

THE Value Initiative

Members in Action: Managing Risk & New Payment Models

Winona Health – Winona, MN

Community Care Network Reduces ED Visits and Readmissions

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

Winona Health serves a rural community in southeastern Minnesota, 130 miles from Minneapolis. It includes a full-service hospital with specialty services, clinics, a long-term care residence, and senior living residence.

Like many health care systems, Winona Health had patients who cycled repeatedly through the emergency department (ED) or experienced multiple hospital admissions. System leaders decided to be proactive in addressing these “frequent fliers” and launched the Community Care Network (CCN) in 2012.

Winona Health's CCN was developed to improve health and quality of life for patients, prevent unnecessary hospitalizations and reduce ED visits, thereby lowering health care costs. The CCN embodies a social as well as a clinical model of care. The focus is not only on the client's medical health, but also on social determinants such as housing, food, utilities, and social connectedness. The CCN team includes registered nurses, social workers and student health coaches, who support the client as an integral part of their care team.

In partnership with Winona State

Impact

Since the program began in 2012, Winona Health's CCN client base has grown to 393 people. Along with a clinical team that includes 8.3 FTE multidisciplinary staff, student coaches have made more than 6,000 visits and phone calls to clients. Some 60 student coaches are in the field now, with 30 more in training.

In 117 clients who had ED visits in the year before program enrollment, a 32.2% decrease in visits was observed over their baseline measurement (the 365 days prior to enrollment) after one year of program participation. These successes were sustained for clients who remained in the program for two years with a 28.8% decrease over baseline, and at three years with a 40% decrease maintained over baseline. For the 83 clients who had inpatient admissions in the year prior to enrollment, a 49.7% reduction was observed over baseline at one year of participation. For those patients continuing in the program, a 68.1% decrease over baseline was observed, and at three years a 65.9% reduction was maintained.

These decreases in ED visits and inpatient utilization translated into significant avoided health care costs. For the 138 clients who participated in the program for one year or more, a 22.1% decrease over baseline of health care charges at Winona Health was observed. In the first year alone, this translates into more than \$1.25 million in avoided charges. For clients remaining in the program, a 46% decrease over baseline was observed at two years, and at three years, it held at 41%. Winona Health benefitted through shared savings arrangements with those programs.

University, Winona Health trains students to become volunteer health coaches. They learn to help people struggling with chronic health or mental health conditions, which negatively affect all areas of their lives.

CCN clients range in age from 2 to 99, with an average age of 66. More than half suffer from hypertension, obesity, and depression, and almost half have diabetes. Clients are typically coping with multiple chronic conditions.

Volunteer health coaches make “house calls” as nonclinical members of a client’s care team to help set goals and develop strategies for improving health. In an increasingly specialized health care system, health coaches are the familiar faces who can help clients with the big picture of their overall health. By developing trusting relationships with clients, the coaches identify barriers, develop creative and client-centered solutions, and promote engagement in clients’ health goals. CCN health coaches can provide a link to the medical community and fill gaps in care by providing social support. They act as an accountability partner, which can improve health outcomes.



Jean, a Community Care Network client, with her student health coach.



Jean rinsing excess sodium off canned vegetables.

The CCN empowers clients to take ownership of their health conditions and supports them in their efforts to make changes in all areas of their lives. Coaches support clients with tools and resources to maintain holistic health, such as helping them obtain equipment to increase their independence, connecting them with community organizations, encouraging them to exercise or quit smoking, and offering tips on managing stress.

Lessons Learned

The CCN gives the staff and volunteers a deeper understanding of the issues these clients face in their lives. “We had to get away from the assumptions we had that medical care was the answer to everything,” said Winona Health Chief Executive Officer Rachelle Schultz. “Everything broken or fragmented in our community shows up at our hospital. We need to really challenge ourselves and focus on what people need.”

Future Goals

Winona Health is expanding the CCN by incorporating care coordination services designed for clients who would most benefit from the additional support.

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