Leading Transition

Reverse Site Visit Conference
June 19, 2017

Scott R. Wordelman, FACHE
Senior Vice President, Hennepin Health System
Minneapolis, Minnesota
The Most Important Thing I Learned About You

Overwhelmingly Committed to Improving Rural Health Care
And...

You Really Care!
Trinity Hospital
Baudette, MN
“Dr. Janecke just admitted himself into the hospital”
Leading Transitions
Learning From Failure

It’s the Community, **not** the organization....
Leading Transition

Change is the outcome

Transition is the process
Leading the Transitions
Three to One

- Rush City Hospital
- Chisago Health Services
- District Memorial Hospital

→ Fairview Lakes Regional Health Care
Leading Transition in the Flex Program

- Key Issues at the Federal Level
- You / Flex Coordinators
- Policy and program to the CAHs
Your Leading Transitions Charge....

• To Drive Policy by informing the Federal Office of Rural Health Policy
Your Leading Transitions Charge...

• Help them to see what it is that they do not know

• You are the enablers of transition thinking
Leading Transition

D + V + FS > R
• Dissatisfaction with the Current State

• Vision for the future – Hope –

• First steps to start the movement toward the vision – the plan
Resistance to Change

• Political
• Economics
• Ego
• Cultural
• Fear/Loss
Current Issues Facing Rural Hospitals and Health Systems

• Workforce shortages
• Financial stability
• Quality and Patient Safety
• Regulatory Burden
• Increasing violence
• Care model/Business model challenges
• Demographic Shifts
• The Emerging Opioid Epidemic
• Access to Mental Health

Minnesota Hospital Association 2014 Study
When Past Becomes Present

78 Rural Hospital Closures: January 2010 – Present

www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/
Why?

• Closures have been ticking up since the recession of 2008-2009.
  • 78 since 2010 (26 CAHs)
• There are likely multiple contributing factors, including:
  • failure to recover from the recession,
  • population demographic trends,
  • market trends (e.g. increased rates of merger and affiliation),
  • decreased demand for inpatient services, and
  • new models of care (e.g. Accountable Care Organizations).
• Long-standing trends – such as generally poorer financial performance in the South – may contribute to closure rates.
• State policies and health care environments.

Flex History and Direction, March 28, 2017, Sarah Young, Federal Office of Rural Health Policy
Innovation at Work in Rural Healthcare
Redesigning the Care Model

Call and time demands led to departure of 6 of 12 primary care providers resulted in decline of volume and market share at Rusk County Hospital in Ladysmith, WI
Innovation in Rural Healthcare
Redesigning the Care Model

In response, Rusk launched its Nurse Practitioner Hospitalist program in 2014. It has since seen its patient satisfaction scores rise, and the exodus of primary care physicians stop. Now, 11 primary care providers are working at one of two clinics in Rusk’s service area.

“The program saved our hospital,” says Rusk CEO Charisse Oland, MHA.
Can a Grant make a difference?

Accountable Communities For Health in Minnesota
MORRISON COUNTY PRESCRIPTION DRUG ABUSE PREVENTION

OUR MISSION To create a supportive, healthy, and safe Morrison County community by reducing opioid abuse and addiction through multi-agency collaboration and communication.

Why we do this work Our community cares about the health and safety of our residents. While the majority of community members use prescription medications appropriately, abuse of medication, specifically narcotics, is causing pain and destruction in too many families in our community, state, and across the nation.

Getting started In 2015, this initiative began with an Accountable Community for Health (ACH) grant project and receiving $370,000 in State Innovation Model (SIM) funding. The initiative focused on prescription drug abuse because of concerns about narcotic use in the community, as evidenced by the high numbers of emergency room visits, observed narcotic-seeking behavior, and excessive narcotic prescriptions. Activities and strategies to confront the issue focused on changes within the healthcare setting and improved community collaboration and communication.

Caring for the whole person CHI St. Gabriel’s Health has developed a model of care that focuses on the needs of the whole person. The Controlled Substance Care Team sees patients who have been on narcotics long-term. This team consists of a social worker, RN health navigator, a pharmacist, and a physician champion. The care team’s goal is to deliver a high level of care that promotes wellness and safety, and places the patient at the center of care.

COMMUNITY PROBLEMS REQUIRE COMMUNITY SOLUTIONS

A unique component of this project is the engagement of community partners outside the walls of the hospital and clinic. Through collaboration with community stakeholders, we are able to better understand the dynamics of the problem and, together develop solutions that address root causes, paving the way toward system-level changes. Community partners include:

- Little Falls Community Schools USD482
- Morrison County Social Services and Public Health
- South Country Health Alliance
- Morrison County Sheriff’s department
- Little Falls Police department
- Morrison County Attorney’s office
- Coborn’s Pharmacy
- Horizon Health
- St. Otto’s Care Center
- CHI Health at Home
- Stand Up 4 U youth substance use prevention coalition

Morrison County is located in central Minnesota, approximately 100 miles north of the Twin Cities metropolitan area. The population of Morrison County is approximately 33,000. Little Falls is the county seat.

CHI St. Gabriel’s Imagine better health™

Ensuring appropriate use of narcotics
Through the Controlled Substance Care Team approach, 192 patients have had their narcotic use reduced, with 127 of those patients tapered off narcotics completely, resulting in the reduction of almost 9000 opioid pills or patches each month.

Community problems require community solutions
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This averages 8792 units each month no longer prescribed. An estimate of $178 per patient.

Meeting patient needs
The Controlled Substance Care Team found many patients on long-term narcotics had other unmet social needs, creating barriers to managing pain effectively and obtaining optimal health outcomes. The care team has been able to connect patients to other community services, including housing assistance, mental health services, transportation, food assistance, and financial services, to name a few.

Over 200 referrals to community services have been made since the onset of the initiative.

Improving access to treatment
In addition to preventing opioid abuse, providers quickly recognized a gap in treatment options for those who are addicted. In 2016, two providers at Family Medical Center obtained the certification to provide medication-assisted treatment. The team is establishing the suboxone program within the clinic.

For information about our efforts, please contact Kathy Lange at 320.631.5624

Opioid stewardship
Many changes in prescribing practices and protocols have taken place within the clinic as a result of this initiative.

Improved informative decision-making
Increased provider awareness
Increased PMP analysis
Consistent process for urine drug screening
Narcotic prescribing culture change

Through the task force, changes have been made to the practice of early refills for narcotics.

One local pharmacy has seen a significant decrease in narcotic dosage units filled.

Reducing illegal access
Households commonly have years of unused prescription narcotics and other medications in their medicine cabinets, making residents vulnerable to theft. Law enforcement has established a robust prescription drug take-back program, with drop boxes in 4 locations throughout Morrison County.

Raising community awareness
Prescription drug task force partners have worked together to raise community awareness about this issue. Over 150 individuals attended a community forum in October 2016. Law enforcement and the local youth substance use prevention coalition, Stand Up 4 U Coalition, have worked closely with the school district to increase awareness among parents and youth.

2016 Circle of Excellence award recipient
My Story...
Growing Up Rural in Benson, Minnesota
Leading in a Health System
HCMC is an Integrated Healthcare System

- Hospital & trauma center downtown
- Clinics located across Hennepin County
- Home care and hospice (MVNA and Hospice of the Twin Cities)
- Research institute (MMRF)
- Philanthropic foundation (HHF)
- Community partnerships
Reducing “No Shows” in the Medicine Clinic

- 27% of patients do not show up for clinic appointments
- Many have chronic conditions and are taking multiple medications
No Show Eliminator

No Show Rate of all 3 firms (Green, Blue, Yellow) in Medicine Clinic
No Show Eliminator

Intervention Period – Events Graph

Intervention Period
Medicine Clinic Firm No Show Rate

- NSE Intern left project
- Dedicated staff assigned to make calls; strong connection to patient population
- NSE Intern began making staff reminder calls in Green Firm ONLY
- Inconsistent staff reminder calls made by rotating staff
- Intervention in Green Firm ONLY (pilot phase: Sept-Jan)
- Intervention in all 3 firms (beginning in Feb)

Sept '16 Oct '16 Nov '16 Dec '16 Jan '17 Feb '17 Mar '17 April '17

- Green
- Blue
- Yellow
Staff Reminder Call Status Results

- **9282** staff reminder phone calls were made between Sept. 19, 2016 – April 30, 2017
  - Confirmed 52.6% of appts
  - Average No Show Rate for appts that received a staff reminder call: **20.2%**
Leading Transition

Head

and

Heart
Pretty Red Wing, Minnesota
Fairview Red Wing Health Services

• Interstate Medical Center & River Region Health Services merged on November 1, 1997

• Fairview Red Wing became an affiliate of Fairview Health Services
Fairview Red Wing Health Services

An integrated system was created

- Hospital
- Clinics
- Nursing Home
- Senior Housing
- Home Health
- Hospice
- Community Health
Leading Transition

D + V + FS > R
2015 Vision

*Fairview Red Wing is* a passionate, joyful, relaxed, healthy place built on team members seeing the ‘sacred’ in others and themselves which provides an exceptional and seamless experience for our patients across multiple service points.
Fairview Red Wing Health Services

Strategy #6: Directly engage and partner with community organizations and businesses throughout our market to produce a healthier population.

Illustration of Tactics:

1. Leverage our 10th Anniversary to launch our Healing focus
2. Lead sponsor for Red Wing Diversity Festival, in support of community as a healing strategy
3. Create a sustainable economic model to support community health and to attract philanthropy
4. Develop systems that remind and make it easy for community members to have preventive services
5. Enhance our connection with schools and businesses
6. Increase support to faith communities with Parish Nursing expansion
7. Develop partnership with Treasure Island and the Prairie Island Community
8. Create Red Wing version of the FV Cares Award with focus on community activities and business which are building healthy a workforce.
9. Set goal to reduce community BMI
The Experiential Gift

• The Board
• Medical Staff Leadership
• Management Team

• Music Therapy
• Art Therapy
• Yoga
• Feldenkrais
• Massage
• Qi Gong
• Reflexology
What Was the Difference?

• We began talking to each other, not about each other....

• Community, not organization became the focus
Lessons to Share...

• Start inside first

• Tap the heart

• Build community and get the conversation started

• Provide the catalyst don’t worry about leading

• Be ok with failing

• Continually adjust
The Story...

1. Stronger non-profits
2. Community focus and partnership on healthy living
3. Improved quality of life for seniors, with reduced cost of care
4. Healing arts at the bedside
5. Treating the uninsured
6. Quality, patient experience, culture became exceptional
7. Then, the recession hit…and another transition began
The Problem...

• How do we *grow* our business in a market which is not, and our competition is strengthening around us...and the future business model is changing?
Potential Future Scenarios

- Right Size to community
- Regional system
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• Face your fear
• Be in Balance and Speak Truth
• Stay Connected to Each Other
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