CASE STUDY

Presbyterian Healthcare Services and *Hospital at Home*

About Presbyterian Healthcare Services

Presbyterian Healthcare Services (PHS) is New Mexico's only private, not-for-profit healthcare system, and is the state's largest managed care organization providing commercial health insurance, Medicaid and Medicare products. PHS hospitals, physicians, caregivers and insurance plans serve more than 650,000 patients and health plan members and care for one in three New Mexicans. The Presbyterian Medical Group (PMG) offers 34 locations statewide, and its clinics provide more than 1.2 million annual patient visits.

Presbyterian and *Hospital at Home*

PHS is seeking innovations organization wide with a triple bottom line—better clinical outcomes, increased patient satisfaction, and reduced costs. In April 2007, PHS began exploring alternative models of care under the leadership of Lesley Cryer, RN, Executive Director of Presbyterian's Home Healthcare Services.

Within a few months' time, Presbyterian's leadership decided to pursue ***Hospital at Home*** as a substitution model—as opposed to an early discharge model—to improve capacity issues for the health system. With substantial support from PHS' executive and senior vice presidents, and bolstered by a dissemination grant from Johns Hopkins and the Hartford Foundation, as well as technical assistance from program director, Dr. Bruce Leff, Ms. Cryer sought to implement the program within a year.

*"**Hospital at Home** made sense for us as an alternative to hospitalization. First, our city has a chronic hospital bed shortage. At the same time, we were looking for the chance to improve the way we deliver care to older patients. That **Hospital at Home** has reduced complications in this population and increased patient satisfaction in other places made it a natural choice."*

Lesley Cryer, RN
Executive Director, Presbyterian Home Health Care Services

To support the planning process, Ms. Cryer established work teams of multidisciplinary clinical leaders and administrative staff focused on:

- Registration, Scheduling & Interface (with ED, Telehealth and Pharmacy)
- Clinical: Nursing and Physician
  - Care system design for home care clinical service
  - Care system design for physician care provision
- Documentation and coding process issues
- Billing and Financial Issues
- Measurement
- Communications and Marketing
- Partners/Vendors
- Staffing/Hiring/Orientation
- Administrative Issues

Goals and Objectives

PHS' goal is to enroll a few hundred patients per year in ***Hospital at Home***. Patients will be admitted between 8:00 am-4:00 pm seven days per week. The average length of stay is expected to be four days, with an initial average daily census of up to 2-3 patients. Patients will come initially from the emergency department and eventually from clinics, and will meet the following criteria:

HOSPITAL at HOME

- Require hospital admission for a primary diagnosis of chronic heart failure (CHF), chronic obstructive pulmonary disease (COPD), or community acquired pneumonia (CAP)
- Live within a 15-mile drive of the hospital
- Covered by the Presbyterian Health Plan

PHS anticipated and planned for several risks, including challenges in staffing, lack of physician buy-in to ***Hospital at Home*** protocols, and patient liability.

PHS will report on the following critical outcomes to measure success:

- Satisfaction of patients and their families with ***Hospital at Home*** care;
- Illness-specific quality measures, e.g. use of ACE inhibitors, ARBs, and beta-blockers for patients with heart failure, timeliness of administration of antibiotics for patients with community-acquired pneumonia
- Prevention of health care acquired infections and other complications of care
- Medication management
- Readmissions to hospital
- Quality of care transitions
- Comparison of variable cost per patient day for ***Hospital at Home*** versus hospital

Status

PHS has completed the initiation and planning phases for adoption and plans to implement ***Hospital at Home*** in mid-October 2008. While recruiting a physician and gaining complete buy-in from the Emergency Department presented as obstacles, PHS mitigated these risks with an aggressive HR recruitment plan and referral bonus, Medicare payment for most of the services, and involving physicians in the initial creation of protocols to achieve acceptance.

While the implementation process is still ongoing, PHS has already learned the following lessons:

1. Electronic systems interface is extremely complex.
2. Creating sub-project teams have provided involvement and buy-in and have generated a tremendous amount of excitement.
3. Hiring challenges unexpectedly extended the timeline.
4. ***Hospital at Home*** is ideal to implement in an integrated delivery system.

Hospital at Home is an innovative health care model that can provide hospital-level care in a patient's home as a full substitute for acute hospital care. To date, Hospital At Home has been developed and tested in the US in a National Demonstration and Evaluation Study, funded by the John A. Hartford Foundation, at sites in Buffalo, New York, Portland, Oregon, and Worcester, Massachusetts. Patients who required hospital admission for community-acquired pneumonia, congestive heart failure, chronic obstructive pulmonary disease (emphysema), and cellulitis were treated in the ***Hospital at Home.*** For more information, go to www.hospitalathome.org.

For more information about *Hospital at Home* and PVAMC, contact:

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