Achieving Population Health Management: The Role of Workforce Redesign

Kathy Kerscher
Bellin Health
March 4, 2016
Overview of Bellin Health
**OUR MISSION**

Bellin Health is a community-owned not-for-profit organization responsible for the physical and mental health of people living in Northeast Wisconsin and the Upper Peninsula of Michigan.

We exist to serve others through patient care excellence and community health improvement designed to positively impact the well-being of people living in our region. We are steadfast in our commitment to providing compassionate, safe, coordinated care, while striving to make that care more accessible and affordable for everyone.

Our innovations and never-ending pursuit of improvement drives the evolution of healthcare in the nation.

**OUR VISION**

The people in our region will be the healthiest in the nation, resulting in improved economic vitality in the communities we serve.
Serving a Market of 636,682 People

* Bellin Hospital, a 220-bed community hospital with proven excellence in heart and vascular care; orthopedics and sports medicine; family programs and services; cancer care; and minimally invasive procedures including robotic surgery

* Bellin Health Oconto Hospital, a 10-bed critical-access hospital in Oconto

* Bellin Medical Group and NorthReach Healthcare, a 121-member primary care group with 32 clinic sites and proven excellence in disease management and wellness care

* Employer Clinics, 83 clinics located within employer facilities

* FastCare Retail Clinics, 4 retail clinics located in grocery and discount retail stores

* Physician Partners, Ltd incorporates all of Bellin Health System, their employed providers and approximately 116 independent providers

* Bellin Psychiatric Center, a dominant provider of in- and outpatient behavioral health services, staffed by 10 psychiatrists, 4 psychologists and 24 licensed mental health & addiction therapists

* Unity Hospice, providing hospice and palliative care services
WHY-
Patient Care Redesign
Why Are We Redesigning Patient Care?

- Increasing rates of burnout for physicians and staff – recent study shows 70% of primary care physicians reached burn out level, *Advisory Board*
- 50% of physician tasks today are below their licensure
- Difficulty in successfully caring for patients with increasingly complex needs
- Current approach to patient care has achieved significant results but has plateaued in achieving quality goals
- Helpful to retain and recruit physicians
- Impending change to value based reimbursement
- Redesign to achieve population health
Vision Statement
A healthier patient who is empowered to better manage his/her own personal health and well being with the support of the Bellin Health medical team.
Old and New Models of Patient Care
Old Model of Patient Care

- Paper Work
- Medication Refill
- Chronic Disease Management
- Test Results
- Acute Visits
- Preventative Visits
- Patient Orders/Triage

- Referral to Ancillary Services
- CMA/LPN
- RN
- Referral to Specialist
- Managing Messages, Test Results, Calling Patients

PROVIDER
ADVANCED MODEL OF CARE

Patient Needs

- Paperwork
- Acute Visits
- Medication Refill
- Patient Orders / Triage
- Preventative Visits
- Test Results
- Chronic Disease Management
- Referrals

CORE TEAM

- Physician
- PAR
- RN
- NP/PA
- LPN/MA (Care Team Coordinator)
- BHC (New)

Extended Care Team

- Diabetic Educators
- Case Manager
- CCMT
- Pharmacist
- Health Educator
- RN Care Coordinator
- Behavioral Health
Specialty Clinics – New Roles

Triple Aim

Set Goals

Care Team Design

Know Your Population

OB/GYN Orthopedics

Sex Therapist

Physician Extender

Sports Therapist
What has changed in the office visit?

✓ Physician/APC 3 FP’s: 1 APC
✓ Clinic RN 1:4 providers
✓ Care team Coordinator 2:1 providers
✓ Behavioral Health Consultant 1:4 providers
What has changed—Population Health?

✔ Ability to predict demand and capacity for extended care team resources
  - High risk patients top 5% – RN care coordinator
  - Diabetic patients with > 9 Hgb A1C proactively Diabetic Services involved
  - Patients with > 15 medications proactively Pharmacist involved

✔ Risk stratification by patient
Conclusion

✓ Knowledge drives design for resources

✓ Each population is unique

✓ Administration and Clinicians working together is the key to success