Hope in Healthcare
Hospital relationships
Pam Toomey
August 4, 2015
Top 10 ways to build a hospital relationship
Public health vs population health

- Public Health
  - Reimbursement was volume driven
  - Quantity vs quality

- Population Health
  - Keep the numbers down
  - Quality vs quantity
Maryland Waiver

- Hospitals receive an agreed upon amount of revenue each year, regardless of the # of people they treat
- Must provide efficient, high quality care in their communities
- MD hospitals have committed to saving Medicare $330 million over the next 5 years
- Also commit to lowering readmission rates
- Also commit to reducing hospital acquired conditions by 30%

If not met – Penalties!
Find a Champion

- Look everywhere
  - Wellness Centers
  - Community Outreach
  - Physician Liaison
  - CFO
  - Comprehensive Care Center
  - Population Health Group
Ask questions

- Is there a committee dedicated to working on the Population Health Initiative?
- Is there a committee dedicated to working on the Quality Improvement Plan?
- What programs do you have in place to target high utilizers?
- Who can I talk to about an evidence-based program which can help the hospital meet some of their goals?
6 Use buzzwords

- High Utilizers
- Triple Aim
- Post-Acute care
- Evidence-based
- Care coordination
- Population health
- Standardize clinical practices
- Providing community linkages
5

Make your presentation

- Use data
  - Triple Aim info
- Maryland Data Base Info
<table>
<thead>
<tr>
<th>Triple Aim Goal</th>
<th>Outcome Measure</th>
<th>Baseline Mean</th>
<th>12-Month Mean</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Care</td>
<td>Communication with MD <strong>IMPROVED</strong></td>
<td>2.6</td>
<td>2.9</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Medication Compliance <strong>IMPROVED</strong></td>
<td>.25</td>
<td>.21</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Health Literacy <strong>IMPROVED</strong></td>
<td>3.0</td>
<td>3.1</td>
<td>4%</td>
</tr>
<tr>
<td>Better Outcomes</td>
<td>Self-assessed Health <strong>IMPROVED</strong></td>
<td>3.2</td>
<td>3.0</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>PHQ Depression <strong>REDUCED</strong></td>
<td>6.6</td>
<td>5.1</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Quality of Life <strong>IMPROVED</strong></td>
<td>6.5</td>
<td>7.0</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Unhealthy Physical Days <strong>REDUCED</strong></td>
<td>8.7</td>
<td>7.2</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Unhealthy Mental Days <strong>REDUCED</strong></td>
<td>6.7</td>
<td>5.6</td>
<td>12%</td>
</tr>
<tr>
<td>Lower Health Care Costs</td>
<td>% w/ ED Visits in the Past 6 Months <strong>REDUCED</strong></td>
<td>18%</td>
<td>13%</td>
<td>.68</td>
</tr>
</tbody>
</table>
## Financial Effects

<table>
<thead>
<tr>
<th>HOSPITALIZATIONS</th>
<th>REDUCTION AT 6 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY ROOM VISITS</td>
<td>ODDS REDUCED BY 32%</td>
</tr>
<tr>
<td>NET COST SAVINGS PER PERSON</td>
<td>$390 PER PERSON</td>
</tr>
<tr>
<td>(after program cost of $350)</td>
<td></td>
</tr>
</tbody>
</table>
Train Staff

- Nurses
- Nurse Navigators
- Community Health Workers (CHW’s)
- Wellness Center
- Dental Clinics
- Cardiac Rehab
- Vision Center
- Spine & Joint Center
- Discharge Planners
- Breast Centers
- Diabetes Centers
- Weight Loss Centers
- Heart & Vascular
3 Plan workshops

- Set calendar for a year
Work Referrals

Healthier Living Colorado™
a self-management class for your patients with chronic conditions

Fax Referrals to: 303-884-5962
Questions: Joni@COAW.org or 303-884-1845

PATIENT INFORMATION

Patient Name
Date of Birth __/__/____  Gender □ Male □ Female
I understand that COAW will inform my provider about my participation in Healthier Living Colorado™.
Patient Signature ___________________________ Date _________
Address ___________________________ Date _________
City ___________________________ State ___________ Zip Code ___________
Best Phone number to reach you: ___________________________
Best time of day to contact you: ___________________________
May we leave a message ☐ Yes ☐ No
Language □ English □ Spanish □ Other [_____] ___________________________

PROVIDER INFORMATION

Provider Name: ___________________________ Email: ___________________________
Clinic: ___________________________ Phone: ___________________________
Fax: ___________________________
Promote the AAA’s

- AAA’s can provide wrap around services
  - Respite care
  - Transportation
  - Case Management
  - Options Counseling
  - Long Term Care Assistance (Community First Choice)
  - Medicare Counseling (SHIP)
  - Ombudsman Counseling
  - Housing Assistance
  - Telephone Reassurance

Living well
Take Charge of your Health
Contact Info after 8/31

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* 443-995-1950 (cell)