

Early Warning Tools and Psychosocial Assessment to Reduce Readmission Rates: A Case Study Part II



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PHAROS BACKGROUND

Why We Exist

To transform the health of populations through transforming the Care Model

Our Beginning

Physician founded; refined over 17 years

Belief

Empowering better engagement and self-care = improved quality & cost

Approach

Elegantly simple, rapidly scalable, “technology enabled solution”


Value Proposition

Avoiding unnecessary admissions and readmissions; increasing satisfaction and loyalty; developing a scalable care model

DAILY PATIENT VISIBILITY



Patient



Participant Search Add Participant Tools Logout

Welcome Peterson, Mary !
 Friday, May 04, 2012

Tel-Assurance®

Use the Options below to narrow down your search

Alert
Show All Patients

Participant Status
ALL

Care Manager
Peterson, Mary

Program
Select Programs

Survey Date
5/4/2012

Search by Last Name

Search by MRN

Total Participant(s) Found: 21

Status	Participant Name	Alerts	Notes	Review Complete
<div style="width: 10px; height: 15px; background-color: #f08080; border: 1px solid #ccc;"></div>	Blair, Ed Phys: Jeffrey ,Sykes CM: Peterson, Mary	Last Survey: 5/4/2012 10:04 AM Fluid retention	Forgot to take diuretic the past 2 days. Adjusted medication per protocol. Discussed medications and need to take consistently May 4 2012 10:06AM	<input checked="" type="checkbox"/> Reviewed By: Peterson, Mary Reviewed On: 5/4/2012 10:04 AM
<div style="width: 10px; height: 15px; background-color: #90ee90; border: 1px solid #ccc;"></div>	brow, Sue Phys: Jeffrey ,Sykes CM: Peterson, Mary	Last Survey:		<input type="checkbox"/> Reviewed By: Reviewed On:
<div style="width: 10px; height: 15px; background-color: #90ee90; border: 1px solid #ccc;"></div>	Brownstone, Sue Phys: Jeffrey ,Sykes CM: Peterson, Mary	Last Survey: 5/4/2012 12:12 PM	To increase diuretic per protocol Reinforce diet education May 1 2012 10:14AM	<input type="checkbox"/> Reviewed By: Reviewed On:

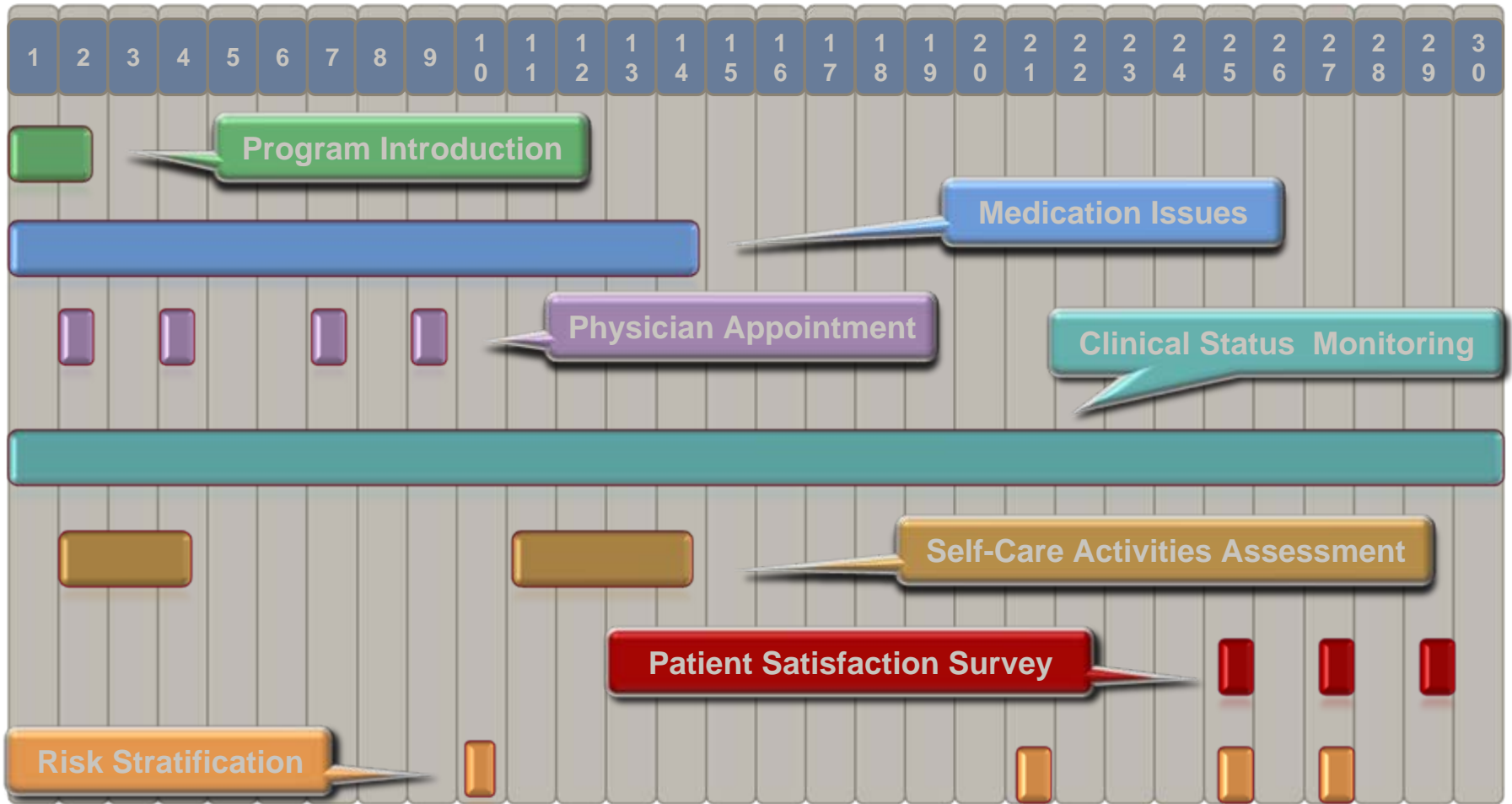
Care Manager



Physician



DAILY MULTI-DIMENSIONAL ASSESSMENT



TRANSFORMING THE CARE MODEL



Algorithm based population targeting used to ID candidates **1**

2 Pharos staff support client workflow by enrolling and activating referred patients



3 Participant enters key health behaviors into Tel-Assurance using IVR or Internet



Comprehensive retention program keeps participants actively engaged

4

Tel-Assurance identifies outliers for Care Manager review and action

Name	Last Name	Last Update	Action
John, Bill	John, Bill	10/10/2012 10:00 AM	Reviewed By: [Name]
Johnson, Bill	Johnson, Bill	10/10/2012 10:00 AM	Reviewed By: [Name]



Your Care Managers coordinate & document appropriate interventions **5**

6



Participant receives timely, targeted feedback; exacerbations are avoided

7

Process and outcomes optimization driven by analytics



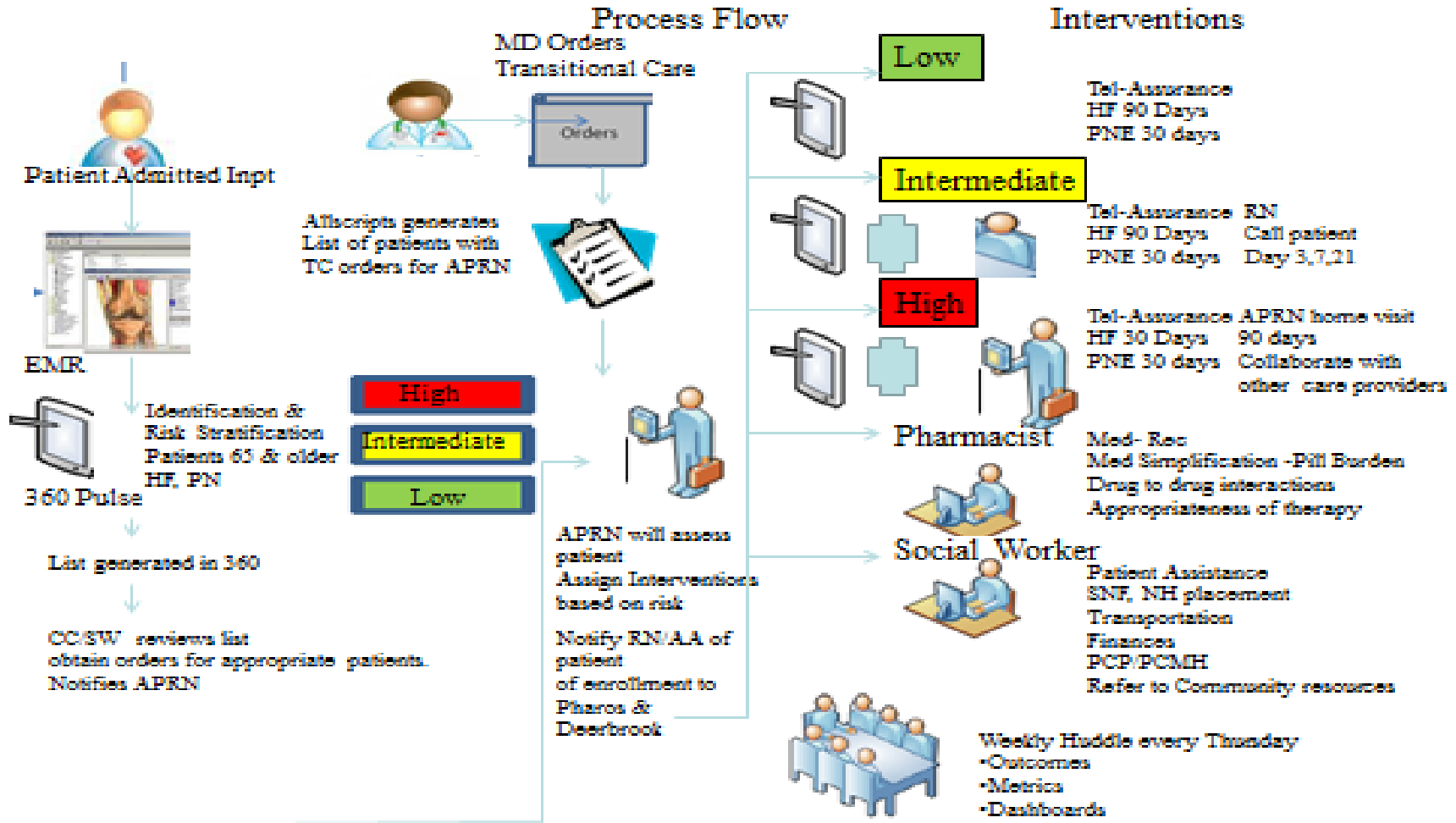
Enrollment Criteria (One or more of the following)

- ▶ Anyone 65 and older with a hospitalization for HF and/or Pneumonia discharged to home or home with home care
- ▶ Patient willing and able to be enrolled
- ▶ Access and ability to use touch tone phone or computer

Pulse 360 Identification

Patients 65 and older with HF and PNE identified in 360

PROCESS FLOW



Risk Stratification

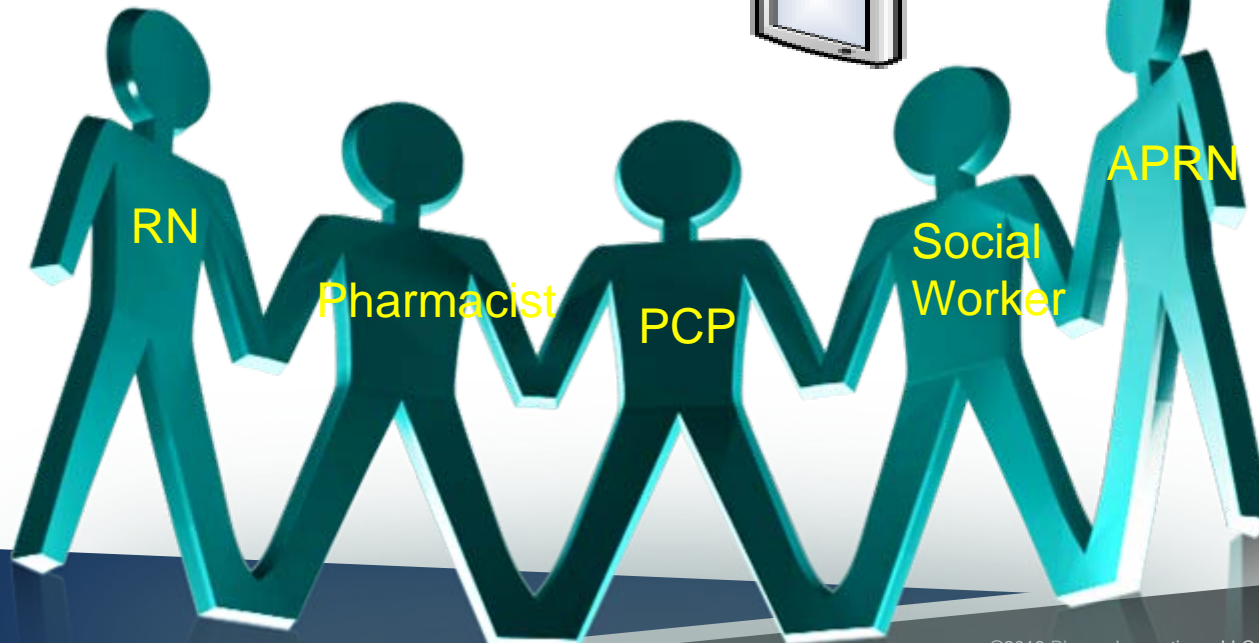
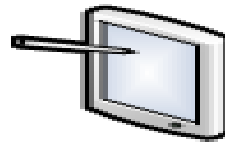


Low

Med

High

Tel-Assurance



Average age 80 years

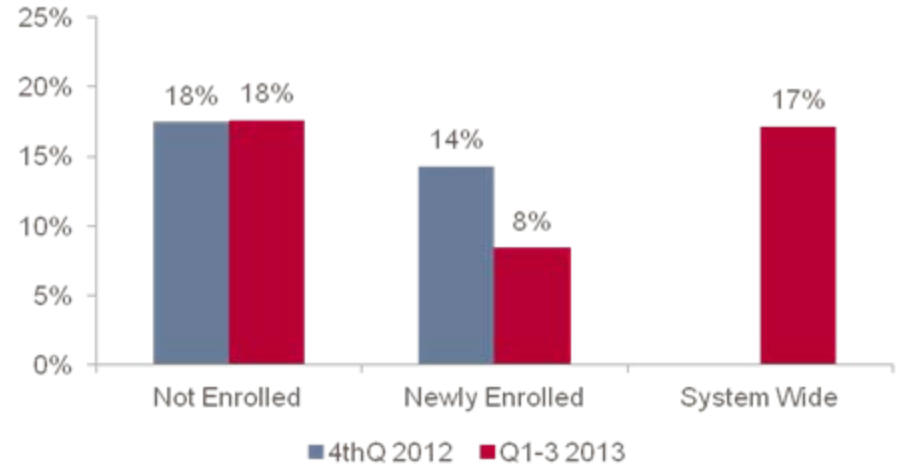
At least:

- 4 co-morbidities
- 14 prescriptions

READMISSION RATES

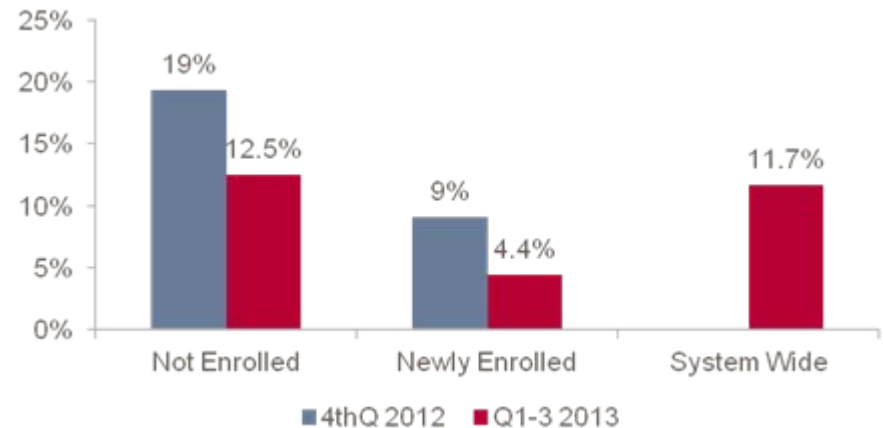
Heart Failure

- ▶ There were 7 readmission cases from 83 index cases
 - 1 Bone Disease
 - 3 Heart Failure
 - 1 GI Hemorrhage
 - 1 Cerebral Occlusion
 - 1 Pneumonia



Pneumonia

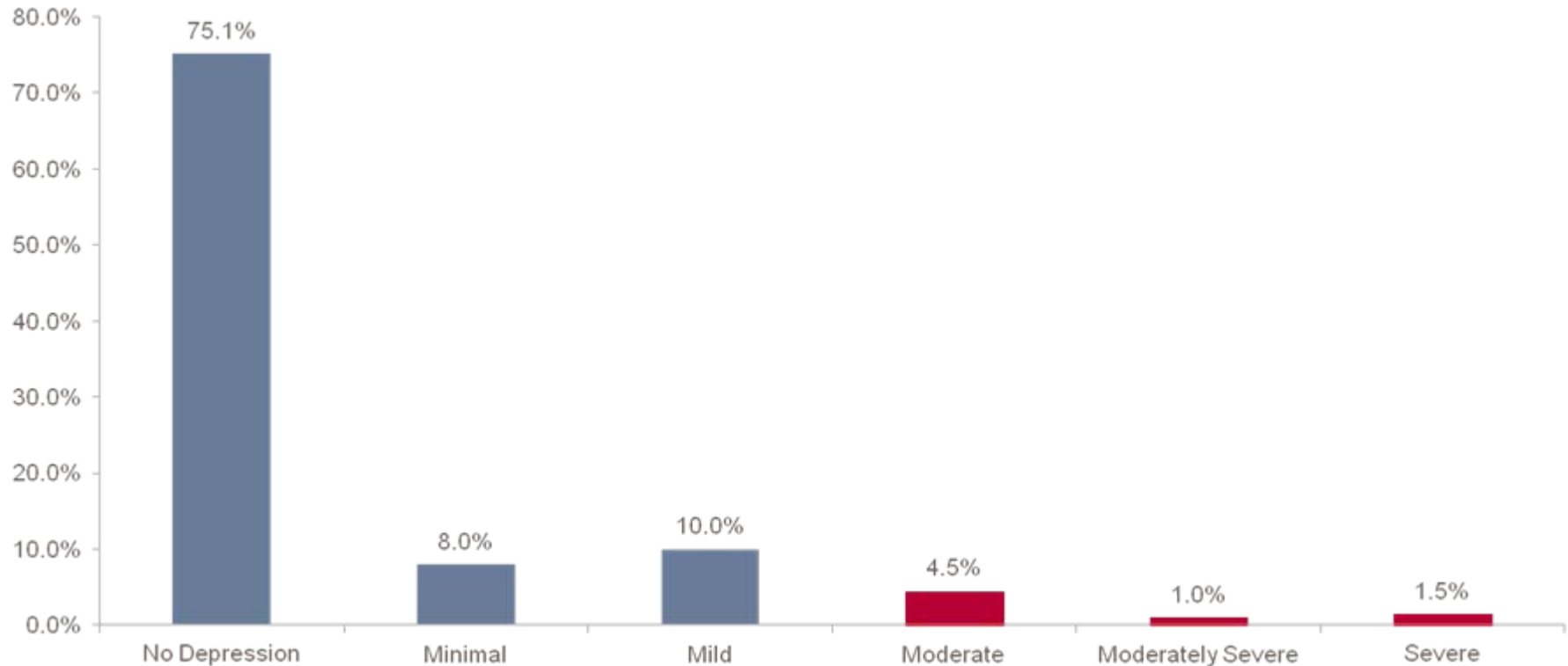
- ▶ There was 3 readmission case from 68 index cases for an overall 65% lower readmission rate from the enrolled population
 - 1 COPD
 - 1 Pneumonia
 - 1 AMI



DEPRESSION SCREENING

Key Finding

Depression levels have increased slightly since 1st Quarter 2013



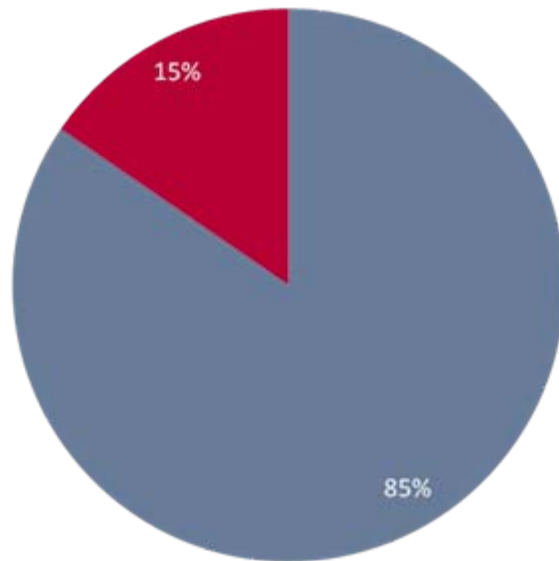
DEPRESSION IDENTIFICATION

- 🚩 44 patients alerted with depression on Tel-Assurance
 - ▶ 360 Pulse identified depression on 39/44 patients
 - ▶ 5 Patients not identified by 360
 - No information on medical record suggesting risk or history of depression

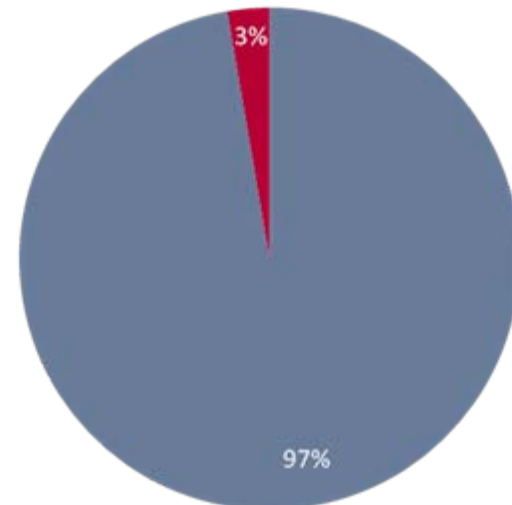
Key Finding

Population continues to demonstrate high medication fulfillment rates

New Prescription?



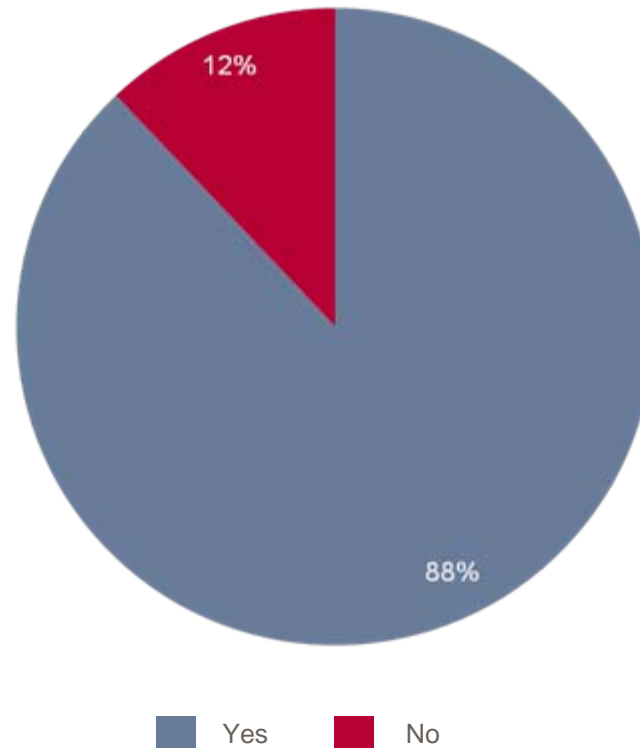
Picked up meds after new prescription?



■ Yes ■ No

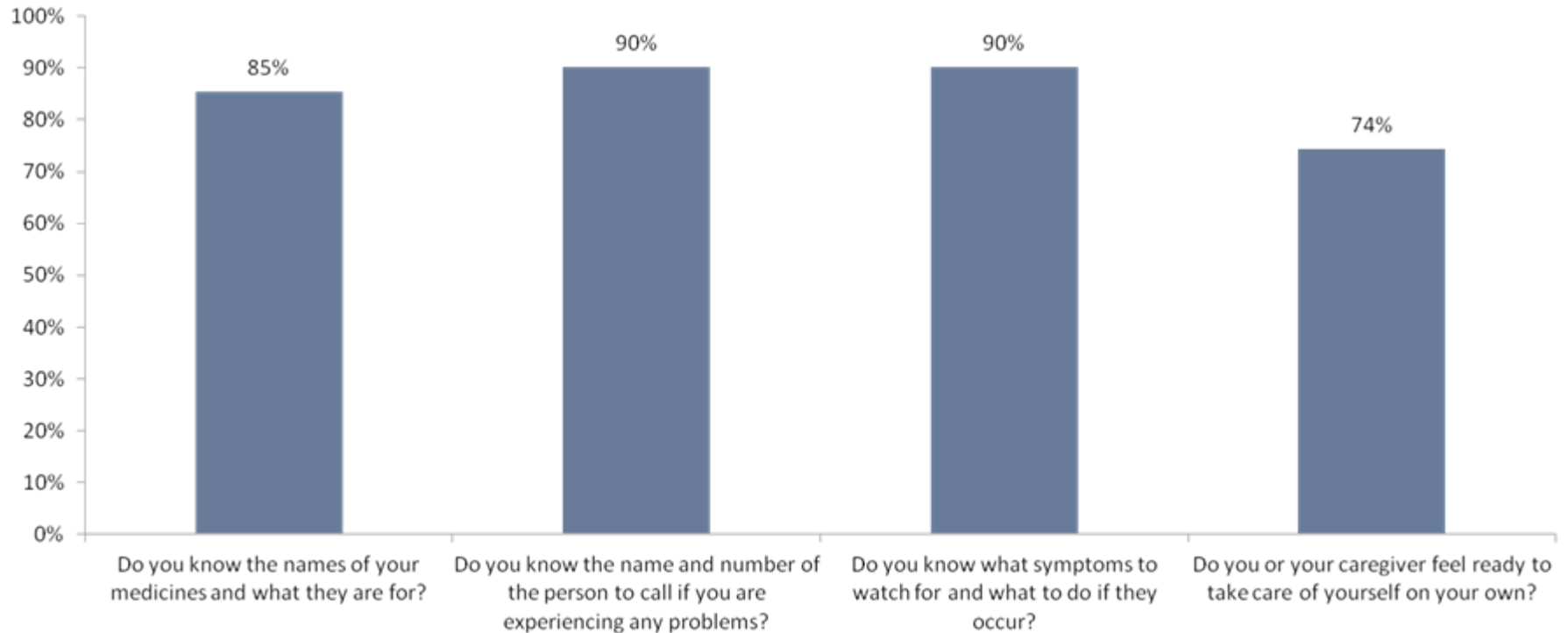
Key Finding

Continued improvement in post-discharge appointment adherence



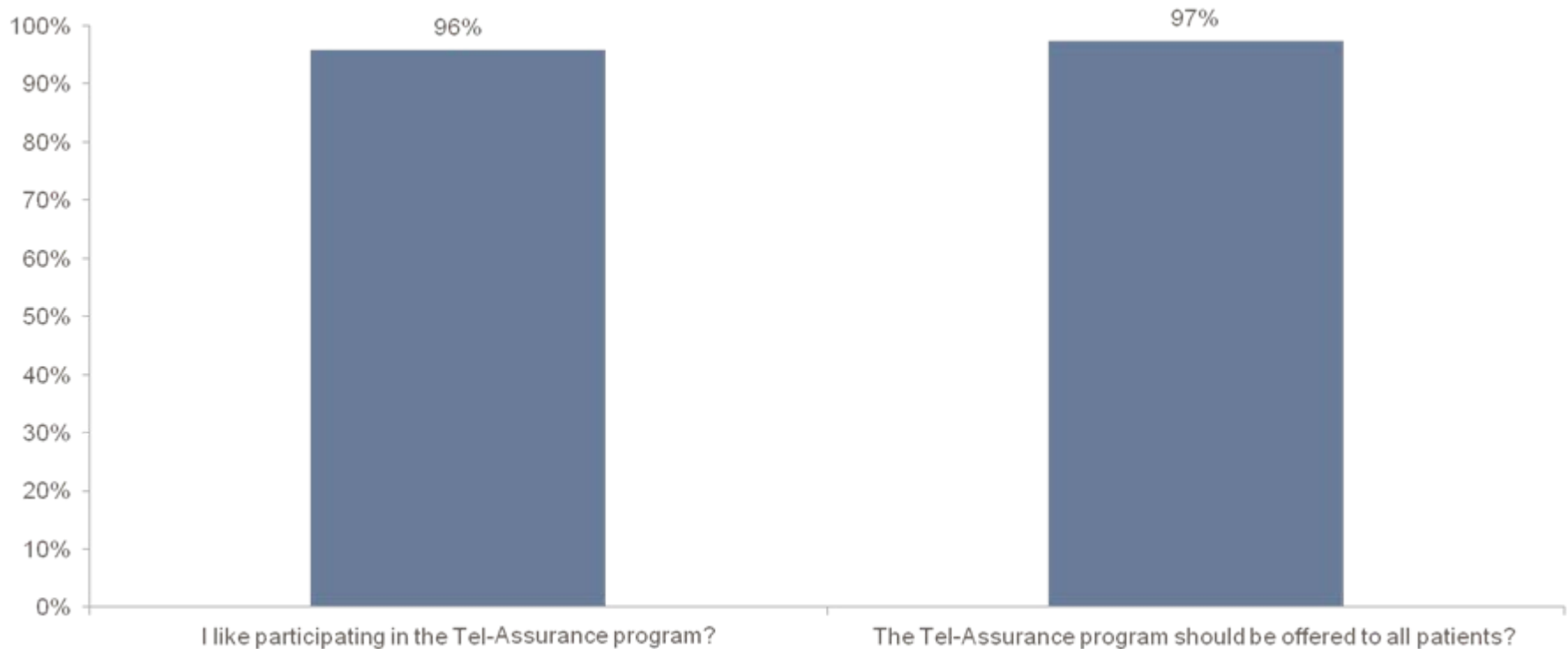
Key Finding

While there was an improvement in self-efficacy, patient self-management readiness continues to lag



Key Finding

Consistently high patient satisfaction and referrer (loyalty) scores



CASE STUDY

- 🚩 A medium risk HF patient
- 🚩 Survey indicated moderate depression
- 🚩 The patient had an appointment with his PCP the following day.
- 🚩 RN was able to communicate with the PCP through the electronic health record
- 🚩 RN transcribed the results of the PHQ-9 from Tel-Assurance into the EHR for the PCP
- 🚩 PHQ-9 expedited PCP visit, treatment was prescribed and the patient is doing well.

CASE STUDY

89-year-old female recently hospitalized for heart failure.

▲ Within 24 hours of discharge the patient engaged in Tel-Assurance

▲ On the third day, patient alerted for dizziness and medication side effect

▲ Pharmacist contacted the patient to inquire about this possible side effect.

- Medications reviewed
- Pharmacist concerned 2 new medications prescribed at discharged maybe causing a drop in blood pressure causing the dizziness
- Pharmacist contacted physician
- Physician held all new medications.
- Pharmacist communicated with patient and reviewed instructions
- RN contacted the patient the following day to follow up and review medications. The patient was already feeling better.
- RN monitored patient closely.

Hardwiring a process takes time

- Change culture
- Make sense to front line staff
- Overcome pre-conceived thoughts
- Need to have a forum to address overcoming barriers

Capture rate: Initially 38% moved to 76%

- Scripting for APRNs
- APRN relationship building-hospital staff and physicians
- Understanding role of technology

Patient and family engagement

- Takes time
- Some elderly patients prefer human interaction
- Use profile cards



Clinical Team





- Excellent critical thinking and communication skills
- Cross coverage
- Care is still provided even if not done face to face

PROFILE CARD



TRANSITIONAL CARE TEAM

Along with your health care provider,
our team can help you:

-  • Coordinate your care
-  • Monitor for signs and symptoms
-  • Review your medications
-  • Connect you to resources

How to reach us:

214.265.3600 Mon.-Fri., 8 a.m. – 5 p.m.

214.820.9115 After 5 p.m., holidays and
weekends

Your Transitional Care Follow Up is:

Date	Time
<input type="checkbox"/> Phone Call	<input type="checkbox"/> In Person



TRANSITIONAL CARE TEAM

NURSE PRACTITIONERS:



Tracy Cook RN MS ANP-C APRN
Graduated from Texas Woman's University.
Tracy has over 22 years of nursing experience.



Valerie Douglas RN, BSN, MSN, APRN, ANP-C
Graduated from Texas Woman's University.
Valerie has over 7 years of nursing experience.



Kellie Kahveci RN, MSN, APRN, ANP-BC, GNP-BC, CHFN
Graduated from University of Texas at Arlington.
Kellie has over 30 years of nursing experience.



Elaine Kim RN BSN MSN FNP-C
Graduated from Louise Herrington School of Nursing
at Baylor University. Elaine has over 10 years of nursing
experience.



Tiffany Lackey RN, MSN, APRN, ANP-BC, GNP
Graduated from University of Texas at Arlington.
Tiffany has over 10 years of nursing experience.

REGISTERED NURSE:



Karen Polzer, RN
Graduated from El Centro College. Karen has over 8 years
of nursing experience.

PHARMACIST:



Paula Walker, RPh
Graduated from North Eastern University in Boston.
Paula has been a practicing pharmacist for 23 years.

SOCIAL WORKER:



Alexis S. Early, LMSW
Graduated from Grambling State University in Louisiana.
Alexis has been a Master prepared social worker for 17
years and a Licensed Master social worker for 13 years.



SUMMARY

- 🚩 Tel-Assurance technology expands patient reach
- 🚩 Some of the barriers to overcome are staff's pre-conceived perceptions
- 🚩 Tel-Assurance improves coordination of care
- 🚩 Technology with great clinical team and hardwired process can transform care and care delivery
- 🚩 Partnership with the vendor allow opportunities to address challenges together