

Transition Support Program: The Business Case for Patient Navigation

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We are **AdvocateAuroraHealth™**

Agenda

1. Welcome!
2. Our Frame of Reference: Advocate Aurora Health
3. The Burning Platform
4. Transition Support Program: A Story of Patient Navigation and Quality Growth

Chicago Trivia!

The Chicago Transit Authority (CTA) operates the second-largest public transportation system in the U.S. Which of the following is NOT a train route?

- a) Orange Line
- b) Pink Line
- c) Yellow Line
- d) Gray Line



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- d) Gray Line Correct!**



Our Frame of Reference: Advocate Aurora Health

We are **AdvocateAuroraHealth**[™]

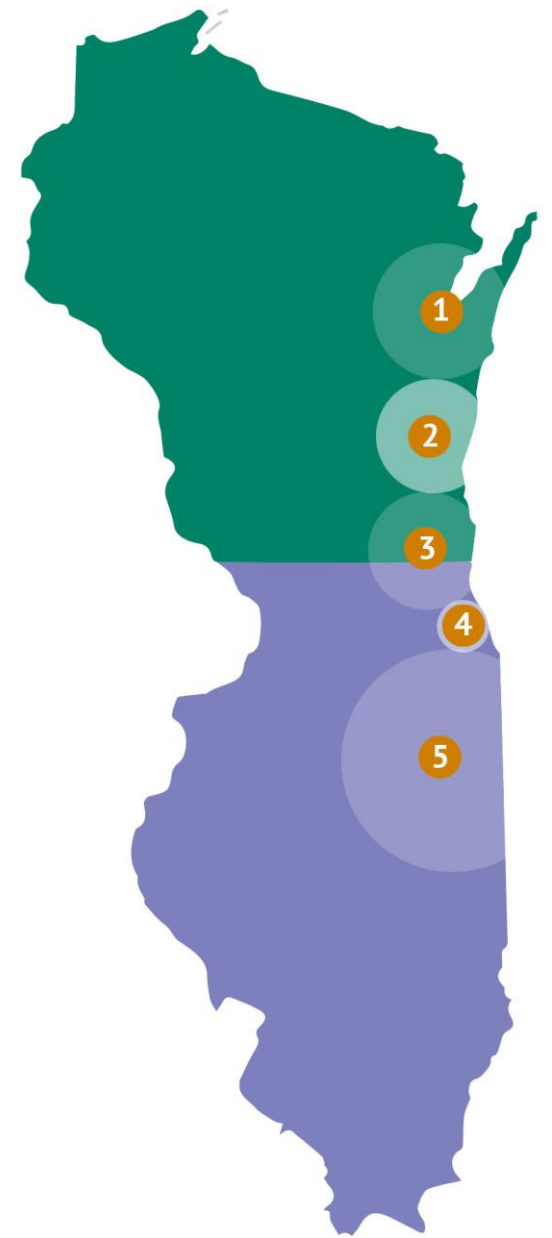
OUR PURPOSE

We help people live well.



5 Regions

1. North Wisconsin
2. Central Wisconsin
3. Greater Milwaukee South (GMS)/
South Wisconsin & North Illinois
4. Central Chicagoland
5. South Chicagoland & Central Illinois



Source: AAH Market Report (2018).

THIS IS transformation



By the numbers



NEARLY
\$2B
COMMUNITY
BENEFITS IN
2017

\$12B
TOTAL
REVENUE

9.7%
OPERATING CASH
FLOW MARGIN


70,000
TEAM MEMBERS

\$18B
TOTAL
ASSETS

262
DAYS CASH
ON HAND

11.5%
EBDIT %


3,300+
EMPLOYED
PHYSICIANS


27
HOSPITALS


500+
SITES OF
CARE


2.7M
UNIQUE
PATIENTS


22,000
NURSES

Our Why

Lead, transform and reimagine health

- Take advantage of scale to :



Improve safety
and outcomes



Enhance care
coordination



Drive
growth



Enable effective
and efficient
operations

Source: AAH Market Report (2018).

9

Consumer First



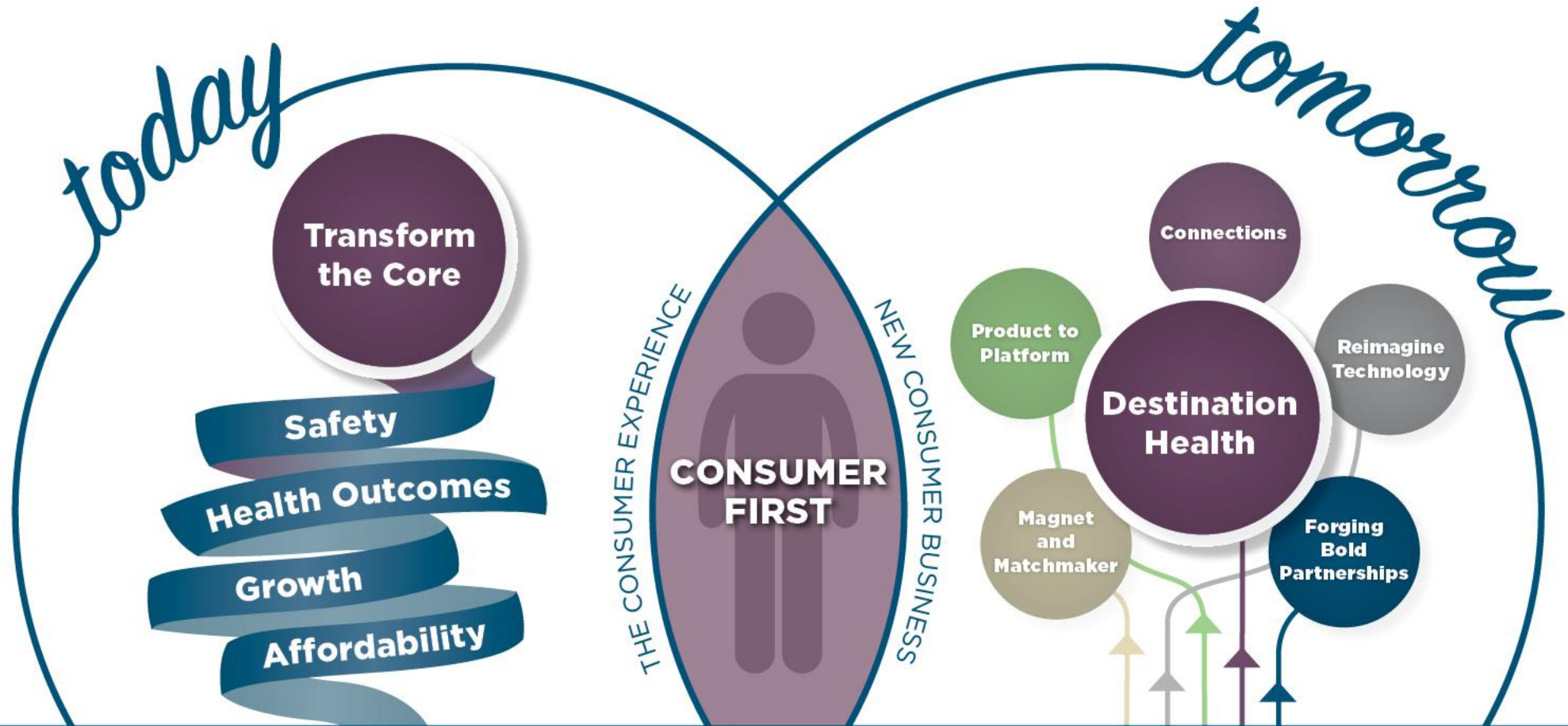
- Patient Service Area Based
- Support & Ancillary Services centralization
- Integrated approach

Nationally recognized. Regionally scoped. Locally present.

Source: AAH Market Report (2018).

10

TRANSFORMATION 2025



C U L T U R E

Purpose: We help people live well

Values: Excellence • Compassion • Respect

The Burning Platform

We are **AdvocateAuroraHealth**[™]

Current Environment: Key Takeaways

1. Net operating income challenged at specific operating units and system levels
2. New channels of patient distribution: zero-sum game
3. Board mandated 3.5% minimum return from operations
4. Illinois as a hyper-competitive state with poor Medicaid reimbursement
5. Expense management – CPAD reduction – simply insufficient

Provider System Collision Course

Decreasing Revenues

Volitional Declining Utilization
Medicare
Medicaid
Insurers/employers
Squeezed Net Income

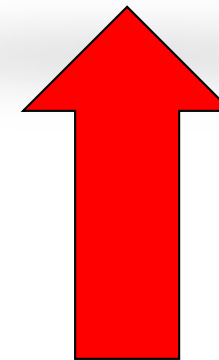


Shrinking Margins

Increasing Expenses

Wages and Benefits
Supplies
Technology

*Who pays for differentiated quality
or more effective utilization
management?*



Transition Support Program: **A Story of Patient Navigation and** **Quality Growth**

Transition Support Program

- Volunteer-based program that helps patients and families navigate the health care system
- Combination of in-person visits at bedside/site of care, phone outreach, and longitudinal navigation
- Supports patients with non-medical barriers: language, transportation, insurance, medication access, smoking cessation, immigration, and more
- *“Doing Well By Doing Good”*

Transition Support improves overall patient experience, advances population health, and yields quality growth and ROI²

¹ Jackson, et al. (2015). “Timeliness of Outpatient Follow-up: An Evidence-Based Approach for Planning After Hospital Discharge.” Annals of Family Medicine.

² Balderson, D. and Safavi, K. (2013). “How Patient Navigation Can Cut Costs and Save Lives. Harvard Business Review.”

A Nationally-Recognized Model



**Runner-Up, 2018 DNV GL National Healthcare Innovation of the Year
Recipient, 2018 Advocate Physician Partners Process Improvement Award
Recipient, 2019 President's Award, Advocate Illinois Masonic Medical Center**

TSP By The Numbers

5,000+

Patients served since August 2016

\$15.4 million

Downstream contribution margin in 2018

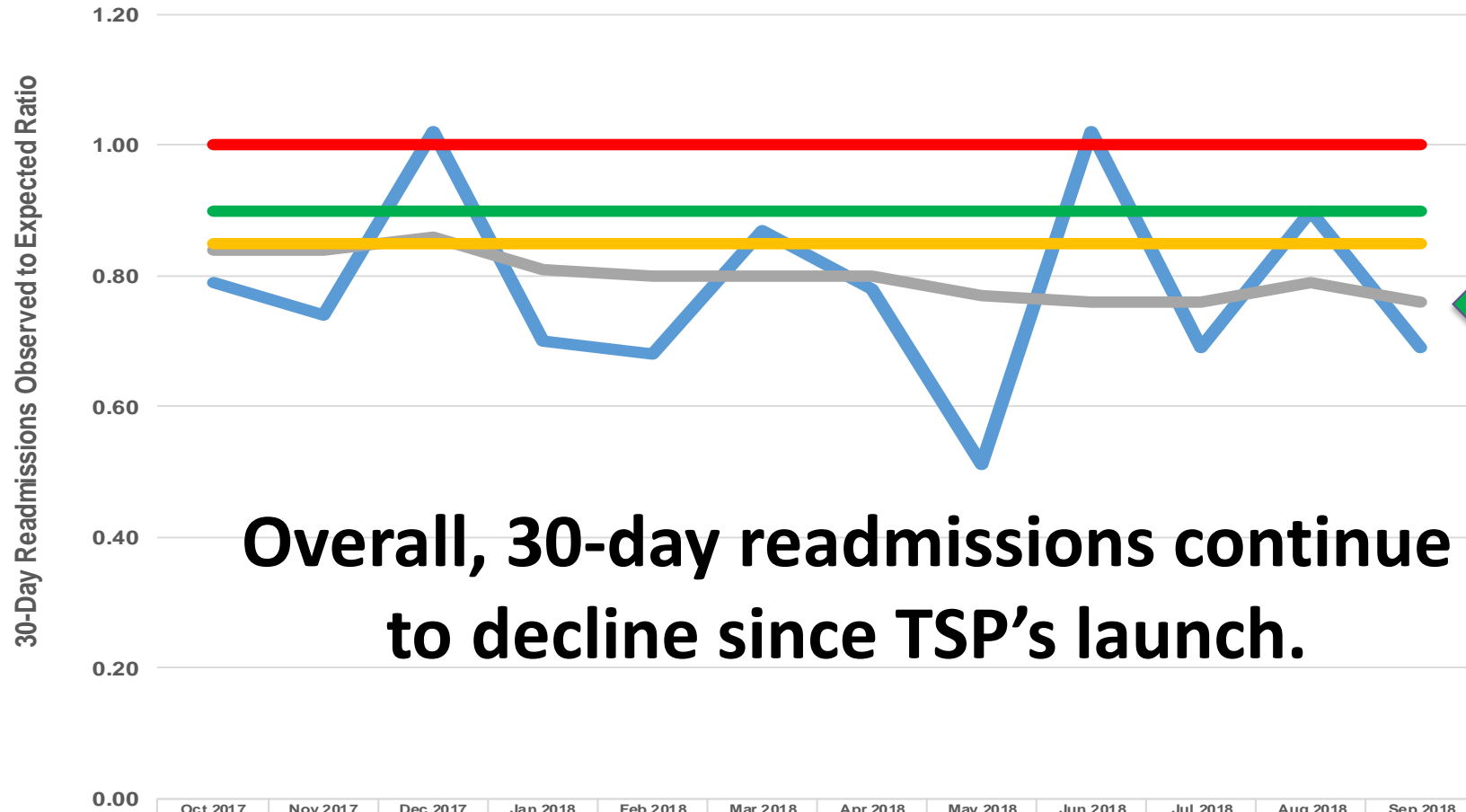
97%

Post-discharge appointment compliance
in our Heart Failure Clinic in 2018

3.8%

Percentage of Heart Failure Clinic patients
readmitted from June-November 2018, below
14.4% baseline

**Advocate Illinois Masonic Medical Center
30 Day Readmissions Ratios (Observed/Expected)
October, 2017 - September, 2018**



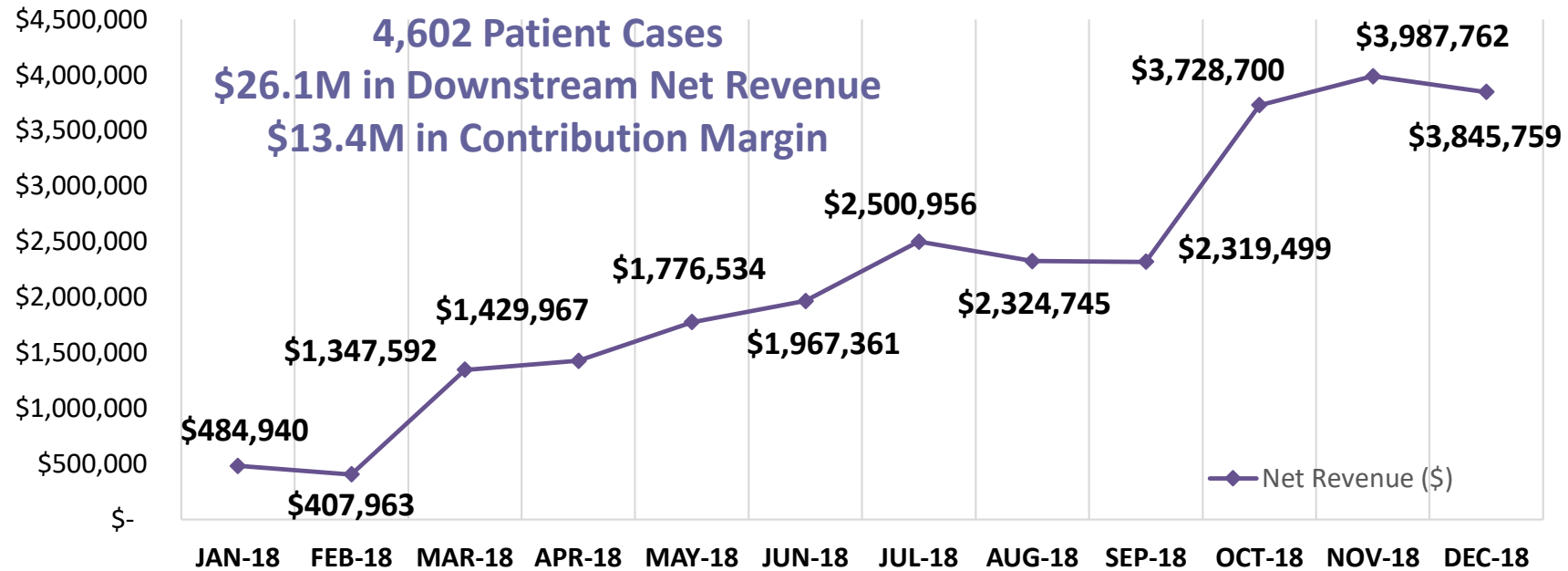
Overall, 30-day readmissions continue to decline since TSP's launch.

	Oct 2017 (O=38, E=48)	Nov 2017 (O=39, E=52)	Dec 2017 (O=59, E=58)	Jan 2018 (O=40, E=57)	Feb 2018 (O=35, E=51)	Mar 2018 (O=46, E=53)	Apr 2018 (O=39, E=50)	May 2018 (O=26, E=51)	Jun 2018 (O=52, E=51)	Jul 2018 (O=38, E=55)	Aug 2018 (O=49, E=55)	Sep 2018 (O=36, E=52)
AIMMC Monthly Readmission Ratio	0.79	0.74	1.02	0.70	0.68	0.87	0.78	0.51	1.02	0.69	0.90	0.69
AIMMC Rolling 6-Month Readmission Ratio	0.84	0.84	0.86	0.81	0.80	0.80	0.80	0.77	0.76	0.76	0.79	0.76
Target Min	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Target	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90
Target Max	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85

Transition Support Program (TSP)

2018 Financial Impact: Advocate Illinois Masonic Medical Center

Net Revenue Yielded by TSP



Source: AHC Finance and Strategy Departments.
Total Program Cost = \$557,000 (Crimson, Staffing, Transportation)

Note: 1.0 FTE and 12 Volunteers dedicated to multi-site program.
Payor Mix: 48% Commercial, 36% Medicare, 14% Medicaid, 1% Self-Pay/Other 20

Patient Success Story: Overcoming Barriers to Heart Failure Care

December 21, 2018

Three months ago, we shared that a 79-year-old Spanish-speaking patient was admitted at AIMMC for CHF and hip fracture due to a fall in the home. This patient was previously admitted at various non-Advocate hospitals this year, had no assigned PCP, and was insured in an out-of-network Medicaid plan. The patient was frequently readmitted for CHF exacerbation. After close follow-up in AIMMC's CHF clinic, resolving medication access barriers, and promoting self-advocacy with the patient's family, the patient has been able to return to daily activities and has regained strength in the home. Attached is a photo of the patient, her daughter, and the AIMMC Heart Failure Clinic team (media consent form was obtained for this photo).



The Transition Support Program
improves overall patient experience,
advances population health, and
yields quality growth and ROI.

Future Health Leaders



Our Community Partners



Thank You to Our Volunteers!

Adib Alturkmani
Daniel Antwi
Laiba Bajwa
Nataliya Borysenko
Haley Bueser
Aditi Buti
Lupita Cahue
Casandra Del Valle
Alejandra Díaz
Sushanth Dosala
Jey Duraisingam
Gerardo Eman
Adaora Ezeh
Cindy Gómez
Leonardo Hernandez

Noel Joseph
Michael Karwowski
Catherinne Macal
Giselle Milla
Ahmad Musa
Haritomane Nikolaou
Laura Otero
Laura Pérez
William Rosales
Sharif Salman
Myurani Sathyanarayanan
Neeva Shrestha
Lizbeth Soto
Ivy Zhu



Thank You



“ There is no exercise better for the heart than reaching down and lifting people up. ”

-Anonymous

26