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Cardiac Surgery Bundled Care



Health System Reform Through Partnership

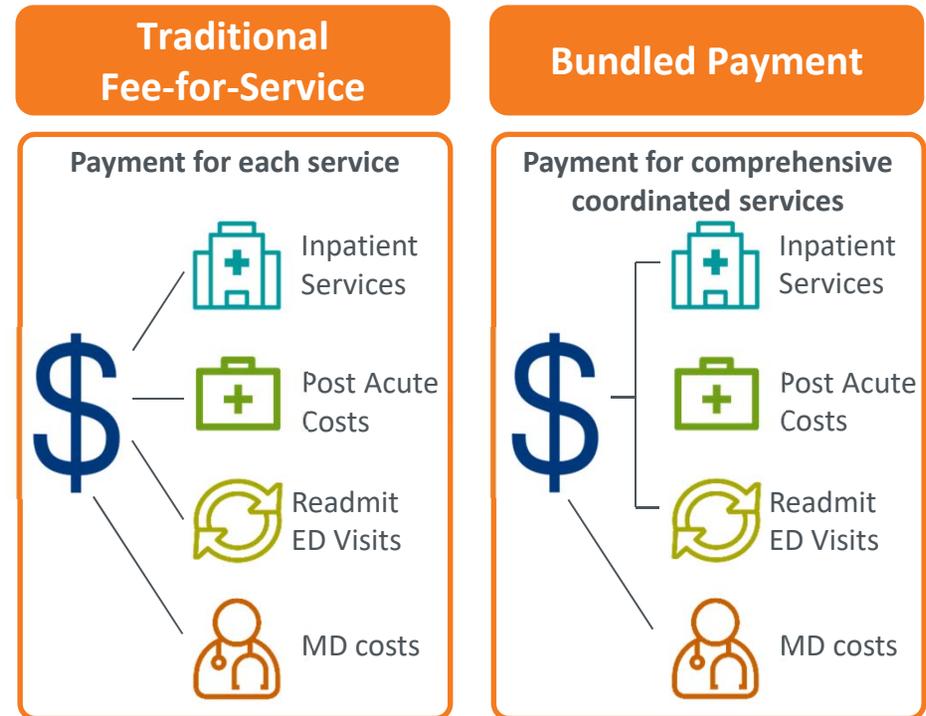
OHA Health Achieve November 2017

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What is Bundled Care/Integrated Funding Models?

- Aligns the providers' interests by providing a fixed payment to incent coordination of care for all services in a single episode of care.
- Episode of care is defined across the continuum of care and not within hospital or community silo.
- Incentive to improve quality and reduce costs leading to increased value for money.
- Providers share the savings and losses.



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Cardiac Surgery Bundled Care Goals

- ❖ **Better Quality Care** – Seamless transitions from hospital to home with one integrated care team
- ❖ **Affordable & Integrated** care through funding bundle that incepts innovation and includes a gain/risk share model
- ❖ **Prototype** to test and refine the bundled delivery for scale and spread

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Putting Patients at the Heart (PPATH)

Cardiac Surgery Bundled Care

In 2015, Trillium Health Partners and Saint Elizabeth Health Care began working in partnership to improve the seamless transition of cardiac surgery patients from hospital to home.



Integrated Care Coordinators (ICCs)

- Determine patient pathway & provide case management
- Stays connected with community team & patient 30 days post discharge



Virtual Rounds

- Weekly THP/SE teleconference to discuss patients
- Virtual clinician works with the homecare nurse to understand patient needs, using an in-home vitals monitoring system



Integrated Patient Record

- For seamless transition of care, removing data silos between hospital and community partners through shared access to health records and tracking logs



24/7 Phone line

- For patient inquiries and concerns



Virtual Care & Telemonitoring

- To facilitate efficient and innovative health care



Follow-up clinic

- To manage avoidable ED visits and readmission

Patient Testimony

Edward and Rhonda

*Focus on 24/7 line, home visiting nurse and avoiding the
Emergency Department
... “what would I have done without this call line?”*

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Outcomes

Key Performance Indicators

- ✓ **22%** Reduction in post op Length of Stay (saving 8 beds)
- ✓ **28%** Reduction in 30 day readmissions
- ✓ **13%** Reduction in Emergency Department visits within 30 days post hospital discharge
- ✓ **2.3** Times more people received care in the community
- ✓ **17%** Overall savings to the health care system

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Patient Satisfaction

- PPATH Patient Survey (n=399)
 - ❖ **98%** overall satisfied with care
 - ❖ **98%** would recommend program
- HSPRN Patient Survey (n=165)
 - ❖ **95%** had enough info provided on discharge re how to get help at home
 - ❖ **96%** community team available when needed
 - ❖ **94%** felt confident to manage health
- Co-Design

“The program was exceptional but it focused on the patient. I would have liked help to know what I needed to do as his caregiver.”

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Enablers: Strong Partnerships



Goals for Funding Model

- Incentivize innovation
- Risk/gain sharing model
- Provide flexibility to service providers



Relationship Principles

- Focus on patients
- Trust each other
- Be respectful
- Be transparent
- Be accountable
- Foster innovation
- Share in the potential gains and/or losses
- Be fiscally responsible

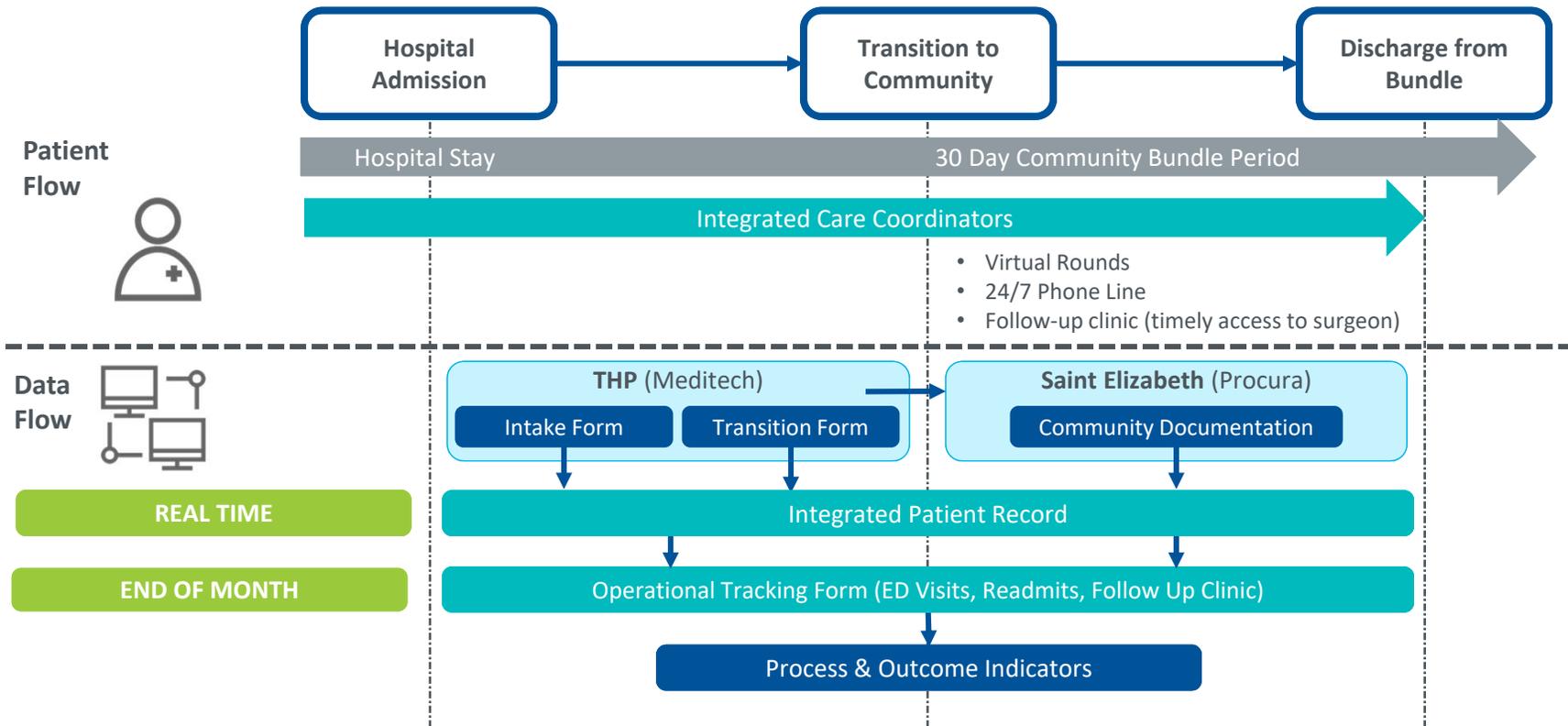
Enablers: Partnership Across Sectors and Departments



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Enablers: Coordination and Seamless Communication



Enablers: Risk Sharing Model

(Assumes Health Outcomes and Performance Indicator's achieved)

Actual to Set Budget Scenario

Protocol

Actual is greater than 5% above Set Budget

Payments to the Service Provider will not exceed 105% of Set Budget. Both parties will work to review and determine service level adjustments required within 14 days to get back to Set Budget.

Actual is up to 5% above Set Budget

The Hospital to pay the Service Provider invoices up to 5% above Set Budget.

Set Budget

The Hospital to pay the Service Provider invoices.

Actual costs are up to 10% below Set Budget

The Service Provider to retain savings and reinvest to increase access and innovate.

Actual costs are between 10.1% and 25% below Set Budget

The Hospital and the Service Provider to equally share savings above 10% and reinvest to increase access and innovate.

Actual costs are between 25.1% and 50% or more below Set Budget

The Hospital to recover savings above the 25% and reinvest to increase access and innovate.

Enablers: Leadership

“I am always looking for ways to improve the quality of the patient experience and at the same time increase safety. I never thought that we would find a program that would actually increase patient satisfaction and at the same time save significantly on resources and actually decrease the cost of a patient stay.

Physicians have to be fully engaged in order to reap the benefits of an integrated funding model. Luckily, in our case, we have had 100% involvement of the clinical staff.”

Dr. Charles Cutrara, Chief of Cardiac Surgery, Trillium Health Partners



Co-Designing our Future: Its all about quality

Through the co-design process we have understood that patients and caregivers have unique needs.

We will strive to make enhancements to care considering the person, context, delivery and timing.

Reduce anxiety and fear



Understand who I am at the beginning and carry it through

Support my understanding of the program the way I need to hear/learn it and include the person who will help me

Support my caregiver(s) as they support my care and recovery

Reduce anxiety and sense of being overwhelmed across my cardiac experience

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PPATH Experience: Mapping the experience



World Café Event: Co-creating the 'future' experience



Wisdom from the Field

Know your business, what you can influence

Focus on care, not financial savings

Transparency is key

Focus on partnership

Nimble iterative process is critical

Clinical dialogue along the continuum and across sectors