Leadership: Five Imperatives Hospitals and Health Systems Can Plan for Now to Succeed in the Future

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5 Imperatives for future success:

1. Invest in a comprehensive customer experience strategy.
2. Embrace, Mobilize, and Secure Data.
3. Reduce variation through statistical modeling.
4. Redefine your capital asset investment philosophy.
5. Encourage diversity of thought.
Traditional Issues/Topics...still important.

- Revenue cycle management
- Service line analysis
- Quality improvement initiatives
- Operational efficiency
Consumers and their Experience
Current Patient Experiences

• Struggle to get a Physician appointment.
• Patients get lost on hospital campus.
• Sticker shock after receiving their bill.
• Do not know how to follow up.

• Doesn’t this shout out the need for a more comprehensive patient experience strategy?
<table>
<thead>
<tr>
<th>Year</th>
<th>Worker Contribution</th>
<th>Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>$1,543</td>
<td>$4,247</td>
</tr>
<tr>
<td>2000</td>
<td>$1,619*</td>
<td>$4,819*</td>
</tr>
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<td>$1,787*</td>
<td>$5,274*</td>
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<td>$2,137*</td>
<td>$5,866*</td>
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<td>$2,412*</td>
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<td>$2,661*</td>
<td>$7,289*</td>
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<td>2005</td>
<td>$2,713</td>
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<tr>
<td>2006</td>
<td>$2,973*</td>
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<tr>
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<td>$3,281*</td>
<td>$8,824</td>
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<tr>
<td>2008</td>
<td>$3,354</td>
<td>$9,325*</td>
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<tr>
<td>2009</td>
<td>$3,515</td>
<td>$9,860*</td>
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<tr>
<td>2010</td>
<td>$3,997*</td>
<td>$9,773</td>
</tr>
<tr>
<td>2011</td>
<td>$4,129</td>
<td>$10,944*</td>
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<tr>
<td>2012</td>
<td>$4,316</td>
<td>$11,429*</td>
</tr>
<tr>
<td>2013</td>
<td>$4,565</td>
<td>$11,786</td>
</tr>
<tr>
<td>2014</td>
<td>$4,823</td>
<td>$12,011</td>
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<tr>
<td>2015</td>
<td>$4,955</td>
<td>$12,591*</td>
</tr>
<tr>
<td>2016</td>
<td>$5,277</td>
<td>$12,865</td>
</tr>
</tbody>
</table>

*Estimate is statistically different from estimate for the previous year shown (p < .05).

Average Annual Firm and Worker Premium Contributions and Total Premiums for Covered Workers for Single and Family Coverage, by Plan Type, 2016

*Estimate is statistically different from All Plans estimate by coverage type (p < .05).

Single coverage – deductibles

% of covered workers with a general Annual deductible for single coverage

- 55% 59%* 63% 70%* 72% 78%* 80% 81% 83%

Avg. general annual deductible for covered Workers enrolled in single coverage

- $584 $616 $735* $826* $917* $1,097* $1,135 $1,217 $1,318 $1,478*
- $303 $343 $433* $533* $646* $747* $802 $883 $989* $1,077 $1,221*

• * Estimate is statistically different from estimate for the previous year shown (p<.05).
Among Large Firms (200 or more workers) Offering Health Benefits, Percentage of Firms Offering Incentives for Various Wellness and Health Promotion Activities, 2016

NOTE: Among large firms that offer a health risk assessment, 54% had incentives or penalties to encourage employees to complete it. Among large firms that offer biometric screening, 59% had incentives or penalties to encourage employees to complete it and 14% had incentives or penalties for employees to meet a biometric outcome. Among large firms that offer a wellness program, 42% had incentives or penalties to encourage employees to complete it.

‡ Firms that offer either “Programs to Help Employees Stop Smoking”, “Programs to Help Employees Lose Weight”, or “Other Lifestyle or Behavioral Coaching”.

What do we know about Individual Purchasing Behavior?

**Choice of Metal Tier**
- Catastrophic: 2%
- Platinum: 5%
- Gold: 9%
- Bronze: 20%
- Silver: 65%

**Plan Choice within Metal Tier**
- Lowest-Cost: 43%
- Any other plan: 36%
- Second lowest: 21%

Source: Advisory Board Presentation: The Emerging Era of Choice
Price Sensitivity

Cost-Conscious Behavior Affecting Pillars of Profitability

Consumers Paying More Out-of-Pocket

- Fall within HDHP deductible²
- Fall within PPO deductible³

MRI Price Variation Across Washington, DC

- $2,183
- $730
- $411
- $900
- $1,269

- Price-sensitive shoppers will be acutely aware of price variation
- MRI prices range from $400 to $2,183

Source: Advisory Board Presentation: The Emerging Era of Choice

1) High-deductible health plan.
2) $2,096, based on KFF report of average HDHP deductible.
3) $733, based on KFF report of average PPO deductible.

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Individual touchpoints may perform well even if they overall satisfaction experience is poor!

Touchpoint Satisfaction
- Registration: 85%
- Primary Care: 90%
- Radiology: 90%
- Scheduling: 80%

End to end journey satisfaction: 55%

Source: McKinsey & Company; McKinsey Digital Labs
## Consumer Preferences

### What Does “Convenience” Mean to You?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Convenience</th>
<th>Access</th>
<th>Value</th>
<th>Reputation</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>Extended Hours</td>
<td>After-Hours Access</td>
<td>Eliminating Out-of-Pocket Charges</td>
<td>What Reputation?</td>
<td>Cutting Edge Technology and Provider Credentials</td>
</tr>
<tr>
<td></td>
<td>Clinic is open 24/7 highest-ranked convenience attribute</td>
<td>These cohorts preferred After-hours access over Weekend access</td>
<td>Visit will be free was these cohort’s top preference across all 56 clinic attributes</td>
<td>These cohorts cared less about reputation than the 65+ cohort—no reputation factors appeared in their top 20 attributes. Their highest reputation factor was Clinic’s patient satisfaction survey scores are in top 10% for my area</td>
<td>Treatment by a doctor instead of a nurse practitioner and Clinic has latest, cutting-edge technology were the highest-ranked quality preferences across all cohorts, both were preferred over Clinic’s quality scores are in the top 10% for my area for all cohorts</td>
</tr>
<tr>
<td>30-49</td>
<td>Time to First Available</td>
<td>Weekend Availability</td>
<td>Convenience &gt; Free</td>
<td>What Reputation?</td>
<td>Cutting Edge Technology and Provider Credentials</td>
</tr>
<tr>
<td></td>
<td>I can walk in without an appointment and be seen within 30 minutes ranked highest among convenience attributes by these cohorts</td>
<td>These cohorts preferred Weekend access over After-hours access</td>
<td>Time to first available and Ancillaries on-site over Free visit</td>
<td>These cohorts cared less about reputation than the 65+ cohort—no reputation factors appeared in their top 20 attributes. Their highest reputation factor was Clinic’s patient satisfaction survey scores are in top 10% for my area</td>
<td>Treatment by a doctor instead of a nurse practitioner and Clinic has latest, cutting-edge technology were the highest-ranked quality preferences across all cohorts, both were preferred over Clinic’s quality scores are in the top 10% for my area for all cohorts</td>
</tr>
<tr>
<td>50-64</td>
<td>Ancillaries On-site</td>
<td>Weekend Availability</td>
<td>Convenience &gt; Free</td>
<td>What Reputation?</td>
<td>Cutting Edge Technology and Provider Credentials</td>
</tr>
<tr>
<td></td>
<td>I can get lab tests or x-rays done at clinic highest attribute</td>
<td>These cohorts preferred Weekend access over After-hours access</td>
<td>Convenience &gt; Free</td>
<td>These cohorts cared less about reputation than the 65+ cohort—no reputation factors appeared in their top 20 attributes. Their highest reputation factor was Clinic’s patient satisfaction survey scores are in top 10% for my area</td>
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<td>Ancillaries On-site</td>
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Source: Advisory Board Presentation: Blueprint for Growth 2020; 2014 Primary Care Consumer Choice Survey, Marketing and Planning Leadership Council
Customer Focused Initiatives

- Pricing transparency and pricing estimates.
- Wellness – healthy lifestyle, disease management, high-risk care management, population health.
- Multi access network – urgent care, same day primary care, same day specialty care.
- Reliable systems – consistency!
- Low cost alternatives.
- Loyalty rewards programs?
Embrace. Mobilize. Secure Data
Data Driven Transformation

We are pulling real time operational data that we didn’t have before and learning things we didn’t know—we’re helping people to stop guessing.

We began diagnosing the correlation of how the staff and patient moves in the care process and the relation to quality and satisfaction.

We are starting to realize that new metric understanding is impacting our access, our care regiments, and how practices are designed.

New data is providing new questions and innovation is starting….
Organizing Data
Elements of Data Management in Health Systems

Data pools are expanding

• EMR’s are gathering a sea of data and helping to understand cost of care.
• Real time location systems (RTLS) providing deeper information on “how” we work.
• EDW’s – electronic data warehouses – getting reports out is very difficult.

Lagging information

• We keep reporting on what happened in the past.
• Lagging, operational data has limited usefulness.
• Staff need to know sooner of variation in operational costs.
• The speed we expect the data is quickly increasing.
Moving Closer to Real Time

- To the extent that we can pull costs from new Electronic Medical Records, costs associated with care are being recorded and available sooner in the care process
- Systems such as RTLS provide real time understanding of flow and resource use in the care process
- Operational Data is helping us understand Opportunity Costs
- Organizations that have invested into improvement programs are gathering new operational data that is leading to financial and care improvements!
A Shift Of Data Management

- Data Sets Will Only Get Bigger
  - More reporting will be requested
- Reports Are Going Mobile
- New Streams of Data Are Being Added
  - Real Time Information
  - Correlative Information
- Costs Are Being Understand in More Levels of the Organization
- Advanced Reporting Capabilities will Help Us Educate People and Contain Costs
What’s Fueling the Paradigm Shit

1) Operational data is becoming more abundant.

2) Care providers are learning the value of operational data closer to the point of care.

3) Data is getting more mobile and providers understanding how mobility can help drive decisions.
Leveraging BI to Gain Understanding

Provider Name
- Select All
- Provider 1
- Provider 10
- Provider 11
- Provider 2
- Provider 3
- Provider 4
- Provider 5
- Provider 6
- Provider 7
- Provider 8
- Provider 9

Avg Total Duration by Patient
- 200
- 100
- 50
- 0

Period
- Select All
- 2/15-2/19
- 2/8-2/12

Day of Week
- Select All
- Friday
- Monday
- Thursday
- Tuesday
- Wednesday

Patient Volume and Duration by Provider

Count of Patient
- 150
- 100
- 50
- 0

Avg Total Duration
- 40
- 50
- 60
- 70

Value Added Time
- 712
- Avg Lobby Wait
- 5.05
- Avg Provider Encounter
- 9.76
- Avg Total Duration
- 48.55
- 48%

Non-Value Added Time
- 52%

Cycle Time Breakdown
- Avg Sched
- Avg ExRM Wait
- Avg IP
- Avg Lobby...
- Avg NursA
- Avg PRad
- Avg PoPro
- Avg PoPro
- Avg Wa...
- Avg DAEnc

Target Waste
- 34%

Workflow Waste
- 18%

Value Added Time
- 48%
Better Operational Data – Better Engagement

- Ability to Create and Sustain Process Changes
  - Low
  - HI

- Ability to Learn and Leverage Information from Systems
  - Low
  - HI

- Random & Out of Focus
- Focused and Performing
- Stuck
- Frustrated
What’s your data worth?

Advertised Prices on the Black Market

- US based credit card with verification | $1-$6
- An identity (including US Bank Account, credit card, date of birth, and gov. issued ID) | $14-$18
- List of approx. 29,000 emails | $5
- Online bank account with $9,900 balance | $300
- Phishing Website Hosting | $3-$5
- Verified PayPay Account with balance | $50-$500
- Skype Account | $12
- One month World of Warcraft Account | $10

Value to a Hacker:

40M records sold for $2 per record
$80M in profit
Target Breach | The True Costs

Tangible Costs

$148M | Breach
$100M | Better Security
$86M | VISA & MasterCard Settlement

And then some...

• CEO | FIRED
• Board of Directors | SUSTAINED CLASS ACTION LITIGATION FOR NEGLIGENCE
• Customers | UNKNOWN NUMBER LOST
No Business is Safe

More than 1 in 4 organizations have experienced an advanced persistent threat (APT) attack.
Source: ISACA 2015 APT Study.

97% of people believe APTs represent a credible threat to National Security and Economic Stability.

$150 million the average cost of a data breach is expected to exceed $150 million by 2020.

1 billion personally identifiable information (PII) records were stolen in 2014.

1 in 2 people believe that the IT department is unaware of all of an organization’s internet of things (IOT) devices.

74% believe the likelihood of an organization being hacked through IOT devices is high or medium.
Source: ISACA 2015 IT Risk/Reward Barometer Member Study.
Establishing a Culture of Security

The Journey begins with a Compass
**CYBER SECURITY COMPASS**

**Risk Overview**

### People

**Moderate Risk**

**Key Issues**

- Jackson Inc. lacks formal assignment of staff for information security.
- User training on information security at Jackson Inc. is not complete.

### Process

**Moderate Risk**

**Key Issues**

- Controls for user setup and access management at Jackson Inc. are not adequate.
- Jackson Inc. has no established incident response plan.
- No formal efforts are in place to assess Jackson Inc's information security.

### Technology

**Moderate Risk**

**Key Issues**

- Jackson Inc. has no intrusion detection system in place.
- Jackson Inc. has not completed an external network security test in over 5 years.
- Technical controls for email security at Jackson Inc. are not adequate.

Prepared By Eide Bailly For Jackson Company | 5/9/2016
## Detailed Analysis | Overview

### Analysis by Risk Area

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Points Achieved</th>
<th>Points Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Control</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>Audit and Accountability</td>
<td>74%</td>
<td></td>
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<tr>
<td>Configuration Management</td>
<td>100%</td>
<td></td>
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<tr>
<td>Contingency Planning</td>
<td>74%</td>
<td></td>
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<tr>
<td>Incident Response</td>
<td>47%</td>
<td></td>
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<tr>
<td>IT Security Planning and Management</td>
<td>58%</td>
<td></td>
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<tr>
<td>Mobile Device Management</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Physical and Environmental Protection</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td>Risk Management</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>System Operations</td>
<td>62%</td>
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</tr>
</tbody>
</table>

*Points Achieved vs Points Missed*

*Prepared By Eide Bailly For Jackson Company | 5/9/2016*
Variation
Expense Breakdown

Expense Breakdown Averages:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, wages &amp; benefits</td>
<td>40% to 65%</td>
</tr>
<tr>
<td>Equipment and Supplies</td>
<td>15% to 25%</td>
</tr>
<tr>
<td>Purchased services</td>
<td>10% to 15%</td>
</tr>
<tr>
<td>Professional fees</td>
<td>5% to 7%</td>
</tr>
<tr>
<td>Depreciation</td>
<td>6% to 8%</td>
</tr>
<tr>
<td>Interest</td>
<td>5% to 8%</td>
</tr>
<tr>
<td>Other</td>
<td>10% to 13%</td>
</tr>
</tbody>
</table>
Comprehensive Care Joint Replacement

Exhibit 1—Spending Variation by Episode

DRG 470 – Knee Replacements

Source: DataGen Healthcare Analytics Whitepaper - 7 things every PAC Provider should know about CCJR.
Comprehensive Care Joint Replacement

Exhibit 2—Average Episode Spending by First PAC Setting

Source: DataGen Healthcare Analytics Whitepaper - 7 things every PAC Provider should know about CCJR.
One State – 40 Hospitals Med/Surg Dept

Med Surg HPPD including ICU & SB
One State – 9 Hospital Lab Departments

Laboratory Hours per Billed Test

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours per Billed Test</td>
<td>0.30</td>
<td>0.35</td>
</tr>
</tbody>
</table>
Funneling Information For New Conversations

- Ancillary Services
- Patient Cycle Time
- Physician Value Add Time

Value Add Conversations
## Clinic Workflow Throughput Report

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider 1</td>
<td>21</td>
<td>0:07:49</td>
<td>0:02:56</td>
<td>1:00:01</td>
</tr>
<tr>
<td>Provider 2</td>
<td>66</td>
<td>0:09:45</td>
<td>0:09:52</td>
<td>0:57:40</td>
</tr>
<tr>
<td>Provider 3</td>
<td>21</td>
<td>0:12:13</td>
<td>0:04:10</td>
<td>0:57:14</td>
</tr>
<tr>
<td>Provider 4</td>
<td>37</td>
<td>0:04:20</td>
<td>0:02:08</td>
<td>0:39:26</td>
</tr>
<tr>
<td>Provider 5</td>
<td>18</td>
<td>0:06:26</td>
<td>0:05:13</td>
<td>0:57:42</td>
</tr>
<tr>
<td>Provider 6</td>
<td>36</td>
<td>0:07:07</td>
<td>0:03:11</td>
<td>0:54:35</td>
</tr>
<tr>
<td>Provider 7</td>
<td>16</td>
<td>0:06:50</td>
<td>0:01:04</td>
<td>0:39:43</td>
</tr>
<tr>
<td>Provider 8</td>
<td>36</td>
<td>0:11:12</td>
<td>0:01:34</td>
<td>0:54:17</td>
</tr>
<tr>
<td>Provider 9</td>
<td>47</td>
<td>0:06:03</td>
<td>0:01:27</td>
<td>0:44:30</td>
</tr>
<tr>
<td>Provider 10</td>
<td>13</td>
<td>0:06:43</td>
<td>0:04:49</td>
<td>1:10:11</td>
</tr>
<tr>
<td>Provider 11</td>
<td>38</td>
<td>0:09:54</td>
<td>0:04:11</td>
<td>1:06:23</td>
</tr>
</tbody>
</table>

**Average**

- Patient Visits: 31.7
- Avg. Radiology Cycle Time: 0:08:02
- Avg. Wait Time: 0:03:41
- Avg. Cycle Time: 0:54:42

---

**Average Radiology Cycle Time, Wait Time & Total Cycle Time by Provider**

### Legend

- **Blue Bar**: Avg. Radiology Cycle Time
- **Orange Bar**: Avg. Wait Time
- **Gray Bar**: Avg. Cycle Time
Standardized Communication Tools

Aligned to Strategy

Department Metrics

BI Visualizations

Project Sheets
“Seeing” Layers of Variation & Asking Why

Why the outliers?
Ambulatory Reporting – Patient Cycle Time

Cycle Time Reporting

Total Patient Visit
60m (avg)


- Registration
  0m (avg)

- Waiting Area
  9m (avg)

- Nurse Wait
  4m (avg)

- With Nurse
  11m (avg)

- Provider Wait
  9m (avg)

- With Provider
  14m (avg)

Trend View
A Cumulative Measure Presented Our Waste

Cycle Time Trending

Duration (minutes)
Period (Nov 30 - Apr 25)

45.6
What Altru Set Out To Do......

Altru community-owned, integrated health system.
- 1 acute care hospital
- 1 specialty hospital
- 12 clinics
- 200 physicians
- 4,000 staff

Goals
1) Increase patient access
2) Increase the quality of care
3) Increase patient satisfaction

Solution
- **Technology** – deploying technologies to gain operational data
- **Process** – applying operational data to drive continuous process improvements
- **People** – growing a culture of innovation and capacity for change management
The Transformation Accomplished

- Cycle Time 25%; from over 60 minutes to 45 minutes
- 4500 Mins/Week Into the Clinic
- 1,700 more patient visits
- 92 additional surgical cases
- 2,264 nursing hours and reallocated nursing staff to other lines of service
- Increased Providers Value Added Time from <50% to >60%
- 24% increase in an annual net revenue – significant bottom line changes
- Increased Patient Satisfaction

Recruiting doctors into a system that works and THEY WANT TO BE A PART OF.
Capital Asset Investment
• Bank foot traffic
  • 1980’s
  • 2020’s

• Bank branch location back office space has gone from 40% of the building square footage to 10%!
• Majority of the capital investment now is in systems for mobile banking and security.
How well aligned and integrated are your:

- Annual Budget
- Capital Budget
- Strategic Plan
New Technology For Care Resource Management

Software and Hardware
Enterprise Visibility
Disruptor? Transformer? Innovator?

Target Pharmacies now operated by CVS

Walmart

Wellness Center
- Allergies
- Diabetes Wellness Center
- Diet & Exercise
- Eye Health Center
- Heart Health
- Men's Health
- Oral Health
- Pain Management
- Sleep Management
- Vitamins Center
- Women's Health
Disruptor? Transformer? Innovator?

**IBM Watson Health**

**The Data Explosion**
Medical data are expected to double every 73 days by 2020.

**The Great Unknown**
80% of health data are invisible to current systems because they are unstructured. Watson Health can see them.

**A Quick Study**
Watson can read 40 million documents in 15 seconds.

**Broad Consensus**
81% of healthcare executives familiar with Watson Health believe it will positively impact their business.
Technology In The Patient Care Space

“Know me”
- Personalized Digital Care
- HIPAA Compliant System of Engagement
- Improved outcomes & Patient Satisfaction

“Inform me”
- Provider of Choice
- Targeted Marketing Automation
- Better Acquisition & Retention

“Empower me”
- Trusted Health & Wellness Resource
- Patient Centric Data View
- Lifetime Advocacy

www.eidebailly.com
How Can Technology Help Bring Information to Care?

Start by creating **1:1 customer journeys**

- **Free the Data**
  Build a single view of your customers, integrate data from any source, and make it actionable

- **Personalize Journeys**
  Trigger timely, unique, and meaningful messages, based on real-time customer behavior

- **Engage Cross-Channel**
  Deliver relevant content on email, mobile, social, ads, and the web

- **Analyze Everything**
  Measure the impact of your business and optimize every interaction
Patients Journey

- Ads
- Web
- Email
- Mobile
- Social
- Group Messaging
- Apps
- Sales
- Service
- Community
- Audience
- Personalization
- Content
What We’re Doing For Health Care

With a proven methodology and a world class platform

Acquire & Retain
Convert Anonymous Users
Deliver Personalized messaging
Stay in touch without medical reasons
Improve Engagement
Drive Advocacy

Reduce Cost
Streamline intake
Optimize Marketing Spend
Automate Experiences
Optimize Data Investments
Reduce Custom Integrations
Identify Best Performing Programs

Secure Revenue
Drive More Conversions
Accelerate Decision Paths
Increase Referrals
Boost Donations
Become Provider of Choice
Disruptor? Transformer? Innovator?

  • Radiology
  • Lab
  • Home Health
  • Physician visits
  • Therapists
  • Emergency room
Meeting the Triple Aim Challenges

Four Elements for Operational Transformation
Intelligent Process Design

Mobilizing Data
- Data
- Understanding
- Knowledge

Continuum of Operational Intelligence

Mobilizing Ideas
- Ideas
- Action
- Results

Intelligent Improvement

RTLS and Operational Information

DATA

Improvement Methodologies

PEOPLE

www.eidebailly.com
Clarity Builds Innovation and Transformation

Find your operational data. Invest if you need to get them.

Synergize your programs, design it so it works without creating more silos.

Trust your team, they are incredibly intelligent and passionate about patient care.

Create different conversations and a structure that captures and manages ideas and change.
Capital Investment strategy is required for:
1) Current routine needs and,
2) To fund strategic investments.

Cannot only take actions that improve short-term (yearly) earnings at the expense of long-term value creation.

Calculated risk-taking, in the form of investment, will be the Healthcare Providers that distinguish themselves as successful in the long run.

What steps are you putting into your Capital Investment philosophy to ask questions about capital investments that maintain Relevancy and Innovation practices?
Diversity of Thought
Leadership Is Vital To The Journey

- One of the recurring sources of health care waste stems from staff not having the information they need to make better decisions.

- Second source of waste is old information that negatively impacts culture and engagement.

- Understanding where and how resources are allocated helps staff drive utilization.

- Leaders have a responsibility to build a culture for innovation.
These folks know their numbers

- **Walmart**
  - Growing to 150 Walmart Care Clinics in 20 Different Markets
- **Walgreens**
  - Currently has 400 Health Clinics
- **CVS**
  - Continued Expansion of 1,000 clinics to 1,500 by 2018

In 2014, retail clinics had 1% of the primary care market. Today that has grown to over 2% with a continued reach into the patients mindset.

Robert Wood Foundation

Source: Accenture 2015

Growing Source of Primary Care
How we think about creating access?

Assuming

- “We need more exam rooms”
- “We need to hire more clinicians”
- “We need to buy more equipment”
- “We need more, more, more…”

Discovering

- We’re finding exam utilization rates of <25% (time provider is in room with a patient)
- We’re finding clinician value added time to be < 50% of their day
- We’re finding equipment utilization rates (time associated with patient care) to be <30%
- “No, we need to utilize resources better”
Physician Issues

• During the office day, physicians spent 27% of their total time on direct clinical face time with patients and 49.2% of their time on the EHR and desk work.
• Outside office hours, physicians spend 1 to 2 hours of personal time each night doing additional computer and other clerical work.


“The most effective thing we can do to reduce physician burnout is to improve workflow.”

Dr. Christine Sinsky
President, Professional Satisfaction
American Medical Association
Surround yourself with....

- People who round out your weaknesses and will call you on them.
- People who have different styles, interests and experience.
- Highly motivated people.
Questions?

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Thank You!

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