

## EDITORIAL

### The Geisinger Mystique

I recently had the pleasure of hosting Dr. Glenn Steele, President and CEO of the Geisinger Health System, as the featured speaker at the 22<sup>nd</sup> Annual Raymond C. Grandon Lecture on the Jefferson campus in Philadelphia, PA. Geisinger has often been cited in the national media as a role model for implementation of the Affordable Care Act. I'd like to share some of my impressions of Dr. Steele's presentation and the Geisinger "mystique."

Let's begin with a little background about Geisinger, a self-described integrated health services organization that includes provider facilities, a physician practice group, and several different managed care companies. The provider facilities include Geisinger Medical Center, the main hospital, and several affiliated community hospitals (Geisinger Wyoming Valley Medical Center and others). The physician practice group has over 1000 employed physicians across 73 primary care and specialty clinic sites. They also have more than 450 residents and fellows as part of their teaching program. The managed care companies include a 322,000-member plan that includes 68,000 Medicare Advantage members. They also hope to add 100,000 Medicaid Managed Care members in the next year. No doubt this is a large and complex organization.

Few appreciate the importance of Geisinger's \$180 million dollar investment in cutting-edge healthcare technology. They've built a fully integrated electronic health record across all 43 community practice sites, 3 hospitals, 3 emergency departments, 4 surgical centers and 12 CareWorks retail-based and worksite clinics. Geisinger has been celebrated for several years running as one of the "100 Most Wired Hospitals and Health Systems" by Hospital and Health Networks Magazine.<sup>1</sup>

Given the size, scope and connectivity of the system, Steele outlines three strategic priorities for Geisinger, which include, most importantly, quality and innovation, followed by market leadership and a sense of the Geisinger family. They are very clear about where they want to be. The strategic goals include affordable coverage for all, payment for value, coordinated care, continuous improvement, total patient empowerment and national leadership in public accountability.

I thought Dr. Steele was quite self-reflective when he noted that the Geisinger advantage rested on several pillars. These pillars include the large number of employed physicians, their insulated marketplace in central Pennsylvania, a solid vision for the future and deep operational and professional integration across their entire enterprise. He added that the fact that they own their own insurance company just gives them an additional "sweet spot."

Astute readers recognize that there is no cost/quality "correlation" -- in other words, a greater amount spent for healthcare never has predicated a better outcome. Dr. Steele went through an assessment of the accumulated decade's worth of evidence that described this lack of a correlation. He also noted that the only way to really improve the outcome of care is through a focused reduction on waste and a focus on value re-engineering. Probably the most well-known aspect of the Geisinger re-engineering is their ProvenCare acute program. ProvenCare means that with certain high-volume diagnosis related groups (DRG's), they have been able to determine, essentially, the best practice techniques. The system's commitment to best practice and delivery of evidence-based care is demonstrated by the willingness to forego additional payment for any complications that might arise. Since they



*Glenn Steele, Jr., MD, PhD, President and CEO of Geisinger Health System featured at 22<sup>nd</sup> Annual Dr. Raymond C. Grandon Lecture*

have distilled the best practices and are so deeply linked electronically, they are confident in their ability to deliver the best care at the best possible price.

I was skeptical about the portfolio of ProvenCare's chronic disease program until I saw Dr. Steele's presentation. The accumulating evidence in various journals across multiple disease entities has made me a believer. Deeply embedded within the ProvenCare experiment are ProvenHealth Navigators, nurses and others with a laser-beamed focus on the transitions of care and the length of stay. They are utilizing information technology at the bedside, targeting patients in nursing homes and other skilled nursing facilities. While space precludes a detailed description of the ProvenHealth Navigator model, there is now no question in my mind that these represent the "boots on the ground" who help make the ProvenCare model work.

I was also intrigued to learn about Geisinger's expanding telehealth presence. Geisinger has an experiment that capitalizes on their information technology called primary care e-Visits. They use MyGeisinger, an online system,

for initiating health advice, which helps their health plan to avoid costly emergency room visits. Tightly related to this telehealth experiment is the Geisinger patient activation platform called “Open Notes.” This program engaged 24 primary care providers and over 8,700 Geisinger primary care patients. The reviews of this program, as presented by Dr. Steele, were uniformly very positive.

So what’s left for an integrated, nationally prominent system like Geisinger? They want to expand the Geisinger brand and Dr. Steele is supremely confident that the innovation engine they have created is definitely scalable and generalizable to the rest of the country. He appreciates the unique nature of the Geisinger culture, but

believes that the reduction in unexplained variation, the commitment to integration using technology and the culture of the employed physician are some of the critical aspects necessary for ongoing success.

Dr. Steele concluded with an upbeat prediction regarding their for-profit subsidiary, XG Health Solutions, which will provide consulting services, population health data analytics, case management, third party administration and other unique EHR applications. This subsidiary, now headquartered in Columbia, MD, will be a force to be reckoned with.

So, is the Geisinger mystique justified? After spending a day with Dr. Steele and listening carefully to both his prepared

remarks and private conversation spent with our faculty at the School of Population Health, I am convinced that the reputation is well deserved. I am also convinced that we ought to pay more careful attention to Geisinger and other comparable models around the country, as we all seek to learn the ingredients to the “secret sauce” of surviving and thriving under the Affordable Care Act. ■

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**To view slides and listen to the podcast of the 22<sup>nd</sup> Annual Dr. Raymond C. Grandon Lecture visit: <http://jdc.jefferson.edu/hplectures/27/>**

## REFERENCES

1. 2012 Most Wired List. *Hospital and Health Networks Magazine* (American Hospital Association), July 2012. <http://www.hhnmag.com/hhnmag/features/HHNMostWired2012/MostWired2012.shtml>. Accessed May 21, 2013.