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Innovating Patient Care Transitions: A World-Class Approach

Helene M. Anderson MSN, RN, NEA-BC
Marla R. London MA
Providence St. Vincent Medical Center – Portland, Oregon
2015 ANCC National Magnet Conference®
Session ID: C940
October 9, 2015
12:30-1:30 pm

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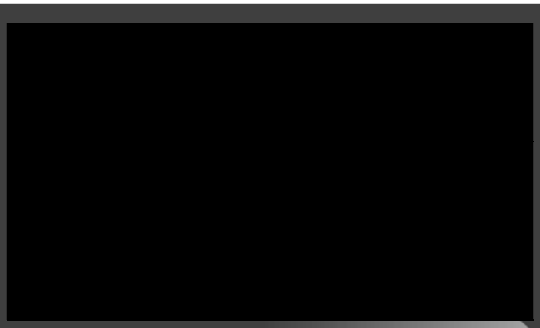
Providence President's Award Video



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Objectives

1. The learner will identify the types of community partners to achieve sustainable outcomes with
2. The learner will learn how to create the necessary infrastructure
3. The learner will identify the metrics and methodology to measure the ROI

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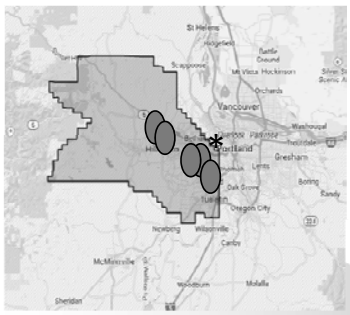
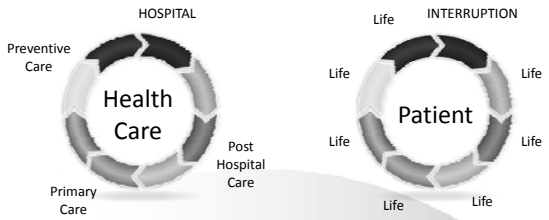
Program Overview

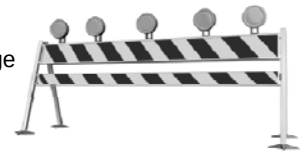


Planning



Community Need Index (CNI)

- 5 Barriers:
  - Income
  - Cultural/Language
  - Educational
  - Insurance
  - Housing



- Higher CNI correlates with
  - Increased hospital admission rates
  - Increased preventable admissions

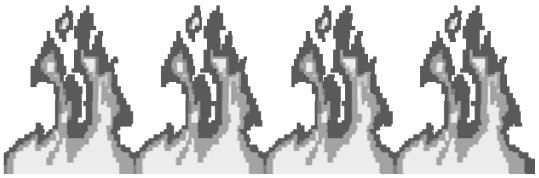
2011 Providence St. Vincent Community Health Needs Assessment

1. Chronic condition management
2. Access and coverage
3. Behavioral health services
4. Provide culturally competent care

Implementation

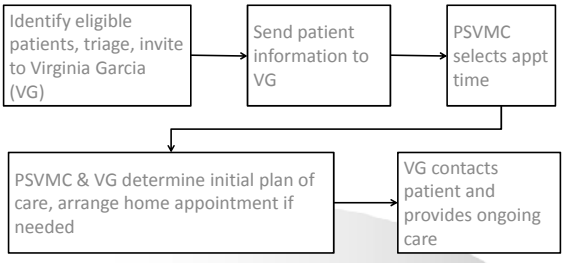
"To provide high-quality, comprehensive, and culturally appropriate primary health care to the community…with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving healthcare."

Hot Spotting



- 3+ ED visits within past year
- ED for non-acute services + no primary care follow-up
- High risk inpatients + no access to primary care follow-up
- High risk inpatients with history of poor aftercare adherence or multiple social, emotional, or economic stressors

Patient and Information Flow



Case Study: "Marge's" Story….

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Case Study: "Michael's" Story

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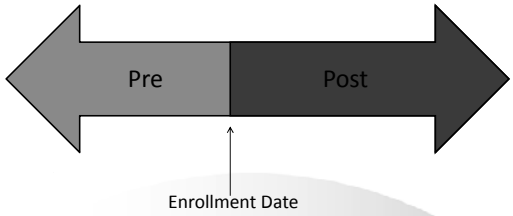
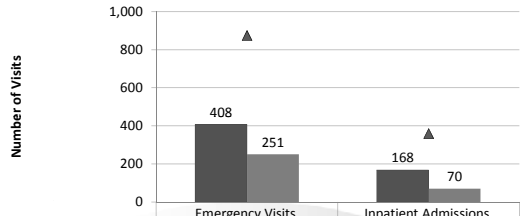
Patients Served

- 194 patients
- Average age at enrollment 44.0 ± 14.6 years
- 51% female, 49% male
- Pre-enrollment: average 5.0 months (0 to 365 days)
- Post-enrollment average 11.2 months (31 to 476 days)

Empirical Outcomes



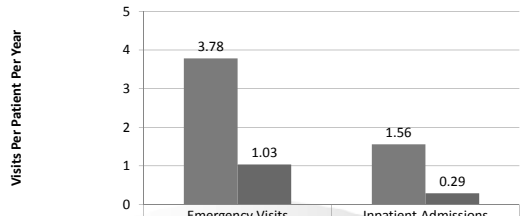
Hospital-Based Healthcare Utilization



	Emergency Visits	Inpatient Admissions
Prior to Enrollment	408	168
Since Enrollment	251	70
If Since same as Prior	875	360

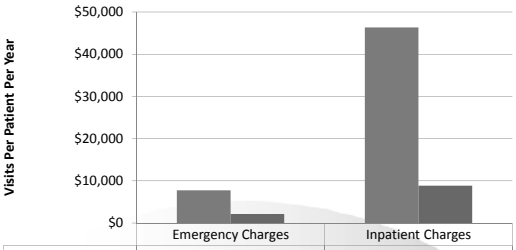
Before Enrollment: average of 5.0 months; After Enrollment average of 11.2 months

Utilization Before and After Enrollment



	Emergency Visits / patient year	Inpatient Admissions / patient year
Prior to Enrollment	3.78	1.56
Since Enrollment	1.03	0.29

Hospital-Based Healthcare Charges



	Emergency Charges	Inpatient Charges
Prior to Enrollment	$7,757	$46,321
Since Enrollment	$2,163	$8,840

Summary by Likely Referral Source

	Emergency (n=137)	Inpatient (n=91)	Undetermined (n=31)
% decrease: ED visits ED charges	 76% 74%	 67% 72%	 81% 82%
% decrease IP visits IP charges	 56% 16%	 90% 88%	 74% 84%
"Expected" total chg Actual total charge % saved	$15,799 $7,448 53%	$97,574 $12,621 87%	$98,878 $16,179 84%
Estimated $ saved % of total	$1,144,087 10%	$7,730,723 68%	$2,563,669 22%

Sustaining the Gains

Utilization per Patient Year	Pre-Enrollment	Post-Enrollment	% Change
ED Visits	3.78	1.03	73% reduction
IP Visits	1.56	.29	81% reduction
ED Charges	$7,757	$2,163	72% reduction
IP Charges	$46,321	$8,840	81% reduction
Total Charges	$54,078	$11,002	80% reduction

Total savings: $54,078 - $11,002 per patient = $43,076 per patient

$43,067 * 259 patients = $11,156,684 saved in charges

Tualatin Valley Fire & Rescue Partnership

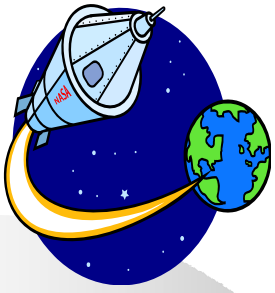
Mobile Integrated Healthcare Pilot

TVF&R Collaboration

- Methodology similar to Virginia Garcia
- 61 patients (60% of eligible)
  - Average age 69 ± 14; 54% female
- Clinical and Safety Interventions
- No change in 911, ED or IP utilization
- Benefits
- Next steps

Key Learnings

Escape the gravity of conventional thinking



Where to Begin…

"More with More"

References

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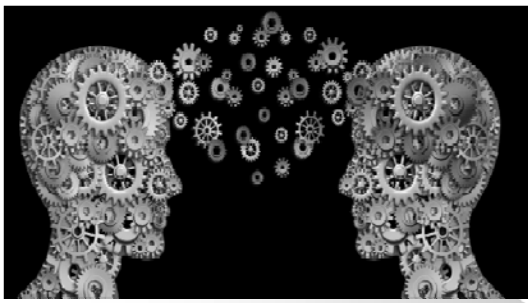
QUESTIONS & ANSWERS



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Contact Information

Helene M. Anderson MSN, RN, NEA-BC
503-216-3019
helene.anderson@providence.org
Marla R. London MA
503-216-5872
marla.london@providnce.org

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