Transformation of Healthcare: Volume to Value

One Health System's Journey

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WMHS Overview

- System formed in 1996 w/ 464 beds
- New hospital opened in 2009 w/ 275 licensed beds
- Located in western Maryland
- 213-bed not-for-profit hospital w/ an ADC of 160
- Over 250 providers on staff
- Level III Trauma Center
- Stroke Center, MIEMSS
- Cardiac Intervention Center, MIEMSS
- Only open-heart surgery west of Baltimore
- Skilled nursing facility with 88 beds
- Outpatient diagnostic centers
- Three urgent care centers
- Network of physician practices

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Facts About WMHS

- $334 Million in operating revenues for FY18
- 11,556 adult admissions per year (down from 15,521 in FY11)
- 46,820 ED visits per year (down from 55,183 in FY11)
- 1,000 deliveries per year
- Over $330 million economic impact on the region annually
- $58 million in Community Benefit for FY2018

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Maryland's Medicare Waiver

Only All-Payer Hospital Rate Regulation System

- A 40-year agreement with Medicare
- Allows Maryland to "waive" Medicare payment rules and set rates hospitals charge
  - Rates established by the Health Services Cost Review Commission (HSCRC)
  - Maryland must meet waiver "test"
  - Maryland's growth in Medicare spending per hospital stay must be less or equal to the rest of the nation

Total Patient Revenue

The Transition from Volume to Value

- 10 Maryland hospitals joined demonstration project in 2010 to provide higher quality & reduce utilization
  - Revenue is 100% fixed; no change based on fluctuations in volume or changes in service
  - Incentive monies up front to assist with the transition
- Shifted focus immediately from volume-based care delivery to value based
- Emphasized providing care in the most appropriate location—and not necessarily in the hospital
- Aligned with Triple Aim of Healthcare Reform

Maryland’s Medicare Waiver

- 5-year demonstration project started January 1, 2014; next iteration of the waiver is approved for a 10-year waiver effective January 1, 2019
- Must meet clinical performance objectives in addition to achieving targeted financial measures
- New waiver “test”
  - Annual hospital spending cap of 3.58% per capita
  - Medicare savings target of $330 million over 5 years
  - Limit growth in Medicare spending Maryland to less than or equal to national growth
  - Over 5 years reduce re-admissions to National average and MHAC’s by 30%

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Reimbursement in Maryland

Unique System of Quality Indicators

- Quality Based Reimbursement – based on improving patient satisfaction and core measure results (2% of revenue at risk)
- Pay for Performance – based on reducing potentially preventable conditions (2% for penalty, 1% is receiving a reward but will only lose up to 2%)
- Increased focus on hospital-acquired conditions
- Reducing re-admissions is now another facet - re-admissions revenue at risk (2% for a penalty and 1% is receiving a reward but will only lose up to 2%)

Total Cost of Care

Effective January 1, 2019

- Hospitals responsible for care provided by Physicians, SNFs, Home Health, ASCs
- Hospitals responsible for TCOC not exceeding the nation for all Medicare FFS related services
- Encourage partnerships with physicians and SNFs (incentives and penalties)Target $300M savings per year for hospitals
- Focus on potential avoidable and unnecessary utilization of each hospital

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Operational Challenges

- Address high utilizers with multiple co-morbidities
(for example: 1972 patients accounted for $140 million of annual cost)
- Maintain market share while reducing admissions
- Expand primary care access
- Focus on unnecessary utilization & appropriateness of admissions
- Educate the internal stakeholders on the changes in care delivery
- Meet the challenge of health care change by reshaping the community's approach to seeking care

What We Found from BRG Report

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Making the Transformation

- Shift emphasis from volume to value
- Provide care in the most appropriate location
- Improve quality/patient experience to reduce LOS and avoidable admissions/readmissions
- Work collaboratively with community partners on population health initiatives
- Increase patient and family engagement
- Improve transitions at all levels
- Address social determinants of health

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Traditional Care Delivery

Centered on hospital delivered acute care.

Community Care

Acute Care Hospital

Recovery and Rehab Care

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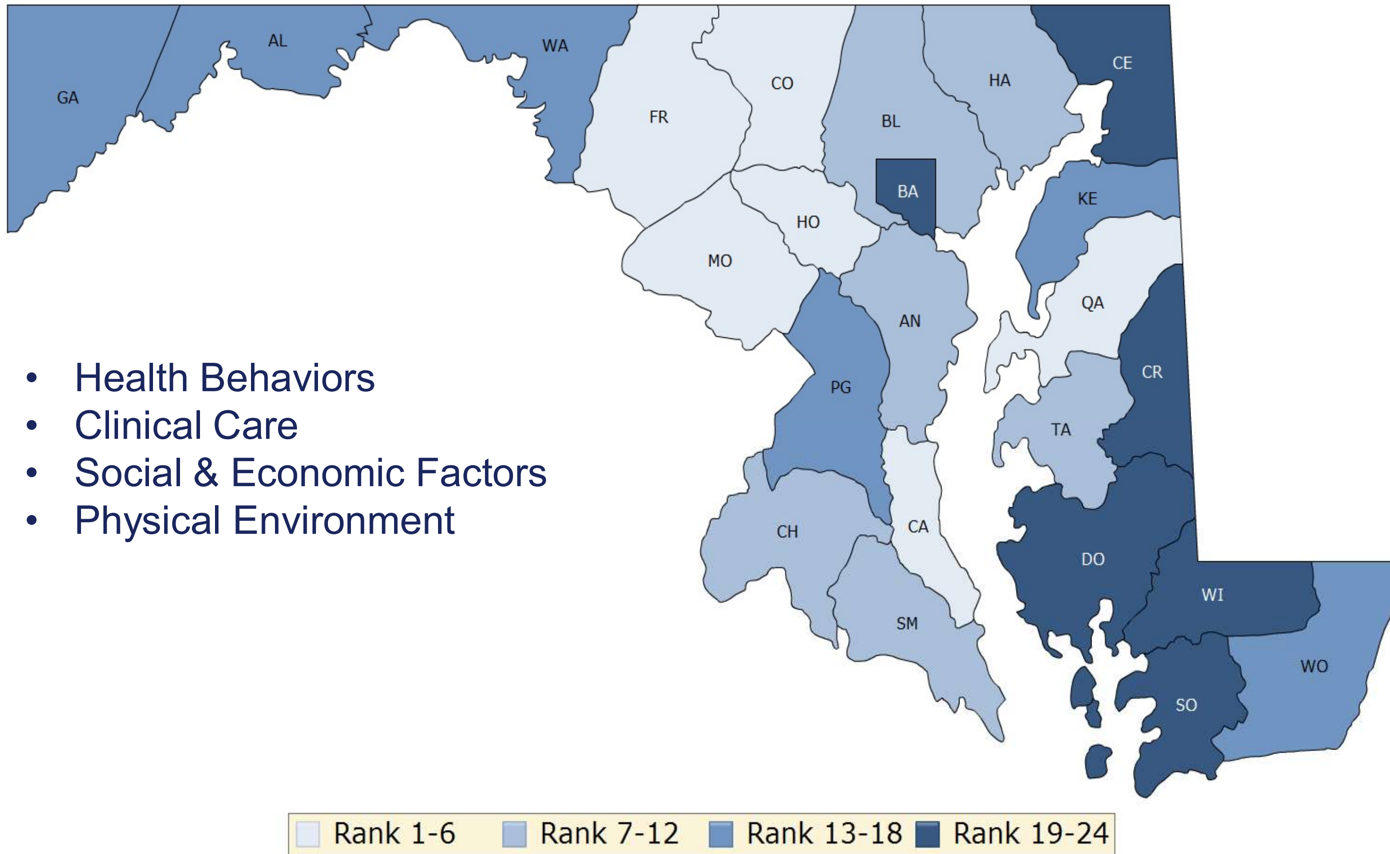
Overall Ranking in Health Factors



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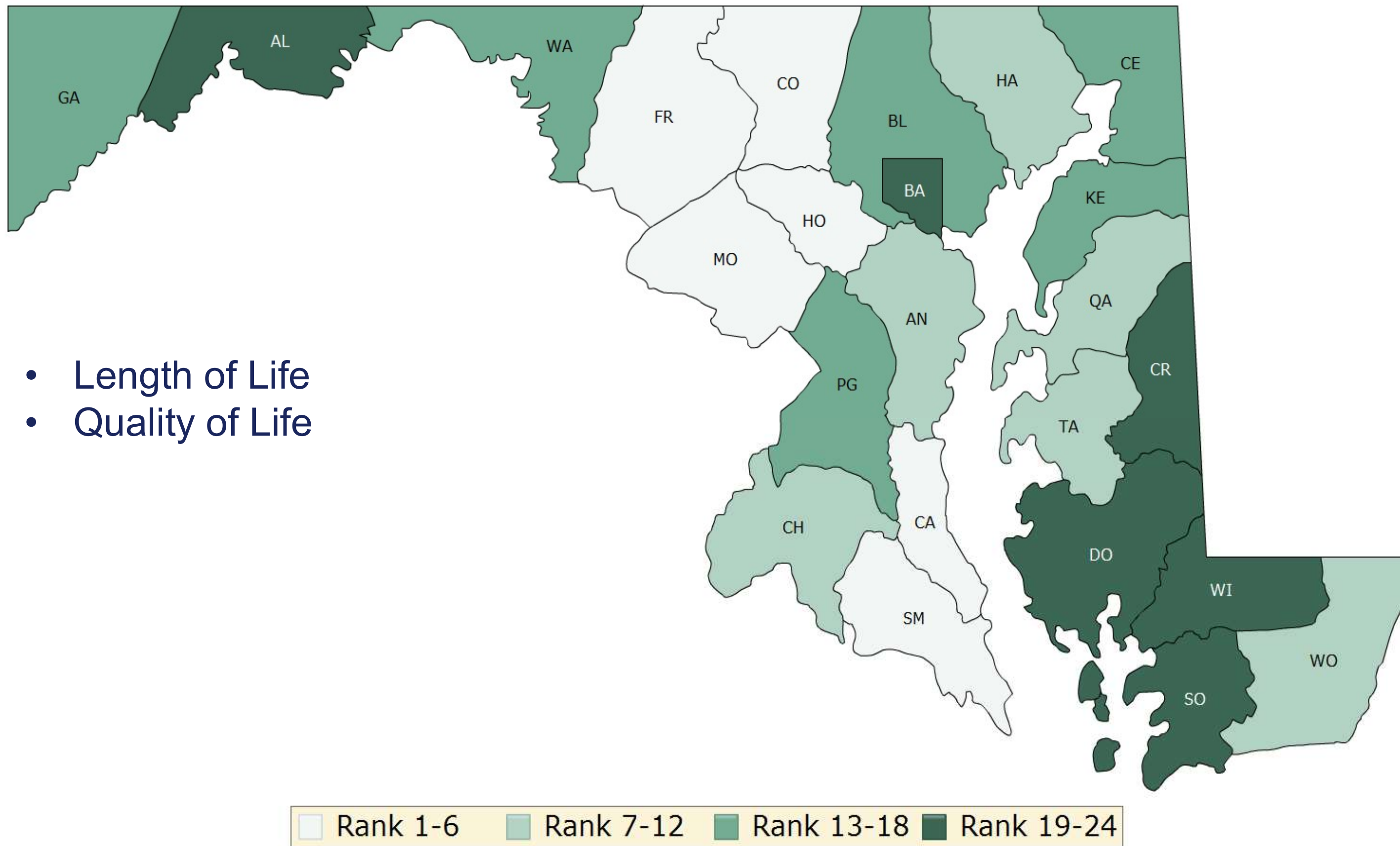
Overall Rankings in Health Outcomes



- Length of Life
- Quality of Life

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Pre-Acute
Acute
Post-Acute
Today's Continuum of Care.
Most appropriate care in the most appropriate setting.
Acuity
Home
Wellness and Fitness Center
Retail Pharmacy
Physician Offices/Clinics
Urgent Care Center
Diagnostic Imaging Center
Ambulatory Procedure Center
EMERGENCY
Emergency Department
Hospital
Inpatient Rehabilitation
Outpatient Rehabilitation
Extended Care Facility
Skilled Nursing Facility
Home Health and Hospice
Home
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Volume vs. Value

Volume Based	Value Based
Encourages caring for the ill and maximizing volumes	Encourages wellness and cost effective delivery of care
Revenue is received based on volumes - number of admissions, outpatient procedures	Revenue is fixed - annual revenue is pre-determined and does not change from year to year
More admissions and outpatient visits = more revenue	More admissions and outpatient visits = **no** more revenue

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Managing Under Value-Based Care

Volume & Utilization

- Reduce unnecessary admissions & readmissions
- Shift emphasis from volume to value
- Reduce variation in care delivery
- Provide care in the most appropriate setting
- Reduce utilization rates in ED, inpatient, observation and ancillary
- Improve chronic care delivery

Education & Reinvestment

- Educate employees, medical staff & community about the changes
- Create stronger patient engagement & education
- Re-invest savings in hospital & the community

Community

- Work collaboratively with community partners
- Focus on better community access
- Improve payment alignment with physicians
- Increase health & wellness activities on a regional basis

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Commonality of Patient Experience

- Repeat Diagnostic testing-CT/LAB, etc.
- Patients either not scheduled or no show for PCP appointment within 7 days following discharge
- No show for follow up appointments at CCR/Pulmonary
- Smoking Cessation classes either not offered or not accepted
- Pulmonary rehab-not offered or not accepted

Engaged Medical Staff

- Developed the President's Clinical Quality Council
- Engaged community-based physicians who no longer admit patients
- Developed "Hot Topics" to educate medical staff
- Implemented a Pay-for-Performance program for medical staff
- Established a Clinically Integrated Network and an Accountable Care Organization

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Center for Clinical Resources

- Realized multiple locations created barriers for patients with multiple chronic conditions
- CCR is one location that supports patients with managing chronic medical conditions such as diabetes, anticoagulation medication, heart failure, hypertension and COPD
- Offered as a resource for primary care providers

The Team in the CCR

- Physicians, CRNPs and RNs (Disease Specific)
- Pharmacists
- Dietitians
- Respiratory Therapists
- Certified Diabetes Educators
- Office Coordinators/Navigators
- Intake Coordinator
- Community Health Workers
- Community Care Coordinators – RN and MSW

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Encouraged Patient Engagement

- Implemented hourly rounding and bedside shift reports on nursing units
- Assigned Pharmacy staff to ED and inpatient units for medication reconciliation and patient education at discharge
- Developed community health worker program to provide more support services to discharged patients and their families
- Revamped education and created support groups for specialized patient needs

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Better Medical Care for Our Community Wasn't Enough

That was our goal but what we found was surprising….

20-30% of what people needed was ***actual health care***

Remaining 70-80% are all about the ***Social Determinants of Health***

- Conditions in the environments that affect a wide range of health, functioning, and quality-of-life outcomes and risks

Population Health

- Addressing the social needs of our patients related to food insecurity, transportation, medications, child health & poverty
- Received a $1.3M grant each of 3 years from the state for regional transformation of care delivery (expanded to 4th year)
- Bridging the gap in Diabetes ($1.5M Merck Grant over 5 years)
- Remote Patient Monitoring (CareFirst BlueCross BlueShield $100K Grant over 3 years)
- Created Clinic in our Homeless Shelter
- Community Care Coordination
- Behavioral Health Care Coordination

Bridging the Gap – Merck Grant

Overview:

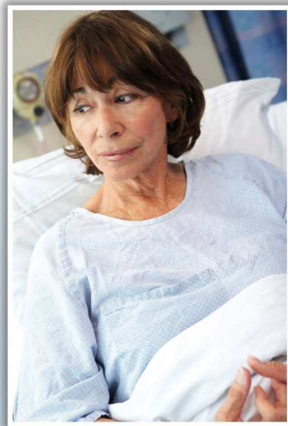
- 5 year grant ($1.4k) awarded to WMHS as 1 of 8 sites selected by Merck
- Program to provide an innovative approach to people with Type 2 Diabetes.
- The award will provide funds that along with our other grants (HSCRC and Telemonitoring) provides the opportunity to strengthen our work with other community partners all with the goal of improving the lives of the Type 2 diabetics in our community

What are/were the expected results in improved outcomes, population health and cost savings?

We expect to see great improvement in the outcomes of patients with Type 2 Diabetes. This should translate directly into better health for close to 15% of the population in Allegany County, which should result in lower healthcare dollars.

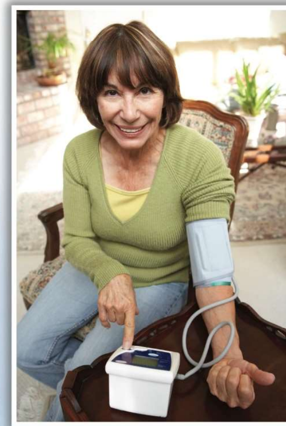
Keeping Our Vulnerable Patients Healthier And Reducing Hospital Readmissions

Thanks to CareFirst's Telemedicine Program Grant

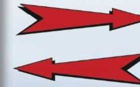


Hospitalized Patients At Risk for Readmission Identified

Sent Home with Telemonitoring Equipment



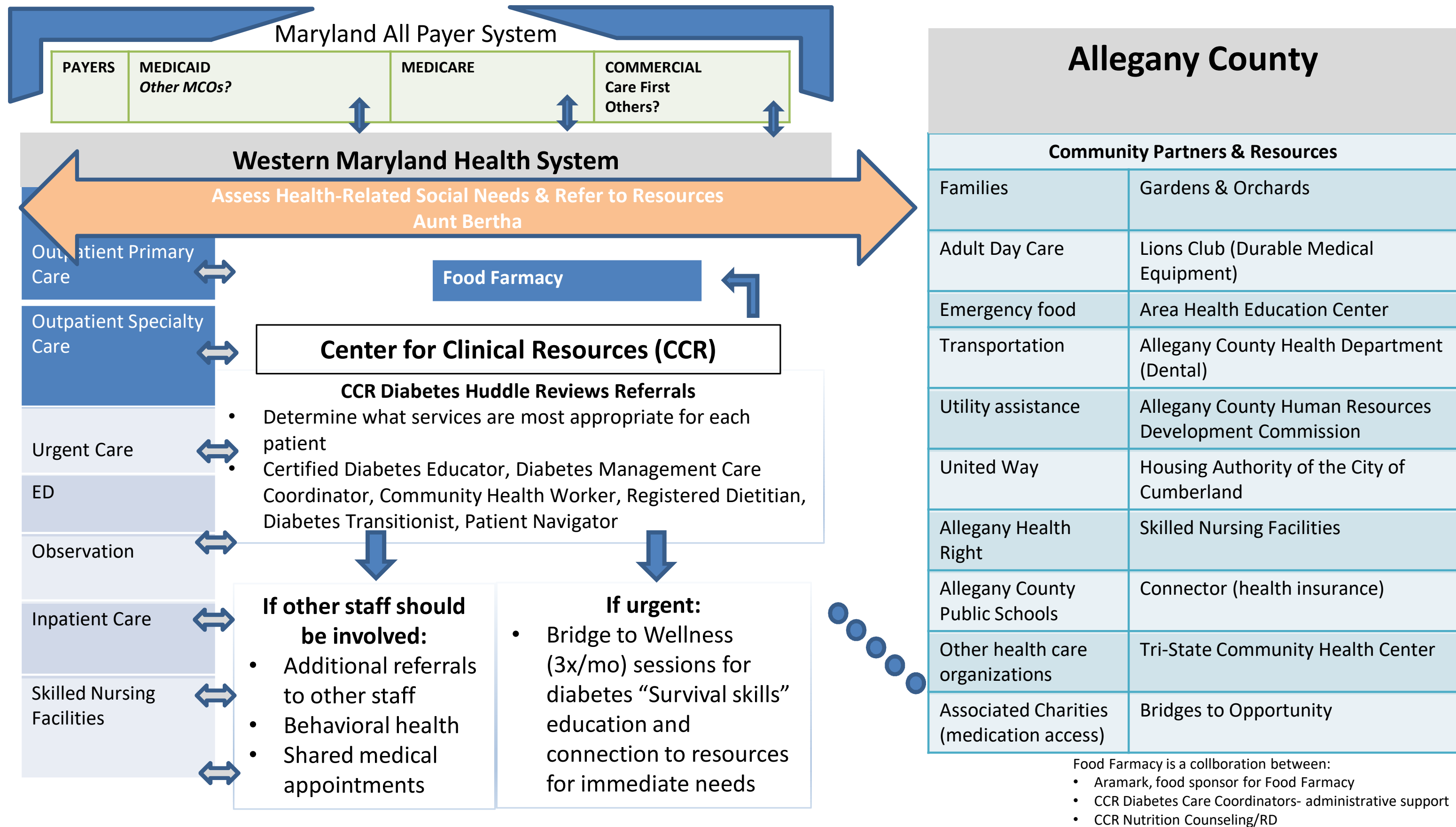
Monitored in Real Time For Any Changes



Prompt Intervention Improves Health Status

Western Maryland Health System

12500 Willowbrook Road In Cumberland • Visit us at www.wmhs.com


Maryland All Payer System
PAYERS
MEDICAID
Other MCOs?
MEDICARE
COMMERCIAL
Care First
Others?
Western Maryland Health System
Assess Health-Related Social Needs & Refer to Resources
Aunt Bertha
Outpatient Primary Care
Outpatient Specialty Care
Urgent Care
ED
Observation
Inpatient Care
Skilled Nursing Facilities
Food Farmacy
Center for Clinical Resources (CCR)
CCR Diabetes Huddle Reviews Referrals
Determine what services are most appropriate for each patient
Certified Diabetes Educator, Diabetes Management Care Coordinator, Community Health Worker, Registered Dietitian, Diabetes Transitionist, Patient Navigator
If other staff should be involved:
Additional referrals to other staff
Behavioral health
Shared medical appointments
If urgent:
Bridge to Wellness (3x/mo) sessions for diabetes “Survival skills” education and connection to resources for immediate needs
Allegany County
Community Partners & Resources
Families
Gardens & Orchards
Adult Day Care
Lions Club (Durable Medical Equipment)
Emergency food
Area Health Education Center
Transportation
Allegany County Health Department (Dental)
Utility assistance
Allegany County Human Resources Development Commission
United Way
Housing Authority of the City of Cumberland
Allegany Health Right
Skilled Nursing Facilities
Allegany County Public Schools
Connector (health insurance)
Other health care organizations
Tri-State Community Health Center
Associated Charities (medication access)
Bridges to Opportunity
Food Farmacy is a collboration between:
Aramark, food sponsor for Food Farmacy
CCR Diabetes Care Coordinators- administrative support
CCR Nutrition Counseling/RD

Created Better Transitions of Care

- Expanded care coordination and discharge planning
  - RN and MSW staff on in-patient nursing units, including behavioral health 7 days/week
  - 24/7 in the Emergency Department
- Expanded outpatient behavioral healthcare coordination
- Bedside delivery of medications at discharge
- Focused on follow-up by primary care providers within 5-7 days of discharge
- Provided in-home complimentary visits post-discharge by Respiratory Therapist, Dietitian, Pharmacist as needed, even if patient is not on the Home Care service

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And Better Transitions of Care

- Developed strong partnerships with skilled nursing facilities
  - Regular meetings to share information
  - Provided education to SNF staff on managing more acute patients
  - Transition Care Coordinators follow residents for 30 days post discharge
  - SNF Transitionists follow nursing home resident's health with on-site monitoring
- Expanded links with community organizations to address socioeconomic needs of patients
- Developed specialty clinics to help patients manage chronic conditions

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WMHS Population Health at a Glance

- Courtesy of the Region Transformation Grant
  - Clinic at Homeless Shelter-NP/LPN
  - Hometown Health Program
  - Care Coordinator and Social Worker in CCR
  - Inpatient Community Health worker
- Center for Clinical Resources
  - Chronic Care Management
    - CHF
    - COPD
    - DM
    - Anticoagulation
    - MTM
- Food Farmacy
- Food upon discharge
- Remote Patient Monitoring
  - HP
  - DM
  - COPD
  - CHF
- SNFist/Partnership to Perfection

- Behavioral Health
  - NP
  - Peers Support Specialist
  - BH Specialist-telehealth
  - Porch visits
- Bridges To Opportunity
- Feed Children
- Make Healthy Choices Easy
- Garden/Orchard/Playsets
- Transportation
- Community Thanksgiving Dinner
- Food Bank support
- Farmer's Market Vouchers
- Support the Food Bank money and food
- Wellness Ambassadors
- Free
  - Wellness Coaching
  - Yoga
  - Exercise Classes
  - Weight Control Classes
  - Grocery Store Tours

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Our Garden Partners

- 84 Lumber
- AES
- Allegany College of MD
- Allegany County Sheriff Alternate Sentencing Center
- American Rental
- ARAMARK
- City of Cumberland for parks, water and Forester
- Crothall
- DSS
- Eby's
- FCI
- Floura Teeter Landscape Architects
- Lowes
- Teter Landscaping
- University of Maryland Extension
- WCI

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Aunt BERTHA | Connecting People and Programs

Support Sign Up Log In **Help Others**

Search for free or reduced cost services like medical care, food, job training, and more.

Zip 21502 Search

1,834,645 people use it (and growing daily)

By continuing, you agree to the Terms & Privacy .

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Path
2
Help

the HOMETOWN healthy PARTNERSHIP

Meeting the Community Where They Are

- HH Partners will attend established community events (spaghetti dinners, summer festivals, bingo nights, etc.) in areas where the social needs are prevalent
- Joining established events with community leaders from that area helps to build trust and a rapport with community members, increasing engagement

More Than a Point Sheet

Name: ____________________________________

Address: __________________________________

City: _______________ State: ______ ZIP: _______

Phone: _____________ Email: _________________

Age: _________ Gender:______________________

New Participant? Yes No

How did you hear about the Hometown Healthy Partnership?

____

☐ Yes! Sign me up to learn more about healthy living.

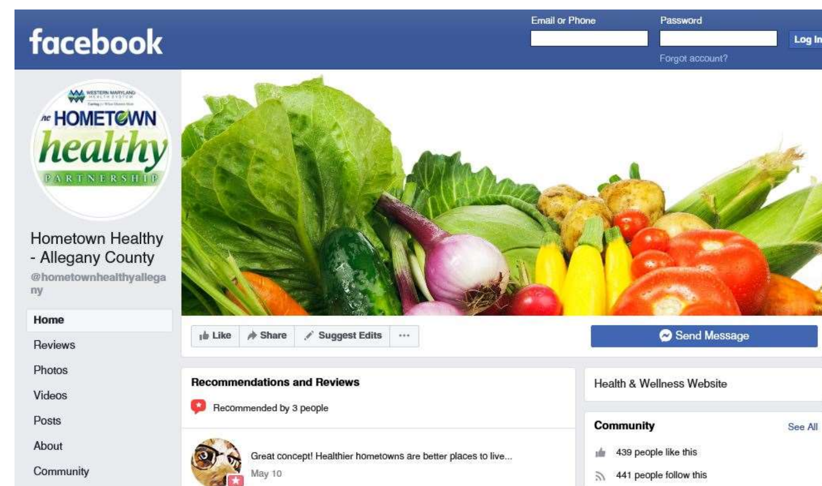
Event: ____________________________________

Number of Points Awarded: __________________

- Gathering demographic information helps us understand who is going to events and what kind of information they're interested in
- Learning how people heard about HHP will help us better promote WMHS programming because we'll see what was effective and who heard what where
- Gaining consent to send community members information directly about programming and events will help us tailor messaging to exactly who needs/wants it

Join Us Online!

- Keep up-to-date on everything HH by following our Facebook page: Hometown Healthy Allegany
- Use the hashtag #hometownhealthy2019 any time you participate in a HH event and post something on Facebook
- Engage with the community



#hometownhealthy2019

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2019 Firefighter’s Challenge

- One-day event taking place September 28 at Hoffman Field in Frostburg, MD
- Local fire departments are invited to compete in four different feats of strength and agility
- Local EMS teams are invited to perform blood glucose and blood pressure screenings
- Partners will have health activities set up for community members to earn points
- Partners will also be able to sign community members up for primary care providers and encourage participation in health classes
- Food trucks will be on-site

What We Found from BRG Report

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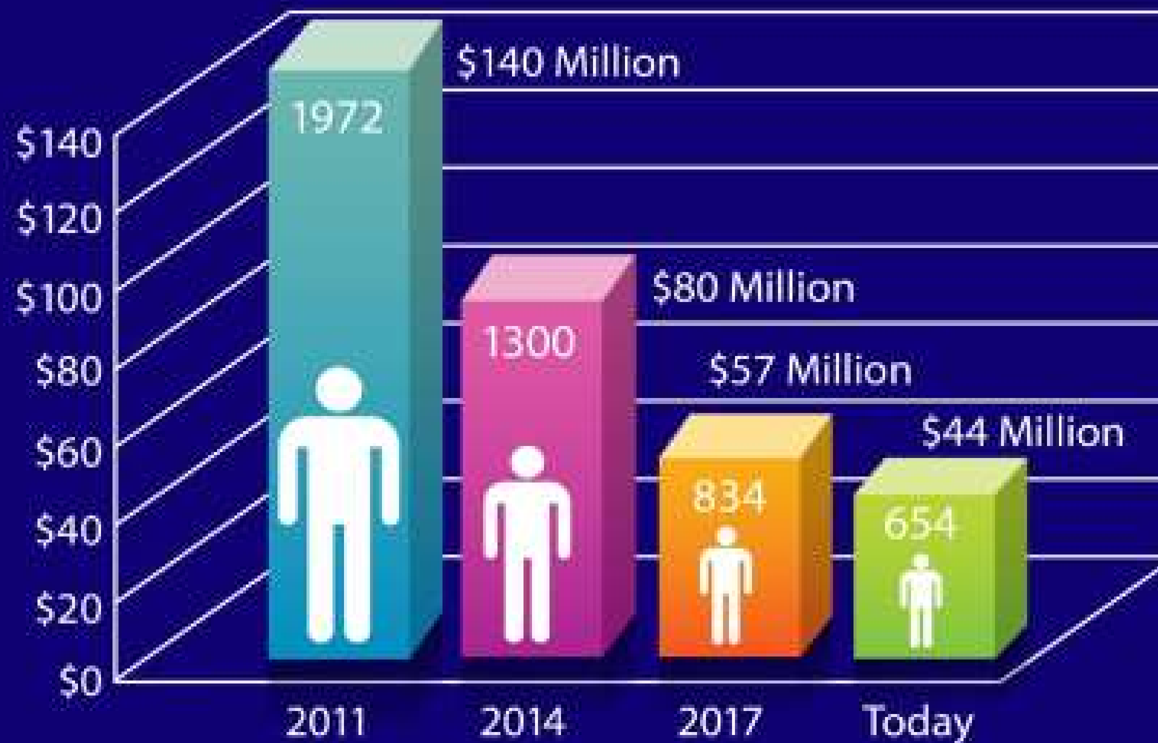
THE $100 MILLION DOLLAR JOURNEY



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Overall Results

	FY2011	FY2018	Inpatient
Admissions	15,848	11,197	⬇ 29.4%
Readmission Rate	15.5%	10.5%	⬇ 26%
Inpatient Behavioral Health Admissions	1,248	985	⬇ 21.2%
Readmission Rate	20.9%	12.2%	⬇ 41%
ED Visits	55,183	45,408	⬇ 17.7%

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Ongoing Challenges

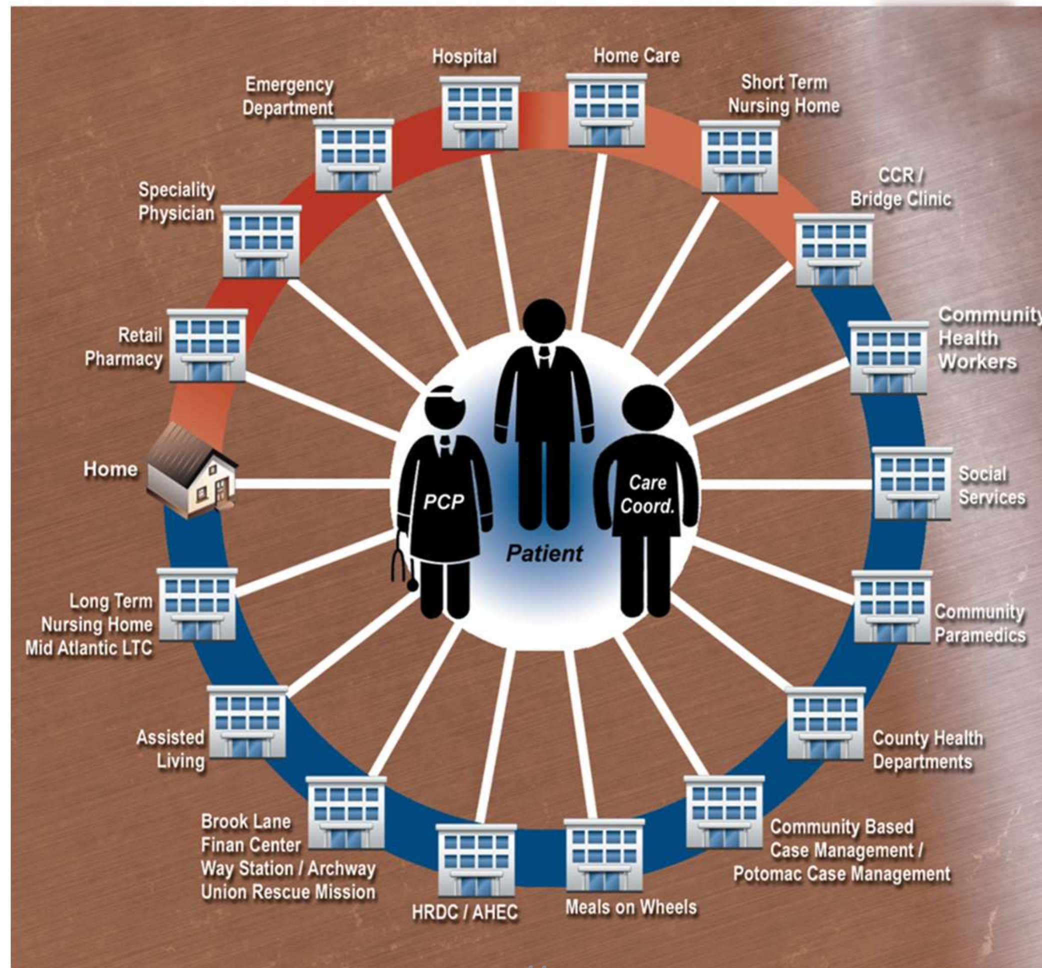
- Use rates are still too high across Maryland hospitals
- Being accountable for the Total Cost of Care for the region is both daunting and onerous
- More work needs to be done on PPCs / Hospital-Acquired Conditions
- Misaligned incentives with physicians
- Although improvements have occurred in the overall health of our population, work still needs to be done there, as well in areas such as social & economic needs
- Many social issues exist among our residents and patients; our hospital has become the safety net for the region

Conclusion

- Safety net for the region through our work in population health with a focus on addressing the social determinants of health
- Continued success in reducing preventable admissions, readmissions, ED visits and ancillary utilization
- Value-based model has received numerous national awards, been touted by the NY Times and has received millions of dollars in grant funding to further our efforts in reducing the overall total cost of care while improving the health status of the region

In the last eight years, WMHS has become a very different organization by focusing on a value-based care delivery system and one that has been able to embrace the components of the triple aim of health care reform. It wasn't easy in the beginning, but we are now much better positioned for a challenging health care future.

Patient Centered Care Continuum



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NY Times

"This hardscrabble of a city at the base of the Appalachians makes for an unlikely hotbed of health care innovation. Yes, Western Maryland System, the major hospital serving the poor and isolated region, is carrying out an experiment that could leave a more profound imprint on health care than President Obama's reforms.“

Eduardo Porter

August 28, 2013

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Jo M Wilson, FACHE
Vice President, Population Health
Western Maryland Health System
Jowilson@wmhs.com
240.964.8006

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