

## Objective

Explore the impact of:

- 1) health coaching and patient navigation materials on the multi-visit patient (MVP) population and community overall,
- 2) patient-centered resources, like a portal and experience survey, on the quality of care in two rural health clinics, &
- 3) TeamSTEPPS and LEAN on the operations of two rural health clinics

## Plan

### Need for primary and preventative care to help patients stay healthy and save money.

1 in 4 Americans has multiple chronic conditions.  
The Average cost per baseline ED visit for the MVP population was \$2,662.

### Need for patient navigation and increased health efficacy to address high (mis)utilization of the ED and low utilization of clinics.

89% of baseline ED encounters could have been seen in a more appropriate setting (non-urgent & non-emergent)  
Low patient volume in two rural health clinics (RHC) despite extended hours and expanded scope.

## Do

### Empower the community through enhanced access to and improved experience of care:

Develop patient navigation print materials to allow for self-triage.  
Prioritize patient portal access and utilization.  
Implement patient experience survey (CG-CAHPS) for clinic providers.

### Empower the population through health coaching:

Utilize Health Coach for patient navigation calls to MVPs; reinforce with patient navigation print materials.  
Coordinate with MVPs' care teams or connect to a PCP.

### Empower our employees through processes and training:

Conduct a SWOT analysis for clinics and develop a TeamSTEPPS team to oversee staff training and PI projects.  
Enable front-office staff to champion patient portal and survey through enhanced workflow.

# Right Care, Right Place, Right Time: Empowering Patients to Manage Their Own Health

Bacon County Hospital and Health System  
Bacon County Community Care Center & Nicholls Family Healthcare

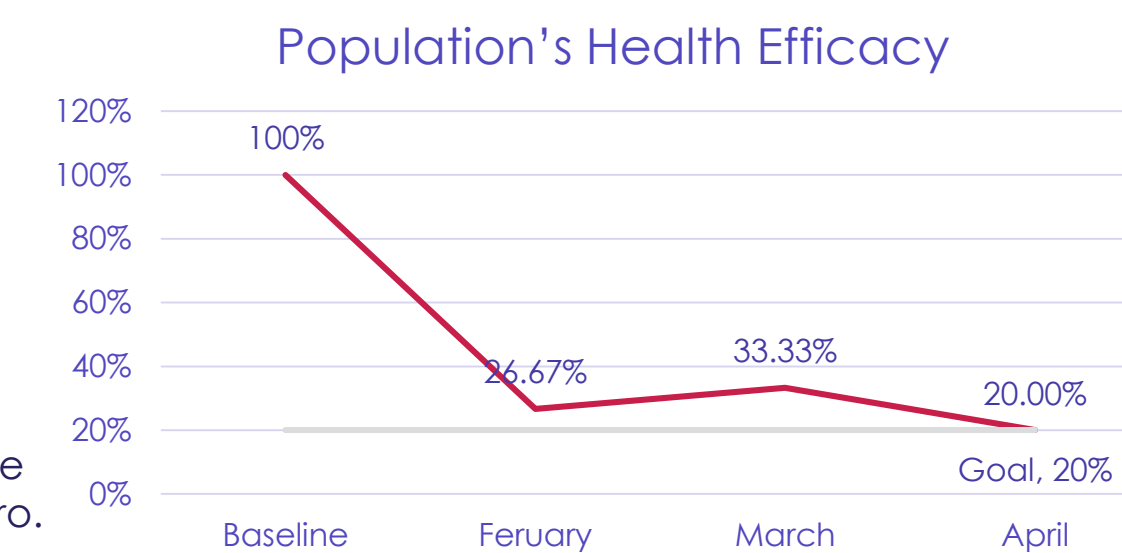
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## Check

### Population's Health Efficacy: Percent of MVPs with a qualifying ED encounter in the reporting period

Goal: less than three (3) MVPs per month or 20% of 15-member cohort

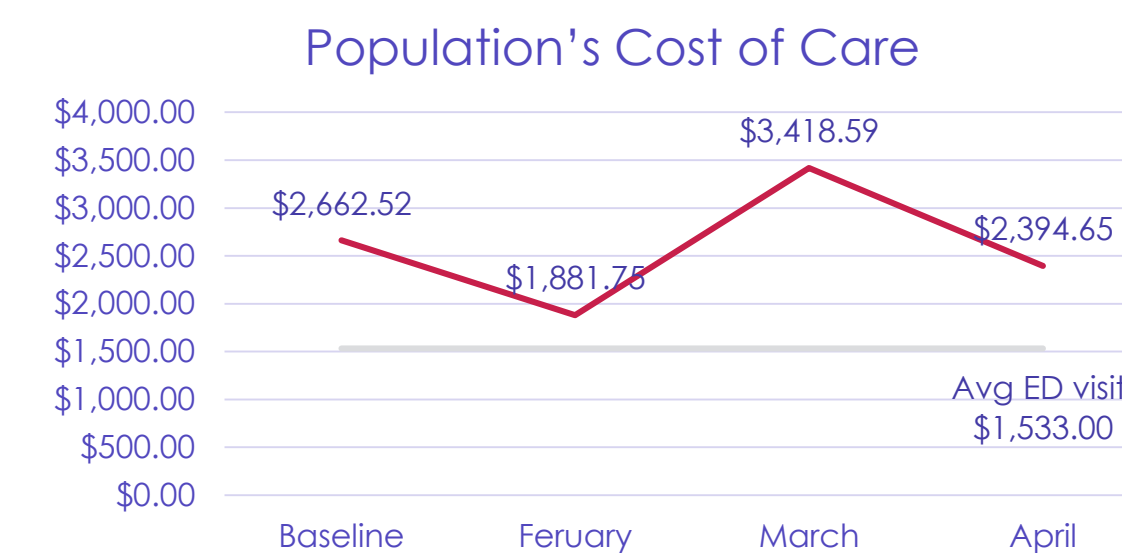
Notes: Cohort members had seven (7) or more ED encounters in baseline year. A qualifying encounter is one which results in disposition discharged. Initial goal was zero.



### Population's Cost of Care: Average monthly charges per MVP

Goal: decrease cost of care

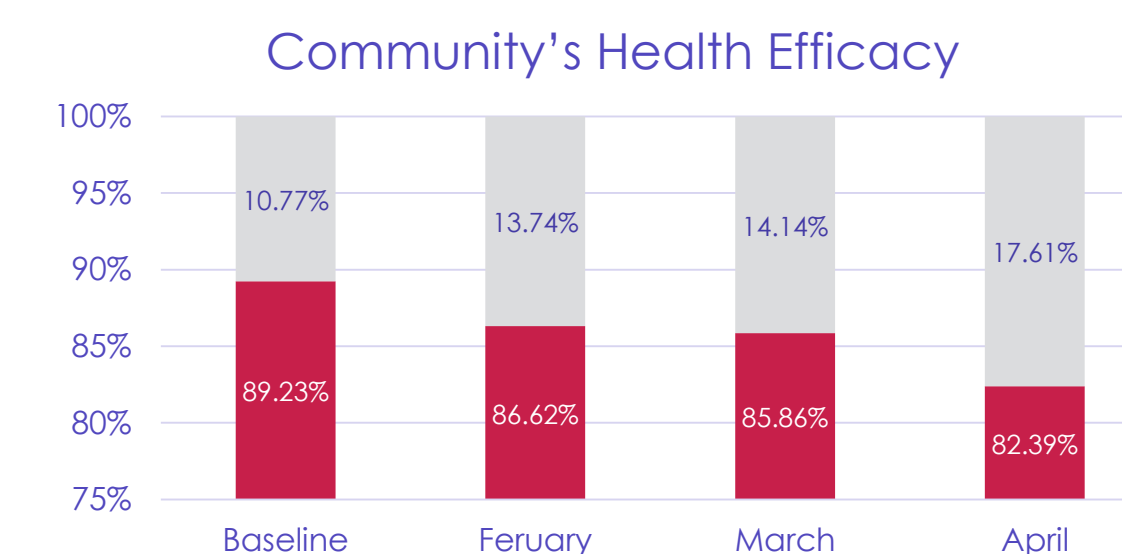
Notes: A specific goal was not established. This measure serves as a potential cost saving analysis tool. The average ED visit nationwide was \$1,533 in 2014, according to AHRQ.



### Community's Health Efficacy: Percent of ED encounters that could have been seen in a more appropriate setting

Goal: decrease rate of improper utilization To 85%

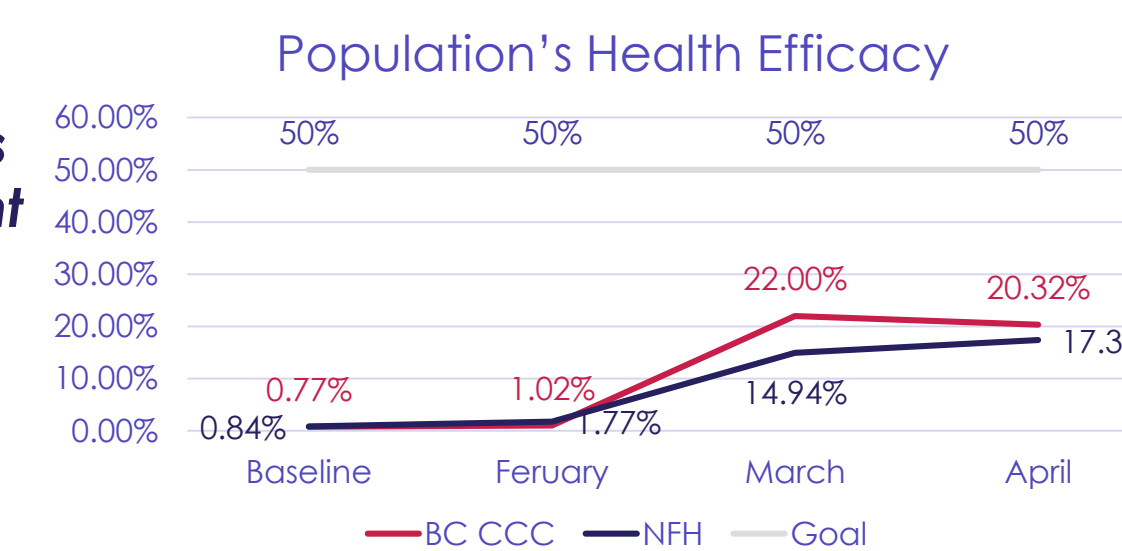
Notes: Based off of priority level documented. Those encounters receiving a non-urgent or non-emergent level are considered able to be seen in a clinic.



### Access to Health Information: Percent of clinic patients who have access to their health information through a patient portal subscription

Goal: 50% per period

Notes: MIPS 'Timely Access' measure



### Patient Satisfaction: Percent of clinic patients who completed a CG-CAHPS survey

Goal: 30% per period

Notes: Surveying began April 1, 2019. Performing well compared to national benchmark

	2018 Out Clinic - Primary				BC CCC				NHF			
	50th	75th	90th	Apr-Jun 19	50th	75th	90th	Apr-Jun 19	50th	75th	90th	Apr-Jun 19
Rating of Provider	81.47	85.86	89.58	88.50	84.60	88.50	84.60	84.60	88.50	84.60	84.60	84.60
Overall Doctor Rating	88.50	88.50	88.50	88.50	88.50	88.50	88.50	88.50	88.50	88.50	88.50	88.50
Access	66.85	75.66	82.04	81.20	95.23							
Appointment for Care Needed Right Away				80.00	100.00							
Got Prompt Routine Care Appt				85.00	100.00							
Answer Questions During Hours				78.60	85.70							
Communication	88.68	91.45	94.44	96.12	100.00							
Doctor Explain				96.00	100.00							
Doctor Listen Carefully				96.20	100.00							
Doctor Showed Respect				92.30	100.00							
Doctor Spent Enough Time				100.00	100.00							
Office Staff	83.28	87.69	91.68	82.70	96.15							
Clerks/Receptionists Helpful				76.90	92.30							
Clerks/Receptionist Courteous/Respect				88.50	100.00							
Care Coordination	77.65	82.40	86.80	84.63	83.00							
Doctor Knew Medical History				89.80	92.30							
Follow Up to Tests				86.70	80.00							
Talk re: All RX Meds				86.40	91.70							
Surveys				26	13							

## Act

Non-adherent patients, patients with low health literacy, and patients with multiple chronic conditions need health coaching to help them maintain healthy lifestyles and to break through any barriers to access to care.

The highest utilizers of the ED, or MVPs, benefitted from the modified discharge follow-up phone call and were mainly unaware of the health system's services.  
Most MVPs saw the ED as a more convenient, more capable point of care, despite the higher average costs.

Measuring health efficacy is challenging, and priority level (triage) documentation in the ED is not a holistic approach for determining a community's ability to self-triage, nor is it the most accurate.

The cost savings for patients redirected from the ED to a more appropriate setting benefit not only the MVPs, but the hospital's financial stability.

A patient portal and patient survey are two of the greatest tools for empowering patients and improving the experience of care, aligning clinics with the transition to value-based care.

Balancing walk-in patients while establishing primary care patients presents a challenge where limited walk-in availability may deter patients back to the ED.

## Next Steps

Develop training for priority level documentation in the ED to ensure consistency and integrity.

Utilize more of the patient portal's features, like virtual visits and patient-to-provider messaging.

Expand patient surveying to include ED patients.

Implement discharge follow-up phone calling in the ED.

LEAN the registration process in the clinics.



The Compass Practice Transformation Network is supported by Funding Opportunity Number CMS-111-15-003 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the views of the U.S. Department of Health and Human Services or any of its agencies.