Providing Care for Populations and Patients

Transforming the role of the RN
The Dartmouth-Hitchcock Journey
Barbara Walters DO MBA



//// Dartmouth-Hitchcock

Health System & Outreach



- DHMC Licensed for 396 Beds
- The State's only Academic Medical Center (Research, Teaching, and Patient Care)
- The State's only Tertiary Referral Center
- The State's only NCI-designated Comprehensive Cancer Center (1 of 40)
- The State's only Level 1 Trauma Center
- New Hampshire's only Comprehensive Full-Service Children's Hospital (CHaD)
- The State's Only Level III Neonatal ICN and only Pediatric ICU
- Operates the Only Helicopter Transport Service (DHART)

WE ARE THE SAFETY NET

- D-H Facility
- D-H Regional Clinic
- D-H Outreach Clinic
- New England Alliance for Health (NEAH) Member (17)

Dartmouth-Hitchcock Selected Operating









Discharges 25,000

Outpatient Visits 1.7 million

Operations Performed 19,000

Emergency Dept. Visits 31,000

Employees 8,500

Annual Revenue \$1.3 Billion

3 EMRs

Data Warehouse

Patient Portal

All "FFS" – no cap left



Dartmouth-Hitchcock's "ACO" Experience

CMS Physician Group Practice Demonstration Project

Level 3 NCQA Medical Home Certification all 28 sites, adults and peds

CMS Transition Demo

Cigna – Primary Care Attribution Model ACO

Anthem/Wellpoint & Harvard Pilgrim— Medical Cost Target Model in preparation for an ACO

Citizens Health Initiative in NH – All Payer Medical Home Pilot and ACO pilot

Pioneer ACO Participant

Bundled Payment for Cancer Care

OneCareVT – SSP Partnership with Fletcher Allen with broad state participation



The How: Clinical Approach and Interventions

Engage the physicians & first do no harm (to the docs)!

Clinical Care Delivery

Physician Champions

Best Practice and Care Processes - the Team

Practice Re-design – The Medical Home

Transform the role of the RN – coaches and coordinators

Exquisite attention to diagnosis and problem lists

Monitor progress and provide feedback





Care Coordination Implementation

Job Description and Skill Reinvigoration or Building

Integrated Case Management Training

Weekly huddles and case conference's

Managing our most complicated patients: "Just Enough"

Teaching the Docs who to refer.....

Locate within our primary care departments

Ratios?

1:5000 commercial and 1: 500 Medicare

How part time can a nurse be and still be part of a team?

Develop a prioritization plan:

Disease focused to start: Diabetes.. Then morphed into patient focused

Worked on hospital discharges

Hardest work – When to "let go"



Transforming the Role of the RN – New Focus

Acts as patient advocate and educator

Assesses pts. readiness for change

Acts as clinical liaison within the primary care team and to anchor specialists

Manages transitions in care

Develops plan of care and keeps plan current

Initiates and acts per protocol for disease management as appropriate

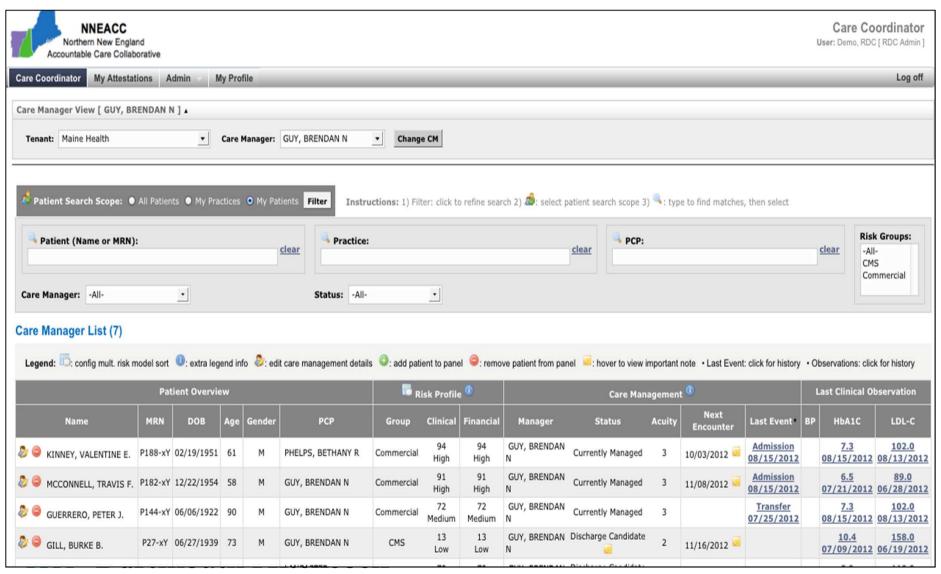
Institutes pre-visits planning and gaps in care evaluation and outreach

Initiates shared decision making process per condition

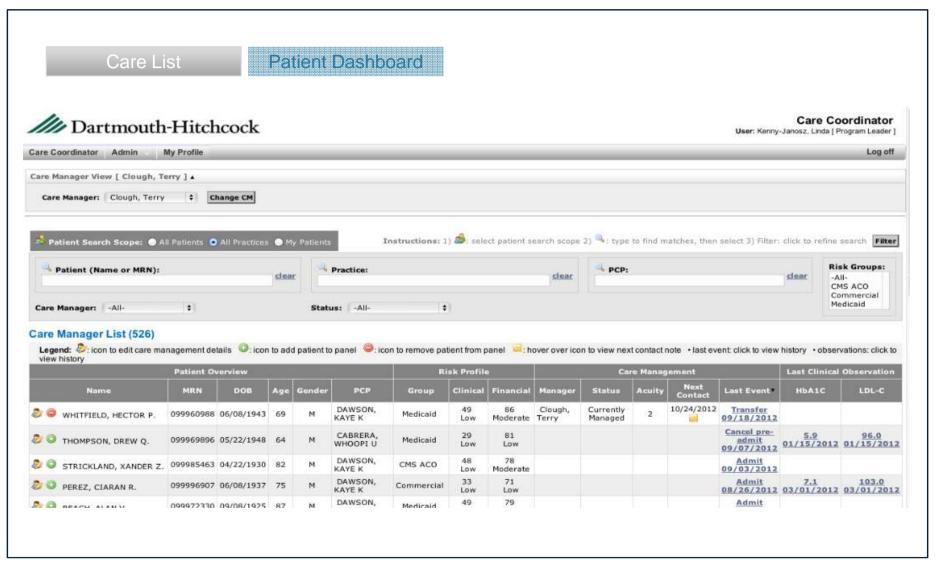
Functions as part of care delivery team



Care Coordination Application

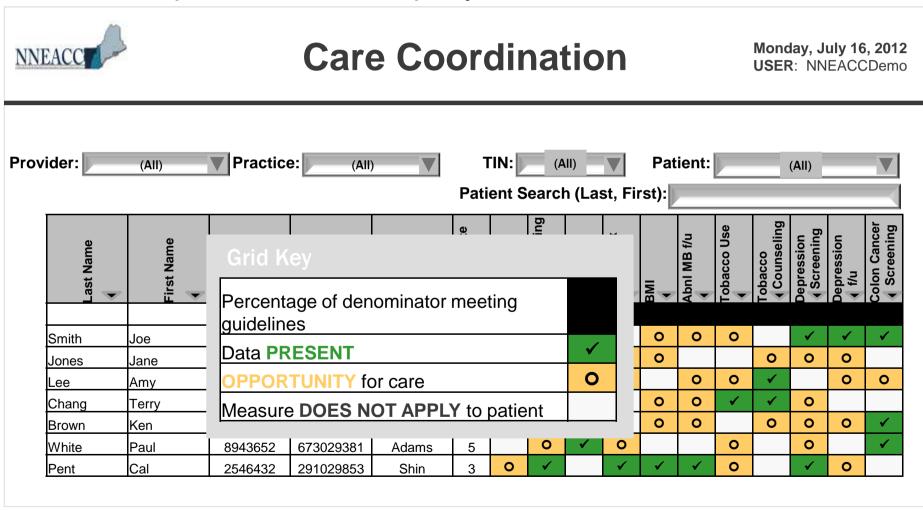


Care Coordinator View – Patient List



CMS ACO Quality Measures – Sample

View individual patient status on CMS quality measures



<u>Highest Cost Area – Hospital Inpatient</u>

D4. Pioneer Inpatient Utilization for members active as of Sept '12 (incurred Jan-July '12)

	Site A	Site B	Site C	Site D	Site E	Unassigned	TOTAL
Total Admissions	361	514	341	780	230	61	228
Total acute care days	1765	2901	1961	4162	1107	291	12187
Average AC days/admission	4.9	5.6	5.8	5.3	4.8	4.8	5.3
Admissions/000	234.67	269.96	226.75	200.64	226.58	216.06	225.74
Total acute care days/000	1147.35	1523.63	1304	1070.61	1090.55	1030.7	1202.93
Total days per 1,000	Site A	Site B	Site C	Site D	Site E	Unassigned	TOTAL
CCU/ICU BED	236.6	275.2	452.2	302.0	280.8	138.1	302.6
MEDICAL BED	490.1	671.7	438.2	126.8	403.9	279.8	362.7
OB BED	0	2.63	5.32	1.29	0	7.08	2.0
PSYCH BED	82.6	199.05	84.45	96.72	2.0	116.9	103.3
SURGICAL BED	338.0	375.0	323.84	543.79	403.9	488.8	432.0
	Site A	Site B	Site C	Site D	Site E	Unassigned	TOTAL
Overall Acute Care Cost pmpm	\$185.52	\$226.28	\$181.29	\$197.36	\$218.98	\$157.10	\$199.6
Prosp Risk Adj pmpm	\$197.79	\$227.65	\$197.29	\$199.23	\$187.87	\$164.74	\$201.8
Prospective Risk Score	0.93797	0.99399	0.91888	0.9906	1.16559	0.95365	0.9891



How Are We Doing on Quality?

DM Measures	Comm Target	Commercial	TDY1 Target	Pioneer			
BP < 140/90		79%	86.0%	83%			
A1C <= 9.0	84.0%	76%	90.0%	87%			
LDL < 100	69.0%	51%	69.0%	65%			
A1C < 8.0	74.5%	66%		77%			
*HgbA1c (year) Done	90.0%	57%		44%			
*LDL Done	91.0%	52%		40%			
Non Tobacco Use		79%		74%			
DM & IVD Aspirin Use		90%		86%			
DM ACO Composite							
Heart Measures	Comm Target	Commercial	TDY1 Target	Pioneer			
HTN < 140/90		76%	81.0%	81%			
CAD: Drug Therapy for Lowering LDL	70.5%	94%	98.0%	94%			
IVD: Lipid Panel & LDL < 100	80.0%	49%		52%			
IVD: Use of Aspirin		85%		85%			
Preventive Measures	Comm Target	Commercial	TDY1 Target	Pioneer			
Pneumovax		53%	88.0%	67%			
Colorectal Screening		55%	78.0%	59%			
*Mammography	80.0%	62%		61%			
High BP Screening		93%		97%			
GREEN	;	at of above targe	t				
YELLOW	within 5% of target						
RED greater then 5% below target							

Questions

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