

# THE Value Initiative

## Members in Action: 2019 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 2019; read the full case studies at [www.aha.org/value-initiative](http://www.aha.org/value-initiative).

### Redesigning the Delivery System

#### *Dartmouth-Hitchcock Medical Center, Lebanon, N.H. – Telehealth*

Dartmouth-Hitchcock Medical Center partners with 21 rural and community hospitals throughout New England to provide telehealth specialty care so patients stay close to home. Patients have access to psychiatrists, neurologists, neonatologists, pharmacists, nurses and other specialists. Dartmouth-Hitchcock's telehealth approach improves outcome, lowers costs and supplements clinical staffing in rural areas.



Dartmouth-Hitchcock's telehealth services mitigate the hospital's capacity constraints and increases access to specialty care throughout northern New England.

#### *PeaceHealth Peace Harbor Medical Center, Florence, Ore. – EMT Home Visits*

Through the Peace Harbor's Mobile Integrated Healthcare program, a dedicated paramedic checks on patients at home for their safety and provides

preventive care to reduce their ED visits, avoidable readmissions and ambulance trips. For every dollar spent on the MIH program, this critical access hospital saved \$5 in health care costs.

#### *North Carolina and South Carolina Hospital Associations – Hospital Collaborative*

The North Carolina Healthcare Association and the South Carolina Hospital Association used a \$5 million grant to optimize care transitions and increase patient engagement. Fifteen hospitals in the Carolinas are implementing financially sustainable initiatives to improve the patient experience, enhance care coordination and decrease avoidable readmissions.

#### *Texas Health CoLab at Dell Medical School, Austin, Texas – Co-working Spaces*

Dell Med's Working Spaces encourages well-aligned, value-focused startups and entrepreneurs



WorkSpaces provides a community for value-focused health entrepreneurs to collaborate with clinicians and researchers. Photo by Capital City Innovation

to work with and learn from academic researchers, clinicians, staff and students as they innovate. The physical design of WorkSpaces inspires interaction and supports partnerships through open wet labs, workstations, conference rooms and areas that invite conversation and teamwork.

### ***Columbus Community Hospital, Columbus, Neb. – Interdisciplinary Teams***

Through building relationships among providers across the care continuum and implementing standardized processes, Columbus Community Hospital reduced all-cause 30-day readmissions by 42%, saving \$819,797 in hospital care.

### ***Spectrum Health – Grand Rapids, Mich. – Telehealth***

Spectrum Health’s telehealth program saves patients time and money, and results in avoided patient transfers, avoided ED and urgent care center visits, and savings to payers. Consults are available via mobile carts in 34 medical specialties and 90 use cases in the ED and inpatient and outpatient settings. Telehealth services are provided among the system’s 15 hospitals and 180 ambulatory sites.

## **Improve Quality and Outcomes**

### ***Adventist Health Castle, Kailua, Hawaii – Empathy Initiative***

Adventist Health Castle’s Empathy In Action program is a research-based curriculum that teaches staff and volunteers listening skills and demonstrates empathetic approaches to engaging



Spending extra time with patients is one way Adventist Health Castle employees and volunteers show empathy.

with patients, families and colleagues. Castle credits the program for improving patient satisfaction and employee engagement scores.

### ***Atrium Health, Charlotte, N.C. – Behavioral Health Integration***

To increase access to behavioral health care, Atrium Health employs a virtual behavioral health integration program at 36 of its primary care and pediatric sites. The team-based model uses virtual platforms to improve timely access to behavioral health services, lower the overall cost of care and improve the patient experience.

### ***Presbyterian Healthcare Services, Albuquerque, N.M. – Clinician Training for Substance Use Disorder***

Presbyterian Healthcare Services’ statewide-partnership, called The Substance Use Disorder and Community Collaborative Initiative, delivers compassionate, high-quality, evidence-based care for patients with SUD. A key component is training providers in the tools for treating SUD. Changing the culture of treating patients with SUD as any other chronic condition, devoid of judgment, is an essential element of the approach.



PHS universally screens patients for tobacco and alcohol use and will soon screen all patients for problematic opioid use.

### ***Montefiore Health System, The Bronx, Westchester and the Hudson Valley, N.Y. – App for Collaborative Care Model***

Montefiore Health System uses the Collaborative Care Model to better serve patients with significant medical and mental health conditions and

socioeconomic challenges. By leveraging digital tools, such as a smartphone app, Montefiore improves outcomes and facilitates better communications with providers. Through the app, behavioral health managers can send patients educational materials and strategies on how to take care of themselves, as well as individualized reminders.

## Manage Risk and New Payment Models

### *Intermountain Healthcare, Salt Lake City, Utah – Behavioral Health Integration*

Intermountain Healthcare improves patient outcomes and reduces costs by integrating behavioral health into every patient visit and normalizing mental health care as routine medical care. Primary care patients at these integrated clinics have 23% fewer visits to the ED, 11% fewer hospitalizations and 76% fewer primary care visits.



During primary care visits, patients' behavioral health needs are assessed and stratified into three categories: mild, moderate and high complexity.

### *Baylor Scott & White Health, Waco, Texas – Social Needs Screening*

Baylor Scott & White Health's Community Advocates Program trains undergraduate student volunteers to screen patients for their medical and social needs and link them to existing resources in the community. The 30-day readmission rates of enrolled patients dropped by 87.5%.

### *Nationwide Children's Hospital, Columbus, Ohio – Healthy Neighborhoods*

Nationwide Children's Hospital wanted to make its neighborhoods a better place to live and work for patients and employees. Through the Healthy Neighborhoods Healthy Families initiative, Nationwide and other stakeholders facilitate access to affordable housing, health and wellness programs, and workforce development opportunities.

### *New Ulm Medical Center, New Ulm, Minn. – Heart Healthy Project*

Through community partnerships and research, New Ulm Medical Center is collaborating to prevent cardiovascular disease and improve the health status of local residents. The critical access hospital leads efforts to implement transportation policies so more kids walk or ride bikes to school, develop worksite wellness policies that foster physical activity on the job and encourage healthier menu options at restaurants and community events.

### *Integrated Healthcare Associates, Trinity Health, Ann Arbor, Mich. – Social Needs Screening and Referrals*

Integrated Healthcare Associates implemented a social determinants of health screening and referral program in an effort to connect with patients, and meet the requirements of the State Innovation Model Patient-Centered Medical Home Initiative. Social isolation was identified as the highest



IHA developed a standardized screening tool and referral process to be used throughout the entire community.

social need, followed by food and family care. IHA received positive responses from patients regarding the screening process, and developed partnerships with community resource agencies and provider organizations to better address patient needs.

## Implement Operational Solutions

### ***Inova Health System – Falls Church, Va. – High-Value Care***

Inova Health System is involved in an interdisciplinary effort to create value by reducing services that provide little or no clinical value to patients. By standardizing pre-surgical testing processes, there is less confusion for patients and caregivers as to what tests are needed, reduced surgery delays and fewer procedure cancellations.

### ***Northwestern Medicine, Chicago, Ill. – Clinical Collaboratives***

Northwestern Medicine created multi-disciplinary teams to maximize the EHRs' capabilities and improve care across the system. These Health System Clinical Collaboratives have resulted in systemwide improvements related to the patient experience, patient safety and the clinical

experience, such as fewer duplicate tests, a universal consent form and improved hand-off tools.

### ***Johns Hopkins Health System, Baltimore, Md. – High Value Care Committee***

The Johns Hopkins Health System High Value Care Committee focuses on improving patient care quality, safety and affordability by reducing practices that provide little or no value to patients. To achieve this, the health system ensures the appropriateness of tests, procedures, treatments and medications. For example, by eliminating unnecessary blood transfusions, which carry risks for patients, the hospital reduced costs by \$2 million in one year and preserved blood supply for patients who need it.

### ***Midland Memorial Hospital, Midland, Texas – Predictive Analytics for RN Staffing***

Midland Memorial Hospital's use of predictive analytics to manage the nursing workforce has resulted in higher patient experience scores, lower labor costs, less overtime and higher nurse satisfaction scores. The hospital also has seen a 32% reduction in overall nursing turnover and a 43% reduction in turnover among newer nurses.

## Webinars On-demand

The Value Initiative's 2019 members-only webinar series centered around:

- Building a culture of value where patient-centered value is a major focus for everyone in the organization; and
- Strategies to address affordability and promote value in their communities.

Webinars below are available for playback at [www.aha.org/value-initiative](http://www.aha.org/value-initiative). You also will find a detailed description for each webinar.

- [Value and You](#)
- [Setting the Stage: What does a Culture of Value Look Like?](#)
- [Implementing Strategies to Promote Value: Participating in Medicare APMs](#)

- [The Connection between Strategy and Marketing Professionals and Value](#)
- [Developing a Population Health Strategy to Support the Drive to Value](#)
- [Patient Safety and its Correlation to Value: The Role of Risk Managers](#)
- [Improving Value through Evidence-based Training for Environmental Services](#)
- [Using Risk-adjusted Staffing to Improve Patient Value](#)
- [Improving the Patient Experience with Volunteers](#)
- [Unconscious Bias: From Awareness to Action](#)
- [Making the Case – How Team-based Approaches Improve Value](#)