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Guiding the Way®

A Non Profit Health Plan's Innovative Approach to Managing Post-Acute Care

Customer Name

Security Health Plan of Wisconsin

Introduction

Security Health Plan, a part of Marshfield Clinic Health System, is a not-for-profit health maintenance organization that has been committed to improving members' health, managing healthcare costs and providing a high-quality healthcare experience since 1986. Security has over 44,000 Medicare Advantage patients.

Location

Marshfield, Wisconsin

> " When you align quality, consistency and member experience, the cost factor takes care of itself.
>
> – Dan Gell,
> Director of Utilization Management and Care Management, Security Health Plan

The Situation:

37[%]**of all**
Medicial Spending
stems from PAC

$60B/year
PAC Spending

+500[%]
SNF Utilization

According to the Centers for Medicare & Medicaid Services (CMS), approximately 37 percent of all medical spending for a Medicare beneficiary stems from post-acute care with some regions of the country spending much more than others. The Institute of Medicine reports that if these regional differences could be normalized, a variation in Medicare spending per beneficiary would fall by 73 percent — reaping huge savings for the system.

A 2015 MedPac report notes that Medicare post-acute care spending has ballooned to approximately $60 billion per year, more than doubling since 2001, with growth far outpacing other areas of health care. These ballooning costs are a result of the approximate 500 percent increase in skilled nursing facility (SNF) utilization since 1990.

Security Health Plan (Security) experienced this high utilization and patients entering post-acute care settings faced highly variable health outcomes, with large differences in length of stay, clinical and functional improvement and cost. Dan Gell, Director of Utilization Management and Care Management at Security, was part of an executive team tasked with improving outcomes while controlling costs. The team recognized that it needed to turn its attention to post-acute care management to fulfill this mission.

"We were seeing cases where the patient didn't begin physical therapy until day six of their stay, pushing a SNF stay from 14 days to 20 days. That is poor quality," Gell said.

Gell recognized that better post-acute care management would go a long way in combatting the rising costs and improving outcomes; however, any changes would be met with huge resistance from many stakeholders.

Post-acute care providers who stood to lose revenue if utilization dropped were wary of initiatives aimed at reducing SNF utilization. They were also reluctant to change their operating practice or cooperate with outside entities. Doctors were sure the cautious approach they had taken for years — discharging patient to SNFs — was the best way to serve patients. Patients saw efforts to move them back home as "kicking them out of the nursing home" even if they didn't know how long they'd be there from the start.

To overcome these challenges and create a successful post-acute care management program, Security partnered with naviHealth. naviHealth is a leader in post-acute care management. Together, Security believed it could reach its goals of reducing utilization, improving consistency and quality outcomes, increasing member satisfaction and reducing readmission rates across its Medicare Advantage patients.

2

The Solution:

They called it "The Roadshow." A series of high-stakes meetings across Security's coverage area in which Gell and other Security executives presented changes to their post-acute care management programs that affected every stakeholder.

The goal was education. The key to this initiative was Security's decision to implement the naviHealth **nH Predict** tool which leverages historical functional outcomes of similar patients to help the member and facility develop personalized post-acute care reports. **nH Predict** uses multiple variables, including age, the patient's functional ability, comorbidities, diagnosis, and social determinants of health as clinical inputs derived from the patient's clinical information to determine a similar patient set. These predictions are designed to be communicated in plain approachable language to assist with care coordination and allow patients and their caregivers to be better prepared for eventual discharge planning. While **nH Predict** generates likely outcomes, all care decisions and suggestions are based on each patient's unique clinical presentation and the clinical judgment of naviHealth's care coordinators who have extensive experience. Armed with this data, the team from Security, with support from dedicated naviHealth clinicians, was able to present a unified front when meeting with providers across the care continuum.

"We showed them the data to prove that we could transition patients out of SNFs and into less restrictive settings without sacrificing quality," said Gell. "Patients want to be home. And we work with providers to get them there sooner by arranging further treatment and therapy in outpatient settings after a shorter SNF stay." Still, the skepticism was slow to recede.

"There was resistance all around," Gell said. "With naviHealth's support, we worked tirelessly to conquer it."

Security used data to show physicians and hospital executives the positive impact the program was having on outcomes. The team also confronted post-acute care providers' fears by outlining a plan that would ensure the highest quality providers would see referral increases.

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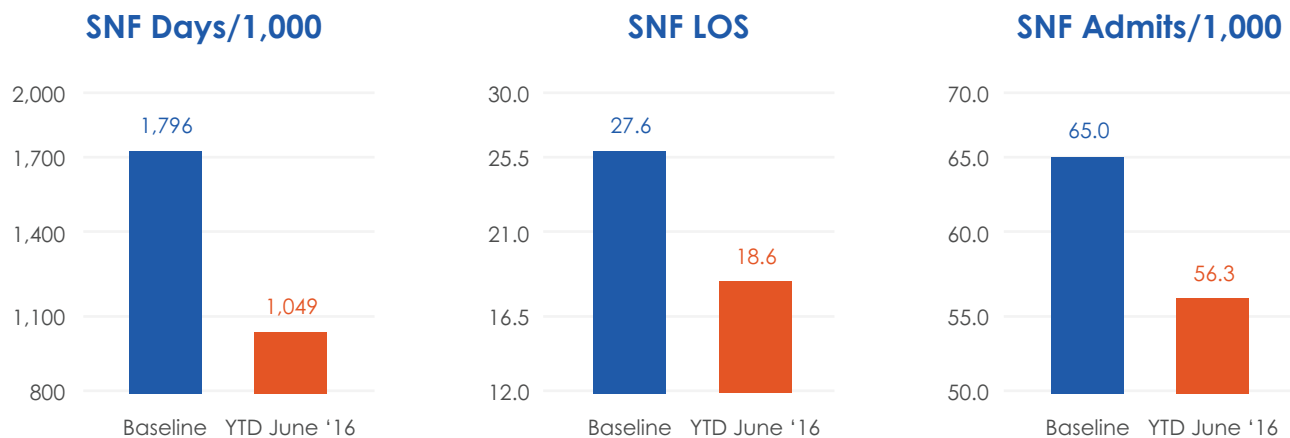
Security leadership continued to maintain a strong presence in the provider communities and worked hard to bridge the gap between the acute and post- acute settings. Gell and his team consistently worked with providers to identify areas of improvement, set goals and improve quality of care.

"Security was able to help post-acute providers modify their way of thinking," Gell said. "And that has gone a long way toward our success."

Clinical Outcomes:

Since partnering with naviHealth, Security has seen significant improvement in members' functional recoveries in post-acute care, a four-percentage point reduction in readmission rates and material reductions in post-acute medical expense. SNF days per 1,000 have decreased 42 percent, SNF length of stay has decreased 33 percent and SNF admits per 1,000 have decreased 13 percent.

"When you align quality, consistency and member experience, the cost factor takes care of itself," Gell said.

SNF Days/1,000

	Baseline	YTD June '16
Value	1,796	1,049

SNF LOS

	Baseline	YTD June '16
Value	27.6	18.6

SNF Admits/1,000

	Baseline	YTD June '16
Value	65.0	56.3

Security Health Plan can be found on the web at securityhealth.org.
naviHealth can be found on the web at naviHealth.com.

For more information, please contact **connect@naviHealth.com**.