Defining Value and Measuring Impact



October 17, 2018







Starting a national movement



It started with one phone call.....



The First Patient Story



Andrew Rae. "The Tangle of Coordinated Care." New York Times. April 13, 2015.

Transformation

\$1.3 million reduction in unreimbursed care

Innovation at all Scales

Community

Population

System

Patient

Complex Care Center



Patient is connected to the appropriate intervention

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

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

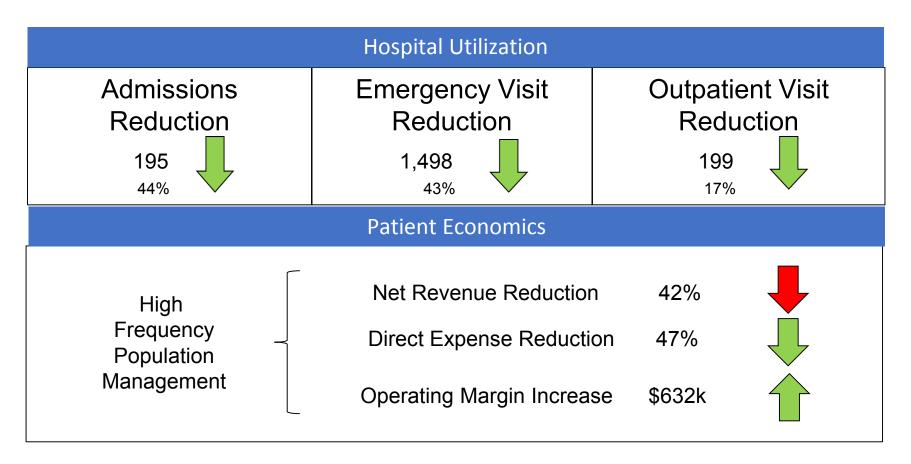


What if patient population needs are greater than what one health system or multiple systems can offer?

Community Collaborative Solving complex problems with shared resources

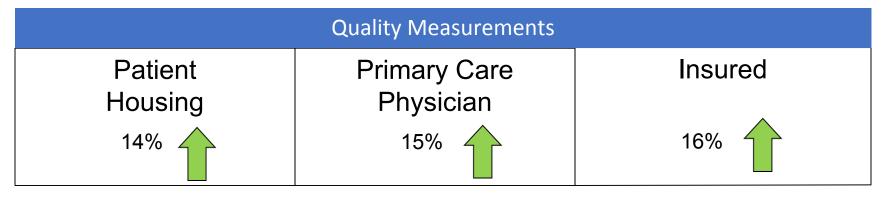


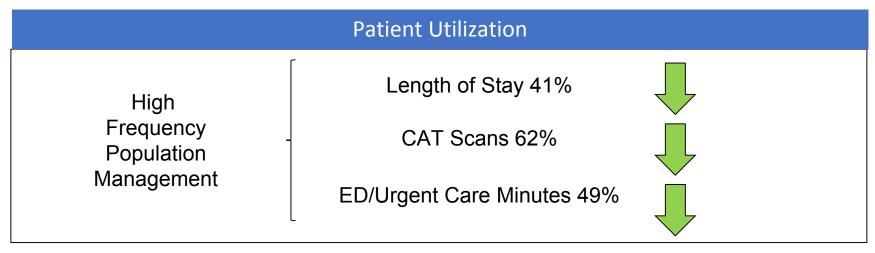
Outcomes – 339 patients in 24 months



Hardin, L., Kilian, A., Muller, L., Callison, K., & Olgren, M. (2016). Cross-Continuum Tool Is Associated with Reduced Utilization and Cost for Frequent High-Need Users. *The Western Journal of Emergency Medicine*, 18(2), 189–200. doi:10.5811/westjem.2016.11.31916

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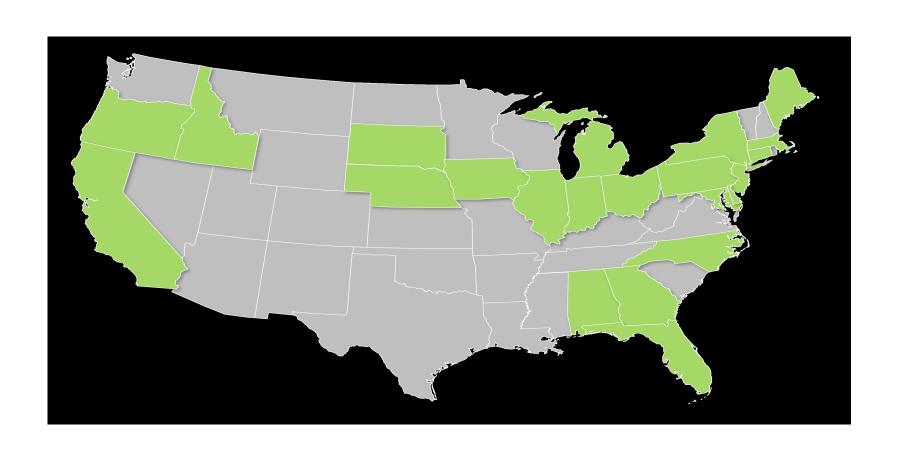




The Impact of changing the system...



Scale within Trinity Health







Complex Care Business Plan Financial Performance

Outcomes Over a Two Year Time Period

Proposal

- Proposed investment of \$3 million over 5 years
- Estimated return on investment of 28% within 5 years
- Targeted population of 900 patients

Actual Financial Performance

- Actual investment of \$760,000 over 2 years
- Actual return on investment of 23% over 2 years
- Actual patient population exceeded 1,000

Where Could you Start?



Shifting our Focus



Underneath the Surface



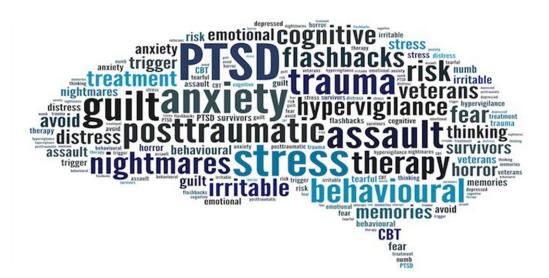
Social Determinants of Health

- 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



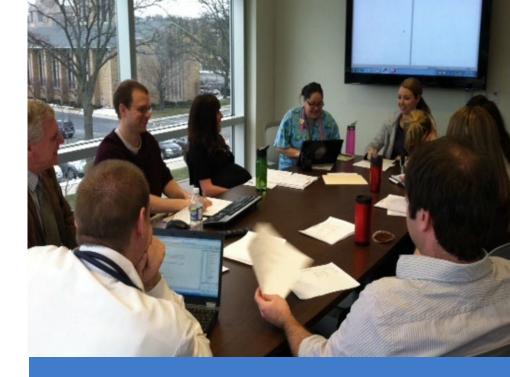
Complex Care Committee



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





Data Analysis

Understand the Population and the opportunity.



Asset Mapping

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

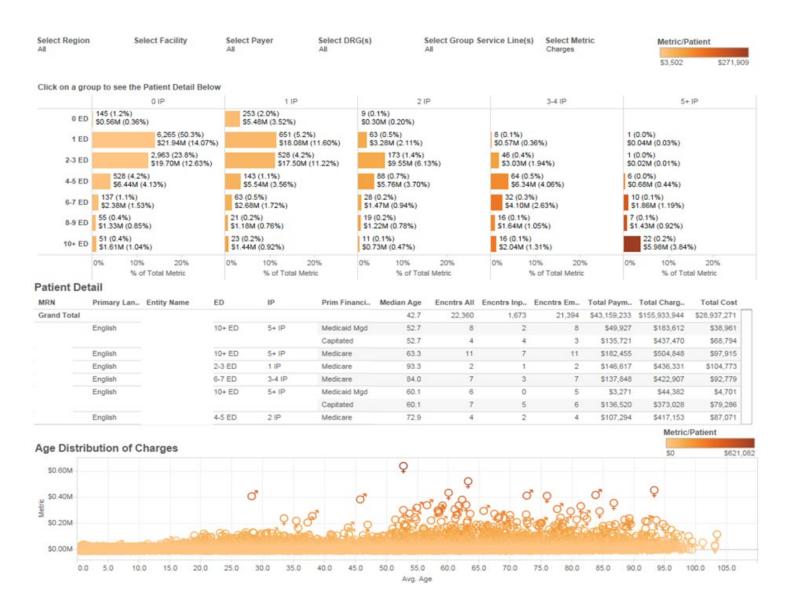


Co-Design

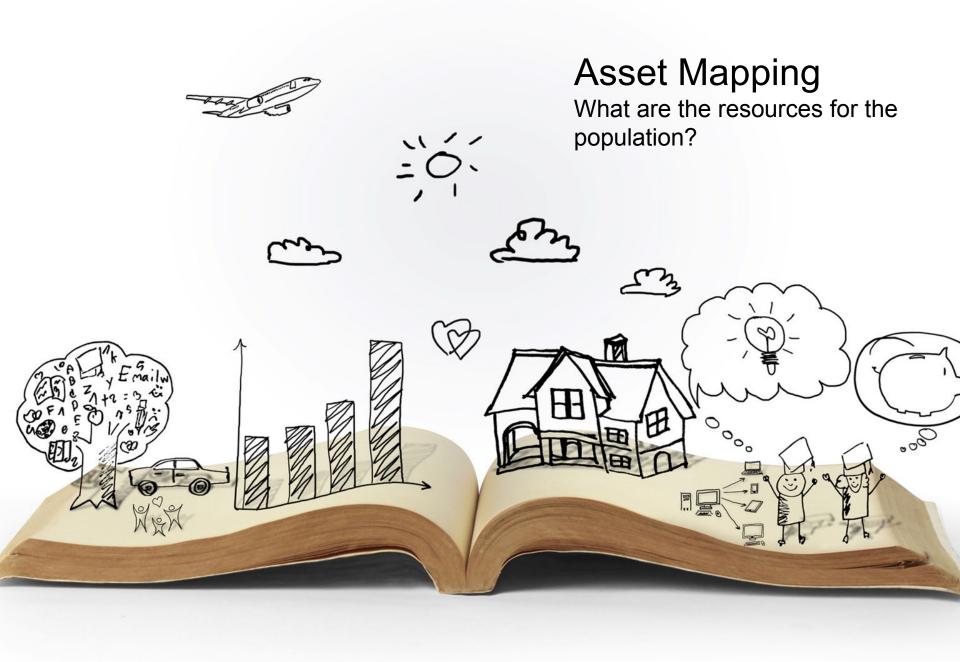
Informed by data and asset mapping – answer the question "What is the problem we are trying to solve?" Co-design the solution.



Data AnalysisWho is your population?







Asset Mapping

Who are your key partners?



What is the problem we're trying to solve?

CO-DESIGN HOW?

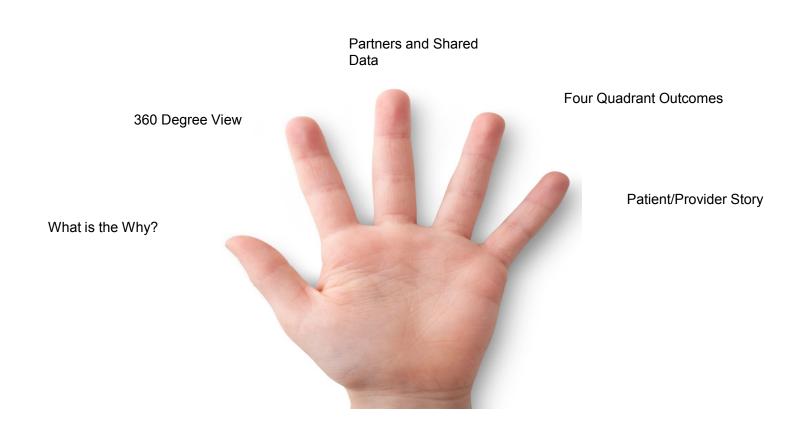




Measuring Impact



Top Five Strategies for the Business Case



Cost

Utilization

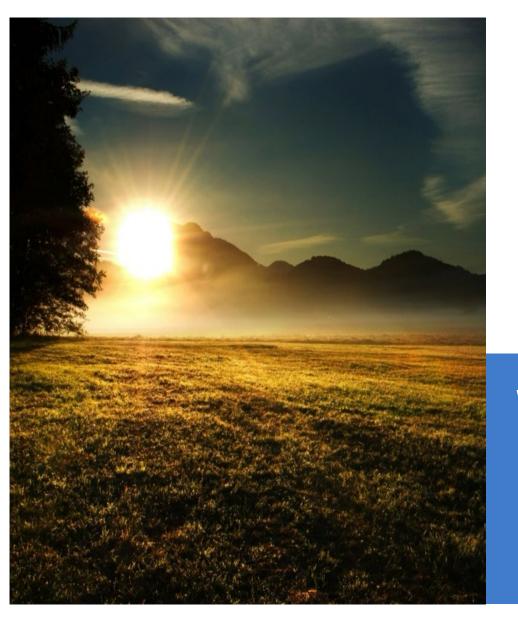
Quality Improvement

Satisfaction



Four Quadrant Outcomes





What is Possible....



Publications

Ihardin@camdenhealth.org

- •Hardin, L., Kilian, A., & Spykerman, K. (2017). Competing health systems and complex patients: An interprofessional collaboration to improve outcomes and reduce healthcare costs. <u>Journal of Interprofessional Education and Practice, 7, 5-10. http://jieponline.com/article/S2405-4526(16)30103-3/pdf</u>
- •Hardin L, Kilian A, Muller L, Callison K, & Olgren M. (2016). Cross-Continuum Tool is Associated with Reduced Utilization and Cost for Frequent High-Need Users. <u>The Western Journal of Emergency Medicine</u>, 18(2), 189–200. doi:10.5811/westjem.2016.11.31916
- •Hardin L, Kilian A, & Olgren M. (2016). Perspective on Root Causes of High Utilization that Extend Beyond the Patient. <u>Population Health Management</u>. doi:10.1089/pop.2016.0088
- •Hardin L. (2016). Restoring Dignity for Vulnerable Populations: Changing the System for Complex Patients. <u>Health Progress, January-February, 28-32.</u> <u>https://www.chausa.org/docs/default-source/health-progress/restoring-dignity-for-vulnerable-populations-changing-the-system-for-complex-patients.pdf?sfvrsn=0.</u>

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.nationalc omplex.care/



https://www.bettercar eplaybook.org/