NATIONAL CENTER FOR HEALTHCARE LEADERSHIP

2015 HUMAN CAPITAL INVESTMENT CONFERENCE

SOFITEL CHICAGO WATER TOWER | NOVEMBER 17-18, 2015

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LEADING TOGETHER SHAPING THE FUTURE

Healthy Education and Lifestyles Program

Transforming Healthcare throughout the Community

Texas Health
Harris Methodist Hospital®
AZLE

Presenter

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Objectives

- Discover ways a healthcare system can maximize community health improvement while reducing cost through strong community partnerships.
- Learn targeted leadership competencies to improve health in populations traditionally seen as “non-compliant.”

Community Challenge

- Patients with a chronic disease, who do not have access to primary care, are forced to utilize the hospital's emergency department as a way to manage their chronic disease.
- In focus groups with these patients, three barriers to preventive care and disease management were identified: lack of access to primary care; lack of access to resources for healthy living; and low health literacy. Addressing these barriers became the goal for the Healthy Education and Lifestyles Program (HELP).

Community Challenge

- Patients with chronic disease: Typically utilize the hospital emergency department as a way to manage their condition.
- Barriers to preventive care and management:
  - Lack of access to primary care;
  - Lack of access to resources for healthy living;
  - Low health literacy.

Meet Penny

Mental Health Issues

Wrap Around Services

Poor Lifestyle Choices

Lack of Support

Social Service Needs

No Lab Work

No Physician

Poor Diet/Exercise

Low Health Literacy

No Testing Supplies

No Education

No Insurance

No Medication

No Transportation

The Action Plan

Goals and Outcomes

- Reduce barriers to care – both clinical and financial – for uninsured, chronically ill patients.
  - Clinical – Patients are often labeled “non-compliant” and seen as a lost cause.
  - Financial – Treating patients in a more cost effective setting has a significant impact on the hospital's financial health.

Outcomes

81% decrease in Emergency Department visits after a patient joins HELP:

- Prior to becoming a HELP patient, there were 115 visits to the ED in the HELP population.
- After joining HELP, ED visits have been reduced to an average of 22 visits per year collectively for all HELP patients (.25 visits per patient).

94% decrease in inpatient admissions for HELP patients:

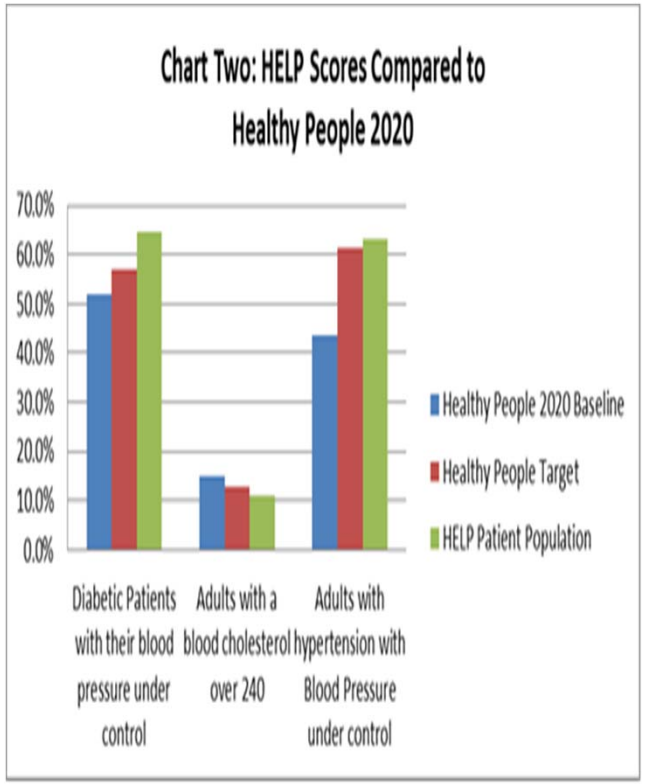
- Prior to joining HELP, there were 31 inpatients admissions.
- After HELP, the inpatient admissions decreased to an average of 2 per year for all 84 HELP patients combined.

Clinical Outcomes

Improved biometric scores:

- Achieved the Healthy People 2020 goals among the HELP patients.
  - 64.7% of Diabetic patients seen in HELP have their blood pressure under control, compared to the Healthy People 2020 baseline of 51.8% and the Healthy People 2020 target of 57%.
  - 11% of the HELP patients have a total cholesterol score over 240, compared to the national benchmark of 15% and a goal of 13%.
  - 63% of all Active patients have their blood pressure under control (under 140/90) since becoming a HELP Clinic patient. The Healthy People 2020 baseline is 43.7% and the Healthy People 2020 goal is 61.2%

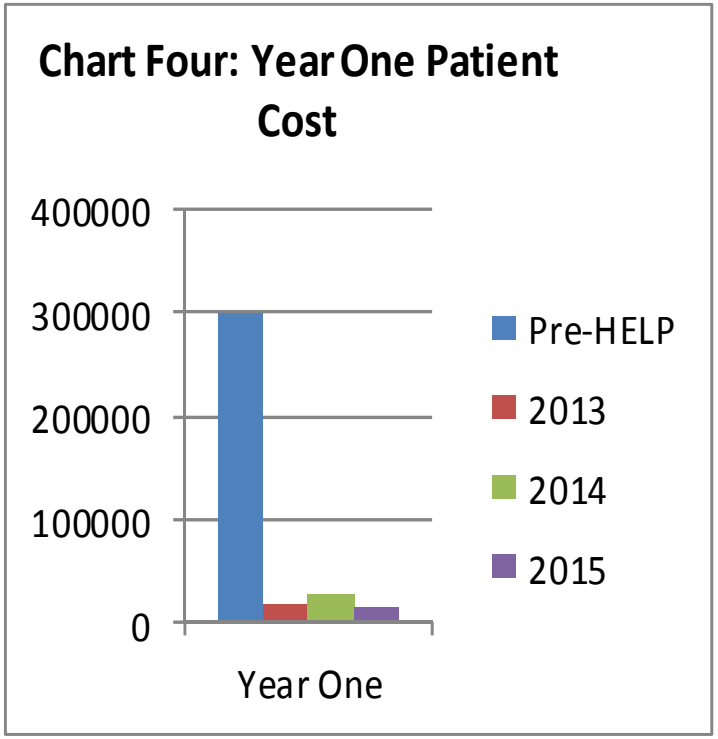
- *80% of diabetic HELP patients have improved their A1c.*



Financial Outcomes

One year prior to joining HELP:

- 114 Emergency Department visits and 31 inpatient admissions among the 84 patients.
- Totaled $1,224,848.55 in charges.
- With a cost-to-charge ratio of 25.8%, actual cost to the hospital is $316,010 for one year.



After joining HELP:

- 62 ED visits and 7 inpatient stays over the three year period.
- Combined total for all three years in the actual cost (25.8% of the charges) equals $105,992, compared to $948,030 over the same time frame.
- **This is a cost savings of $842,038.00.**

Leadership Competencies

- Know and identify with the audience.
  - Culture, financial and other natural barriers often diminish a person's ability to benefit from health education.
  - Example: an unfunded diabetic patient receives education about taking medication properly. Due to financial constraints, the patient cannot afford the medication, rendering the education meaningless.

The Good, The Bad and The Ugly

- **The Good** – Cost Savings to the Hospital, Decrease in Bad Debt, Increase in Patient Outcomes, Teaching patient to be responsible for their own health.
- **The Bad** – Challenge of designing a new way of managing Chronic Diseases.
- **The Ugly** – The Buy-In. Many naysayers doubt these patients can be successful.
  - Remember Penny: 21 ED visits in one year reduced to 2 visits in the past 3 years.

Key to Success

- Understanding that most people are non-complaint because they lack resources and literacy to be compliant.
- Our Medical Director for HELP is one example: When HELP opened, he was doubtful the program could motivate patients to change life-long habits. Now, he is HELP's greatest supporter saying the following:

"As one of the Hospitalists of Texas Health Azle, I have often seen patients who struggled to control their chronic condition because they lacked the insurance to afford routine care, resulting in frequent and costly inpatient stays. Since the HELP program's inception, the number of those patients I have seen in the hospital has significantly been reduced. More importantly, these patients are receiving the education necessary to successfully manage their chronic conditions." - Dr. Richard Niles

Questions?

Thank you very much for attending our session today.