From Volume to Value

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Who is Carroll Hospital?

Carroll Hospital, a LifeBridge Health center, is a nonprofit hospital centrally located in the county seat of Westminster, Maryland, providing preventative and medical care for people in every stage of life. The hospital is governed by a community board of directors in partnership with the LifeBridge Health board of directors.

	1961	2015
Beds	50	193
Physicians	6	400+ in 38 specialties
Employees	125	2,025—2nd largest local employer in Carroll County
Emergency Visits	300	53,302
Admissions	2,773	14,813
Births	552	1,079
Inpatient & Outpatient Surgeries	n/a	7,676
Cancer Center	n/a	18,710
Hospice Admissions	n/a	1,078
Hospital-Owned Private Practices	n/a	60 providers in 11 specialties through Carroll Health Group
Total Patient Encounters	**More than 3,500**	**More than 460,000**

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Formation of the Maryland TPR Collaborative

- **The goal of the TPR Agreement was to incentivize hospitals to provide high quality and reduce utilization**

- **TPR revenue is 100% fixed, regardless of:**
  - Inpatient/Outpatient mix
  - Increases or decreases in volumes
  - Changes in case mix

- **The majority of the TPR hospitals' revenue capital was established on the FY 2010 revenue base**
  - Transition funding based on historical volume and case mix growth
  - Some hospitals received additional adjustments in July 2011 to increase the TPR budget related to the opening of new services already planned

Since the hospital's revenue base is fixed, TPR encourages cost-effective delivery of care

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Mixed Results

- **Among the lowest readmission rates in the state**
- **Improved PPC and high utilizers**
- **Enhanced HCAHPS**
- **Fixed revenue challenges**

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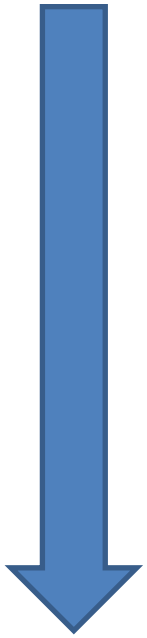
We Are Making Progress…



- **Inpatient Admissions 33%**
- **Readmissions 25%**
- **Number of patients readmitted three times or more per year with Behavioral Health diagnosis – 42%**
- **SNF Readmissions – 20%**
- **ED Use Rates – 4%**
- **ED Admissions – 9.7%**
- **Chronic Heart Failure – 27%**
- **Adults who smoke – 19%**
- **Age-adjusted deaths from diabetes – 13%**

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Carroll Healthy Vital Signs

INDICATOR Indicator is based on the entire population of Carroll County MD, unless otherwise noted	DATA *Previous*	DATA *Current*	TREND	Desired trend	TARGET & Target Source CB-HIP SHIP 2014 Healthy People 2020 ACS 2015
Obesity					
1. % of adults who are overweight or obese	61.6% (2013)	69.3% (2014)	↑	Downward	66.1%
2. % of low-income preschool students who are obese	14.4% (2010)	14.6% (2011)	↑	Downward	11.3%
3. % of adults who consume recommended amounts of fruits/vegetables	24% (2009)	20.6% (2010)	↓	Upward	25.2%
Diabetes					
1. % of adults with diabetes	7.5% (2013)	9.8% (2014)	↑	Downward	10.4%
2. Age-adjusted death rate due to diabetes - rate per 100,000	12.6 (2013)	12.0 (2014)	↓	Downward	12
3. Acute admissions and readmissions at CH for diabetes	1.25% (2014)	1.52% (2015)	↑	Downward	1.25
4. # of individual participants in African-American targeted diabetes outreach/screening and education by CH	110 (2014)	41 (2015)	↓	Upward	25
Heart Disease and Stroke					
1. % of adults with high blood pressure	30.7% (2011)	32.2% (2013)	↑	Downward	26.9%
2. % of adults with high cholesterol	33.8% (2011)	40.9% (2013)	↑	Downward	13.5%
3. Age-adjusted death rate due to CVA (stroke) - rate per 100,000	44.8 (2013)	42.2 (2014)	↓	Downward	33.8
4. Age-adjusted death rate due to heart disease - rate per 100,000	171.9 (2013)	178.2 (2014)	↑	Downward	173.5
Mental Health & Substance Abuse (Behavioral Health)					
1. Access Carroll wait times for non-urgent medical appointments	10 bus. days (2014)	10 bus. days (2015)	-	Downward	7 bus. days
2. Access Carroll # of unduplicated participants in integrated primary care model	3,723 (2014)	3,766 (2015)	↑	Upward	3,050
3. Annual # of CH Emergency Department visits related to Behavioral Health by Access Carroll patients	446 (2014)	332 (2015)	↓	Downward	410
4. # of patients re-admitted to CH inpatient unit 3+ times / year for Behavioral Health diagnosis	39 (2014)	41 (2015)	↑	Downward	50
5. % of adults with self-reported good mental health	72.7% (2013)	76.2% (2014)	↑	Upward	75.1
6. % of people 12+ who use pain relievers for non-medical reasons (north central Maryland)	4.1% (2010)	3.8% (2012)	↓	Downward	4.0%
7. % of adults who smoke tobacco	19.4% (2013)	17.3% (2014)	↓	Downward	12%

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Carroll Healthy Vital Signs

INDICATOR	DATA		TREND	Desired trend	TARGET & Target Source
	Previous	*Current*			
Cancer					
1. % of women 50+ in compliance with the mammogram recommendations of the American Cancer Society	87.3% (2012)	78.1% (2014) ***	↓	Upward	90%
2. Breast cancer early stage diagnosis	89.0% (2014)	87.7% (2015)	↓	Upward	80%
3. % of adults in compliance with colon cancer screening recommendations of the American Cancer Society	79.2% (2012)	71.3% (2014)	↓	Upward	75%
4. Colon cancer early stage diagnosis	50.0% (2014)	42.0% (2015)	↓	Upward	38%
5. Skin cancer screening participation	117 (2014)	50 (2015)	↓	Upward	132
6. # of people educated on the importance of protective measures against skin cancer	2,711 (2014)	2,293 (2015)	↓	Upward	1,883
7. Melanoma incidence - rate per 100,000	32.2 (2011)	32.2 (2012)	-	Downward	24.8
Lack of Exercise (Physical Activity)					
1. % of adults who engage in moderate physical activity *	29.6% (2009)	33.6% (2010)	↑	Upward	*
2. % of adults who engage in regular physical activity (150 min. moderate or 75 min. vigorous)	50.2% (2012)	52.3% (2013)	↑	Upward	47.9%
Access to Health Care					
1. Access Carroll # of patient encounters	8,256 (2014)	7,744 (2015)	↓	Upward	6,797
2. Access Carroll # of volunteer professional provider hours	8,376 (2014)	10,124 (2015)	↑	Upward	12,000
3. Value of free prescriptions provided annually via Access Carroll	$898,892 (2014)	$180,283 (2015)	↓	Downward **	-
4. Annual # of *non-emergency* CH Emergency Department visits by Access Carroll patients	203 (2014)	432 (2015)	↑	Downward	258
5. # of Carroll Health Group primary care providers	15 (2014)	16 (2015)	↑	Upward	15
Elder Health					
1. % of adults 65+ who received a flu shot	62.7% (2013)	62.2% (2014)	↓	Upward	90%
2. % of adults 65+ with diabetes	23.3% (2013)	18% (2014)	↓	Downward	26.4%
3. Acute admissions to CH of adults 65+ for diabetes	0.89% (2014)	1.34% (2015)	↑	Downward	1.0%
4. % of adults 65+ with high blood pressure	56.5% (2011)	60.2% (2013)	↑	Downward	26.9%
5. % of adults 65+ with high cholesterol	47.5% (2011)	56% (2013)	↑	Downward	13.5%

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Successful Strategies

CARE COORDINATION

- Care Management re-design
- ED RN Case Management – 24/7
- Pharmacists in ED doing Medication Reconciliation
- Hospice/palliative care expansion
- Expanding Home Care resources to address dramatic increase in visits
- Behavioral Health focus
- Diabetic services in the community
- PCMH

SAFETY & QUALITY

- Medication delivery to bedside
- Discharge patients with medications in hand
- Discharge planning to cover patients until they see their primary care provider – connecting patients to services they need post discharge
- Patient Safety Rounds

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Operational Challenges

- Address high utilizers with multiple co-morbidities
- Maintain market share while reducing admissions
- Expand primary care access
- Focus on unnecessary utilization and appropriateness of admissions
- Decide what to do with volume growth programs
- Educate the internal stakeholders on the changes in care delivery
- Meet the challenge of health care change by reshaping the community's approach to seeking care

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Ongoing Challenges

- **Use rates are still too high**
- **LOS has crept back up in some hospitals due to more complex patients**
- **Misaligned incentives with physicians**
- **Although improvements have occurred in the overall health of our population, much work still needs to be done**
- **Many social issues exist among our residents and patients; our hospitals have become the safety net for their regions**

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What's Next?
Creating More Value

- Adding community care coordination in primary care clinics and physician offices
- Using home monitoring technology linked through Home Care & Care Coordination
- Expanding SNF Care Transition Coordinator – Hospitalist consult
- Creating dedicated Palliative Care programs
- Some are establishing Accountable Care Organizations and Physician Hospital Organizations to align physicians
- Forming a Clinically Integrative Network with our physicians and other partners

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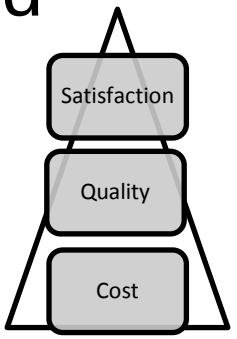
Concluding Thought…

In the last several years, Carroll Hospital has become a very different organization by focusing on a value-based care delivery system and one that has been able to embrace the components of the triple aim of health care reform.

It wasn't easy in the beginning,
but we are all now much better positioned
for a challenging health care future.



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