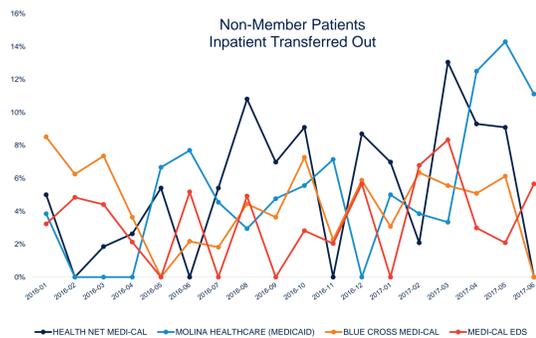


Problem Statement

Many non-Kaiser Medi-Cal patients seen in the emergency departments (EDs) and hospitals in Sacramento have avoidable utilization and adverse downstream health outcome as a result of lack of established primary care.

Discovery

1. Interviews were to gauge interest and willingness to pursue work that feels unachievable; would there be a bias that patients don't want to avoid utilization?
2. After completing 50 interviews, goals have been refined to more broadly consider impacts for patients internal and external to KP.
3. Based on this research there have been increased partnerships with outside payor groups and impactful interventions on patients with high medical, non-medical social, and psychiatric need.



Kaiser Permanente - ED Visits
Molina Medi-Cal
ED Visits at KP SAC, KP ROS, and KP SSC
Daily Alert for x/12/2016

This report contains PHI. As the recipient you have the responsibility for following all HIPAA rules surrounding PHI.

MRN	Patient Name	DOB	Age	Gender	Language	Payor	KP Fac	ED Visit Date	ED Visit Time	ED Length of Stay	ED Primary Diagnosis	ED Disposition
MRN1	Patient1	DOB1	0	M	English	MOLINA HEALTHCARE (MEDICAID)	FAC1	EDDate1	EDTime1	0:17	Blat Conjunctivitis	Discharge/Dismiss to Home
MRN2	Patient2	DOB2	29	M	English	MOLINA HEALTHCARE (MEDICAID)	FAC2	EDDate1	EDTime1	3:08	Blat Groin Pain	Discharge/Dismiss to Home

Goals and Objectives

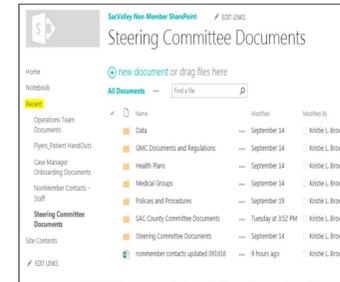
Goal: Reduce avoidable utilization for Medi-Cal and Medicare patients without adequate connection to outpatient and specialty care by working with outside payors and medical groups.

Outcome-oriented Objective: Create a system initiative that seeks to reduce avoidable visits, reduce hospitalizations, reduce length of stay for hospital patients, and reduce internal costs by 20%.

Results

Implementation of strategy

- Three hospital steering committees developed.
- SharePoint site to highlight resources and direction of work.
- Data dashboard developed.
- Encrypted Daily alert lists of ED, Psychiatric, and Hospital admissions sent to customer segments.
- Development of high utilizer committee with spread to all 21 hospitals.
- Developing cost driver analysis to measure ROI.



Monthly Dashboard

	Roseville		Sacramento		South Sacramento		Sacramento Valley	
	2016	Change from Prior	2016	Change from Prior	2016	Change from Prior	2016	Change from Prior
ED Visits								
# Non-Member								
% of Total ED Visits								
% Admitted from ED								
% ED Acuity Level 4 or 5								
% with Psych Hospital								
% Return in 30 days*								
Hospital Discharges								
# Non-Member								
# Inpatient								
# Observation								
# Hospital Ambulatory (HAS)								
# Deliveries								
# ED Visits								
Med Surg Days								
Inpatient ALOS								
Observation ALOS								
% Readmit in 30 days*								
Surgeries								
# Non-Member								
# Inpatient								
# Outpatient								
# Elective								
Costs Visits								
# Non-Member								
% with Physician								
% Booked on ED								
% Booked by Call Center*								
% Office Visit								
% LAV								
Rehospitalization								
% Rehospitalized - coming soon								

Lessons Learned

Lessons Learned:

- Invest in relationships. Via interview process, intentional empathy can help understand your partners' and customers' needs.
- Make resource requests early via business plan.
- Establish quick wins. Early work with Molina health plan has provided credibility, reproducible framework, and direction of overall strategy.
- Create a charter. Stakeholders should be able to point to a mission and an achievable goal.

Next Steps:

- Create detailed cost driver analysis with goal of identifying 20% operating expense reduction.
- Hire two FTEs to create new department.
- Presented to Regional executive team for 21 hospital implementation.

Mission Model Canvas

