Introduction to Stanford Health Care
Mission

“Through innovative discovery and the translation of new knowledge, we improve human health locally and globally. We serve 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.
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 6.1 days
- Average Stanford Hospital cost of $10,800 per day
SHC Locations – Inpatient Facilities

- New Stanford Hospital (500 Pasteur)
- Opens April 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!
UHA Provider Growth

- 2011: 81
- 2012: 166
- 2013: 197
- 2014: 214
- 2015: 270
- 2016: 315
# Providers by Specialty (2017)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Allergy &amp; Immunology</td>
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<tr>
<td>Audiology</td>
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<tr>
<td>Cardiology</td>
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<td>Dermatology</td>
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<td>Endocrinology</td>
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<tr>
<td>ENT</td>
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<tr>
<td>Family Medicine</td>
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<tr>
<td>Gastroenterology</td>
<td>7</td>
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<tr>
<td>General Surgery</td>
<td>3</td>
</tr>
<tr>
<td>General &amp; Bariatric Surgery</td>
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</tr>
<tr>
<td>GYN</td>
<td>5</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
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</tr>
<tr>
<td>Infectious Disease</td>
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<tr>
<td>Internal Medicine</td>
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<td>Neurology</td>
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<td>Nurse Practitioner</td>
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<td>OB/GYN</td>
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<tr>
<td>Orthopedic Surgery</td>
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<tr>
<td>Pediatrics</td>
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<tr>
<td>Physician Assistant</td>
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<td>Podiatry</td>
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<tr>
<td>Pulmonary</td>
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<tr>
<td>Pulmonary/Sleep Medicine</td>
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<tr>
<td>Radiology</td>
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<tr>
<td>Rheumatology</td>
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<tr>
<td>Social Worker</td>
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<tr>
<td>Urology</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>367</strong></td>
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</table>
Outpatient Facilities and Medical Office Buildings

- Emeryville
- Redwood City
- South Bay Cancer Center
- Neuroscience Center
1 Dot = 25 Patients
Total UHA Patients = 281,989
Web-based Academic Profiles

Norman Rizk, M.D.

Norman Rizk, M.D.
Pulmonary critical care specialist

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

SUMMARY

PRACTICE AREAS

Chronic Obstructive Pulmonary Disease (COPD)
Interstitial Lung Disease

REVIEWS

★ ★ ★ ★ ★
5.0 out of 5
76 Patient Ratings
31 Patient Comments
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 ★★★☆☆ 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!
Quality Metrics

O:E Mortality
Target: <= 0.65

Population Health Top Quality:
% of Measures Reaching 90th Percentile
Target: >= 50% (6 of 12)

Population Health Threshold Quality:
% of Measures Reaching 50th Percentile
Target: >= 75% (3 of 12)

30-Day All Cause Readmission Rate
Target: <= 11.0%

Severe Sepsis/Septic Shock Mortality Rate
Target: <= 22%

SIR: CDIFF
Target: <= 1.00

SIR: CLABSI
Target: <= 0.56

SIR: CAUTI
Target: <= 0.88
“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, which 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