

March 13, 2014

Dear Friends and Colleagues,

There's nothing to feel "*blue*" about the NCH track record working with *Florida Blue*, the oldest and largest health plan insurer in the state of Florida.

That was our message as we took to the road recently when we were invited by Dr. Jan Harper, Chief Medical Officer of Florida Blue to share our joint success at the National Council of Physician and Pharmacist Executives of Blue Cross and Blue Shield in Chicago. Our Florida Blue and NCH Physician Group best practice was one of four innovative plans selected from around the nation to be shared with a group of chief medical officers and pharmacist executives from the "Blues."

After more than a year of planning, we assessed more than 5,000 Florida Blue commercial patients, already being cared for by the 26 primary care physicians and 9 nurse practitioners/physicians assistants in the NCH Physician Group, for inpatient and outpatient quality processes and outcomes. In January, 2013, using Florida Blue's detailed objective metrics, we compared our patients' quality and cost—basically the key value equation (quality/cost = value)—with other Florida Blue patients in our region, cared for by others.

In the outpatient arena, we had had to exceed statewide metrics in diabetes screening, lipid testing, breast and colon cancer screening, and appropriate utilization of tests for low back pain. For inpatient, we had to excel for heart attacks, pneumonia, congestive heart failure (CHF), and post-operative complication avoidance. Additionally, we had to have lower-than-expected 15-day readmissions for pneumonia, CHF, and heart attacks. Patient satisfaction had to also exceed the statewide average or improve at least 1% year over year.

Bottom line: We did it! We scored above average on all measures and exceeded some of the parameters by two standard deviations, which placed us close to the top in the aggregate.

In terms of financial parameters, we started out being less expensive than the peer group, and we further lowered our costs for care. The peer group also lowered its costs during the same time period but not as fast as we did; they are still even more expensive than where we were at the start. The conclusion: Better care can cost less. And by having a defined approach with contemporaneous metrics, we can enhance the way we care for our community and achieve better outcomes for patients.

Later, Carla Luggiero, Senior Associate Director of Federal Relations from the American Hospital Association, two Florida healthcare colleagues and I took a broader conversation about healthcare economics to the nation's capitol, meeting with Senator Bill Nelson's very able Legislative Assistant and healthcare expert Sasha Albohm. We pointed out that physicians are facing a draconian cut in Medicare payment at the end of this month, which will either be postponed as has been done for the past decade (and ultimately costs more in the end) or funded from other sources. We also noted the grim reality that hospitals have already given up \$117.5 billion since 2010, with one-third of systems failing, one-third just getting by, and one-third still sustainable long term.

NCH, thankfully, is in the latter category. We are financially sustainable because we have all worked together and have been prudent these past seven years. We have truly become a "national player" in healthcare. And the thanks for that goes to all of you, who serve our community so ably every day.

Respectfully,



Allen S. Weiss, M.D., President and CEO

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