Adventisth Health case study: Review these case studies to see how successful complex care programs applied the concepts and developed their value case.

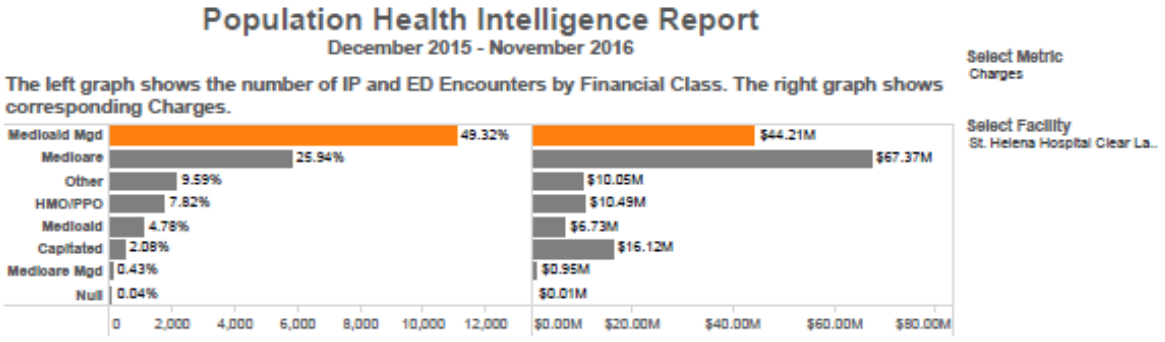
Case Study One: Adventist Health, Clearlake, CA

The National Center for Complex Health has partnered with dozens of communities around the country to partner in strengthening their ecosystems of care. The case study below has been selected for your learning. The goal of this case study is to give you an opportunity to synthesize what you learned in the "Making the Case for Complex Care" toolkit.

Adventist Health (AH) Clear Lake and the National Center for Complex Health and Social Needs partnered in the Project Restoration initiative to design a model for complex patients in Clearlake, CA. As a rural critical access hospital located in Lake County with some of the worst health outcomes in the State of CA and plagued by devastating wildfires, the community had complex challenges with limited resources to address needs. Project Restoration was created to meet the needs of vulnerable community members who had high utilization of the healthcare, EMS and criminal justice systems.

Understanding population utilization

The community used two approaches to understand the population – system level analysis of all patients who accessed the health system in one year and a community collaborative sharing lists of the highest utilizers of the healthcare, EMS and criminal justice systems. AH used data from the electronic health record and the cost accounting systems for this analysis.



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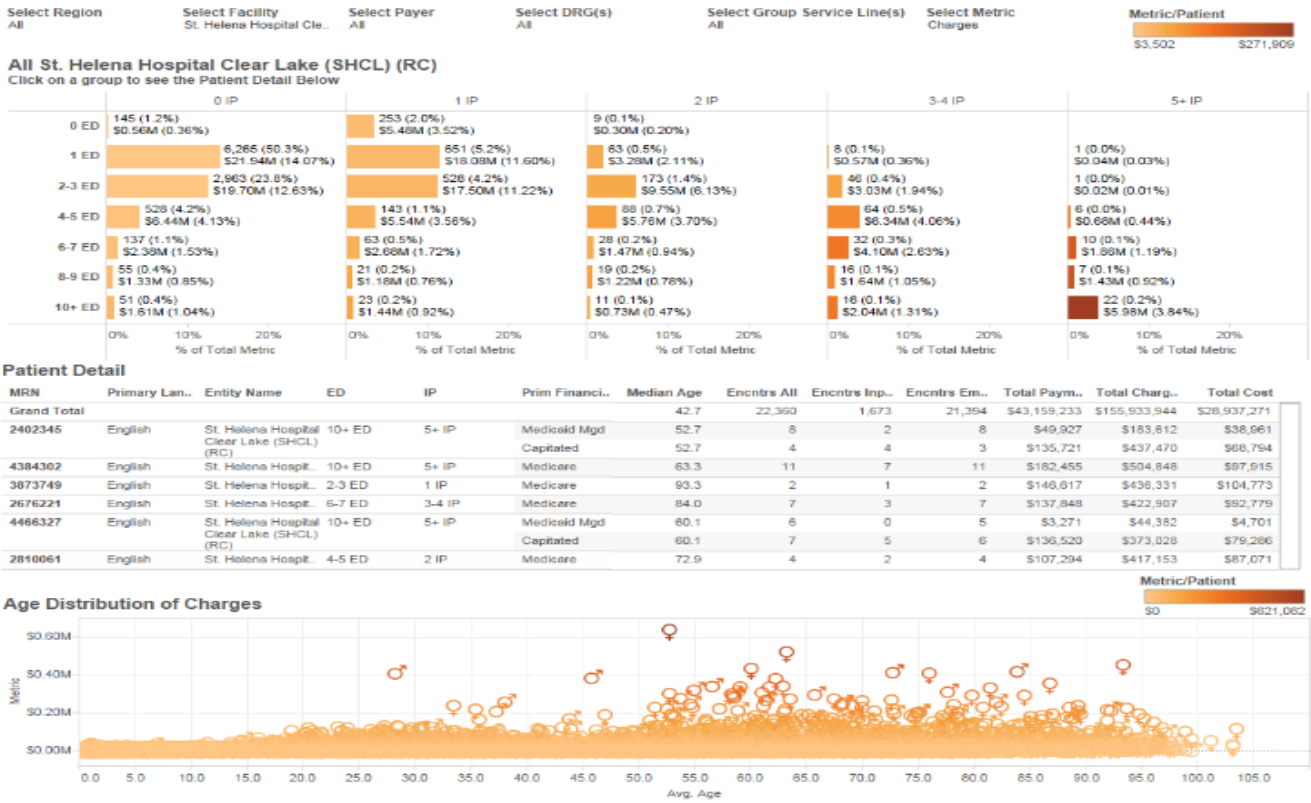
Utilization Matrix



Patient Detail

MRN	Primary Lan..	Entity Name	ED	IP	Prim Financi..	Median Age	Encntrs All	Encntrs Inp..	Encntrs Em..	Total Paym..	Total Charg..	Total Cost
Grand Total						42.7	22,360	1,673	21,394	$43,159,233	$155,933,944	$28,937,271
2402345	English	St. Helena Hospital Clear Lake (SHCL) (RC)	10+ ED	5+ IP	Medicaid Mgd	52.7	8	2	8	$49,927	$183,612	$38,961
					Capitated	52.7	4	4	3	$135,721	$437,470	$68,794
4384302	English	St. Helena Hospit..	10+ ED	5+ IP	Medicare	63.3	11	7	11	$182,455	$504,848	$97,915
3873749	English	St. Helena Hospit..	2-3 ED	1 IP	Medicare	93.3	2	1	2	$146,617	$436,331	$104,773
2676221	English	St. Helena Hospit..	6-7 ED	3-4 IP	Medicare	84.0	7	3	7	$137,848	$422,907	$92,779
4466327	English	St. Helena Hospital Clear Lake (SHCL) (RC)	10+ ED	5+ IP	Medicaid Mgd	60.1	6	0	5	$3,271	$44,382	$4,701
					Capitated	60.1	7	5	6	$136,520	$373,028	$79,286
2810061	English	St. Helena Hospit..	4-5 ED	2 IP	Medicare	72.9	4	2	4	$107,294	$417,153	$87,071

PAUSE AND REFLECT

- As you look at the utilization distribution of the Adventist population in the "Utilization Matrix" and "Population Health Intelligence Report" above, which patients make the most sense to work with first in this health system? Revisit "Getting started in complex care" and "Scaffolding the Population" sections

This resource was shared as part of the Building the Value Case for Complex Care Toolkit from the National Center for Complex Health and Social Needs, an initiative of the Camden Coalition. Find the full toolkit at www.nationalcomplex.care/value-case.

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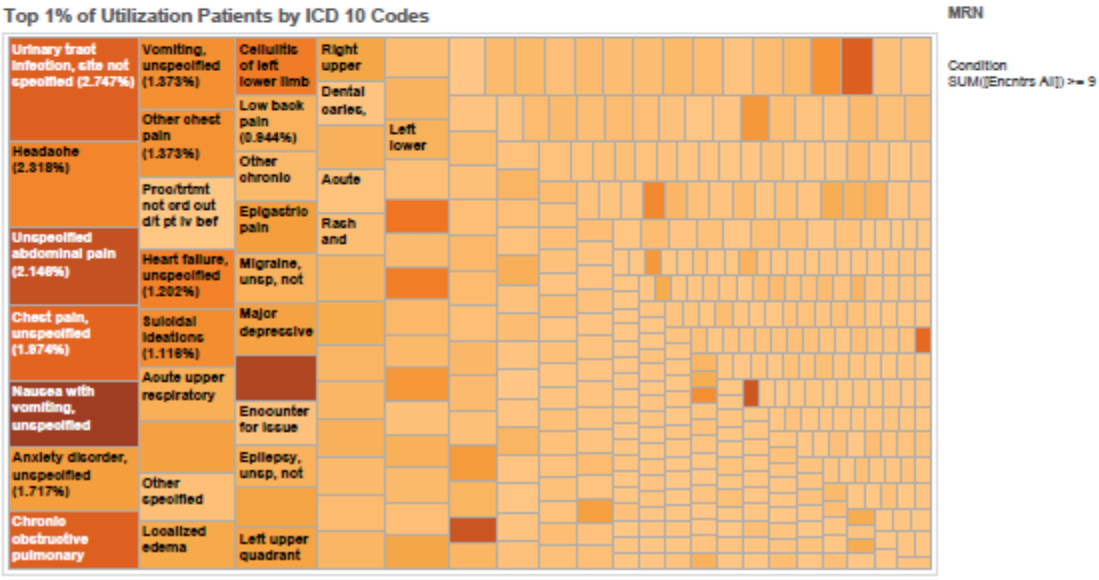
To orient you to the chart below, the larger the box the greater number of people visit the Adventist Health system with that diagnosis, and the darker the box, the higher cost associated with the patients in that box.



PAUSE AND REFLECT:

- How does the information in the chart above impact your approach to which patients you'd select to work with first?
- How might you begin identifying underlying themes that may be the "systems swiss cheese holes" within each of these boxes? (*Note: Even though these boxes say clinical diagnoses, how might you go about identifying the social and behavioral themes individuals in these boxes share?)*

Scaffolding populations

The population with the highest financial impact on the system was those with managed Medicaid. The community began with this population and added others as support for the initiative grew.

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Stakeholder needs & asset mapping

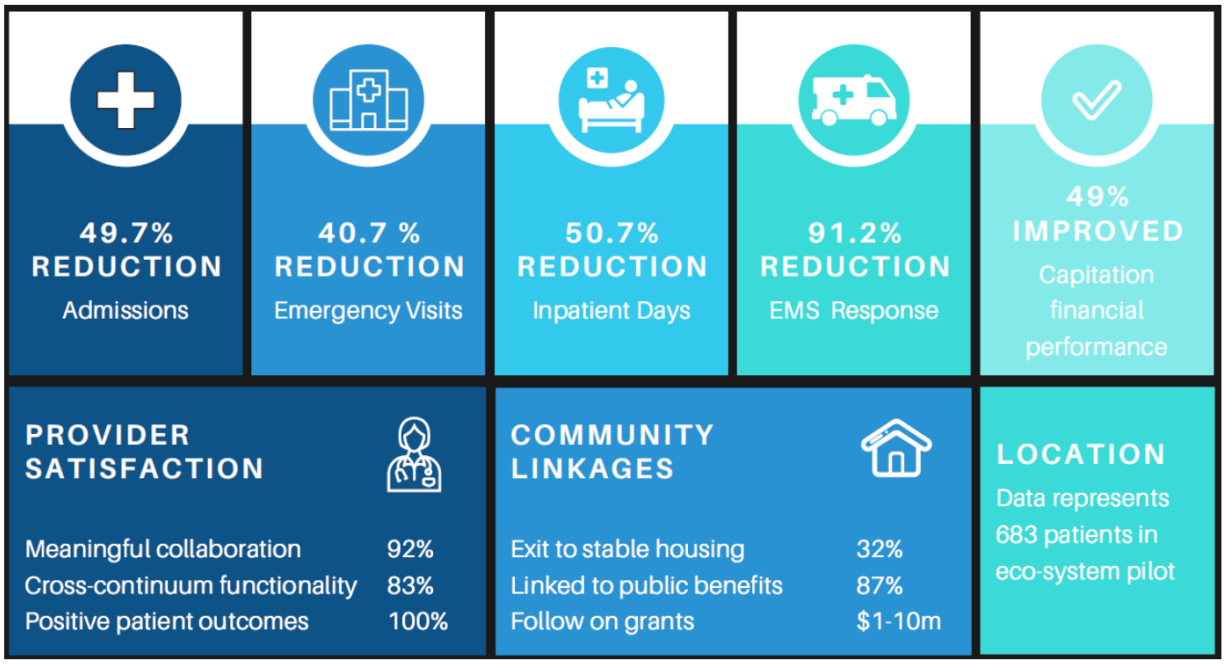
The leader of the initiative met individually with key stakeholders to assess their needs, shared vision and potential for collaboration. The community completed asset mapping through internet search for key domains of resources needed for complex patients. They also held a community event with a gallery walk where community members could add resources that hadn't been captured in the initial search. This was translated into a paper directory and simple web-based resource that is updated annually by the community.

PAUSE AND REFLECT:

- Which tool would you use from the toolkit to assess stakeholder needs?

Demonstrating value

The Project Restoration team identified metrics that mattered to the community partners and tracked changes in cost and utilization for each of the three systems, change in access to housing and primary care (quality) and provider and patient satisfaction. Comprehensive demographics are tracked for the population to highlight the equity issues that are addressed through the model.



Hardin, L., Trumbo, S. & Wiest, D. (October 2019). *Cross-sector collaboration for vulnerable populations reduces utilization and strengthens community partnerships.* **Journal of Interprofessional Education and Practice.** https://doi.org/10.1016/j.xjep.2019.100291

Collaborating with finance

The CFO was included as a partner in the community collaborative that developed the initiative. Partnering with the CFO has resulted in co-design of the next phase of evaluation and creation of a dashboard for the community to track outcomes for multiple initiatives that have subsequently been developed based on the success and learnings from Project Restoration.

Funding and efficiency

The model was initially funded through community benefit dollars from the health system. As the program and outcomes grew, a relationship was established with a Medicaid plan for partial funding. The city has dedicated $500,000 to the initiative due to the positive impact on community costs. Grants have been received from several sources to fund additional services like a shower trailer for the homeless. The community is now working on an ecosystem analysis to identify the next phase of sustainable funding to support the growth of the work.

The team has creatively addressed staffing and delivery including being led by a Pastor highly experienced with building authentic relationships and lasting change with the homeless population, using Americorp Volunteers, integrating SW students in delivery, co-locating services with other community partners, using peer supports and hiring graduates of the Project Restoration program as staff.

Celebrating success

The Project Restoration team has excelled at sharing outcomes and including the community in the story of impact and success. A regular newsletter and Facebook page bring the personal story directly to community members. The team has created several videos that are broadly shared and works with the media to highlight important milestones in the news as the program grows.

Adventist Health (April, 2018). *Project Restoration* https://www.youtube.com/watch?v=5ltCGJTofrM

Laura Jean's story: https://vimeo.com/471237504