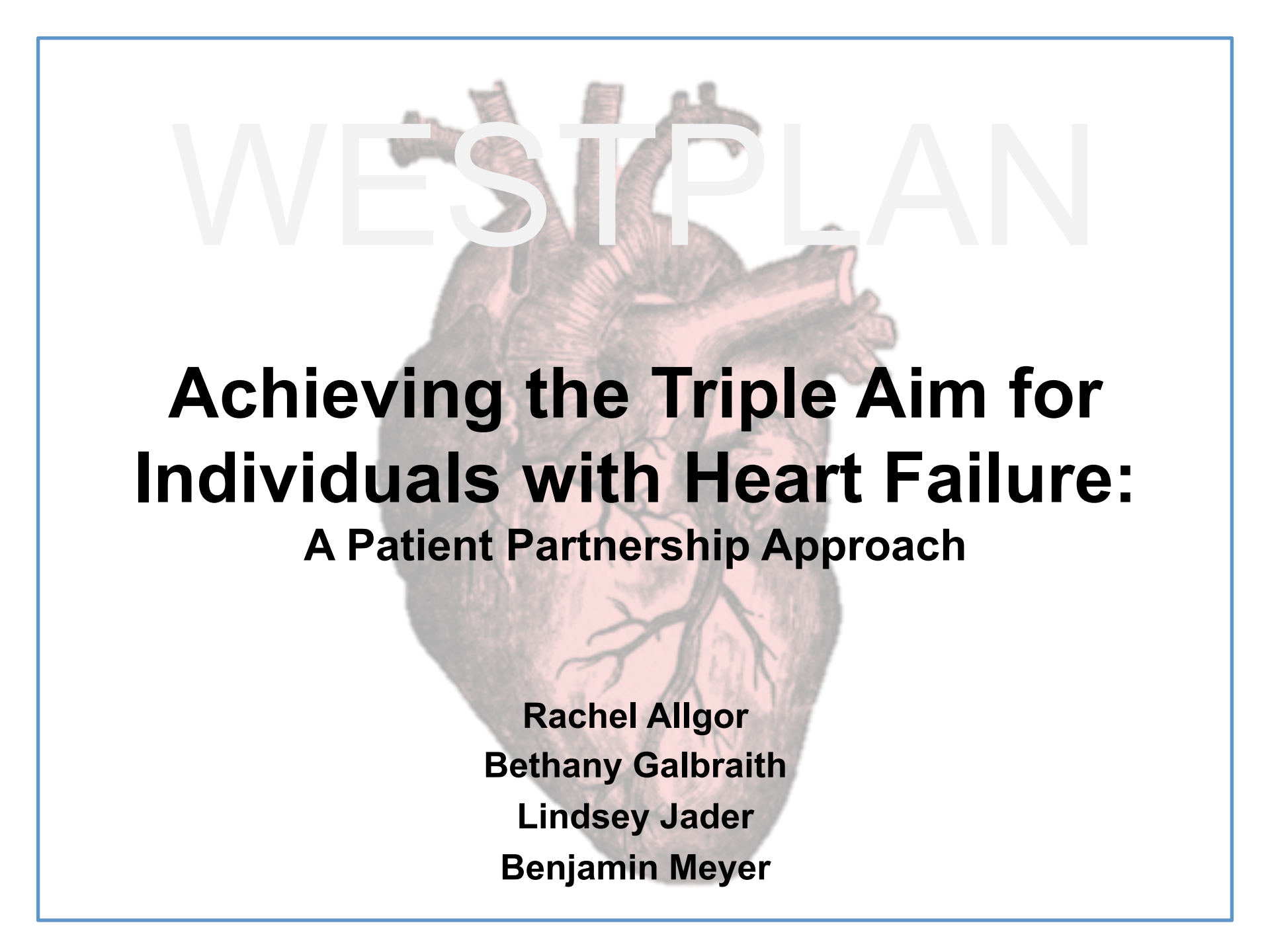


Achieving the Triple Aim for Individuals with Heart Failure:

A Patient Partnership Approach

Rachel Allgor

Bethany Galbraith

Lindsey Jader

Benjamin Meyer

Objectives

Root Cause Analysi

Optimal Care

Implementation

Financial Considerations

Palliative Care Example

Triple Aim

Improving Care

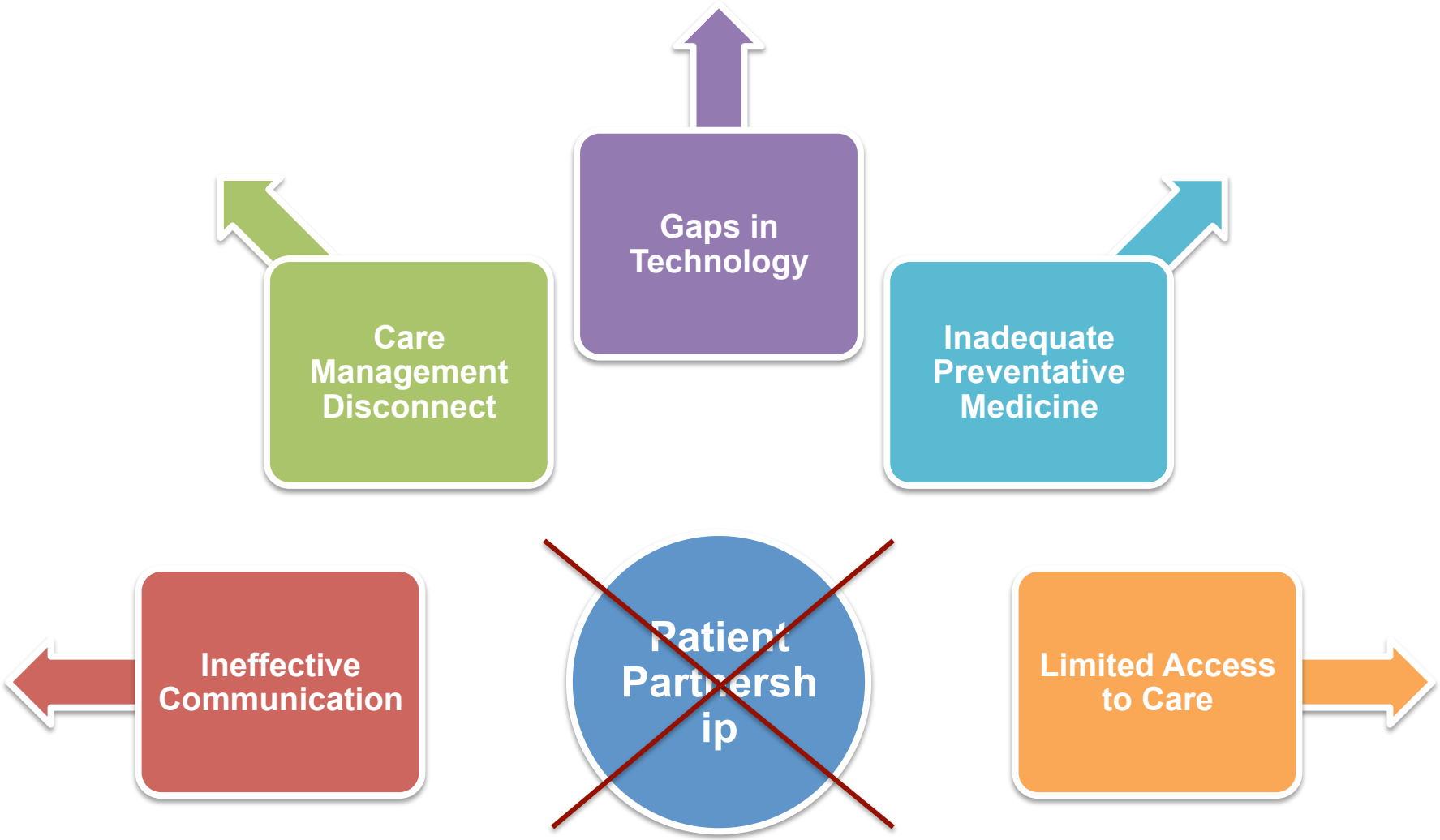
Improving Health

Reducing Cost

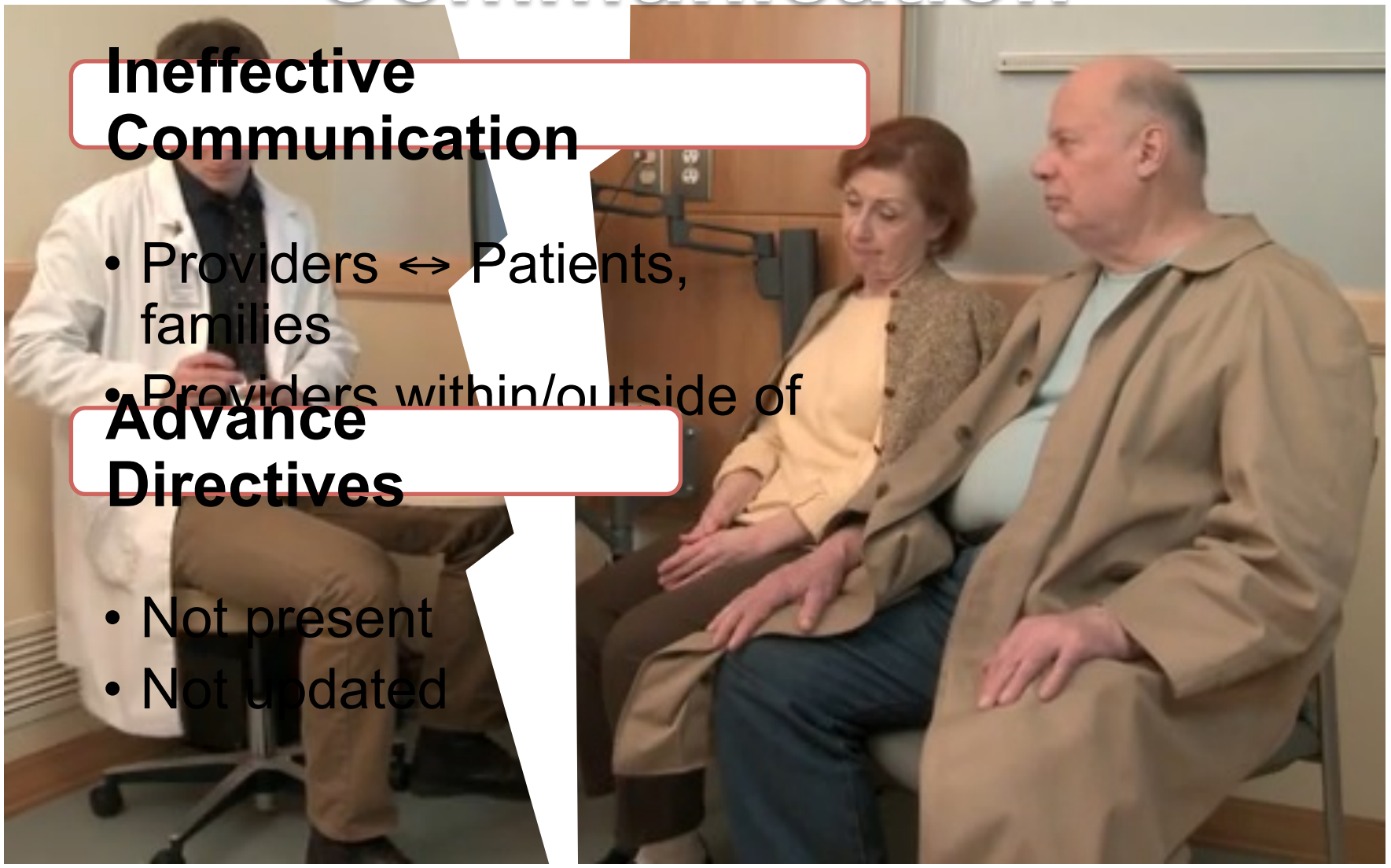
Meet Harlan…

- Family Involvement and Decision Making
- Universal Access to Medical Records
- Chronic Disease Prevention
- Patient Education
- Palliative Care
- Care Coordination

Root Cause Analysis



Challenge: Communication



Ineffective Communication

- Providers ↔ Patients, families
- Providers within/outside of

Advance Directives

- Not present
- Not updated

Challenge: Care Management

Ineffective Care Coordination

- Central Hospital Heart Failure Clinic assumes role of Primary Care Physician (PCP)
- Medication mismanagement

Challenge: Technology

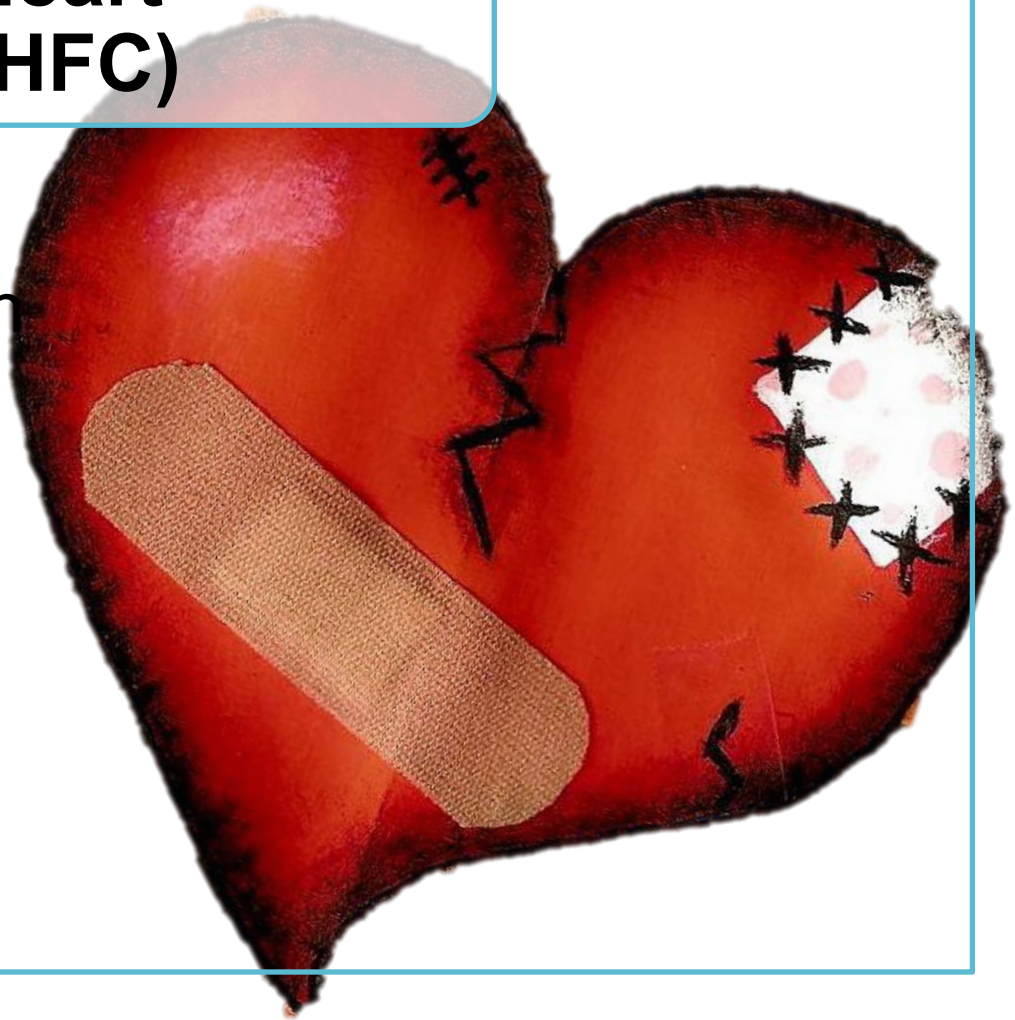
Electronic Medical Records (EMR)

- Too complicated
- Misguided data collection
- Lack of connectivity

Challenge: Preventative Medicine

Central Hospital Heart Failure Clinic (CHHFC)

- Referral timing
- Lack of participation

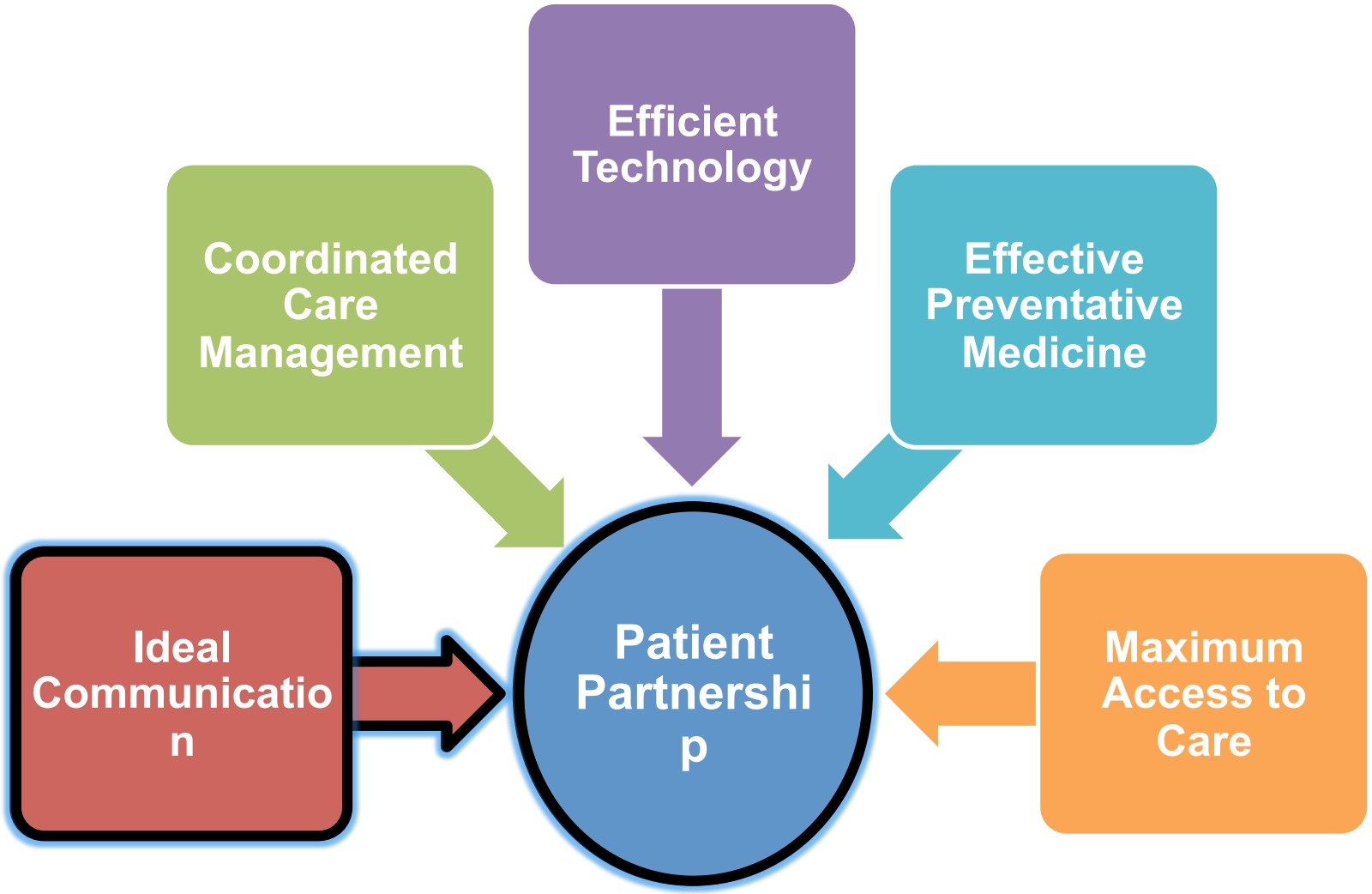


Challenge: Access to Care

- **WestPlan services less accessible to “part-time” patients**
- **Medicaid patients left behind**

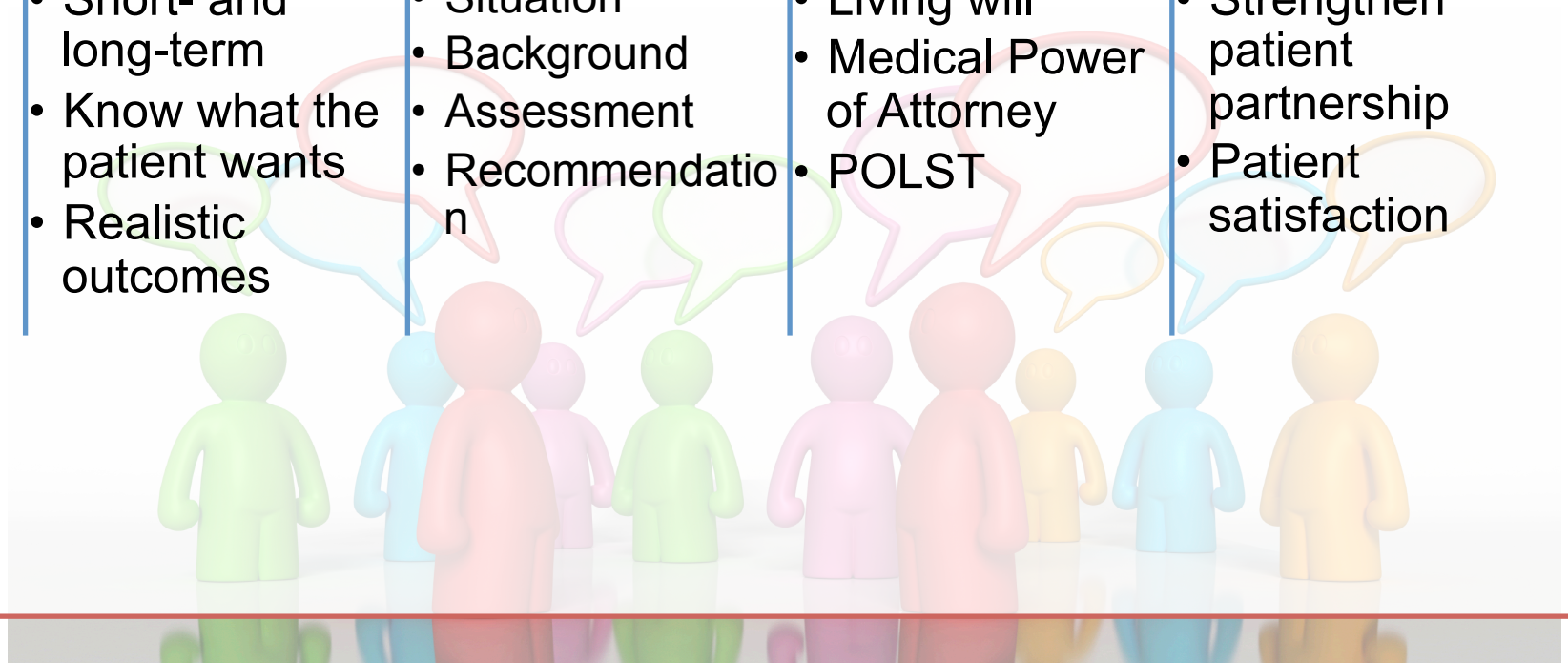

CHANGES
AHEAD

Optimal Care



Communication: Solution

Goal Sheets	SBAR	Advance Directives	Patient Access to EMR
• Short- and long-term • Know what the patient wants • Realistic outcomes	• Situation • Background • Assessment • Recommendation	• Living will • Medical Power of Attorney • POLST	• Strengthen patient partnership • Patient satisfaction



Communication: Solution

Family Disputes

- Palliative care team to help resolve disagreements using trained counselors

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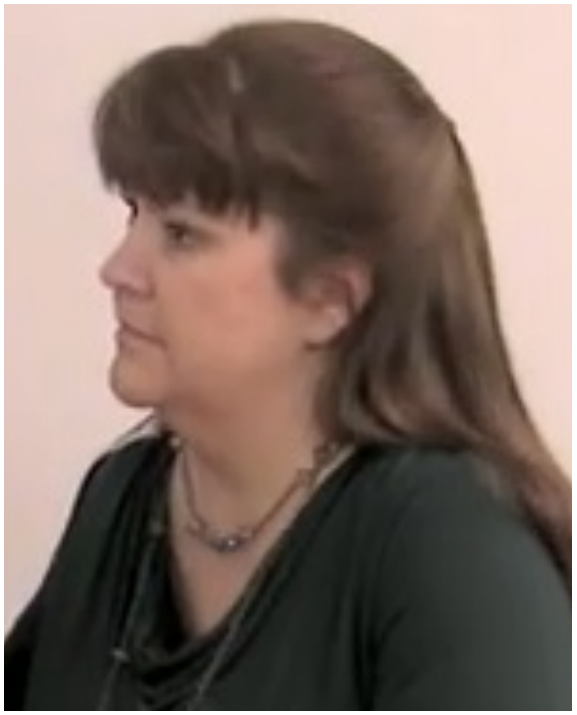
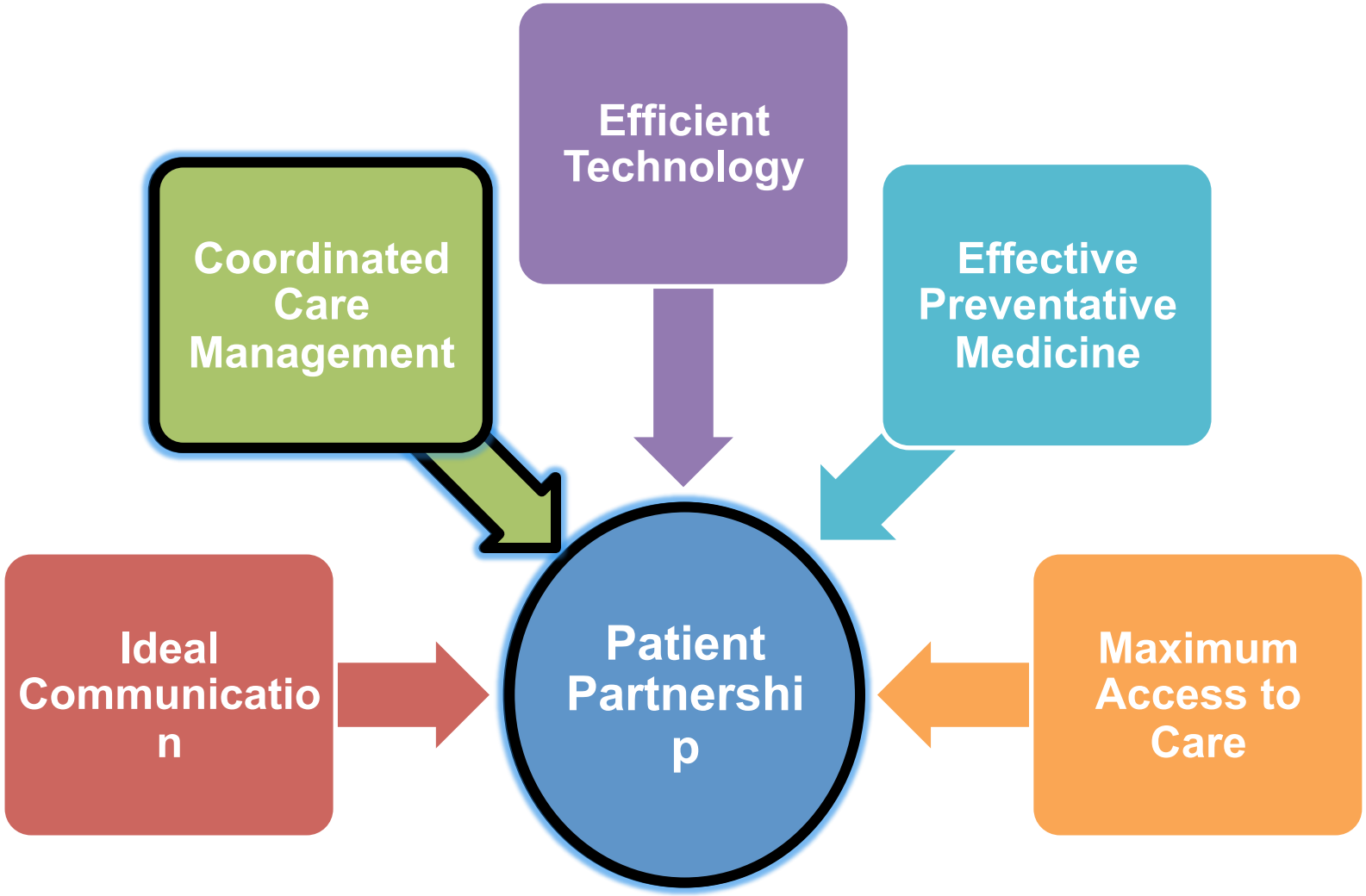


Optimal Care



Care Management: Solution

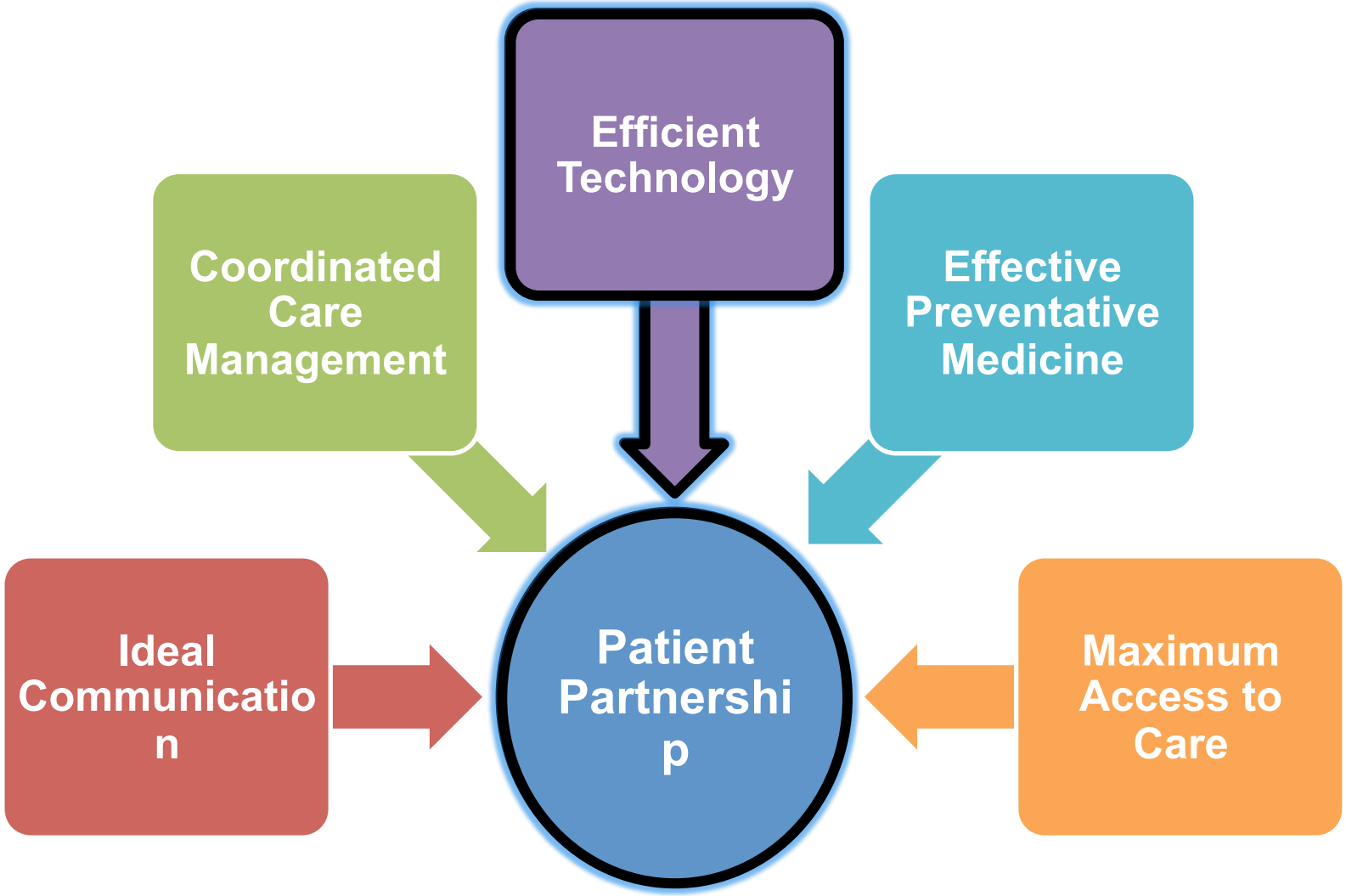
PCP Remains Primary Manager of Care

- Heart Failure Clinic partners with patient and PCP

Medication Reconciliation

- Comprehensive medication management
- Improved safety
- Improved outcomes

Optimal Care

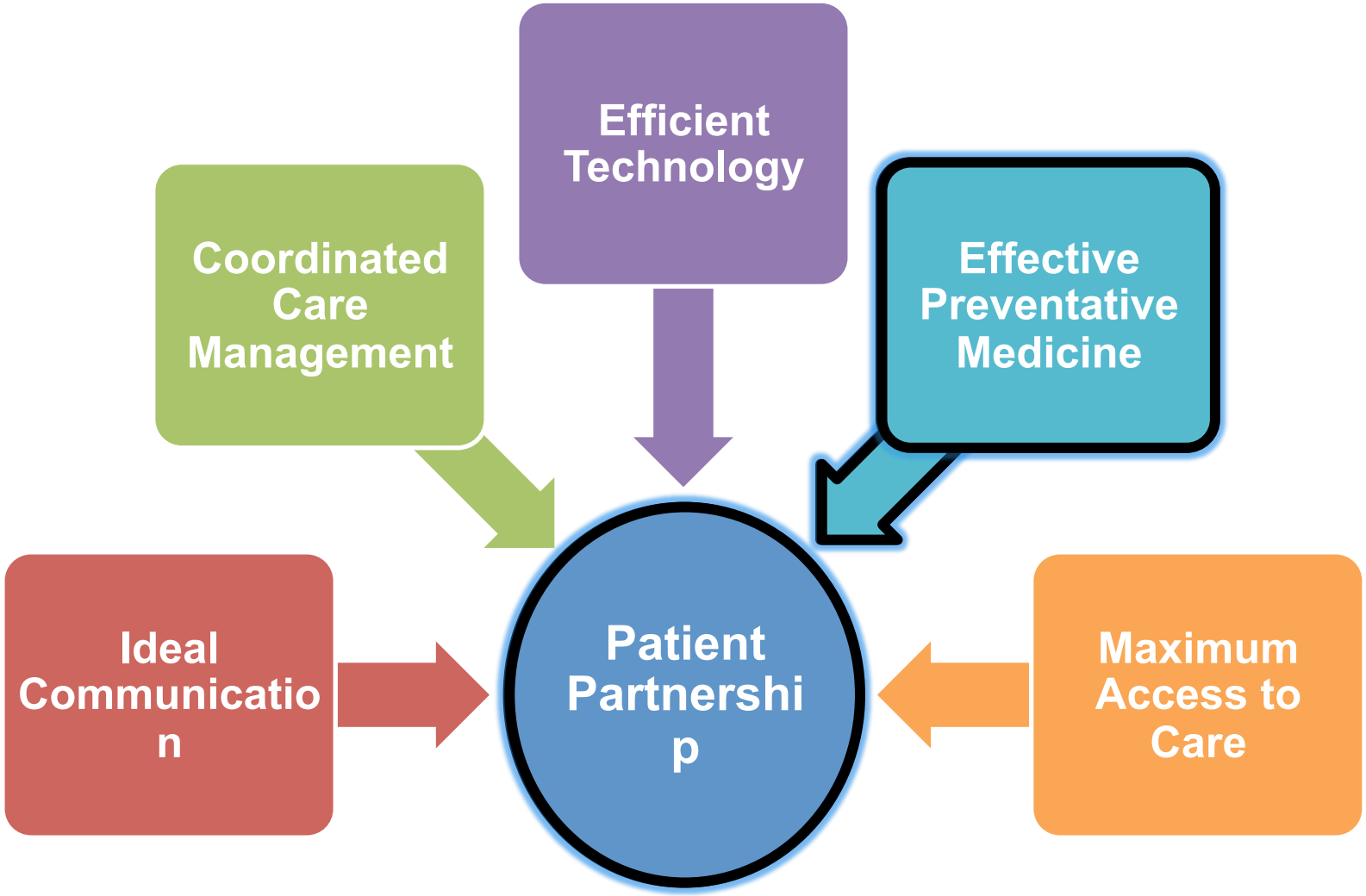


Technology: Solution

Electronic Medical Record

- Build meaningful databases
- Encourage “handshaking”
- Lead by example

Optimal Care



Preventative Medicine: Solution

CHHFC Referral after Diagnosis

- Not only after hospitalization

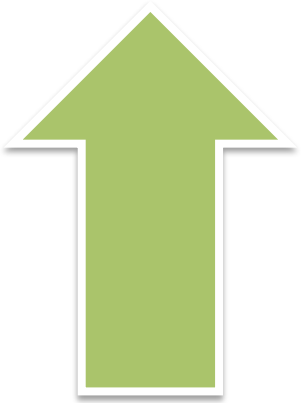
Expand CHHFC

- More physicians, nurses, health educators, social workers, nutritionists

Improve Diabetes Care

- Increase participation in disease and case management program

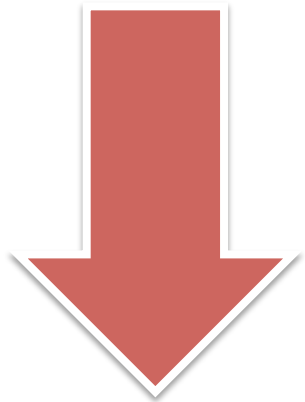
Preventative Medicine: Solution



Diabetes care

Automatic enrollment

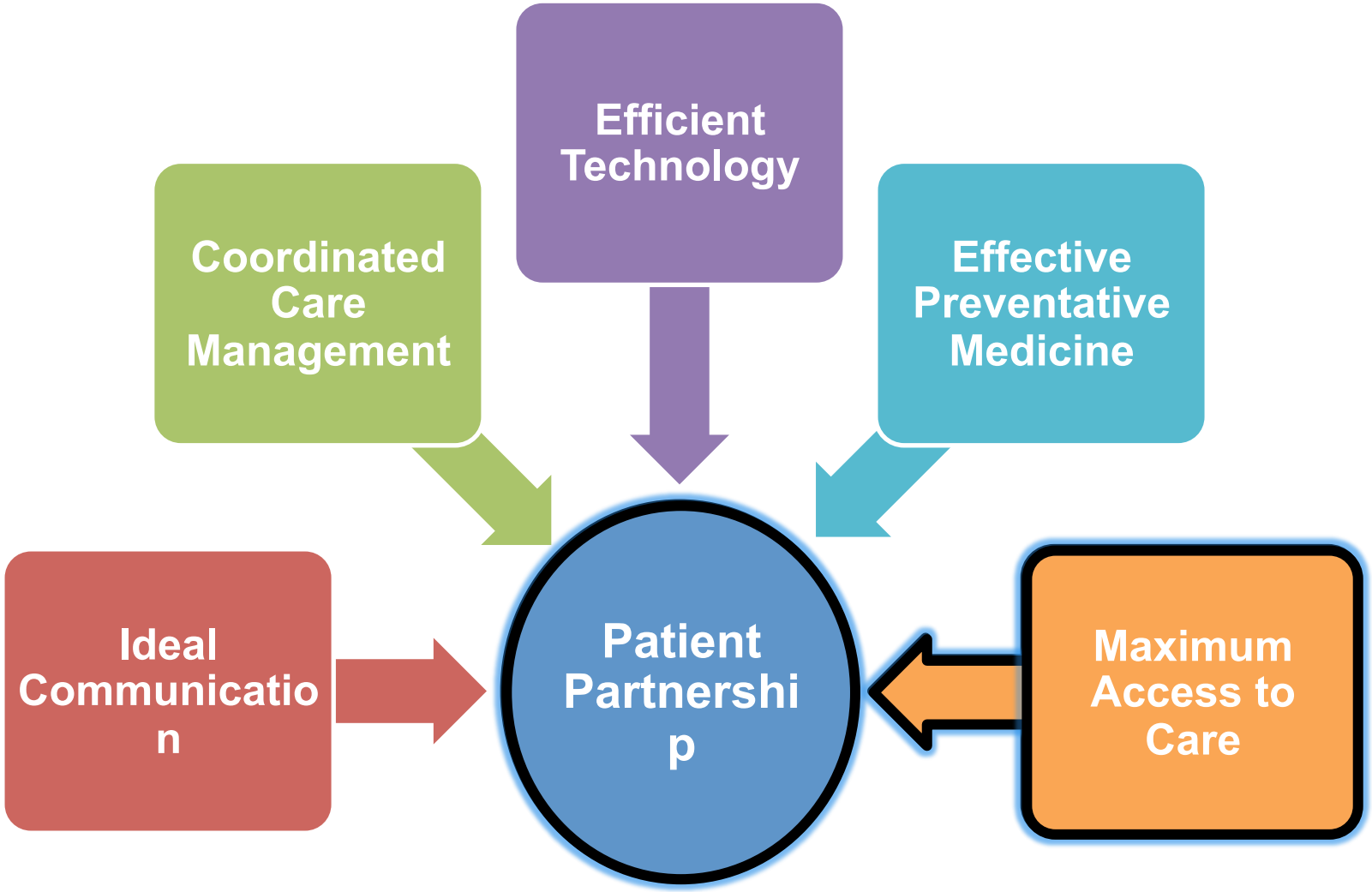
Standard of treatment



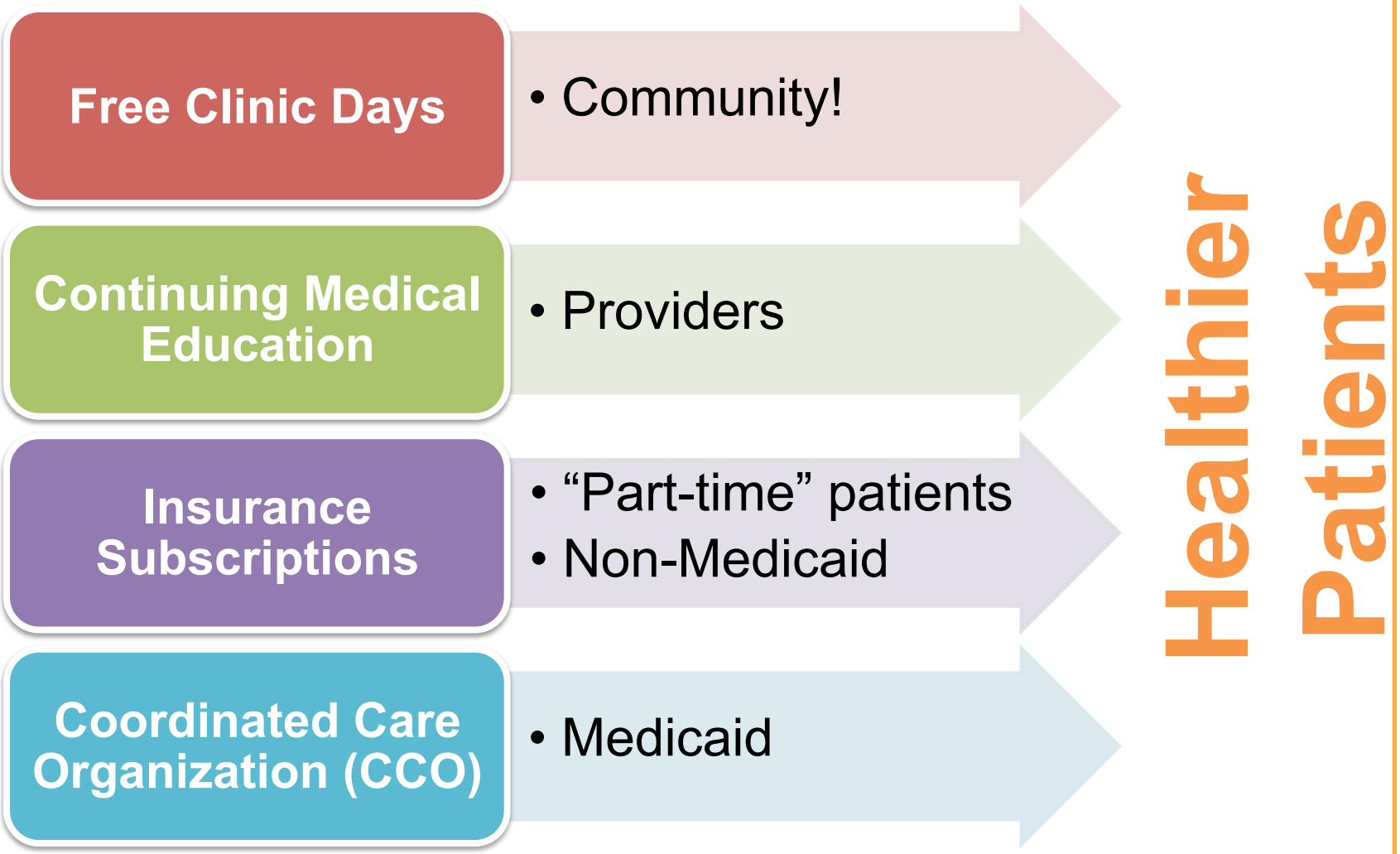
Risk of heart disease

Education

Optimal Care



Access to Care: Solution



Implementation

YOU ARE HERE

Identify Challenges → Propose Solutions → Implement Change

- **Interprofessional task forces**
  - Implement recommendations
  - Hire appropriate personnel
  - Monitor progress
  - Reassess and adjust

Financial Considerations

Savings

- Decrease readmissions
- Preventative medicine

Investment
$132,800/mo

Savings
$881,000/mo

Additional Revenue

- "Subscriptions" for other insurers

Becoming a CCO

- WestPlan shares in the savings

Putting it All Together:
Palliative Care as an Example

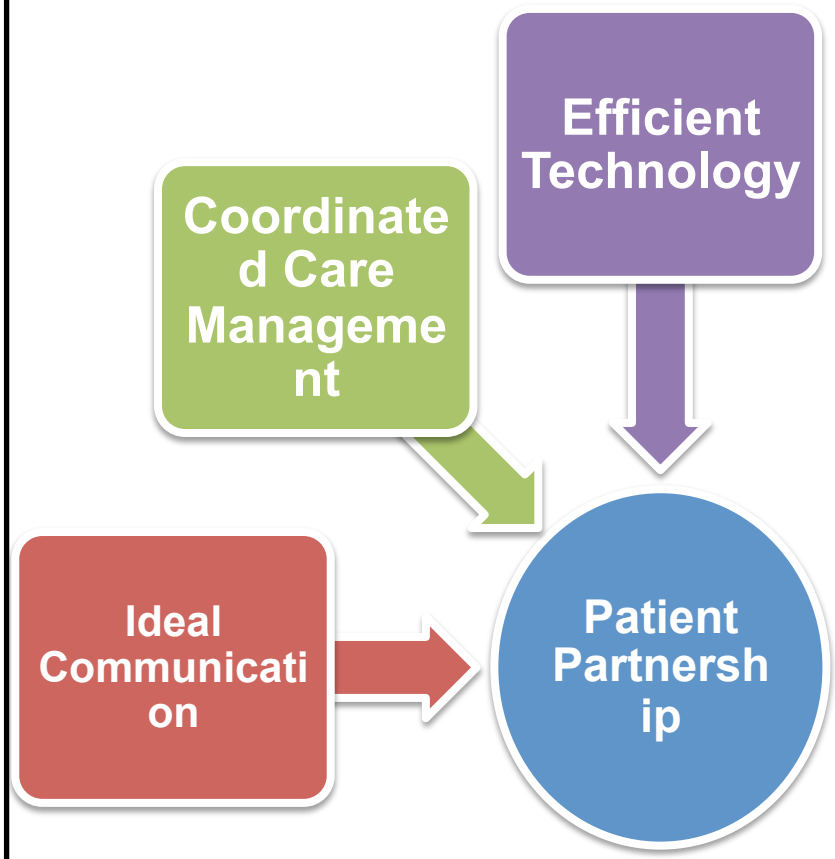
Palliative Care:
Educating Patients the WestPlan Way

WestPlan offers palliative care support, yet clients do not fully comprehend what that entails

Our proposal provides clients with what palliative care means to WestPlan and what it means for them

Palliative Care:

Communication, Care Management, Technology



Goal Sheets and Advance Directives

Medication Reconciliation

- Help Harlan with self-management so he can take his prescriptions safely and effectively

Electronic Medical Records

- Communication between providers will be enhanced and optimized
- Harlan has access to his own records

Palliative Care:
Preventative Medicine and Access to Care

Diabetic Educators
- Diet plans
- Blood sugar self-monitoring

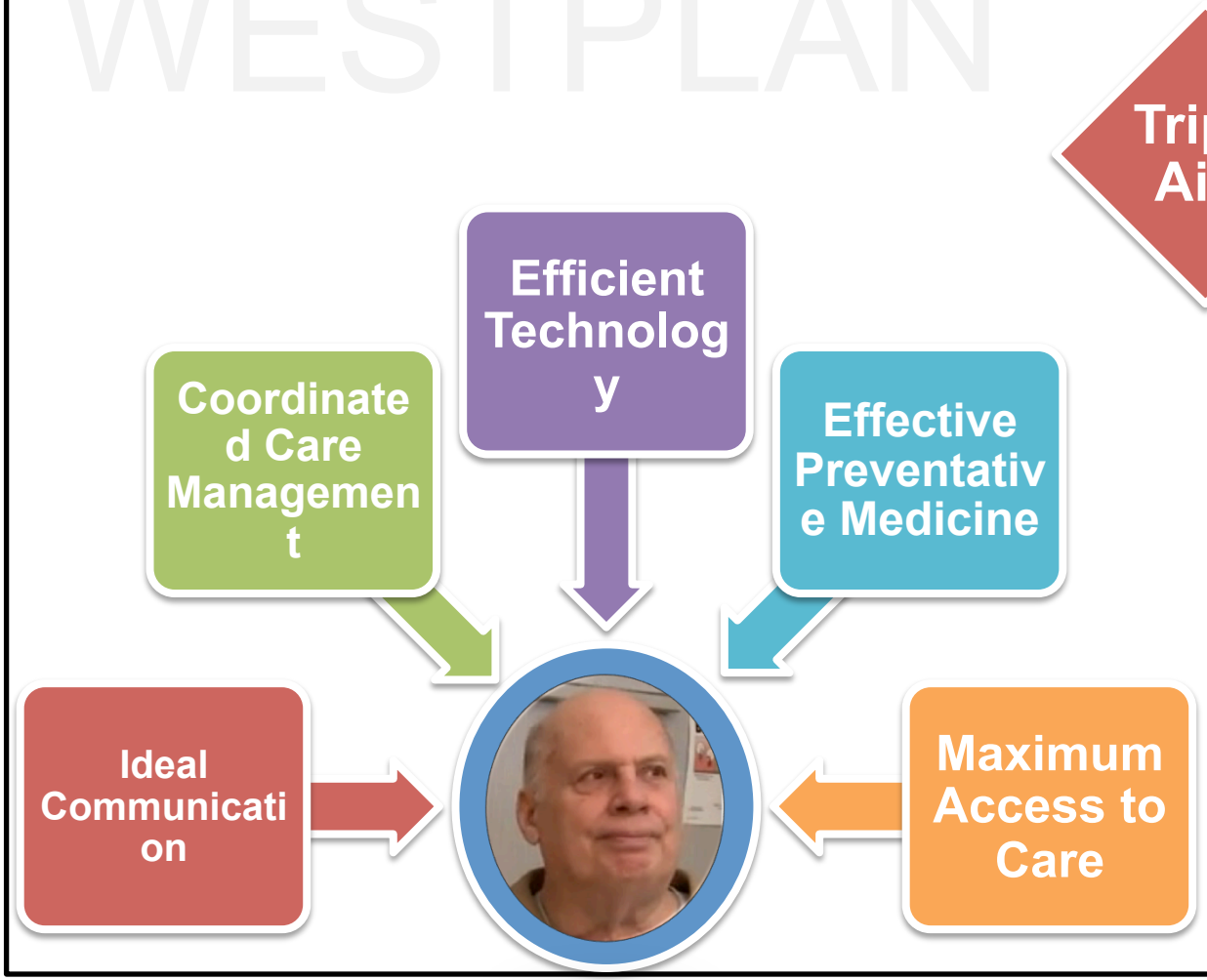
Insurers "Subscription"
- WestPlan services now available to Harlan and Margie

Effective Preventative Medicine

Patient Partnership

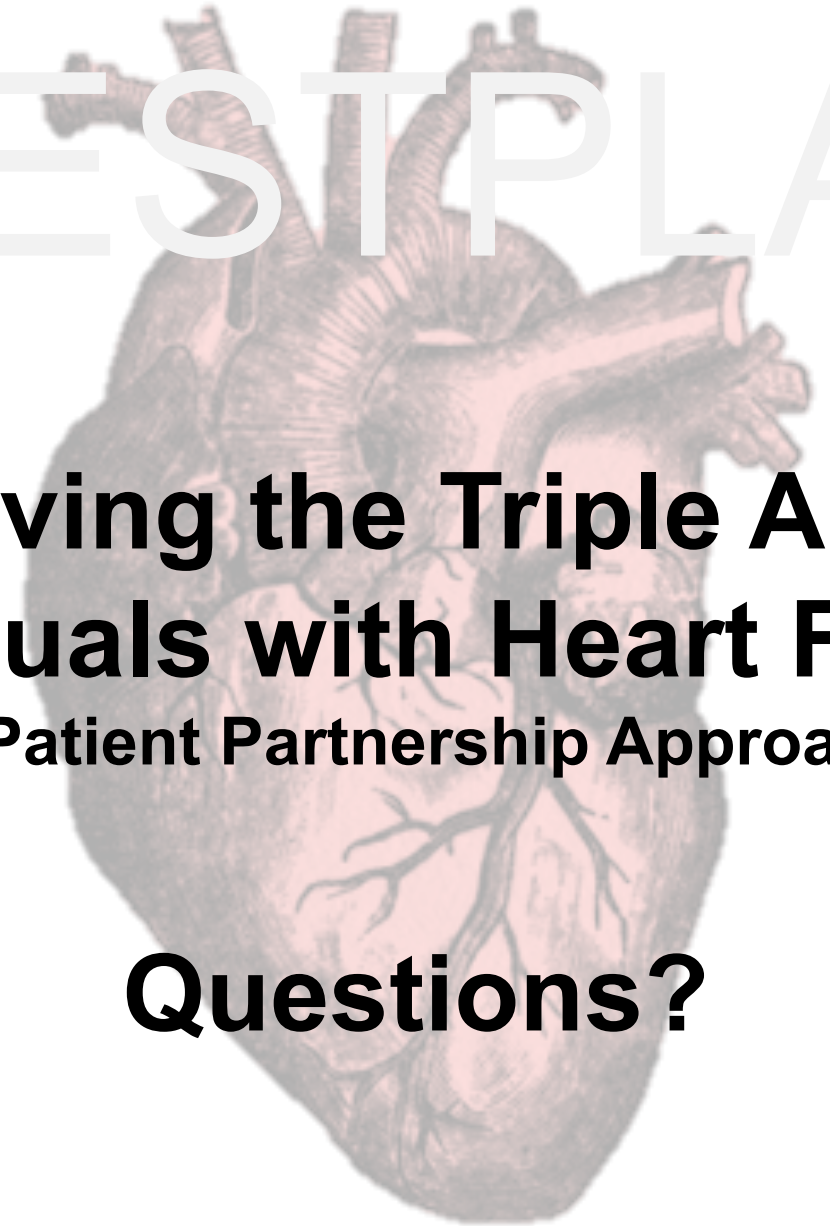
Maximum Access to Care

Conclusion



Triple Aim

- **Improving Care**
- **Improving Health**
- **Reducing Cost**



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Questions?

References

- A complete list of references can be found in Appendix B