

HEALTH AND HUMAN SERVICES INTERIM COMMITTEE

AUGUST 23, 2017



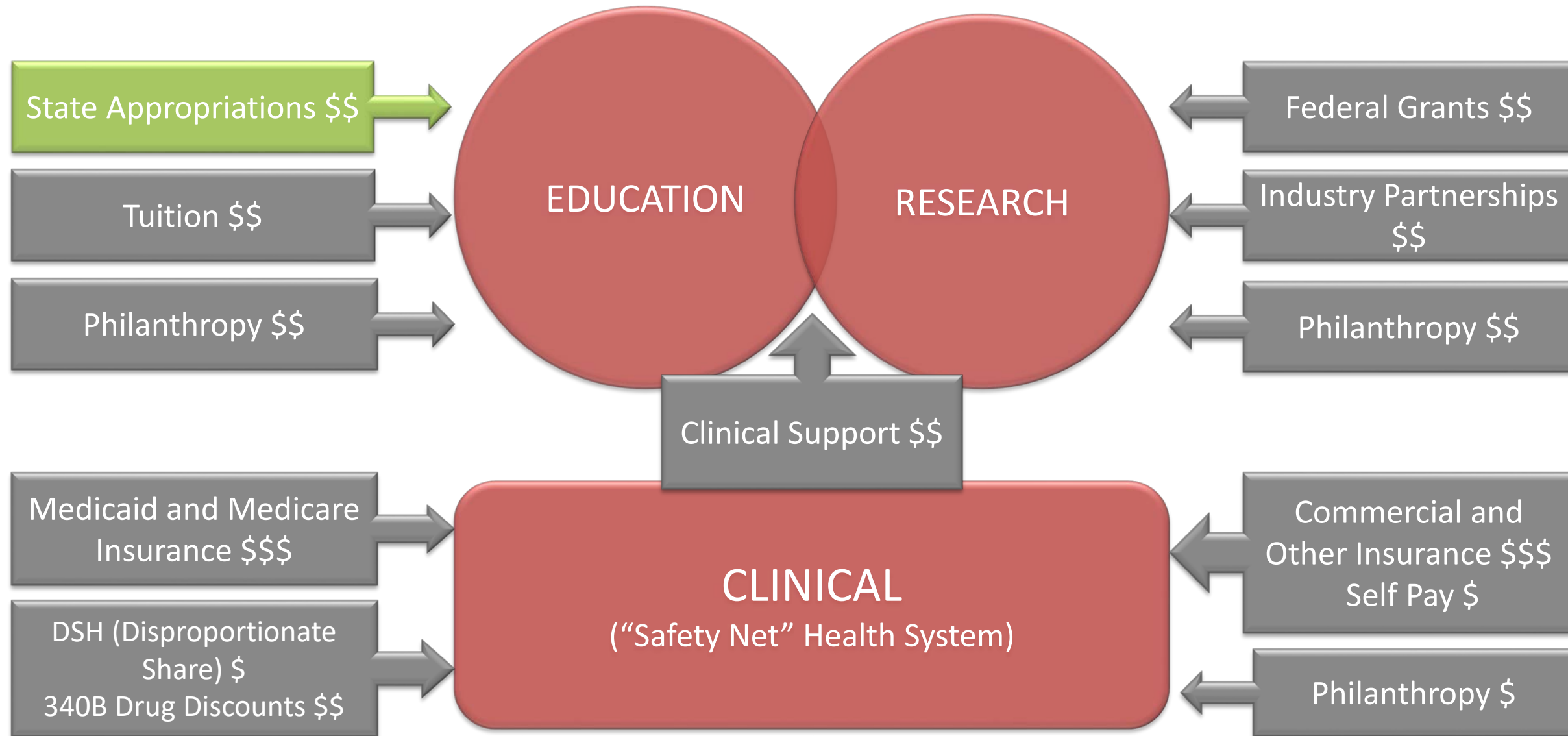
TRAINING THE NEXT GENERATION IN THE FUTURE OF CLINICAL CARE

Gordon Crabtree, MBA, CPA
CEO, University of Utah
Hospitals & Clinics

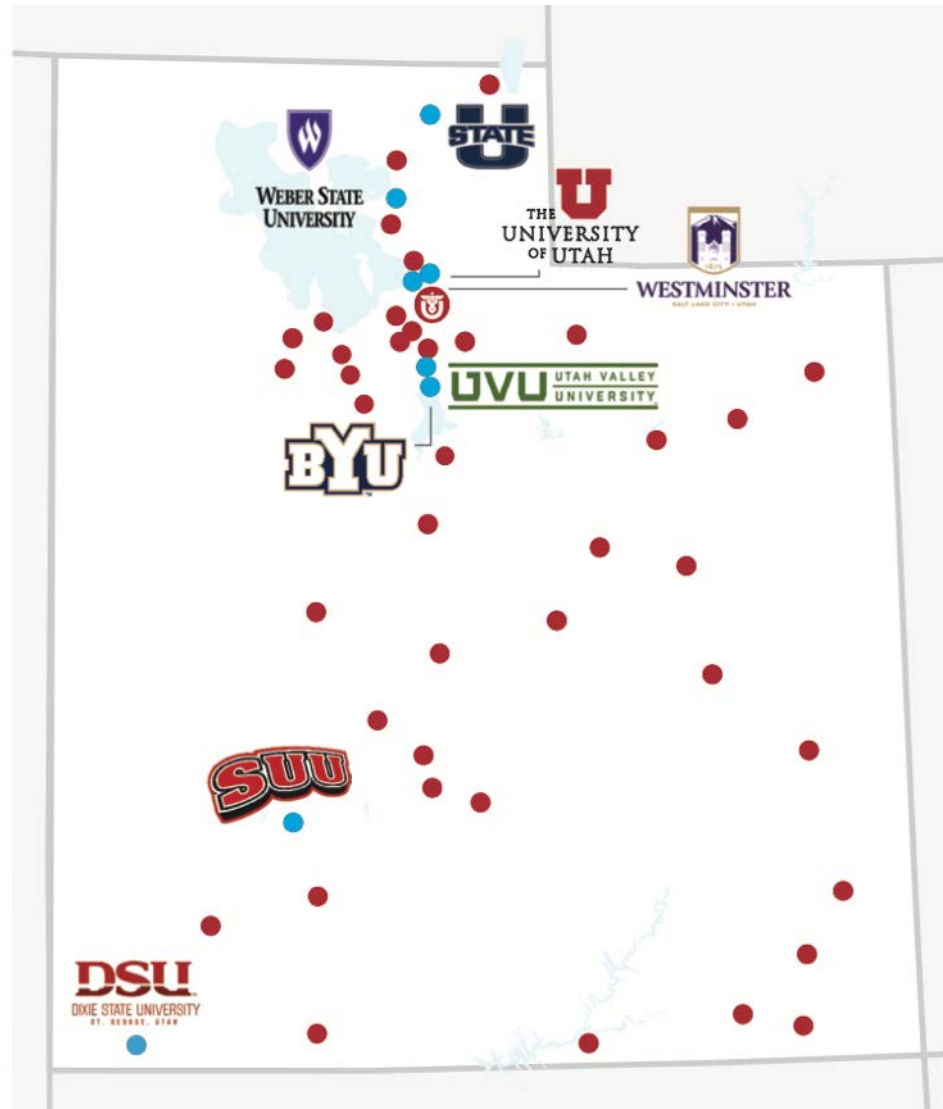
Chad Westover, MPA
CEO, University of Utah
Health Plans

FUNDING OF THE ACADEMIC MEDICAL CENTER




THANK YOU !! --- FOR SUPPORTING THE FUTURE OF MEDICAL TRAINING IN OUR STATE



AS UTAH'S ONLY ACADEMIC HEALTH SYSTEM— TRAINING IS KEY



- We **train** 2/3 of the doctors in Utah
- Preparing for Utah's future health, **we train** more than 1,250 health care professionals annually
- State appropriations help us **train** students from every major Utah college and university

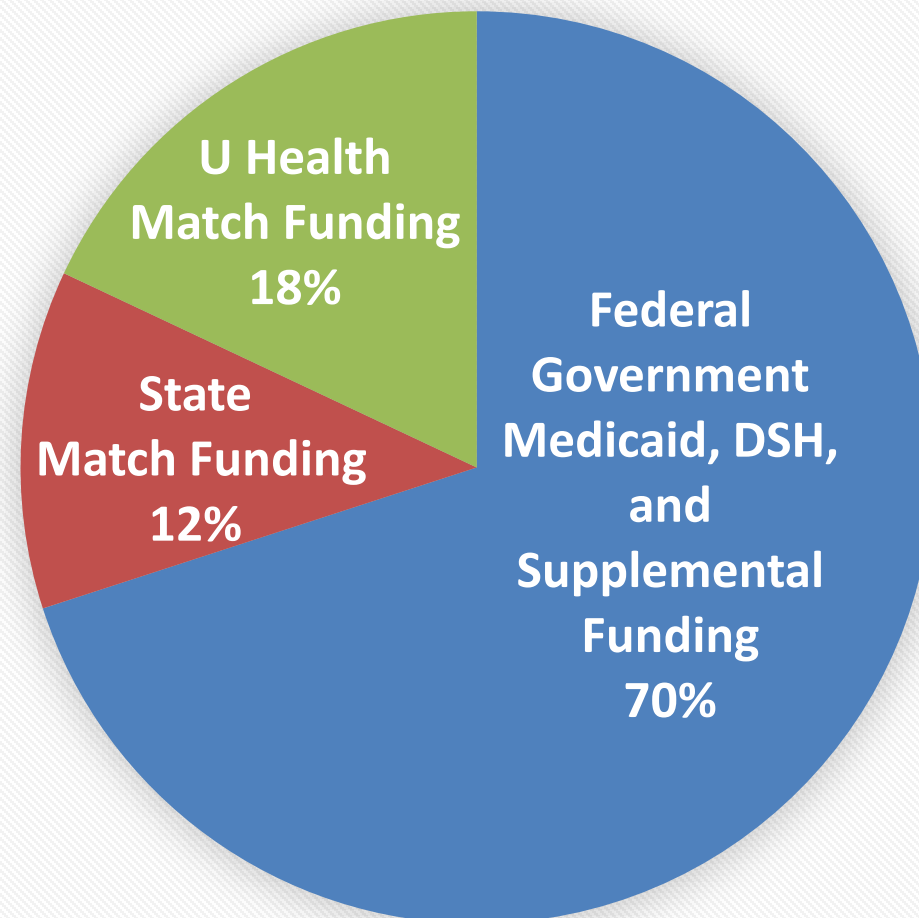
-  Only Medical School in Utah
-  Clinical Care and Training Sites
-  Utah Colleges U Med Students Represent

CLINICAL CARE:

ACADEMIC MEDICAL CENTER IS ALSO A "SAFETY NET" CARE SYSTEM

WE PROVIDE **CLINICAL CARE** FOR THE UNDERSERVED IN PARTNERSHIP WITH THE STATE

STATE---Medicaid Funding Partnership at U Health



In FY16, University of Utah Health provided:

- More than \$126m in uncompensated and charity care
- More than 21,000 service hours
- Medicaid Partnership Match \$ @18%

CLINICAL



4 Hospitals



12 Community Clinics



18 Regional Partners



>10% of the Continental U.S.

>5,000 Health Care Professionals



>160,000 Health Plan Members



RESEARCH

\$281 Million+

Grants in FY2016

35+

Disease-Causing Genes Identified

7

Members of National Academy of Science or Medicine

1

Nobel Laureate

1

NCI Comprehensive Cancer Center

EDUCATION

1,250 Health Care Provider Trained Annually:

- School of Medicine
- College of Nursing
- College of Pharmacy
- College of Health
- School of Dentistry

CLINICAL CARE:

OUR CHALLENGE: CREATING HIGH-VALUE HEALTH CARE



VALUE



#1

IN THE NATION FOR
QUALITY



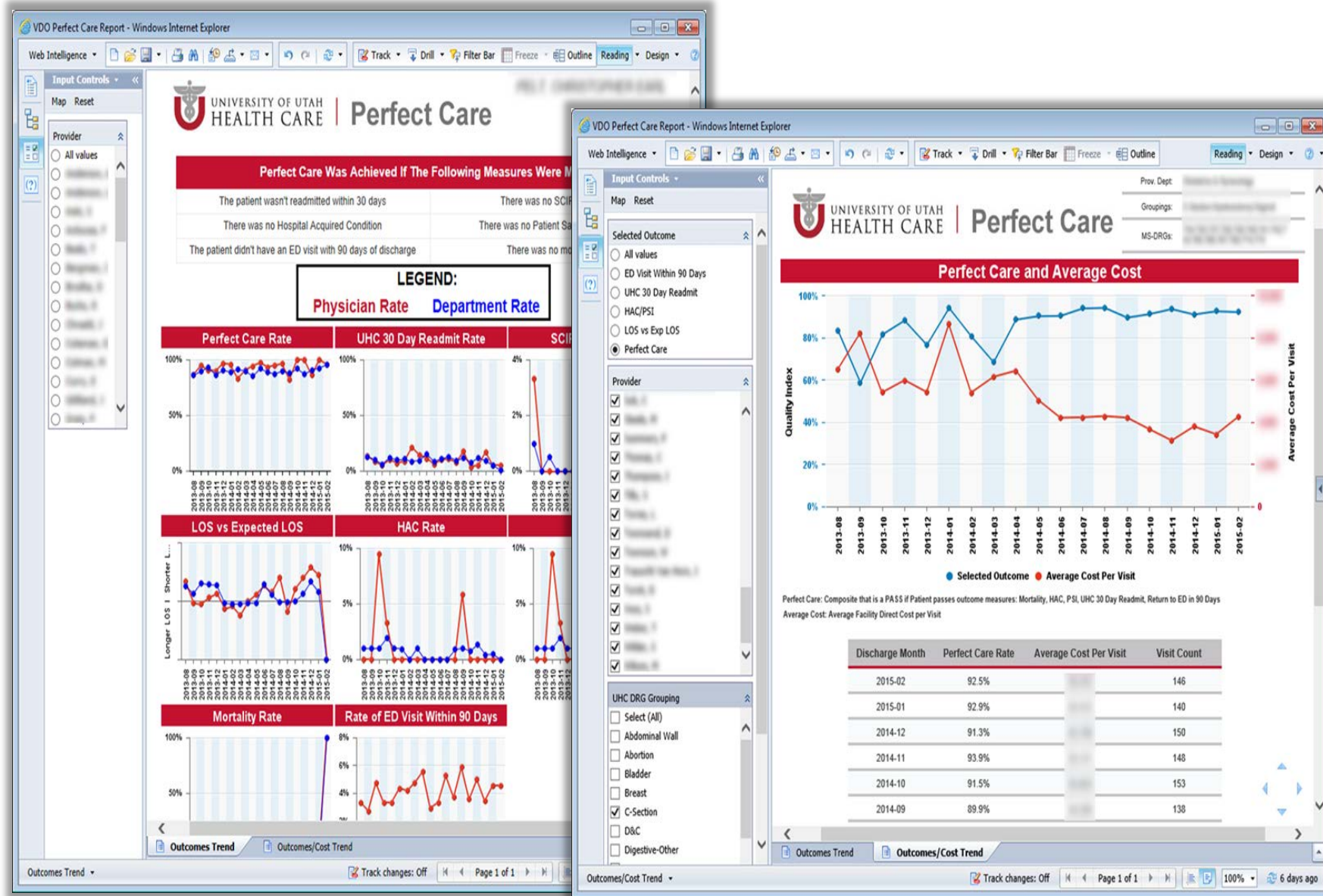
SERVICE



COST

CLINICAL CARE: “Perfect Care”

WORKING TO LOWER COSTS AND IMPROVE OUTCOMES



- Our “Perfect Care” Tools Allow:
 - Reporting and comparing outcomes and quality across providers
 - Identifying variation within a provider group
 - Plotting cost relative to outcomes
- We use many other tools and measures

CLINICAL CARE:

CREATING ACCESS TO HIGH-VALUE HEALTH CARE



Virtual Visits



Extended Hours



9 Urgent Care Clinics

- Online Transparency
- Patient Ratings
- Pricing Tool
- Open Notes



Patient Reported Outcomes



The Home Program

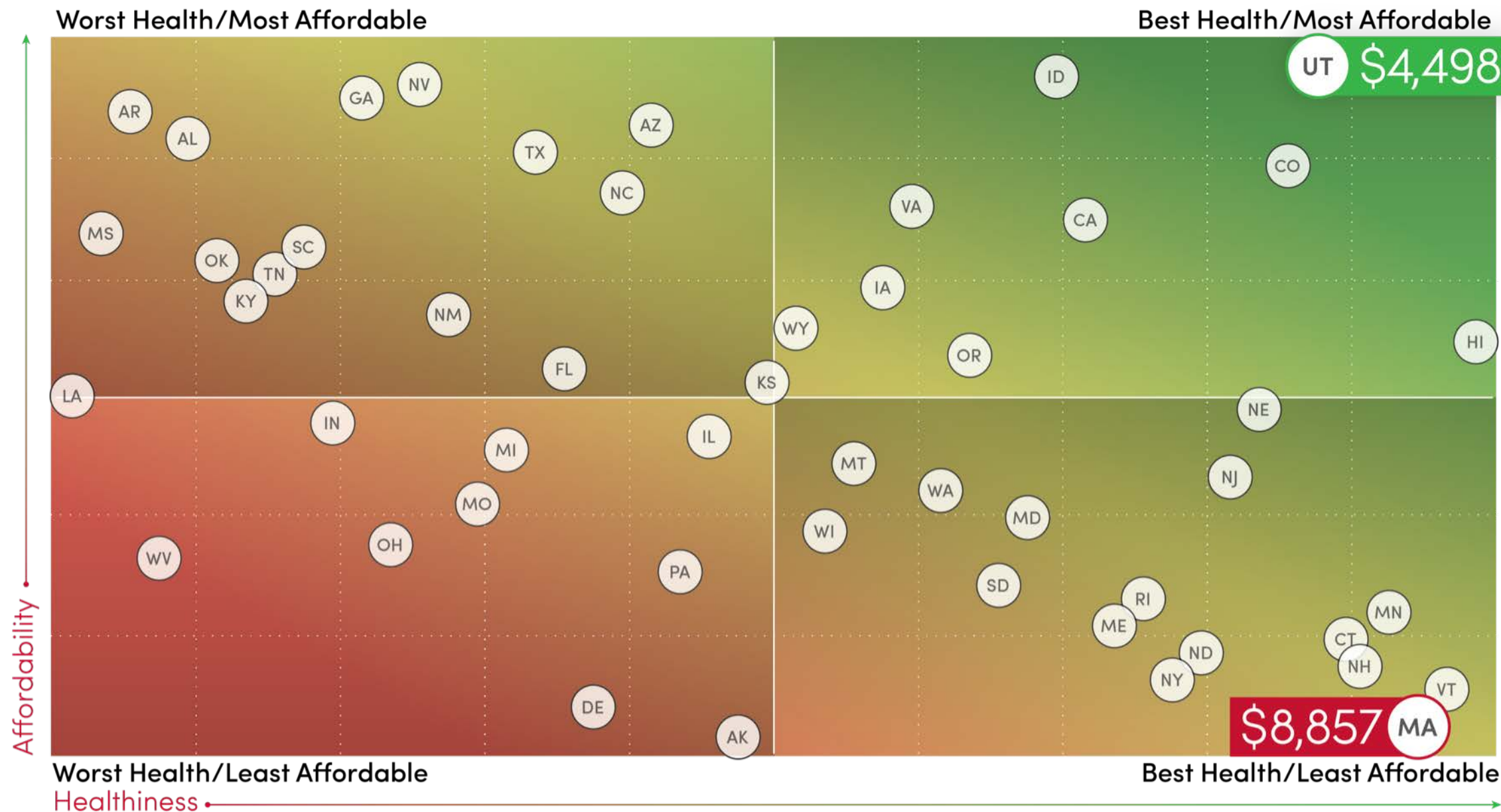


Infection Management

Health Care---U.S.

UTAH CAN LEAD THE WAY TO REFORM

UTAH HAS THE BEST HEALTH AT THE LOWEST COST

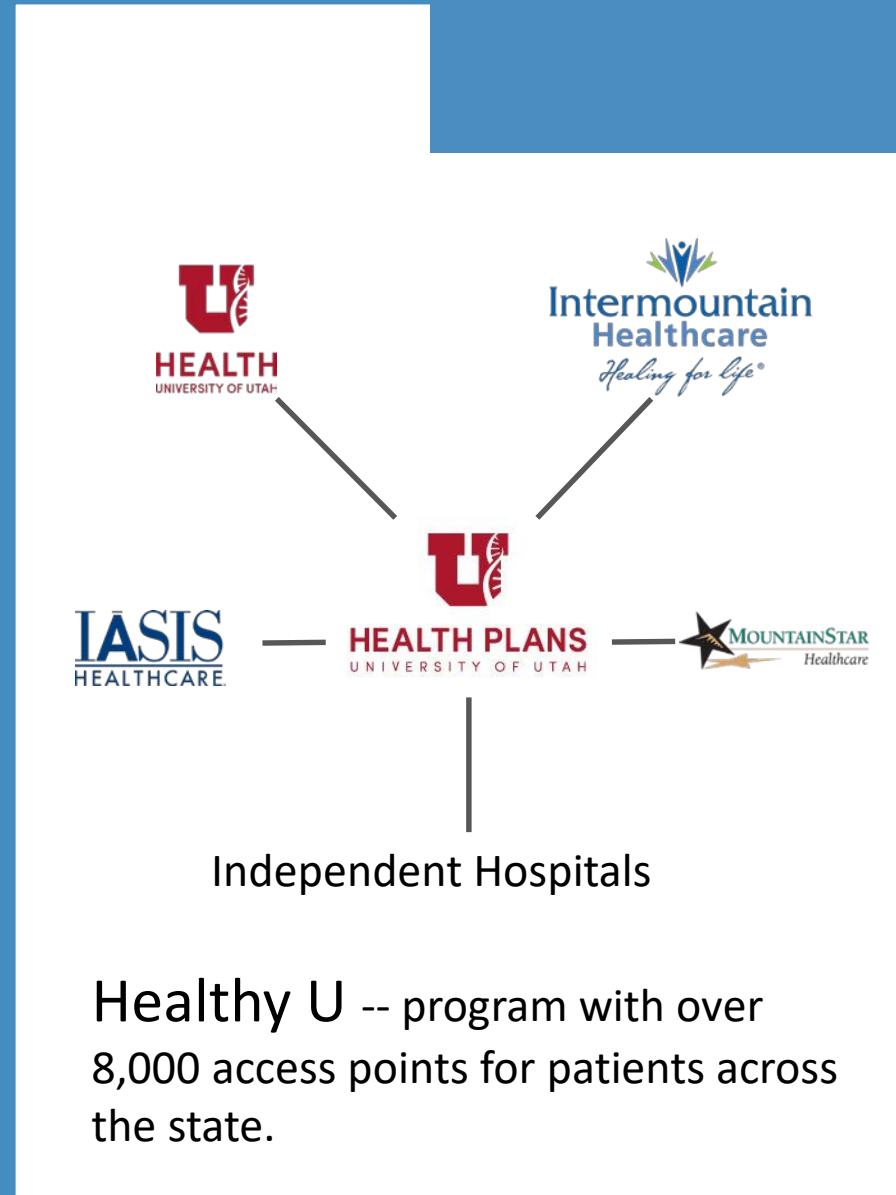


SOURCE: America's Health Rankings (United Health Foundation, 2015) Bureau of Economic Analysis (2015)

COVERED LIVES AND PARTNERSHIPS ACROSS THE STATE



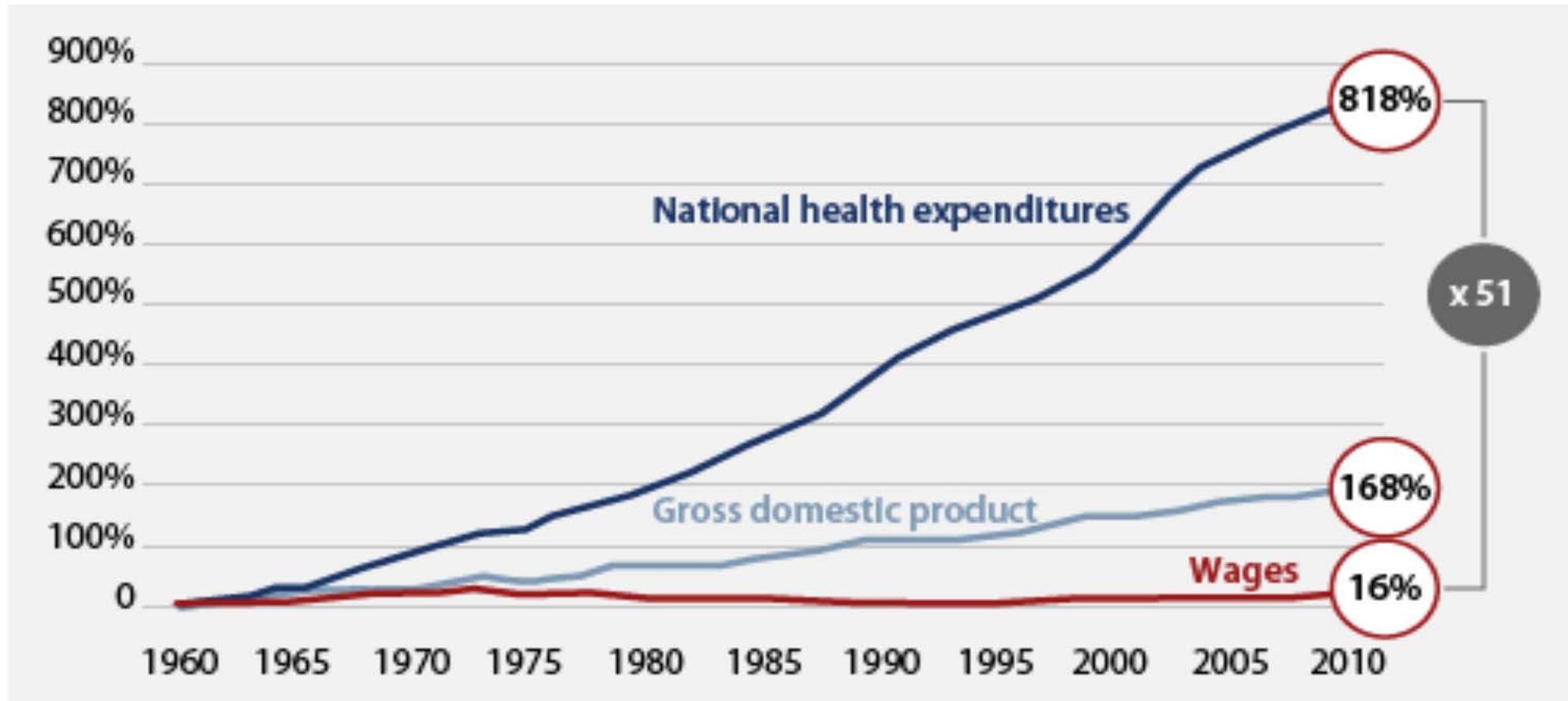
160,000+
Health Plan
Members



including
46,000
Medicaid Healthy U
5,600
Individual Exchange

WE HAVE TO FIX HEALTH CARE

The cost of health care in the past 50 years has risen more than 800%, almost 5x the rise in the gross domestic product and over 50x the increase in wages for the average American.

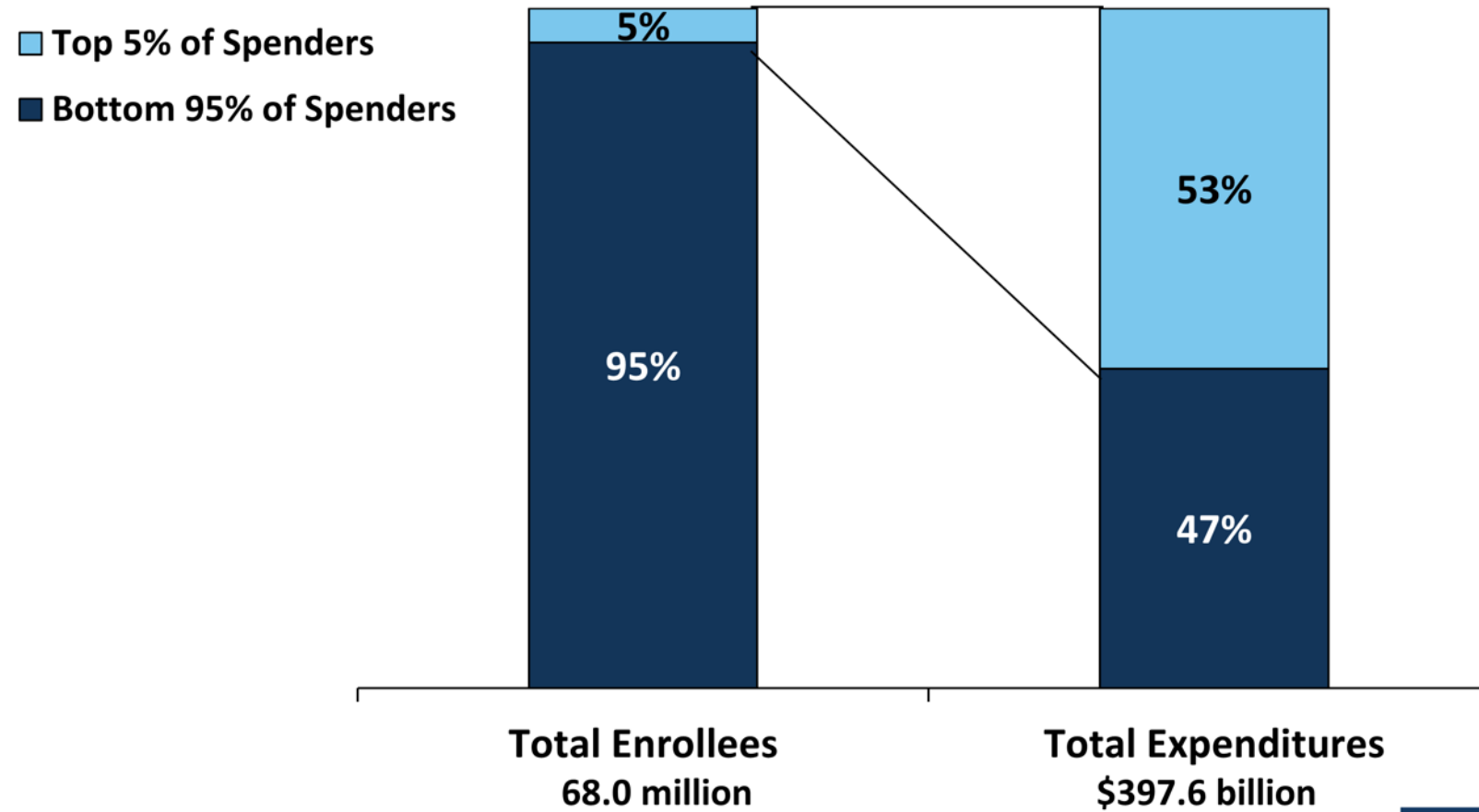


Source: McKinsey, "Accounting for the cost of U.S. Health Care," 2011

5% OF PATIENTS ACCOUNT FOR 50% OF COSTS

Figure 9

Top 5% of Enrollees Accounted for More than Half of Medicaid Spending, FY 2011



SOURCE: KCMU/Urban Institute estimates based on data from FY 2011 MSIS and CMS-64. MSIS FY 2010 data were used for FL, KS, ME, MD, MT, NM, NJ, OK, TX, and UT, but adjusted to 2011 CMS-64.



PROGRAMS



High Utilizer Visits to ER ↓ 55%



Pediatric Asthma Program saves \$600/mo.



Behavioral Health Management Team



Diabetes Care Management Team



U Baby Program ↑ Prenatal Contacts by 15%



Pre-Diabetes/Diabetes Prevention Program

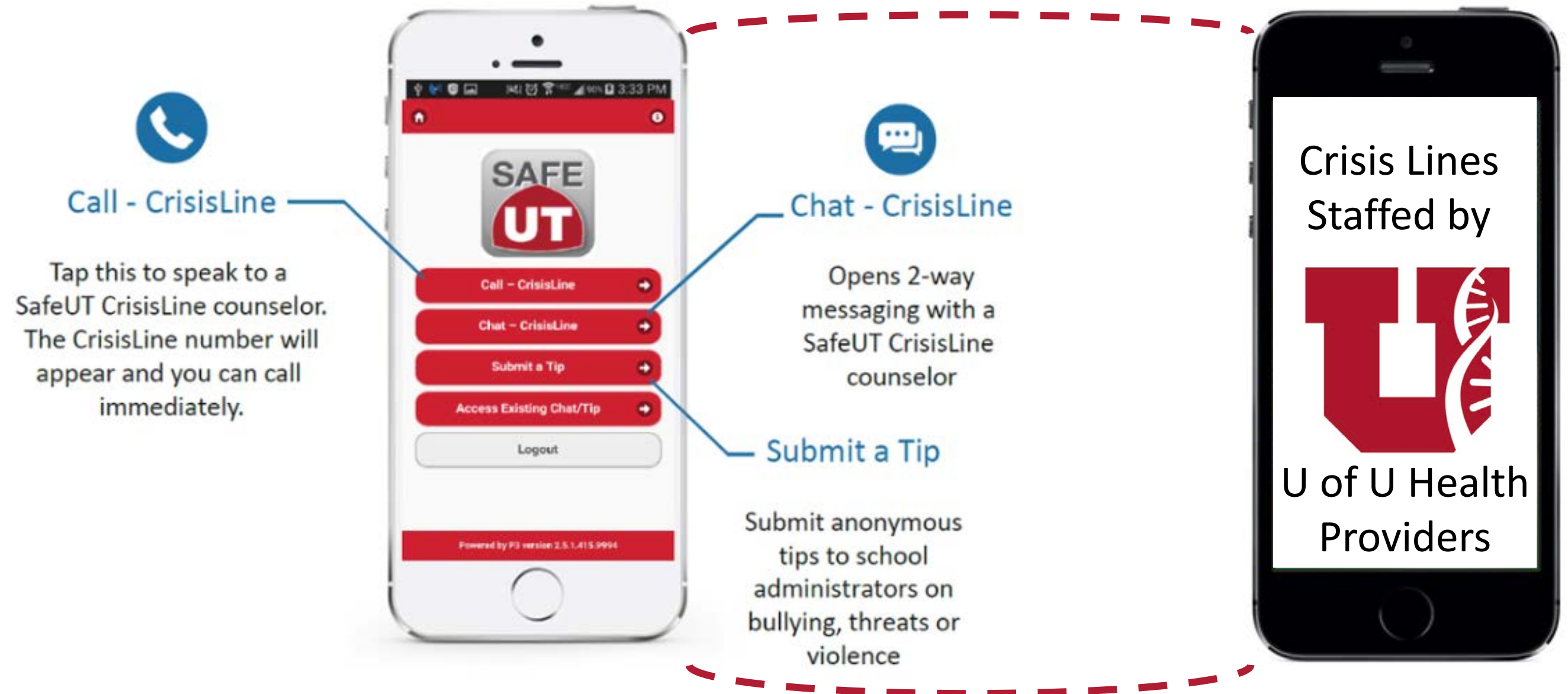


Empower U 34% ↓ in Hospital Admissions



Restricted Program Face-to-Face Visits

SAFE UT SUICIDE PREVENTION APP



TOP 5 THINGS UTAH CAN DO TO IMPROVE HEALTH CARE VALUE:



1. MANAGE COST-SHIFTING---ENSURE PROGRAM COSTS ARE FULLY FUNDED



2. IMPROVE EFFICIENCY AND CONTROL IN DRUG UTILIZATION



3. STRENGTHEN MENTAL HEALTH CARE DELIVERY



4. DEVELOP HIGH-RISK OR RE-INSURANCE POOL



5. PREVENT HIGH-UTILIZATION ASSOCIATED WITH CHRONIC CONDITIONS AND LIFESTYLE

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THANK YOU! QUESTIONS?

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