



Health Innovation Subcommittee

**Wednesday, November 8, 2017
10:30 AM – 12:30 PM
Mashburn Hall (306 HOB)**

Committee Meeting Notice
HOUSE OF REPRESENTATIVES

Health Innovation Subcommittee

Start Date and Time: Wednesday, November 08, 2017 10:30 am
End Date and Time: Wednesday, November 08, 2017 12:30 pm
Location: Mashburn Hall (306 HOB)
Duration: 2.00 hrs

Presentation on innovative healthcare options, by Stephanie Zaremba, athenahealth, Inc.

NOTICE FINALIZED on 11/01/2017 2:04PM by Iseminger.Bobbye

Stephanie Zaremba

BIOGRAPHY



Stephanie Zaremba is the Director of Government Affairs at athenahealth, Inc., headquartered in Watertown, Massachusetts. athenahealth is a health information technology company that provides network-based medical record, revenue cycle, patient engagement, care coordination, and population health services.

Ms. Zaremba leads athenahealth's public policy initiatives, which are aimed at ensuring that federal policies enable innovation in healthcare. She focuses on issues regarding payment reform, data transparency, interoperability, and patient safety. She also represents athenahealth in a variety of health care and regulatory compliance issues and served as Senior Corporate Counsel for the company prior to joining the Government Affairs team.

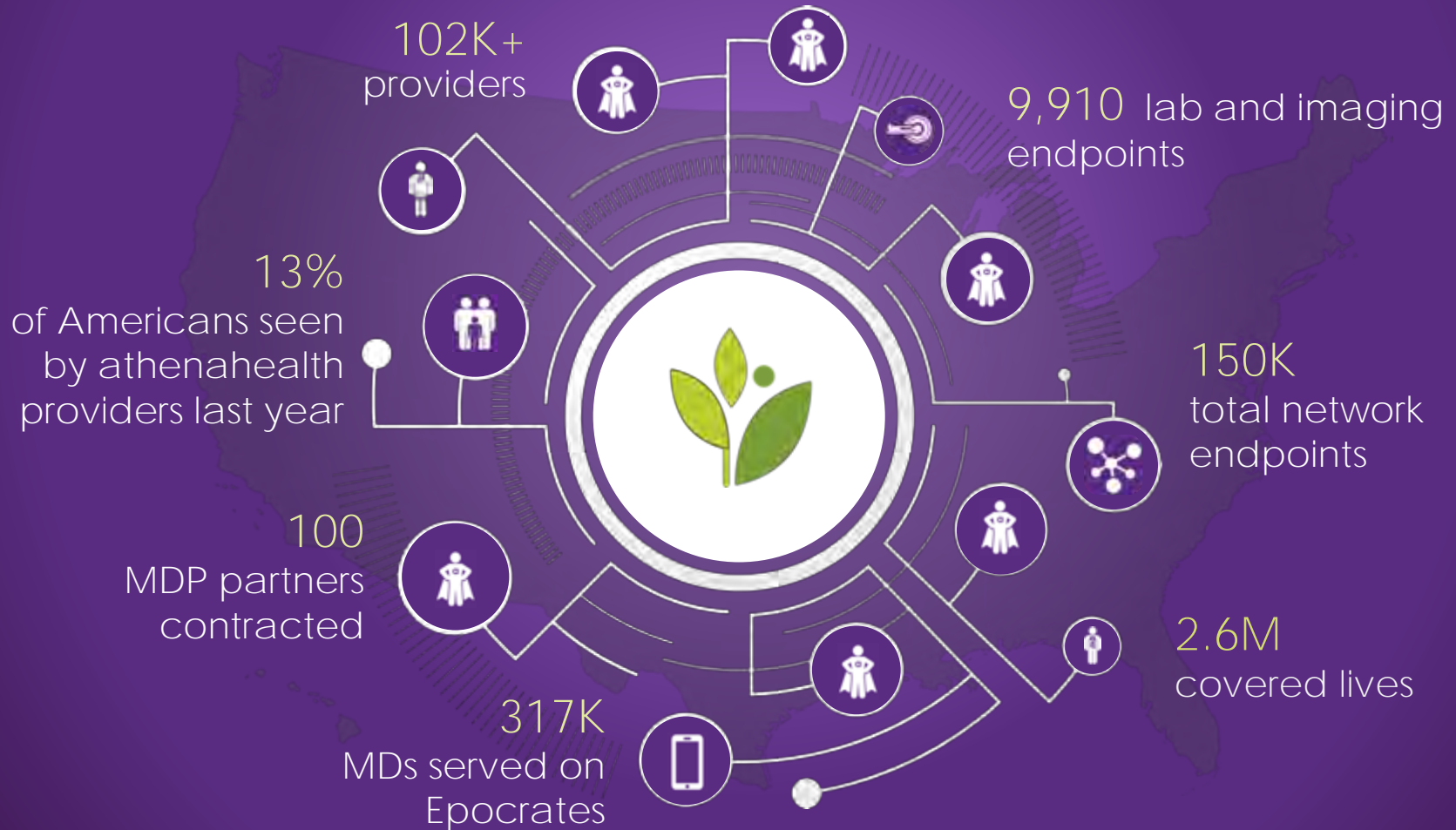
Prior to joining athenahealth, Ms. Zaremba received her law degree from Boston College Law School. She graduated from Syracuse University with a degree in Policy Studies and Economics.

Briefing: What's Broken in US Healthcare

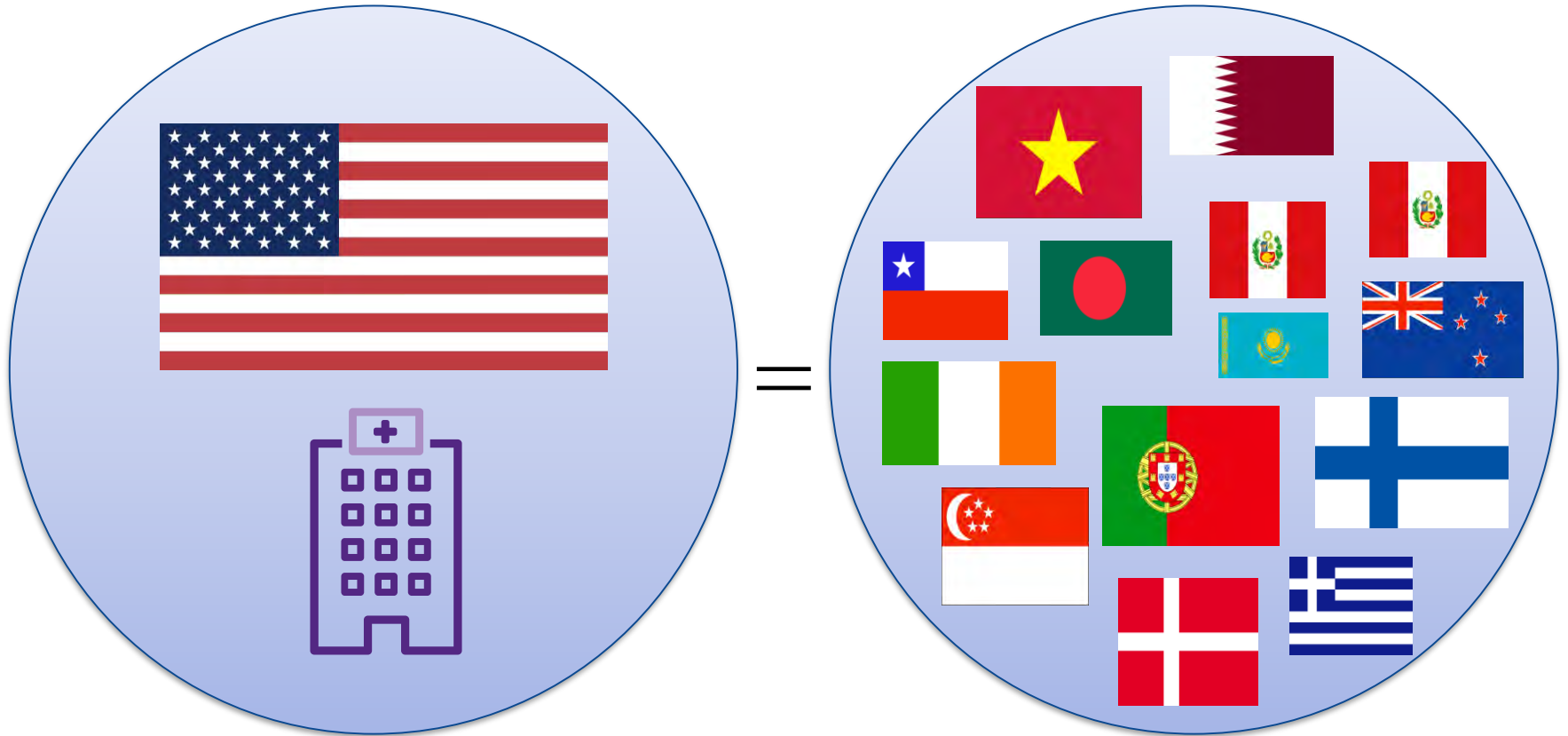
Stephanie Zaremba
Director, Government Affairs



athenahealth vision: To build an information backbone that helps healthcare work as it should.



US healthcare spending equals (combined) GDP of 14 countries



\$3.2 T

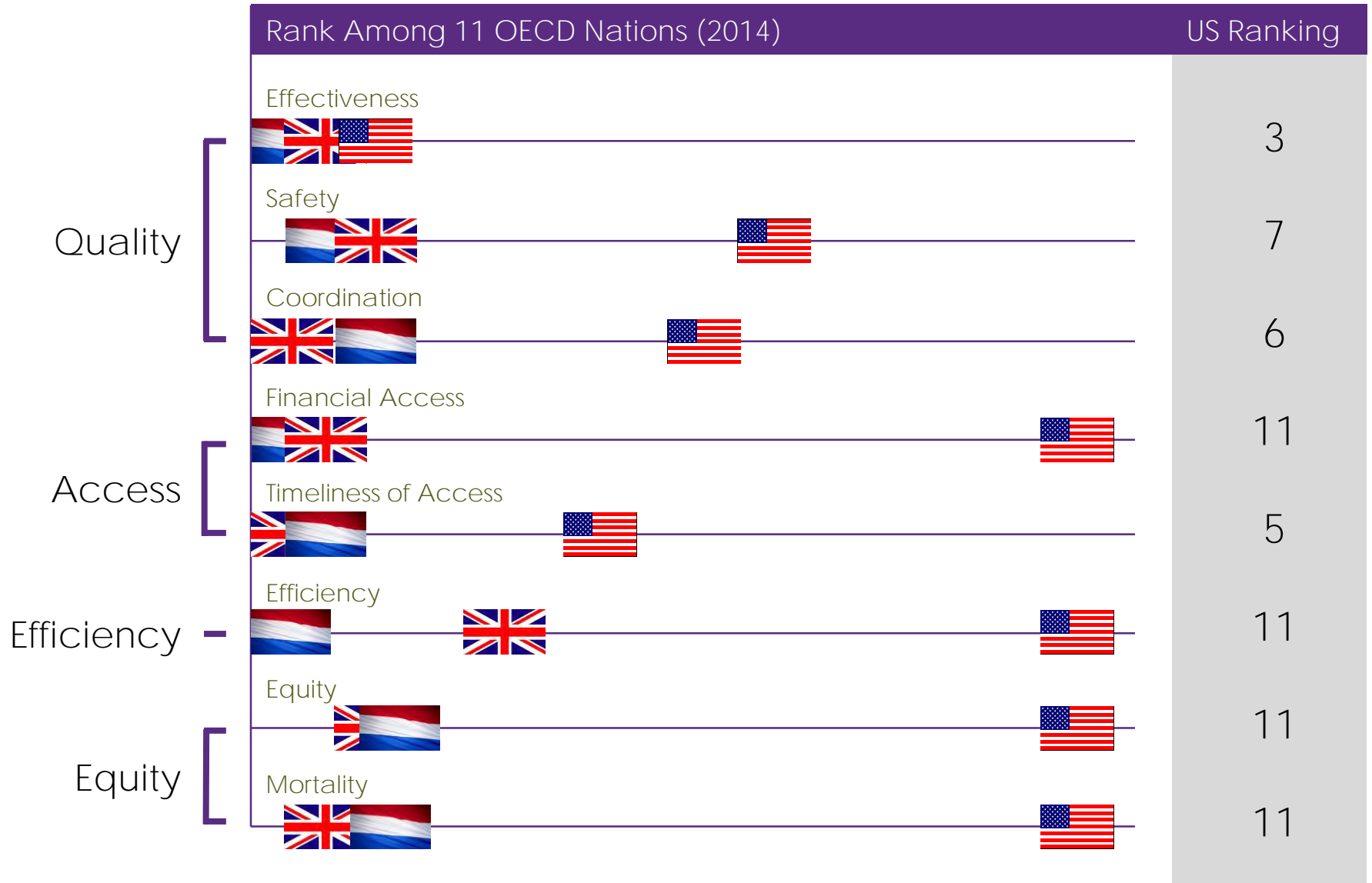
National Health Expenditures (2015)

\$1.0 T

Hospital Care (2015)

\$635 B

Spending on Physicians



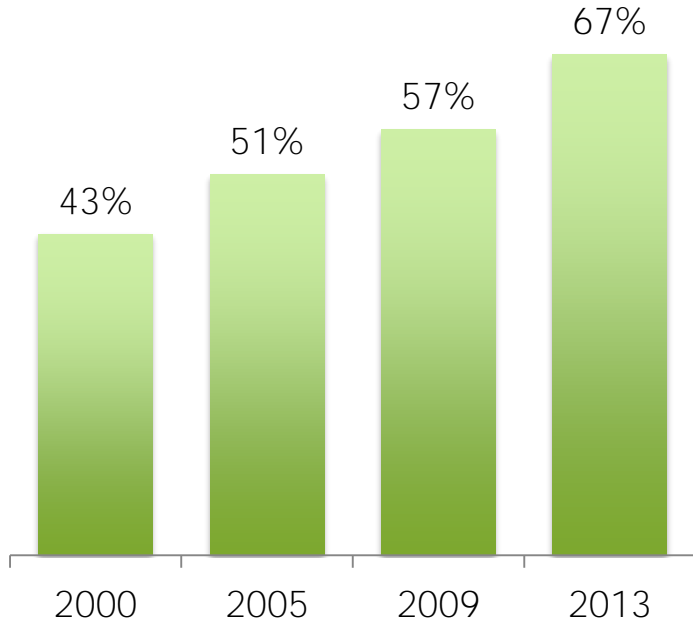
- 1 Volume-based reimbursement
- 2 Variability in care processes
- 3 Lack of cost and price transparency
- 4 Siloed, fragmented data

What if we paid for coffee like we pay for healthcare?

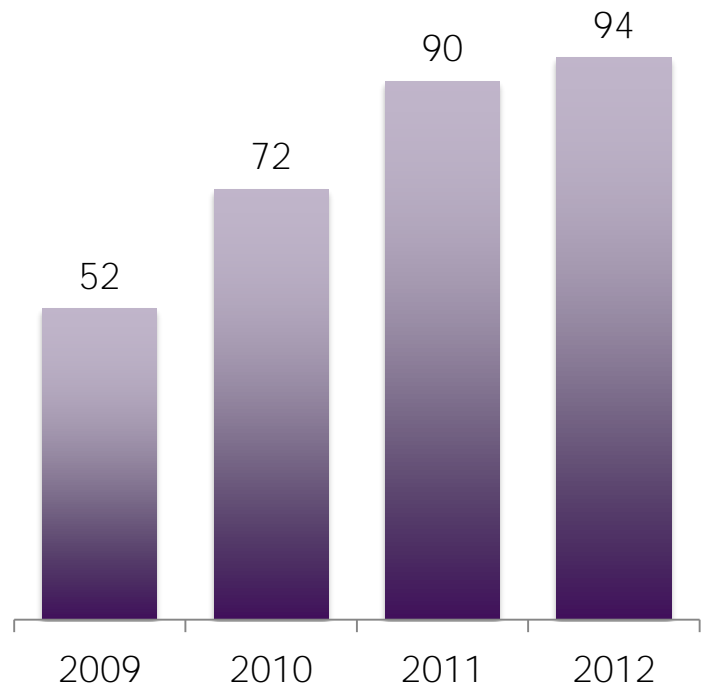


athenahealth Provider sector consolidating in search of volume

Physicians Employed/Closely Affiliated with Health Systems

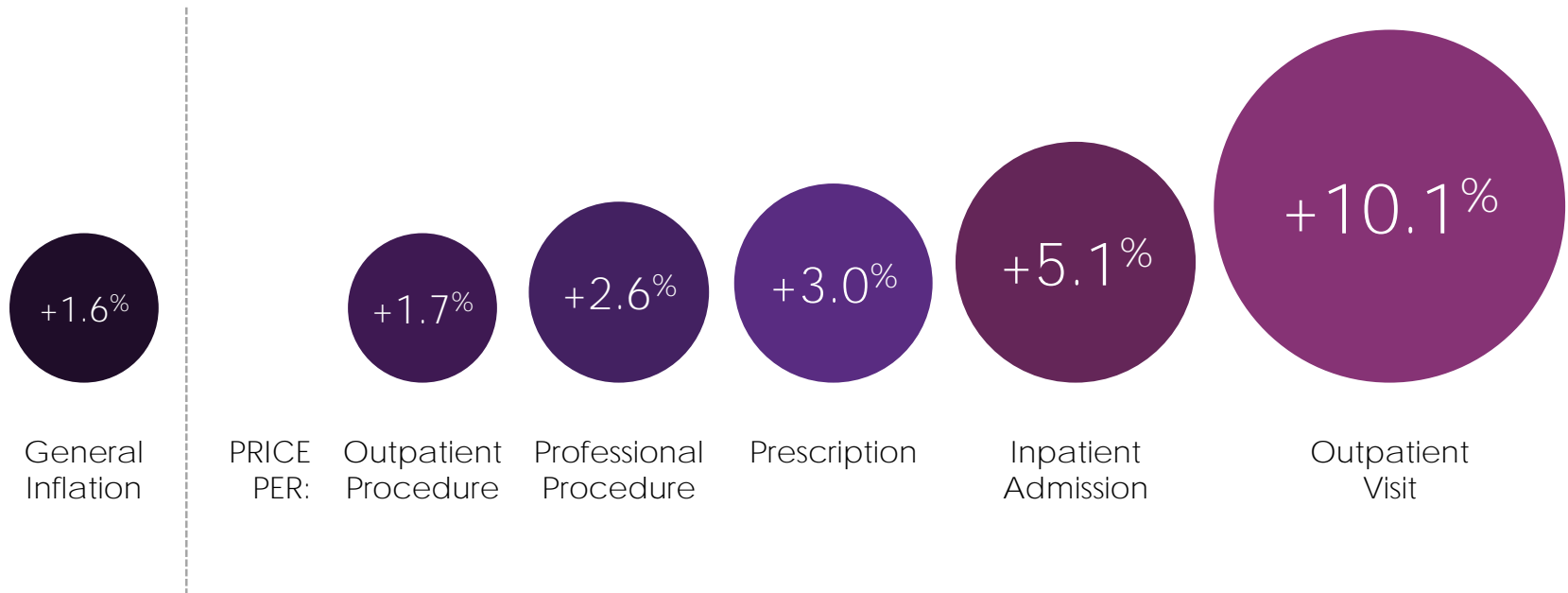


Hospital Mergers and Acquisitions



Prices Drive Health Spending Growth

Health care prices outpaced general inflation between 2009-2010



Note: Data represent health spending growth from 2009-2010 among people under 65 with employer-sponsored insurance.
 Source: *Health Care Cost and Utilization Report: 2010*, Health Care Cost Institute, May 2012.



Overtreatment	Failures of Care Delivery	Failures of Care Coordination
Provision of unnecessary clinical care	Failure of safety practices and following established best practices	Poor management of chronic disease leads to expensive treatment
\$192 billion	\$128 billion	\$35 billion

University of Utah is Calculating Cost of Care

“No one on Dr. Lee’s staff at the University of Utah Health Care could say what a minute in an M.R.I. machine or an hour in the operating room actually costs. They chuckled when she asked.”

University of Utah

- ▶ Implemented a new computer program that can calculate cost of care
- ▶ While costs at other academic medical centers in the area have increased 2.9% a year, University of Utah’s costs have declined 0.5%

\$0.82

Cost per minute in the ER

\$1.43

Cost per minute in the ICU

\$12.00

Cost per minute in the operating room for an orthopedic surgery case

Charge: ???
Billed: \$7,468
(for two scans!)



Newton-Wellesley

Charge: \$5,315
Out of Pocket: ???



Massachusetts General

Charge: \$2,000
Out of Pocket: \$600





95%

of doctors have difficulty delivering care because they cannot access patient records



16,000

faxes are sent to the average doctor each year



\$12B

wasted in U.S. hospitals annually as a result of inefficient communication among care providers



Interoperability is about a lot more than forcing the exchange of information



Access: "When I'm on the athenaNetwork, I want to be connected to my patient's network of data"



Utility: "Data needs context so that I know what to do next."



Performance: "I want to easily find what's important. Help me manage the information and effort overload."

A stylized white graphic on a purple background. It features a vertical stem on the left, a large leaf on the right, and a smaller leaf and a circle above the stem. The text "Thank you" is written in a light green, sans-serif font, positioned in the lower right area of the image.

Thank you