Cleveland Clinic — Implementing Value-Based Care

Overview

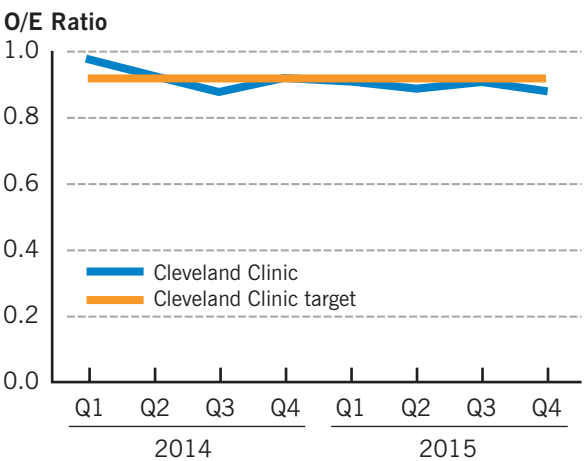
Cleveland Clinic health system uses a systematic approach to performance improvement while simultaneously pursuing 3 goals: improving the patient experience of care (including quality and satisfaction), improving population health, and reducing the cost of healthcare. The following measures are examples of 2015 focus areas in pursuit of this 3-part aim. Throughout this section, "Cleveland Clinic" refers to the academic medical center or "main campus," and those results are shown.

Real-time data are leveraged in each Cleveland Clinic location to drive performance improvement. Although not an exact match to publicly reported data, more timely internal data create transparency at all organizational levels and support improved care in all clinical locations.

Improve the Patient Experience of Care

Cleveland Clinic Overall Inpatient Mortality Ratio

2014 – 2015

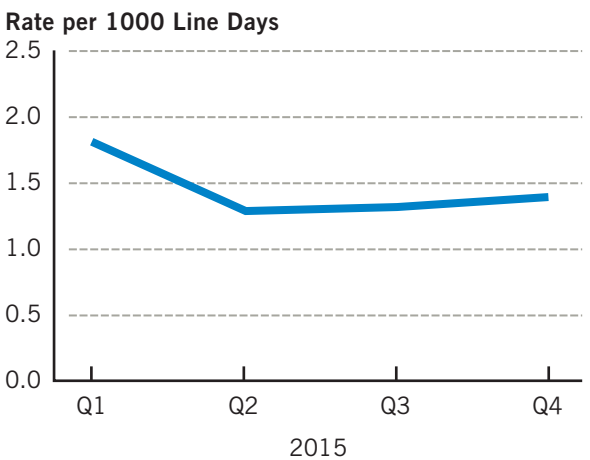


Source: Data from the Vizient Clinical Data Base/Resource Manager™ used by permission of Vizient. All rights reserved.

Cleveland Clinic's observed/expected (O/E) mortality ratio outperformed its internal target derived from the Vizient 2015 risk model. Ratios less than 1.0 indicate mortality performance "better than expected" in Vizient's risk adjustment model.

Cleveland Clinic Central Line-Associated Bloodstream Infection Rate

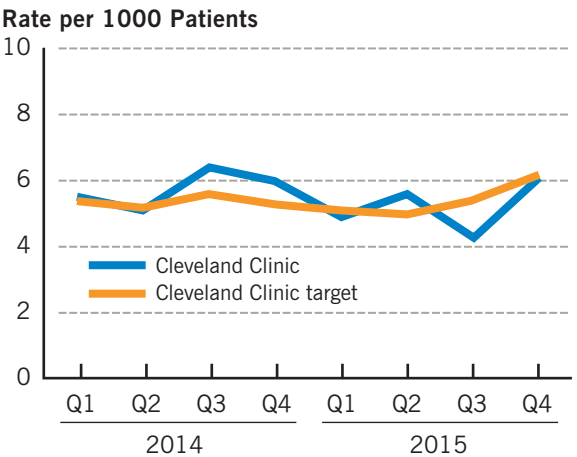
2015



Cleveland Clinic has implemented several strategies to reduce central line-associated bloodstream infections (CLABSIs), including a central-line bundle of insertion, maintenance, and removal best practices. Focused reviews of every CLABSI occurrence support reductions in CLABSI rates.

Cleveland Clinic Postoperative Pulmonary Embolism or Deep Vein Thrombosis Risk-Adjusted Rate

2014 – 2015



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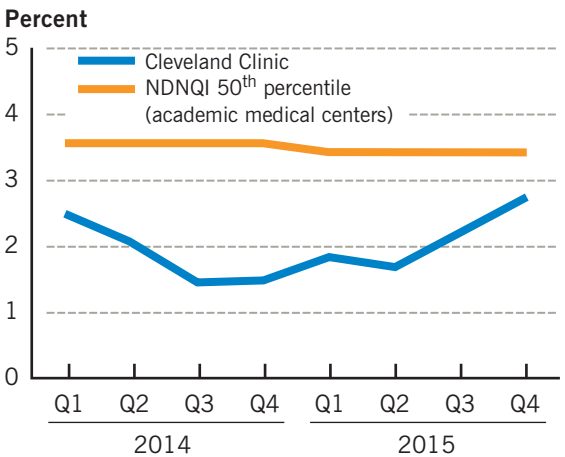
Improved screening, risk adjustment, and prevention strategies have supported Cleveland Clinic's continued improvement with respect to perioperative pulmonary embolism and deep vein thrombosis (AHRQ Patient Safety Indicator 12). Embolism/thrombosis prevention remains a safety priority for Cleveland Clinic.

Cleveland Clinic Hospital-Acquired Pressure Ulcer Prevalence (Adult)

2014 – 2015



Source: Data reported from the National Database for Nursing Quality Indicators® (NDNQI®) with permission from Press Ganey.

A pressure ulcer is an injury to the skin that can be caused by pressure, moisture, or friction. These sometimes occur when patients have difficulty changing position on their own. Cleveland Clinic caregivers have been trained to provide appropriate skin care and regular repositioning help while taking advantage of special devices and mattresses to reduce pressure for high-risk patients. In addition, they actively look for hospital-acquired pressure ulcers and treat them quickly if they occur.

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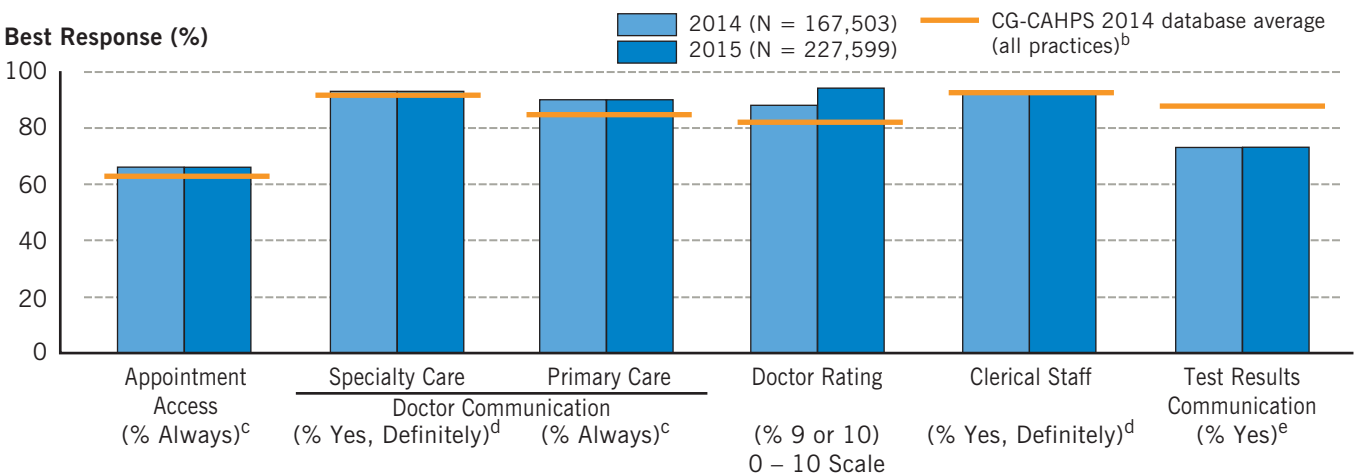
Keeping patients at the center of all that we do is critical. Patients First is the guiding principle at Cleveland Clinic. Patients First is safe care, high-quality care, in the context of patient satisfaction, and high value. Ultimately, our caregivers have the power to impact every touch point of a patient's journey, including their clinical, physical, and emotional experience.

We know that patient experience goes well beyond patient satisfaction surveys. Nonetheless, by sharing the survey results with our caregivers and the public, we constantly identify opportunities to improve how we deliver exceptional care.

Outpatient Office Visit Survey — Cleveland Clinic

CG-CAHPS Assessment[a]

2014 – 2015



[a]In 2013, Cleveland Clinic began administering the Clinician and Group Practice Consumer Assessment of Healthcare Providers and Systems surveys (CG-CAHPS), standardized instruments developed by the Agency for Healthcare Research and Quality (AHRQ) and supported by the Centers for Medicare & Medicaid Services for use in the physician office setting to measure patients' perspectives of outpatient care.
[b]Based on results submitted to the AHRQ CG-CAHPS database from 3962 practices in 2014
[c]Response options: Always, Usually, Sometimes, Never
[d]Response options: Yes, definitely; Yes, somewhat; No
[e]Response options: Yes, No

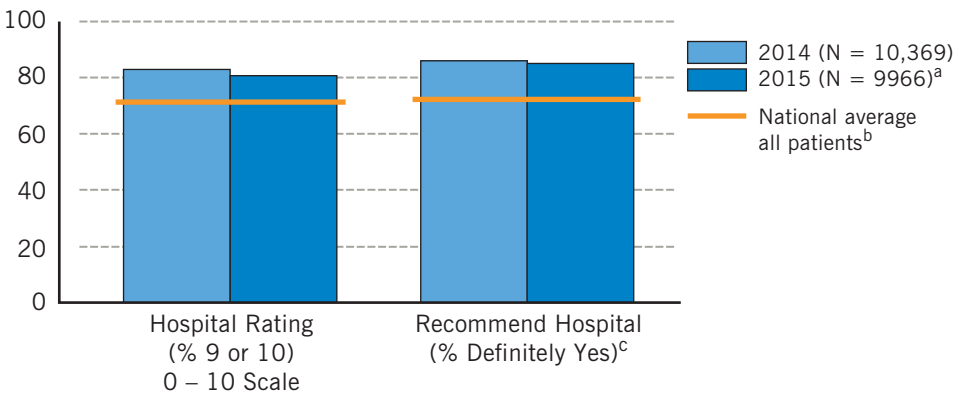
Source: Press Ganey, a national hospital survey vendor

Inpatient Survey — Cleveland Clinic

HCAHPS Overall Assessment

2014 – 2015

Best Response (%)



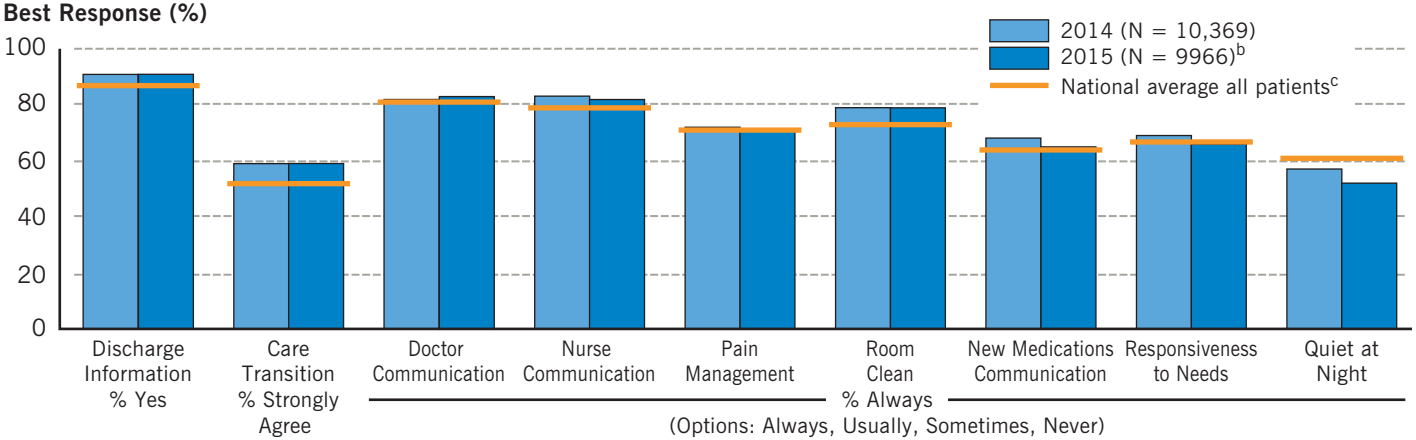
[a]At the time of publication, 2015 ratings have not been reported by the Centers for Medicare & Medicaid Services and ratings are not adjusted for patient mix.
[b]Based on national survey results of discharged patients, January 2014 – December 2014, from 4172 US hospitals. medicare.gov/hospitalcompare
[c]Response options: Definitely yes, Probably yes, Probably no, Definitely no

The Centers for Medicare & Medicaid Services requires United States hospitals that treat Medicare patients to participate in the national Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, a standardized tool that measures patients' perspectives of hospital care. Results collected for public reporting are available at medicare.gov/hospitalcompare.

HCAHPS Domains of Care[a]

2014 – 2015

Best Response (%)



[a]Except for "Room Clean" and "Quiet at Night," each bar represents a composite score based on responses to multiple survey questions.
[b]At the time of publication, 2015 ratings have not been reported by the Centers for Medicare & Medicaid Services and ratings are not adjusted for patient mix.
[c]Based on national survey results of discharged patients, January 2014 – December 2014, from 4172 US hospitals. medicare.gov/hospitalcompare

Source: Centers for Medicare & Medicaid Services, 2014; Press Ganey, a national hospital survey vendor, 2015

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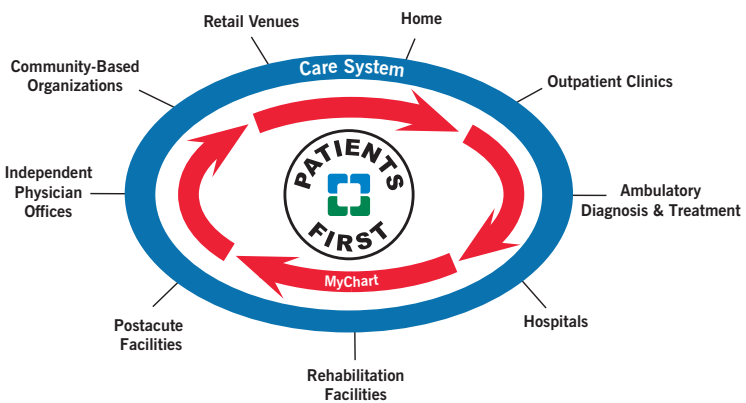
Focus on Value

Cleveland Clinic has developed and implemented new models of care that focus on "Patients First" and aim to deliver on the Institute of Medicine goal of **S**afe, **T**imely, **E**ffective, **E**fficient, **E**quitable, **P**atient-centered care. Creating new models of Value-Based Care is a strategic priority for Cleveland Clinic. As care delivery shifts from fee-for-service to a population health and bundled payment delivery system, Cleveland Clinic is focused on concurrently improving patient safety, outcomes, and experience.

What does this new model of care look like?

Integrated Care Model



- The Cleveland Clinic Integrated Care Model (CCICM) is a value-based model of care, designed to improve outcomes while reducing cost. It is designed to deliver value in both population health and specialty care.
- The patient remains at the heart of the CCICM.
- The blue band represents the care system, which is a seamless pathway that patients move along as they receive care in different settings. The care system represents integration of care across the continuum.
- Critical competencies are required to build this new care system. Cleveland Clinic is creating disease- and condition-specific care paths for a variety of procedures and chronic diseases. Another facet is implementing comprehensive care coordination for high-risk patients to prevent unnecessary hospitalizations and emergency department visits. Efforts include managing transitions in care, optimizing access and flow for patients through the CCICM, and developing novel tactics to engage patients and caregivers in this work.
- Measuring performance around quality, safety, utilization, cost, appropriateness of care, and patient and caregiver experience is an essential component of this work.

Improve Population Health

Cleveland Clinic Accountable Care Organization Measure Performance

2015

National Percentile Ranking

90th	• Tobacco Screening • Ischemic Vascular Disease	• Heart Failure • Falls Screening
80th	• Diabetes • Hypertension • Pneumonia Vaccination	• Coronary Artery Disease • Colorectal Cancer Screening • Breast Cancer Screening
70th	• BMI Screening	
60th	• Influenza Vaccination	
40th	• Depression Screening • Blood Pressure Screening	

As part of Cleveland Clinic's commitment to population health and in support of its Accountable Care Organization (ACO), these primary care ACO measures have been prioritized for monitoring and improvement. Cleveland Clinic is improving performance in these measures by enhancing care coordination, optimizing technology and information systems, and engaging primary care physicians and specialists directly in the improvement work. These pursuits are part of Cleveland Clinic's overall strategy to transform care in order to improve health and make care more affordable.

Reduce the Cost of Care

Cleveland Clinic Health System Orthopaedic Surgery Cost per Case

2014 – 2015

Development and implementation of care paths has improved outcomes and care coordination while reducing unnecessary variations in clinical practice. These efficiencies have reduced the total cost of care. The Total Joint Arthroplasty care paths that were implemented in 2013 have led to year-over-year reductions in the cost per case for these procedures. Additional cost reductions were experienced in 2015 as these care paths were refined and sustained.

Change in Cost per Case