Innovating Patient Care Transitions: A World-Class Approach

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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.

Program Overview
Preventive Care

HOSPITAL

Life

Life

Life

Life

Primary Care

Post Hospital Care

Health Care

Patient

INTERUPTION

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

Identify eligible patients, triage, invite to Virginia Garcia (VG) → Send patient information to VG → PSVMC selects appt time → PSVMC & VG determine initial plan of care, arrange home appointment if needed → VG contacts patient and provides ongoing care
Case Study: “Marge’s” Story

Case Study: “Michael’s” Story

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

Utilization Before and After Enrollment
**Hospital-Based Healthcare Charges**

<table>
<thead>
<tr>
<th>Visits Per Patient Year</th>
<th>Emergency Charges</th>
<th>Inpatient Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to Enrollment</td>
<td>$7,757</td>
<td>$46,321</td>
</tr>
<tr>
<td>Since Enrollment</td>
<td>$2,163</td>
<td>$8,840</td>
</tr>
</tbody>
</table>

**Summary by Likely Referral Source**

<table>
<thead>
<tr>
<th></th>
<th>Emergency (n=137)</th>
<th>Inpatient (n=91)</th>
<th>Undetermined (n=31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% decrease:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED visits</td>
<td>76%</td>
<td>67%</td>
<td>81%</td>
</tr>
<tr>
<td>ED charges</td>
<td>74%</td>
<td>72%</td>
<td>82%</td>
</tr>
<tr>
<td>% decrease:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP visits</td>
<td>56%</td>
<td>90%</td>
<td>74%</td>
</tr>
<tr>
<td>IP charges</td>
<td>16%</td>
<td>88%</td>
<td>84%</td>
</tr>
<tr>
<td>&quot;Expected&quot; totalchg</td>
<td>$15,799</td>
<td>$97,574</td>
<td>$98,878</td>
</tr>
<tr>
<td>Actual total charge</td>
<td>$7,448</td>
<td>$57,621</td>
<td>$56,179</td>
</tr>
<tr>
<td>% saved</td>
<td>53%</td>
<td>87%</td>
<td>84%</td>
</tr>
<tr>
<td>Estimated $ saved</td>
<td>$1,144,087</td>
<td>$7,392,723</td>
<td>$2,563,669</td>
</tr>
<tr>
<td>% of total</td>
<td>10%</td>
<td>68%</td>
<td>22%</td>
</tr>
</tbody>
</table>

**Sustaining the Gains**

<table>
<thead>
<tr>
<th>Utilization per Patient Year</th>
<th>Pre-Enrollment</th>
<th>Post-Enrollment</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Visits</td>
<td>3.78</td>
<td>1.03</td>
<td>73% reduction</td>
</tr>
<tr>
<td>IP Visits</td>
<td>1.06</td>
<td>0.29</td>
<td>81% reduction</td>
</tr>
<tr>
<td>ED Charges</td>
<td>$7,757</td>
<td>$2,163</td>
<td>72% reduction</td>
</tr>
<tr>
<td>IP Charges</td>
<td>$46,321</td>
<td>$8,840</td>
<td>81% reduction</td>
</tr>
<tr>
<td>Total Charges</td>
<td>$54,078</td>
<td>$11,002</td>
<td>80% reduction</td>
</tr>
</tbody>
</table>

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

$43,076 * 259 patients = $11,116,684 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

- www.virginiagarcia.org

QUESTIONS & ANSWERS
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