Musculoskeletal Institute Models across the AOC
Insights, Attributes, Financials, and Lessons Learned

UCONN HEALTH

Washington University Physicians
Washington University School of Medicine in St Louis

EMORY ORTHOPAEDICS & SPINE CENTER

UCSF Health
Orthopaedics & Sports Medicine

UNIVERSITY ORTHOPEDICS
Healers. Innovators. Teachers.

HEALTH
UNIVERSITY OF UTAH

AOC Annual Meeting - Boston
October 2, 2019
Special thanks to these AOC Leaders for their presentations on behalf of their programs

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History

• Established in 2004
• 40 Year Tradition of Excellence in Musculoskeletal Research, Education, & Clinical Services
• Combine three independent services
  – Clinical, Education, and Research
- Joint Decision by School of Medicine, UConn Health, and our University Medical Group Practices

- No share in profitability of our MSI as UConn Health is an Academic Institution
Services

• Our MSI is part of UConn Health
• MSI occupies 100,000 square feet additional space recently added in our Outpatient Pavilion
• Rheumatology, Osteoporosis, Orthopedic, Physiatry, Physical Therapy, and MRI Services
MSI Building

- Same Day Surgery
  - 5 Operating Rooms and a Procedure Room.
- Large Clinic Area
- Faculty offices
- Laboratory space
Faculty Satisfaction

• Increased Satisfaction
• Decreased burn-out
Thank You.
AOC 2019 Conference

Presentation by Ron Faulbaum – formerly of Washington University Orthopedics
No conflict of interests to report - (joyfully retired)
Why Do This?
Between 2000 and 2020, the demand for orthopaedic services in this country will increase by 23% while the supply of orthopaedic surgeons will increase by only 2% during the same interval.

# 2 - local competition with new free-standing ASCs and national competition at peer institutions had or were developing orthopedic centers of excellence
The Campbell Clinic
Emory University
University of Pittsburgh
Vanderbilt University
University of Minnesota
University of Utah
# 3 - service excellence will never be optimal in a highly complex environment such as an academic medical center

- Too many silos
- Too many competing interests
- Not enough “line of site” incentives
- Generic staff, work processes, and systems
#4 - most importantly were changing patient expectations

- Easy access and great service
- Quality treatment and a successful outcome
- Coordinated care and communication
- Convenience
- Reasonable cost
The new surgery model...

• Create an opportunity whereby shorter, lower acuity cases in healthy patients can be done in a safe, highly efficient, low cost environment

• Back-fill campus hospital operating rooms with longer, resource-intensive, higher complexity cases
search area – considered 3 sites
9.3 acres
private developer
located on major interstate
58,000 square feet
2 ½ stories
### Project Investment

**(2007 $ in millions)**

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<th>Description</th>
<th>Amount ($)</th>
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Partnership Model

Joint oversight board

Separate capital and ownership

Operating agreement defines relationship
  – Scope of services
  – Performance metrics
  – Exit language
Performance Metrics

Dept
- Physician Recruitment
- Supply Cost Management

Hospital
- AR Management
- Overhead Allocations
Financial Model

Dept
- Capital Investment
- Professional revenue
- Operating expenses
- Dept/School: 45%
- Dept margin

Hospital
- Capital Investment
- Technical revenue
- Operating expenses
- Hospital Margin (≤ 9%)
goal – high service, high volume, low cost
just in time supply chain

each OR is identical in size and layout

no equipment booms
everything is mobile to expedite cleaning and room turnover

single vendor system selected for all arthroplasty equipment
any additions of equipment or instruments to inventory must be vetted and approved in advance

windows allow surgeons and staff to time preparation
pre and post operative area
same space and same nursing staff

minor procedure room – major
joint and spine injections
supply cost / case targets

Target and actual costs over the years from 2008 to 2013.
visits

CAGR = 12.8%
CAGR = 8.5%
hospital orthopedic margins by location

$ in Thds

2007 2008 2009 2010 2011 2012

BJ  OC  BJWC

($5,000)
Never discount the importance of physician leadership and engagement – your job is to channel this power!

Line of site accountability and incentives work!

Build expansion into your plans and design the facility from the inside out if possible

A new program or facility allows you to hit the reset button – don’t miss this opportunity!

It’s a marathon not a sprint
Thank You!
University of Utah Health System - Highlights

**ACCESS**
- 4 Hospitals
- 12 Community Clinics
- 23 Regional Partners
- >10% of the Continental U.S.
- >1,600 Providers
- >200,000 member Health Plan

**DISCOVERY**
- 2.0 MILLION Patient Visits
- $3.8 BILLION Expense Budget FY18
- $356 Million+ Grants in FY2018
- 401 Disease-Causing Genes Identified
- 11 Members of National Academy of Science or Medicine
- 1 Nobel Laureate
- 1 NCI Comprehensive Cancer Center

**EDUCATION**
- 1,250 Health Care Provider Trained Annually
  - School of Medicine
  - College of Nursing
  - College of Pharmacy
  - College of Health
  - School of Dentistry
  - Eccles Health Sciences Library

**Other Highlights**
- >200,000 member Health Plan
- 50% GROWTH IN 6 YEARS
REACHING OUR PATIENTS

- University of Utah Hospital
- Huntsman Cancer Hospital
- University Orthopaedic Center
- University Neuropsychiatric Institute

Farmington Health Center
Centerville Health Center
Madsen Health Center
Sugarhouse Health Center
Redstone Health Center
Redwood Health Center
Greenwood Health Center
Westridge Health Center
South Jordan Health Center

South Ogden Health Center

Stansbury Health Center

Lehi (Future Site)
Saratoga Springs (Future Site)

Parkway Health Center
University of Utah Health – Main Campus
2025
1998 to 2004: Building the UOC
State of play in 2000.....

Hospital System

• Incurring operating losses
• Highly leveraged – Bond Rated B
• Larger/resource rich competitors
• Increasingly disillusioned faculty
• Growing demand – but no access
• Main OR at 105% (Ortho OR at 111%)

Orthopaedic Dept.

• Losses due to inefficiency
• Growth constrained
• Expensive outdated clinic space
• Retention/hiring issues
• Lack of academic and office space

‘THESE LIMITS TO GROWTH AND SUCCESS ARE NOT ACCEPTABLE TO THIS DEPARTMENTAL PROGRAM’
“…this is a bit of a catch-22….”

“….determination [for] the university to own this building……but have no money to build it….”

RISK OF ‘KICKING-THE-CAN’ AND STONEWALLING…..

• To prevent this:
  • Advanced Planning: Dept. engaged consulting firm to create business plan
  • Independent Funding ‘lined up’: 5 financiers/philanthropists, Dept. and banks
  • Surgeon alignment: credible ‘last resort’ threat to go it alone
  • Creative solutions: solve for political/financial challenges (example: ‘lease to own’)

• Manage the agenda and process:
  • Groundwork was laid over 3-5 years culminating in a ‘…critical [decision] meeting….’
‘THE DEPARTMENT HAS RESOLVED TO MOVE FORWARD ON THE ASC WITH OR WITHOUT THE UNIVERSITY, THOUGH IT DESIRES GREATLY TO HAVE AT LEAST THE UNIVERSITY’S BLESSING, IF NOT THE PARTNERSHIP OF THE UNIVERSITY’
‘THE DEPARTMENT HAS RESOLVED TO MOVE FORWARD ON THE ASC WITH OR WITHOUT THE UNIVERSITY, THOUGH IT DESIRES GREATLY TO HAVE AT LEAST THE UNIVERSITY’S BLESSING, IF NOT THE PARTNERSHIP OF THE UNIVERSITY’
THE “MEMORANDUM OF UNDERSTANDING”

- “FINANCING” - via the University in a “lease to own” arrangement
- “OPERATIONS” - physician directed per the “Operations Agreement”
- “DISPUTE RESOLUTION” - per the “…Federal Arbitration Act...”
- “PURCHASED SERVICES” - subject to ‘Vendor Agreements’
- “START-UP” - “…four months of...expenses...” Hospital funded
“Attachment c” – risk

• RISK (operating losses):
  • Year 1: Hospital covers 100% of operating losses
  • Year 2 and 3: “…cumulative operating losses 50/50…”
  • Dept. risk capped at $1,000,000

• MITIGATION:
  • Year 4 forward in the event of continuing losses: “…Executive Committee...restructuring...”
“Attachment c” – reward

• REWARD (allocation of ‘Net Income’):
  • First call: to cover accumulated operating losses per RISK
  • Second call: working capital costs of either the Dept. and/or hospital
  • Third call: build capital + debt reserves (defined as 1 yr. debt service)
  • Fourth call: for the first 3 years, 60% Dept.: 40% Hospital
  • Fourth year forward: reviewable based upon perf. against success metrics
UOC under Construction in 2003
2004 to 2019: The ‘Win-Win’ Years
Since opening in 2004…..

- Break-even achieved in 3 years

- Since then, $2 million funds flow per year to support Dept. Academic Mission

- By 2010, Hospital finances improved – bought out “lease to own” for c$20 million

- In 2015, Hospital reviewed all MOU arrangements and adopted a new funds flow model
  - 5% of Hospital revenues made available for “Mission Support”
  - Approx. $3 million annual opportunity for the Dept. of Orthopaedics

- Dept. continues to grow – will approach 60 Full Time faculty this year

- Health System – 50% growth in Expense base in the past 6 years alone!
The uoc today

• Originally 98,000 square foot facility – expanded to 135,000 square feet by 2018

• Provide OP and IP services – 6 IP beds and 5 ORs (plans to expand to 7)

• Imaging (MRI, PedCT, X-ray, Densitometry)

• Physical Therapy, Hand Therapy and Pool Therapy

• 2 procedure rooms

• Lab space

• Physician and administrative offices
UOC: Future Expansion
Surgical skills training lab and conference center – opening 2020

- Surgical Skills Training
  - 8 Training Bays

- Surgical Innovation
  - Develop new techniques
  - Test new devices / methods

- Expanded Lab Space

- Dept. funded initiative
Pacu expansion and additional 2 Operating rooms
THANK YOU!
Our Vision

Pioneering musculoskeletal discovery and innovative care to transform lives.
Clinical Programs

Arthroplasty
Stefano Bini, M.D.
Erik Hansen, M.D.
Harry Jergesen, M.D.
Alfred Kuo, M.D., Ph.D.
Michael Ries, M.D.
Thomas Vail, M.D.
Derek Ward, M.D.

Arthritis/Cartilage Injury
Hubert Kim, M.D., Ph.D.

Concussion
Carlin Senter, M.D.

Foot and Ankle
Michael Coughlin, M.D.
Richard Coughlin, M.D.
Kirstina Olson, M.D.
Daniel Thuillier, M.D.

Hand
Igor Immerman, M.D.
Scott Hansen, M.D.
Lisa Lattanza, M.D.
Mathias Masem, M.D.

Oncology
Rickard Branemark, M.D.
Richard O'Donnell, M.D.
Rosanna Wustrack, M.D.
Melissa Zimel, M.D.

Orthotics and Prosthetics
Matthew Garibaldi, C.P.O

Pediatrics
Ravinder Brar, M.D.
Cindy Chang, M.D.
Eliana Delgado, M.D.
Mohammad Diab, M.D.
Jason Jagodzinski, M.D.
Kristin Livingston, M.D.
Nirav Pandya, M.D.
Coleen Sabatini, M.D.

Physical Medicine & Rehabilitation
Sibel Demir-Deviren, M.D.
Masato Nagao, M.D.
Conor O’Neill, M.D.
Lisa Pascual, M.D.
Patricia Zheng, M.D.

Spine
Sigurd Berven, M.D.
Shane Burch, M.D.
Alan Dang, M.D.
Vedat Deviren, M.D.
Lionel Metz, M.D.
Bobby Tay, M.D.

Sports Medicine
Christina Allen, M.D.
Cindy Chang, M.D.
Nicholas Colyvas, M.D.
Alexis Dang, M.D., Ph.D.
Brian Feeley, M.D.
Drew Lansdown, M.D.
Anthony Luke, M.D.
C. Benjamin Ma, M.D.
Carlin Senter, M.D.
Alan Zhang, M.D.

Podiatry
Monara Dini, D.P.M.
Nina Babu, DPM

Skeletal Health
Krishna Chaganti, M.D.
Roger Long, M.D.
Aenor Sawyer, M.D.
Elliott Schwartz, M.D.

Trauma
Utku Kandemir, M.D.
Jeremie Larouche, M.D.
Nicholas Lee, M.D.
Meir Marmor, M.D.
Amir Matityahu, M.D.
Zachary McCormick, M.D.
R. Trigg McClellan, M.D.
Eric Meinberg, M.D.
Theodore Miclau, M.D.
Saam Morshed, M.D.
Murat Pekmezci, M.D.
Nicole Schroeder, M.D.
David Shearer, M.D.
Paul Toogood, M.D.
UCSF Department of Orthopaedic Surgery - Orthopaedic Institute

Opened in 2009: approximately 42,000 sq ft

Main Components:
* Orthopaedic Clinics, 40 exam rooms
* 5 orthopaedic ASC’s
* 2 procedure rooms
* 3T GE MRI
* 5 digital radiology units, 1 Dexa scanner, 2 c-arms, 2 u/s units
* Orthotics and Prosthetics, DME
* Full Physical Therapy Center
* Human Performance Center
* Faculty and support offices
Comprehensive Specialties:

* Orthopaedics, PM&R
* MSK Radiology
* Rheumatology
* Nephrology, Endocrinology
* Sports Primary Care, Internal Med
* Anesthesia
* Plastic Surgery
* Orthotics and Prosthetics, DME
* Full Physical Therapy Center
**Model:** Partnership - Med Ctr=70%    Ortho 30% (of net profits)

* Original offer to Ortho: 30-49%  
  * Ortho could not afford at the time to purchase additional %  
  * Additional % had a term limit of 5 yrs  

Based on net profit (ASC, Radiology, Clinic)

**Start Up Funding:**  
MC – all capital and buildout  
Ortho – sweat equity

**RESULTS**

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<th>Year</th>
<th>Ortho Net</th>
<th>Yearly Profit</th>
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<td>FY19</td>
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</table>
Orthopaedic Institute is one of three main profit areas for Ortho
* Ortho Institute
* Dept Wide Funds Flow- Clinical Net
* O&P Net

Lessons Learned: 1. Think long term
2. Buy as much % as you can afford
3. Keep single specialty- only MSK
4. Go in with “guiding principles” and don’t waiver
5. MOU’s with Anesth and Radiology
6. Negotiate overhead rate up-front
Looking Back:
1. Borrowed $ from another Dept-
2. Controlled more surrounding expansion space

MD and Staff Satisfaction:
ALL Providers WANT clinics and surgeries at the OI.
Other specialties want clinic/OR time...... Sorry.......
Local Programs

UCSF Race Medical Team
UCSF Amputee Comprehensive Training Program Basketball Clinic
Sports Medicine Center for Young Athletes

RunSafe
PlaySafe Cardiac Physicals for Highschool Athletes
PlaySafe

Perry Initiative
Orthopaedic Surgical Osteointegration Society
Oberlin Dance Company

International Olympic Committee
Industry Research Center
Human Performance Center

UCSF Health
Orthopaedics & Sports Medicine
University Orthopedics

Mission: Provide the Highest Quality Orthopedic Care Integrated with World Class Education and Research

Academic Orthopaedic Consortium: October 2, 2019
University Orthopedics: Partnership Structure

RIH Orthopedic Foundation: UOI providers and researchers innovate and improve current medical practices through basic science, clinical and translational research.

Lifespan Hospital System: UOI providers treat patients and provide call coverage in multiple Lifespan hospitals and facilities across Rhode Island.

Alpert Medical School of Brown University: UOI providers teach the physicians of tomorrow through the education of fellows, residents and medical students.

Rhode Island Medical Imaging and Lifespan Physician Group Anesthesia: UOI utilizes expert ancillary partners and physicians from adjacent specialties for services like radiology and anesthesia for UOI providers and facilities.
Local Episodic Cost Comparison for Commercially Insured Patient

- Kent County: 150%
- Miriam: 130%
- Newport Hospital: 126%
- Rhode Island Hospital: 144%
- Roger Williams Medical Center: 100%
- Saint Anne’s: 128%
- South Coast: 131%
- South County: 119%
- Sturdy Memorial: 117%
- UMass Memorial: 134%

- UOI @ LIFESPAN: 160%
- CNE: 150%
- SOUTH COUNTY: 130%
- CHARTER CARE: 110%

- UOI Costs above the market preference: 33%
- CNE Costs above the market preference: 50%
- South County Costs above the market preference: 17%
- CharterCare Costs match the market preference: 50%
Price pressure influence choices in patient care

Commercial Insurers: Reduce expenses and increase subscriptions of commercial patients for “for profit” health insurance entities through provider tiering, narrow networks and other tactics tasked at reducing expenses.

Accountable Care Organizations: Provider groups, health care systems, government systems and even large employers participate in initiatives tasked at reducing cost while giving patients high quality care.

Office of the Health Insurance Commissioner: Tasked with protecting the interest of consumers and improve quality and efficiency of healthcare delivery.
Factors influencing the structure of an MSK Center

- What is your current structure?
  - Employed vs. Separate Corporate Entity
  - Real Estate owned vs. leased

- Relationship with University?
  - AS&T Agreement
  - Chief
  - Joint Ventures

- What is your partnership mix?
  - Specialties
  - Age of Physicians
  - Ability/Willingness to invest

- Why do you want to build an ASC?
  - Investment
  - Increase physician compensation
  - Market Pressure
University Orthopedics established a subsidiary corporation for real estate investments outside of the UOI professional services organization.

WDL invested $7.5M for Kettle Point Building representing 75% of initial deposit on the $40M project.

Remaining $30M financed over a 30-year term.
Joint venture between Lifespan and UOI

- Lifespan holds majority ownership 71%
- UOI minority owner and managing partner 29%

Certificate of Need is required

- Total Investment ~$2.0M
- Annual Revenue Estimates $19M
- Net Income Projection $7M
- UOI Annual Income Estimate $2M
- Annual Revenue per Physician $35k

Lifespan pulled out during CON process – they thought ASC would pull volume out of the hospital
Service agreement between SCA and UOI

UOI holds all ownership 100%

SCA provides management service agreement and capital investment $7.5M for startup expenses

Certificate of Need is NOT required

Total UOI Investment $0M
Annual Revenue Estimates $19M
Net Income Projection $7.0M
SCA Annual Income Estimate $2.3M
UOI Annual Income Estimate $4.7M
Annual Revenue per Physician $85k
WDL and UOI owned ASC 
Financial Forecast

- WDL initial return upon building completion: $1M
- WDL annual return of $7.5M invested: $0.45M
- Certificate of Need is no longer required
- Annual Revenue Estimates: $16M
- Net Income Projection: $4.7M
- UOI Annual Income (WDL & ASC): $5.2M
- Annual Revenue per Physician: $120k

Annual Net Income Comparison

Independent UOI % increase over JV

150%
The East Bay Surgery Center also utilizes external vendors to obtain patient satisfaction at all our locations.

The East Bay Surgery Center consistently exceeds both the national benchmarks and 95% patient satisfaction with over 1,200 surveys collected.
Value Assessment: Total Hip/Knee Arthroplasty

Local Episodic Cost Comparison for Commercially Insured Patient

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- Newport Hospital: 126%
- Rhode Island Hospital: 144%
- Roger Williams Medical Center: 100%
- Saint Anne’s: 128%
- South Coast: 131%
- South County: 119%
- Sturdy Memorial: 117%
- UMass Memorial: 134%
- UOI East Bay Surgery Center: 60%

Graph showing costs as a percentage of different hospital costs:
- UOI: 45%
- Lifespan: 40%
- CNE: 51%
- South County: 60%

Legend:
- UOI EB SC as % of Lifespan Costs
- UOI EB SC as % of CNE Costs
- UOI EB SC as % of South County Costs
- UOI EB SC as % of CharterCare Costs
Value Assessment: Arthroscopic Knee ACL Reconstruction

Local Episodic Cost Comparison for Commercially Insured Patient

<table>
<thead>
<tr>
<th>Hospital</th>
<th>UOI EB SC as % of Lifespan Costs</th>
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<th>UOI EB SC as % of South County Costs</th>
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Thumbs up symbols indicate comparison results:
- 45% for UOI EB SC as % of Lifespan Costs
- 59% for UOI EB SC as % of CNE Costs
- 46% for UOI EB SC as % of South County Costs
- N/A for UOI EB SC as % of CharterCare Costs
Value Assessment: Arthroscopic Shoulder Rotator Cuff Reconstruction

Local Episodic Cost Comparison for Commercially Insured Patient

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<td>UMass Memorial</td>
<td>144%</td>
<td>144%</td>
<td>144%</td>
<td>144%</td>
</tr>
<tr>
<td>UOI East Bay Surgery Center</td>
<td>142%</td>
<td>142%</td>
<td>142%</td>
<td>142%</td>
</tr>
<tr>
<td>UOI EB SC as % of Lifespan Costs</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
</tr>
<tr>
<td>UOI EB SC as % of CNE Costs</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>UOI EB SC as % of South County Costs</td>
<td>83%</td>
<td>83%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>UOI EB SC as % of CharterCare Costs</td>
<td>84%</td>
<td>84%</td>
<td>84%</td>
<td>84%</td>
</tr>
</tbody>
</table>
Pain Decrease: 91%
- Patients that report an overall decrease in pain 3 months after surgery

Sleeping: 84%
- Patients that say sleeping on the painful or affected side is not or somewhat difficult 3 months after surgery

Everyday Activities: 87%
- Patients that can carry out usual work with no or some difficulty 3 months after surgery

Reaching: 80%
- Patients that are able to reach a high shelf with no or some difficulty 3 months after surgery
Local Episodic Cost Comparison for Commercially Insured Patient

- Kent County: 143%
- Miriam: 128%
- Newport Hospital: 128%
- Rhode Island Hospital: 128%
- Roger Williams Medical Center: 100%
- Saint Anne’s: 97%
- South Coast: 75%
- South County: 129%
- Sturdy Memorial: 104%
- UMass Memorial: 97%
- UOI East Bay Surgery Center: 75%
## Net Affect on Lifespan

The Miriam Hospital Total Joint Center

<table>
<thead>
<tr>
<th>Description</th>
<th>Q1 &amp; Q2 2018</th>
<th>Q1 &amp; Q2 2019</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hip Arthroplasty</td>
<td>232</td>
<td>291</td>
<td>+25%</td>
</tr>
<tr>
<td>Total Knee Arthroplasty</td>
<td>320</td>
<td>416</td>
<td>+30%</td>
</tr>
<tr>
<td>Shoulder Arthroplasty</td>
<td>103</td>
<td>125</td>
<td>+21%</td>
</tr>
<tr>
<td>TOTAL VOLUME</td>
<td>655</td>
<td>832</td>
<td>+27%</td>
</tr>
</tbody>
</table>

Lifespan felt the ASC would pull volume from the hospital
Lifespan Projected 1,300 Joints – 200 Joints to ASC = 1,100 (-15%)
Real affect of lowering cost and increasing access
Lifespan Total Joint Center 1,750 (estimated) + ASC 200 = 1,950 (+50%)
Where did the volume increase come from?
ACO’s previously avoided Academic Medical Center now direct patients
Tier 1 Status all networks except Lifespan self insured plan
Insurers direct patients thru price transparency
Thank You
## Attributes

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What year was your Musculoskeletal Institute established?</td>
<td>1991</td>
</tr>
<tr>
<td>Does it have Primary Care services?</td>
<td>No</td>
</tr>
<tr>
<td>Does it have MRI?</td>
<td>Yes</td>
</tr>
<tr>
<td>Does it have ORs and if so, how many?</td>
<td>16-IP, 9-ASC, 6-Procedure</td>
</tr>
<tr>
<td>Does it have any beds, and if so how many?</td>
<td>100</td>
</tr>
<tr>
<td>How many square feet does your musculoskeletal institute occupy?</td>
<td>Approx. 350,000</td>
</tr>
</tbody>
</table>
## Attributes

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does it have Rheumatology?</td>
<td>No</td>
</tr>
<tr>
<td>Psychiatry?</td>
<td>Yes</td>
</tr>
<tr>
<td>Does it have Physical Therapy?</td>
<td>Yes</td>
</tr>
<tr>
<td>Does it have DME?</td>
<td>Yes</td>
</tr>
<tr>
<td>Does it have Prosthetics &amp; Orthotics?</td>
<td>Yes</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Most valuable lesson learned in negotiating this?</td>
<td>Deliver downstream per commitments</td>
</tr>
<tr>
<td>Do you receive any share of profitability or associated funds flow from this? If so, please describe the arrangement.</td>
<td>No</td>
</tr>
<tr>
<td>were you required to make any investment in this?</td>
<td>No</td>
</tr>
<tr>
<td>Did you have to pay for the equipment and furniture?</td>
<td>Yes, on cost centers but not in reality.</td>
</tr>
<tr>
<td>Anything you would do differently if you had to do it all over again?</td>
<td>No</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Does it have clinics?</td>
<td>Yes</td>
</tr>
<tr>
<td>Does it have faculty offices?</td>
<td>Limited</td>
</tr>
<tr>
<td>what kinds of OR cases are done there?</td>
<td>Hips, Knees, Spine, Oncology, Upper and Lower Extremity</td>
</tr>
<tr>
<td>Do you believe that this facility has increased the level of faculty satisfaction (whether from having clinic, office, OR in one building or otherwise)? Please explain.</td>
<td>Yes, absolutely.</td>
</tr>
<tr>
<td>Who made the investment to build this Musculoskeletal center (ie Your Department, Your SOM, Your hospital, Your health system, etc.)?</td>
<td>Health system</td>
</tr>
</tbody>
</table>
Musculoskeletal Institute Models across the AOC

Insights, Attributes, Financials, and Lessons Learned

END