

# THE Value Initiative

## Members in Action: Managing Risk & New Payment Models

### Clinch Valley Medical Center – Richlands, VA

*The Bridge Program meets patients' needs in the comfort of their homes.*

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

#### Overview

**In an effort to better transition patients from hospital to home to renewed health, Clinch Valley Medical Center (CVMC) developed the Bridge Program in partnership with a local not-for-profit.**

CVMC is a 175-bed hospital in southwestern Virginia owned by LifePoint Health, catering to the health needs of the Richlands community and surrounding rural area. CVMC partners with the Appalachia Agency for Senior Citizens (AASC) and makes home visits to recently discharged patients to address upstream health issues and social determinants of health that may hinder patients' recovery and well-being. A major focus is reducing avoidable readmissions and emergency department (ED) visits.

A core team of 10 staff from CVMC and AASC includes case workers, pharmacists, respiratory therapists and representatives from administration and a primary care clinic. At any time, the team tracks the needs of approximately 15 to 22 patients with co-morbidities and complex health issues, texting each other to provide services when concerns arise.

Patients are identified as potential Bridge Program clients through data collected by CVMC and the Virginia Hospital and Healthcare Association. The home assessments uncover issues such as an inability to afford prescriptions, no heat in the home, lack of food, a gap in understanding

#### Impact

**Since the Bridge Program began in 2012, approximately 165 patients have been served.**

The program benefits patients and the hospital:

- Avoidable readmissions decreased from 11.8% to 7.8%, slightly higher than the target goal of 6.9%.
- One patient's monthly cost for prescription drugs decreased from \$1,700 to \$200.
- Before participating in the Bridge Program, one 64-year-old woman with co-morbidities was admitted to the hospital 11 times in the last six months of 2016. After receiving Bridge services, she had zero admissions in 2017 and reduced her medication usage by 50%. Team members taught her how to put on an airway pressure machine she resisted wearing – mounting a mirror to her bed facing down so she could place the mask on and remove it safely. In addition, nutritional counseling and a home exercise program developed by a physical therapist helped the client lose 70 pounds.

"Most people want to be at home rather than in the hospital if they have the resources to be healthy," said Peter Mulkey, chief executive officer of CVMC. "The Bridge Program helps keep people in the environment they want to be in."

discharge instructions, and other social or environmental barriers.

When appropriate, hospital pharmacists make home visits and facilitate phone calls among community pharmacists and primary care physicians to explore the viability of lower cost generic prescriptions or enrollment in pharmaceutical manufacturers' drug discount programs.

In other instances, a respiratory therapist may gather the patient and his or her family around the kitchen table and give instructions on how the patient should use a nebulizer to treat respiratory conditions. The team may also connect a patient suffering from chronic obstructive pulmonary disease with a fuel financial assistance program if the home is being heated with kerosene because the family cannot afford to pay the electricity bill.



***Clinch Valley Medical Center's Bridge Program team helps patients regain health in the comfort of their homes.***

## ***Lessons Learned***

**The biggest lesson the core team learned was to design services for middle-aged uninsured patients with the highest readmission rates and ED visits, regardless of their disease state.** The initial AASC federal funding was too restrictive, targeting Medicare patients with specific chronic conditions.



***Clinch Valley Medical Center is a 175-bed hospital in southwestern Virginia serving the Richlands community.***

"We had to ask ourselves, 'Who is consistently coming through the door?'" said Mulkey. "We also had to think outside the four walls of the hospital," he said, acknowledging that the controlled environment of a hospital with food, heat and appropriate medications may not exist when the patient returns home.

## ***Future Goals***

**CVMC is using its experience conducting home visits as a model for a new congestive heart failure clinic.** The hospital also hopes to develop a partnership with a local pharmacy school to engage students in educating patients and conducting home visits.

**Contact:** Peter Mulkey, Chief Executive Officer

**Telephone:** (276) 596-6001

**Email:** [Peter.Mulkey@lpnt.net](mailto:Peter.Mulkey@lpnt.net)