values

Members in Action: 2018 Summary

The AHA’s Members in Action series spotlights hospitals and health systems that 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. Below is a synopsis from 2018; read the full case studies at www.aha.org/value-initiative.

Redesigning the Delivery System

University of Mississippi Medical Center, Jackson, MS – Remote Patient Monitoring
University of Mississippi Medical Center initiated a Diabetes Telehealth Network pilot program to treat patients in the Mississippi Delta region, one of the most impoverished areas in the country.

Meadville Medical Center, Meadville, PA – Care Coordination for Adults and Children
Meadville Medical Center created the Community Care Network to engage patients and improve community well-being. This program uses an interdisciplinary team to improve care coordination for residents with chronic disease conditions such as hypertension, diabetes, hyperlipidemia and depression.

Illinois Rural Community Care Organization, Princeton, IL – Statewide Rural ACO
Illinois Rural Community Care Organization builds the structure necessary for rural providers to be successful Accountable Care Organizations. The organization has been able to decrease hospital readmission rates and increase visits to primary care offices for follow-up care and closer monitoring.

Allina Health, Minneapolis, MN – LifeCourse Program
The LifeCourse program helps patients and their families and friends navigate the complexities of serious illnesses, such as cancer, Parkinson’s disease and advanced heart failure. Allina patients report an improved quality of life, and the program offers proven savings.

Hartford HealthCare, Hartford, CT – Centralized Logistics Center
Hartford HealthCare instituted a centralized logistics center to maximize patient flow among its flagship academic medical center and five other hospitals. Since its launch, the center has decreased the time it takes to get patients to the next level of care and increased the number of patients staying within the HHC system.

Brigham and Women’s Hospital, Boston, MA – Home Hospital Program
Home hospital patients receive hospital-level care while in the comfort of their own homes. The program has helped to lower costs and readmissions. In addition, patients in the program experienced fewer clinical interventions, more physical activity and comparable patient satisfaction scores as those being cared for in the hospital.
Northern Maine Medical Center, Fort Kent, ME – Purchase of Retail Pharmacy
Northern Maine Medical Center purchased a local retail pharmacy in an effort to improve patient outcomes, support patients’ medication adherence, reduce avoidable readmissions, and provide prevention and wellness services in a trusted community setting.

Improve Quality and Outcomes

Parkland Health & Hospital System, Dallas, TX – Self-care IV Therapy Program
Parkland Health & Hospital System launched a program that allows certain patients, rather than medical professionals, to self-administer long-term antibiotics. This has allowed Parkland to maximize limited resources and eliminate inpatient stays for patients that could be treated at home.

Rush University Medical Center, Chicago, IL – App for Surgical Patients
Rush University Medical Center uses an app to support its enhanced recovery after surgery program, reduce hospitals stays, and help clinicians identify potential problems earlier. The ERAS program has helped decrease readmission rates from 17 percent to 9 percent, and surgical complications from 30 percent to 16 percent, representing a savings of $5,200 per patient.

Augusta Health, Fishersville, VA – Automated Sepsis Surveillance
Augusta Health dramatically improved patient outcomes and reduced readmissions with its own automated sepsis surveillance system. When a patient’s condition triggers an alert, a secure text is sent to the emergency department charge nurse for immediate assessment. The automated alert system helped Augusta Health’s sepsis mortality rate drop by 36 percent since its launch.

Ochsner Health System, Jefferson, LA – AI-powered, Early-warning System
Ochsner Health System is breaking new ground by implementing an early-warning system, aided by artificial intelligence, designed to proactively prompt clinicians to intervene in a patient’s care. In a 90-day pilot, the warning system helped reduce adverse events outside of the intensive care unit by 44 percent, a rate officials believe will increase over time.

Birmingham VA Medical Center, Birmingham, AL – Shared Medical Appointments for Opioid Use
Birmingham VA Medical Center’s “Whole Health Approach to Opioid Safety,” revolves around weekly, 90-minute shared medical appointments that address opioid reliance among the medical center’s veteran population.

Geisinger Health System, Danville, PA – Patient Refunds
In 2015, Geisinger Health System piloted a patient refund program to encourage criticism, inviting patients to alert staff of areas they could improve. A year later, the program expanded to all 10 of the system’s hospitals. The effort is part of Geisinger’s ProvenExperience® program, which includes other initiatives, such as leadership rounding, uniform standards and respectful interactions with patients and families.
Manage Risk and New Payment Models

**Sharp Grossmont Hospital, San Diego, CA – Care Transitions Intervention Program**

Sharp Grossmont Hospital collaborates with community organizations to connect those patients identified as “high-risk” through a comprehensive screening tool with resources provided by community organizations. In 2016, the average readmission rate was only 9 percent among program participants.

**Mount Sinai Health System, New York, NY – Joint Replacement Bundled Payment Program**

At Mount Sinai Health System, patients in the joint replacement program have a single point of contact – beginning before admission, to surgery preparation through the recovery process – that leads to a more coordinated, lower-stress care experience.

**Winona Health, Winona, MN – Community Care Network**

Winona Health’s CCN improves patients’ health and quality of life by focusing not only on the client’s medical health, but also on social determinants. Since the program began in 2012, the CCN client base has grown to 393 people.

**OSF HealthCare, Peoria, IL – Software Platform for Community-based Organizations**

OSF HealthCare uses the software platform, Iris™, to connect clinicians and CBOs to follow patients in both health care and community settings to ensure they receive the services they need to support their health and wellness goals and prevent hospitalization.

**Clinch Valley Medical Center, Richlands, VA – Post-discharge Visits**

Clinch Valley Medical Center’s Bridge Program helps improve patients’ health, decrease readmissions and reduce costs. Team members make home visits to recently discharged patients to address upstream health issues and social determinants of health that may hinder patients’ recovery and well-being.

**Genesis Health System, Davenport, IA – Employee Wellness Program**

Genesis Health System’s employee wellness program financially rewards employees and their spouses for meeting biometric targets. Now in its tenth year, the program boasts a 95 percent participation rate and cumulative savings of $53 million.

**Sinai Health System, Chicago, IL – Home Visits for Asthma Patients**

Sinai Health System uses community health workers to help asthma patients live active lives. The Asthma CarePartners program has reduced asthma symptoms in patients and significantly decreased ED visits and hospital days. Sinai also estimates $3 to $8 in health care costs are averted for every $1 spent on the program.

**Lawrence General Hospital, Lawrence, MA – Partnering with Bodegas**

Lawrence General Hospital joined with the city’s leaders to launch “Healthy on the Block,” which partners with neighborhood convenience stores to
offer fresh fruit in areas that are considered a food desert. The hospital is hoping access to fresh food will lower the rate of diabetes for residents, which is the highest in Massachusetts.

Implement Operational Solutions

Russell Regional Hospital, Russell, KS – Achievement of ENERGY STAR® 100
Russell Regional Hospital, a critical access hospital, focuses on strategic investments to improve the hospital’s energy performance, which have allowed the hospital to significantly reduce costs and energy use. The facility was able to reduce energy by 43 percent between 2013 and 2016, projecting more than $120,000 in savings annually.

Edgerton Hospital and Health Services, Edgerton, WI – Geothermal System
Edgerton Hospital and Health Services is the first CAH in the country to install a geothermal system, which relies on the earth’s natural temperature to heat and cool buildings. The system paid for itself in six years – that’s nine years ahead of schedule.

Sutter Health, Sacramento, CA – AI Platform
Sutter Health uses an artificial intelligence platform to reduce inpatient drug spending, decrease lengths of stay and improve quality and safety.

Jefferson Health, Philadelphia, PA – Shared-risk Relationship
Jefferson Health partnered with GE Healthcare in a shared-risk relationship to improve patient care and efficiencies as well as generate cost savings.

Boston Medical Center, Boston, MA – Solar Energy
To decrease operating expenses and reduce greenhouse gas emissions, Boston Medical Center buys electricity from a solar farm in North Carolina. Since 2011, through a wide range of energy-saving efforts, BMC has reduced its greenhouse gases by 93 percent.

Baptist Hospitals of Southeast Texas, Beaumont, TX – Volunteer Pharmaceutical Couriers
In response to frustration by patients, nurses and pharmacy staff regarding timely delivery of medications to nursing units, Baptist Hospitals of Southeast Texas implemented a volunteer pharmacy courier program. The program decreases wait times for patients to receive their medications and allows the nursing staff to spend more time at the bedside.