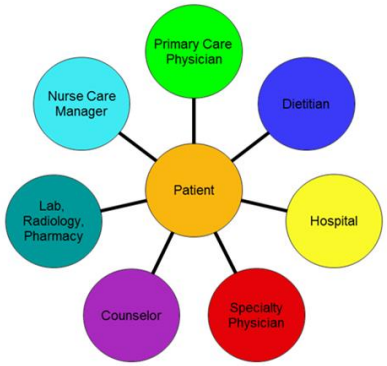


Successes and Lessons Learned with Care Coordination During the Pandemic

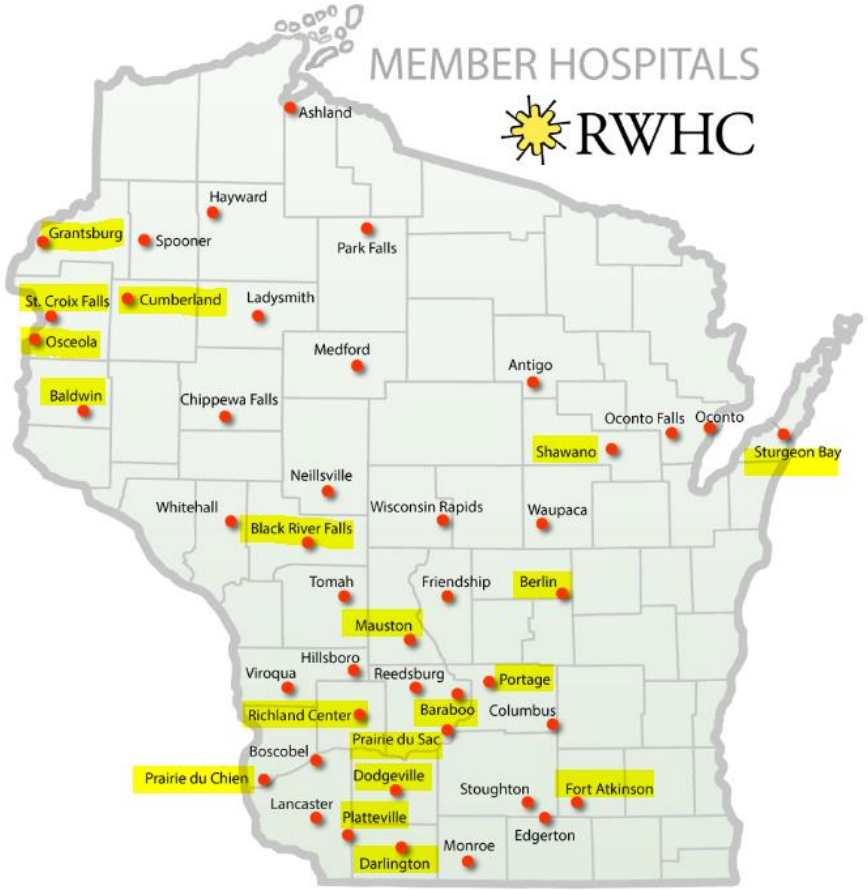
Cheryl DeVault, MS, BSN, RN

RWHC, Primary Care Program Manager

June 21, 2022

RWHC

HRSA Care Coordination Grant Participants



Why Care Coordination?

Why do you think your organization should be doing these services?

- *"…It's good patient care*
- *Patients need an advocate to navigate the system*
- *Reduce hospital readmissions*
- *Increase access*
- *Unburden providers*
- *Help patient make connection with services…"*

What are your barriers to implementing the services?

- *"…Money*
- *Time*
- *Lack of experience*
- *Staffing issues*
- *Approval to hire someone to do the work*
- *So much going on*
- ***COVID-19 pandemic***
- *Trying to bring all the resources together…"*

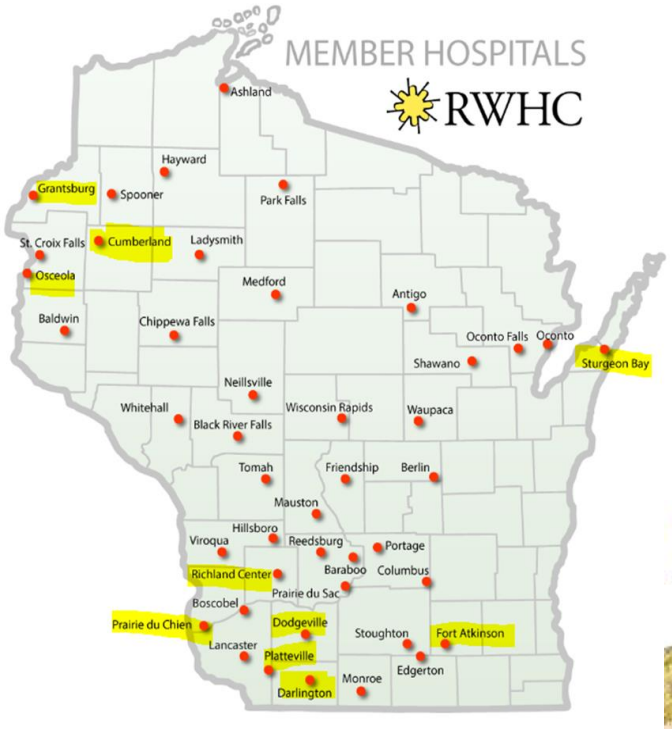
Staffing Issues Related to Pandemic

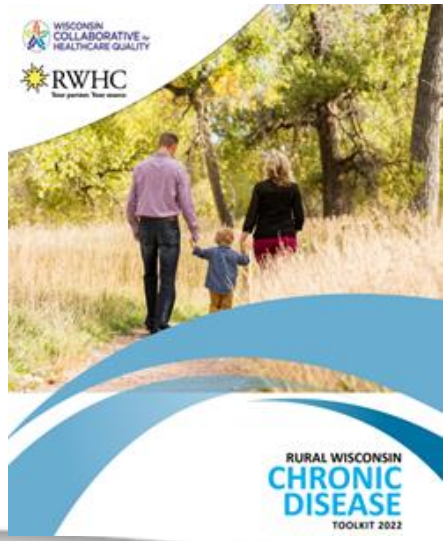
- Short-staffed; providers and staff leaving workforce; staff out ill and/or taking care of family members; childcare issues; traveling nurses; locum tenens
- Staff transferred to work in other higher needs areas
- High patient census; high patient acuity; patients delaying care and coming in with advanced illness
- Figuring out vaccine storage, distribution, COVID clinics, triaging, testing, and monoclonal infusions
- Leadership decreasing the care management programs and/or putting on hold “for now”

Services Related to Pandemic

- **Covid and Tele-Health Listserves Developed**
  - Created to assist with communication, ask questions, updates, and so forth related to pandemic
  - FREE to our members
- **Roundtables**
  - 45 roundtables (including Care Coordination)
  - Changed to Zoom format; now hybrid option
  - Opened up all roundtables for 3 month period for members
- **Wisconsin Healthcare Emergency Readiness Coalition (HERC)**
  - Increased utilization and collaboration
  - Address issues, such as transferring patients to tertiary centers and nursing homes
- **HRSA Care Coordination Grant**
  - Started during pandemic and continues

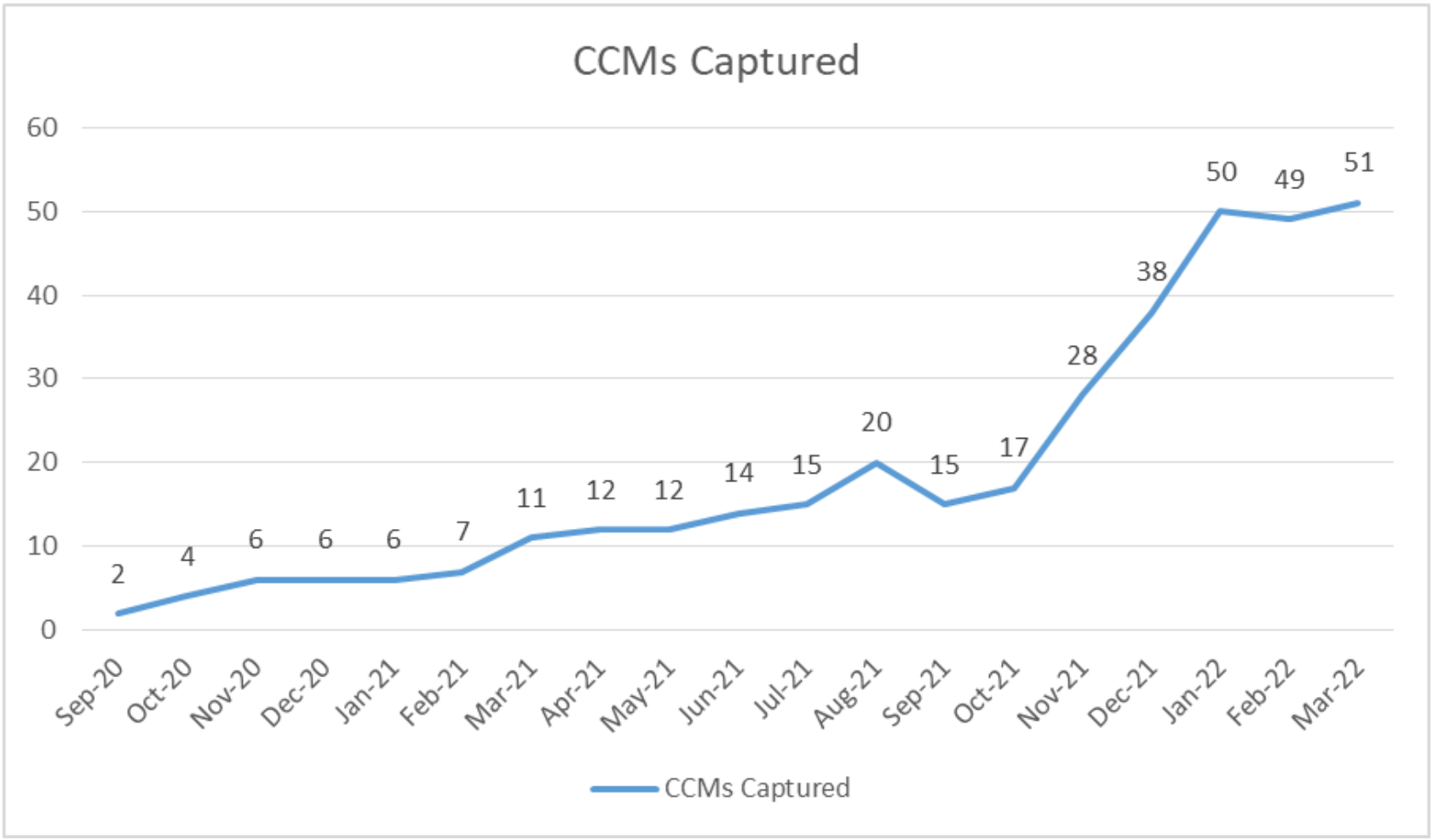
Stories of Success During Pandemic





- **Chronic Care Management (CCM)**
  - Palliative Care with Chronic Care Management
  - Social Worker, Pharmacy, Diabetic Education, Nutrition, Pulmonary
- **Transitional Care Management (TCM)**
  - Optimizing with swing bed, nursing home, and others
- **Medicare Wellness Visits (MWV)**
  - Preventive care
  - Opportunity to bring patients back in
- **Advance Care Planning (ACP)**
  - Recognized the importance

CCM Through the Pandemic



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ROI Despite the Pandemic!

	Quarter 1			Quarter 2			Quarter 3			Quarter 4				
Metric Measured	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
MEDICARE WELLNESS VISITS														
Initial Preventative Physical Exam (IPPE)	2	4	0	2	0	4	3	3	4	1			$3,717.49	Revenue earned
Annual Wellness Visit (AWV)	40	49	41	40	39	26	39	22	34	40			$59,681.00	Revenue earned
AWV Subsequent Visits	42	50	36	42	46	41	49	42	52	39			$70,810.70	Revenue earned
Transitional Care Management (TCM)														
TCM Total Patients	49	43	45	47	53	44	46	40	69	65			501	Total # Patients
TCM - High Complexity	13	12	18	19	16	15	9	13	32	25			$34,004.40	Revenue earned (*AIR for RHCs)
TCM - Moderate Complexity	22	16	16	16	25	15	24	13	20	22			$50,602.86	Revenue earned (*AIR for RHCs)
TCM Missed Opportunities	14	15	11	10	12	14	13	14	17	18			$27,282.60	Revenue Opportunities Missed
Chronic Care Management (CCM)														
CCM Referrals Received	8	6	7	5	1	4	4	3	7				45	Total # Referrals Received
CCM Total BILLED Patients	73	68	57	67	57	61	63	48	74				$37,027.92	Revenue earned
CCM Patients Added per Month	4	4	4	3	0	2	0	3	3				23	Total # Patients Added to CCM
													$255,844.37	Revenue Captured from all visits
													$121,635.18	Revenue Captured from TCM & CCM visits

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YOU are Important!

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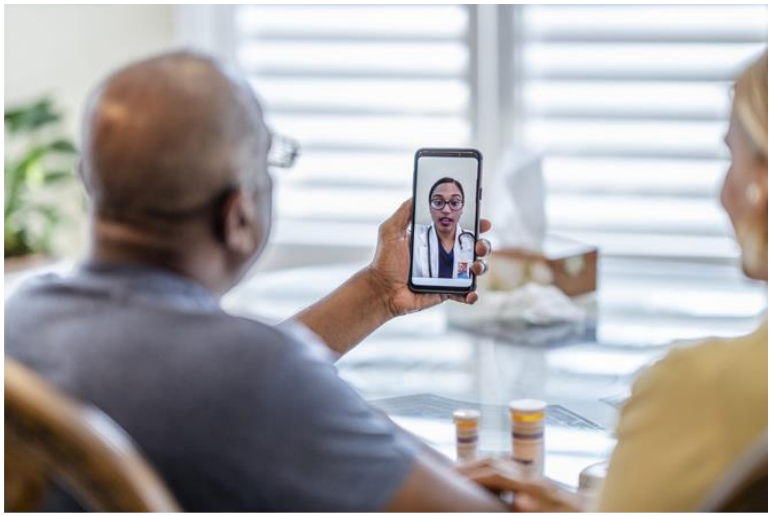
Changed How We Delivered Care



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