Achieving the Triple Aim for Individuals with Heart Failure:
A Patient Partnership Approach

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Objectives

- Root Cause Analysis
- Optimal Care
- Implementation
- Financial Considerations
- Palliative Care Example

Triple Aim

Improving Care

Improving Health

Reducing Cost
Meet Harlan...

- Family Involvement and Decision Making
- Universal Access to Medical Records
- Chronic Disease Prevention
- Patient Education
- Palliative Care
- Care Coordination
Root Cause Analysis

- Gaps in Technology
- Inadequate Preventative Medicine
- Care Management Disconnect

Patient Partnership

- Ineffective Communication
- Limited Access to Care
Challenge: Communication

Ineffective Communication

- Providers ↔ Patients, families
- Providers within/outside of WestPlan

Advance Directives

- Not present
- Not updated
Challenge: Care Management

Ineffective Care Coordination

- Central Hospital Heart Failure Clinic assumes role of Primary Care Physician (PCP)
- Medication mismanagement
Challenge: Technology

Electronic Medical Records (EMR)

• Too complicated
• Misguided data collection
• Lack of connectivity
Challenge: Preventative Medicine

Central Hospital Heart Failure Clinic (CHHFC)

- Referral timing
- Lack of participation
Challenge: Access to Care

WestPlan services less accessible to “part-time” patients

Medicaid patients left behind
Optimal Care

- Efficient Technology
- Effective Preventative Medicine
- Coordinated Care Management
- Ideal Communication
- Maximum Access to Care

Patient Partnership
**Communication: Solution**

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<thead>
<tr>
<th>Goal Sheets</th>
<th>SBAR</th>
<th>Advance Directive</th>
<th>Patient Access to EMR</th>
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<td>Short- and long-term</td>
<td>Situation</td>
<td>Living will</td>
<td>Strengthen patient partnership</td>
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<td>Know what the patient wants</td>
<td>Background</td>
<td>Medical Power of Attorney</td>
<td>Patient satisfaction</td>
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<td>Realistic outcomes</td>
<td>Assessment</td>
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<td></td>
<td>Recommendation</td>
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Family Disputes

- Palliative care team to help resolve disagreements using trained counselors
Optimal Care

- Coordinated Care Management
- Efficient Technology
- Effective Preventative Medicine
- Ideal Communication
- Maximum Access to Care

Patient Partnership
Care Management: Solution

PCP Remains Primary Manager of Care

• Heart Failure Clinic partners with patient and PCP

Medication Reconciliation

• Comprehensive medication management
• Improved safety
• Improved outcomes
Optimal Care

Efficient Technology

Coordinated Care Management

Effective Preventative Medicine

Ideal Communication

Maximum Access to Care
Technology: Solution

Electronic Medical Record

• Build meaningful databases
• Encourage “handshaking”
• Lead by example
Optimal Care

- Efficient Technology
- Effective Preventative Medicine
- Maximum Access to Care
- Ideal Communication
- Coordinated Care Management

Patient Partnership
Preventative Medicine: Solution

CHHFC Referral after Diagnosis
- Not only after hospitalization

Expand CHHFC
- More physicians, nurses, health educators, social workers, nutritionists

Improve Diabetes Care
- Increase participation in disease and case management program
Preventative Medicine: Solution

- Diabetes care
  - Automatic enrollment
- Risk of heart disease
  - Standard of treatment
  - Education
Optimal Care

- Efficient Technology
- Effective Preventative Medicine
- Coordinated Care Management
- Ideal Communication
- Maximum Access to Care

Patient Partnership
Access to Care: Solution

- Free Clinic Days
  - Community!
- Continuing Medical Education
  - Providers
- Insurance Subscriptions
  - “Part-time” patients
  - Non-Medicaid
- Coordinated Care Organization (CCO)
  - Medicaid
• **Interprofessional task forces**
  - Implement recommendations
  - Hire appropriate personnel
  - Monitor progress
  - Reassess and adjust
Financial Considerations

Savings

- Decrease readmissions
- Preventative medicine

Investment

$132,800/mo

Savings

$881,000/mo

Additional Revenue

- “Subscriptions” for other insurers

Becoming a CCO

- WestPlan shares in the savings
Putting it All Together: Palliative Care as an Example
Palliative Care: Educating Patients the WestPlan Way

WestPlan offers palliative care support, yet clients do not fully comprehend what that entails.

Our proposal provides clients with what palliative care means to WestPlan and what it means for them.
Palliative Care: Communication, Care Management, Technology

- **Goal Sheets and Advance Directives**
- **Medication Reconciliation**
  - Help Harlan with self-management so he can take his prescriptions safely and effectively
- **Electronic Medical Records**
  - Communication between providers will be enhanced and optimized
  - Harlan has access to his own records

- **Efficient Technology**
- **Coordinate Care Management**
- **Ideal Communication**
- **Patient Partnership**
Palliative Care: Preventative Medicine and Access to Care

Diabetic Educators
- Diet plans
- Blood sugar self-monitoring

Insurers “Subscription”
- WestPlan services now available to Harlan and Margie

Effective Preventative Medicine

Patient Partnership

Maximum Access to Care
Conclusion

Ideal Communication

Coordinate Care Management

Efficient Technology

Effective Preventative Medicine

Maximum Access to Care

Triple Aim

Improving Care

Improving Health

Reducing Cost
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Questions?
• A complete list of references can be found in Appendix B