Response to Our Community: Health Efficiency Navigation Initiative (HENI)

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Virginia Rural Health Association
Wednesday, November 14, 2018

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What we'll do today

- Brief overview of us and our system
- Describe 4 steps in our response to community needs
  - ***STEP 1:*** Forming of the Healthcare Access Coalition and why
  - ***STEP 2:*** ED to Patient Centered Medical Home Project 2010-2011
  - ***STEP 3:*** January 2014: Health Efficiency Navigation Initiative (HENI)
  - ***STEP 4:*** What's Next? Access to Care and Health Coaching
- Answer any questions you may have

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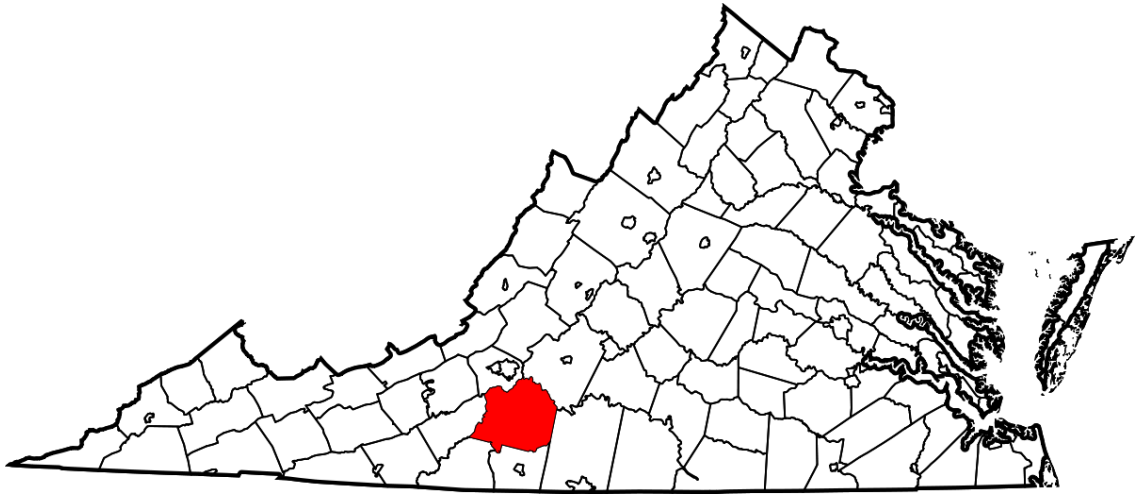
About Carilion Franklin Memorial Hospital and Carilion Clinic

- 37-bed Acute Care “Tweener” Facility
- 21,000 Emergency Department Visits per year
- 290 hospital employees
- Part of a 6-hospital, 900 physician “Clinic” system
- Sole community hospital in Franklin County, Virginia
- 5th largest county in Virginia geographically
- Primary Market population – about 56,000
- Primary & Secondary population – about 200,000



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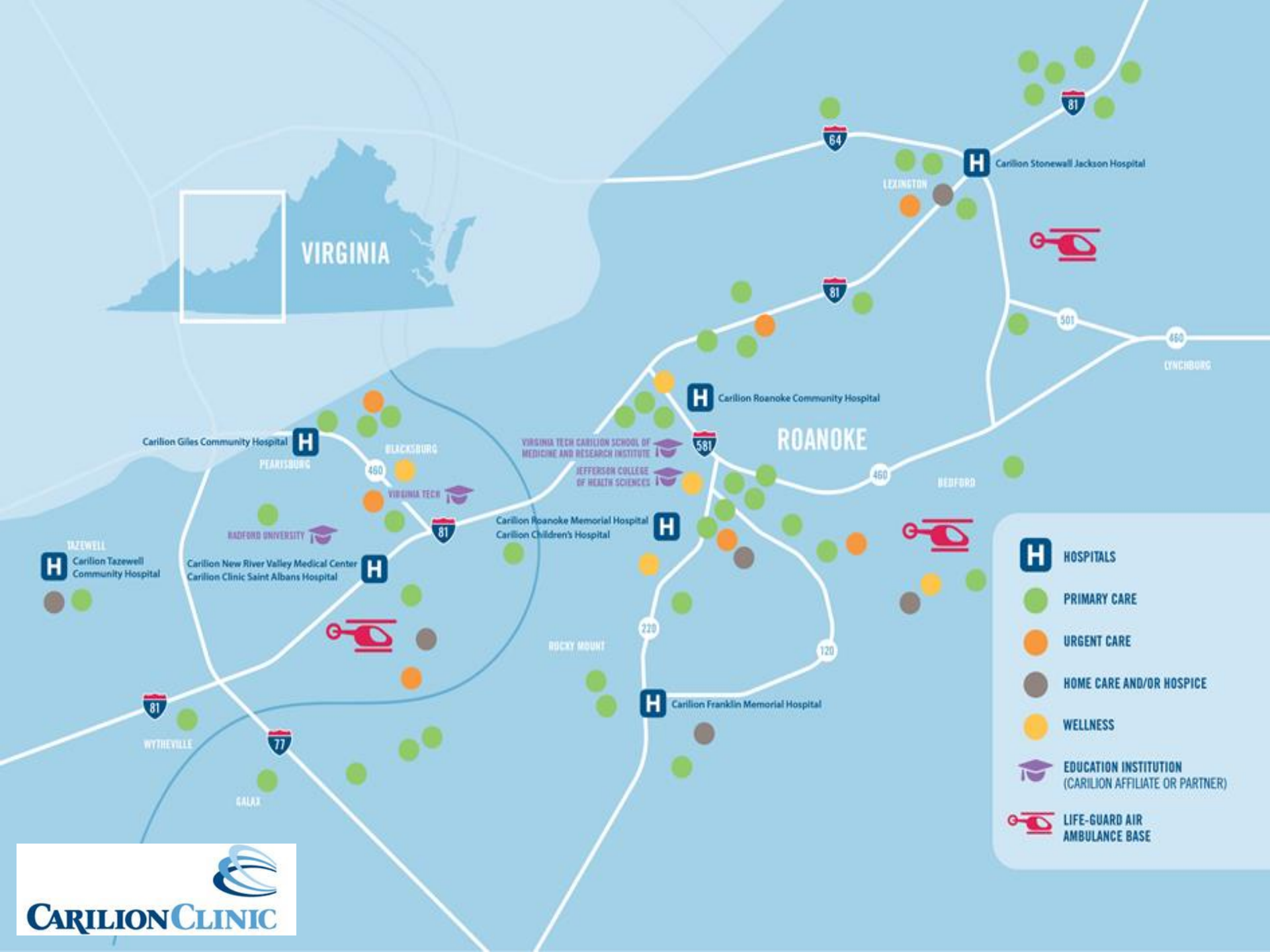
VIRGINIA
Carilion Stonewall Jackson Hospital
LEXINGTON
Carilion Roanoke Community Hospital
ROANOKE
Carilion Giles Community Hospital
PEARISBURG
BLACKSBURG
VIRGINIA TECH
RADFORD UNIVERSITY
VIRGINIA TECH CARILION SCHOOL OF MEDICINE AND RESEARCH INSTITUTE
JEFFERSON COLLEGE OF HEALTH SCIENCES
Carilion Roanoke Memorial Hospital
Carilion Children's Hospital
BEDFORD
LYNCHBURG
TAZEWELL
Carilion Tazewell Community Hospital
Carilion New River Valley Medical Center
Carilion Clinic Saint Albans Hospital
ROCKY MOUNT
Carilion Franklin Memorial Hospital
WYTHEVILLE
GALAX
HOSPITALS
PRIMARY CARE
URGENT CARE
HOME CARE AND/OR HOSPICE
WELLNESS
EDUCATION INSTITUTION
(CARILION AFFILIATE OR PARTNER)
LIFE-GUARD AIR AMBULANCE BASE
CARILION CLINIC

Mission, Values, and Vision

Our Mission

- Improve the health of the communities we serve

Our Values

- **For Carilion Clinic:**
  - **CommUNITY:** Working in unison to serve our community, our Carilion family and our loved ones.
  - **Courage:** Doing what's right for our patients without question
  - **Commitment:** Unwavering in our quest for exceptional quality and service
  - **Compassion:** Putting heart into everything we do
  - **Curiosity:** Fostering creativity and innovation in our pursuit of excellence

Our Vision

- We are committed to a common purpose of better patient care, better community health and lower cost.

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Step 1: Form Healthcare Access Coalition 2010

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Let's SBAR it!

SBAR = Situation, Background, Assessment, Recommendation

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Situation - 2010

- Rapidly rising uncompensated care
- Rapidly rising healthcare costs
- Overutilization of services
- Cuts to Medicaid and Medicare
- Uncoordinated care among the uninsured, Medicaid, Medicare
- At CFMH, 62% of uncompensated care came through Emergency Services
- Only 17% of ED uncompensated care was primary care – Waiting too long for treatment

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Situation - **EMTALA**

The **Emergency Medical Treatment and Active Labor Act** (**EMTALA**) is a U.S. Act of Congress passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA). It requires hospitals and ambulance services to provide care to anyone needing **emergency** healthcare treatment regardless of citizenship, legal status or ability to pay.

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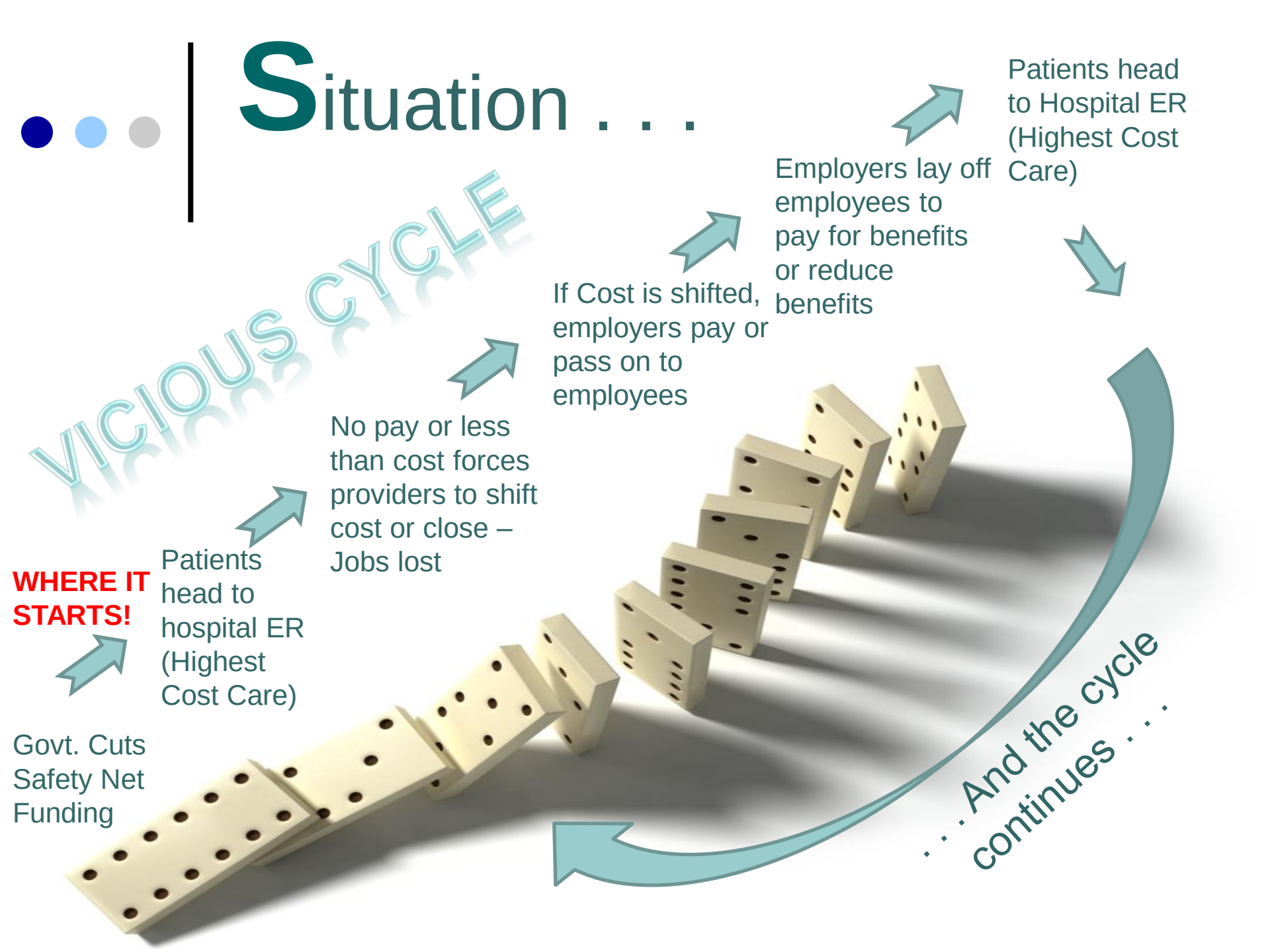
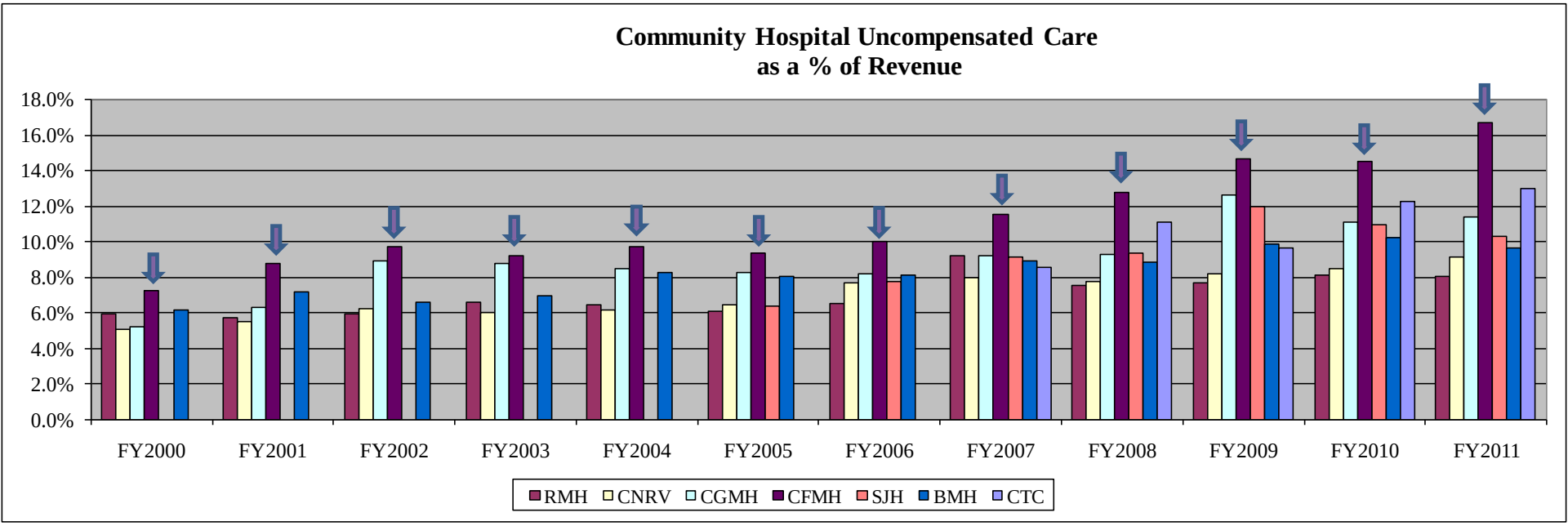
Situation . . .


VICIOUS CYCLE
WHERE IT STARTS!
Govt. Cuts Safety Net Funding
Patients head to hospital ER (Highest Cost Care)
No pay or less than cost forces providers to shift cost or close – Jobs lost
If Cost is shifted, employers pay or pass on to employees
Employers lay off employees to pay for benefits or reduce benefits
Patients head to Hospital ER (Highest Cost Care)
. . . And the cycle continues . . .

Background:

Charity and Bad Debt as a % of Revenue



19% for September 2011

Translates to between $16-19M in Free Care/Year

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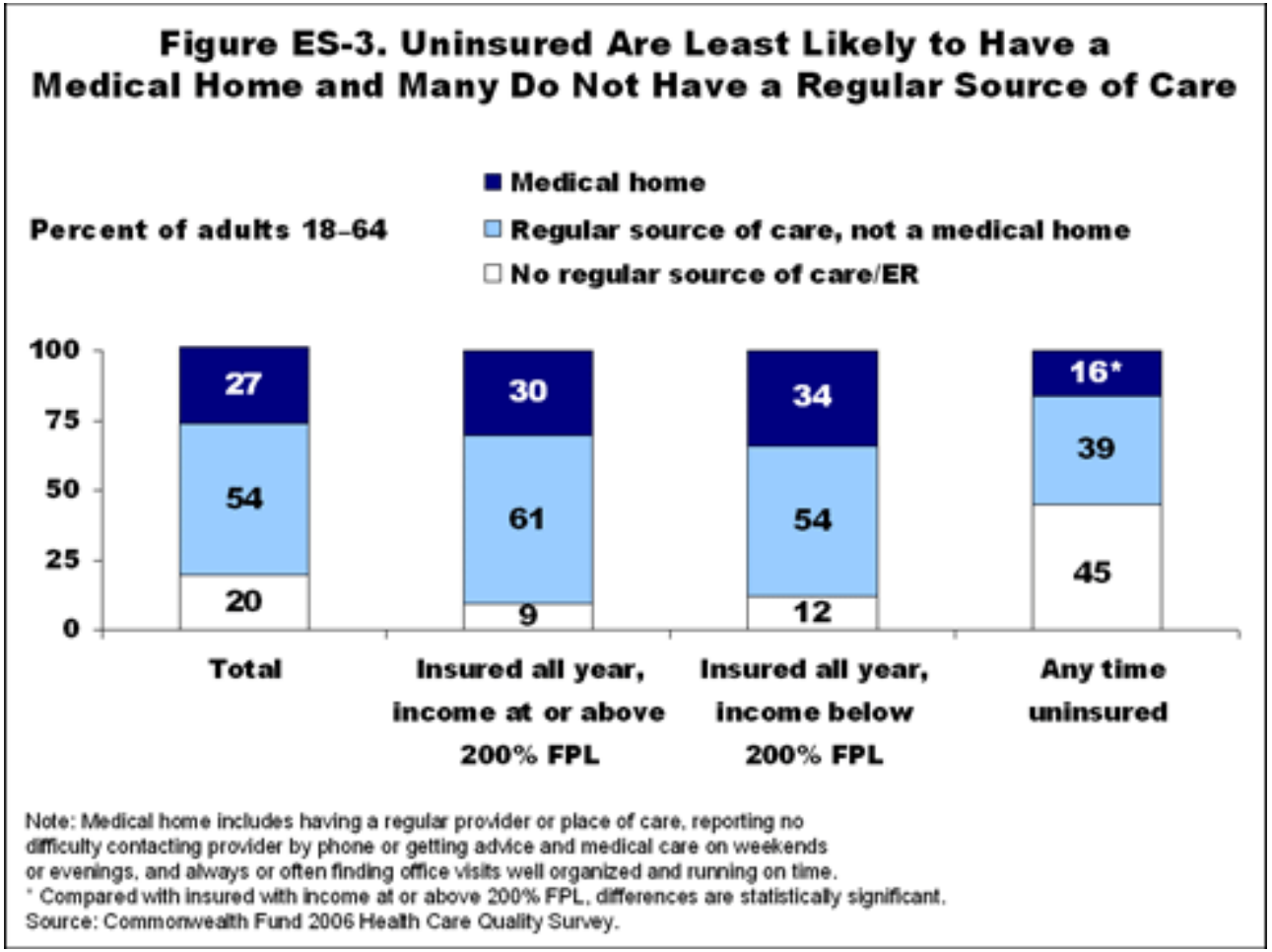
Background :

Uninsured most likely to not have a medical home



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Assessment: Health Reform

- What it is not:
  - Raising taxes
  - Rationing care
  - Cutting payments to providers

- What it is: Lowering cost by
  - Coordinating care
  - Providing incentives to providers to keep patients healthy and manage chronic conditions
  - Providing patient incentives to keep themselves healthy and manage chronic conditions

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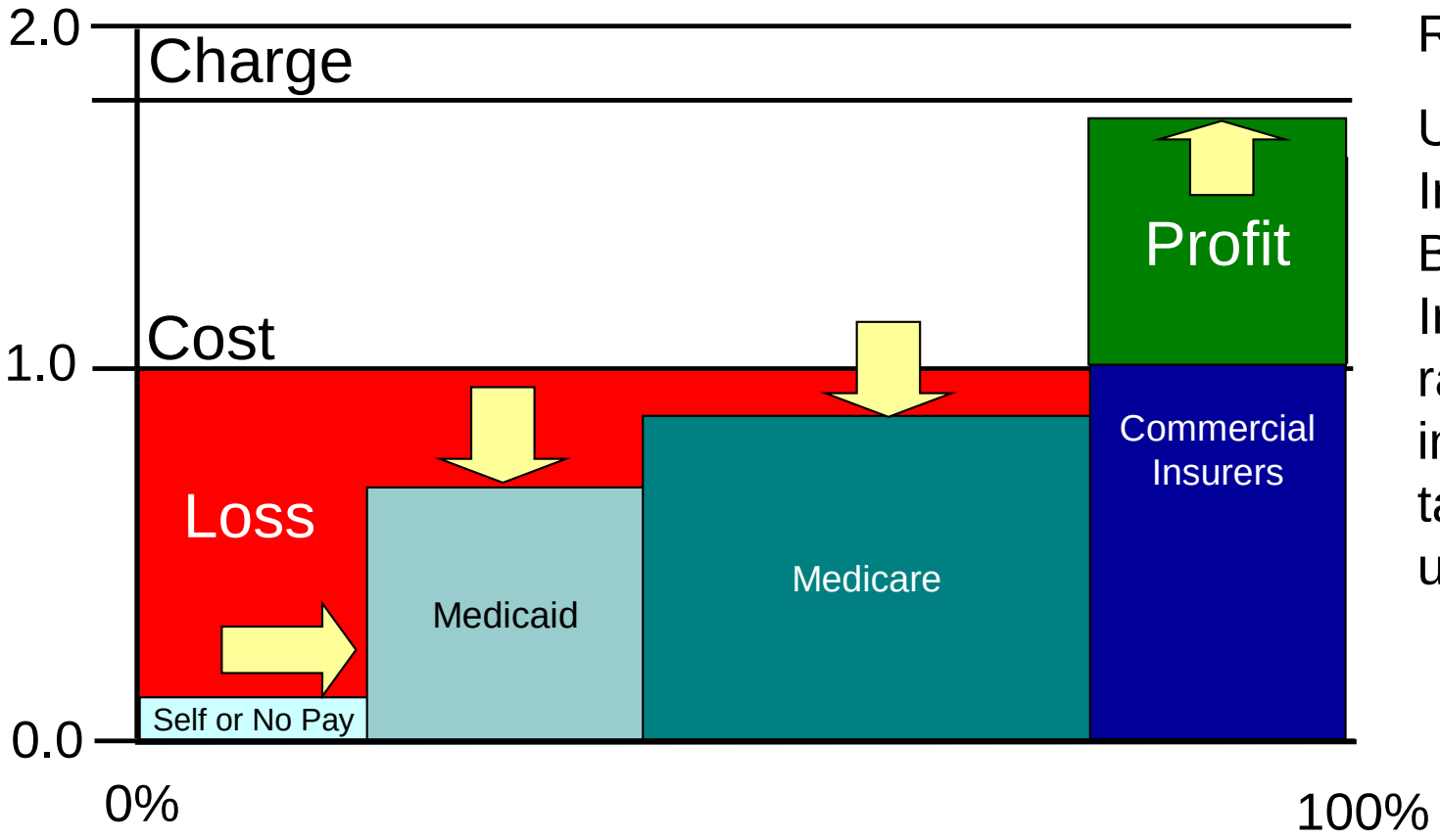
Assessment: Healthcare Finance 101



Results in:

Unaffordable Insurance for Business and Individuals, rationing, and increased taxes to keep up with it all.

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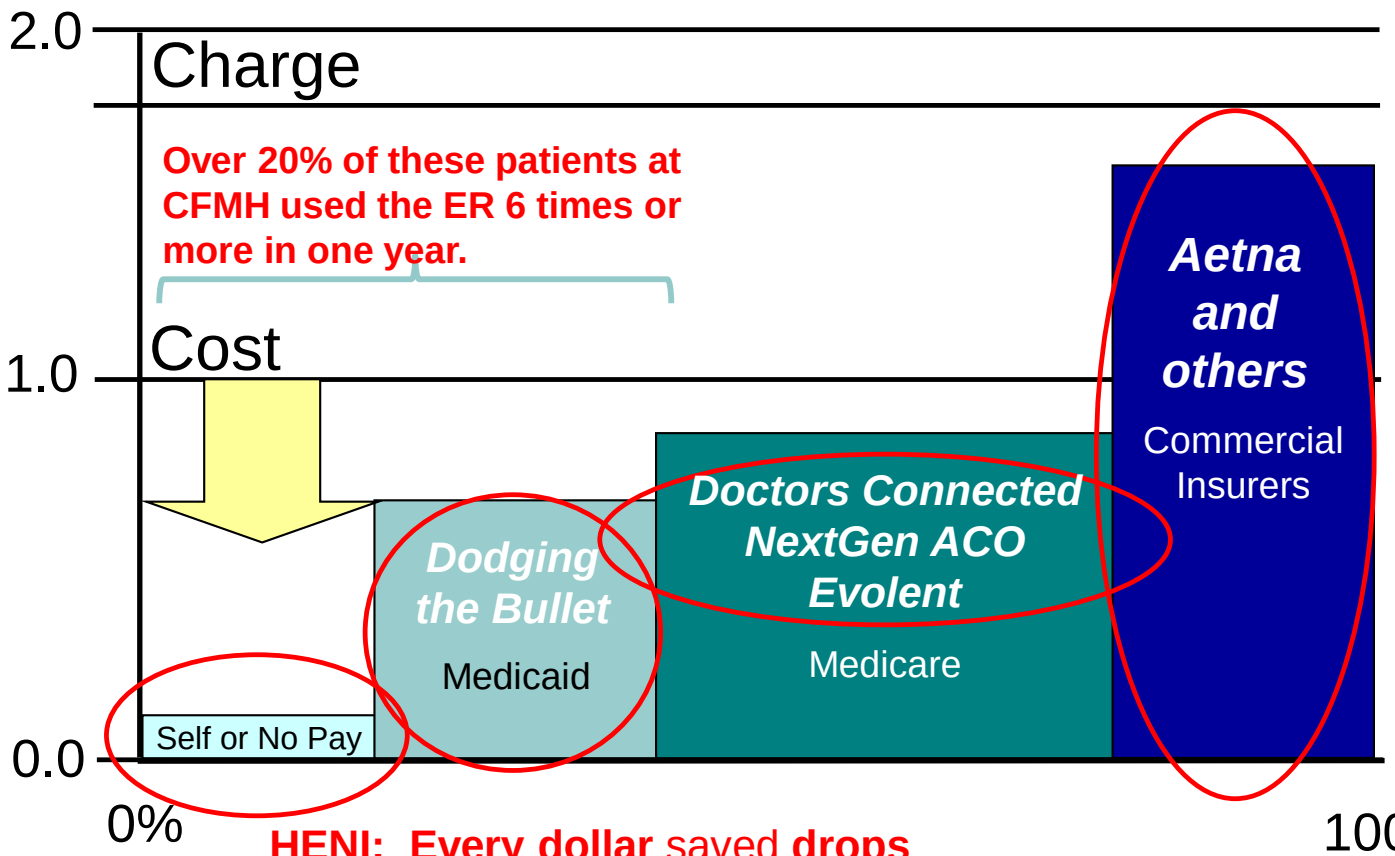
Recommendation . . .

It's primarily about reducing overutilization and employing good case management!



HENI: Every dollar saved **drops to the bottom line and it is good for patients – a WIN-WIN!**

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Vote and Group Activity

- OVERWHELMING YES!
- Divided into groups:
  - Access & Screening
  - Primary Care
  - Specialty Care
  - Funding
  - Medication Access
  - Transportation
  - Case Management
- What are Barriers to doing this?
- How can we remove those Barriers?

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And then what happened?

- Enlisted Evaluator (Baseline and Ongoing)
  - Virginia Tech School of Public Health
    - Community Assessment focused on Uninsured
    - Annual Evaluation
- Enlist Physician Champion – Dr. Robert Strong
- Form Local Task Force
- Work on Model Specifics from Baseline
- Developed Grant Proposal and Sustainability Plan
- Applied for Grant Funding (but did not receive)
- Started Programs anyway

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Step 2: ED to PCMH Project 2010 - 2011

- Use Emergency Room as a point of Primary Care Education
- Get people connected with Patient Centered Medical Home
- Ensure we meet our EMTALA obligations
- Start with CMA Rocky Mount patients and expand as we have primary care options

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Connecting You to the Healthcare You Need

At Carilion Franklin Memorial Hospital it is our goal to make sure every one of our patients receives the most appropriate care possible. In order to ensure efficient and effective care, we are encouraging patients with non-emergencies to be seen by a primary care physician. A relationship with a primary care physician is one of the best ways to manage your health and prevent illness. The hospital's ability to give appropriate care to all patients can be threatened by a high percentage of non-emergency patients coming to the Emergency Room. Patients in emergency rooms are seen by level of care needed. Therefore, those with non-emergencies may be delayed by patients with more severe needs.

A New Approach to Primary Care

Carilion Clinic's Family Medicine practices are in the process of adopting a new approach to primary care, where a health-care team proactively addresses each patient's needs. In doing so, we are transforming delivery of primary care so that patients have an authentic partnership with their primary care physician that provides accessible, continuous, coordinate and comprehensive care.

continued on back

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180 Floyd Ave., Rocky Mount, VA 24523
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Benefits include:

Access and Communication: Practices provide patient access during and after regular business hours. Each primary care physician generally has someone on call for their practice after hours.

Care Management: Practices maintain continuous relationships with patients by implementing evidence-based guidelines and applying them to the needs of patients over time and with the intensity needed by the patients.

Patient Self-Management Support: Practices work to improve patients' ability to self-manage health by providing educational resources and ongoing assistance and encouragement.

Electronic Prescribing: Practices employ electronic systems to order prescriptions, check safety and promote efficiency when prescribing.

Advanced Electronic Communication: Practices use electronic communication to communicate with patients/families and other care providers

Emergent vs. Non-Emergent Care

All patients will be triaged in accordance with nationally accepted triage standards. Those who do not need urgent care will be given a medical screening exam by a licensed provider. After the medical screening exam, if it has been determined that you do not have a medical emergency, we encourage a visit with a primary care physician and would like to set an appointment up for you. In most instances this will be the same day.

What is a medical screening exam?
A medical screening exam (MSE) is used to help determine whether a patient has a medical emergency. It typically includes vital signs, history of present illness and a focused physical exam. A MSE is required for all patients who come to an emergency department for care.

When to go to the Emergency Room
Emergencies include life- or limb-threatening problems such as:

- Loss of consciousness
- Heart attack symptoms
- Stroke symptoms
- Difficulty breathing
- Uncontrollable bleeding
- Sudden, severe pain
- Poisoning
- Head trauma
- Coughing up or vomiting blood
- Severe or persistent vomiting
- Suicidal feelings

Non-emergent situations can include:

- Minor cuts and lacerations
- Sprains
- Earaches
- Colds, coughs, sore throat
- Skin rashes
- Insect bites/minor dog bites
- Minor cooking burns
- Minor infections

If you have any questions or concerns, please call our administrative offices at 540-489-6344.

Results???

	MONTHS 2010-2011													
STATISTIC	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG***	**SEP***	**OCT****	**NOV****	**AVERAGE**
Patients Screened	70	74	95	107	72	81	84	68	42	53	48	10	19	63
Patients Diverted	38	46	73	80	51	57	54	57	31	35	32	5	14	44
Diversion Rate	**54%**	**62%**	**77%**	**75%**	**71%**	**70%**	**64%**	**84%**	**74%**	**66%**	**67%**	**50%**	**74%**	**68%**
Kept for Medical Reasons	8	3	4	3	-	3	-	1	1	2	3	1	-	2
Patient Refused Diversion	26	25	22	24	21	20	30	11	9	10	7	2	2	16
Average Patient Age	26	26	22	23	26	22	31	30	26	34	22.8	22.8	24	26
Pediatric Patients	27	27	41	49	26	37	24	20	15	7	14	2	6	23
% Pediatric Patients	39%	36%	43%	46%	36%	46%	29%	29%	36%	13%	29%	20%	32%	36%

* Note: Beginning in August physician practice saturated with patients began on taking their patients whom they actually having open slots for which resulted in several documented patients not being diverted. When this happens in the day it alters the amount of patients screened which results in decreased screened and diverted total.

** In October, Dr. Sherrard reduced her hours at the practice and this has really affected our ability to divert patients. We need to increase provider supply to continue to make an impact here.

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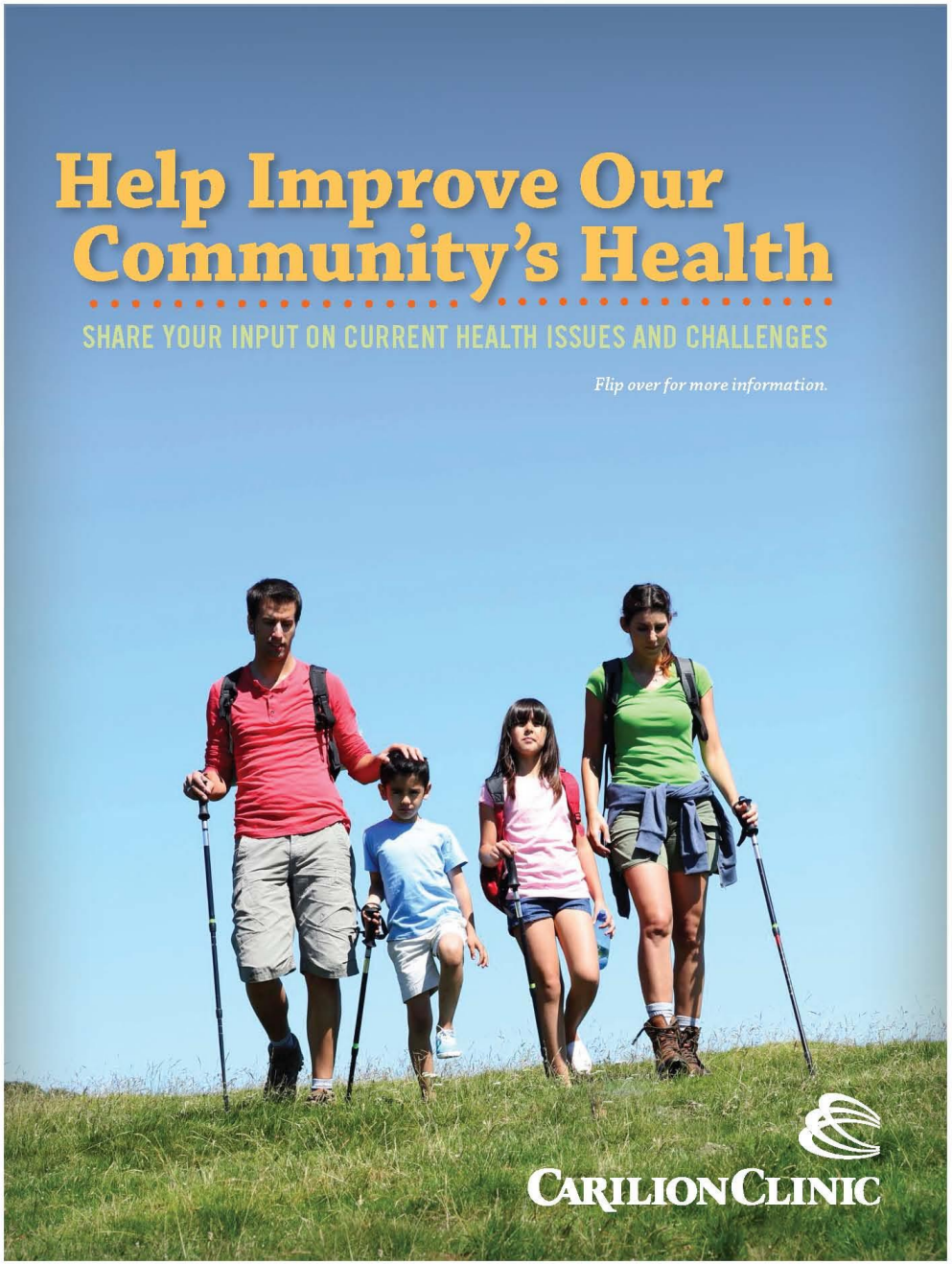

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Service Area

Carilion Franklin Memorial Hospital (CFMH) is located in Franklin County, Virginia. In fiscal year 2012, CFMH served 21,522 unique inpatients. Patient origin data reveals that 73.1% of CFMH's patients are from Franklin County, 8.5% are from Henry County (including 5.3% from Bassett), and 4.6% are from Bedford County. The primary service area for the Franklin CHNA is Franklin County. Data was also collected for Henry County with emphasis on Bassett, Virginia.

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Major Needs and How Priorities Were Established

Upon compiling all primary and secondary data, a review was conducted to complete a list of health needs identified through the assessment process. The Management Team and the CHAT then met to prioritize the needs and narrow the focus to 3 to 5 areas of highest priority. These top areas were identified based upon community need, feasibility of addressing the need and potential impact. Similar categories were grouped, and four areas of priority became clear, based upon the four assessment activities performed (stakeholder survey, community survey, focus groups and secondary data). The Franklin County CHNA findings demonstrate the need for:

- Access to:
  - Mental health and substance abuse services
  - Primary care
  - Adult dental care
  - Specialty care
- Need for improved coordination of care across the health and human services sector
- General wellness:
  - Obesity
  - Chronic disease management
- Transportation

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Step 3 – January 2014: Health Efficiency Navigation Initiative (HENI)

Concept Paper

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Concept:

HENI – Health Efficiency Navigation Initiative

Introduction

The Health Efficiency Navigation Initiative (HENI) is a pilot project of Carilion Clinic to provide navigation assistance to uninsured patients to move them efficiently toward reimbursement options and appropriate care settings. Carilion Clinic's mission is to improve the health of the communities we serve. Our Vision is the Triple Aim of better quality and patient satisfaction at a reduced cost. This project advances all aspects of our mission and vision.

Purpose

HENI's purpose is multifaceted. With the federal reimbursement cuts we face as an industry and the lack of movement on closing the coverage gap in the Commonwealth of Virginia, Carilion Clinic faces an unprecedented financial challenge. At the same time, we continue our journey toward full realization of the notion of the clinic model, which is to provide evidence-based care that accomplishes the Triple Aim: better patient care, better community health and lower cost. Carilion Franklin Memorial Hospital (CFMH) has had good success in informally doing this work in partnership with organizations like the Martinsville / Henry County Health & Wellness Coalition, the Free Clinic of Franklin County, and several FQHCs in getting coordinated care for those in challenging financial situations. This has resulted in a 8.8% favorable variance in charity & bad debt to budget or an annualized savings to budget of $552K annualized this year, and we are doing this by moving people to more appropriate care settings and reducing overutilization of inappropriate care. Each 5% of improvement in our budgeted uncompensated care saves CFMH $314K per year. If those patients are navigated to the ACA, the additional operating margin is $554K. The primary purposes of the HENI are to:

1. Utilize the Emergency Department as a primary place of identification of patients with coverage issues;
2. Do our best to find and influence coverage for them;
3. Navigate them to appropriate care settings close to home; and
4. Utilize the full array of coordination services within Carilion Clinic and with safety net providers in our region to facilitate 1-3.

Project Description

The HENI concept is simple. We will retain 1.4 FTE's of Patient Navigator to man our Emergency Room during our peak utilization periods (most likely 3-11, 7 days a week). These patient Navigators would have a number of regular duties:

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Concept:

HENI – Health Efficiency Navigation Initiative

1. Work with Patient Access staff and ED staff to identify patients who are uninsured and have no medical home.
2. Meet with these patients to kindly influence them to seek assistance in:
   a. Signing up for the Affordable Care Act onsite or setting up a time where they can spend time with the certified counselor in their community on this effort;
   b. If they refuse the ACA signup, help them also with eligibility for:
      i. Medicaid – Through existing eligibility assistance personnel.
      ii. Free Clinic – Assist with Free Clinic sign up and/or set up appointments for them at the Free Clinic of Franklin County, Caring Hearts Free Clinic of Patrick County, Bradley Free Clinic, or Bedford Christian Free Clinic, depending on their location.
      iii. Federally Qualified Health Centers (FQHC's) –
         - If Martinsville, Henry County, Patrick County or Danville residents, connect them with the Martinsville / Henry County Health and Wellness Coalition who will coordinate them to convenient assistance (Bassett or PATHS or other safety net providers).
         - If in Franklin County, connect them with Triarea Health Center
         - If outside these areas, connect them with New Horizons or other area safety net providers.
3. Assist them with eligibility paperwork or schedule times with them where we can help them with paperwork or, if in Southside (Henry, Martinsville, Danville, Patrick), get them scheduled with resources at the Martinsville / Henry County Health & Wellness Coalition.
4. If the patient is uninsured and already has a medical home, make sure that there are no issues with getting them care at that location and coordinate with care coordinators or office managers in those locations.
5. From 3-5 each day, work on primary care, specialty care, and financial appointments for these patients and also assist in ensuring they keep their appointments.

This position will "matrix" report to the Eligibility Assistance Department, with day-to-day direction by the Emergency Services Manager at CFMH.

Detailed records on each patient encounter will be made so we can track the effect of the Patient Navigator's intervention in terms of general wellness and cost savings.

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Concept:

HENI – Health Efficiency Navigation Initiative

Stakeholders – Carilion Clinic (CFMH, Family & Community Medicine, Emergency Medicine, Revenue Cycle); Free Clinics in Service Area, Federally Qualified Health Centers in Service Area, Uninsured Patients, Martinsville / Henry County Health & Wellness Coalition, Harvest Foundation.

HENI Primary Objectives

1. ***Better care:*** Access to appropriate care and reduction in emergency room and other overutilization by the uninsured;
2. ***Better Community Health:*** Improvement in general well-being of clients (survey); and
3. ***Financial:*** Reduction of 5% in uncompensated care as a percentage of gross patient revenue, and increase in covered lives.

Proposed Timeline:

Budget

Under development, but initially estimate $90,000 for Salaries and Benefits. Will utilize existing office space in the Emergency Department. Additional $10,000 for IT support.

Estimated return on investment would be $554K less $100K in cost or $454K per year in benefit.

Contact

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HENI - Purposes

1. Utilize the Emergency Department as a primary place of identification of patients with coverage issues;
2. Do our best to find and influence coverage for them;
3. Navigate them to appropriate care settings close to home; and
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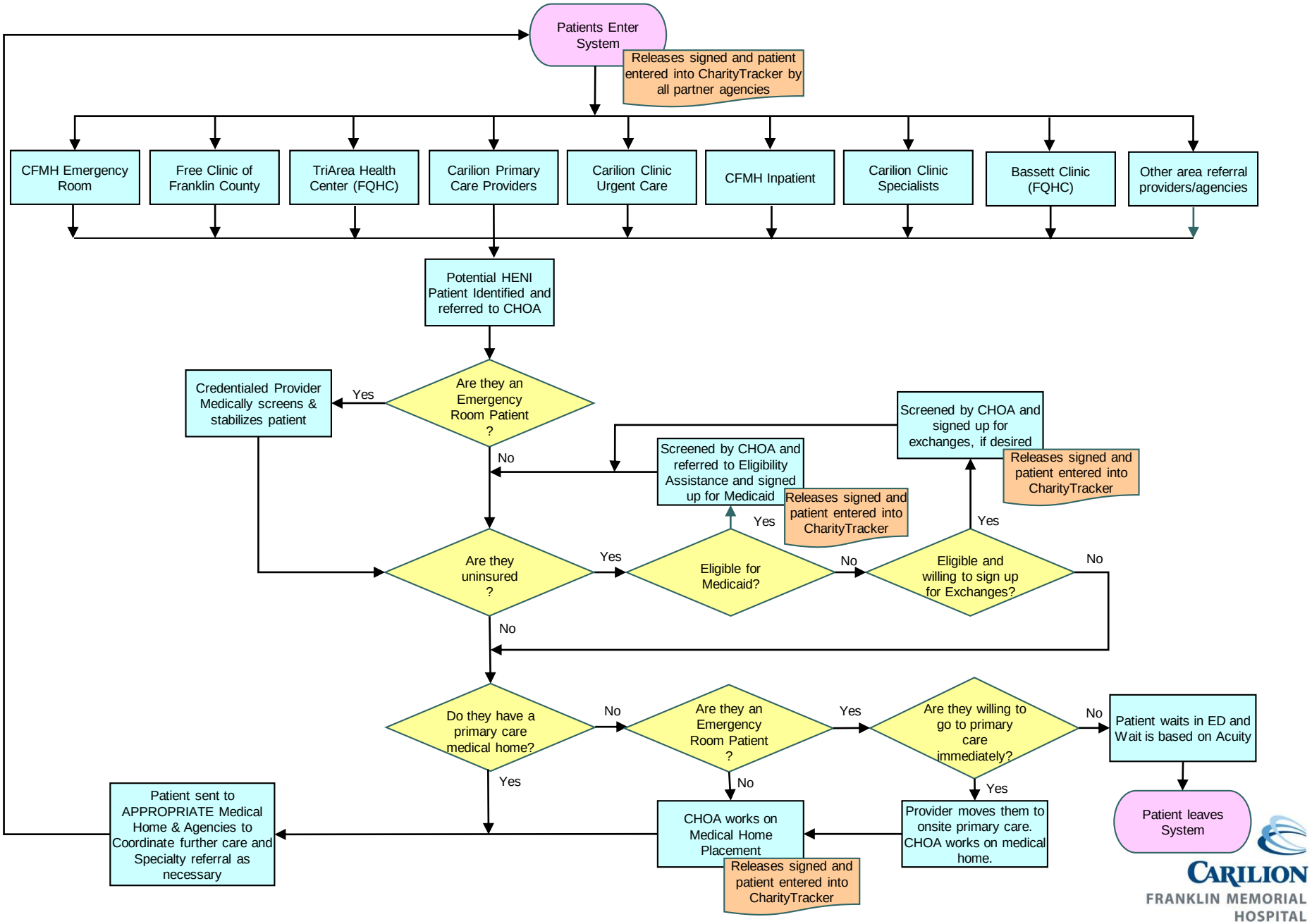
Health Efficiency Navigation Initiative (HENI) Model



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Enrollee Comparison
2015-2016 Open Enrollment

Zip	2015 Enrollees	2016 Enrollees	Change	Area
24055	722	657	(65)	Bassett
24065	341	366	25	Boones Mill
24067	152	174	22	Callaway
24088	236	240	4	Ferrum
24092	174	181	7	Glade Hill
24101	286	328	42	Hardy
24102	104	89	(15)	Henry
24121	526	557	31	Moneta
24137	114	114	-	Union Hall
24151	908	960	52	Rocky Mount
24176	97	96	(1)	Penhook
24184	240	245	5	Wirtz
TOTAL	**3,900**	**4,007**	**107**	

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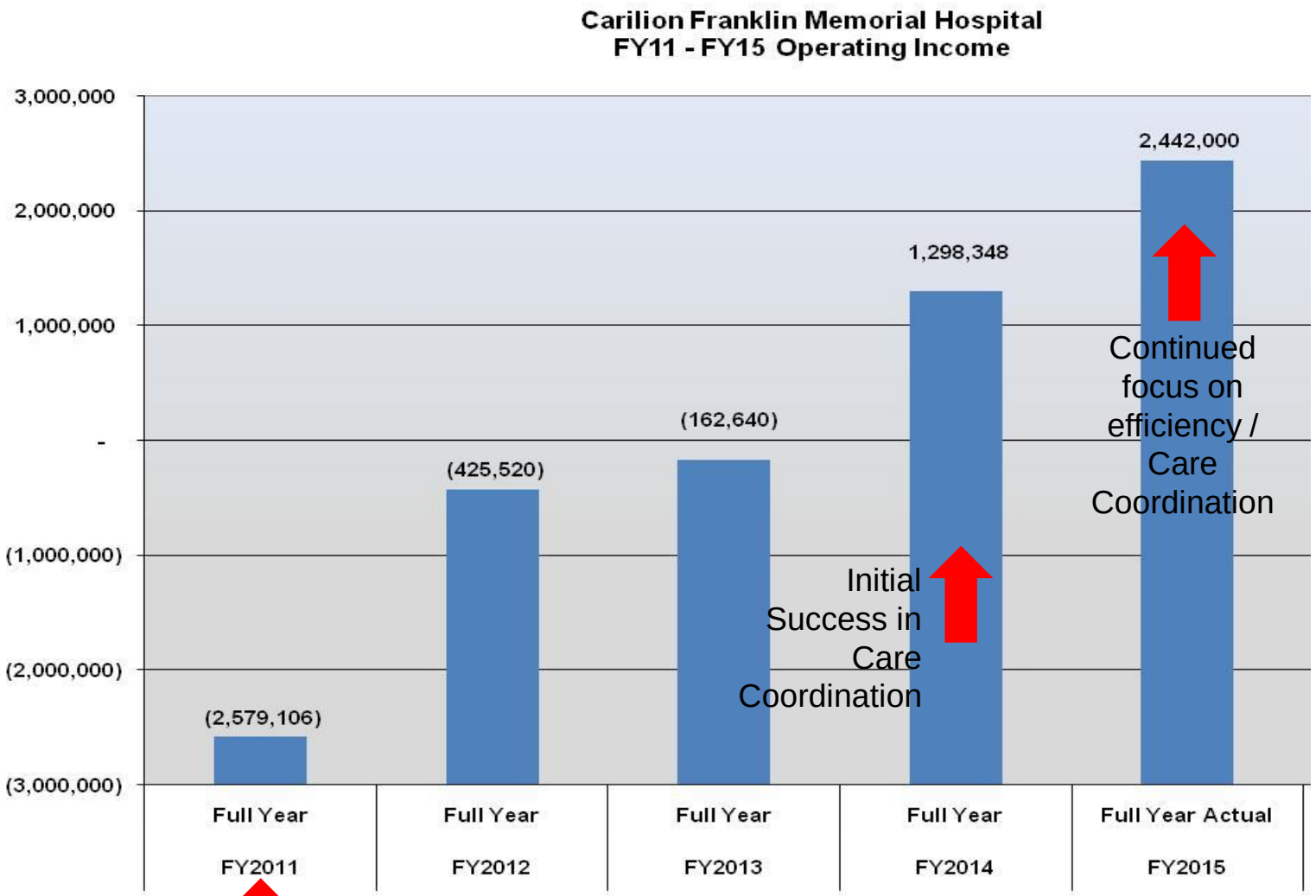
Significant Financial Improvement over time!



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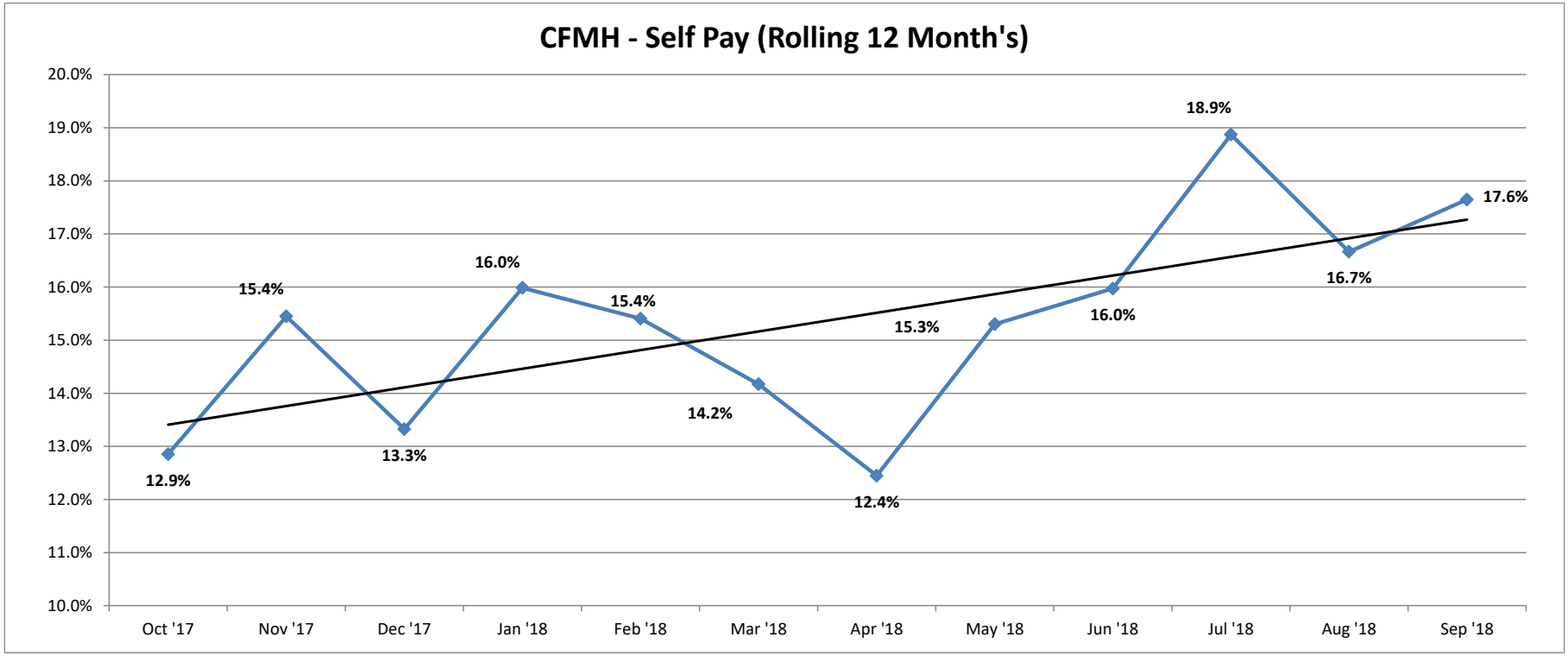
Service Utilization



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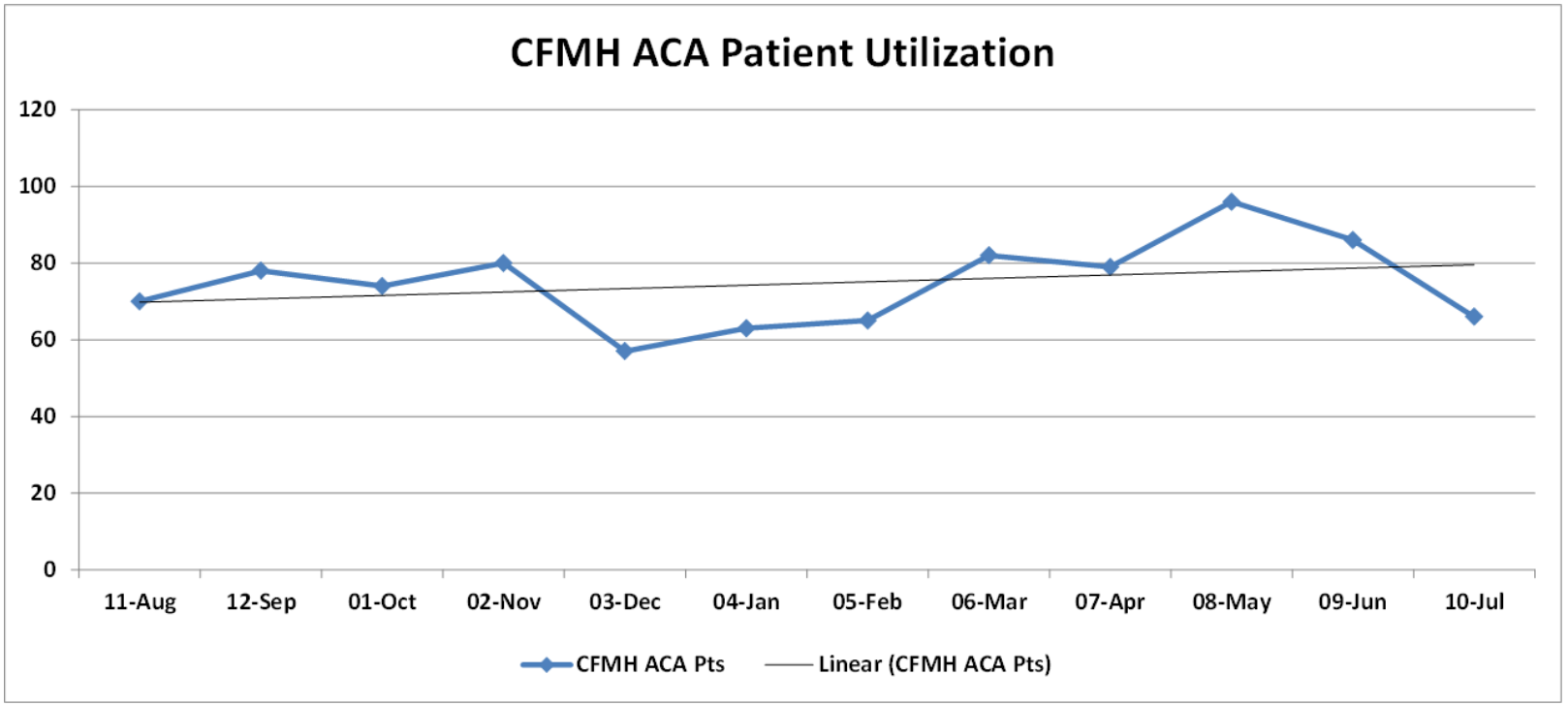
Service Utilization 2016



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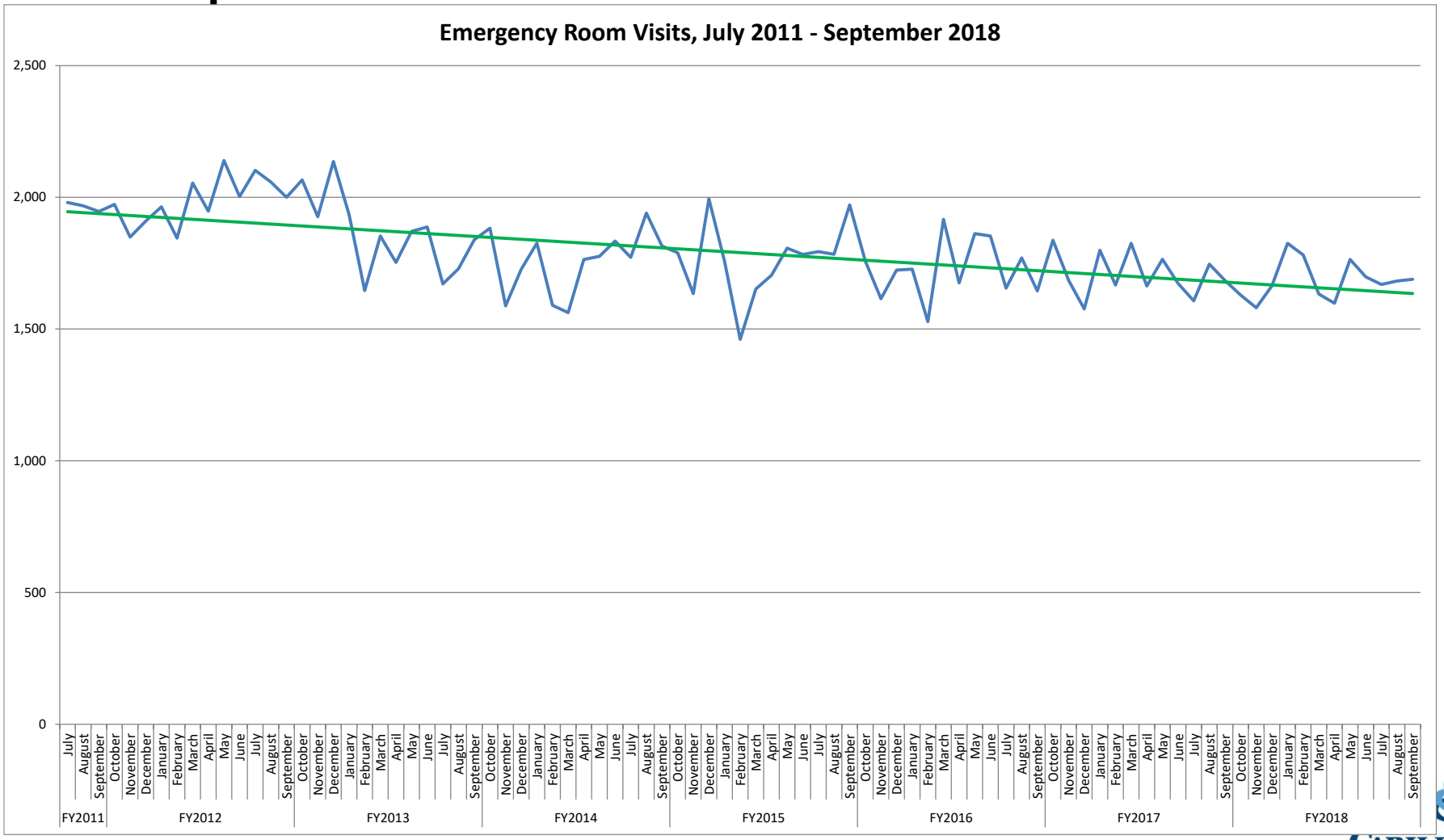
Decline in ER Visits



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HENI Effect on Outcomes: FY 2015-2016

Statistics:	ED Visits One year prior to encounter	ED Visits One year after encounter	Difference	% Change
Number of Visits	366	253	-113	-31%
Number of Patients	124	124	124	
Average Visits per Patient	2.95	2.04		

Gender:	Number of Patients	% of Patients
Men	57	46%
Women	67	54%

Age Groups:	Number of Patients	% of Patients
0-26 years old	24	19%
27-40 years old	48	39%
41-50 years old	26	21%
51-65 years old	23	19%

Distribution of Utilization Variance:	Number of Patients	% of Patients
Increase of greater than 5 visits/year	4	3%
Increase of 1-5 visits/year	20	16%
No Change	21	17%
Decrease of 1-5 visits/year	73	59%
Decrease of greater than 5 visits/year	6	5%

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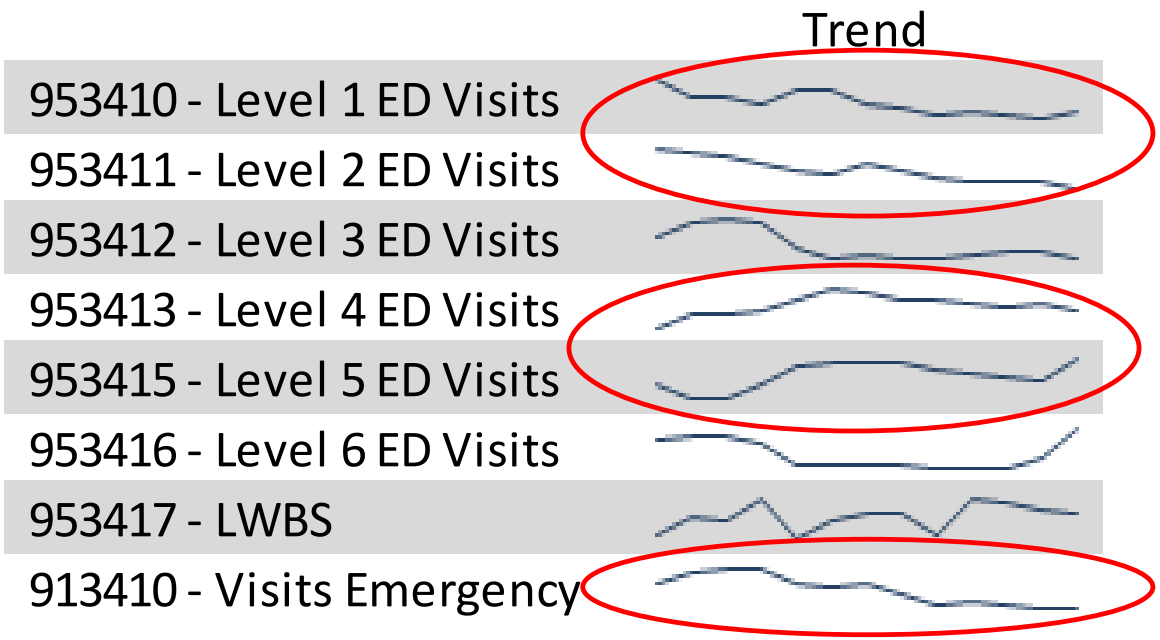
Improved ER Acuity

Actual Volume

	Full Year FY2006	Full Year FY2007	Full Year FY2008	Full Year FY2009	Full Year FY2010	Full Year FY2011	Full Year FY2012	Full Year FY2013	Full Year FY2014	Full Year FY2015	Full Year FY2016	Full Year FY2017	Full Year FY2018	Trend
953410 - Level 1 ED Visits	348	234	241	188	281	279	184	171	125	154	123	98	143	
953411 - Level 2 ED Visits	5,402	4,963	4,568	4,167	3,437	3,250	3,927	3,447	2,920	2,599	2,548	2,407	1,824	
953412 - Level 3 ED Visits	10,216	11,972	12,917	12,394	8,694	7,380	7,955	7,405	7,193	7,937	8,207	8,209	7,468	
953413 - Level 4 ED Visits	4,636	5,711	5,720	6,050	6,960	7,909	7,561	7,018	6,958	6,756	6,519	6,534	6,016	
953415 - Level 5 ED Visits	2,972	2,154	1,983	2,914	4,069	4,260	4,188	4,235	3,869	3,675	3,316	3,202	4,546	
953416 - Level 6 ED Visits	157	166	179	134	37	33	30	36	12	10	15	77	216	
953417 - LWBS	490	617	577	732	444	596	636	632	489	752	724	655	639	
913410 - Visits Emergency	23,731	25,200	25,608	25,847	23,478	23,111	23,845	22,312	21,077	21,131	20,728	20,527	20,213	



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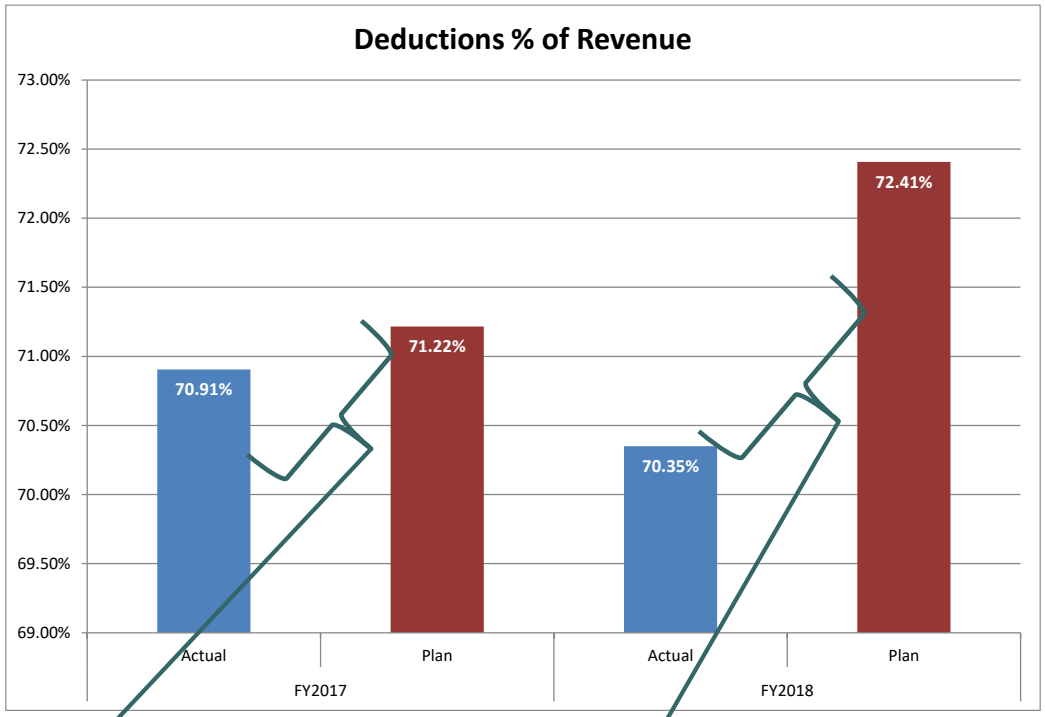
Patient Value
Deductions as % of Revenue



VAR = -2.11%

$ Impact = $411K

VAR = -2.06%

$ Impact = $2.891M

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Major Needs and How Priorities Were Established

Upon compiling all primary and secondary data, a review was conducted to complete a list of health needs identified through the assessment process. The Management Team and the CHAT then met to prioritize the needs and narrow the focus to 3 to 5 areas of highest priority. These top areas were identified based upon community need, feasibility of addressing the need and potential impact. Similar categories were grouped, and four areas of priority became clear, based upon the four assessment activities performed (stakeholder survey, community survey, focus groups and secondary data). The Franklin County CHNA findings demonstrate the need for:

- Access to:
  - Mental health and substance abuse services
  - Primary care
  - Adult dental care
  - Specialty care
- Need for improved coordination of care across the health and human services sector
- General wellness:
  - Obesity
  - Chronic disease management
- Transportation

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CharityTracker

- Web-based – Focused on Social Determinants
- Connect to all HENI Members - MOAs
- Connect to other Community Agencies - MOAs
- HIPAA Compliant - Releases
- Easy to Use
- Results since November 2016:
  - Nearly $1 Million in Community Benefit
  - Over 3,000 Individuals Served
  - Almost 8,000 Acts of Kindness

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DRRC

DISABILITY RIGHTS & RESOURCE CENTER

Carilion Clinic Community Outreach Partnership Grants

Challenge now is volunteers to drive!

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More Transportation

- Area Agency on Aging
- United Way award made this possible

In partnership:

ENROLL VIRGINIA!

VHREF VIRGINIA HOSPITAL RESEARCH & EDUCATION FOUNDATION

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HEALTH CARE ENROLLMENT

During this webinar you will gain valuable insight into the uninsured who may be eligible for a health plan under the ACA. You will also learn where they can receive unbiased information about health plans offered with no-cost, non-partisan enrollment assistance on Virginia's marketplace at Healthcare.gov . Our webinar speakers will help you to find local resources to help with any questions you may have.

September 27th
2pm - 4pm EDT

For More Information:
Ashlee Ewing, aewing@vhha.com

This is a free webinar but registration is required
Register at: http://bit.ly/2bHwVDU

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Awards . . .

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Step 4: What's Next? Access to Care and Health Coaching

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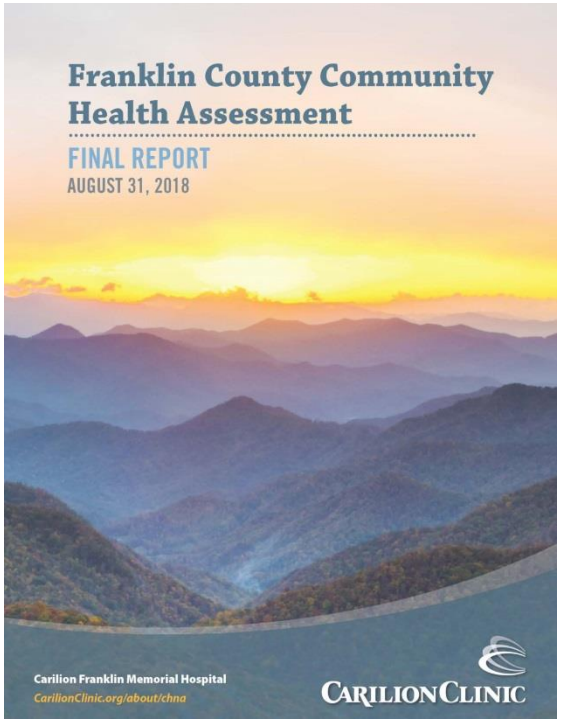
Community Needs Assessment

1. Access to primary care
2. High cost of care
3. Access to dental care
4. Access to mental / behavioral health services
5. Transportation / transit system
6. Poverty / low average household income
7. Alcohol and drug use
8. Culture: healthy behaviors not a priority
9. Lack of health literacy / lack of knowledge of healthy behaviors
10. Coordination of care



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What About You?

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Medicaid Expansion

SignUpNow

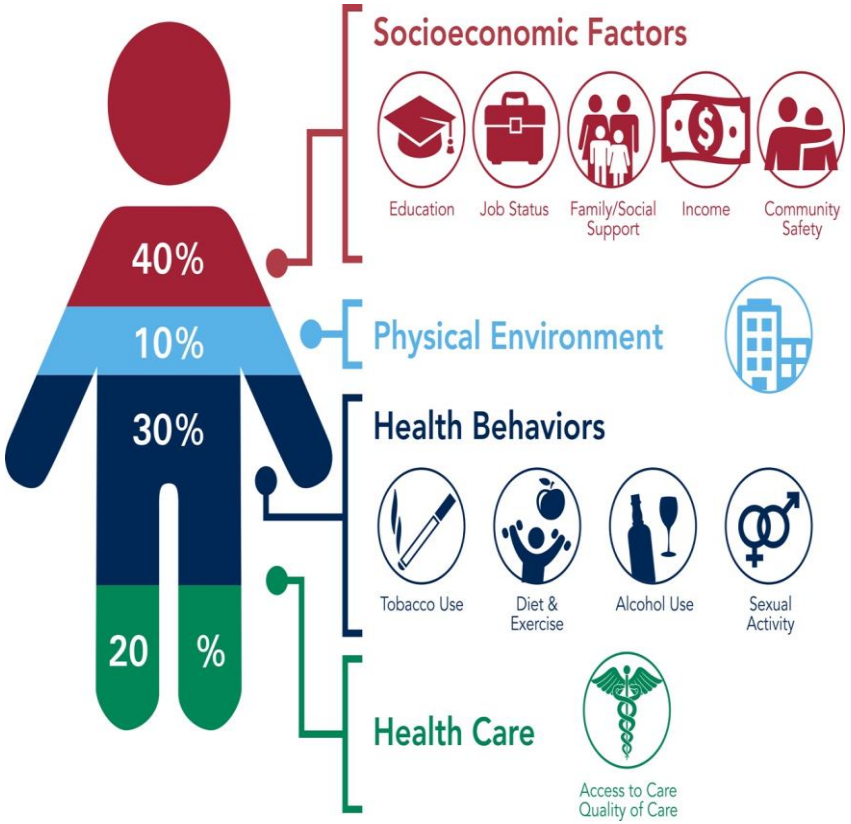
Volunteer Training

December 17, 10 a.m. – 2:30 p.m.
Carilion Franklin Memorial Hospital
Medical Office Building Auditorium

Applications accepted November 1!

VIRGINIA HEALTH CARE FOUNDATION

Impact Of Social Determinants Of Health



- **20%** of a person's health and well-being is related to **access to care** and **quality of services**
- The **physical environment, social determinants** and **behavioral factors** drive **80%** of health outcomes

Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

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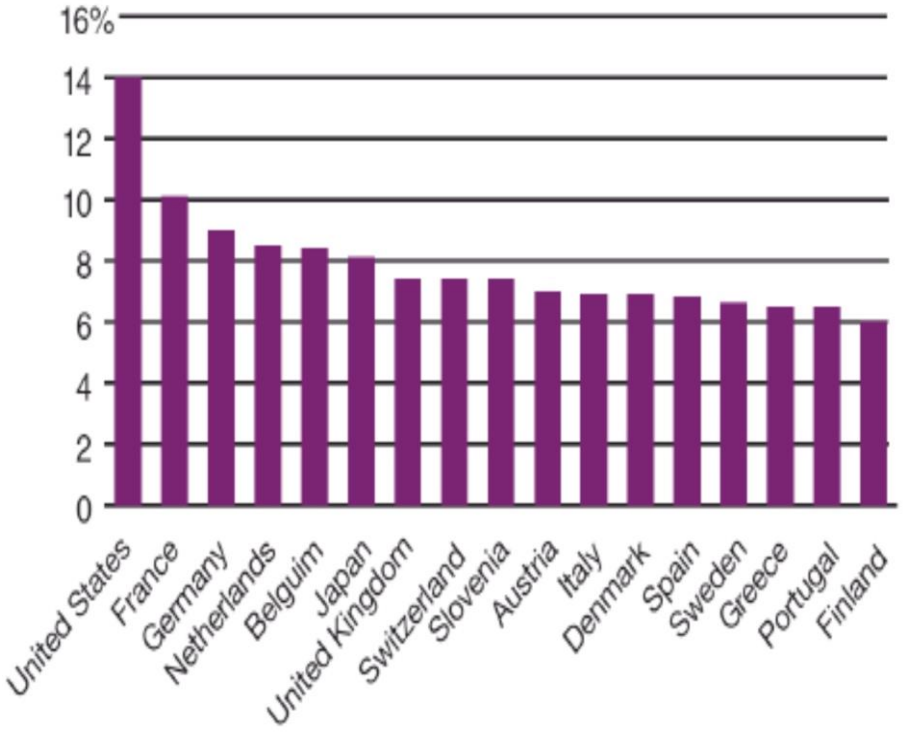
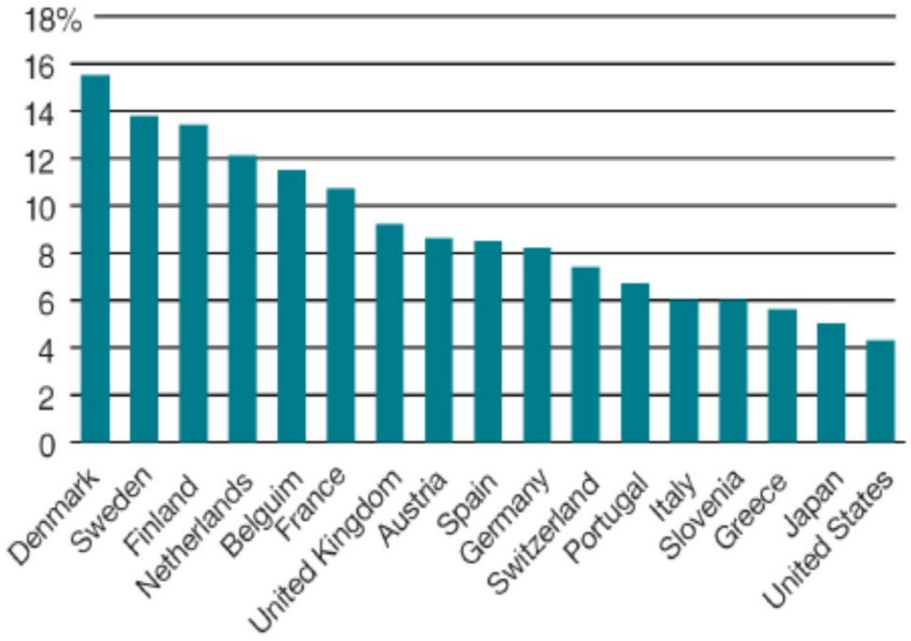
Health and Social Care Spending

Personal Health Care Spending, 2014



Source: Organization for Economic Co-operation and Development

Social Service Spending, 2014



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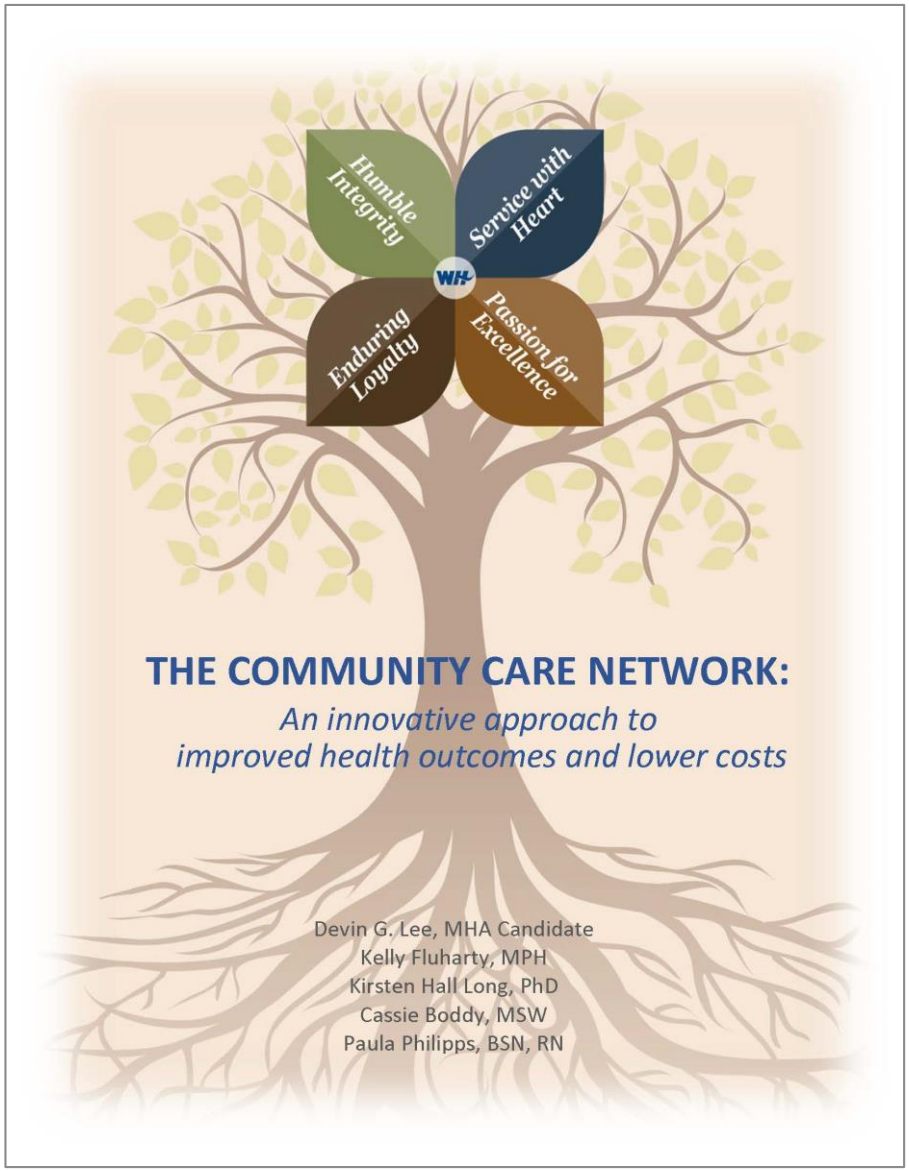
Winona Health Community Care Network



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Where things fall apart . . .

- Inability to manage care needs due to social constraints
- Social isolation; limited support systems and resources
- Low health literacy: inability of patient/families to recognize and react to signs of acute illness
- Exacerbations of multiple chronic illnesses
- No primary care provider relationship
- Medication management errors
- Handoffs
- Non-medical issues show up in healthcare system

Source: Winona Health presentation on their Community Care Network

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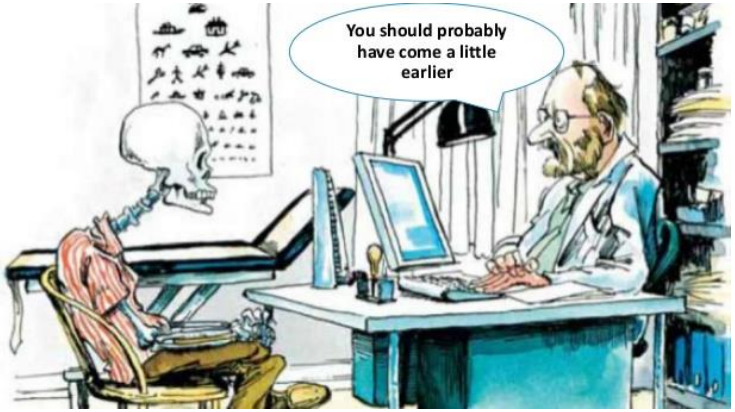
And another thing . . .

- Working on best way to manage primary care access after hours
  - Fast Track?
  - Urgent Care?
  - TeleAccess?
  - Something Else?



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Questions?

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