Where's the Value:
Navigation Quality, Effectiveness & Cost Savings

Kathleen Exline DNP, R.N.
System Vice President
Performance Excellence & Care Continuum

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Objectives

- Understand the effect that patient-centered care (by navigators, nurses, etc) have on the patient's quality of care
- How patient navigation impacts quality of care, effectiveness, and cost savings in patient care
- Various assessment measures used to measure quality of care and understand what role they may play in assisting with those data

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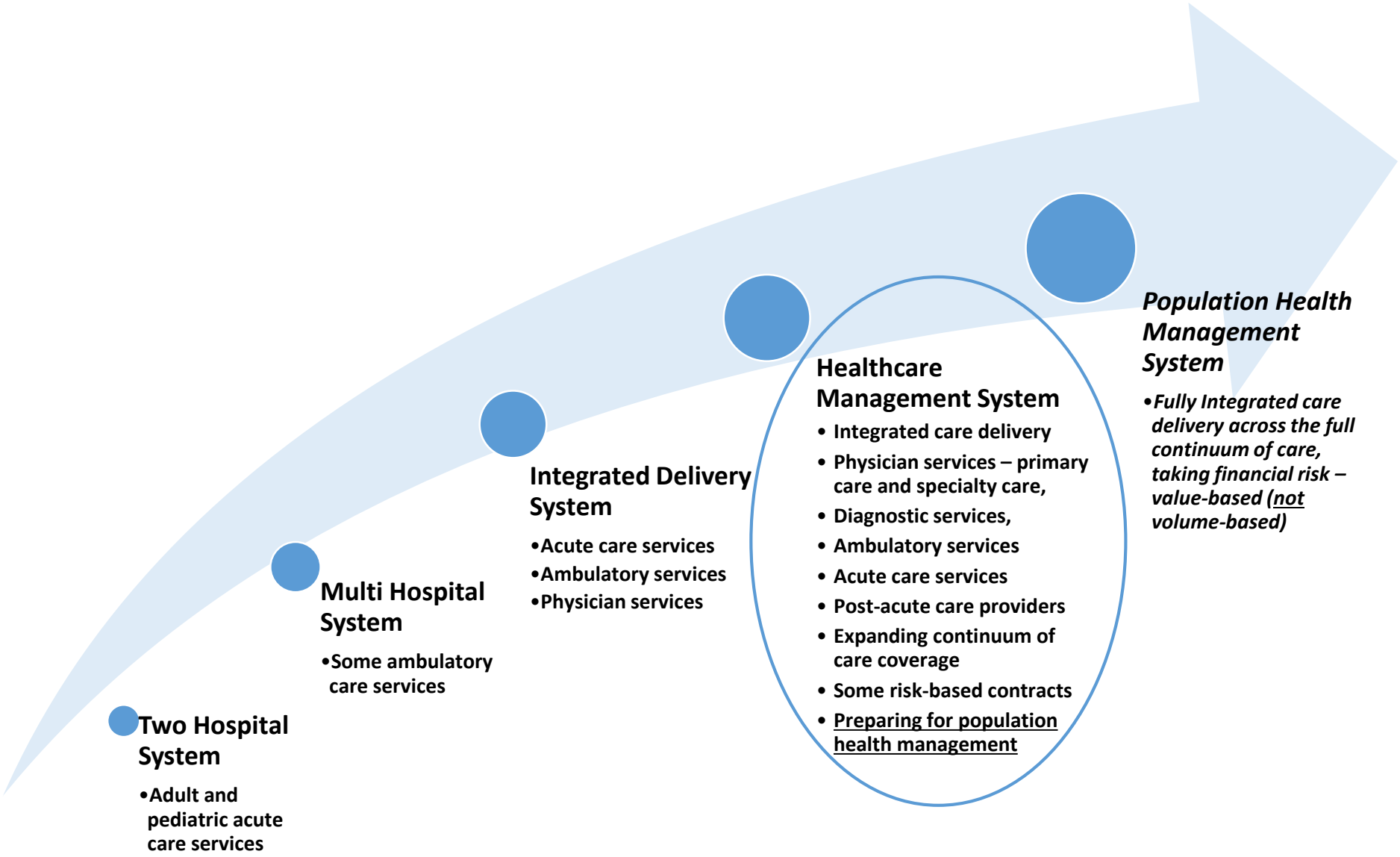
Norton Healthcare Evolution



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Nurse Navigator Roles

System Nurse Navigators

- Closing gaps
  - Humana
  - Anthem
  - WellCare
  - United Healthcare
- Identify and investigate suspect conditions for Medicare Advantage patients

Practice Nurse Navigators

- Providers assistance
- TCM and other calls
- Patient assistance
- Patient Education
- Closing gaps

Hospital Care Management

- Coordination and maximizing resources
- Managing length of stay
- Fiscal management of patient's healthcare benefits
- Discharge planning

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Nurse Navigator Value Journey

2011

- Hospital Visits for patients who were admitted for AMI, CHF, COPD, and PN.
- Proactive outreach to patients with AMI,CHF, COPD, and PN.
- Assist with NQF Compliance for patients with those four chronic conditions.

2018

- Transitional Care Management Calls and other Hospital Follow Up Calls
- Patient Assistance
- Patient Education
- Identify and close gaps in care (HEDIS Measures)
- Assist providers with identifying with Hierarchical Condition Category(HCC) codes.
- Assist providers with identifying patients who need a Practitioner Assessment Form(PAF) completed

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Additional Value Support

Paramedicine:
Partnership with paramedics

Costliest Patient:
Support cost reduction efforts

Hosparus Project:
Support of patient care coordination

Follow up PCP appointments:
Support patients

Call center:
Partnership with call center

Meds to beds:
Ensure patients receive meds

ED SWAARM:
Prevent readmissions

Anticipated DC date:
Support discharge

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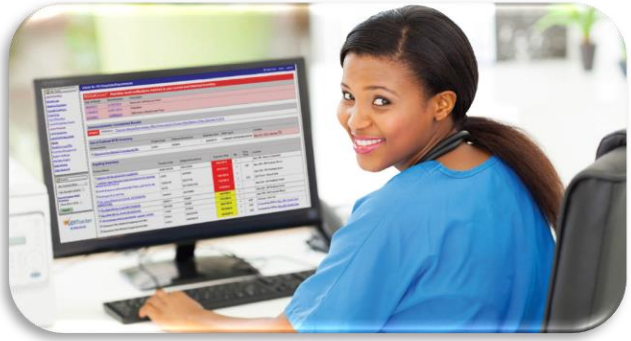
Nurse Navigator Key Metrics

1. Hospital/Practice Readmission Rate
2. HEDIS Star Level (Ambulatory Quality Metrics)
3. Practitioner Assessment Form(PAF) Completion Rate



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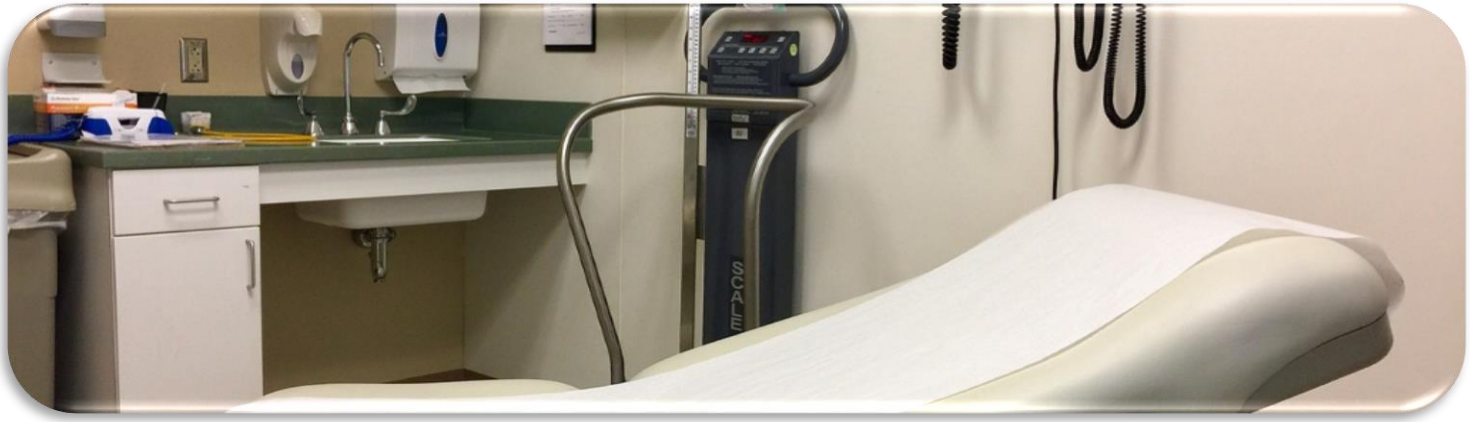
Practice Readmission Rate

Patient discharged from hospital → Nurse Navigator follow up → Schedule and confirm follow up visit → Prevent readmission

Various options of contacting the patient

Reducing readmission rates to avoid CMS penalties



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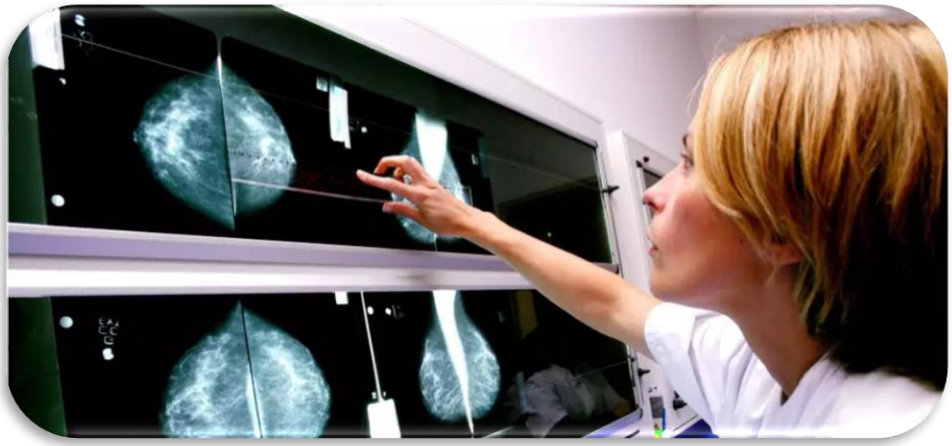
HEDIS Star Level
(Ambulatory Quality Metrics)

Rating based on percentage of completion for preventative measures

Payor provides incentive pay to facility while improving population health



Adult BMI Assessment
Breast Cancer Screening
Care for Older Adults - Functional Status Assessment
Care for Older Adults - Medication Review
Care for Older Adults - Pain Screening
Colorectal Cancer Screening
Comprehensive Diabetes Care - Blood Sugar Controlled - 3x
Comprehensive Diabetes Care - Eye Exam
Comprehensive Diabetes Care - Nephropathy
Rheumatoid Arthritis Management
Medication Reconciliation Post-Discharge
Osteoporosis Management
Plan All-Cause Readmissions - 3x
Statin Therapy for Patients with Cardiovascular Disease
Medication Adherence for Cholesterol (Statins) - 3x
Medication Adherence for Diabetes Medications - 3x
Medication Adherence for Hypertension (ACE or ARB) - 3x
Statin Use in Persons with Diabetes - 3x

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Practitioner Assessment Form (PAF) Completion Rate

Comprehensive health assessment form consisting of elements from the Annual Wellness Visit, a physical exam and Healthcare Effectiveness Data

Healthcare providers document vital information for Humana Medicare Advantage-covered patients

Payor benefits with appropriate patient risk scores. Facilities benefit through additional revenue

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Year over Year Comparison

2015
- HEDIS Star Level= 4.25
- PAF Completion Rate= 61%

2016
- HEDIS Star Level= 4.53
- PAF Completion Rate= 80%

2017
- HEDIS Star Level= 4.58
- PAF Completion Rate= 91%

***** The Bar is constantly being raised by CMS or by patient population increase, yet there is a constant trend of success and progress**

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Medicare Advantage

Humana.

Anthem®

UHC
UnitedHealthcare®

WellCare®
Beyond Healthcare. A Better You.

Through Medicare Advantage programs Norton Healthcare earned 55% of available incentives for 2017

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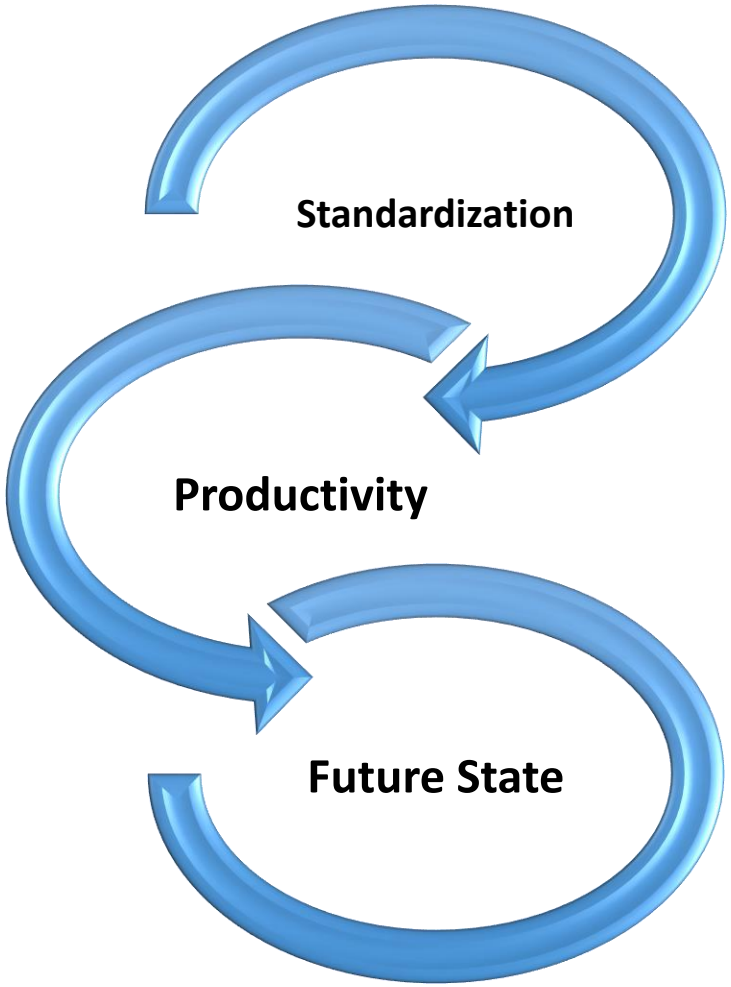
Nurse Navigator Optimization



18 primary care Nurse Navigators cannot complete a task 18 different ways.

Productivity: Number of tasks and time it takes to complete those tasks

Example valuation grid:

2017 Medicare Advantage and Risk Assessment Incentives			
Payor	**HEDIS Incentive**	**Risk Assessment (PAFs)**	**Requisition 14483 Allocation**
Humana	$$	$$	10% of time dedicated to Humana HEDIS incentive
Anthem	$$	$$	15% of time dedicated to working both categories of incremental revenue
United Healthcare	$$	$$	15% of time dedicated to working both categories of incremental revenue
WellCare	$$	$$	10% of time dedicated to working both categories of incremental revenue

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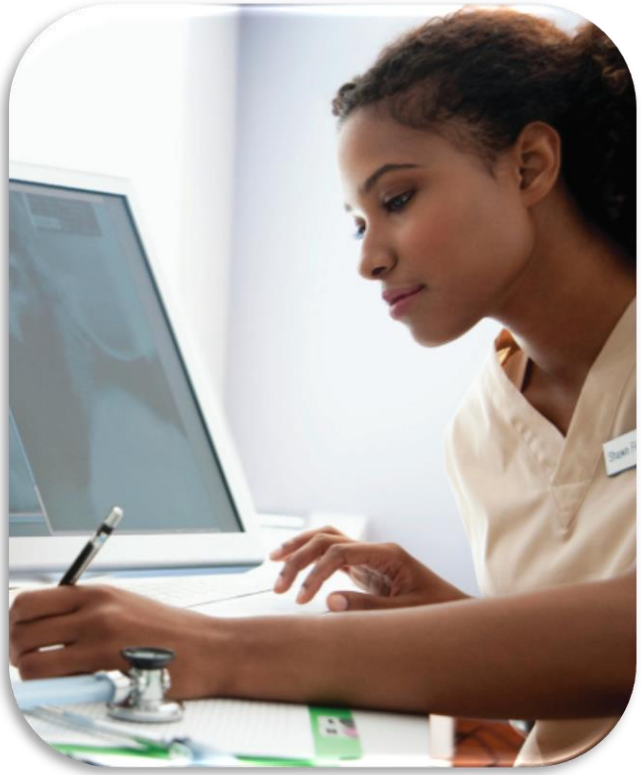
Current Barriers

- Provider Engagement
- Practice Staff Turnover
- Nurse Navigator to Provider Ratio
- Utilization of Health Maintenance
- Nurse Navigators are the only RN in the office
- Absence of Longitudinal Plan of Care
- Not a lot of research and standards
- Some Nurse Navigators are spilt in multiple offices



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What's next?

- Integration of multi-disciplinary roles
- Work to top of license
- Team based care
- Increase provider engagement
- Automated productivity tracking

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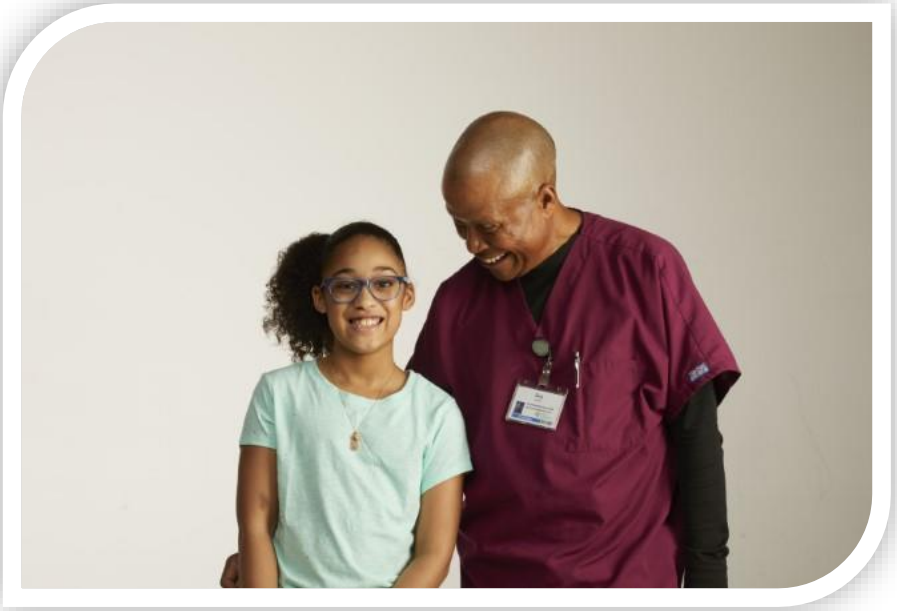
Questions



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