

Improving the Transitions of Care: From Inpatient Facilities to Home



Peter Weir, MD, MPH
September 29th, 2023

AGENDA

- a. Become familiar with the UU Health definition of Population Health
- b. Review and discuss the Heal at Home program at UU Health
- c. Demonstrate the outcomes and impact of Heal at Home

HEAL AT HOME PATIENT STORY

Patient	Blake Anderson
Clinical Team	FHC Urology
Procedure	Transurethral Resection of the Prostate (TURP)
Home Health Need	Vitals Check, Voiding Trial Assessment, Pain & Medication Management
Patient Experience	"All I can say is that it felt wonderful to be at home and have these awesome professionals come in to take care of me."



VALUE-BASED CARE: DEFINITION

Ties the amount health care providers earn for their services to the results they deliver for their patients, such as the quality, equity, and cost of care

- It holds providers accountable for improving patient outcomes
- It aligns incentives for providers and health systems to improve health

VALUE-BASED CARE

Definition:

Ties the amount health care providers earn for their services to the results they deliver for their patients, such as the quality, equity, and cost of care

- It holds providers accountable for improving patient outcomes
- It aligns incentives for providers and health systems to improve health

TACTICS TO IMPLEMENT VALUE-BASED CARE

POPULATION HEALTH is the framework to identify

Who? What populations?

What outcomes?

What is the intervention?

PAYMENT incentivizes the “behavior”

Less costs

Better health

U Health Definition



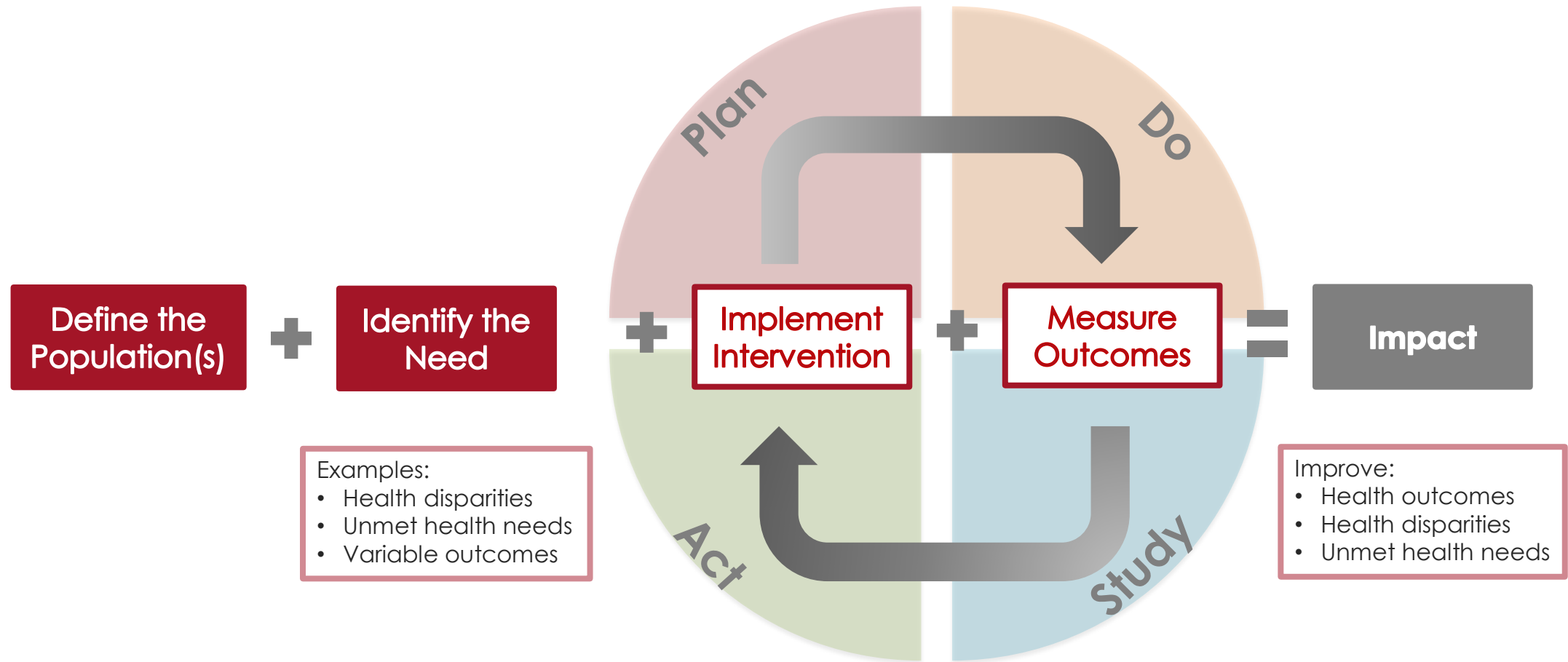
U Health Definition



- Examples:
- Health disparities
 - Unmet health needs
 - Variable outcomes

- Improve:
- Health outcomes
 - Health disparities
 - Unmet health needs

U Health Definition



Home-Based Care



FRAMING THE PROBLEM(S):

1. Transitions(hospital to post-acute care) are not a priority
 - Patient experience/outcomes suffer
2. Our hospitals are too full (no capacity)
 - "We can't build enough beds"

SOLUTION

“Bring U Health to our patient’s home”

Integrate our Hospital with a Home Health organization

- **Integration:** Our patient’s experience will be more seamless and consistent. Their outcomes will improve (readmissions, ED visits)
- **Accountability:** We can measure and improve our patient’s outcomes

U HEALTH ACQUIRED CNS

OVERVIEW

SERVICES



- Non-profit started in 1928
- Coverage of 93% of Utah geography
- CMS 4.5-star rating
- First Hospice in the State of Utah

- Home Health
- Hospice & Palliative Care
- Respiratory Services
- Pharmacy
- Durable Medical Equipment
- Immunizations

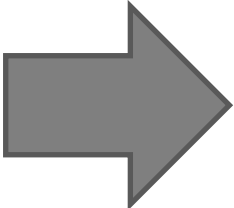
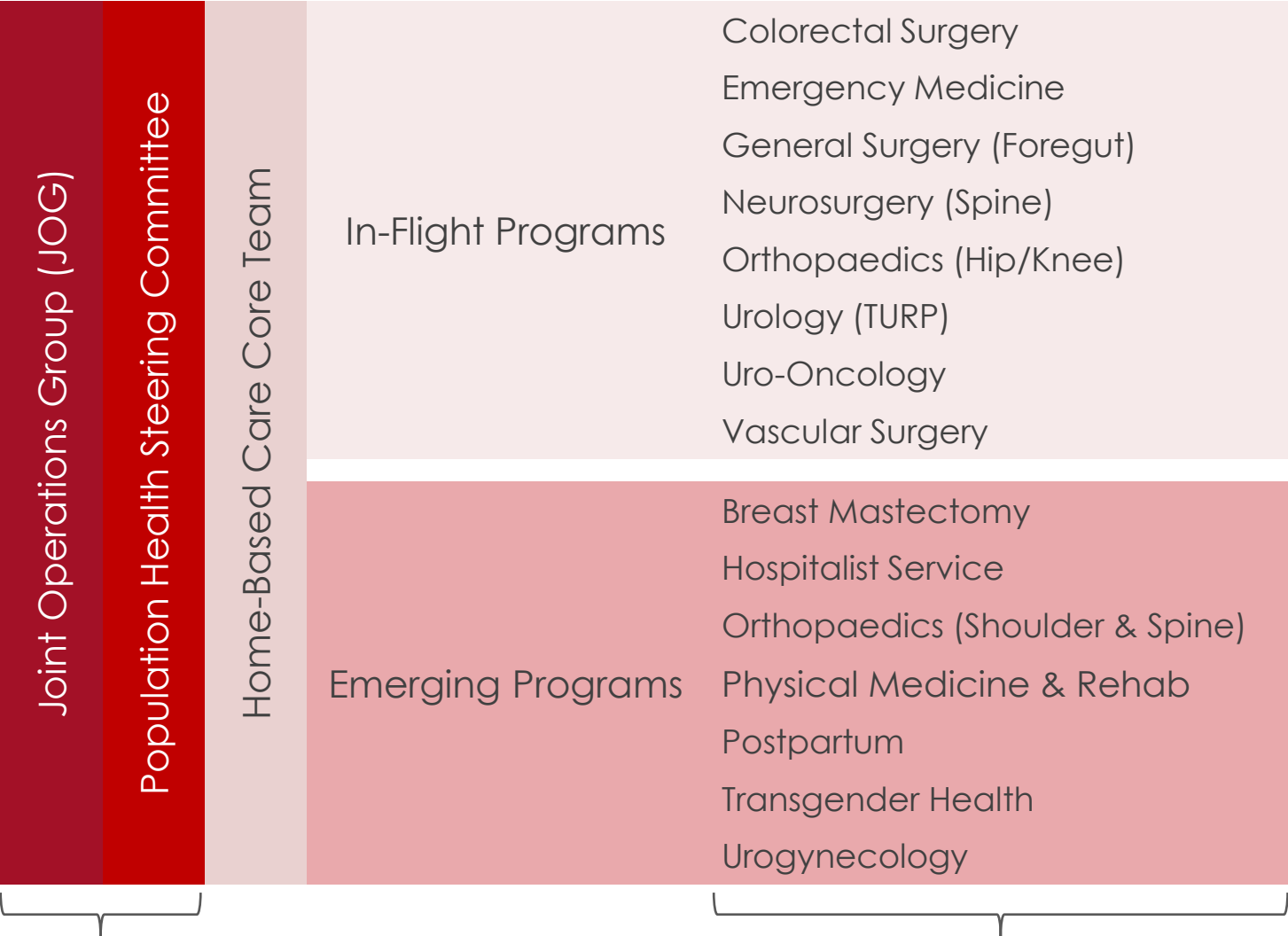
HOW IS THIS DIFFERENT FROM TRADITIONAL HOME HEALTH?

	Traditional Home Health	Heal at Home
Trust (Inpatient Team)	Minimal	Focused on Trust
Accountability	Minimal	Fully Accountable
Transparency	Minimal	Fully Transparent
Outcome Data	None	Shared Outcome Data
Communication	Minimal	Seamless
Clinical Protocols (co-created)	None	40 protocols (and counting)

HOME-BASED CARE PROGRAM: PRINCIPLES

Home Services	Skilled Nursing AND Labs (EPIC), Remote Monitoring, Vitals
Dedicated Team	Consistent home health team to care for the patient = trust & consistency
Accountability	Bi-directional accountability – clinical care, quality, safety
Shared Protocol	Co-developed nursing protocols
Communication Tools	EPIC access, SPÖK (encrypted texting)
After-hour Support	Defined escalation of care pathways – U Health provider participates
Measured Impact	Outcomes tracked/trended

HEAL AT HOME PROGRAM SCALING



HEALTH
 UNIVERSITY OF UTAH
 HOME-BASED CARE
 SERVICE LINE

Advisory

Task Forces

Innovation Period

Optimize & Scale

Operationalize & Manage

HOME-BASED CARE | OUTCOMES

Current Outcomes

Length of Stay (Hospital)

Readmission Rate (30 d. after d/c)

ED Rate (30 d. after d/c)

Future Outcomes

Patient Experience

Caregiver Burden

Physical Function

Days To Be Seen In Amb. Care

Provider Experience



Heal at Home: Orthopaedics Hip and Knee

Avg Length of Stay Hours

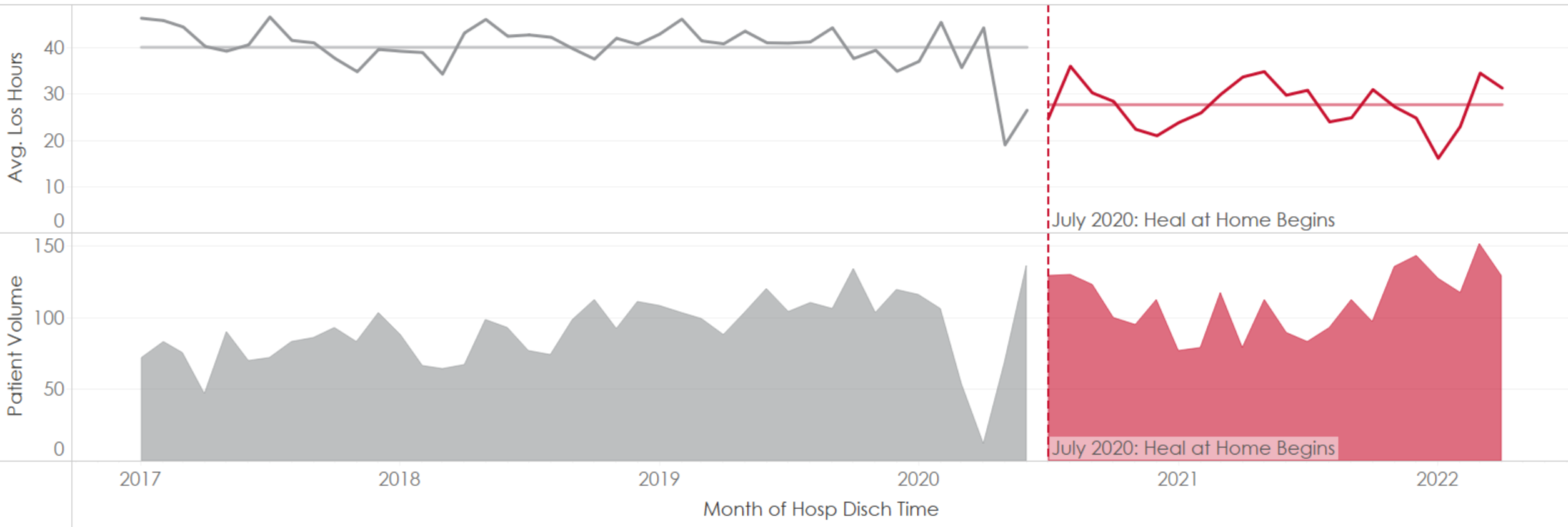
Before Heal at Home

40

After Start of Heal at Home

28

Length of Stay Timeline





Heal at Home: Orthopaedics Hip and Knee

Readmission Rate

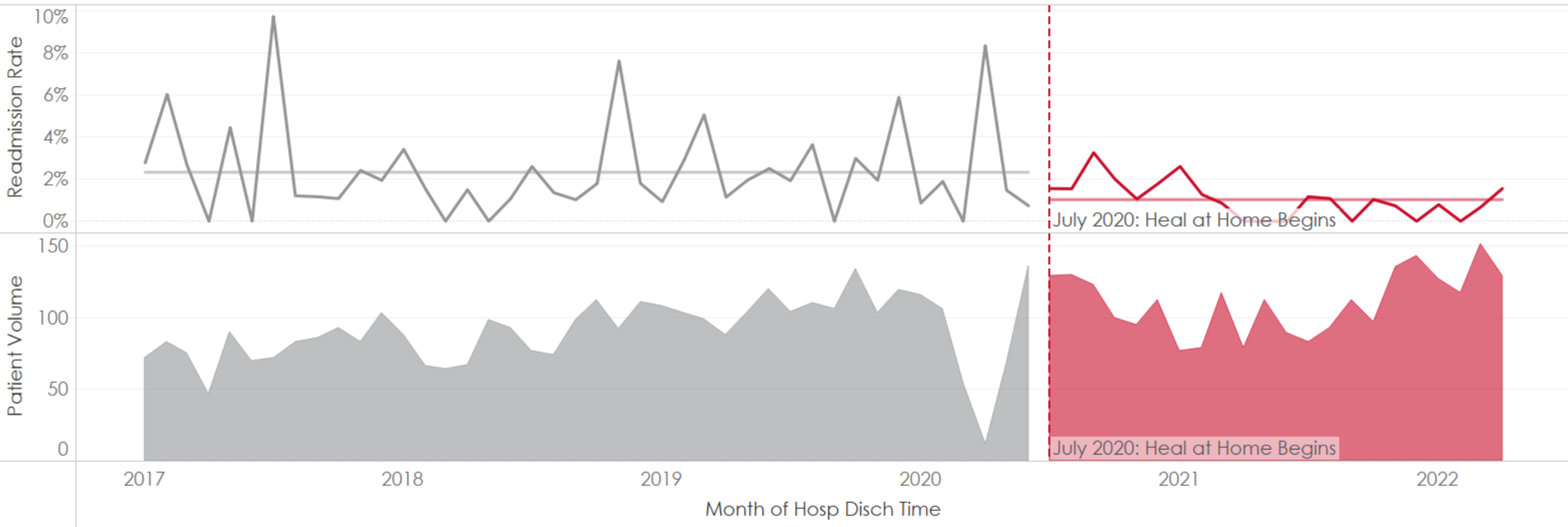
Before Heal at Home

2%

After Start of Heal at Home

1%

Readmission Rate Timeline



Heal at Home: Orthopaedics Hip and Knee

ED Encounter Within 30 Days Rate

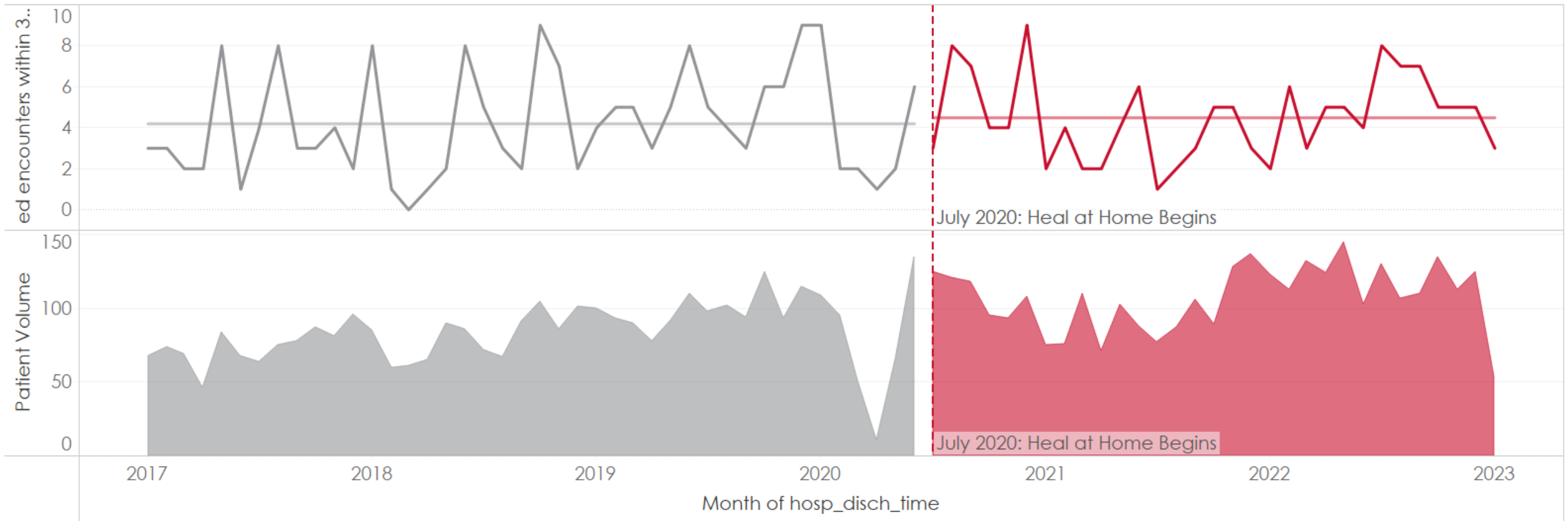
Before Heal at Home

4

After Start of Heal at Home

4

ED Encounter Within 30 Days Rate Timeline





Heal at Home: Vascular Surgery

Avg Length of Stay Hours

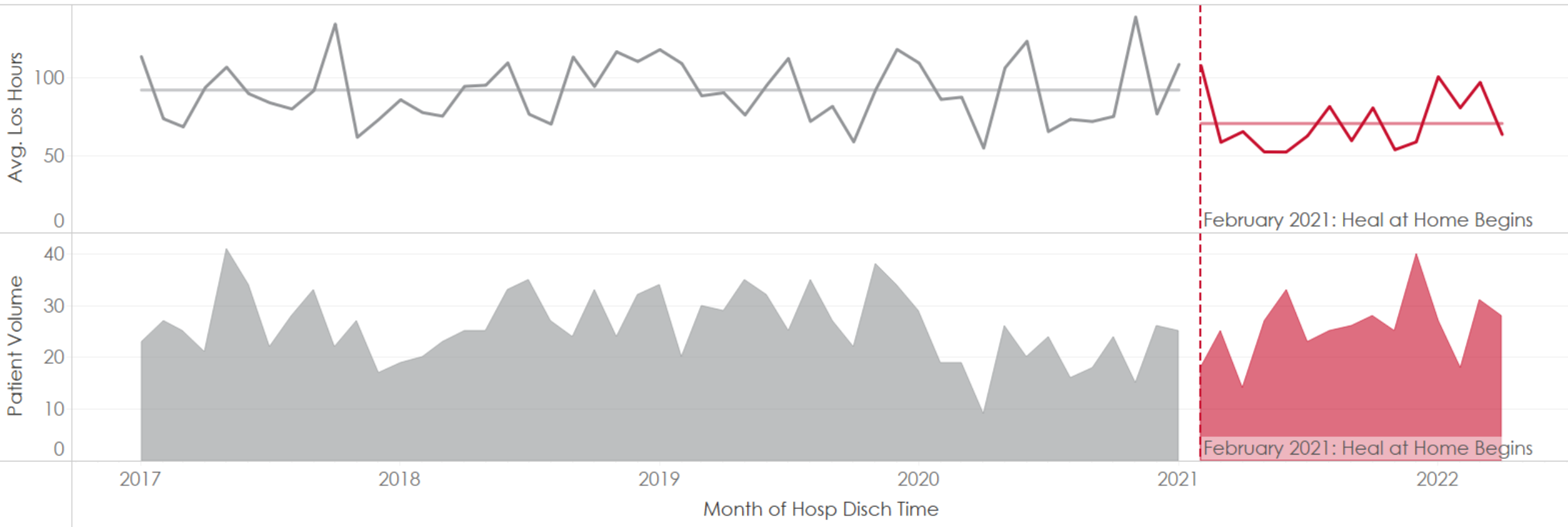
Before Heal at Home

92

After Start of Heal at Home

71

Length of Stay Timeline





Heal at Home: Vascular Surgery

Readmission Rate

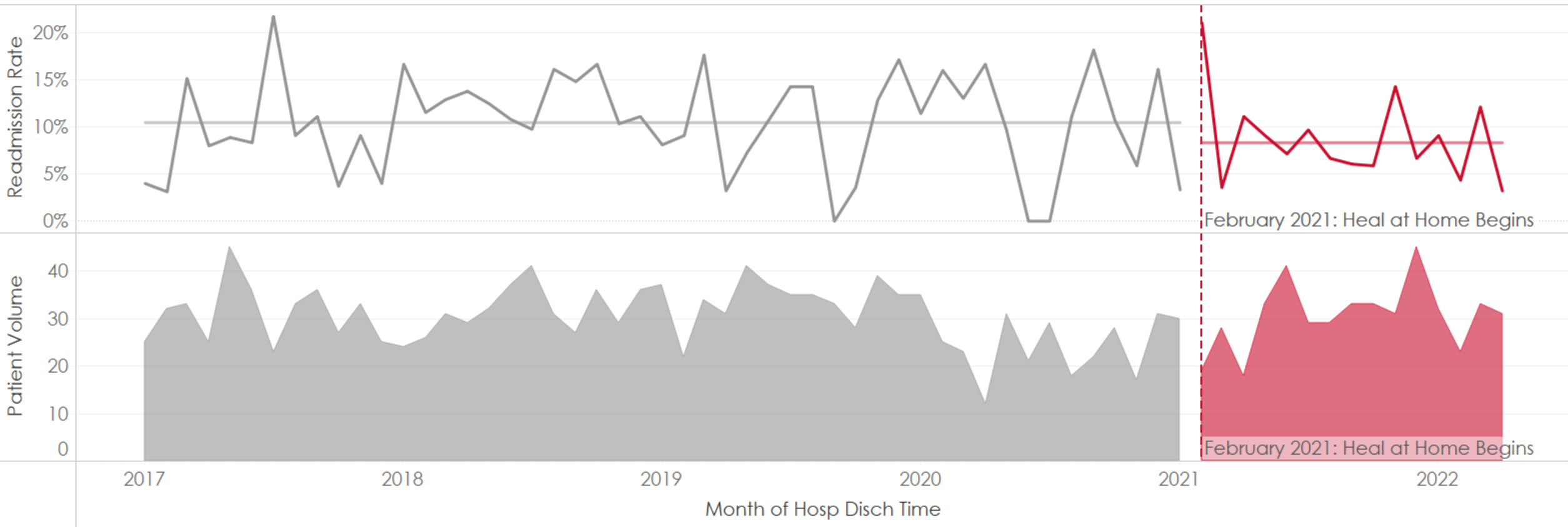
Before Heal at Home

After Start of Heal at Home

10%

8%

Readmission Rate Timeline



Heal at Home: Vascular Surgery

ED Encounter Within 30 Days Rate

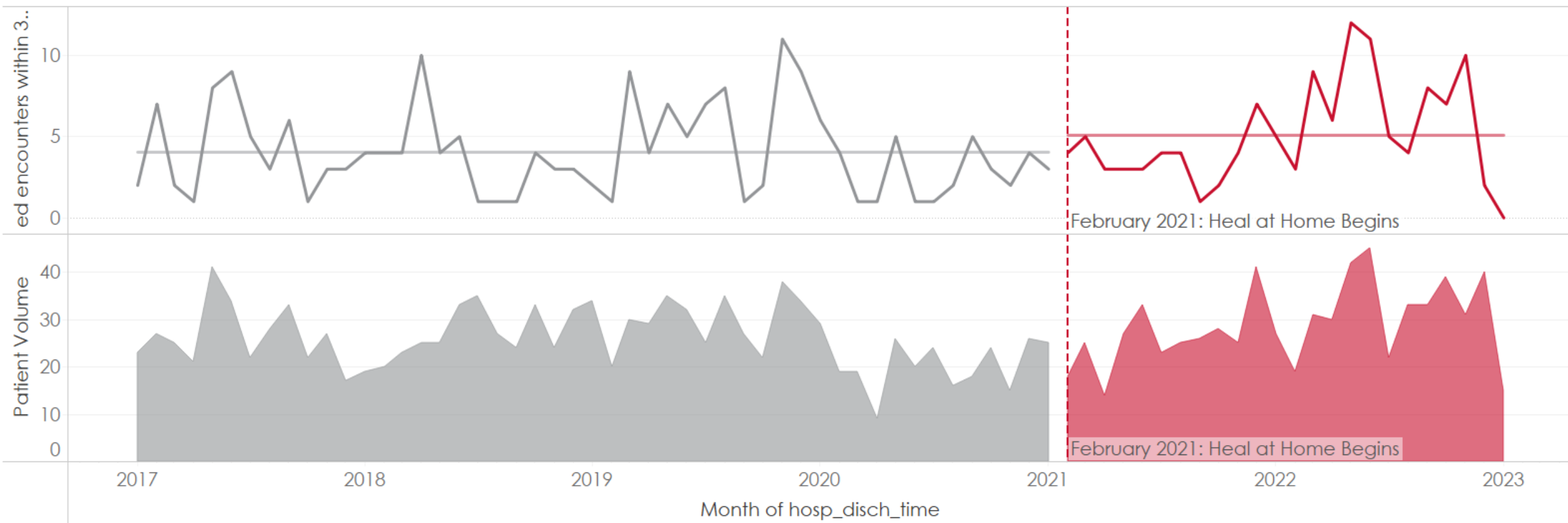
Before Heal at Home

4

After Start of Heal at Home

5

ED Encounter Within 30 Days Rate Timeline



PATIENT TESTIMONIAL

“Having been a two-time patient in the program, I have the highest regard for my care team and the way the program works. Without this personal support, I'm not sure I'd ever heal or recover from surgery. **I'd say it's the best non-hospital care there is!**”

From Jeff (spine surgery patient)



Challenges/Barriers

APPROACH | Opportunistic (Current State) vs. Empiric (Future State)

SUSTAINED GAINS | Progress Fades Without Monitoring & Reminding

ACCOUNTABILITY | Escalation of Care Planning

CULTURE | Wide-Adoption & Standardization Are Challenging

INCENTIVES | Engaged Programs May Not Benefit From Success

APPENDIX

HOME-BASED CARE | OPPORTUNITY – CY23 AND BEYOND

Service		CY22 Volume	CY23 Volume	Annual Volume "At Scale"	Estimated LOS Reduction (Bed-Hours per Patient)	Estimated CY23 LOS Reduction (Total Bed-Hours)
In-Flight Programs	Orthopaedics (Hip/Knee)	148	148	148	14	2,072
	Vascular Surgery	18	25	25	21	525
	Neurosurgery (Spine)	14	30	50	24	720
	General Surgery (Foregut)	6	?	?	24	TBD
	Urology (TURP)	3	20	50	24	480
	Emergency Department	2	20	50	-	-
Emerging Programs	Colorectal Surgery	-	34	120	36	1,224
	Uro-Onc (Prostatectomy)	-	75	150	24	1,800
	Urogynecology	-	50	75	24	1,200
	Hospitalist Service	-	-	-	Variable	-
	Postpartum (C-Sections)	-	-	750	24 - 48	-
	Bariatrics	-	-	-	-	-
	Transgender Health	-	10	50	-	-
TOTAL		191	388	≥ 1,498		8,021 Bed-Hours 334 Annual Bed-Days

CONNECTING THE TWO PROBLEMS

Some departments have prolonged LOS

“We don’t trust the care outside of these walls”

“Sometimes when I discharge a patient, I have my fingers crossed behind my back hoping things will work out...”

VALUE CREATION AND CAPTURE

Are we creating Value?

Improve transitions of care – experience and outcomes

How do you capture the Value?

Patient – better experience/outcomes

Payer – reduce readmissions, ED visits, reduce total costs

HOSPITAL INCENTIVES

Hospitals are incentivized like restaurants!!

If you are full, throughput is the goal

LENGTH OF STAY (LOS)

Hospitals are greatly incentivized to reduce LOS

We asked our physicians: What leads to a long LOS?

- Lack of trust in our PAC (post-acute care) partners
- Patients with complex social and behavioral health needs

THE TRIPLE AIM

Improving the U.S. health care system requires the simultaneous pursuit of:

- Improving the care (Quality/Service)
- Improving the health of populations
- Reducing the per capita costs of health care



THE VALUE EQUATION

$$\begin{array}{c} \mathbf{V} \\ \text{(Value)} \end{array} = \frac{\begin{array}{c} \mathbf{Q} \\ \text{(Quality)} \end{array} + \begin{array}{c} \mathbf{S} \\ \text{(Service)} \end{array} + \begin{array}{c} \mathbf{O} \\ \text{(Outcomes)} \end{array}}{\begin{array}{c} \mathbf{\$} \\ \text{(Costs)} \end{array}}$$

This looks an awful lot like the Triple Aim!

HOME-BASED CARE | STATUS & VOLUMES

Service		Calendar Year 2021				Calendar Year 2022				CYTD 2023			Total
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
Heal at Home	Orthopaedics (Hip/Knee)		33	27	37	46	33	27	42	28	27	11	311
	Vascular Surgery			6	2	8	3	4	3	4	3	2	35
	Neurosurgery (Spine)							9	5	4	2	2	22
	General Surgery (Foregut)							5	1	3	1	0	10
	Urology (TURP)								3	6	3	1	13
	Emergency Department								2				2
	Sub-Total		33	33	39	54	36	45	56	45	36	16	393
CNS U of U Health Partnerships Programs (Other)	Monoclonal Ab Infusions					149	371	135	39				694
	Huntsman @ Home				75	119	112	158	56				520
	GIP Hospice	37	37	27	34	28	33	29	31	32	23	18	256
	Sub-Total	37	37	27	109	296	516	322	126	32	23	18	1470
Total (All Programs)		37	70	60	148	350	552	367	182	77	59	34	1,863

TOTAL COST OF CARE

Are we increasing the cost of care?

Phase I: Internal sustainability

Pro: Reduce readmissions, 30-day visits to the ED, and inpatient stays for procedures

Con: Risk of increasing use of home health

Phase II: Partner with Payers

Find an APM to reduce total cost of care (bundled payment)