



Stepping Outside the Acute Setting to Improve Population Health

TO TACKLE AFFORDABILITY, HOSPITALS ARE EXPANDING THEIR ROLE IN THEIR COMMUNITIES.

When Bruce Lawrence, CEO emeritus, Integris Health, heard that 50 percent of U.S. health costs are attributed to 5 percent of the nation's population, he wanted to see if this finding from the Agency for Healthcare Research and Quality rang true in Integris' home state of Oklahoma. An analysis at one Integris hospital confirmed the 5:50 ratio and suggested a key driver in this dynamic: social determinants of health, or economic and social factors that contribute to health inequity.

"These are folks who had living conditions that weren't positive," says Lawrence, who is also a member of the American Hospital Association's board of trustees. "They couldn't afford their medications. Maybe they couldn't afford food, and they were showing up in the emergency department over and over again."

A lack of access to needed health care services, whether due to a lack of insurance or a shortage of providers, also causes people to forgo preventive and chronic care,

which can lead to higher health spending down the road. Older adults and individuals with behavioral health issues also tend to use expensive health resources.

A group of health care executives convened in Dallas at the March 22 *AHA Executive Forum* to share how they are addressing these barriers to improving population health outcomes and lowering total costs of care. Doug Shaw, senior vice president for Field Engagement, AHA, moderated the discussion with representatives from two large health systems, Texas Health Resources and Integris; Woman's Hospital, a 350-bed specialty hospital in Baton Rouge, La.; and Interactive Health, which sponsored the event. Interactive Health's Workplace Wellness Solutions have earned the exclusive endorsement of the American Hospital Association.

A common theme among the attendees was the need for hospitals and health systems to step outside their traditional acute care role and adopt approaches to

preventive health that engage people where they live, work and play. “[It’s about asking] how do we move past this paradigm where patients are patients only because they’re sick, [and] where health care providers start becoming part of the health equation instead of just the medical equation,” said Brad Lawson, chief growth officer, Interactive Health.

INVESTING IN CASE MANAGEMENT

To better serve the 5 percent of patients who frequent the emergency department (ED), Integris launched a case management program called Community Care



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Coordination. Transitional care coordinators work with patients to coordinate their care across settings and address socioeconomic and behavioral health issues. “We’ve been able to demonstrate over \$2 million in cost avoidance from keeping those patients out of the emergency room by trying to address their social needs much earlier,” Lawrence says.

Woman’s Hospital is also investing in case management – and the healthy outcomes for babies have proved well worth the cost. After seeing a spike in HIV infections in Baton Rouge, the hospital launched its Mother-to-Child HIV Transmission Prevention Program. Local obstetricians refer pregnant patients for the free service, and a nurse case manager follows the women until their infants’ first birthdays. The case manager ensures that patients take their HIV medications, which dramatically reduces the risk of disease transmission.

Since 2005, no HIV-positive babies have been born to mothers-to-be in the program, which costs less than \$100,000 a year. The hospital hopes to impact many more families by expanding this case management approach to all high-risk pregnant women, such as those challenged by behavioral health and socioeconomic issues. “The real savings are not just in terms of dollars,”

says Teri Fontenot, Woman’s Hospital president and CEO. “It’s the impact you’re making on that patient, her family and her community.”

TAKING CARE ON THE ROAD

Ensuring patients get appropriate preventive and follow-up care can be challenging in rural or underserved areas where patients must drive long distances to see a provider. To address this, Texas Health Resources has partnered with the emergency services provider Care-Flite. After high-risk rural patients are discharged from Texas Health Presbyterian Hospital, in Kaufman, Texas,

they are visited at home by paramedics who have been trained as community health workers. The program has helped reduce emergency department readmissions in this population to less than 7 percent.

Texas Health Resources CEO Barclay Berdan accompanied the paramedics on a few home visits. “[Sometimes] we’re the only resource that people have. One of the patients we visited was an older woman ... After she’d been discharged, the humidifier [on her oxygen tank] had broken. We were able to ... replace the humidifier ... assess what other needs she had and connect her with resources to help.”

Woman’s Hospital is also bringing care to patients with its mobile mammography vans, which travel to 21 Louisiana parishes providing free or low-cost screenings at churches, stores, health units, and rural health care providers’ offices. “At first, there were significant advanced stage breast cancers being diagnosed because of geographical and financial barriers. The rate is now more in line with our hospital-based service,” Fontenot says.

PARTNERING WITH THE COMMUNITY

Recognizing that they cannot improve population health on their own, hospitals are engaging with other commu-

nity partners to promote healthy behaviors and address social determinants of health. Woman's Hospital is collaborating with 90 organizations including five local hospitals in Baton Rouge's Healthy City initiative, which is addressing the city's four greatest health challenges: HIV and other sexually transmitted diseases, mental health and substance abuse, obesity, and overuse of emergency departments.

As part of this effort, Woman's Hospital worked with other local not-for-profit hospitals on a joint community health needs assessment that identifies 10 cross-organizational goals. "We collaborate ... rather than each organization selecting their priorities independently," Fontenot said.

Texas Health Resources is involved in a similar initiative in Fort Worth, Texas, which has adopted a Blue Zones® approach to preventive health. "We have worked with segments in the community ... [including] schools, grocery stores, restaurants [and] employers, as well as on the policy side to ... make the environment ... lean people towards a healthy choice when they have to make a choice," Berdan says.

Examples of changes occurring range from a citywide street design policy aimed at encouraging more walking to attempts by restaurants to refrain from serving bread with meals unless customers request it.

Wellness Starts at Home with Hospital Employees

Ironic but true: Hospital employees who spend their days taking care of others tend to have a higher burden of illness and injury than those in many other industries, according to Occupational Safety and Health Administration statistics.

Recognizing this, many hospitals and health systems are deploying employee wellness programs. When done right, these programs can significantly improve employee health while lowering health care costs. For instance, Texas Health Resources attributes its low per-member-per-month medical claims cost — which is 13 percent lower than peers — to its "Be Healthy" program. All employees receive regular risk assessments and wellness exams and are encouraged to sign up for various health programs, such as quarterly walking challenges and diabetes education. As a financial incentive, employees who participate earn cash credits to apply to their monthly insurance premiums.

"We have to take care of each other if we are going to take care of the com-

munity and our patients," says CEO Barclay Berdan.

Recognizing the growing problem of physician burnout, Texas Health Resources is also taking steps to address a well-cited cause of clinician stress: the electronic health record (EHR). When launching its EHR, the health



system ensured that IT staff were readily available to help physicians. "We put some of our best people ... at the elbow of the physicians," said Berdan. "They hung over their shoulders. They helped them ... set up their order sets and those

kinds of things." As a result, 96 percent of physicians at Texas Health Resources reported being satisfied with the system's EHR last year.

In addition, EHR-savvy physicians at the health system are helping struggling physicians. In an initiative called "Out by Five," physicians who rarely stay late to catch up on documentation are teaching EHR productivity tips to peers who spend a lot of overtime in front of their screens.

Brad Lawson, chief growth officer, Interactive Health, stresses the importance of measuring the success of employee wellness programs. In addition to tracking outcomes such as employee risk migration over time and avoidance of health care costs; he strongly recommends incorporating preventive health program goals into the strategic plan for the entire organization. "The most sophisticated employers know that investing in comprehensive preventive programs help them achieve their corporate mission and goals."



“Hospitals will be smaller. ... and not where much of the care is provided. The focus on population health will accelerate this shift, reducing the need for existing bricks and mortar.”

– Teri Fontenot, Woman’s Hospital

AMPLIFYING HUMAN CONNECTIONS

Reflecting on the population health initiatives described by Integris, Texas Health Resources, and Woman’s Hospital, Lawson stressed the importance of building relationships with patients. While Lawson believes that digital technologies hold great potential for improving efficiency and care coordination, he cautions against tossing the baby out when upgrading the bath water with a new technology.

“Health care is a uniquely human interaction[-based] endeavor,” he said. “When employers are able to use technology to enhance connections to care; the entire patient experience is positively effected.”

Key Take-Aways

- ▶ Social determinants of health, which range from lack of transportation and food insecurity to poverty and unstable housing, are among the greatest barriers to addressing affordability and improving the health of a population.
- ▶ To help patients with complex needs, hospitals and health systems are investing in approaches aimed at preventing diseases or complications such as case management, post-hospital home visits, and clinics on wheels.
- ▶ Hospitals and health systems are partnering with other community stakeholders, including schools, city government and restaurants, on regional or city-based efforts to improve population health.
- ▶ As employers themselves, hospitals are uniquely positioned to serve as an example for other employers trying to improve employee health via wellness programs.



Workplace Wellness Solutions from Interactive Health have earned the exclusive endorsement of the American Hospital Association.