Emory Transplant Center

• Best place for transplant care
• Best place to work and train
• Leader in Discovery and Innovation
Emory Transplant Center
Distinguishing Characteristics

Multi-disciplinary Patient Care Teams
life-long patient and family-centered care

Medical Specialists
- Kidney
- Lung
- Heart
- Liver
- Pancreas

Surgeons

Other Key Specialists
- Dermatologists
- Psychiatrists
- Infectious Disease

Other Key Team Members
- Social Workers
- Nutritionists
- Financial Counselors
- Nurses
- Midlevel Practitioners
- Pharmacists
- Patient Ambassadors
- Health Coordinators

Engaged Physician, Administrative, Nursing and Scientific Leadership
Emory Transplant Center

- Best place for transplant care
  - Transplant Center of Choice
  - Outstanding Outcomes
  - Most Advanced Treatments
  - Culture of commitment to patient needs
ETC Volume: Referrals

- Kidney/Pancreas: FY 10 = 2369, FY 11 = 2427, FY 12 = 2842
- Lung: FY 10 = 242, FY 11 = 277, FY 12 = 312
- Liver: FY 10 = 476, FY 11 = 645, FY 12 = 781
- Heart: FY 10 = 850, FY 11 = 828, FY 12 = 867
- Total: FY 10 = 3937, FY 11 = 4177, FY 12 = 4802
ETC Volume: Evaluations

- Kidney/Pancreas: FY 10 - 1078, FY 11 - 1151, FY 12 - 1295
- Lung: FY 10 - 46, FY 11 - 76, FY 12 - 90
- Liver: FY 10 - 410, FY 11 - 451, FY 12 - 638
- Heart: FY 10 - 72, FY 11 - 95, FY 12 - 96
- Total: FY 10 - 1606, FY 11 - 1773, FY 12 - 2119
ETC Volume: Listed Patients

- Kidney/Pancreas:
  - FY 10: 533
  - FY 11: 463
  - FY 12: 532
- Lung:
  - FY 10: 47
  - FY 11: 43
  - FY 12: 40
- Liver:
  - FY 10: 110
  - FY 11: 114
  - FY 12: 132
- Heart:
  - FY 10: 26
  - FY 11: 28
  - FY 12: 42
- Total:
  - FY 10: 716
  - FY 11: 648
  - FY 12: 746
ETC Volume:
Transplants (adult & pediatric)
Total Adult Transplant Volumes

FY02 FY03 FY04 FY05 FY06 FY07 FY08 FY09 FY10 FY11 FY12

Transplants
Liver
Kidney/Pancreas
Lung
Heart
National Ranking by Volume – CY 2011
Adult Recipient Transplants

From a national perspective, the ETC ranked 17th of the 238 transplant centers reporting adult recipient solid organ transplants in CY11. This ranking is based on transplant volume. Below is a listing in order of the Top 10 national transplant centers based on transplant volume in CY11.

1. University of California Los Angeles Medical Center – 577 transplants
2. University of California San Francisco Medical Center – 507 transplants
3. Tampa General Hospital – 488 transplants
5. Northwestern Memorial Hospital – 440 transplants
6. University of Wisconsin Hospital and Clinics – 436 transplants
7. Cleveland Clinic Foundation – 430 transplants
8. Indiana University Health – 429 transplants
9. Jackson Memorial Hospital, Miami – 425 transplants
10. The Hospital of the University of Pennsylvania – 424 transplants
17. Emory University Hospital – 360 transplants

*Source: OPTN/SRTR Report Adult Recipient Transplants by Donor Type, Center, CY 2011 (report run 09/11/12)
# Clinic and Infusion

<table>
<thead>
<tr>
<th>Outpatient Clinic</th>
<th>FY 2011 Total</th>
<th>FY 2012 Total</th>
<th>Variance</th>
<th>% change from PY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider visits</td>
<td>16,488</td>
<td>17,819</td>
<td>1,331</td>
<td>8%</td>
</tr>
<tr>
<td>Infusion Rm</td>
<td>1,782</td>
<td>3,105</td>
<td>1,323</td>
<td>74%</td>
</tr>
<tr>
<td>Lab</td>
<td>23,414</td>
<td>26,152</td>
<td>2,738</td>
<td>12%</td>
</tr>
<tr>
<td><strong>TOTAL OTC</strong></td>
<td><strong>41,684</strong></td>
<td><strong>47,076</strong></td>
<td><strong>5,392</strong></td>
<td><strong>13%</strong></td>
</tr>
</tbody>
</table>
Clinic Patient Satisfaction

99th Percentile for September!

Mean above 90--4 consecutive months
### Scientific Registry of Transplant Recipients (SRTR) Risk-Adjusted Survival Data

<table>
<thead>
<tr>
<th>Emory Program</th>
<th>1-Year Patient Survival</th>
<th>1-Year Graft Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>88.20%</td>
<td>88.78%</td>
</tr>
<tr>
<td>Kidney</td>
<td>96.91%</td>
<td>95.69%</td>
</tr>
<tr>
<td>Kidney/Pancreas</td>
<td>93.41%</td>
<td>93.41% (K) 89.26% (P)</td>
</tr>
<tr>
<td>Liver</td>
<td>92.89%</td>
<td>89.19%</td>
</tr>
<tr>
<td>Lung</td>
<td>86.86%</td>
<td>85.12%</td>
</tr>
</tbody>
</table>

*Black = as expected when risk-adjusted
Green = > expected, but not statistically significant
Red = < expected & statistically significant (but wait until January 2013 report!)*
Liver Transplantation and our relentless pursuit of Quality for our patients

Liver Risk-Adjusted Patient Survival

- Expected
- Observed
<table>
<thead>
<tr>
<th>CHOA Program</th>
<th>1-Year Patient Survival</th>
<th>1-Year Graft Survival</th>
<th>3-Year Patient Survival</th>
<th>3-Year Graft Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>94.44%</td>
<td>91.23%</td>
<td>83.33%</td>
<td>80.00%</td>
</tr>
<tr>
<td>Kidney</td>
<td>100.00%</td>
<td>98.51%</td>
<td>100.00%</td>
<td>84.31%</td>
</tr>
<tr>
<td>Liver</td>
<td>92.09%</td>
<td>85.75%</td>
<td>92.00%</td>
<td>85.45%</td>
</tr>
</tbody>
</table>

*Black* = as expected when risk-adjusted; or, no expected data provided
*Green* = > expected, not statistically significant

SRTR Program Specific Report for Children’s Healthcare of Atlanta (July 2012)
Medicines After Kidney Transplant
Emory Healthcare Transplant Program

All of the immunosuppressant medications work together to protect your new kidney. You must take all of them regularly. You should expect to take these medicines for the rest of your life.

Kidney Transplant Surgery

Michael Konomos
Stephen Pastan
Erika Meridith
Sarah Todd
Malcolm MacConmara
.. and a few more FY12 Accomplishments

- All programs - Centers of Excellence
- Children’s Program CMS recertified
- ETC key leadership positions filled
- Outreach and Regional Clinic Expansion
- Information Technology Investment
  - Tools for patient, population and program management
  - Quality, Clinical and Health Services Research
  - Remarkable Team Engagement
- Belatacept Implementation and Innovation
- New Model for ETC project management (Project Turkey Vulture)
- Organ Placement Program and Call Center pilot
- Increased participation in National Paired Donor Exchange Programs
Emory Transplant Center

• Best place to work and train
  – Recruitment and advancement of talented and committed faculty, fellows, nurses, administrative and clinical leaders, and staff
  – Build a culture of respect and commitment
Broad Implementation of The Pledge

• Nicole Turgeon, Ram Subramanian and Wendy Wyche lead champions and champion
• First Phase of training complete
• Implementation of the pledge is an ongoing process
ETC In The Community

And who could forget.....Staff Fest Volleyball Champions!

Georgia Transplant Foundation
American Heart Association
Juvenile Diabetes Foundation Bike Ride
Emory Transplant Center

- Leader in Discovery and Innovation
  - Unwavering Focus on Unmet patient needs
  - Community committed to Discovery and Delivery
Leadership in Transplant and Organ Failure Research

• NIH
  – Clinical Trials in Organ Transplantation in Children- Kirk, Warshaw, team
  – Clinical Trials in Organ Transplantation- Newell, Mehta, Larsen team- Belatacept without steroids
  – Advanced Heart Failure Network- Butler and Smith
  – Islet Transplantation- Turgeon
  – Immune Tolerance in Non-human Primates Larsen, Kirk, Knechtle, Kean, Adams, Iwakoshi, Ford, Kwun

• FDA Belatacept as monotherapy- Kirk

• Novel agents to prevent Delayed Graft Function- Tso Quark

• Defining and surmounting racial and socio-economic disparities in access and outcomes in transplantation- Patzer and Pastan

• Clinical Research Team- Begley

• Biorepository Cheeseman > 89,000 clinically phenotyped samples
Number of NIH Awards with ETC Investigator as PI
FY 12 Success & Opportunity

- Most patient care, best outcomes
- High Impact recruitment and Initiatives
- System and National Leadership

- Positioning ETC for a Changing Health Care Landscape
- Leading the development of new IT-enabled multidisciplinary care models for the complete transplant care continuum
A Look Ahead
Fiscal Year 2013
EMORY HEALTHCARE
STRATEGIC AGENDA
## U.S. Healthcare is facing an unsustainable situation

| Out of Control National Healthcare Costs | • Size of the federal budget deficit is unsustainable  
• The annual increase in the Medicare budget cannot continue  
• The % of healthcare spending to GDP must decline  
• States cannot continue the current Medicaid program models |
|----------------------------------------|--------------------------------------------------|
| The Baby Boomer Surge                   | • Currently 75 million baby boomers between the ages of 45 and 64  
• Over the next 19 years, average of 10,000 baby boomers per day will become newly eligible Medicare beneficiaries  
• Estimated 23% of population will be covered by Medicare in 2030  
• Retiring baby boomers will result in an expected healthcare workforce shortage |
| Impact of Increasing Complexity on the Cost of Care | • 78% of treated adults have multiple chronic conditions  
• The cost of care increases exponentially with multiple chronic conditions (e.g., a patient with 6 chronic conditions, or 8% of treated adults, has 87% higher cost of care compared to a patient with no chronic conditions) |
| Pressures on AMCs for Research and Training | • A training bottleneck looms, and Emory will be faced with more unfunded training positions – U.S. Medical Schools increased enrollment by 30% over 10 years, but residency positions have only increased by 4.5%. IME funding is also facing potential cuts  
• NIH funding is coming under increasing pressure, primarily after the expiration date for ARRA funding |

All of these issues play a role in creating a ‘Perfect Storm’
Best Care at Lower Cost
The Path to Continuously Learning Health Care in America
Transitioning from Volume to Value: New Payment Models
Three categories of services in the future

- Specific Event Bundled Payments (e.g., Transplant, Cardiac Surgery)
- Managing Cohorts of Patients with Advanced Illnesses (e.g., Heart Failure)
- General Population Management for Patient Care
ETC—Ahead of the Curve

• ETC Care models
  – Multidisciplinary Care Model in our DNA
  – Partnership with Dr. Greg Esper, EHC Director of New Care Models
  – PCORI Grant application
    • Esper, Adams, Photakis, Patzer, et al.

• Access overcoming disparities
  – Mason Trust — Risk modeling & Navigator
    • Patzer, Perry Dykes, Robin Miller, Dawn Fletcher et al.
### Overall Theme: Creating Value for our Patients and Families

Value is delivering on our Quality Promise with Minimal Waste and Optimal Efficiency

Value is impacted by all five Key Strategic Themes

### FY13 – FY15 STRATEGIC FOCUS AREAS AND GOALS

<table>
<thead>
<tr>
<th>Clinical Quality</th>
<th>Patient and Family Experience</th>
<th>Commitment to Those Who Serve</th>
<th>Discovery and Innovation</th>
<th>Financial Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulfill our Quality Promise across the continuum of care cost effectively</td>
<td>Significantly improve the patient and family experience with access to the right care</td>
<td>Achieve top physician and employee engagement by living the Care Transformation Model</td>
<td>Expand the opportunities for patients to participate in novel research and educational programs</td>
<td>Strengthen financial performance by improving efficiencies and reducing costs per unit of service</td>
</tr>
</tbody>
</table>
1. Accelerate system commitment and implementation of Clinically Integrated Network Value Initiatives to create consistent highest level quality of care for patients across all care delivery sites.

2. Improve access to the best care, including electronic methods of interaction with our patients, across ambulatory, acute, post-acute, transitions, and home care.

3. Strengthen our culture of Care Transformation through physician and employee partnerships and interdisciplinary care teams, accountability (The Pledge / Employer Commitment), and communication.

4. Strengthen the infrastructure for health services and translational patient-based research to further link patient care to Emory’s discoveries and innovations from clinical research and further advance access to clinical trials across EHC.

These strategies cross focus areas and together will help us achieve our Goals.
<table>
<thead>
<tr>
<th>5. <strong>Change the cost structure</strong> through optimizing the utilization of existing assets, leveraging economies of scale, reducing waste (both costs and appropriately avoidable services), and maximizing efficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Intentionally design new <strong>team-based care</strong> approaches across the organization and hardwire <strong>optimal clinical practices</strong> using evidence-based models collaboratively across the EHC system</td>
</tr>
<tr>
<td>7. Become early adopters of <strong>new value-based care and reimbursement models</strong>, implementing Clinically Integrated Network Value Initiatives across the delivery system, and <strong>training the new generation of caregivers in the new care models</strong></td>
</tr>
<tr>
<td>8. Strengthen EHC’s position as an Academic Medical Center by <strong>investing in core campus facilities and programs of distinction</strong>, through the evaluation of <strong>growth opportunities</strong> with targeted hospitals and physician practices, and through a strong, consistent system brand</td>
</tr>
</tbody>
</table>

These strategies cross focus areas and together will help us achieve our Goals
ETC FY 13 OPERATIONAL PRIORITIES
Fiscal Year 13 ETC Priorities

• Team satisfaction/engagement
• IT Development (working smarter)
• Access
  – Patient (portal, call center, MD)
  – Referring provider
  – B6 Clinic
• Staffing Optimization
Team Satisfaction

ETC Breakdown

Overall Partnership
69.5

Satisfaction
“What do I get”
65.9

Engagement
“What do I give”
74.2

Systems & Leadership
62.8

Resources
60.7

Teamwork
69.6

Direct Management
71.0

Our Organization
77.6

Our Work
70.4

My Work
74.7

N=93
Team Satisfaction & Engagement

• Town Hall meetings
• Team Development
  – CME opportunities
  – Training opportunities
• Engaging work groups on change
IT Development

• Working smarter
• Developing the tools necessary to do your job
• Continue transition from OTTR → EeMR
Access

• Patient Access
  – By phone
  – Visits (Clifton Road and Beyond)
  – Patient Portal

• Referring provider access
  – By phone
  – Fax
  – Email
Staffing Optimization

- Mechanism to benchmark/measure
- Work ahead of the curve
- Right responsibilities for the right positions
- Continued education for existing staff
- Talent pool development (Farm team)
In Summary

• FY 2012 was a banner year
• YOU truly make the difference
• New challenges ahead for FY 2013 & beyond