

EMANUEL MEDICAL CENTER RHSP UPDATE -2016

Damien Scott, COO
Emanuel Medical Center



Emanuel: Care Coordination Budget: \$155,470 / \$187,642

Major Resources & Activities:

1. Care Coordinator – Enrolled high healthcare users in program designed to help them with chronic disease management and utilize the healthcare system more effectively. Worked with high risk discharges to decrease risk of readmission.
2. Telemedicine equipment in ER, Clinics, Health Department, and NH in order to improve access to healthcare and improve coordination of care.
3. Merging with MIH to improve reach of coordinated care

Outputs and Outcomes:

- Reduced average BMI from 38.2 to 35.8.
- All enrollees receiving evidence-based Chronic Disease Management.
- Reduction in overall charges in 50% of patients.
- Enrollee 2016 ER visit run rate decreased by 65% vs. Enrollee 2015 visit rate.

Performance Measures:

1. 2016 run rate with a 21% reduction in ER visits vs. 2014 cohort (All individuals with >10 ER visits/year).
2. We will continue with expansion of care coordination program.



Emanuel: STEMI/MIH Budget: \$193,459 / \$221,414

Major Resources & Activities:

1. Cardiac Care Equipment– Lucas Devices, 15 Lead EKG, Upgraded Respirators
2. Telemedicine Equipment in ambulance for mobile integrated health
3. STEMI training.
4. Implemented MIH as a collaboration with care coordinator – utilizing same EMR as clinics to improve coordination of care.

Outputs and Outcomes:

- STEMI: ~25 Field EKGs/month with 1-2 STEMI's identified/month
- STEMI: Transport time from call to destination hospital: 60-76 minutes
- MIH: providing follow up with high risk cohort

Performance Measures:

1. 2016 readmission rate of 8.4% vs. a 2014 readmission rate of 12.4%
2. We will continue with STEMI care and expansion of MIH



Emanuel: Tele-Nephrology Budget: \$69,886 / \$207,808

Major Resources & Activities:

1. Tele-nephrology service line including nephrology consults and dialysis services available 24-7 via telemedicine.
2. Developing comprehensive rural renal care program that includes staff, patient and community education.

Outputs and Outcomes:

- 20 renal patients since April 1
- Quicker time to dialysis (if needed)
- Patients/Families thrilled about staying close to home
- Decreased EMS transports
- \$103K collections on first 15 patients

Performance Measures:

1. 2016 net revenue run rate 11% greater than 2014 net revenue.
2. We would like to use this as a platform to expand into other tele-specialty service lines.



Emanuel: Impact Summary & Lessons Learned

Impact Summary

- The RHSP gave us an opportunity to become equipped to start a care coordination program and mobile integrated health. Also, it allowed us to be adventurous in attempting a new telemedicine service line, tele-nephrology.

Lessons Learned

- Developing a care coordination program has equipped us to tackle more value-based programs in the hospital and our provider clinics.
- Coordinating care is easy in speech but difficult in action because it involves working with dozens of entities inside and outside of a rural community.
- Tele-specialty services will be the future of providing specialty care in rural healthcare environments.





THANK
YOU!

Damien Scott

Chief Operating Officer

Emanuel Medical Center

478-289-1306

dscott@emanuelmedical.org

