient populations

✓ Limited data and few organization and operational models exist to inform healthcare leaders of ways to evaluate and manage ambulatory care, as healthcare systems transition to new financing and payment models

✓ Emory's approach is focused to provide consistent, reliable, efficient and timely patient care delivery for populations we serve

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our LESSONS LEARNED

TIMELY INFORMATION

WEEKLY METRIC REPORT OUT

PATIENT AND FAMILY EXPERIENCE

Common Vocabulary

Acceleration Teams

Iterative Improvement

Process

ATTENTION TO DETAIL

Actionable Reports

INTENTIONAL DESIGN & STRUCTURE

Evolving Goals

Hardwiring Workflow

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Questions & Discussion
THANK YOU