Leadership in a Time of Change

Peter S. Fine, FACHE

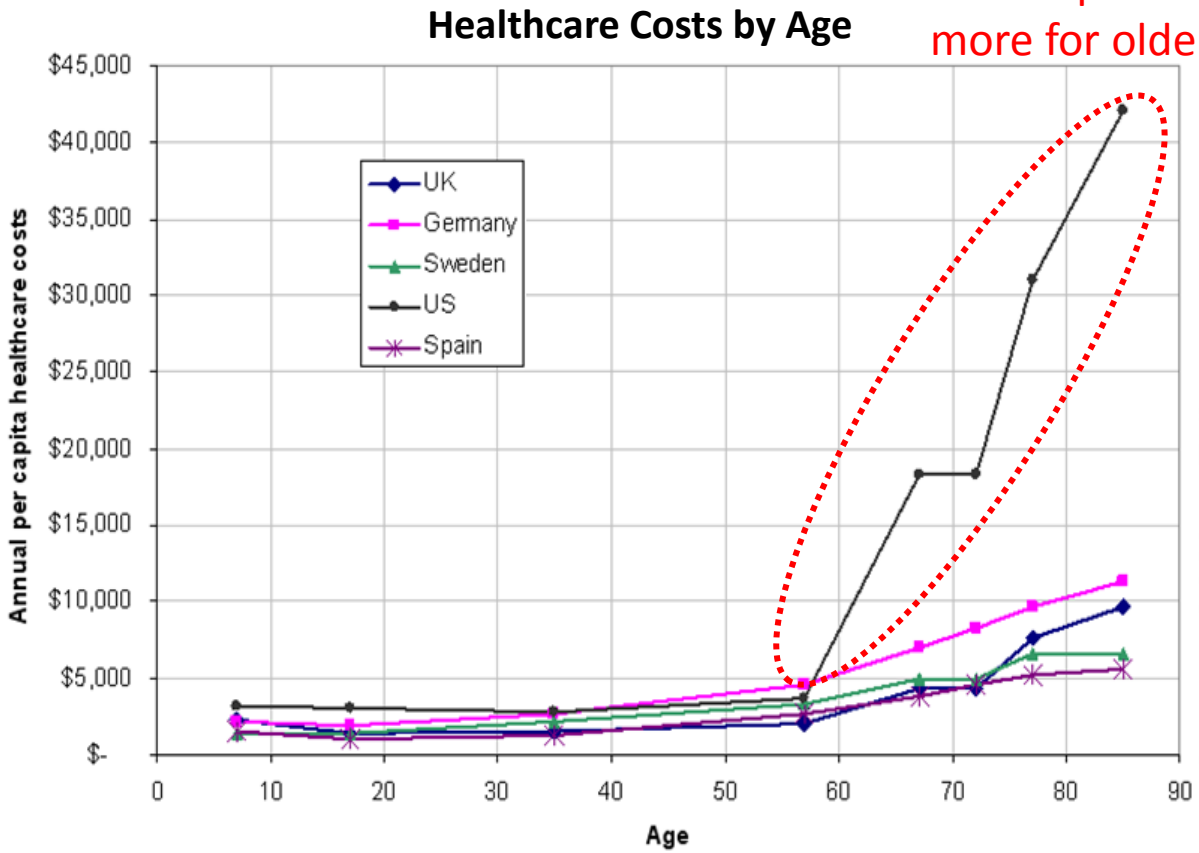
President & CEO, Banner Health

TRUVEN HEALTH ANALYTICS 15 TOP HEALTH SYSTEMS 2013

ANALYTICS STAGE 7 RECIPIENT

Banner Health

Expenditures, Aging



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Leadership Matters

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WHAT THE HEALTH CARE LAW MEANS TO YOU

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Banner Health Snapshot

- 23 Acute Care Hospitals
- Banner Health Network
- Banner Medical Group with more than 900 doctors
- Banner Health Centers and Clinics
- Behavioral Hospital
- Outpatient Surgery
- Medical Education
- $4.9 billion in revenue, 2012
- AA- bond rating
- $395 million in community benefit including $149 million in charity care, 2012

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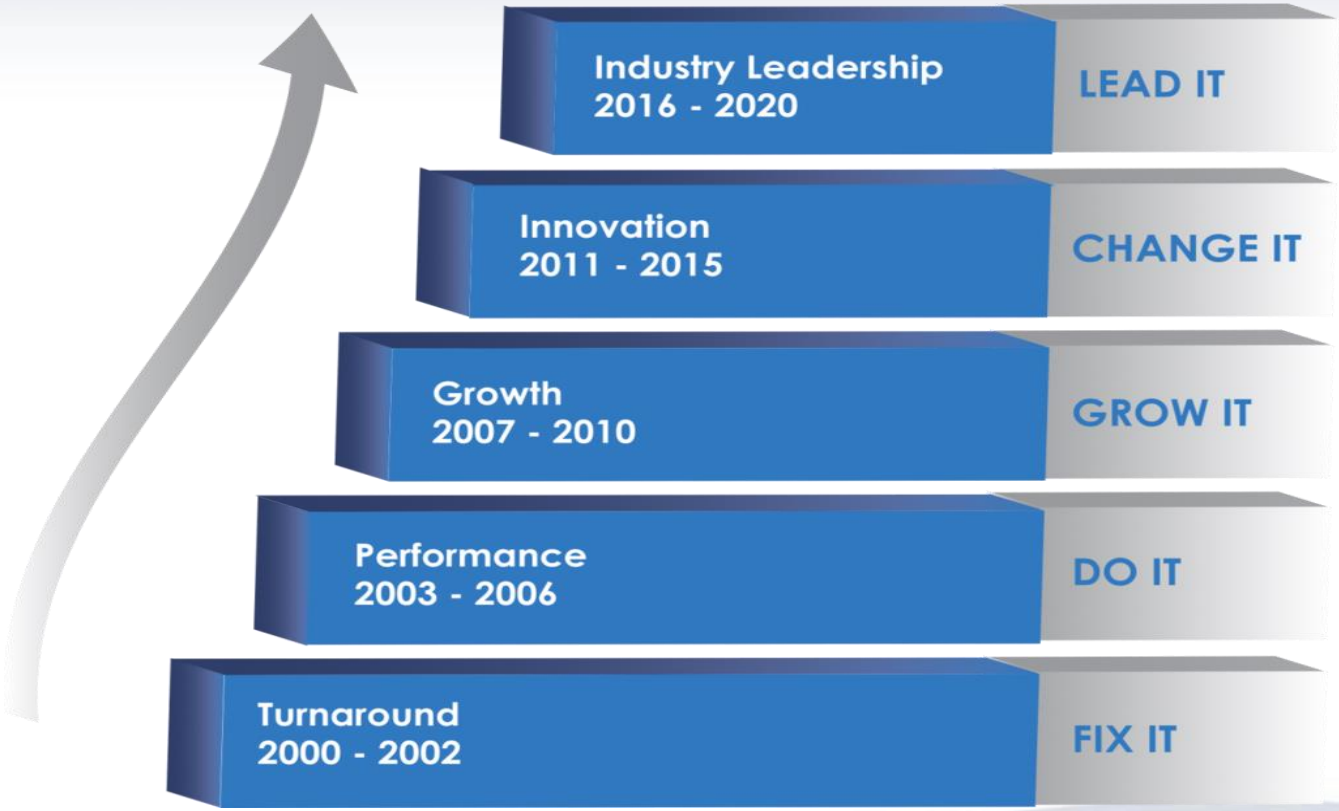
Banner Health's Mission

"We exist to make a difference in people's lives through excellent patient care"

Banner Health's Vision

"We will be a national leader recognized for clinical excellence and innovation, preferred for a highly coordinated patient experience, and distinguished by the quality of our people."

Banner's 2020 Vision
"Our steps to the Future"



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Our future as a clinical quality organization at a national leadership level requires our ongoing, relentless focus on reducing care variability and increasing care reliability – thus ensuring consistently superior outcomes and an outstanding patient experience

TRUVEN HEALTH ANALYTICS

15 TOP HEALTH SYSTEMS

2013

HIMSS ANALYTICS®

STAGE 7 AWARD

RECIPIENT

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Better care, enhanced service and lower costs

Cover Story » Melanie Evans

Push in the right direction

ACOs increasingly see insurance benefits as opportunity to offer incentives promoting value-based decisions

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Q&A

"I think everyone in (the Medicare Pioneer program) would prefer people be in the Medicare Advantage plan."

Pioneer success doesn't equal satisfaction for Fine

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Program aims to cut cost of care

Home visits keep at-risk patients out of hospitals

icki Merrick (with caregiver Mary McCord) lost a leg to infection. A nurse now visits to elp Merrick manage her chronic health conditions. MICHAEL SCHENNUM/THE REPUBLIC

PROGRAM SUCCESSES

Banner Health launched its pioneer Accountable Care Organization in 2012. Here are the results for that year:

» 8.9 percent fewer hospital admissions.

» 14.4 percent reduction in average length of hospital stay.

» 6 percent fewer hospital re-admissions.

» 6.7 percent drop in use of X-rays, MRIs or other imaging services.

» 2.5 percent drop in Medicare payments per beneficiary.

Source: Banner Health

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guest expert comment

Make 'living will' a requirement

By Peter Fine

Every day in the hospitals across the country that we lead and operate, the lack of a "living will" or "medical power of attorney" significantly contributes to divisive conflict within families huddled over dying loved ones. One child insists that mom or dad just wants to be left alone to go peacefully without complex, uncomfortable and sometimes painful treatments that won't change the inevitable. Another child insists that the parent wants everything that can be done to be done, even if the chances for survival are dismal.

Of course, healthcare leaders are well aware that a solution to this emotionally and financially draining scenario is a relatively easy action that can have an immediate impact: Make sure those two documents are completed and accessible. The short time spent preparing them has a very real potential to significantly improve the quality of life, provide peace of mind and dignity for families—and decrease healthcare costs.

Peter Fine is president and CEO of Banner Health, Phoenix.

The great majority of health systems and hospitals make every effort to encourage patients and their families to complete these documents. Yet various surveys indicate that only about one-third of Americans have made their choices known through these documents.

In 2010, a CBS News analysis reported that Medicare paid $55 billion for care during the past two months of patients' lives. With the growing number of baby boomers coming into the Medicare program every day, that number is surely increasing. I question how effective these expenditures were in supporting better patient care and improved quality of life.

Now is the time to significantly enhance our efforts by asking elected officials in Washington to consider making the completion of a living will and medical power of attorney a requirement in the Medicare application process.

Of course, there might be concern among some about the appropriateness of government involvement in making this intensely personal matter a requirement of applying for Medicare benefits. I would ask these people to consider the fact that the completion of these documents preserves and strengthens individual choice, keeps the highly personal discussion about dying within the privacy of the family and has the real potential to save tens of billions of dollars.

This issue plays out in our institutions. We own it. Let's start the dialogue with our elected leaders to address it. ●

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