Beyond the Walls: Partnering with Patients, Caregivers & Community Providers for Better Outcomes

HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA CONFERENCE ON AGING

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HUNTINGTON HOSPITAL SENIOR CARE NETWORK
Background

• Huntington Hospital (1892- )
  ◦ **Mission:** To excel at the delivery of healthcare to our community
  ◦ 626-bed acute care—highly medical: academic affiliation w/USC, level I trauma center, level III NICU
Background

- **Senior Care Network (1984-)**
  - **Mission:** To positively impact the health and well-being of adults throughout the care continuum
  - **Focus:** community-dwelling adults & older adults w/disabilities, family caregivers
    - Two worlds: health care and community-based services
    - Care coordination, care transitions, health navigation, health education, community resource center, caregiver support
    - Staff primarily public health nurses, social workers
    - Community partnerships
Making the Case
To Move Beyond the Walls of the Hospital
Significant Trends

- IHI Triple Aim
- Chronic disease management
- Readmissions & care transitions
- Realignment to managed care
  - Fee-for-service acute & primary care Medi-Cal, Medicare/Medi-Cal (dual eligibles)
  - Long term care / long term services and supports
- Uninsured / charitable care → Medi-Cal
“My teacher says little girls can grow up to be anything they choose! Why did you choose to be an old lady?”
Population by Age, 2010

- White, Non-Hispanic: 15.0 million
- Black, Non-Hispanic: 2.2 million
- Asian, Non-Hispanic: 4.8 million
- Hispanic: 14.0 million

Population in thousands by 5-year age bracket, males on left, females on right. Source: US Census 2010
Over One in Four Americans Have Multiple Chronic Conditions

Percentage of All Americans

Number of Chronic Conditions

<table>
<thead>
<tr>
<th>Number of Chronic Conditions</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>22.3%</td>
</tr>
<tr>
<td>2</td>
<td>11.8%</td>
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<td>3</td>
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<tr>
<td>4</td>
<td>3.9%</td>
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<tr>
<td>5</td>
<td>4.8%</td>
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Source: Medical Expenditure Panel Survey, 2006

One-Fifth of Individuals With Chronic Illness Also Have Activity Limitations

Source: Medical Expenditure Panel Survey, 2006

Health Care Spending Often Doubles for People With Chronic Illnesses and Activity Limitations

Average Annual Health Care Expense Per Person

<table>
<thead>
<tr>
<th>Number of Chronic Conditions</th>
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<th>With limitations</th>
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<tbody>
<tr>
<td>0</td>
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<td>5+</td>
<td>$10,679</td>
<td>$16,764</td>
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</tbody>
</table>

Source: Medical Expenditure Panel Survey, 2006

Average Medi-Cal and Medicare Expenditures for Dual Enrollees in 12 Months Prior to NF Admission
The Estimated Monetary Value of Family Caregiving Greatly Exceeds Spending on Formal Long-Term Care Services

Value of Care, 1997 (in billions)

- Home health care: $32
- Nursing home care: $83
- Family caregiving: $196


Addressing Continuum of Care Needs
Key Engagement Opportunities Across the Care Episode

Setting up a successful episode
1. Activate patient (and caregiver) early in episode of care

Reinforce self-management
2. Equip patient (and caregiver) with resources
3. Create feedback loops to address recovery complications

Low High Low

System control

Emerging & Best Practices

- Complex care management
- Care transitions initiatives
- Disease self-management programs
- Motivational interviewing
- Teach-back
- Patient activation
- In-home assessment—function, environment, psychosocial factors
“What does work is the development of a personal, trusting, long-term, supportive coaching relationship—supported by sophisticated clinical support and information management capability”

~ Institute for Healthcare Improvement

Next Steps
Considerations

- Analyze local factors
- Transcend acute care & medical settings
- Collaborate with high quality partners to address medical and social needs
- Target well
- Take a whole-person approach
- Remember the family caregiver
- Develop mechanisms for timely information sharing
Potential Measures of Success

- Increase in patient adherence to recommended care
- Decrease in avoidable emergency department and acute admissions, readmissions
- Increase in days spent in the community (non hospital, non nursing home)
- Increase in patient satisfaction
QUESTIONS / DISCUSSION
THANK YOU!

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