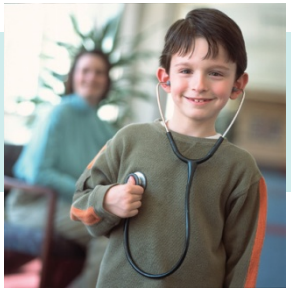
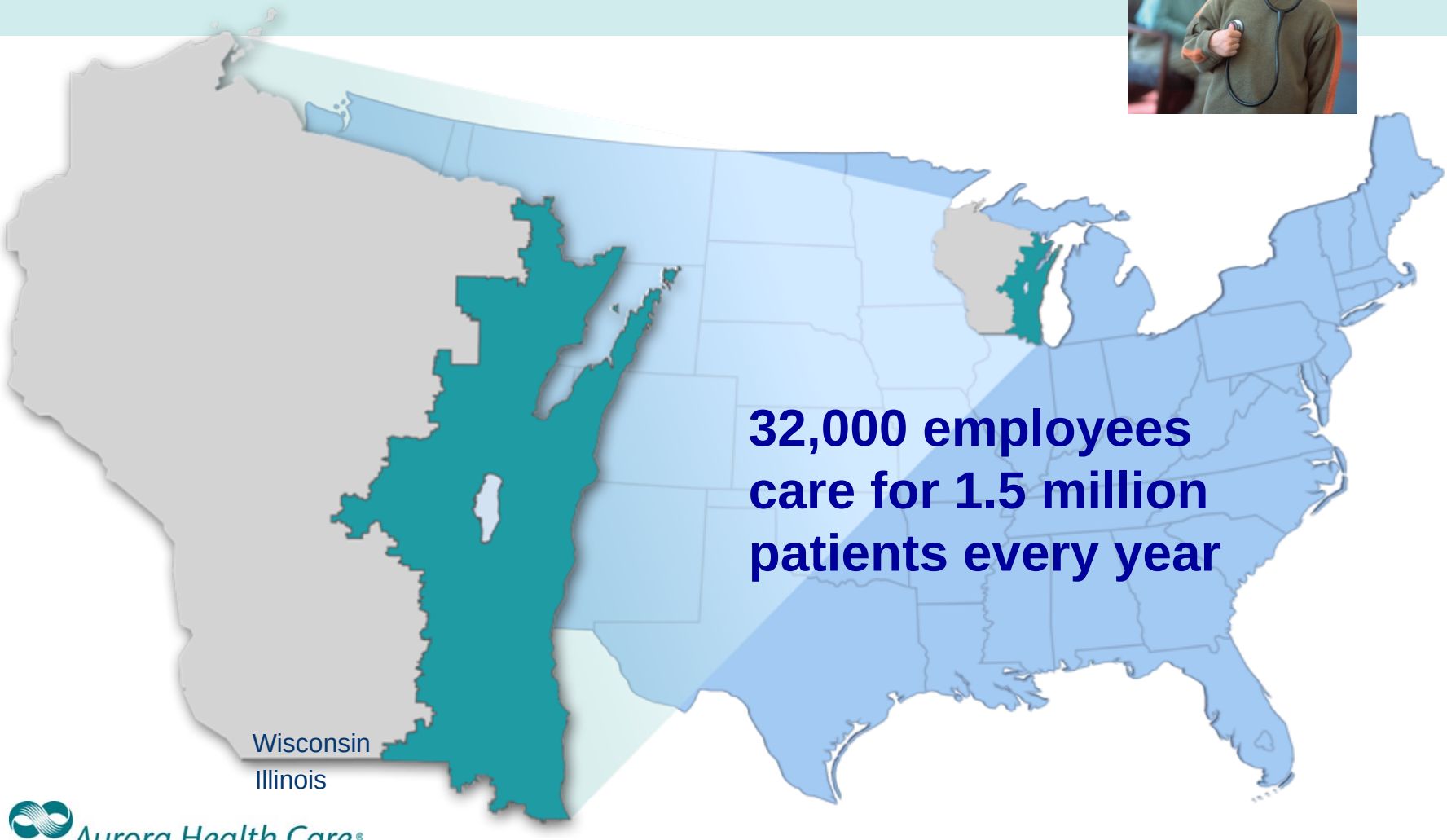
Aurora Health Care

Jacqueline Gisch, RN
Vice President, Quality

Our Purpose We help people live well





32,000 employees care for 1.5 million patients every year

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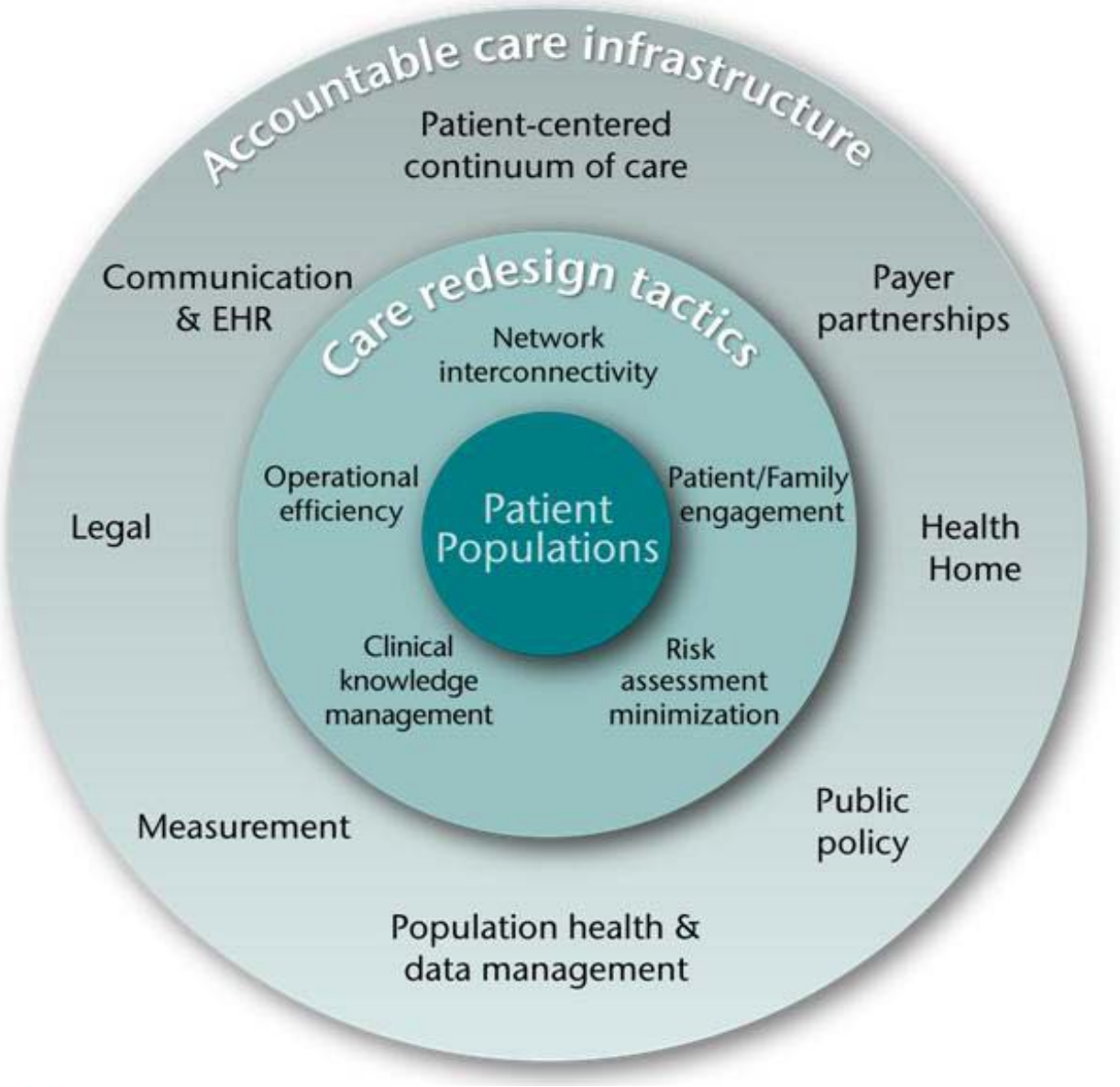
Preparing for the Future



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Securing Our Future through Innovation

Strategic Alignment Aurora Value CMS Triple Aim DBM Principle	2012 Strategic Initiatives - Care Re-Design Projects	Goals & Objectives
Every patient deserves the best care Better health for the individual DBM Put the patient first and among patients, put the poor & disadvantaged first	•Behavioral Health Triage •Community Based Health Home •Patient Centered Health Home	• Promote wellness by addressing patients' physical, emotional and behavioral needs • Non-traditional care delivery models to address underserved and at-risk patients • Focus on education and preventive services with nurse navigation to appropriate primary and specialty care services
Responsibly managing resources Lower cost through improvement DBM Return the money	•Managing Defined Reimbursement •Nursing Home Coordination •System Clinical Program Integration	• Reduce the cost of care • Reducing ALOS in the ICU and ALOS of non-surgical inpatients • Post-discharge care model collaborating with skilled nursing facilities to avoid readmissions • Maximizing coordination across the integrated delivery system to eliminate waste and improve quality outcomes
Accountability, teamwork & respect Better health for the population DBM Start at scale Act locally	•Market Wide ACO •Patient Activation	• Develop a high performing culture of rapid adoption across large patient segments • Care transformation across an entire market with alignment to PCMH criteria • Care teams to manage patients across episodes of care • Engage patients and their physicians through use of a single medical record and leverage its communication tools

Behavioral Health Triage

- Concept
  - To test use of behavioral health services using several non-traditional delivery methods including after-hours phone Psych consults, Behavioral Health RN Champions in ED and medical units; coordinated with the Tele-psych.
- Outcomes
  - Reduction in LOS for IP medical patients
  - Reduction in labor expense related to 1:1 observation of patients
  - Improve appropriately placed behavioral health related cases brought through the ED
  - Reduction in the number of psychiatric patients being admitted as inpatients on medical units
  - Increase the number of IP psychiatric consultations

Community Based Health Home

- Concept
  - To collaborate with local neighborhood in the development of a community based health home model.
- Outcomes
  - Partner with community leadership to define the scope of the model
  - Develop a visible and engaged Aurora Family Medicine Residency program in the neighborhood
  - Leverage current relationships and service delivery of the Aurora VNA and work of the Aurora Family Services in the neighborhood
  - Imbed the Aurora Sinai Medical Center as an integral partner in the neighborhood
  - Reduction in the use of Aurora Sinai Medical Center ED for non-urgent care

Patient Centered Health Home

- Concept
  - To maximize the effectiveness of a primary care medical home within a specific clinic by coordinating care and leveraging existing Aurora resources in hospital and ambulatory settings
- Outcomes
  - Maintain top performance in quality and loyalty scores
  - Compliance with new 2011 standards
  - Reduction in inpatient admissions and avoidable ED visits
  - Reduction of high end technology usage in discretionary decision-making
  - Reduction in the average number of hospital and clinic visits per Medicaid patient to less than 10.3

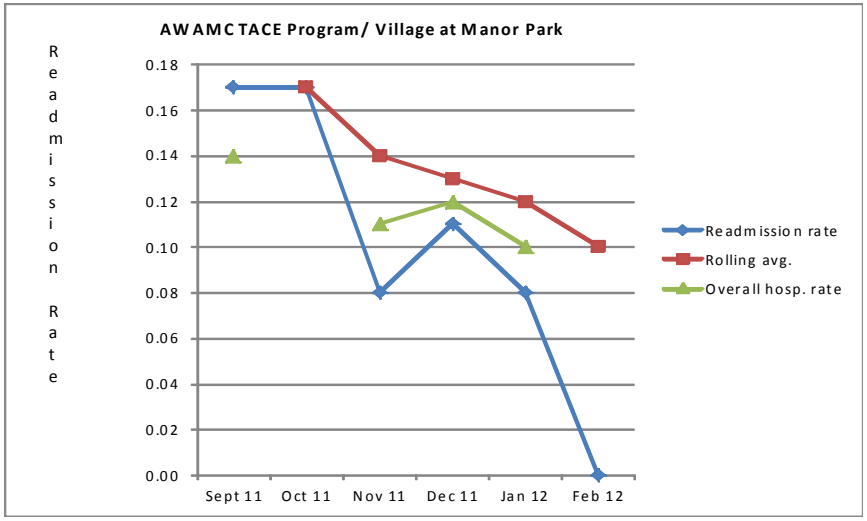
Managing Defined Reimbursement

- Concept
  - To reduce cost of care for all patient populations while maintaining quality and loyalty
- Outcomes
  - Reduction of cost of care
  - Reduction of severity adjusted ALOS, specifically ICU ALOS.
  - Appropriate inpatient selection of diagnostic & ancillary services

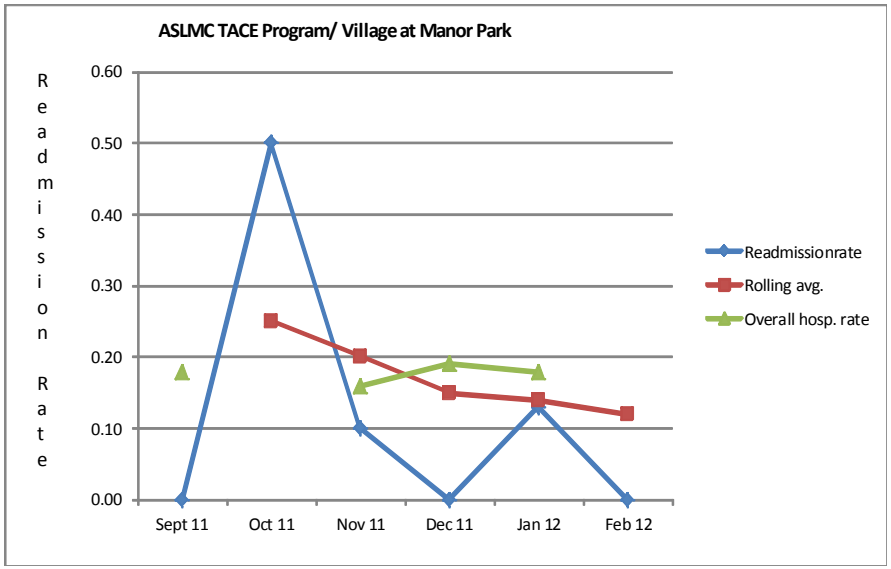
Nursing Home Coordination

- Concept
  - To reduce readmission rates to Aurora hospitals by better coordinating and increasing the level of care for patients in nursing homes, thereby improving the clinical and service quality of care received by these patients
- Outcomes
  - Reduction of re-admission rates from nursing homes
  - Reduction in hospital LOS
  - Increase in professional revenue for Nursing Home visits

Results



Estimated Cost avoidance: over $230,000



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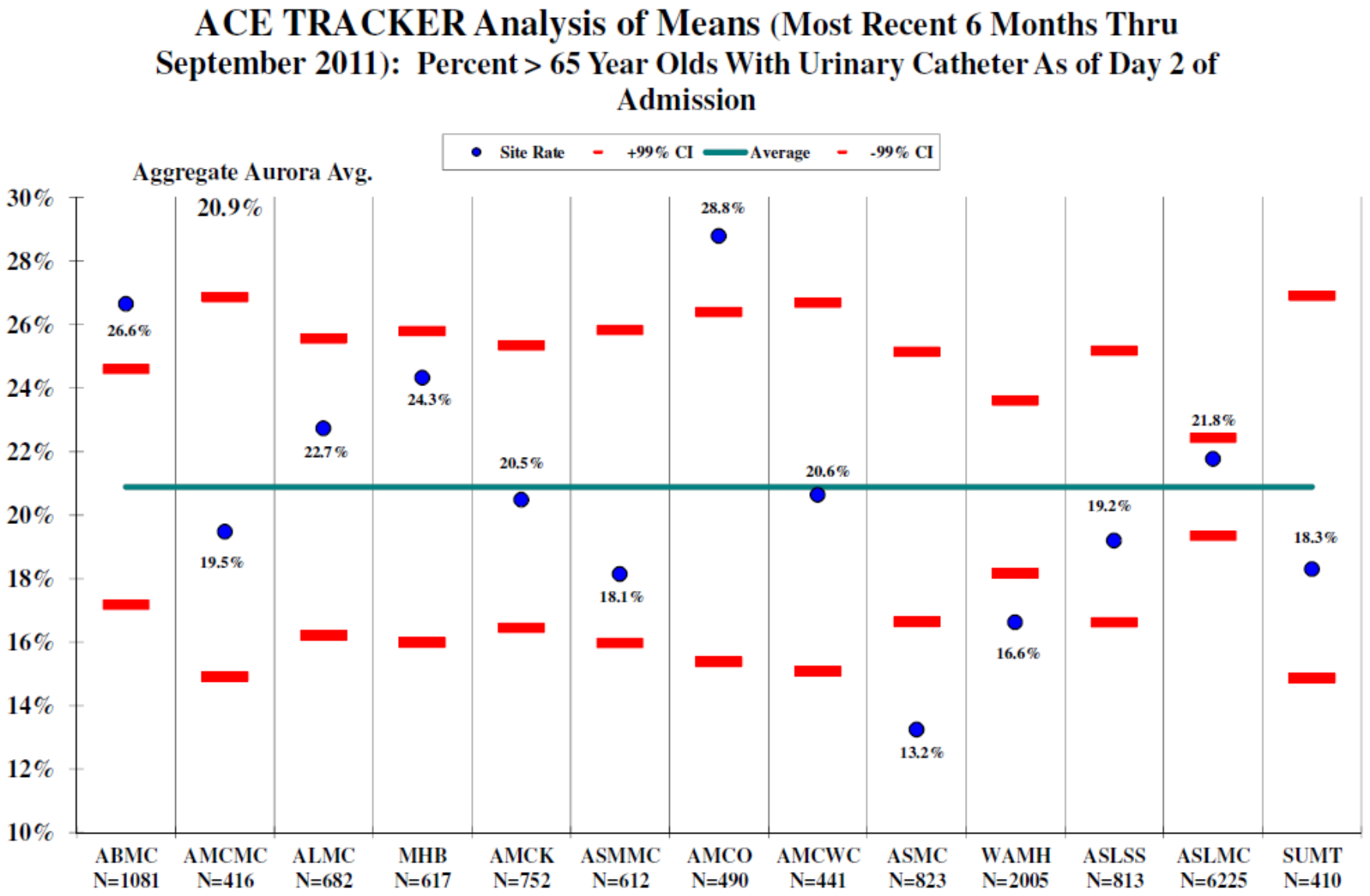
Acute Care for the Elderly

Real Time ACE Tracker

Cognitive	Activities of Daily Living
Delirium Screen	Urinary Catheter
Number of Meds	Pressure
Beers List	Wound Care Protocol
Morse Score	Braden Score
History of Falls	Albumin
Bed Rest	Social Services
Physical Therapy	Advance Directive
Occupational Therapy	Pain Score
Restraint Use	Risk for Readmission

ACE Tracker – Analysis of Means



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System Clinical Program Integration

- Concept
  - Evaluate the value of an integrated care delivery model utilizing the electronic technology of a fully integrated medical record. Pilot evaluation of the model with the Orthopedic Service Line Programs at AMC Grafton
- Outcomes
  - Increase in patient loyalty scores
  - Increase in value delivered via improved clinical outcomes and reduced costs of care delivery
  - Increase in market share

Market Wide ACO

- Concept
  - Establish a market wide Accountable Care Organization (ACO) and require key ACO criteria are met including use of Navigators and Advanced Practice Providers.
- Outcomes
  - Reduction in LOS and readmissions
  - Increase in service quality and clinical quality outcomes
  - Collaboration with skilled nursing facilities, nursing homes to limit IP admissions and re-admissions

Patient Activation

- Concept
  - Effectively utilize the MyChart feature of SmartChart to improve quality of care, increase patient engagement, retention and loyalty scores and increase market share.
  - Lower health care costs through MyChart usage
  - Utilize eVisit opportunities over traditional, in-office visits
- Outcomes
  - Maintain current Patient loyalty scores.
  - Increase in number of patients with active My Chart accounts
  - Increase in number of eVisits
  - Increase in number of new patients

We Help People Live Well

- It is about hope - our hope for a healthier community
- It is what we do every day
- It is accomplished by listening to, partnering with and caring for patients, families and each other

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