NMC and Our Accountable Community for Health

Green Mountain Care Board Northwestern Medical Center Presentation

October 16, 2019

NMC's mission is to provide exceptional care for our community.

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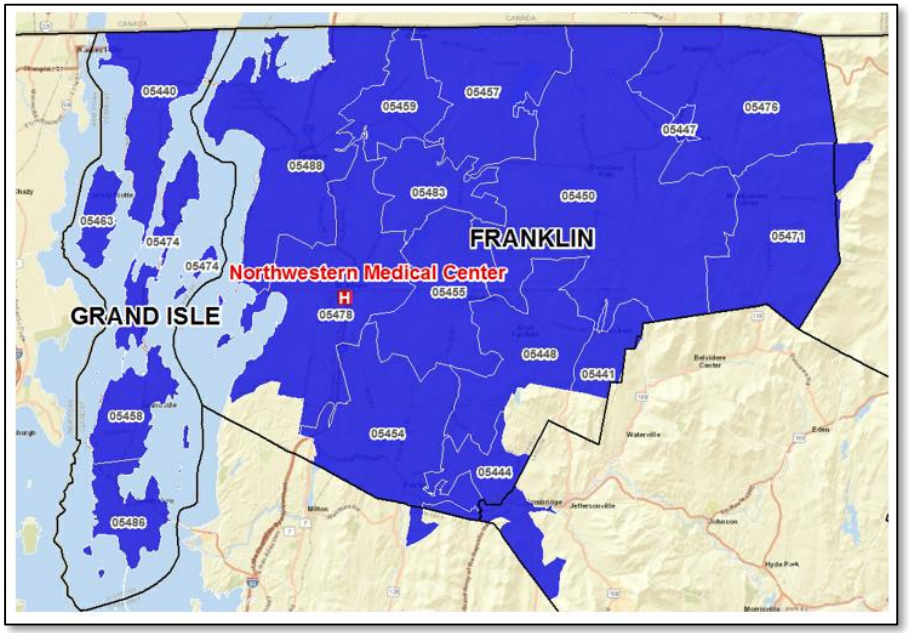
2019 Community Health Needs Assessment

2019's Top Priorities Facing Franklin & Grand Isle:



1. Mental Health
2. Substance Abuse
3. Obesity
4. Suicide
5. Domestic/Sexual Assault
6. Food Insecurities
7. Smoking & Vaping

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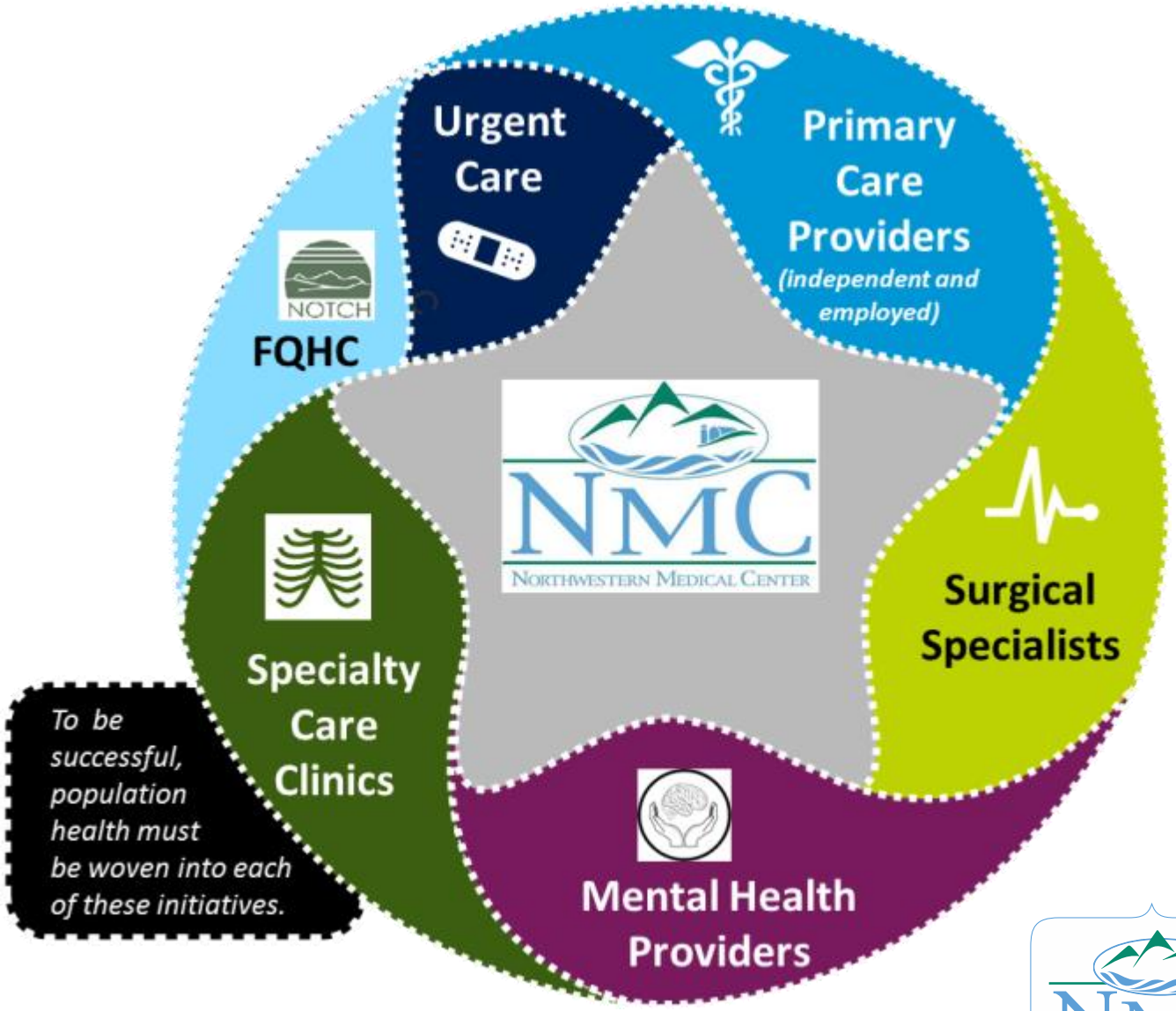
NMC's Strategic Plan for FY'17 - 19



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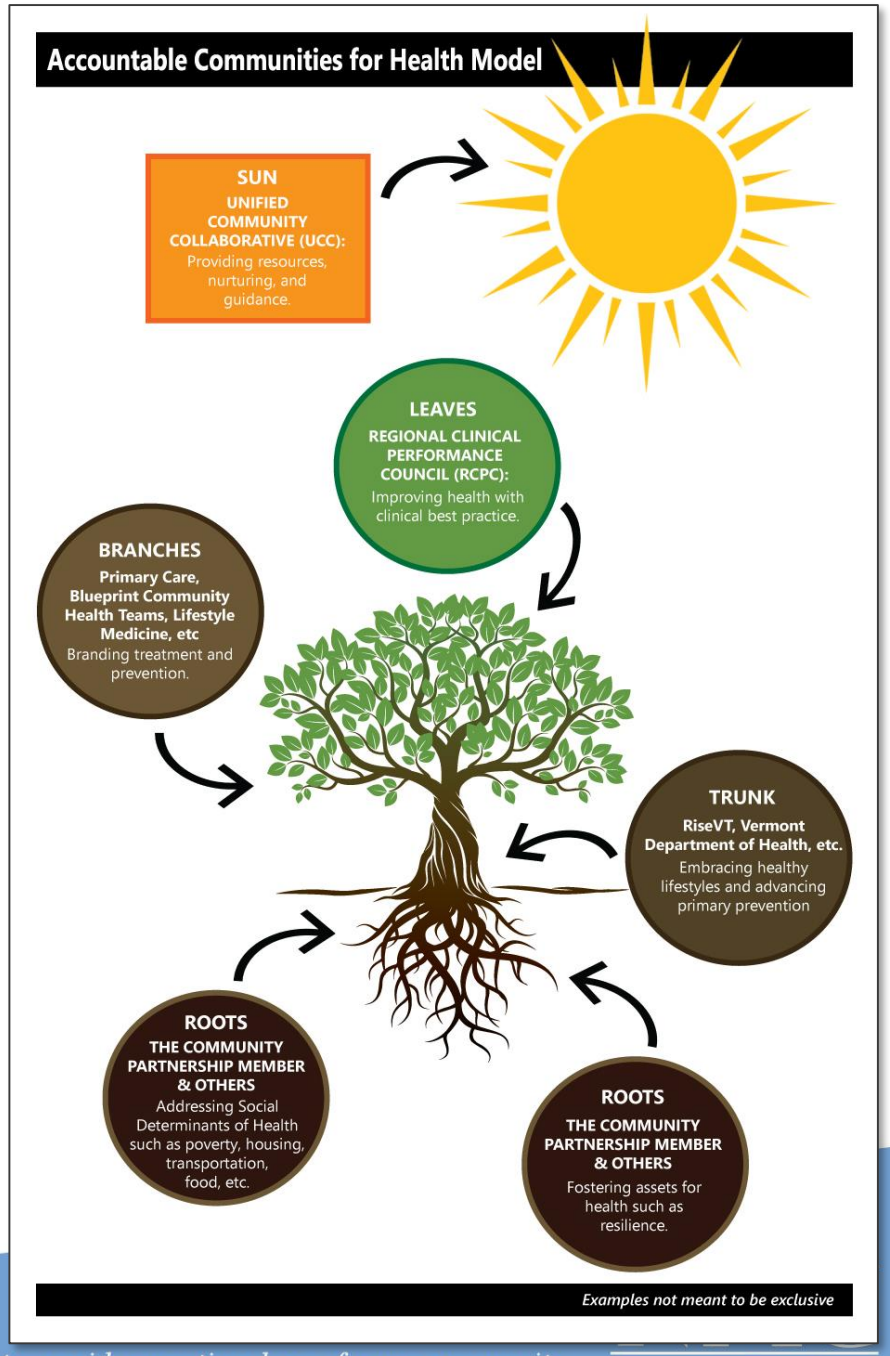
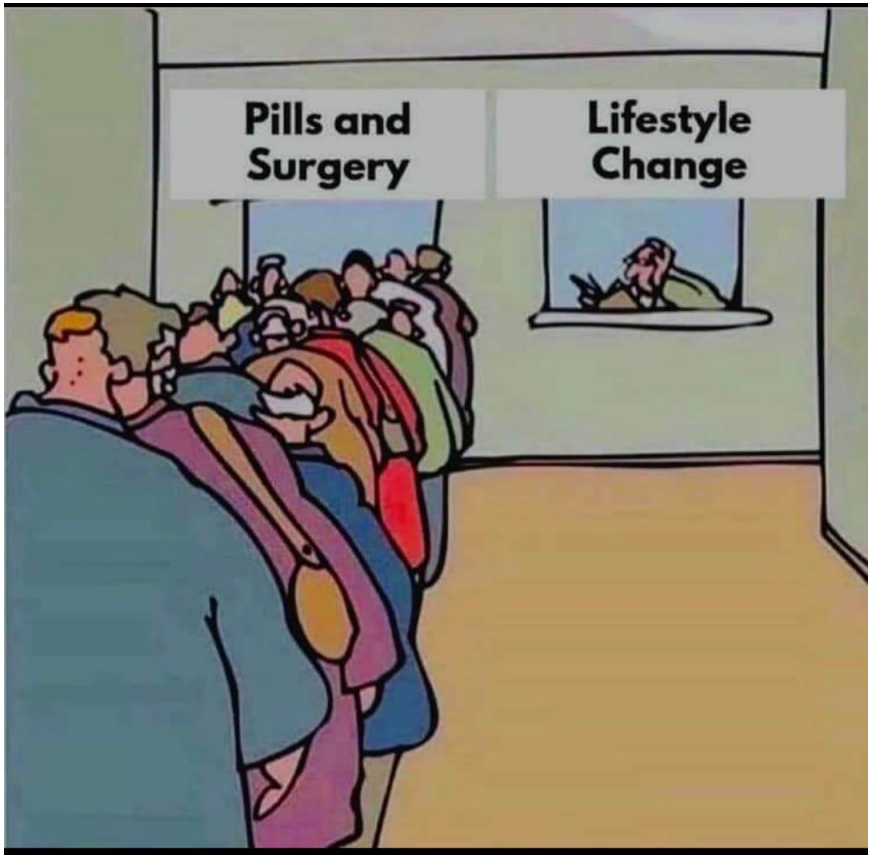
The Accountable Community for Health in Franklin & Grand Isle Counties

This image depicts the overall strategy of our Accountable Community for Health.

We partner to create a system that supports our community's health outcomes and is focused on patient-centered care.



Accountable Community for Health
NMC Service Line Strategic Overview



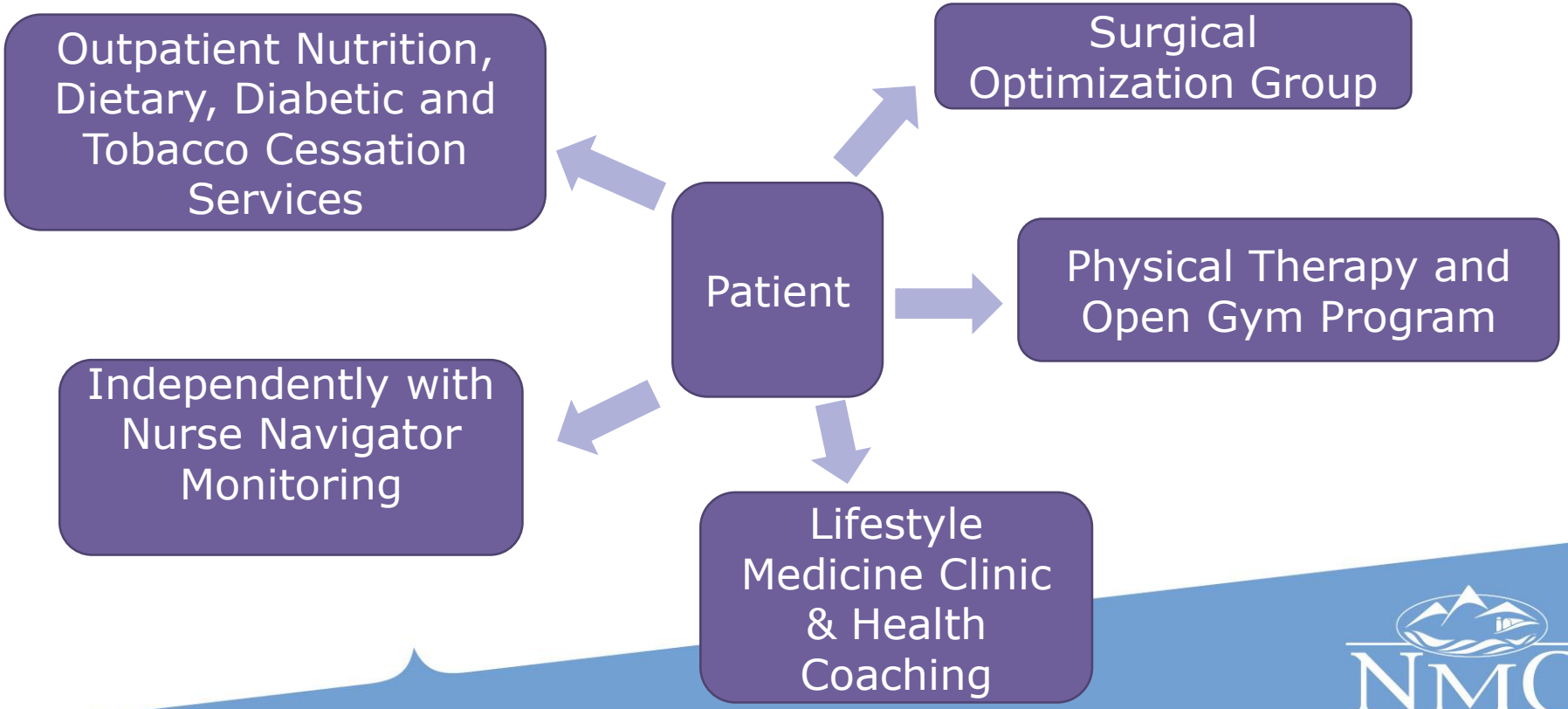
America's Cultural Transformation

Lifestyle Medicine and RiseVT are community collaboratives to embrace healthy lifestyles, improve the quality of life, and reduce healthcare costs long-term where we live, work, play, and learn. This integrated philosophy is based on prevention and wellbeing. We advance this philosophy to amplify local efforts to help make the healthy choice the easy choice, supporting all individuals in achieving their optimal health.

Accountable Community for Health
NMC Service Line Overview

Surgical Optimization

Multiple pathways to improve the person's pre-operative status to increase positive outcomes during and after surgery



Accountable Community for Health
Service Line Overview

Surgical Optimization Results

- 88 patients had total joint surgery 01/01/2019 – 08/30/2019
- Better than average weight loss- 7%* goal 5%
- Improvement in lab value (hemaglobin A1c) for patients with Diabetes- 18%*
- Functional outcomes scores improved- 29 points* goal 18 points
- *1 patient had a 13% weight loss and decreased her HgA1c by 42% and cancelled surgery because she felt so good!*

* Preliminary results

Accountable Community for Health
Service Line Overview

Employee Group, Pre-Diabetes Identified

- 19% (117/614) participants found to have pre-diabetes
- 16% (19/117) agreed to see the Certified Diabetic Educator

If we can prevent these 19 participants from progressing to diabetes, we will realize $50,470* in annual savings.

Key HealthyU Pre-Diabetes Metric	Goal	Actual
Weight Loss	5%	8.8%
Exercise Goal Met	100%	88%
Additional Self-Management Goals	100%	74%

*Khan, T., Tsipas, S., & Wozniak, G. (2017).

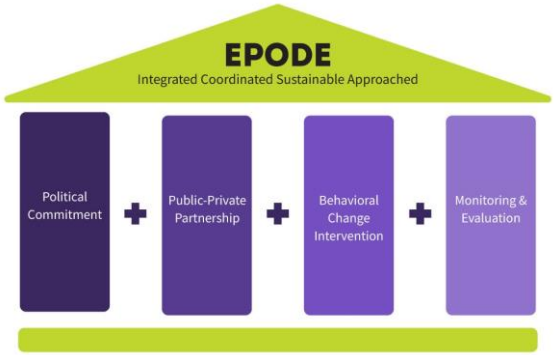
Accountable Community for Health
NMC Service Line Overview

Health Coaching in Primary Care

Wellness Coaches complement the providers, staff and other embedded resources by facilitating mindset and behavior change that generates sustainable healthy lifestyles.

Quadrant 1 The Healthy	Quadrant 2 Progressing New or Stable Illness	Quadrant 3 Dealing with Illness	Quadrant 4 Medically/Socially Complex
Health Coaching		Care Management/Social Services	

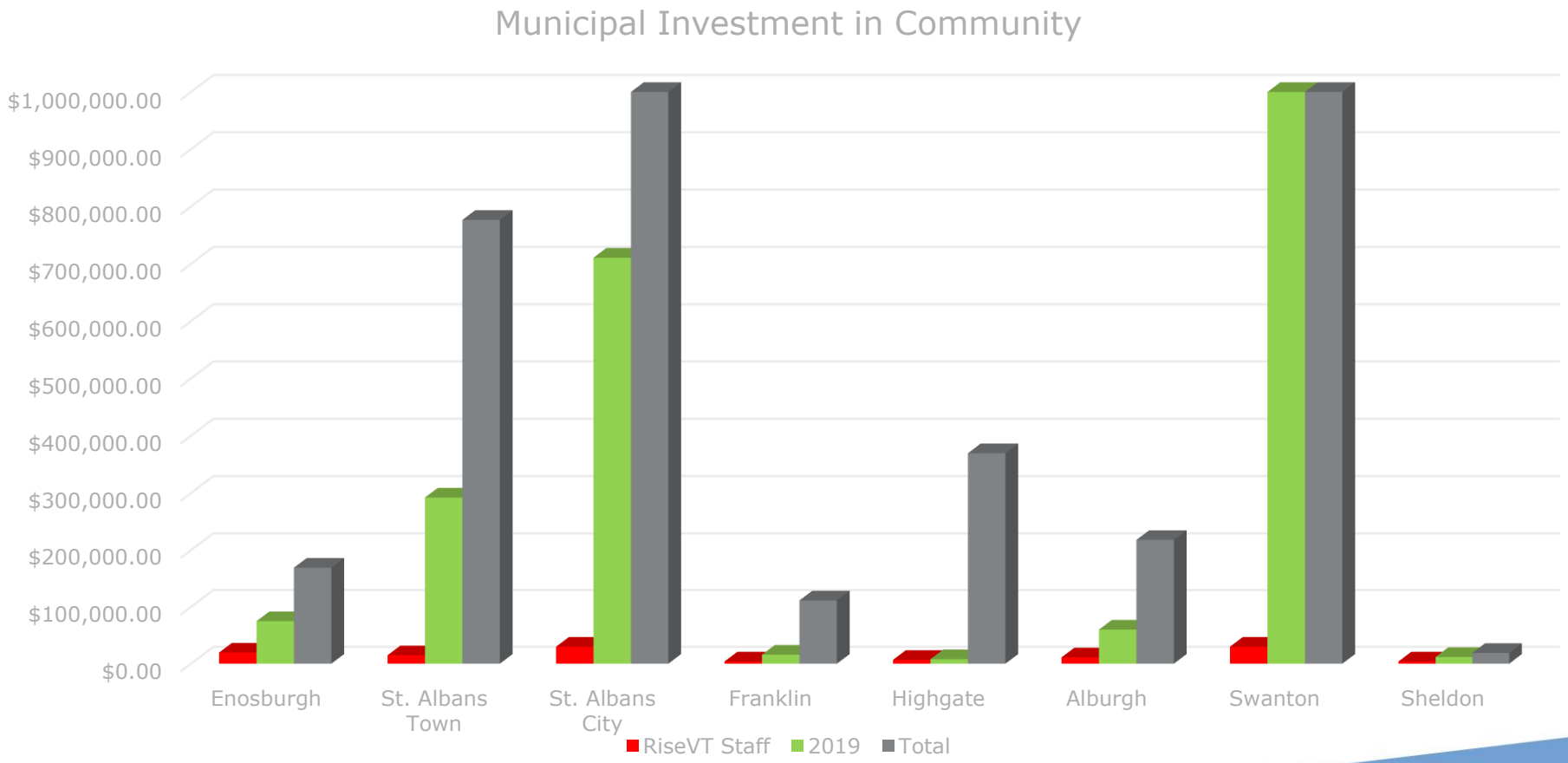
RiseVT's wellness and prevention strategy is rooted in public health models that support the conditions to create community-wide behavior change.



Highlights of 2019 RiseVT Results

- ✓ **SCHOOLS**
  - ✓ Worked with 100 classrooms and over 1600 children - **76 classrooms reached GOLD**
  - ✓ Increased Wellsat score in Maple Run Unified School District wellness policy from 33% to 100% in comprehension and 82% in strength – **impacts 3 pre-k to 8th grade schools and 1 High School and over 2000 students.**
  - ✓ **6 NEW GOLD SCHOOLS – Fairfield, Georgia, Fletcher, Bakersfield, SOAR Learning Center, St. Albans Town School.**
- ✓ **WORKSITES**
  - ✓ Worksite Wellness Community Coalition has grown to 42 active employers who are improving policies and engaging employees in healthier habits.
- ✓ **MUNICIPALITIES**
  - ✓ 20 municipal healthy infrastructure/policy projects advance in 2019 including:
    - ✓ St. Albans Town is paying for their FIRST ever sidewalk in the Town Industrial Park.
    - ✓ Enosburg has a Community Center.
    - ✓ Village Core Project in Highgate moving forward.
    - ✓ Marble Mill Park Visioning/Revitalization in Swanton.

RiseVT is the 'Fire starter' to create political will to increase municipal investment.



RiseVT's 1st Campaign in Franklin/Grand Isle Focused on Increasing Leisure Time Physical Activity

Move one of our short-term indicators.

Decrease the % of adults with no leisure-time aerobic, physical activity.

Our target audiences

Campaign focused on children and families, community wide in Franklin and Grand Isle Counties.

Behavioral Change Theory

Transtheoretical or stages of change model states that there are five stages towards behavior change.

2015 – 2016

The Vermont Behaviorial Risk Factor Surveillance Survey (BRFSS) data shows that 27% of adults in Franklin and 20% of adults in Grand Isle report no leisure-time physical activity.

RiseVT Active Play Campaign Results

PRE-SURVEY (JAN. 2018)		POST-SURVEY (JAN. 2019)
54%	How important do you think it is for you to participate in physical activity (PA) for enjoyment or recreation?	64%
32%	Would you say you are physically more active, less active, or about as active as other people your age? (more active)	40%
11%	Do you have enough leisure time to participate in PA for enjoyment or recreation?	18%
20%	In an average week How often do you participate in PA for enjoyment or recreation? (4 to 6 days/week)	28%

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RiseVT 2020 Focus to Nurture an Accountable Community for Health

1. School Wellness Policies
2. Safe Routes to Schools
3. Grants to Amplify Local Projects
4. Measurement Study in 100% of Schools
5. Advancing Active Transportation
6. Community-Wide Challenges
7. ‘Sweet Enough’ Campaign
8. Regional Recreation Collaboration
9. Evaluation & Dose Calculation

Barriers to Progress – Opportunities for Improvement

Opportunities

- Our focus is shifting to prevention and wellbeing, as we continue the development of community-based interventions (RiseVT) and integrated resources within the medical community (health coaches, surgical optimization, care coordination). These efforts move us away from siloed health care to building healthier communities and team-based approaches to care.

Threats

- Society's culture shift from managing disease to prevention & wellness is slow.
- RiseVT is an evidence-based approach for a 10- to 20-year population health improvement but is held accountable within 1-year budget cycles.
- There is still insufficient reimbursement of prevention and wellbeing services that have traditionally not been considered 'health care' including health coaching and even nutritional counseling.

All Payer Model Collaboration and Investment

- Blueprint + OneCare VT ACO = Investment in care coordination and management → To impact the Triple Aim
  - 2019 Blueprint Community Health Team Funding - **$690,513**
  - 2018 OneCare VT Care Coordination Model – **$537,155**
    - PC - $232,060; AAA – $53,895; DA - $129,255; HH – $96,945
  - Other Funding – BP & ACO capacity PMPMs, provider investments, grants

	Blueprint FTEs	OneCare VT FTEs	Other FTEs	Total FTEs
PCMH	14.39	2.32	13.49	30.20
Specialty Care	5.72		1.78	7.50
Emergency Department	1.00		3.00	4.00
Total	**21.11**	**2.32**	**18.27**	**41.70**

- "Care Coordinated" - **15%** High and Very High-Risk ACO Members (Care Navigator, Oct/19)
- "Care Team Created" - **963** Attributed ACO members – all risk levels
- Key Opportunity: Non-ACO Care Coordinators can join Care Teams in Care Navigator (AHS, non-ACO providers, social determinants supports, etc.)

Care Coordination Impact on 2018 ACO Metrics

Care Coordination Activities	Impacted Performance Measures	% OCV Population (Benchmark)	% Medicare Population (N)	% Medicaid Population (N)	% Commercial Population (N)
Screening, Brief Intervention & Navigate to Services (SBINS)	Screening for Clinical Depression & Follow-up Plan	**57.6%**	**83.3% (12)**	**89.5% (19)**	**77.8% (9)**
Transitions of Care	Medication Reconciliation Post-Discharge	**94.5%**	**95.0% (40)**	**N/A**	**N/A**
Chronic Disease Care Management	Diabetes Mellitus: HbA1c Poor Control (>9%) - *Lower is better*	**33.3%**	**N/A**	**26.2% (42)**	**26.3% (19)**
Medicare Annual Health Risk Assessment	Body Mass Index (BMI) Screening and Follow Up	**65.6%**	**76.5% (17)**	**N/A**	**N/A**

- Key Opportunities:
  - Blueprint/St. Albans Care Coordination Model provides supports to whole population → expand quality and utilization data reporting to include whole population and social determinants data
  - Performance assessed on sampled data → Develop real-time data applications in WorkBench One (payer data) for providers to assess whole population performance

These Strategies Are Crucial to Capitation

Within capitation there is a critical importance of systematically valuing prevention and wellbeing just as we have valued medicine and disease in a fee for service system. True transformation of payment and reimbursement needs to be designed parallel with the transformation of clinical and community systems. This is foundational to achieving different health outcomes for a population.

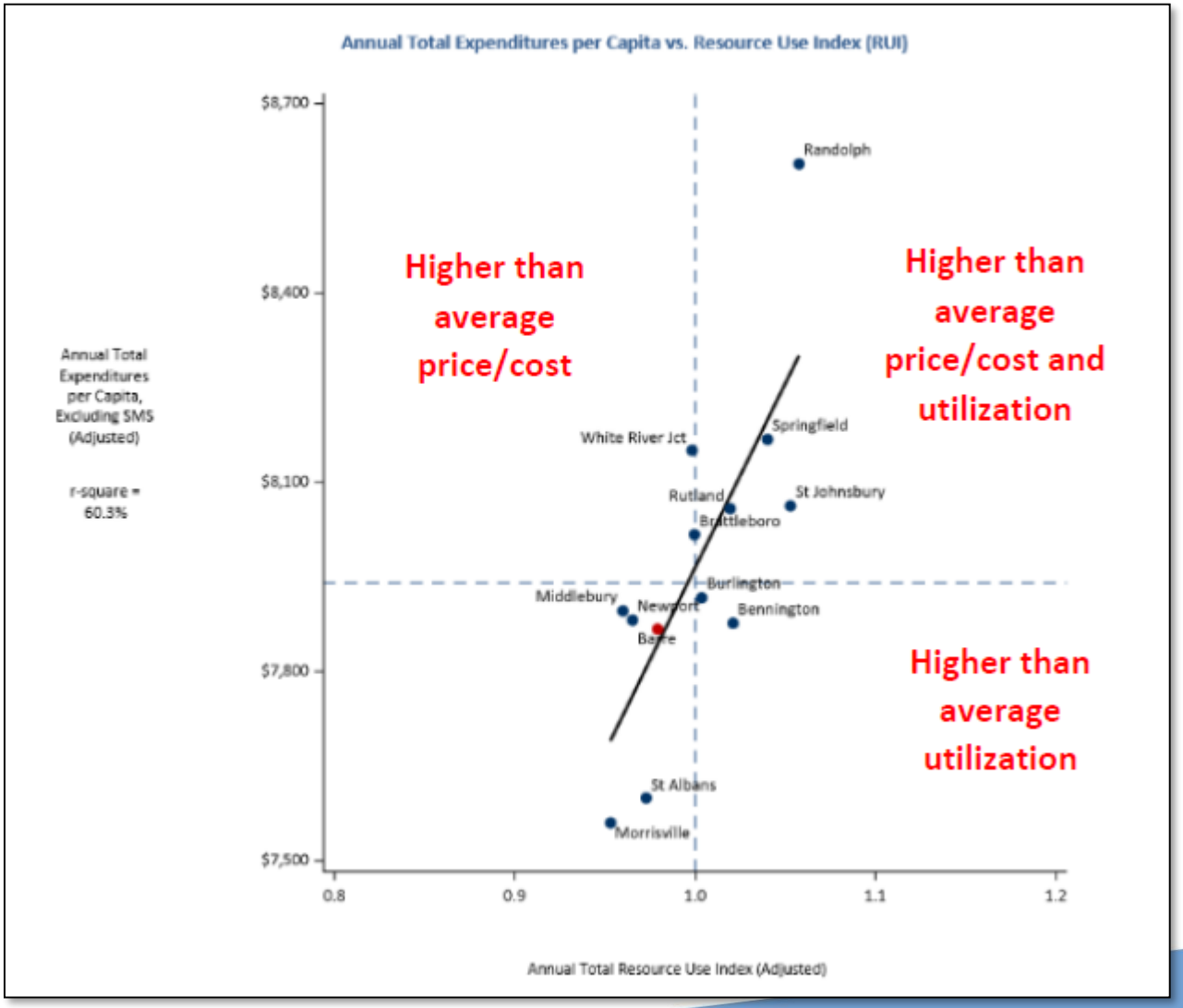
- Healthy Infrastructure
- Healthy Worksites, Schools, & Municipalities
- Health Coaching
- Individual Engagement in Personal Wellbeing
- Wellness Embedded in Policy
- Nutritional Counseling
- Transforming Primary Care
- Prescribing Exercise

Vermont All Payer Model
Impact of Early Adoption

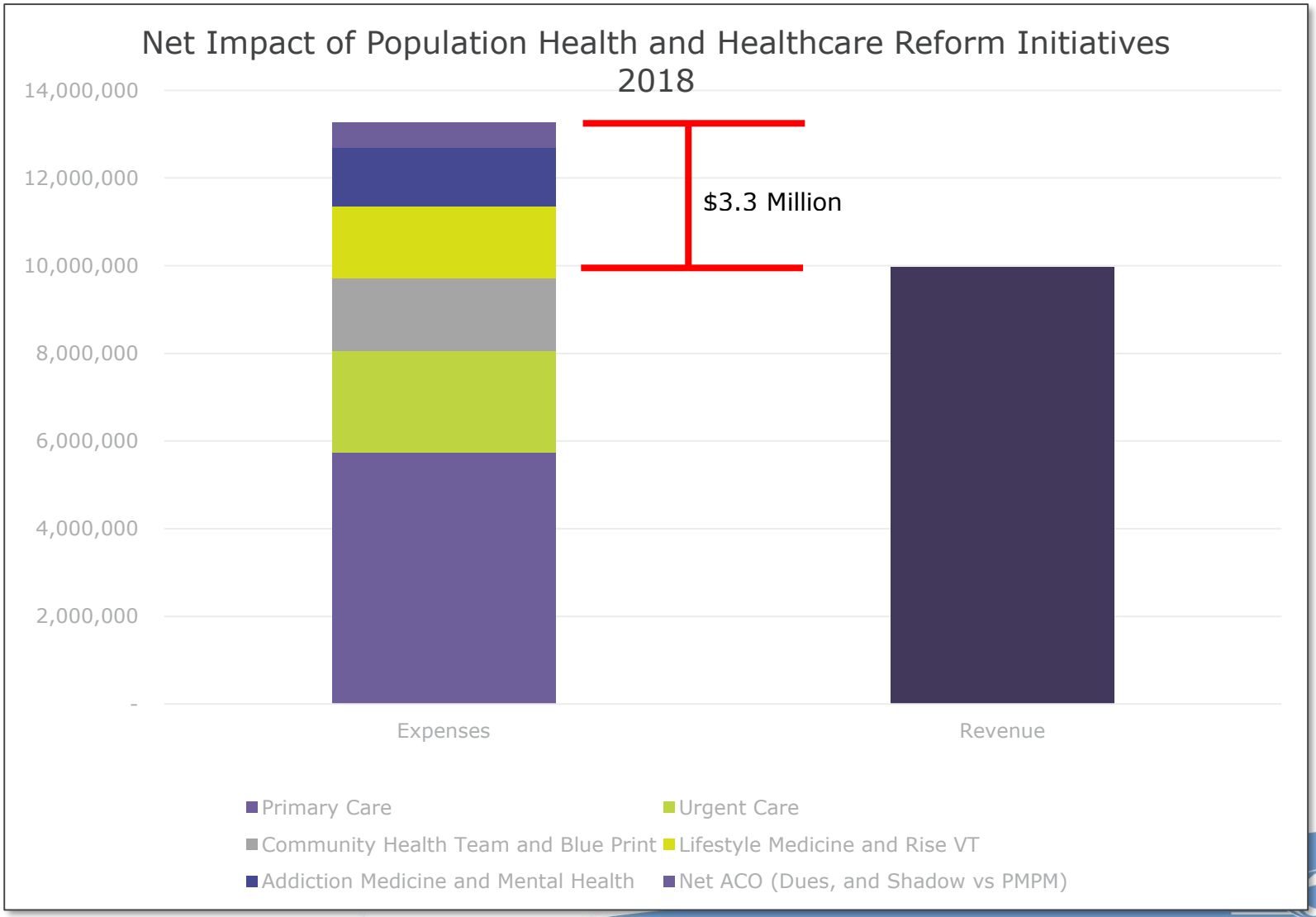
NMC was an early adopter and champion of the vision

- Aligned itself with goals of Green Mountain Care Board Regulations
- Partnered from Day One with OneCare Vermont
- Developed business plan around Population Health Goals
- Embraced risk of necessary investments in Primary Care/Lifestyle Medicine during time of rate corrections, revenue and expense caps
- Consistently complied with Budget Orders
- Aggressively pursued efficiency and cost containment initiatives
- Expanded community access to Primary Care as costs of employment of providers continued to outpace growth allowed under the revenue cap
- And by incurring the risks, the results to the system were positive …

Early Adoption Strategies
Yield Desired Utilization/Cost Results



Early Adoption Strategies also Created Significant Shortfalls in Correlated Reimbursements

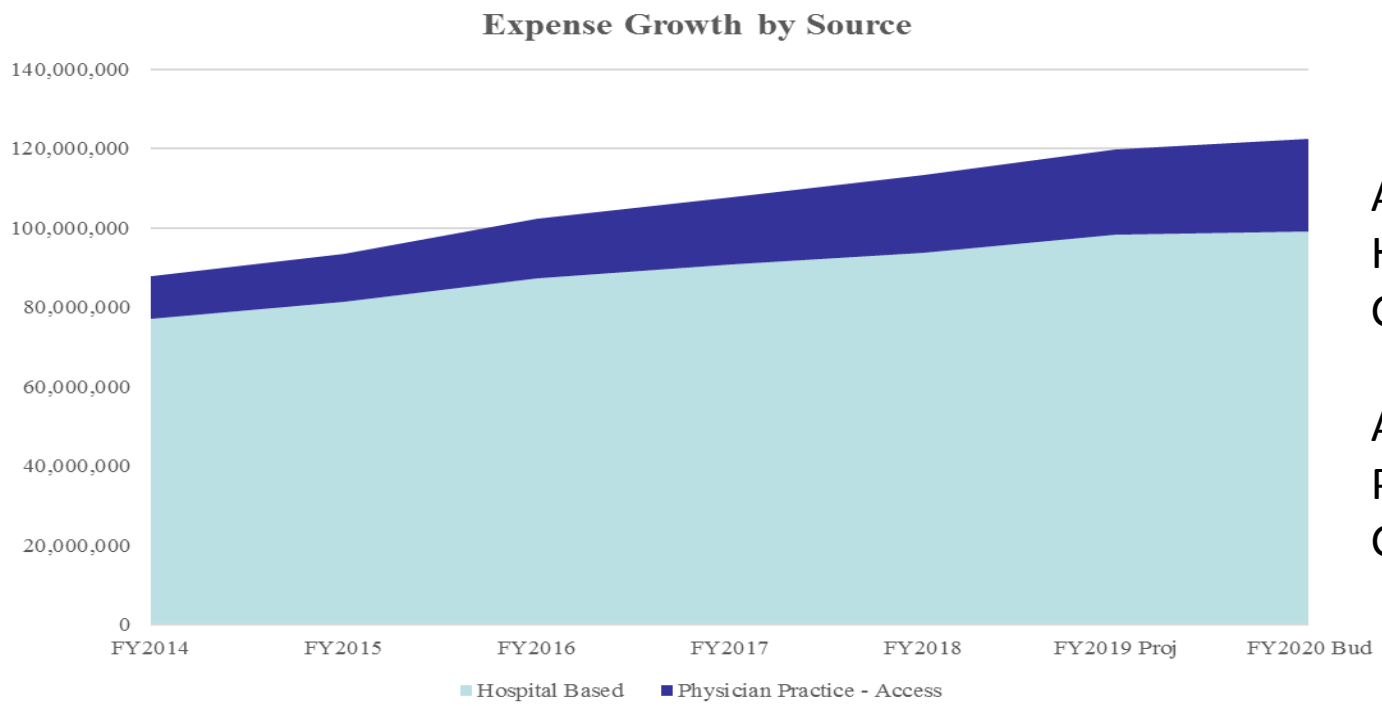


NMC's Operational Improvement Plan Impact

$6M In Sustainable Cost Reductions in FY'19 included in FY'20 budget:

Staffing - Non-management	$	1,306,919
Staffing - Management		529,529
340b Program		500,000
Unidentified		500,000
Staffing - Providers		497,900
Overtime Reduction		473,405
All Other		444,086
Implant Contract Renegotiation		350,000
Lab Reference Testing Vendor Change		274,000
Staffing - Progressive Care Unit		262,800
Voluntary Exit Program		251,022
Lifestyle Medicine/RiseVT		250,000
Staffing - Capitalize Project Management		103,750
Sitter Program		92,938
Shift Incentive Reduction		75,754
OR Call Pay Reduction		43,000

Investments in Access Should Be Carved Out



Average Annual Hospital Based Growth Rate – 4.3%

Average Annual Physician Practice Growth Rate – 13.8%

- Organizations achieving cost/utilization goals should have different levers;
- One Size No Longer Fits All
- Greater Alignment between Hospitals, GMCB, and Legislature

Vermont All Payer Model
Time To Course Correct Strategy

Factors are emerging that require careful consideration of changes in GMCB strategy at mid point of APM Waiver

- Growth in capitated lives has not met pace of investments in Primary Care Access, Wellness, Lifestyle Medicine, and Population Health goals
- Wage pressures and medical inflation costs continue to outpace forced revenue cap
- Early adoption strategies have successfully reduced utilization and costs to the system
- Recruitment and retention of top talent in times of shortage and uncertainty
- Aging facilities that need to be updated for quality, efficiency, safety, & privacy
- Aging population who still need chronic care, even with prevention focus
- Ensuring access to care through employment of physicians creates the illusion that hospital costs are rising

Opportunities for Increased Alignment

- Medicaid Expansion Strategy
- Increasing Capitated Lives
- Reduction of pharmaceutical and equipment costs
- Reduced reporting and administrative burdens
  - NMC estimates .5 FTE of Finance Professional Required for:
    - Annual budget and monthly reporting
    - Ad hoc requests for information on short timelines and in specific formats
  - Loss of productivity due to travel time to meetings; is Live Stream possible?
- Sustainability Planning and Reporting
  - May require investments above recent budget order levels
  - Different plans for hospital/ancillary vs ambulatory
- Facilitation of Partnerships

Reality Check on Our Journey
To an Accountable Community of Health

The Challenges are Real, and Include:

- Care of the complicated patient
- Workforce recruitment & retention – and burnout
- The conversion to an integrated health record
- Integration takes time
- NMC's financial sustainability
- Addressing social determinants
- Changing the culture to a focus on health and wellbeing in the face of national marketing efforts to the contrary

Vermont's Path Forward
To Accountable Communities for Health

For True Transformation:

- Vermont must come together and align priorities and incentives across the state for all stakeholders to evolve to the All Payer Model
- We must re-define roles and responsibilities
- This transformation takes trust, partnership, and time