Defining Value and Measuring Impact

October 17, 2018
Starting a national movement
It started with one phone call.....
The First Patient Story

Transformation

$1.3 \text{ million reduction in unreimbursed care}$
Innovation at all Scales

- Community
- Population
- System
- Patient
Complex Care Center

Key Components

• Focus on *changing the system*

• Intervene *whether the patient engages or not*

• Increase effect of *existing resources*

• *Change root causes* in the system, population, community

Patient is connected to the appropriate intervention
Data Analysis
“Frequency as systems failure”
Root Cause Analysis: Patient Story
Medical, Behavioral, Social and System
Case Conferencing
Carrying the patient story cross continuum
Complex Care Map
Plan of care linked to EMR pop-up alert
Common Subpopulations

- Policy and Process Improvements
- Interagency Relationships
What if patient population needs are greater than what one health system or multiple systems can offer?
Community Collaborative
Solving complex problems with shared resources
Outcomes – 339 patients in 24 months

<table>
<thead>
<tr>
<th>Hospital Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Reduction</td>
</tr>
<tr>
<td>Reduction 195</td>
</tr>
<tr>
<td>44%</td>
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<tr>
<td>Emergency Visit Reduction</td>
</tr>
<tr>
<td>Reduction 1,498</td>
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<tr>
<td>43%</td>
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<tr>
<td>Outpatient Visit Reduction</td>
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<tr>
<td>Reduction 199</td>
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<tr>
<td>17%</td>
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<table>
<thead>
<tr>
<th>Patient Economics</th>
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<tbody>
<tr>
<td>High Frequency Population Management</td>
</tr>
<tr>
<td>Net Revenue Reduction 42%</td>
</tr>
<tr>
<td>Direct Expense Reduction 47%</td>
</tr>
<tr>
<td>Operating Margin Increase $632k</td>
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</table>

## Outcomes – 339 patients in 24 months

<table>
<thead>
<tr>
<th>Quality Measurements</th>
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<tbody>
<tr>
<td>Patient Housing</td>
</tr>
<tr>
<td>14% ✅</td>
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</table>

### Patient Utilization

- **High Frequency Population Management**
  - Length of Stay 41%
  - CAT Scans 62%
  - ED/Urgent Care Minutes 49%

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The Impact of changing the system...
Scale within Trinity Health
## Complex Care Business Plan

### Financial Performance

#### Outcomes Over a Two Year Time Period

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Actual Financial Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Proposed investment of $3 million over 5 years</td>
<td>• Actual investment of $760,000 over 2 years</td>
</tr>
<tr>
<td>• Estimated return on investment of 28% within 5 years</td>
<td>• Actual return on investment of 23% over 2 years</td>
</tr>
<tr>
<td>• Targeted population of 900 patients</td>
<td>• Actual patient population exceeded 1,000</td>
</tr>
</tbody>
</table>
Where Could you Start?
Shifting our Focus
Underneath the Surface

Social Determinants of Health

• Housing
• Transportation
• Food Insecurity
• Social Isolation
• Legal Issues
• Health Literacy/Language
• Safety

System Barriers:

• Access
• Disorganized Services
• Disconnect bw medical/social/behavioral services
• Complex Health Problems – fragmented treatment silos
Traumatic Life Experience
Self-actualization
desire to become the most that one can be

Esteem
respect, self-esteem, status, recognition, strength, freedom

Love and belonging
friendship, intimacy, family, sense of connection

Safety needs
personal security, employment, resources, health, property

Physiological needs
air, water, food, shelter, sleep, clothing, reproduction
From the Navigator to the Advocate
Where Could you Start?
Complex Care Committee
• Internal System Collaborative
• Interprofessional
• Data Review of High-Utilizers
• Root Cause Analysis
• Patient Intervention
• Process Improvements

Complex Care Committee
Interagency Case Conferencing
• Focused on System Gaps
• Interprofessional
• Interagency
• Root Cause Analysis
• Shared Plan of Care
• Patient Intervention
• Process Improvements

Interagency Case Conferencing
Project Restoration
Lake County CA
• Cross Sector Collaborative
• Shared Metrics & Intervention
• Community Root Cause Process Improvements

>50% reduction in Utilization

>60% improvement in financial performance

1.3 Million Investment

Project Restoration
Finding your Focus
Asset Mapping

Understand the strengths in the organization, the possibilities for partnership and the opportunities to build something new.

Co-Design

Informed by data and asset mapping – answer the question “What is the problem we are trying to solve?” Co-design the solution.

Data Analysis

Understand the Population and the opportunity.
Data Analysis

Who is your population?
Asset Mapping
What are the resources for the population?
Asset Mapping
Who are your key partners?
What is the problem we’re trying to solve?
Measuring Impact
Top Five Strategies for the Business Case

- Partners and Shared Data
- Four Quadrant Outcomes
- 360 Degree View
- Patient/Provider Story
- What is the Why?
Cost
Utilization
Quality Improvement
Satisfaction

Four Quadrant Outcomes
What is Possible....
Publications
lhardin@camdenhealth.org


Putting Care at the Center 2018
December 5 – 7, 2018 | Chicago, Illinois
www.centering.care

Keynote Speaker
Ai-jen Poo
Executive Director, National Domestic Worker’s Alliance
Co-Director, Caring Across Generations

Tickets are on sale
Early Bird: $595 • General Admission: $695
Student Rate: $350 • Student Hotspotting Current and Alumni: $250
Resources for Learning

• https://www.nationalcomplex.care/

• https://www.bettercareplaybook.org/