Transforming the Future of UI Health Care
“Because things are the way they are, things will not stay the way they are.”

—Bertolt Brecht
Where were we in this transformation process?

What challenges are we facing?

How are we to tackle these challenges?
Our Three Missions
Integration has numerous benefits:

- Provides for highly aligned and streamlined management
  - Shared enterprise team for strategic planning, communications, information technology services, human resources, finance and other services
- Well-established collaborative decision-making
  - Eliminates territoriality
- Facilitates major initiatives and partnerships
- Enables stronger presence across the region
- Supports a sustainable financial model
Patient Care: Examples of Service in Action

- 30,344 Admissions
- 196,323 Days of Care
- 997,243 Clinic Visits
- 61,000 Emergency Visits
UIHC Patient Care Outreach to Iowa, 2012-2013

60 COMMUNITIES
190 CLINICS
41,750 PATIENT VISITS

PEDIATRIC SPECIALTY CONSULTATION CLINICS.

8,851 ADULT SPECIALTY CONSULTATION CLINICS

32,899
Research Funding

- $225 million in research funding
- 168 RO1 Grants
- 445 active patents
Education

- 1,000 Faculty
  - 583 Medical Students
  - 51 PA Students
  - 119 PT Students
  - 370 Graduate Students
  - 5,000 Undergraduates
Iowa River Landing

From pediatrics and women’s health to cardiology and routine exams, world class health care is now available at a new, convenient location in Coralville.

Opened 2012
What challenges are we facing?
Understanding our Future

- The Transformation of Academic Medicine: *This Time is Really Different*
- Our Roadmap: *Leading the Challenge for Change*
- Renewal of Purpose: *Taking Charge of the Future*
Transformation of Academic Medicine

- This Time Is Really Different

1. The Worst Recession

Indexed job loss for prior four recessions

- Share of total jobs, start of recession = 100%

Note: The rise for each recession begins at the official start of the recession, so the length of the rise to the left of zero indicates the length of each recession.

Transformation of Academic Medicine

- This Time Is Really Different

1. The Worst Recession
2. The Sequester

- Clinical spending: Cut $109.3 billion per year for the next eight years—resulting in an annual 2% reduction in Medicare hospital and physician payments alone
- Research funding: NIH to cut 5% or $1.55 billion of its fiscal year 2013 budget
  - The result was that approximately 700 fewer competitive research project grants were awarded in FY 2013
- NSF support: This is subject to a $2.1 billion reduction in funding over five years
- Military research and development (R&D): Under the best scenario, the Pentagon faces a reduction of up to 20% of its procurement and R&D budget—more than $33 billion—through 2017
Transformation of Academic Medicine

● This Time Is Really Different

1. The Worst Recession
2. The Sequester
3. **Affordable Care Act**

*Five key provisions:*
- Coverage expansion
- Insurance market reform
- Payment and delivery reform
- Quality and safety improvement
- Cost control

AHCs unable to compete with other providers on value (quality/price) or to be responsive to local and regional health care needs could face significant difficulties maintaining, let alone growing, their roles in their local/regional marketplaces.
Transformation of Academic Medicine

● This Time Is Really Different

1. The Worst Recession
2. The Sequester
3. Affordable Care Act
4. **Major decrease in public-sector health spending**
How are we to tackle these challenges?
Research: The Key Differentiator
Transforming Our Research Mission

- Challenge is opportunity
- We must aggressively pursue NIH funding—despite sequestration, there is still $30+ billion available!
- BRAIN Initiative
- BD2K Initiative
Examples of Groundbreaking Research

- Vision
- Lung Biology
- Cardiovascular
- Neurosciences
- The Aging Brain
- Proteomics
- Cancer
- Genetics
- Neuromuscular Disorders
- Hearing
- Diabetes
- Vaccines
UI Pappajohn Biomedical Discovery Building

A world-class setting in which scientists from across the University will collaborate to explore high-risk/high-yield scientific questions in the life sciences with the goal of advancing treatments for a wide array of human diseases.

On schedule to open June 2014
Plan for Research Investment

- UI Health Care recognizes that the research mission is critical
- Support for research through comprehensive development plan
  - Recruitment of outstanding researchers
  - Infrastructure needs
- Investment requirements
Building on a Strong Educational Foundation

- New curriculum
- FUTURE in Biomedicine
- CCOM Rural Iowa Scholars Program
- Distinction tracks
- Master in Medical Education Degree
- Residency and fellowship training programs
Transforming Our Education Model

- Emerging focus on interprofessional education
- Changing healthcare environment focused on multidisciplinary teamwork
- Optimize each and every team member
  - Enable each to play his/her patient care role to the maximum extent allowed by license
  - Train each learner to function in the new world of health care
Interprofessional Skills and Team Based Healthcare
Leading with Interprofessional Education

The Sydney Interprofessional Declaration

• We the participants of the All Together Better Health 5 International Conference believe that a common global understanding of interprofessional education and learning, is of fundamental importance to health care providers and users for the provision of high quality health care and better health outcomes.
• The Sydney Interprofessional Declaration is premised on The World Health Organization's definition of Health, that health is a state of complete Organization’s definition of Health, that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
• It underpins the call for action from the WHO Framework for Action on Interprofessional Education and Collaborative Practice.
• Through the following articles the Sydney Interprofessional Declaration will advance and strengthen the cause of Interprofessional Collaborative Practice across the globe. It was approved by and is issued on behalf of delegates present at the final plenary session of the All Together Better Health 5 Conference held in Sydney, Australia, 6th-9th April 2010.

Article 1
All users of health and human services shall be entitled to fully integrated, interprofessional collaborative health and human services.

Article 2
All health and human services work to create and strengthen a culture that promotes the delivery of contextual opportunities for interprofessional learning and collaborative team training. Interprofessional education and training for collaborative practice should be a core element of continuing professional development.

Article 3
Health worker education and training prior to practice shall contain significant core elements of interprofessional education. These core elements/learning domains shall contain practical experiences, for example simulation. These core elements/learning domains for interprofessional education will be formally assessed.

Article 4
Between ATBH5 and ATBH6 the global interprofessional community will undertake to develop a globally agreed upon set of definitions and descriptions that capture interprofessional education, learning, practice and care.

Article 5
The global interprofessional community will work with the World Health Organization to implement the Framework for Action on Interprofessional Education and Collaborative Practice.
● Continue to generate high levels of patient care activity
● Work together to create the high value health care delivery organization of the future
Shaping the New Value Proposition

- Improving population health
- Offering better care and outcomes
- Decreasing costs
Patients at the Center
Patients at the Center

- Patients are now firmly at the center and driving their own value equation
  - Making informed decisions about their care
  - Demanding holistic, integrated, personalized care
  - Controlling the dollars – being intelligent consumers
An Example from Our NICU

Survival of Inborn VLBW Infants
22 - 27 weeks EGA

Reduction in Severe ROP in VLBW Infants
UI Health Care: Responding to the Challenge
Critical Success Factors

1. Creating beneficial relationships
2. Developing ACOs
3. Participating in new insurance products
4. Implementing a $100 million initiative
1. Creating Beneficial Relationships

- University of Iowa Health Alliance
  - Expansion – now five major members
  - Now includes 60% of Iowa’s hospitals
- Other Collaborations
  - Pediatric Associates
- Future focus:
  - Clinical integration
  - Single-signature contracting
  - Population risk management
  - Deploying e-health connectivity
2. Developing our ACOs

- UI Health Care is involved in three (3) Accountable Care Organizations:
  - Medicare Shared Savings Plan (established 2012)
    - with Mercy-Cedar Rapids
  - Wellmark ACO (established 2013)
    - with Mercy-Cedar Rapids
  - Medicaid ACO (established 2014)
    - with University of Iowa Health Alliance
3. Moving into New Insurance Products

- From IowaCare to Iowa Health and Wellness Plan
- Enrollment in the Iowa Health and Wellness Plan now exceeds the IowaCare total
  - 69,744 in the Iowa Wellness Plan (0%-100% of FPL)
  - 17,783 in the Marketplace Choice Plan (101%-138% of FPL)
  - 87,527 total

Enrollment in IowaCare at the end of June 2013 was 71,002.
CoOportunity Health

- CoOportunity Health has successfully enrolled over 70,000 members
- CoOportunity Health is one of only two Co-Ops (out of 23) with more than 50,000 members
Achieve $100 million in savings and/or new revenues over the next three years

Why?

UI Health Care continually looks for opportunities to increase revenues and decrease costs.

The opening of the new UI Children’s Hospital in 2016 will add an estimated $30M in new operating costs.

Taking steps now to prepare for this change will help to make this transition seamless
The New UI Children’s Hospital
Five Priorities

- Develop Primary Care & Outreach Strategies
- Improve Coordination of Care
- Improve Access
- Ensure Full & Complete Documentation & Coding
- Right-size Programs (GME, Clinical and Research/Education)

Mark Hingtgen & Sabi Singh are tracking progress on the $100M initiative & its projects
IowaFirst: Our Campaign for Breakthrough Medicine

- Surpassed our $500 Million goal
- “We Are Phil” faculty/staff giving program launched October 2013
- IowaFirst wrapped into “For Iowa. Forever More: The Campaign for the University of Iowa”
“Effort and courage are not enough without purpose and direction.”

—John F. Kennedy
Questions and Answers