



**PHILIPS**

Customer  
partnership

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With legislation driving reform, we knew that we needed to keep people healthy and out of the hospital to reduce costs, while ensuring better patient outcomes.

**Peter S. Fine – President and CEO of Banner Health**

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#### Who/where

Banner Health, Arizona, USA

#### Challenges

- Aging population
- Increased prevalence of chronic disease
- Manage patients with multiple chronic conditions
- Keep patients healthy and out of the hospital

#### Solution

Banner and Philips created a program that leverages remote home monitoring, early intervention, educational services and patient engagement strategies.

#### Results<sup>2</sup>

- Reduced overall cost of care by 34.5%
- Reduced hospitalizations by 49.5%
- Reduced the number of days in hospital by 50%
- Reduced the 30-day readmission rate by 75%

### Partnering to reduce hospital admissions

Banner recognized that 5% of their patients accounted for 50%<sup>1</sup> of their total healthcare expenditures. They wanted to create a more connected, integrated approach – to reduce costs, optimize their resources and improve the patient experience and outcomes.

Banner and Philips worked closely together to address this shift toward value-based care. Incorporating clinical insights, telehealth and care coordination solutions with consulting services and population health analytics, they accelerated the transition to patient-centric, value-based care.

Headquartered in Phoenix, Arizona, Banner Health is one of the largest, nonprofit health care systems in the United States, managing 28 acute care hospitals, Banner Health Network and Banner Medical Group, long-term care centers, outpatient surgery centers and an array of other services including family clinics, home care, hospice services and a nursing registry.



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We have been able to sustain significant improvements with our most complex patients over long periods of time.  
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**Deb Dahl – Vice President,  
Patient Care Innovation,  
Banner Health**

## The solution

### Proactive care beyond the hospital

To better manage its chronically ill population, Banner’s Intensive Ambulatory Care (IAC) telehealth pilot sought to improve the quality of life for participants while reducing costs by looking for adverse trends and intervening before those trends became adverse outcomes.

Using telehealth innovatively has been a long-standing priority for Banner Health. More than a decade ago, Banner embraced telehealth with the

launch of its tele-ICU system, which has consistently improved outcomes across the organization. In 2013 Banner extended this Philips tele-ICU model through implementation of an Intensive Ambulatory Care (IAC) telehealth pilot to target patients outside the hospital with multiple chronic conditions.

### Tackling complex cases with telehealth

Philips and Banner examined 128 patients<sup>3</sup> who had at least one-year pre-IAC and one-year post-IAC follow up to see the prolonged impact of the IAC program on patient outcomes. The analysis of patient results over the first

full year revealed that the IAC program helped<sup>3</sup> significantly (see Results at a glance).

The IAC program is part of a suite of integrated enterprise telehealth solutions that help expand access to healthcare, provide better value and deliver care for better outcomes. These programs help address multiple cohorts within a population ranging from highest cost patients with intensive ambulatory care and acute needs, to discharge transition and chronic care management, to prevention and wellness for the general population.

## Results at a glance

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## Looking forward

Philips and Banner have partnered to create a long term strategic collaboration with a governance structure that will allow both organizations to identify solution delivery projects focused on organizing care around people. Through innovative technologies and processes, they will help assure patients receive the right care, in the right place, at the right time.

### Sources

1. Department of Health and Human Services, AHRQ, The Concentration and Persistence in the Level of Health Expenditures over Time: Estimates for the U.S. Population, 2008-2009.
2. Dahl, D., Khurana MD, H. (2015). Impact of an intensive ambulatory program on both financial and clinical outcomes in Banner Health, revisit the initial cohort with extended follow-up. Unpublished internal study.
3. This number represents the patients enrolled in the IAC program who had data available beginning one year prior to entering the IAC program, and one year of data after entering the program.

