



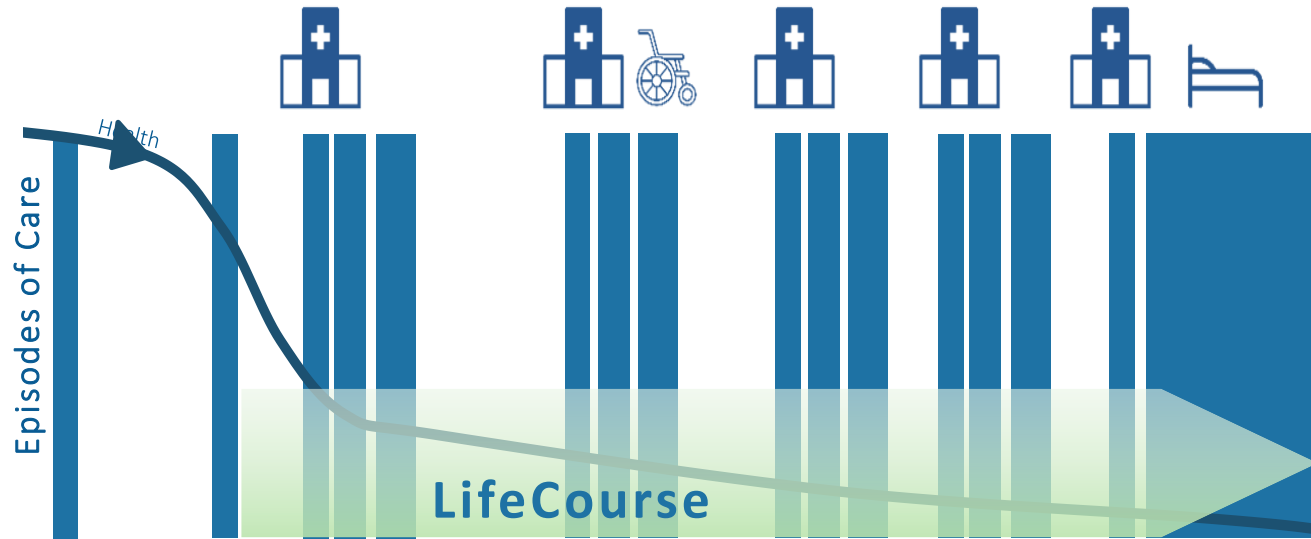
LifeCourse™
Listen. Honor. Guide.

AHA Post Acute Care Webinar

Allina Health – Redesigning Advanced Care

Paige Bingham, MBA

Navigating Serious Illness



LifeCourse Video



<https://www.youtube.com/watch?v=i4AoFHBgPnc>

LifeCourse Key Components



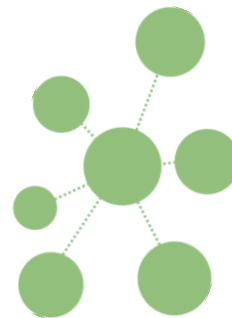
Care Guide



Whole Person



What Matters



Community

How Did We Find Care Guides?

- Education
 - Bachelor's degree
- Skills
 - Communication
- Serious illness experience
 - Knowing or caring for someone with serious illness



LifeCourse Care Guide Training

- ✓ Palliative care domains¹
- ✓ LifeCourse visit framework
- ✓ Advance care planning
- ✓ Communication and collaboration
- ✓ Lay healthcare worker role and scope
- ✓ Professional boundaries
- ✓ Electronic health record



Footnote:

1. "Clinical Practice Guidelines for Quality Palliative Care", National Consensus Project for Quality Palliative Care

Integrating LifeCourse

Patient's Care Team



Trained Care Guide



LifeCourse Visit Framework

		Visit #1	Visit #2	Visit #3	Visit #4	Visit #5	Visit #6	Ongoing
Domain Question Sets	Physical	█						█
	Family/Caregiver	█						█
	Psychological		█			█		█
	Cultural		█	█				█
	Ethical		█	█				█
	Social			█		█		█
	Financial/Legal			█		█		█
	Spiritual				█			█
	Legacy & Bereavement					█		█
	End of Life						█	█
Assessment Tools	PROMIS-10	█					█	█
	ESAS	█			█			█
	PPS	█	█	█	█	█	█	█
	Who's At Your Table?		█	█	█	█	█	█
ACP	Advance Care Planning	█	█	█	█	█	█	█

How is LifeCourse Different?

LifeCourse

- A longitudinal relationship, offering support through the last several years of life
- A continuum-based approach that follows the patient across settings
- Balances medical and nonmedical focus, to promote a whole person approach
- Trained lay healthcare workers, called care guides, as primary contact
- Visits are in-person
- Supports a generalist approach to palliative care that does not require specialty training

Other Supportive Care Programs

- Time limited, many are 30-90 days and focused on a point in time such as post-hospitalization
- Typically condition related, i.e. heart failure
- Medically focused on improving specific outcome measures
- RN or SW as primary contact
- Contact is primarily telephonic
- Supports a medical model of care requiring clinical training

LifeCourse Impact



better **quality of life**
improved patient **care experience**
increased use of **palliative care**

MEDIAN
HOSPICE
LENGTH
OF STAY

LifeCourse: **28 days**

Usual care: **17 days**

57% fewer ICU stays

27% fewer inpatient days

34% more advance care plans completed

Reaching Patients

	Clinic	Patient Profile
Palliative Care	Abbott Northwestern Hospital	Patients followed post-discharge
	United Hospital	Patients followed post-discharge
	Mercy/Unity Hospital Campus	Patients followed post-discharge
	St Francis Medical Center	Patients followed post-discharge
Specialty Care	Minneapolis Heart Institute	Advanced heart failure
	Givens Brain Tumor Center	Brain tumor
Coordinated Care	Advanced Care Team	At-risk for readmission High-risk ACO population
	Complex Care for Seniors	Primary Care with IDT for Complex

Payment Mechanisms

Type of Payment	Payment Source	Revenue	Sites
Full Risk	Medicare Advantage	\$ Capitated	Allina/Aetna <i>(in process)</i>
Accountable Care Org	Care Coordination	\$ PMPM	Care Management
Increased Hospice \$	Medicare Part A	Contribution Margin \$	Palliative
Philanthropy	Family Foundation	\$50,000/yr	Givens

Challenges

- Financial sustainability
- Dosing around frequency and length
- Clarity on role during hospice
- Ideal panel size



THANK YOU

Paige Bingham Paige.Bingham@allina.com

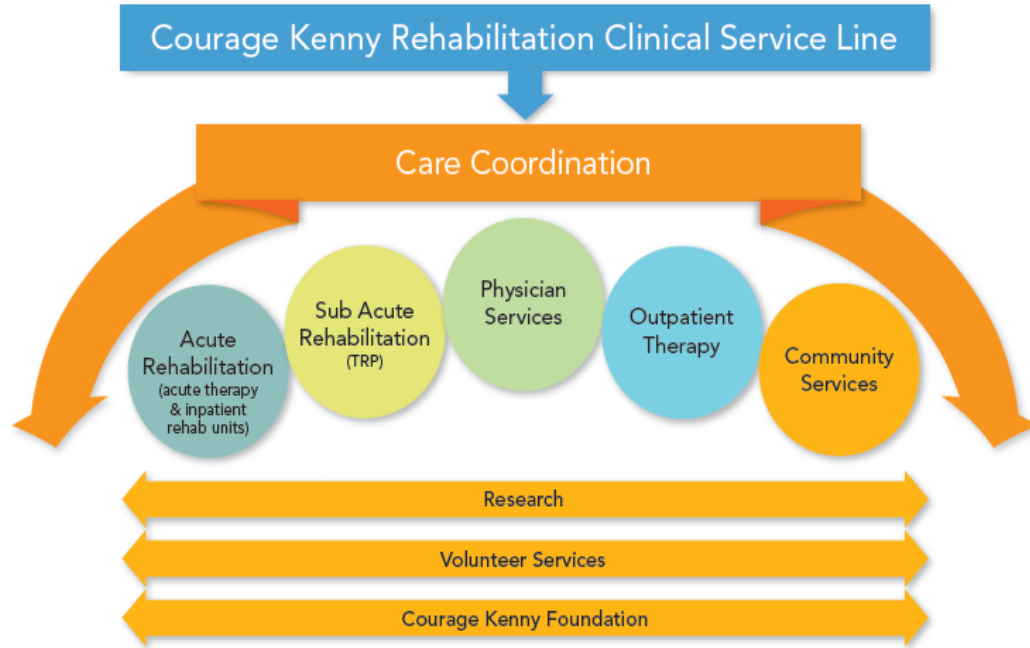
www.lifecoursemn.org

Innovative Approaches to Coordinating Post Acute Rehabilitation Services

Jill Henly
Manager, Care Management

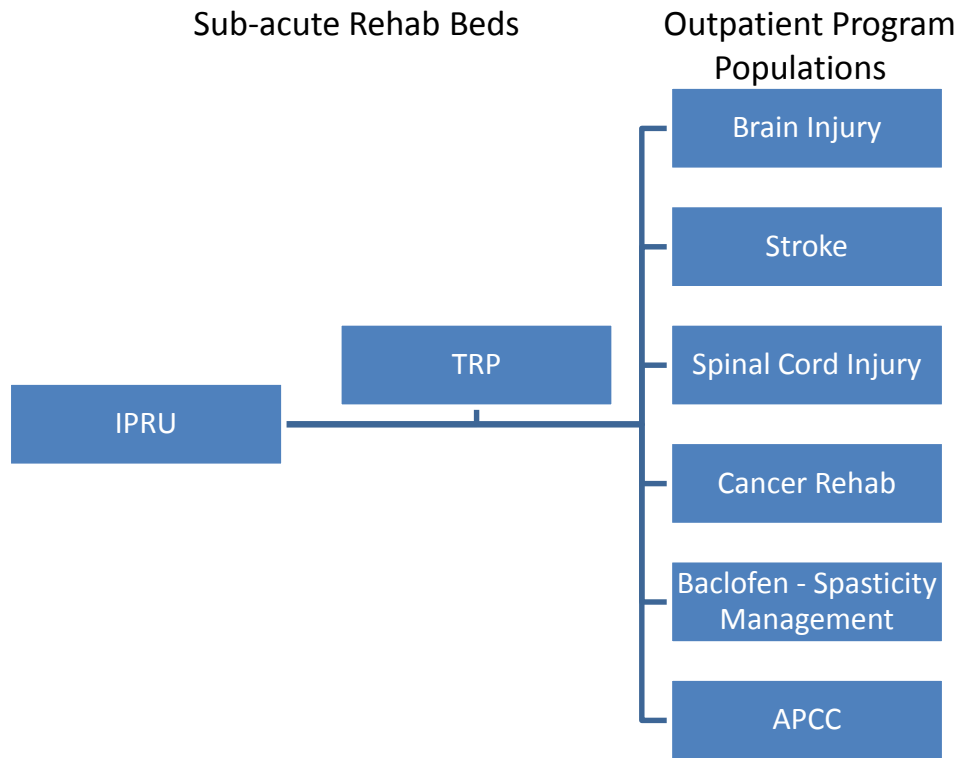
September 19, 2018
AHA Webinar

Strategy and Vision Making Lives Work

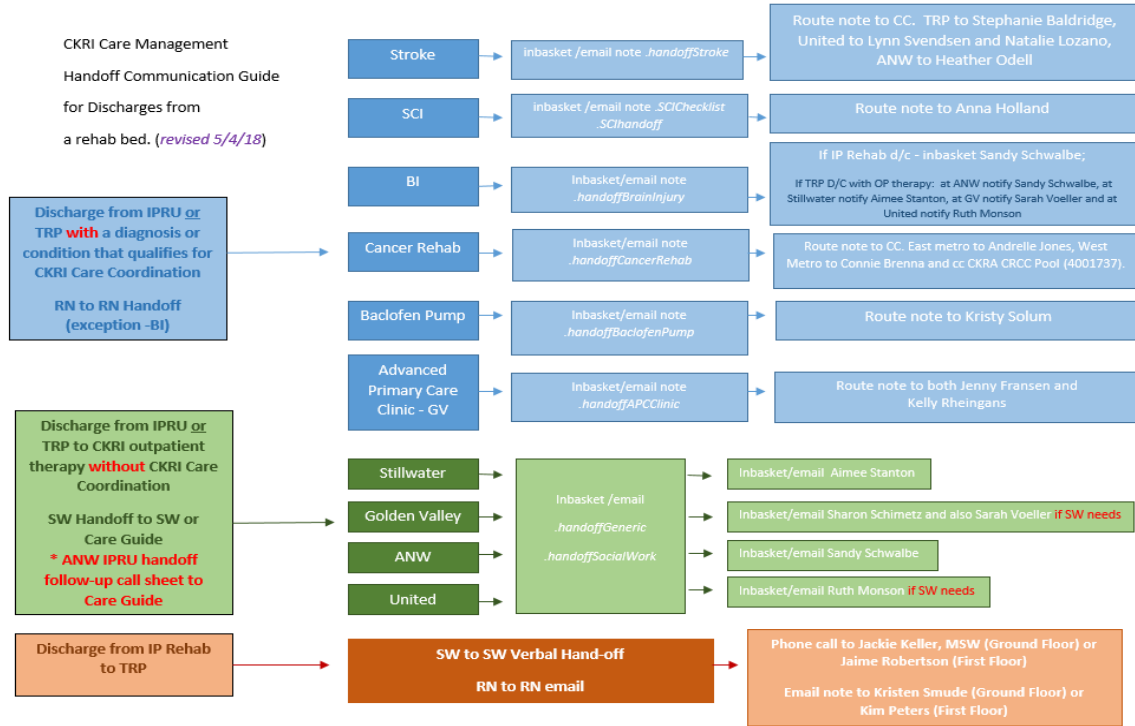


We are guided by our vision that one day all people will live, work, learn and play in a community based on abilities, not disabilities.

CKRI Care Coordination Model



Handoff Process

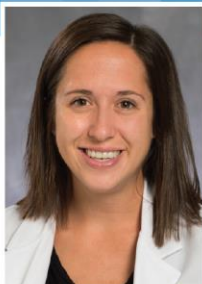


Spinal Cord Injury Rehab

Followed by care team (RN CC/MSW/Care Guide) for two years post injury.

COURAGE KENNY REHABILITATION INSTITUTE

Your spinal cord rehabilitation care coordination team



Anna Holland, RN
nurse care
coordinator
612-863-3680



Sharon Schimetz
care guide
612-775-2772



**Katy Strub, MSW,
LICSW**
social worker
612-863-5594

Our team will help you connect with important services and information about:

- appointments
- transportation
- equipment
- bowel/bladder management
- skin care concerns
- medications
- community resources
- and more!

Call us with questions or concerns.

*Making
lives work*

AllinaHealth

COURAGE KENNY
REHABILITATION
INSTITUTE

S415989 335782 0218 ©2018 ALLINA HEALTH SYSTEM. ALLINA HEALTH IS A TRADEMARK OF ALLINA HEALTH SYSTEM. COURAGE KENNY REHABILITATION INSTITUTE IS A REGISTERED TRADEMARK OF ALLINA HEALTH SYSTEM.

Spinal Cord Injury Rehab Care Coordination Outcomes

Discharge to 6 Months Post Discharge

- 68% decrease in ED utilization
- 67% decrease in hospitalizations
- 55% decrease mortality per 1,000 patients
- outpatient therapy encounters increased from 6.36 encounters/individual to 19.04
- 70% increase in PMR follow-up visits
- 12% increase in PCP visits



Post Acute Stroke Care



Stroke order set populates
case finding reports.

Abbott
Northwestern,
Minneapolis, MN

United Hospital,
St. Paul, MN

Mercy Hospital,
Coon Rapids, MN

Mercy Hospital-
Unity Campus,
Fridley, MN

Stroke Rehab Care Coordination

Follow care for up to one year post stroke – first 45 days most clinically intensive

Is it a stroke?

Check these signs **BE FAST!**

BALANCE – Look for changes in your balance. Do you feel dizzy? Having trouble walking?

EYES – Look for changes in your vision. Do you have blurred or double vision?

FACE – Try to smile. Does one side of your face droop?

ARMS – Try to raise both arms. Does one arm drift down?

SPEECH – Try to repeat a simple sentence. Are the words slurred? Can you repeat the sentence correctly?

TIME – Call 911 immediately if you think you are having a stroke!

COURAGE KENNY REHABILITATION INSTITUTE

Your stroke rehab care coordination team



Heather Odell, RN
nurse care
coordinator
612-863-4872



Julie Gebhardt
care guide
612-863-4317



Ruth Monson, MSW
social worker
612-863-4574

*Making
lives work*


Allina Health
COURAGE KENNY
REHABILITATION
INSTITUTE

Please contact us with all your recovery questions and concerns.

266277 0217 ©2017 ALLINA HEALTH SYSTEM. ALLINA HEALTH AND COURAGE KENNY REHABILITATION INSTITUTE ARE TRADEMARKS OF ALLINA HEALTH SYSTEM.

Stroke Rehab Care Coordination Outcomes Discharge to 365 Days Post Discharge

ANW

- 29% decrease in ED utilization
- 15% decrease in hospitalizations
- 34% decrease mortality per 1,000 patients
- outpatient therapy encounters increase from 6.45 encounters/individual to 12.81
- 17% increase in PCP visits

United

- 58% decrease in ED utilization
- 14% decrease in hospitalizations
- 31% decrease mortality per 1,000 patients
- outpatient therapy encounters increase from 2.57 encounters/individual to 12.13
- 6% decrease in PCP visits

Baclofen Care Management



- **265** Individuals receive care at **3** CKRI clinic locations
- Concern was overdose or withdrawal due to difficulty managing battery life and refill schedules along with standardized documentation.
- Redesigned work to bring all care documentation into unique fields in the EMR to allow care management reports to guide needed follow-up care.
- Six months after implementing a care coordination program:
 - No ED Visits (2017= 4 ED Visits)
 - 2 Hospitalizations (2017 = 11 admissions)
 - 47% reduction in complications

Brain Injury Care Coordination

- RN CC Requisition pending approval
- Current state: For 30 days, a Care Guide follows up with individuals discharged from IP or Transitional Rehab bed following a brain injury.
 - Focus is caregiver support and patient supervision needs, therapy attendance, outpatient follow-up, med management, behavioral health needs, return to school/work.
 - Currently tracking volumes

Cancer Rehab Care Coordination

Focus on fall prevention, dressing and ADLs, cognition, activity goals, swallow

- 2018 targeted intervention for two populations:
 - Head and Neck Cancer (follow care until 6 months post completion chemo/radiation treatments)
 - Brain Cancer or Tumor (follow care until 9 month PM&R post treatment check)

Advanced Primary Care Clinic

- Serves patients with disabilities and complex health conditions. These individuals often have difficulty accessing primary care, and often end up using more expensive health care services, such as emergency room or hospitals. On average, the APCC patients have an average of 11 secondary health conditions, in addition to their disabling condition.
- Outcomes:
 - Reduction in hospitalizations by 53%, and a reduction in hospital days by 78%, from an average of 12 days per year to 2.76 days per year, and an average of .86 hospitalizations a year to .4 a year.
 - In contrast, emergency department visits have increased, from .45 per year to .9 per year.

allinahealth.org/makingliveswork



Thank you

Jill Henly

jill.henly@allina.com

612-863-0884

The background features several overlapping, curved, organic shapes in shades of green and blue. A prominent blue shape is on the left, overlapping with a darker green shape in the center, which in turn overlaps with a lighter green shape on the right. The overall composition is clean and modern.

Questions?

Identifying Patients

Provider Referral



Future State:
EPIC Case Finding Report



Core Tools

- PROMIS-10+1
 - Quality of Life assessment
- ESAS (Edmonton Symptom Assessment System)
 - Self-report tool designed to assist in assessment of symptoms
- PPS (Palliative Performance Scale)
 - Helps assess functional performance and decline over the course of an illness
- Who's At Your Table?
 - An exercise that can be used to better understand a patient's social network.

Social Determinants of Health



Patient Quotes

“... we can use her [the LifeCourse care guide] as a resource. We don't have to figure everything out on our own. Plus, she is an excellent listener. She not only **listens**, but she has great empathy for some of the stuff we run into, pointing out different **resources** that are available to us.” – LifeCourse Patient

“... if I had to **trust** anybody besides my family, she [the LifeCourse care guide] would be the next person that I'd be able to trust because of what we've talked about, and ... what she's **helped me out** with.” – LifeCourse Patient