Introduction to Stanford Health Care

Stanford Medicine

Mission

"*Through innovative discovery and the translation of new knowledge, we improve human health locally and globally. We serve our our community by providing outstanding and compassionate care. We inspire and prepare the future leaders of science and medicine*"

Three component entities, each with their own budgets and governance: SOM, SHC, SCH.

Clinical Services

- Inpatient services:
  - Two hospitals: Stanford and Valley Care
  - In FY 16
    - Patient days: 194,635 (up 2.8% over FY15)
    - Discharges: 33,901
    - ED visits: 105,390 (up by 4.2%)
  - Stanford Hospital case mix index of 2.50
  - Stanford Hospital average LOS of 5.6 days
  - Average Stanford Hospital cost of $10,800 per day

SHC Locations – Inpatient Facilities

- New Stanford Hospital (500 Pasteur)
- Opens Fall 2019

- Stanford Hospital (300 Pasteur)

- ValleyCare Medical Center

Outpatient Services

- Outpatient services-distributed across the Bay Area
- In FY 16
  - SHC clinic visits: 797,240 (up 20% from FY15)
  - UHA clinic visits: 694,364 (also up 20% from FY15)
- Total visits of 1,491,604 represent more than doubling of volume in last 5 years!

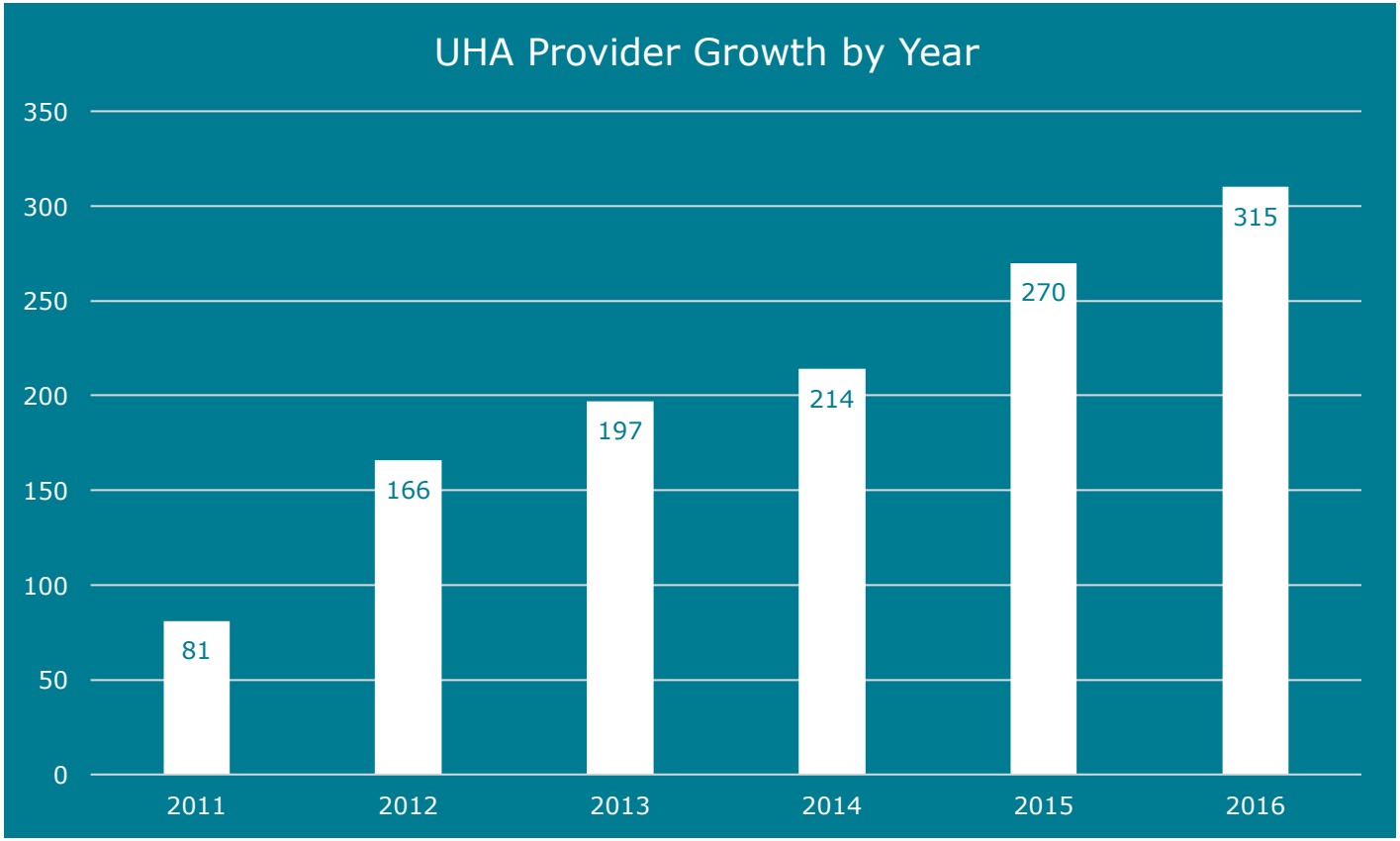
= Stanford Hospital

= Stanford MOB / Faculty / Outreach/Employer Clinic

= UHA Practice

*Affinity IPA not shown

UHA Provider Growth



Providers by Specialty (2017)

Specialty	
Allergy & Immunology	5
Audiology	1
Cardiology	31
Dermatology	2
Endocrinology	11
ENT	7
Family Medicine	69
Gastroenterology	7
General Surgery	3
General & Bariatric Surgery	2
GYN	5
Hematology/Oncology	17
Infectious Disease	3
Internal Medicine	70
Neurology	1
Nurse Practitioner	17
OB/GYN	38
Orthopedic Surgery	1
Pediatrics	25
Physician Assistant	32
Podiatry	1
Pulmonary	1
Pulmonary/Sleep Medicine	4
Radiology	4
Rheumatology	7
Social Worker	1
Urology	2
Total	**367**

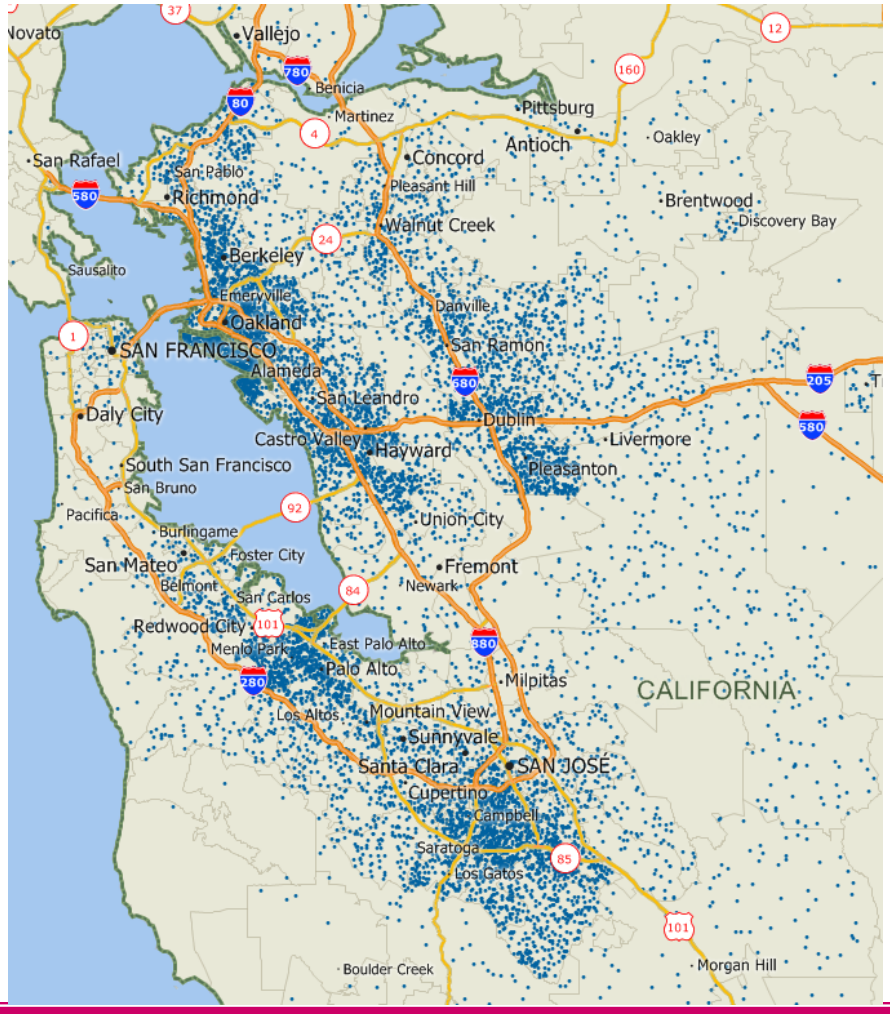
Outpatient Facilities and Medical Office Buildings

- Emeryville

- Redwood City

- South Bay Cancer Center

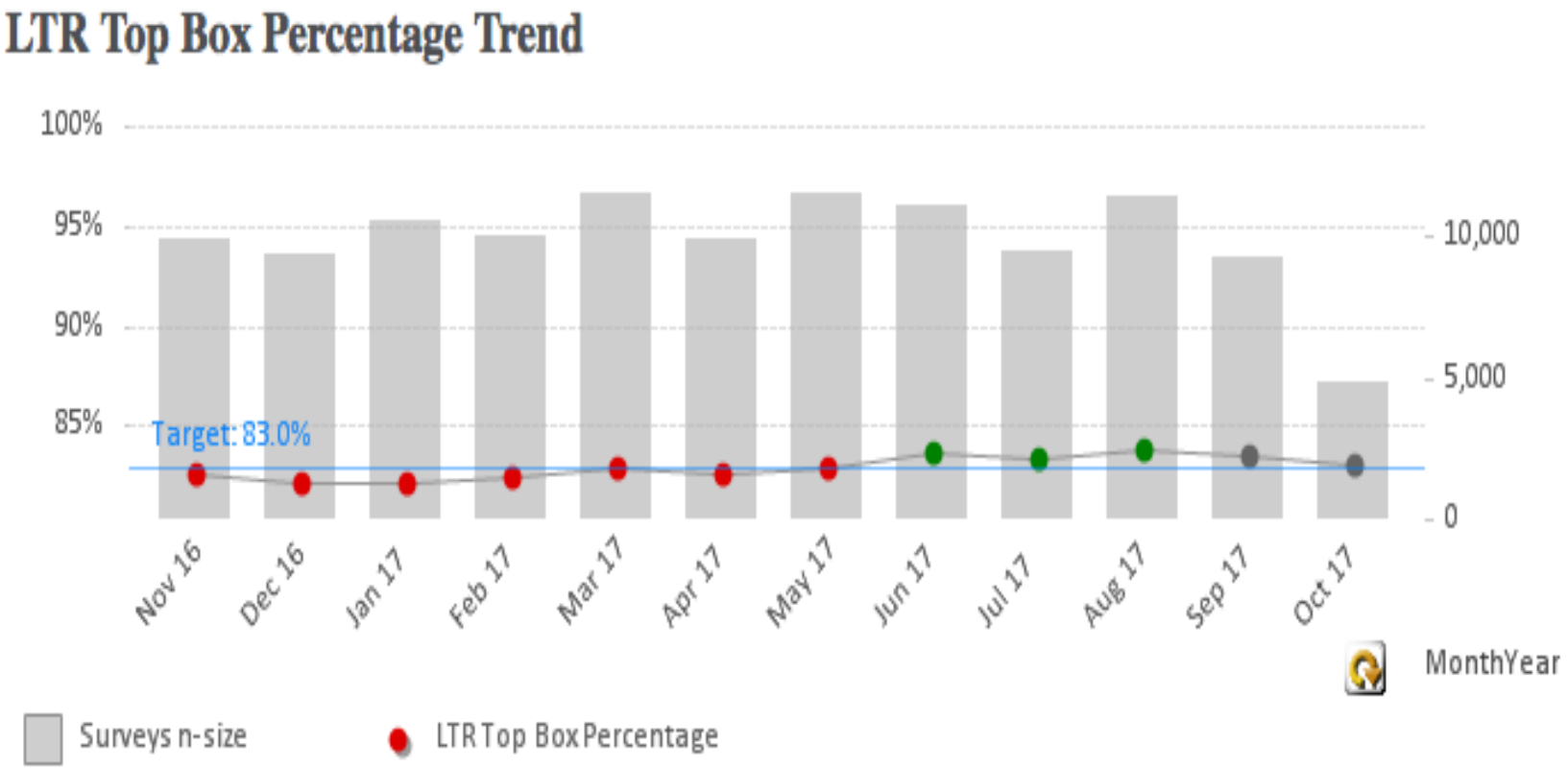
- Neuroscience Center



1 Dot = 25 Patients

Total UHA Patients = 281,989

Patient Experience



Web-based Academic Profiles

Norman Rizk, M.D.

Norman Rizk, M.D.

Pulmonary critical care specialist

Stanford | MEDICINE

Senior Associate Dean, Clinical Affairs in the School of Medicine and the Berthold and Belle N. Guggenhime Professor in Medicine

SUMMARY REVIEWS

PRACTICE AREAS

Chronic Obstructive Pulmonary Disease (COPD)

Interstitial Lung Disease

★★★★★

5.0 out of 5

76 Patient Ratings

31 Patient Comments

Academic Profiles

The Patient Ratings and comments are gathered from our Patient Satisfaction Survey and displayed in their entirety.

Patient Satisfaction Survey Disclaimer

5.0 ★★★★★	Friendliness
5.0 ★★★★★	Explanations
5.0 ★★★★★	Listens
5.0 ★★★★★	Includes you in decisions
5.0 ★★★★★	Clear Communication
5.0 ★★★★★	Confidence in your doctor
5.0 ★★★★★	Recommended to others
4.6 ★★★★½	Wait times

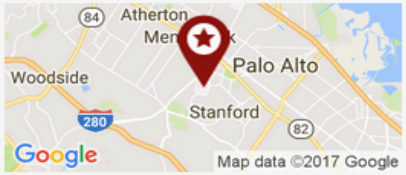
SHC Patient, Feb 2017
Very good.

SHC Patient, Dec 2016
Dr. Rizk is an excellent provider and I trust him very much. He is always uplifting and gives me very clear explanations about my condition.

SHC Patient, Nov 2016
One of the most knowledgeable and amazing people I have met!

★★★★★
5.0 out of 5
76 Patient Ratings
31 Patient Comments

CHEST CLINIC IN PALO ALTO



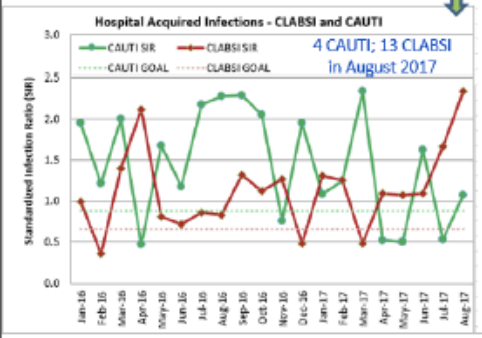
300 Pasteur Drive
1st Floor, Room A175
Stanford , CA 94305
Phone: 650-725-7061

More Clinic Information »
Insurance Coverage »
Getting Here »

MAKE AN APPOINTMENT

Quality, Patient Safety and Effectiveness Dashboard

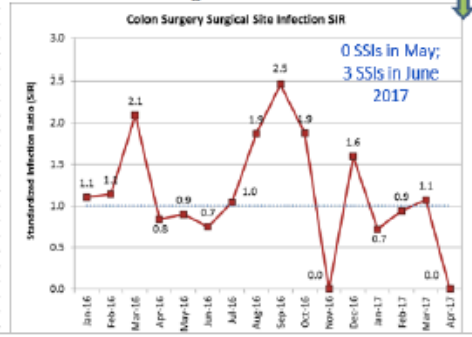
CLABSI & CAUTI SIR



CAUTI: Catheter Associated Urinary Tract Infection

CLABSI: bloodstream infection in a patient with a central line at the time of (or within 48-hours prior to) the onset of symptoms

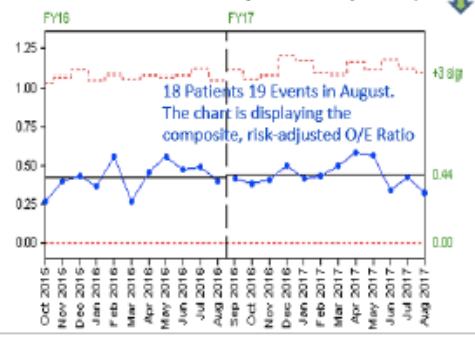
COLON Surgical Site Infection SIR



COLON SSI: Incidence of surgical site infection following colon surgery.

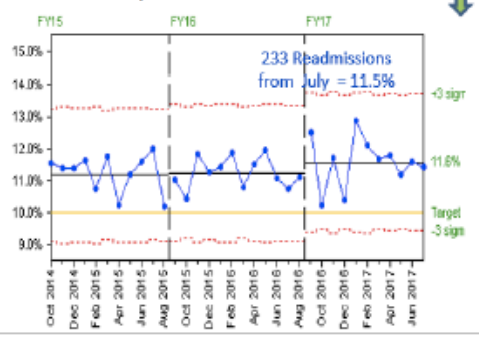
SIR: calculated by dividing the number of observed infections by the number of predicted

AHRQ Patient Safety Indicator (PSI-90)



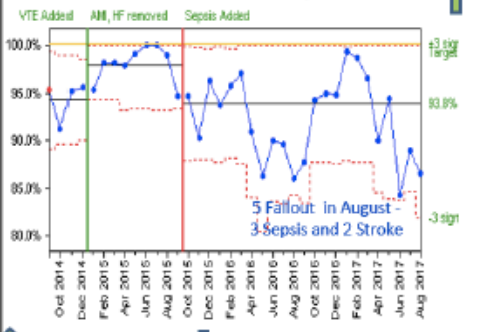
A composite measure of patient safety indicators.

30-day All Cause Readmission Rate

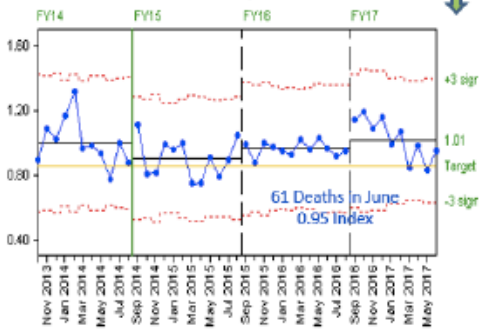


Patients 65+ y.o. who were hospitalized and experienced an unplanned re-hospitalization for any cause to an acute care hospital within 30 days of discharge.

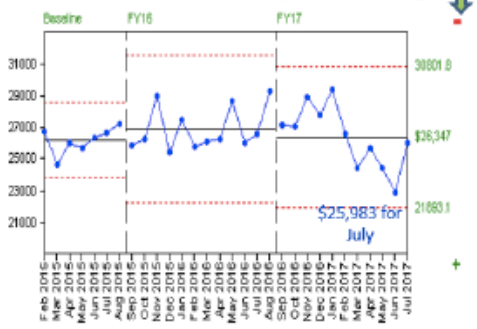
Core Measures Composite



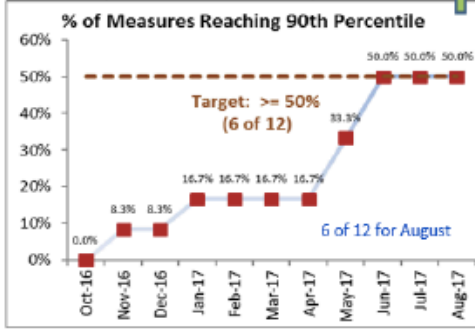
Mortality Index



Total Expense per CMI Adjusted Discharge



Population Health Quality Measure



Higher is Better; Lower is Better

Confidential - Protected by California Evidence Code Section 1157.

Core Measures: national standards of care and treatment processes for common conditions

Observed mortality: Number of actual inpatient deaths for the period

Expected mortality: Sum of the average probability of death for each patient.

Total Operating Expense for SHC divided by the total discharges per month, factored by case mix severity.

The percent of HEDIS measures reaching the 90th percentile in performance.

”Funds Flow” -SHC Payments for Clinical Services

- Defined as the flow of money from SHC to clinical depts to pay for clinical services rendered to the health care delivery system by faculty
- Administered by faculty and SHC staff acting institutionally in a weekly Funds Flow Committee
- Consists of “tiers”
  - Tier 1 is specialty-specific payment for specific CPT codes (translated into wRVU’s), based on the 80th percentile of private practice pay in the MGMA database
  - Tier 2 is other kinds of payment for program development, program support, and medical direction services
  - Three incentives for quality, service and value part of it add or subtract 8% from the Tier 1 payment

Faculty Compensation

- Depts receive monies from the Funds Flow for clinical services. Research dollars and educational payments, plus endowment monies make up the other sources.
- Actual compensation is determined by the depts, based on "productivity" in clinical care and research, administrative functions and educational roles
- The Dean's office and the Funds flow Committee monitor actual compensation to faculty to ensure it is consonant with the sources and our missions

Opportunities and Challenges for SHC

- Value- Stanford in the most expensive AMC of 102 in the UHC/Vizient database
- Quality reporting- We rank in the bottom 25th% in documenting the acuity of our patients illnesses>>results in underpayment by federal gov't of about $30m annually and lowers our public quality metrics
- Clinical research- Ample opportunity to do much more clinical research in a medical school known for basic science