

August 11, 2017

Mr. Andy Pallito, Director of Health Systems Finance
Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

Dear Mr. Pallito:

Please find below Southwestern Vermont Medical Center's (hereafter "SVMC", "Hospital" or "Medical Center") response to the questions in your August 7th communication. The SVMC leadership team looks forward to reviewing the FY 2018 budget with the Green Mountain Care Board (hereafter "GMCB") and yourself on August 17, 2017. Below are your questions with management's response following:

GMCB Questions

1. *In the Narrative, SVMC states, "The past two years the medical center has invested in itself from cash reserves and investment earnings from its parent organization." Explain this relationship between SVMC and the Parent Organization.*

Management's Response:

Southwestern Vermont Health Care (hereafter "SVHC", or "Parent") is a not-for-profit corporation organized in the State of Vermont. SVHC is the sole member of SVMC which is a not-for-profit corporation organized in the State of Vermont. The following are organized as not-for-profit organizations in Vermont, where SVHC is the sole member:

- Mount Anthony Housing Corporation is organized for the purposes of developing, managing and operating nursing homes, such as Centers for Living and Rehabilitation (hereafter "CLR");
- Southwestern Vermont Health Care Foundation is organized exclusively for charitable and educational purposes for SVHC, its subsidiaries and affiliates;
- Southwestern Vermont Health Care Auxiliary is organized for the purposes of serving and assisting SVHC and its subsidiaries;

- Southwestern Vermont Medical Center Enterprises is the only organized for profit entity which currently has no operating activity;

The significant point of reference with the GMCB, has been related to the days cash on hand. SVHC, the Parent, activities include managing investments of the System as well as being the sole member of SVMC and other subsidiaries. The investments of all subsidiaries are consolidated at the System/Parent level. When days cash on hand discussions for SVMC occur the investments at the Parent organization are included. It is worth noting that investments of the fundraising organization Southwestern Vermont Health Care Foundation are also included in the reported amount.

The System in FY 2016 had consolidated operating revenues of over \$168,000,000, of which, SVMC represented approximately 92% of the operating revenues and the nursing home, CLR represented 7% of operating revenues as a result the majority of the cash is designated and used by SVMC for its organized purpose.

As of June 30, 2017 day's cash on hand for the System is 158 days.

2. *Income Statement - The hospital is \$7.1 million over the 2017 budget levels. Much of this variance is described as primary care and oncology utilization. Discuss these new programs and the other enhanced services. Describe the need and how this will improve patient care.*

Management's Response:

SVMC submitted a Net Patient Services Revenues (hereafter "NPSR") budget increase OF \$7.1 million comparing budget to budget. The FY 2017 budget increases, management would classify as follows:

a. Rate/Price (\$2,931,124 or 1.92%)

The increase in rates/price are made up of three components:

- Commercial rate increase of 2.85% or approximately \$2,473,000;
- Medicare increase of approximately \$440,000;
- Disproportionate share payments increase of approximately \$316,000.

The total rate/price increase amounts to \$3,229,000 or an increase of 2.12% in rate/price over the FY 2017 budget. If you include the changes in bad debt and charity care the rate/price change is 1.92%.

b. Volume (\$4,204,120 or 2.78%)

There are many increases and decreases projected in the budget. Below are the significant drivers to the increase:

- Cancer Center services \$3,832,000
- Orthopedic services \$ 920,000
- Expanded primary care \$1,084,000
- Out of state residents
 - Orthopedic services
 - Primary care/outpatient services

Cancer Center Services – Medical Oncology

As previously reported and the trend is continuing, to the GMCB, over the past years the Hospital's Cancer Center – Medical Oncology service has seen:

- Over a 4% increase in unique patients;
- Nearly a 15% increase in the average visits where patients receive pharmaceuticals;
- Since FY 2014 over 30% increase in the cost of the pharmaceuticals.

The \$2.3 million increase in revenues in the budget is offset by a \$2.7 million increase in the cost of the drugs sold in FY 2018's budget, also see question #5.

Cancer Center Services – Radiation Therapy

In FY 2016 the Cancer Center had its new Linear Accelerator installed. In FY 2017 the unique patients have increased by 21% with visits only increasing by 12%. The difference is due to improved technology, less visits per treatment resulting in less exposure to the patients. In FY 2018 we see no reason for this trend not to continue resulting in the budget to budget increase.

Orthopedic Services

For several years SVMC leadership has been attempting to recruit and replace providers in its orthopedic service due to providers retiring or leaving the service area. Since 2010 orthopedic cases have declined from over 1,200 cases to just under 600 cases (597) in FY 2016. In the FY 2017 budget management included \$2 million of additional revenues for the Massachusetts based orthopedic physicians that joined January of 2017. The goal of this recruitment is to reduce the out migration of orthopedic services in Hospital's service area. In the FY 2018 budget management included an increase in revenues of approximately \$920,000.

The volumes will come from reducing the out migration from Bennington and in migration from Massachusetts. Over the two years (FY 2017 AND FY 2018) \$2.9 million of additional revenues are budgeted.

Expanded Primary Care

The continued improvement of primary care services and access is a goal of SVMC. In FY 2018, increasing hours of operation, increasing the number of providers and establishing an Express Care model both during normal hours of operation and weekends will generate additional volumes and revenues in the Northshire practice, located in Manchester, Vermont nearly 30 miles from the main campus. Much of the increase in volume will be seen by associate providers.

Additionally, SVMC's Pownal site is one mile from the Massachusetts border. It has seen an increase in volumes, especially from Massachusetts. An associate provider will be added to the practice to address the volume demand and will generate additional revenues.

The increase in Northshire and Pownal combined with improved efficiency in all the other primary care practices is the driver of the \$1,084,000 revenue increase.

Out of state revenues which cross many services are discussed in question #8.

3. *Ten additional physicians and mid-levels FTE's have been added to the 2018 budget. How does the hospital determine the appropriate physician need for the service area? What are SVMC's longer term plans for adding additional physician disciplines given the in-migration from Massachusetts and New York? Are the new physicians transfers or newly recruited?*

Management's Response:

The ten additional providers included in the budget are 7.80 associate providers and 2.30 physicians. Three associate providers will be in the primary care practices. Two will be in the Emergency Room, one in Dermatology, 1.75 in Orthopedics as well as others. All of the physician recruits in the group are designated changes in FTE status both up and down, and part time recruits. All these amounts are "net" of physicians leaving and recruited.

SVMC uses both the demographic and clinical physicians practices data to determine the number of provider FTE's, including overall patient volumes and number of days until the next available appointment. In determining the need for additional providers SVMC also uses the following factors:

- Demand for services;
- Wait times experienced to see the primary or specialty practices;
- Introduction of a different model of providing patient care i.e. more associate providers with less physician FTE's at the primary care practices.

Additionally, as providers' age, many reduce their FTE status or retire. The recruiting process is lengthy, with a minimum of 6 months lead time being required and more often than not, it surpasses 12 – 18 months.

The population of patients seeking care from Massachusetts and New York is also carefully monitored. The Hospital responds by working to insure we have the correct number of providers to have timely access for needed service primarily in the Primary Care area vs. the need for additional specialties.

4. *Quantify the following as discussed in the Narrative; Cancer Center volume increase, the in-migration of orthopedic volume from Massachusetts and New York with the out-migration in the hospital's primary service area, and enhancements to selected specialty services.*

Management's Response:

The Cancer Center Services information is included in questions #2 and #5. The orthopedic discussion and information is included in questions #2 and #8. Question #8 discusses the in-migration of volume from Massachusetts and New York. The primary care information is included in question #2.

The enhancements to specialty services is based upon the need in the service for additional capacity. SVMC Dermatology is planning to add an associate provider in fiscal year 2018. Currently, the next available appointment is in several months. SVMC Pulmonology is adding providers since there is a several week wait for the next available appointment. Our service area's demand is driving this increase in providers which is adding to SVMC's revenues.

5. *The pharmacy shows significant revenue and expense increases in the 2018 budget. Discuss this program and the challenges in managing costs and utilization changes.*

Management's Response:

The primary driver of the significant pharmacy revenue and drug sold expense increases in the 2018 budget is the due to the increase in volume of Medical Oncology patients and the increased cost of pharmaceuticals used to treat those patients.

The gross pharmacy charges for these patients will increase nearly \$5 million and the NPSR will increase over \$2.3 million when comparing budget to budget. The Hospital's cost of drugs sold, which most is related to the Cancer Center service, will increase by \$2.7 million in FY 2018.

The unique count of Medical Oncology patients have increased over 4% per year since 2014. The average number of visits where a patient receives pharmaceuticals has increased from 8.1 to 9.3 or a 15% increase. Finally, the actual cost of the pharmaceuticals have increased over 30% since 2014.

SVMC recognizes that some new treatments are very expensive. However, the efficacy and outcomes of these treatments have been well documented in the evidence-based literature to be superior compared to former treatments. SVMC carefully selects each cancer treatment to adhere to the National Comprehensive Cancer Network Guidelines and works with Dartmouth Hitchcock's Cancer Center.

6. *NPR Payer Revenue Changes -The NPR increase is primarily due to increased Commercial and Medicare. There is little change in the Medicaid NPR. Over \$2.9 million is related to rate and about \$4.2 million is related to new utilization. Describe the utilization changes across payers and the assumptions considered in estimating those revenues.*

Management's Response:

The table below shows the estimated NPSR increases related to utilization increases by payer. When the budget was prepared the payer mix for each service line for the prior six to twelve months was used to establish the NPSR in each service. Anticipated reimbursement rates by payer are applied to anticipated volume to establish NPSR. As can be seen in the table below the payer mix varies from service to service.

NPR Payer Revenue Changes - Utilization				
<i>Service</i>	<i>Medicare</i>	<i>Medicaid</i>	<i>Commercial</i>	<i>Total</i>
<i>Amounts rounded</i>				
Cancer Center	\$2,600,000	\$319,000	\$913,000	\$3,832,000
Physician Practices	740,000	258,000	616,000	1,614,000
Orthopedics	290,000	245,000	385,000	920,000
Other changes	(1,015,000)	(760,000)	(387,000)	(2,162,000)
Total NPR changes	<u>\$2,615,000</u>	<u>\$62,000</u>	<u>\$1,527,000</u>	<u>\$4,204,000</u>

7. *The hospital states that some prices are increasing at 4.6% while others are remaining unchanged, for a total increase of 2.85%. Explain the strategy and rationale for pricing in this manner.*

Management's Response:

The rationale is simple. A significant portion of the charges, approximately 38% of the Hospital's charges, will not generate any additional NPSR if they are increased. Let me give an example:

Physician services charges – the Hospital is reimbursed based upon fee schedules, mostly based upon the published Medicare fee schedule, so if the charges would be increased, there is no increase to the net patient service revenues collected, thus no increase is being proposed.

Additionally, through the process of creating a more competitive charge master, management examines area hospital's charges and SVMC reduces or does not increase charges on individual charges based upon our findings assuring that we do not fall below or above the composite approved rate by the GMCB.

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8. *Narrative - SVMC explains that they have built in a "mid-point" \$2 million estimate for NPR revenues. Provide a schedule that shows this, and why the hospital selected this "mid-point".*

Management's Response:

The delivery of health care services in our region includes the Northwest corner of Massachusetts and parts of Eastern New York. A very successful high quality Orthopedic group joined the Hospital staff (January 2017) that has been a long standing group in Northern Berkshire County Massachusetts. They joined the one remaining physician of SVMC Orthopedics located in Bennington.

The Bennington Orthopedic services had been a five physician group as late as 2013. Due to retirements and physicians leaving the service area over the past years has led to many Bennington residents to seek Orthopedics services in Rutland and out of state. The goal of the recruitment of the orthopedic providers is to assure Bennington residents have access to high quality orthopedic services.

As a result of recruiting an established group from Northern Massachusetts patients are following them to SVMC. A portion of the Hospital's increase in Orthopedic volume increase in FY 2017 and in the FY 2018 budget is related to increases in Massachusetts residents using SVMC services, with Orthopedics being the largest portion but increases in other services are occurring as well. Below is a table showing the estimated change in Massachusetts volume/revenues at the time the budget was

completed. The anticipated annual revenue increase is cash receipts/revenues projected for the full year.

	Anticipated annual/revenue Increase	Explanation
	<i>(amounts rounded)</i>	
Low projection	\$940,000	Based upon six months actual as of 3/31/17, annualized
Mid projection	\$1,607,000	Based upon three months actual from 1/1/17 – 3/31/17, annualized
High projection	\$2,500,000	Based upon March and April actual, annualized

Explanation/Key factors:

- *Low projection has three month without new Orthopedic group and three months with the annualized;*
- *Mid projection uses only the three months the Orthopedic group was engaged, annualized;*
- *High projection utilizes the highest two months annualized;*
- *Nearly 50% of this increase was budgeted in FY 2017.*

The Hospital is also anticipating increased volumes from the Hoosick Falls, New York market approximately 10 miles from SVMC. In March, Glens Falls Hospital closed a Health Clinic that served 7,000 patients. A group of physicians working with SVMC and Dartmouth-Hitchcock opened a primary care office to address the service void left by Glens Falls. Management expects greater referrals from this region in all services SVMC provides. Currently, over 20% of SVMC revenues comes from New York. The table below shows the increase in New York volumes/revenues. The anticipated annual revenue increase is cash receipts/revenues projected for the full year.

	Anticipated annual/revenue increase	Explanation
	<i>(amounts rounded)</i>	
Low projection	\$651,900	Low level referral rates
Mid projection	\$1,343,000	Mid-level referral rates
High projection	\$1,973,000	High level referral rates

Key Factors considered

- Low projection – based upon low end referral history of known providers in Hoosick Falls;
- Mid projection – based upon midpoint referral history of known providers in Hoosick Falls;
- High projection – based upon high point referral history of known providers in Hoosick Falls.

The midpoint was utilized in setting the budget. Below is the high level calculation.

Anticipated Massachusetts midpoint	<u>\$1,607,000</u>
Approximately ½ in FY 17 budget rounded	\$800,000
New York state midpoint	<u>1,300,000</u>
Total	<u>2,100,000</u>
Rounded--Amount Budgeted	<u>\$2,000,000</u>

9. Expense - Explain the rationale of the 3% salary increase and the 1% market update factor. How did SVMC arrive at these levels of increase?

Management's Response:

Included in the budget is an increase of 3%. The Hospital utilized several sources to evaluate its anticipated increase each year. Several external salary surveys were reviewed. The surveys consistently anticipate that compensation will increase on the low end 2.7% to over 3.2%. Other factors were considered, see below. Additionally, exit interviews with employees also indicated the Hospital's salary structure is lower than organizations SVMC competes with for staff.

Management has engaged an outside consultant service that reviewed our pay structure to ensure SVMC was competitive. The study found SVMC salary structure in some job codes below competitors. It is worth noting SVMC competes with the Albany Capital Region for professional technical staff. As a result a provision of \$450,000 or approximately 1% of total payroll in addition was included in SVMC's FY 2018 budget.

The table below shows some comparative salary cost data:

FY 2016 SVMC - salary per FTE non MD	\$59,508
FY 2016 Vermont System average	\$63,250
FY 2016 Median – All Vermont Hospitals	\$60,209
<i>(source: Vermont Hospital's Financial and Statistical trends, report date 4/10/17 p. 43)</i>	

The table shows SVMC's cost per FTE is nearly 6% below the average and 1.1% lower than the Median.

The table below shows the salary and benefit costs per FTE non-MD for FY 2015 through FY 2018 budget.

	<i>Actuals</i> <i>FY 2015</i>	<i>Actuals</i> <i>FY 2016</i>	<i>Budget</i> <i>FY 2017</i>	<i>Budget</i> <i>FY 2018</i>
SVMC	\$74,889	\$75,319	\$79,209	\$82,331
Vermont system averages	\$80,704	\$81,921	\$83,669	\$85,010

(Source: GMCB Fiscal Year 2018 Budget Analysis Page 9)

Including SVMC budgeted FY 2018 3% increase and 1% market adjustment FY 2018's cost is still 3.3% below the Vermont system average.

10. SVMC currently has a pending CON application for the Dental Clinic. No revenue or costs associated with this program are included in the 2018 budget submission. What is the estimated revenue and expense impacts in 2018 if the CON was approved?

Management's Response:

The approval contained in the Statement of Decision and Order and Certificate of Need (Docket no. GMCB-015-16-CON) for the SVMC Dental Home project was received July 31, 2017.

The projected operating revenue is \$775,128 with expenses of \$804,956. The estimated income (loss) from operations is anticipated to be \$29,809.

11. Income Statement - Are the 2017 projections still valid? If not, please describe material changes?

Management's Response:

The FY 2017 projection submitted with the budget was based on actual operating results through April, 2017. Operational performance has improved mainly due patient volume during the months of May, June and July being slightly stronger than planned in the budget. Management now projects FY 17 overall operating results to be at or slightly ahead of budget with a projected operating surplus of \$4.8 million compared to budget of \$4.6 million. The updated net patient revenue projections are right at budget or

approximately \$153,000,000, total operating revenue of \$157,000,000 and total expense projections of approximately \$152,200,000.

12. Refer to the Act 53 price and quality data schedules that were included in the presentation of FY 2018 Hospital Budget Submissions-Preliminary Review on July 27, 2017 and be prepared to address questions the Board may have concerning that information.

Management's Response:

Question number 12 appears to be advice to SVMC to be prepared for questions related to the items included in the report dated July 27, 2017.

13. In the March 31 GMCB hospital guidance, the Board allowed up to 0.4% for new health care reform. The Board directed each hospital to provide a detailed description of each new health care reform activity, investment or initiative included within the designated 0.4%, provide any available data or evidence-based support for the activity's effectiveness or value, and identify the benchmark or measure by which the hospital can determine that the activity reduces costs, improves health, and/or increases Vermonters' access to health care. With this in mind, please describe how you are investing for new health care reform activities in the four approved areas:

- Support for Accountable Care Organization (ACO) infrastructure or ACO programs;
- Support of community infrastructure related to ACO programs;
- Building capacity for, or implementation of, population health improvement activities identified in the Community Health Needs Assessment, with a preference for those activities connected with the population health measures outlined in the All-payer Model Agreement;
- Support for programs designed to achieve the population health measures outlined in the All-payer Model Agreement.

Management's Response:

At SVMC, healthcare reform initiatives are not confined to a single department or program but rather reflects many efforts across all departments directed at delivering the highest value care and improving the population's health.

SVMC believes that healthcare reform requires a wholesale shifts in the approach to care delivery and community partnership. Through SVMC's efforts the expectation is to improve caregiver collaboration, reduce unnecessary utilization and address the social

determinants of health. For example, a portion of the Chief Medical Officer's time is spent with providers developing care protocols that limit unnecessary testing that do not advance diagnostic fidelity (i.e. Choosing Wisely). Similarly, a portion of the Director of Utilization Management's time is spent overseeing the community care team that knits together housing, food and transportation for the most vulnerable patients. A portion of the Director of Planning's time is spend implementing community-based programs such that increase long-term economic vitality. These are but a few examples that demonstrate the wide ranging and distributed nature of SVMC's approach to healthcare reform and improving population health that are funded by the 0.4% revenue increase.

In parallel, SVMC is engaged in a wide array of activities in support of the Accountable Care Organization (ACO) and seeks to improve population health in alignment with the All-payer Model Agreement. Support for the ACO goes beyond direct financial support for OneCare's operations, it includes full participation and engagement at the local and statewide level. For example, SVMC staff and providers organize and co-chairing the ACO local Community Collaborative and SVMC associated providers serve on the ACO's Clinical Advisory Board and leadership committees. The efforts to advance the ACO extend beyond improving clinical care coordination to addressing the social determinants of health. As such SVMC has engaged stakeholders through the community including members of the Department of Health, SASH, and the designated mental and behavioral health agency and beyond. Significant SVMC resources from transitional care nursing to enhancing the Emergency Department case management resources, to hospice and palliative care teams are required to coordinating care and stabilize the high risk patients that exhibit high healthcare spending.

SVMC's efforts to reduce deaths from suicide and drug overdose, highlights linkage of efforts to the All-Payer Model. SVMC has taken a multifaceted approach including establishing risk screening (SBIRT) for all patients in the Emergency Department, delivering community education on extended release opioid treatment, expanding opioid treatment protocols to associate providers, and even pioneering installation of an unused medication take-back station in the hospital lobby in collaboration with local law enforcement.. These efforts along with many others unmentioned have accelerated improvement in the core measures.

Lastly, SVMC has a series of community facing programs directly addressing the social determinants of health. In particular SVMC's participation in the Healthy Homes project which rehabilitates distressed and abandoned homes and provides home ownership for employees that otherwise wouldn't be able to own a home. SVMC work to improve local schools and encourage entrepreneurship enhances economic opportunity and community vitality.

SVMC is committed to supporting the ACO, aligning with the All-payer Model and boosting overall population health. The resources committed are substantial and varied.

14. Please identify which ACO(s) you will have a contractual relationship with in 2018. If your hospital plans (or already is) in a risk-bearing contract with OneCare, please

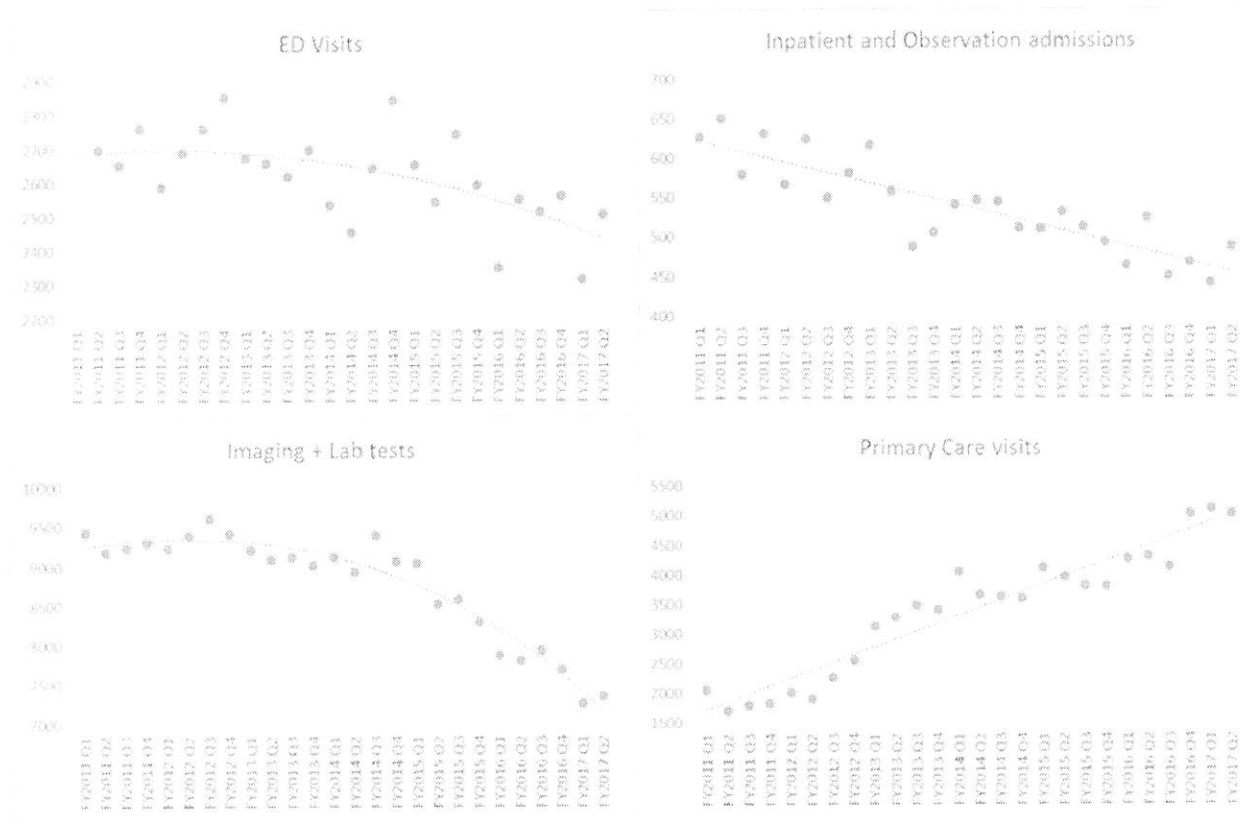
explain the effect of the risk on your financial statements. Please explain specific strategies your hospital is developing to move toward population-based payment reform. Finally, what tools does your hospital employ to ensure appropriate, cost effective, quality care when working with providers outside the CHAC or OneCare network?

Management's Response:

SVMC has not yet committed to participation in a specific ACO program for calendar year 2018. OneCare Vermont has offered separate ACO programs for each of the payers, Medicare, Medicaid, and Blue Cross / Blue Shield associated with Vermont Health Connect. SVMC's enrollment with OneCare risk contracts would collectively provide a symmetrical up-side opportunity and downside risk of **\$3,600,000**. SVMC has only recently received data from OneCare with which to analyze the financial impact of the arrangement and is in close dialogue with OneCare to identify the most sensible path forward. SVMC commits to not altering its 2018 budget request after determination of participation in any of the ACO programs offered by OneCare.

Financial sustainability during the transition from fee-for-service to population-based payments in an ACO requires several advanced competencies including; using data to identifying at risk patients, delivering high quality care efficiently, shifting patients to lower cost appropriate care sites, increasing patient engagement, primary prevention, and collaborating with community partners to address the social determinants of health. SVMC has begun to develop these competencies.

For example, SVMC has dedicated effort and resources to expand primary care and shift patients to lower cost care sites over the past years. The impact of these efforts can be clearly seen in the actual healthcare utilization by patients that reside within the Bennington zip code of 05201 since 2011. On the following page is an example of the tools and data we are using to monitor activities since 2011.



Monitoring healthcare utilization of patients within a specific zip code at the core of SVMC's service area allows visualization of care delivery shifts. This data illustrates that SVMC's multifaceted efforts to expand primary care and improve care coordination have resulted in a decline in emergency department visits and inpatient admissions. The information shows decline in imaging and diagnostic laboratory testing as well. Managing population care in lower cost care sites and with less testing is a core competency required for financial sustainability under population health payments systems.

Similarly, SVMC has launched a patient portal and direct patient texting program to enhance patient engagement. In an effort to address the social determinants of health, SVMC has fostered collaborations with a broad array of community collaborators that range from the local designated behavioral health agency to the Department of Health and Human Services to SASH. These infrastructure elements and community collaborations are essential competencies to develop prior to engaging in population health based payment contracts.

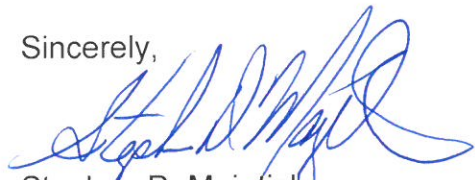
Green Mountain Care Board Response

August 9, 2017

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Attached is a "One Care Network Success Story" from SVMC on the Transitional Care Nursing Program. Management is available to further discuss the responses to the questions prior to SVMC's budget presentation or will be prepared to address the questions at the hearing on Thursday August 17th at 1 pm. The management team is looking forward to discussing our plan for FY 2018 and beyond. Please contact me if you have questions or need information at 802-447-5011.

Sincerely,



Stephen D. Majetich
Chief Financial Officer

Attachment



OneCare Vermont Network Success Story

Transitional Care Nursing Program



In 2013 it was determined that 30% of patients readmitted to Southwestern Vermont Medical Center (SVMC) had refused outpatient follow-up services. In an effort to reduce admissions/readmissions, observation episodes and emergency department visits for high risk patients, a team of health care professionals collaborated on a quality improvement process. The intervention developed consisted of deploying Transitional Care Nurses to partner with the hospital and primary care practices to effectively navigate patients from one care setting to another.

SPOTLIGHT ON SOUTHWESTERN VERMONT MEDICAL CENTER

Billie Allard - MSN, RN (ALLB@phin.org)

Key Drivers:

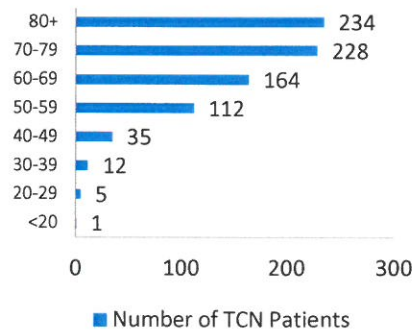
- Patients with chronic disease are often overwhelmed with discharge instructions and confused about how to manage their medications.
- Patients can benefit from coordination of care with a trusted resource.
- Visiting a patient in their home provides a clearer picture of the social determinants of health, opportunities for accurate medication reconciliation, education, goal setting and creation of a plan of care.
- Some SVMC patients declined visiting nurse services despite meeting criteria for the service.
- Delivery of medical care frequently involves multiple providers who may be unable to communicate key information effectively due to differing computer systems.

Actions Taken:

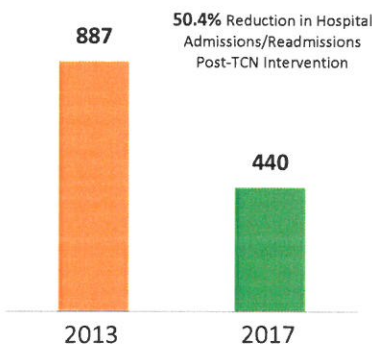
- Identified four clinical nurses to complete Transitional Care Training at the University of Pennsylvania.
- Transitional Care Nurses (TCN) partnered with primary care practices, identified high risk patients, navigated high risk patients from one setting to another ensuring communication of crucial information to care providers, implemented medication management and education, and referred to appropriate services.
- TCNs recognized the need for community collaboration and teamwork across all settings.
- Gaps in care have been remedied with addition of the following new programs: Community Care Team, Interact at SNFs, Clinical Pharmacist Program, Clinical Diabetes Educators, and Standardized Action Plans for COPD and CHF, Transitional Care social worker.

OUTCOMES

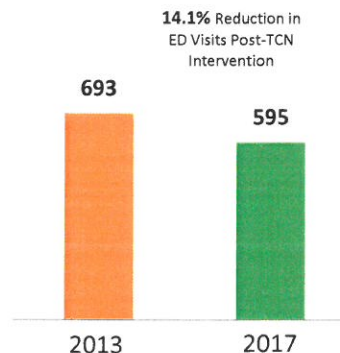
Age Stratification of TCN Patients 2013-May 2017



Reduction in Hospital Admissions/Readmissions Post TCN Services 2013-May 2017



Reduction in ED Visits Post TCN Services: 2013-May 2017



LESSONS LEARNED

- ✓ Partnering with patients over time builds a trusting relationship that impacts the patient's ability to be truthful and engage in managing their health effectively.
- ✓ Despite most of the resources being centralized in the hospital, the average 3-4 day stay is a small part of the care continuum for patients. More resources need to meet patients where they are in the community setting.
- ✓ Transitional Care Nurses meet with patients while they are hospitalized to explain the program and benefits of home visits following discharge. Patients are more receptive to follow up services and care coordination when they have an established relationship with the nurse who will be visiting them.