





Rochester Business Alliance Health Care Initiative 2005-2015 Top Priorities

<p>Increase Utilization of Generics</p> <p>Description: Collaborative effort between Employers, Providers and Insurers to increase the use of generic drugs. The average cost of a brand-name medication is approximately 9 times the cost of a generic medication.</p> <p>Current Status: During the focused initiative, generic fill rate increased 4.8%, for a total estimated savings of \$76 million. Since that time, many of the initiative partners continue to focus on generic prescriptions as a priority. Partially due to their efforts, the generic fill rate in the Rochester community continues to rise, increasing from 63.8% in 2006 to 84.8% today (above national benchmarks), saving our community hundreds of millions of dollars each year in health care costs.</p>	<p>Lean Six Sigma in the Hospitals</p> <p>Description: Applied Lean Six Sigma (continuous improvement) principles and practices within the three major hospital systems in the Rochester area in order to make our community a national leader in the delivery of highly efficient health care within five years.</p> <p>Current Status: All three hospital systems have Lean Six Sigma efforts underway. Overall hospital system financial benefits totaled more than \$24 million for 2008-2010.</p>	<p>Physician Compensation</p> <p>Description: In early 2007, URMG and Excelsus reported problems recruiting and retaining physicians due to low reimbursement levels. If not addressed, this issue would ultimately lead to serious shortages in physician supply.</p> <p>Current Status: Rochester Business Alliance's Health Care Planning Team agreed to support the proposed \$20 million physician reimbursement increase with the understanding that the cost would be shared by the hospital systems and Excelsus. Work continues with initial "offset" savings of over \$120 million reported as the result of hospital infection control measures, a reduction in URMFG administrative costs, and a reduced Excelsus operating margin.</p>
<p>Rochester RHIO (Regional Health Information Organization)</p> <p>Description: A community-wide health information technology effort focused on improving the quality of patient care and realizing health system efficiencies by facilitating the movement of clinical information with patients as they move through the health care system. The Rochester RHIO was founded in 2006, and is now a fully operational health information exchange, supported by grant funding, regional healthcare organizations and \$685,000 in start-up funding from the Rochester Business Alliance Health Care Initiative partners.</p> <p>Current Status: The Rochester RHIO provides health information exchange services to physicians, hospitals, labs, radiology practices, home care, long term care, eldercare and EMS services across a thirteen county area in New York. Currently, the RHIO provides services to 3,000 users across more than 550 organizations. Over one million patients have given permission for their care providers to view their clinical information through the RHIO. The RHIO delivers over 500,000 clinical reports to physicians each month. The RHIO continues to provide expanded health information services to a growing proportion of the healthcare community. A study published in <i>Applied Clinical Informatics</i> (2014) by Weill Cornell Medical College researchers determined that hospital admissions were 30 percent less likely when emergency department doctors consulted RHIO records, enabling more effective and efficient patient care. The RHIO saves the community more than \$4,000,000 annually.</p>		<p>Eat Well Live Well</p> <p>Description: Originally piloted in 2006, Rochester Business Alliance partnered with Wegmans to offer the <i>Eat Well, Live Well</i> Challenge to local employers with the goal of improving the health of the local workforce. The eight-week, competitive challenge encourages individuals to increase their physical activity and the amounts of fruits and vegetables consumed, learn how to "make their calories count," and to track their blood pressure. The program has received national recognition, including an article in <i>BusinessWeek</i> magazine and a Certificate of Recognition for Outstanding Prevention Efforts from the U.S. Department of Health and Human Services in 2007.</p> <p>Current Status: In total, more than 200,000 employees from 447 local organizations have participated in at least one challenge over the past eight years. During this time, the community walked nearly 80 billion steps and consumed more than 31 million cups of fruits and vegetables. To our knowledge, this is the largest community-wide wellness program in the world.</p>

Health Care Initiative Partners



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"In Rochester there is collaboration like I have never seen."

Jaime Torres, DPM, Regional Director of the U.S. Department of Health and Human Services



"I am blown away by Rochester. There's a lot of good stuff being done by a lot of people."

Richard Gilfillan, MD, acting director, Center for Medicare and Medicaid Innovation



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Health chief hails Rochester

Says collaboration is U.S. model

Tom Tobin
Staff writer

When state Cabinet officers come to Rochester, it's usually to accomplish several goals at once: meet local officials, go to community events, address a bunch of political, social and administrative needs.

But state Health Commissioner Dr. Nirav Shah's Tuesday evening visit to a dinner with CEOs and other local leaders wasn't one of many pre-arranged local stops.

Shah came strictly to meet the people

behind a successful community-wide effort to combat hypertension by measuring and controlling high blood pressure. He wanted to see high-level health planning at work. There was no other meeting planned.

In fact, Shah said, "Tell me when they're meeting and I'll be there."

The reason, Shah said Tuesday before a dinner with the CEOs at Next Door Bar and Grill in Pittsford, is that Rochester has found a key to at least one of the many problems confronting American health care.

In the Rochester region, unlike most

places across America, business, labor, insurers, hospitals, doctors and patients are at the table on a regular basis working on health problems like hypertension, diabetes, obesity.

The ordinary divisions, especially those between insurer and provider, have been bridged, Shah acknowledged. The local collaborative is spearheaded by the Rochester Business Alliance and the Finger Lakes Health Systems Agency.

The hypertension effort has managed to screen, document and transmit blood pressure data from thousands of local residents to doctors and clinics.

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The registry's long-term goal is to have 85 percent of people at high risk for hypertension under control.

"What is most impressive here?" Shah asked. "Collaboration. Everyone here is on the same page, moving together toward a single goal." Shah said Rochester's

experiment in cooperative health planning is what New York state and the nation should adopt. "I spread that message wherever I go," he said.

He added that the objective of state and federal health reform is to begin to view the health care world as an interdependent ecosystem.

"Right now, we tend to be isolated in silos. The system is designed to pay more for sick care than health care. Volume, not

value, is what matters too often."

Local CEOs remain concerned that cuts in government spending could derail such essential local programs as graduate medical education, which is on-the-job training for interns and residents. Proposed cuts in Medicare, devised in part to pay for the Affordable Care Act, also put local planning efforts at risk because they drain money from community health systems.

"Where are the resources going to come to

"Right now, we tend to be isolated in silos. The system is designed to pay more for sick care than health care. Volume, not value, is what matters too often."

DR. NIRAV SHAH
State health commissioner

teach and train our doctors?" asked David Klein, CEO of Excelsius Blue Cross BlueShield.

Shah said he spends a lot of time and energy arguing against wholesale cuts to providers. But it's

important, too, to figure out where the waste is.

"Why do some hospitals have 15 percent elective C-sections while another hospital has 45 percent?" Shah said.

He said local health

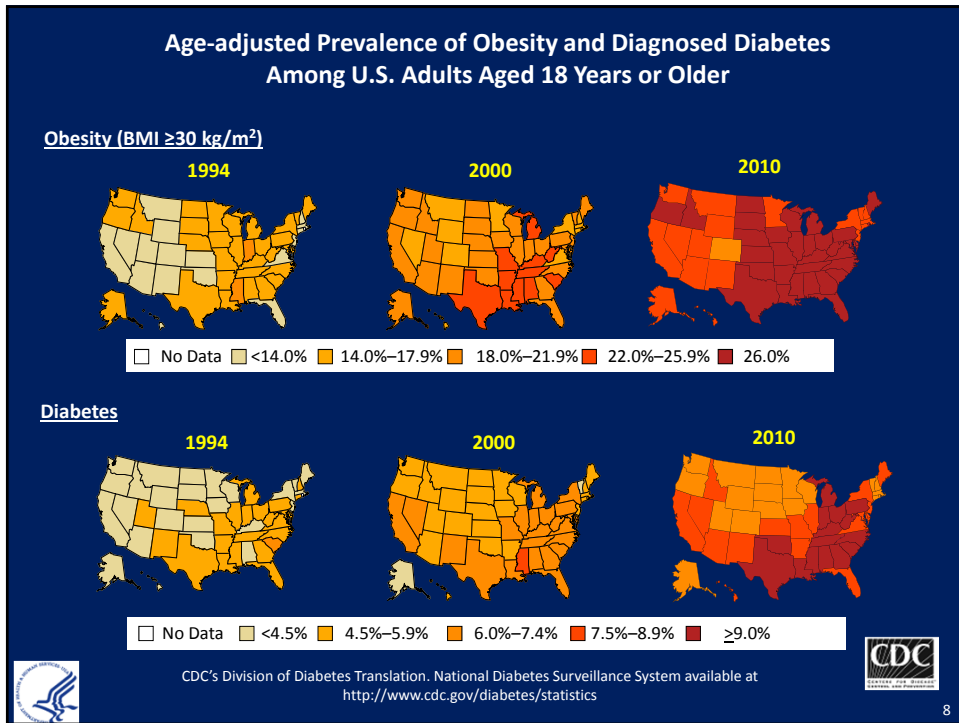
planning efforts would be enhanced if the state is granted a waiver from the federal government on some Medicaid mandates.

The state is asking for \$10 billion in considerations, Shah said, or a small part of the billions in waste New York's Medicaid Redesign Team has saved the system.

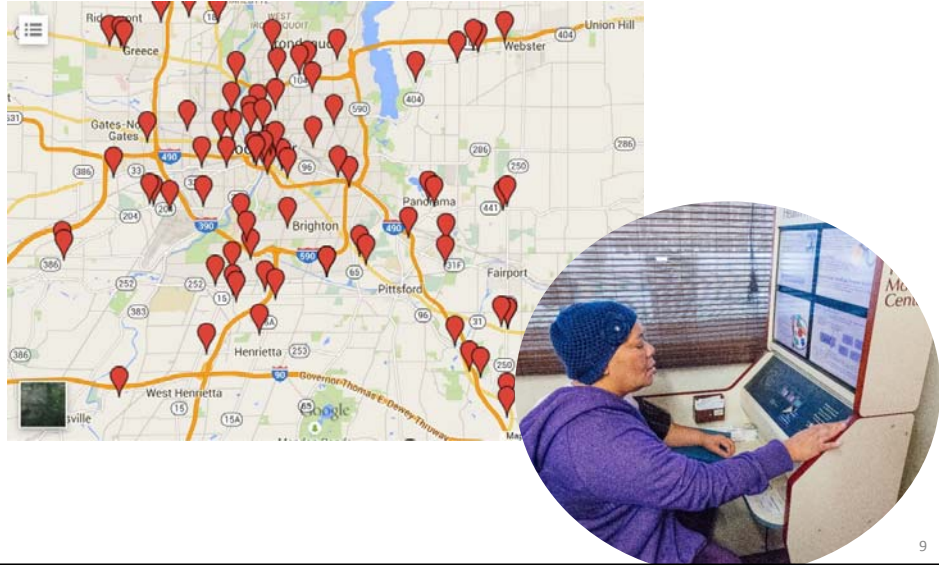
"I want to make Rochester a model for the entire country in collaborative health planning," Shah said. "It's what reform is all about."

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Avoiding people because

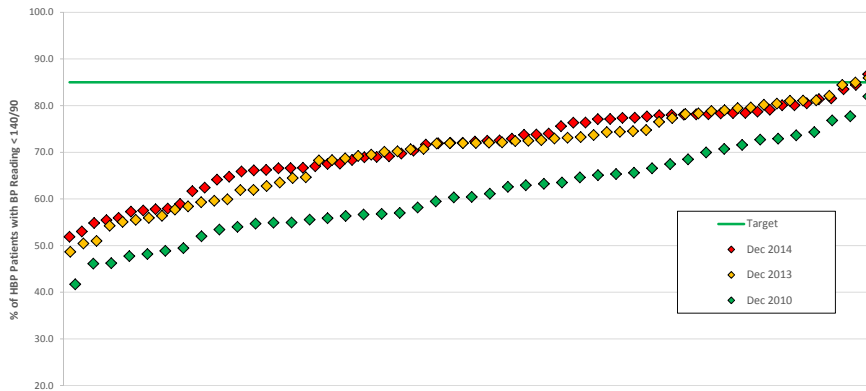


Over 100 Kiosks Provide Free Blood Pressure Checks Throughout Monroe County



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% of HBP Patients with BP Controlled
Dec 2010, Dec 2013, and Dec 2014 Registries (SBP<140)



Participating Practices with more than 50 Patients in the Registry

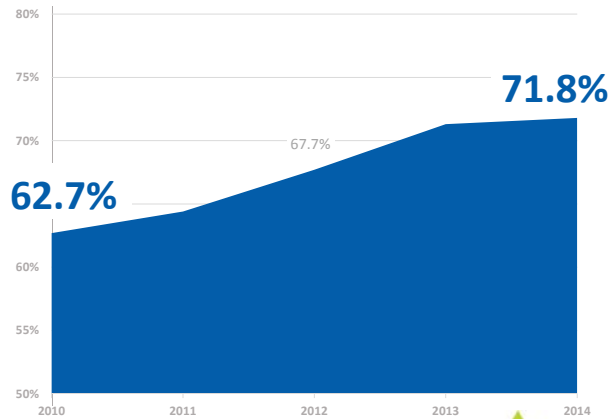
Rates are age-sex adjusted to the age-sex distribution of the December 2011 HBP Registry.
Control rate is calculated for patients with a BP reading in the past 13 months.



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High Blood Pressure Control Rates Improve 9 Percentage Points

Monroe County 2010 - 2014



Source: FLHSA/RBA High Blood Pressure Registry
Control rates are calculated using the Seventh Report of the Joint National Committee standards for high blood pressure (JNC 7).



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