Calling from the UK?
Please dial: **0800 389 7473**
Enter participant pass code: **617 206 63#**

Calling from outside the UK?
Please check the email sent with your log in details to access our global dial in codes.

Press *0 to speak to an operator if you are having any technical difficulties
TIPS FOR A SUCCESSFUL WEBEX

Use the **chat box** to ask questions and get involved in discussions.

If you’re having technical difficulties message the BT Call Manager via the WebEx chat function, or press *0 on your telephone.
If you want to get involved in the conversation, please click on the Chat icon circled in red.

Select **all participants** from the drop down menu, type your message then click send!
WHERE ARE YOU JOINING US FROM?

Please click on the pen icon, circled in red above....
WHERE ARE YOU JOINING US FROM?

Please click on the arrow icon, circled in red above....
QI Connect: our reach

November 2016

472 organisations

@HISQICConnect
COMPETITION TIME...
OUR GLOBAL REACH
CONGRATULATIONS!
MUSIC IN HOSPITALS
SCOTLAND
communicating through live music

G=length

All territorial NHS Boards across Scotland are now linking in!
UNIVERSITIES

Queen’s University Belfast

Nordic School of Public Health NHV

DE MONTFORT UNIVERSITY LEICESTER

THE UNIVERSITY OF EDINBURGH

University of Strathclyde Glasgow

University of the Highlands and Islands Oìthigh na Gàidhealtachd agus nan Eilean

Lancaster University

Swansea University Prifysgol Abertawe

University of Surrey

Queen Margaret University EDINBURGH

University of ABERTAY DUNDEE

UNIVERSITY OF BIRMINGHAM

UNIVERSIDAD PERUANA CAYETANO HEREDIA

University of the West of Scotland UWS

University of Otago Te Whare Wānanga o Otago NEW ZEALAND

UNIVERSITY OF LEEDS

National Institute for Health Research
SPECIAL MENTION TO....
View recordings of previous QI Connect sessions

You can find information on our previous speakers and view recordings of sessions at the links below.

2015

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Session name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Paul Batalden</td>
<td>Improving the value of the contribution that social and healthcare services make to health</td>
<td>21 October 2015</td>
</tr>
<tr>
<td>Maureen Bisognano</td>
<td>Quality improvement across health and social care</td>
<td>30 July 2015</td>
</tr>
<tr>
<td>David Meates</td>
<td>The Canterbury journey towards integration</td>
<td>30 June 2015</td>
</tr>
<tr>
<td>Professor Mary Dixon-Woods</td>
<td>What's so tough about patient safety?</td>
<td>28 May 2015</td>
</tr>
<tr>
<td>Professor Martin Marshall CBE</td>
<td>How relevant is improvement science to general practice?</td>
<td>28 April 2015</td>
</tr>
<tr>
<td>Professor Robert M Wachter</td>
<td>The Digital Doctor, Hope, Hype and Harm at the Dawn of Medicine's Computer Age</td>
<td>26 March 2015</td>
</tr>
<tr>
<td>David Grayson</td>
<td>Quantum collaboration: The Ko Awatea experience down under</td>
<td>20 January 2015</td>
</tr>
<tr>
<td>Dr Beth Lilja</td>
<td>How to engage the civic society in creating a person-centred health care system: The use of methods from social movement</td>
<td>23 February 2015</td>
</tr>
</tbody>
</table>

http://www.healthcareimprovementscotland.org/our_work/clinical_engagement/qi_connect.aspx
The QI Connect series now features as an approved resource within ISQua’s Fellowship Programme
QI CONNECT

Session Chair:  
Dr Brian Robson  
Executive Clinical Director

Series Manager:  
Jennifer Graham  
Programme Manager

Administrator:  
Ross Stewart

Twitter analytics:  
Alex Stirling
Nick Kenton
Director of Finance, NHS Highlands
REMEMBER TO TWEET AS YOU LEARN!

#HISQIConnect

Follow us: @HISQIConnect
George F. Kewin
Bellin Health
President and Chief Executive
Leading Health System Transformation Toward Population Health & Population Management

George Kerwin
President/CEO
Bellin Health
November 10, 2016
Wisconsin
Bellin Health Overview

Serving a Market of 636,682 People

**Bellin Hospital**, a 244-bed community hospital with proven excellence in heart and vascular care; orthopedics and sports medicine; family programs and services; cancer care; and minimally invasive procedures including robotic surgery

**Bellin Health Oconto Hospital**, a 10-bed critical-access hospital in Oconto

**Bellin Medical Group and NorthReach Healthcare**, a 121-member primary care group with 32 clinic sites and proven excellence in disease management and wellness care

**Employer Clinics**, 83 clinics located within employer facilities

**FastCare Retail Clinics**, 4 convenient care clinics in discount retail stores

**Bellin Health Partners** incorporates all of Bellin Health System, their employed providers and approximately 116 independent providers

**Bellin Psychiatric Center**, a dominant provider of in- and outpatient behavioral health services, staffed by 10 psychiatrists, 4 psychologists, and 35 licensed mental health & addiction therapists

**Unity Hospice**, providing hospice and palliative care services
Objectives

• Understand the IHI High-Impact Leadership Model

• Using IHI’s High-Impact Leadership Framework, trace Bellin’s journey toward managing the health of people in its market

• Begin to evaluate where your organization is on this journey, and define how you can improve your ability to manage the health of people you serve
IHI HIGH-IMPACT LEADERSHIP FRAMEWORK

- Create Vision and Build Will
- Develop Capability
- Deliver Results
- Shape Culture
- Engage Across Boundaries

Driven by Persons and Community
IHI HIGH-IMPACT LEADERSHIP FRAMEWORK

- Create Vision and Build Will
- Develop Capability
- Deliver Results
- Shape Culture
- Engage Across Boundaries

Driven by Persons and Community
Driven by Persons and Community

Life and Health Cycle

Screening → Chronic Conditions
Prevention → Acute Crises $$$
Birth, Growth and Development → Planned Care and Nurse Coaching
Dying with Dignity → Aging Gracefully

Alternative bypass pathways through health risk management
Driven by Persons and Community Segmentation is a Critical Skill
IHI HIGH-IMPACT LEADERSHIP FRAMEWORK

Create Vision and Build Will
Driven by Persons and Community
Develop Capability
Deliver Results
Shape Culture
Engage Across Boundaries
Create Vision and Build Will

**Mission:**
Bellin Health is a community-owned not-for-profit organization responsible for improving the health and wellbeing of people living in Northeast Wisconsin and the Upper Peninsula of Michigan, and all others we serve.

We carry out this responsibility through individualized care excellence, community health improvement, and equitable healthcare financing plans – all designed to positively impact health and wellbeing. We are steadfast in our commitment to providing compassionate, safe, and coordinated care that is accessible and affordable for everyone.

We build trusted relationships and advance true collaboration, fueling our desire to constantly improve and innovate.

**Vision:**
The people in our region will be the healthiest in the nation, resulting in improved economic vitality in the communities we serve.
Create Vision and Build Will

STRATEGIC OBJECTIVES
Patient, Family and Customer-Driven Organization

Bellin Health provides a individualized and equitable experience for every patient, family and customer by creating trusted relationships that allow us to know them, care for them, and ease their way. We embrace them as partners on their journey toward optimal health and wellbeing.

Team Culture

Bellin Health creates and engages teams of healthcare professionals, patients, board members, volunteers and community members, empowering them to achieve our vision. We will maintain a positive culture rooted in relationships and our core values.
Create Vision and Build Will

STRATEGIC OBJECTIVES (continued)

Population Health Improvement

By building trusted relationships and advancing true collaboration we improve the health and wellbeing of the populations and communities we serve while providing an exceptional experience and reducing costs.

Growth and Sustainability

Bellin Health will continue to be a financially strong and sustainable organization by increasing the number of people aligned with us and striving to provide the lowest cost of care in the nation.
IHI HIGH-IMPACT LEADERSHIP FRAMEWORK

- Create Vision and Build Will
- Driven by Persons and Community
- Deliver Results
- Develop Capability
- Shape Culture
- Engage Across Boundaries
Developing Capability: The New Integrated System

Population Health Needs

Individual

Access Platform

System Clinical Care

System of Production
Team Based Care

Primary Care

Specialty Care

Acute Services

Solutions Across the Continuum (Connected Experience)

Manage Populations

Population

Family & Community Resources

After Care

Solutions To Problem
Developing Capability: Scaling the Triple Aim

Communities

Segments

Employees

Panels

The New Integrated System
# POPULATION HEALTH

## Bring in Outside Data
- Data from any EHR
- Claims & payer data
- CMS data
- Cost data
- Patient satisfaction data
- (Press Ganey, NRC)
- Medication management/PBM

## Multi-Organization Hosted Platform
- Constellation: Platform for aggregating data and managing care across multiple organizations
- EHR-agnostic
- CINs, ACOs, Super-CINs
- Hadoop cluster for large data sets
- Connectors for local data distribution

## Predict & Stratify Improve Health
- Predictive analytics: chronic care, financial & operational efficiency, acute outcomes & preventive care
- Identify and act on rising risks
- Pre-built registries plus build your own

## Benchmark, Compare & Improve
- Peer-based comparisons
- Clinical programs
- Monitor performance
- Provider scorecard
- Quality reports
- Pre-built MSSP & HCC dashboards and workflows

## Control Cost & Maximize Gains
- Monitor performance against payer contracts, measure variance
- Identify opportunities for unrealized gains & guard against penalties
- Measure cost of care
- Revenue programs
- Patient estimates & payment plans

## Care Management
- Integrated decision support
- Referral monitoring & management
- CRM for outreach tracking
- Care coordinator and manager platforms
- Exception management
- Nurse Triage

## Wellness & Preventive Care
- Pre-built wellness registries
- Preventive health programs
- Employer executive dashboards (ROI, outcomes, stratified risk)
- Activity trackers & app integration
- Screenings & assessments
- Web-based portal for direct-to-employer relationships

## Engage the Patient
- MyChart aggregates data (EHR-agnostic)
- At-home monitoring & telemedicine
- Chronic care management & wellness programs
- Care Companion for chronically ill
- System as Health Coach
- Integrates with consumer apps

## Investigate Populations & Patients
- Self-service reporting with SlicerDicer & Reporting Workbench
- Dashboards and platforms for data tourists, farmers & miners
- Pre-configured templates
- Business Intelligence Scientists to analyze, configure, train and support

## Connect with External Groups
- Community Connect
- Web-deployed longitudinal plan of care and quality dashboards
- Care manager web portal to complete care gaps
- Community-based organizations (CBOs)

---

**HEALTHY PLANET SERVICES**

*Experienced and knowledgeable staff to guide, install and support your program*
9 Steps to Population Health

Step 1 – Understand the Population
- Risk Stratify (includes Psychosocial & Social Economic considerations)

Step 2 – Define Goals
- For the Patient
- For the Care Team
- For the System
Developing Capability

9 Steps to Population Health

Step 3 – High Level Design

- Extended care team members based upon data…how much/how many
- Specialty physician alignment
- Resource assessment
- Develop overall strategies

Step 4 – Activate the Care Team

- Workflows
- Training
- Team building
- Visit
- Between visit
Developing Capability

9 Steps to Population Health

Step 5 – Engage the Individual
- Goals Setting
- Activation at appropriate level

Step 6 – Measure Outcomes
- How are we doing compared to goals

Step 7 – Provide Feedback
- Team feedback on performance

Step 8 – 30 Day Performance (action) Plan

Step 9 – Recalibrate Goals
- Celebrate
IHI HIGH-IMPACT LEADERSHIP FRAMEWORK

Create Vision and Build Will
Driven by Persons and Community
Shape Culture
Engage Across Boundaries
Deliver Results
Deliver Results

Bellin Health

- **Covered Employee Health Plan Lives:**
  - 2,272 with health plan
  - 5,050 total employees and dependents covered

- **Health Costs:**
  - 1.25% average increase last 4 years
  - 15% below average employer spend

- **Health Risk Appraisal Scores:**
  - 4.2 points above national average

- **Savings per year from average employer spend:**
  - $3,941,820 per year
Deliver Results

Providing solutions to
over 2,500 employers
Establishing 125 employer
clinics
Deliver Results

Employer Products

1. Corporate Challenge
   - Make it fun
     • Peer-based
     • Competition
     • Energize employees
     • Focus on improving overall health

2. Individual Programs
   - Maximum flexibility
     • HRA’s
     • Nutrition/Fitness
     • Occupational Health
     • Rehabilitation, Ergonomics
     • Weight Management
     • Tobacco Cessation

3. Onsite Clinics
   - Onsite convenience
     • RN
     • Therapist
     • Nurse Practitioner
     • Physicians’ Assistant
     • Physician

4. Strategic Partner
   - Guaranteed lower cost
     • Shared savings
     • Pay for Performance
     • HRA improvement
     • Peer group roundtable
Deliver Results

Strategic Partner Employers

• **Employers:** 16

• **Covered Lives:**
  26,432 employees and dependents

• **Health Costs:**
  2.8% average increase last 4 years

• **Health Risk Appraisal Scores:**
  7.1 points above national average

“Win” for Employers
Deliver Results

Brown County Municipality

- **Covered Employee Health Plan Lives:**
  1,341 employees with health plan
  3,462 total employees and dependents covered

- **Health Costs:**
  3.3% average decrease last 4 years
  2015 Brown County spend at $10,834/EE/plan
  2015 Av. WI County spend at $14,446/EE/plan

- **Health Risk Appraisal Scores:**
  5.7 points above national average

- **Savings per year from average WI County spend:**
  $4,843,692 per year

Bellin Strategic Partner & “Win” for Employer
Deliver Results

PIONEER Medicare Accountable Care Organization

- Medicare Recipients: 20,000
- Health Costs: $8,521 per person
  Lowest of all Pioneer ACOs
- Quality Scores: 94.5% overall score
  Highest of all Pioneer ACOs
- Total Savings Below National Trend for 3 Years $13,693,000
- Our Share of the Savings $9,585,000
IHI HIGH-IMPACT LEADERSHIP FRAMEWORK

- Create Vision and Build Will
- Driven by Persons and Community
- Develop Capability
- Deliver Results
- Engage Across Boundaries
- Shape Culture
Shape Culture

High Performance Culture Model

Key Drivers
- Leadership Development
- Professional/Personal Development
- Quality Improvement
- Organizational (Strategic) Learning
- Strategy Execution
- Wage, Benefit and HR Related Policies
- Reward/Recognition
- Recruitment & Acclimation to the Culture *Preceptor/Mentor
- Evaluation Methods *Individual Scorecards *Performance Feedback
- Future Sustainability

People Platforms
- Leadership Development
  - Promotes a Culture of Safety
- Professional/Personal Development
  - Pride in Organization
- Quality Improvement
  - Innovative Thinking
- Organizational (Strategic) Learning
  - Individual Professional Growth
- Strategy Execution
  - Act Like You’re an Owner - Stewardship
- Wage, Benefit and HR Related Policies
  - Team Player
- Reward/Recognition
  - Contributes to Strategy
- Recruitment & Acclimation to the Culture *Preceptor/Mentor
  - Individuals
- Evaluation Methods *Individual Scorecards *Performance Feedback
  - Highly Empowered
- Future Sustainability
  - Act Like a Leader

Individual Attributes of High Performance Culture
- Individual Professional Growth
- High Engagement
- Innovative Thinking
- Highly Empowered
- Act Like You’re an Owner - Stewardship
- Positive Interdisciplinary Relationships
- Highly Productive Performance
- High Quality Work Performance
- High Personal Satisfaction
- High Engagement

Scorecard High Performance Culture

Mission

Values

Vision

Leadership

Strategies

Retention

Engagement

Employee Health & Safety

Performance

Team Player

Actions

Leadership

Champions

Mission

Vision

Values

Resources

Healthy Lifestyle

Effective Leadership

Champions

Mission

Vision

Values

Performance

Leadership

Champions

Mission

Vision

Values

Resources

IHI HIGH-IMPACT LEADERSHIP FRAMEWORK

Create Vision and Build Will

Driven by Persons and Community

Deliver Results

Shape Culture

Engage Across Boundaries
Engage Across Boundaries
Nick Kenton
Director of Finance,
NHS Highlands
Tim Brown
& Guests
IDEO
22 November, 7-8 pm
UK Time
Follow us on Twitter: @HISQIConnect to stay up to date