

# Nebraska Health Network

Presented by Mike Romano, MD  
Chief Medical Officer

NEBRASKA  
HEALTH  
NETWORK



Led by the physicians and health systems of your community.

# Our Organization

The Nebraska Health Network is an accountable care organization formed in 2010 through the partnership of Methodist Health System and Nebraska Medicine.

- Broad network with over 1,400 providers, including nearly 350 primary care providers.
- Locally led, Omaha-based organization with a 12-member board comprised of physician leadership from within each health system and within independent physician clinics throughout the Metro area.
- Six local hospitals including: Methodist Health System, Nebraska Medicine, Nebraska Orthopaedic Hospital and their affiliates.
- Currently managing the health of over 50,000 patients in the Omaha community including employees of both health systems and through partnerships with commercial payers including BCBS of Nebraska, Aetna and Coventry.



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# Our Vision

To improve the health of all patients by delivering high quality, affordable and accessible health services throughout Nebraska and Western Iowa.



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# Priorities of the NHN

To achieve our vision of providing high-quality, affordable health care we have identified 5 key priorities to build the organization, enabling growth and success.

**1** Clinical  
Integration

**2** Population Health  
Management

**3** IT and Data  
Infrastructure

**4** Consumer  
Engagement

**5** Product  
Development

**1** Clinical  
Integration

Goal: We offer a complete and clinically integrated network of providers focused on quality.

# FTC: Elements of Clinical Integration

- We develop and adopt detailed, evidence-based clinical practice guidelines
- We limit participation to providers who are committed to accept and comply with the guidelines
- We measure and evaluate each participating provider's compliance with the guidelines
- We use information technology to ensure exchange of all relevant patient data

# Clinical Workgroups

## Primary Care

Dr. Omar & Dr. Abdouch  
Sinusitis  
Low Back Pain  
Hypertension

## OB/GYN

Dr. Ziegenbein & Dr. Weidner  
Cervical Cancer Screenings  
Primigravida Inductions  
Vaginal Delivery: Episode of Care

## Lab Test Utilization

Dr. Karre & Dr. Wisecarver  
Thrombophilia Testing  
Genetic Testing  
Reduce Duplicate Lab Tests  
Blood Conservation

## ED Utilization

Dr. Frankel & Dr. Shiffermiller  
Increase Urgent Care Access  
Extended PCP Office Hours  
Improve Patient Communication  
Reduce Inappropriate Utilization

## Oncology Surgery

Dr. Lydiatt  
Complex Head & Neck Surgery Episode of Care  
Thyroidectomy Care Pathway

## Gastrointestinal (GI)

Dr. Malliard & Dr. Mitchell  
Colorectal Screening  
Hepatitis C & B Drug Mgt.  
Inflammatory Bowel Disease  
Cirrhosis

# Clinical Workgroups

## Diabetes

Dr. Baker & Dr. Drincic  
Pre Diabetes Mgt.  
Diabetic Episode of Care  
Diabetic Medication Regime  
Foot & Ulcer Prevention  
Hemoglobin A1c Control

## Orthopedics

Dr. Canedy & Dr. Jana  
Joint Registry  
Appropriate Utilization of SNIFF  
Blood Conservation  
Total Joint Episode of Care

## Cardiology

Congestive Heart Failure (CHF)  
CHF Outpatient

## Skilled Nursing & Home Health

Dr. Lohrberg & Dr. Wester  
Standardize Transfer & Comm  
Advance Directives  
Standardize Outcome Measures  
Reduce Inappropriate Utilization

## Pharmacy & Therapeutics

Dr. Reilly & Dr. Egbert  
Standardized Preferred Drug List  
Inpatient & Outpatient

## Nephrology

Dr. Bierman & Dr. Plumb  
Kidney Preservation  
Drug Utilization  
Dialysis



## 2 Population Health Management

Goal: We are experts in managing the health of populations, with a focus on wellness and chronic disease management.

# Core Competencies

- To do Population Health Management well we must be proficient in:
  - Aggregating data to show a holistic patient view
  - Using predictive modeling to identify at risk populations
  - Managing with evidence based care plans
  - Identifying and closing care gaps
  - Directing care to the most appropriate location
  - Engaging patients before complications arise and high spending results

# Focus on chronic disease

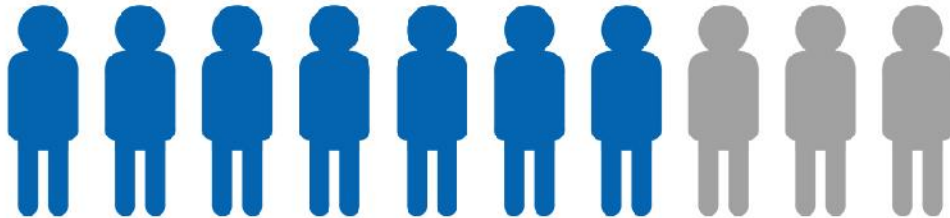
CHRONIC DISEASES ACCOUNT FOR  
**\$3 OF EVERY \$4**  
SPENT ON HEALTHCARE

OR **\$7,900**

FOR EVERY AMERICAN  
WITH A CHRONIC DISEASE.



Health care costs for a person with one or more chronic conditions **ARE FIVE TIMES HIGHER** COMPARED TO INDIVIDUALS WITHOUT A CHRONIC DISEASE.



CHRONIC DISEASES CAUSE **7** OUT OF EVERY **10** DEATHS.

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# Summary: NHN Priorities for Success

- We offer a complete and clinically integrated network of providers focused on quality.
- We are experts in managing the health of populations, with a focus on wellness and chronic disease management.
- We make data-driven decisions to assure the best possible clinical and financial outcome.
- We are focused on the needs of our customer, and build trusting relationships with them.
- We deliver innovative products to the market to drive value to the end customer.

# Thank you

Michael Romano, MD

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