

Implementing Genomic Medicine in the Clinic: Perspectives of an Integrated Health System

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GEISINGER

December 5, 2012

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Geisinger Health System

• Mission

Enhance the quality of life through an integrated health service organization based on a balanced program of patient care, education, research, and community service.

Geisinger Brand

- Quality
- Value
- Partnerships
- Advocacy

The Vision

- Quality
- Innovation
- Market Leadership
 - ➢ Growth
 - Scale and Generalize Innovation
- The Geisinger Family
 - ≻Legacy
 - Personal and Professional Well-being



Geisinger Health System An Integrated Health Service Organization

Provider Facilities

• Geisinger Medical Center

 Hospital for Advanced Medicine, Janet Weis Children's Hospital, Women's Health Pavilion, Level I Trauma Center Ambulatory Surgery Center

Geisinger Northeast (2 campuses)

- Geisinger Wyoming Valley Medical Center with Heart Hospital, Henry Cancer Center, Level II Trauma Center
- South Wilkes-Barre Adult & Pediatric Urgent Care, Ambulatory Surgery Center, inpatient rehabilitation, pain mgmt, sleep disorders
- Marworth Alcohol & Chemical Dependency Treatment Center
- >53K admissions/OBS & SORU
- ~820 licensed in-patient beds

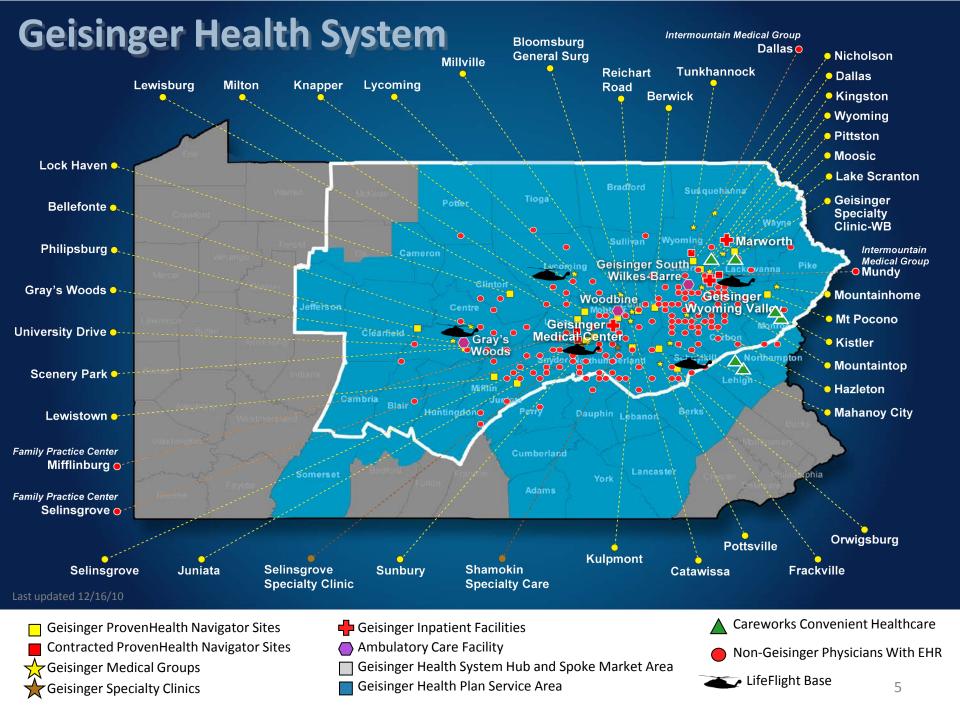
Physician Practice Group

- Multispecialty group
- ~900 physicians
- ~520 advanced practitioners
- ~65 primary and specialty clinic sites (37 community practice sites)
- 1 Outpatient surgery center
- >2.1 million outpatient visits
- ~360 residents and fellows

Managed Care Companies

- ~298,000 members (including ~63,000 Medicare Advantage members)
- Diversified products
- >30,000 contracted physicians/ facilities
- 43 PA counties





Regional Demographics

- 2.6 million people in 31 county service area
- Older and poorer relative to national averages
- Most counties officially designated as rural and underserved
- Non-transient: <1% annual out-migration rate in most counties
- 96% White European descent

Electronic Health Record (EHR)

- >\$135M invested (hardware, software, manpower, training)
- Running costs: ~4.4% of annual revenue of >\$3B
- **Fully-integrated EHR:** 37 community practice sites; 2 hospitals; 2 EDs; 6 Careworks retail-based and worksite clinics
 - Acute and chronic care management
 - Optimized transitions of care
- Networked PHR ~178,000 active users (34% of ongoing patients)
 - Patient self-service (self-scheduling, kiosks)
 - Home monitoring integrated with Medical Home
- "Outreach Health IT" 3,159 users in 612 non-Geisinger practices
 - Remote support for regional ICUs
 - Telestroke services to regional EDs
- Active Regional Health-Information Exchange (KeyHIE)
 - 18 hospitals, 100+ practices, 500,000 patients consented
- e-health (elCU®) Programs
- Keystone Beacon Community \$16M Grant from ONCHIT over 3 years
 - HIT-enabled, Community-wide care coordination in 5 rural counties
- **Geisinger MyCode**^{® -} biobanking blood samples

Geisinger Clinic Biobank Inventory

Individual patients >35,000 >20,000 •Primary care >15,000 •Specialty clinics **Blood samples** >24,000 >48,000 Serum samples **DNA** samples >20,000 **Tissue samples** >4,000 Total samples >100,000

Clinical Decision Intelligence System (CDIS) Clinical Data Warehouse

• Near real-time, system-wide data warehouse

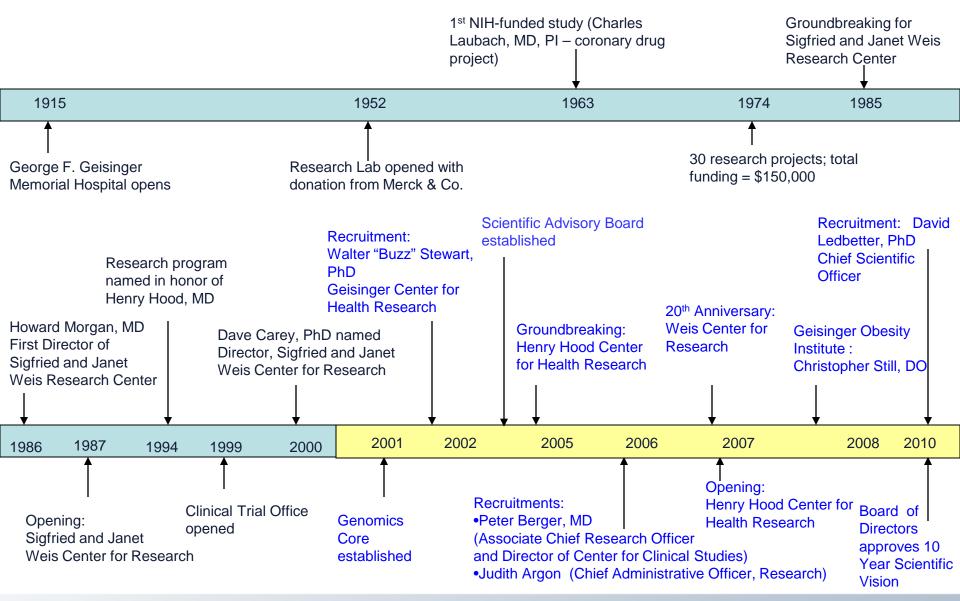
Searchable data format

- EHR data (back to 2004)
 - Demographic and lifestyle data (e.g., age, height, weight, smoking)
 - Clinical measures (e.g., blood pressure)
 - Orders (prescriptions, imaging)'
 - Clinical laboratory data
- Financial data (e.g., billing, payment)
- Operational data (e.g., events, scheduling)
- Claims data (e.g., ambulatory, hospital, pharmacy)

• Data are cleansed, normalized and stored at most granular levels to facilitate data mining and analytics

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Geisinger Research – Timeline



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Research Strategic Vision

- Vision: Personalized Health Care
- Emphasis on genomics
- Coupled with an innovative clinical provider system and payor
- Both of whom see "value" in potential to change course of disease/improve health outcomes/reduce costs
- Board approved 10 year Vision for Research is affirmation of a year long process by a multidisciplinary committee (inclusive of 3 board members) that translational research is part of, not separate from, Clinical Medicine.

Key Considerations in Approval Process

- Leadership at multiple levels
- Articulation/communication/debate/refinement of vision
- Formalized and vetted at multiple levels, a five year strategic and financial plan
- Delineation of quality and value (multiple stakeholders)
- Delineation of metrics for success/course correction strategies
- Risk/risk mitigation strategies
- Capacity/history of success in execution

Progress in GHS Research Vision Implementation: Genomic Medicine

- Appointment of David H. Ledbetter, Ph.D., inaugural EVP/Chief Scientific Officer – 2010
- Recruitment of W. Andy Faucett, MS (Policy and Education) – 2011
- Receipt of eMERGE Award 2011
- Recruitment of Ann Moon, MD, Ph.D.;Marc Williams, MD, and Janet Williams, MS – 2011
- Development of Genomic Medicine Program
 - Undiagnosed patients
 - Whole genome/whole exome triad sequencing
- Development of Bioinformatics Core Gregory Moore, MD, Ph.D. - 2011

Summary

- Patient focus clinical medicine/research partnered to improve health of population
- Leadership/commitment at multiple levels to drive vision
- Leadership/commitment at multiple levels to ensure operational execution across multiple constituencies
- Commitment to demonstrating improved patient quality outcomes and improved value to patient providers, payors is key