

## Project Description

I wanted to implement a program that provides specialized medical care for End Stage Renal Disease (ESRD) patients to minimize complications and decrease avoidable utilization. I believed I could do this by hiring an ESRD Nurse Practitioner (NP), providing a high level of training, and re-paneling ESRD patients to this highly skilled NP.

### Problem Statement:

More than 700,000 patients per year in the United States are affected by End Stage Renal Disease (ESRD) and the demand for dialysis is increasing by 5% each year. Those who live with ESRD make up 1% of the U.S. Medicare population but account for 7% of the Medicare budget. In 2015, over \$42 billion was spent on ESRD in the U.S. with nearly \$34 billion being absorbed through the Medicare budget. Landmark has made it a priority to address these costs in 2018.

### Discovery:

1. I interviewed doctors, nurses, directors, health care executives, associates, operations staff, nephrologists, and former colleagues. In total, I conducted over 50 formal and informal interviews trying to understand the issues and impact of ESRD on our healthcare system and gain insights on what could be done to control utilization and decrease cost of care for this population.
2. I was surprised that every person recognized that ESRD patients are expensive, every person was looking for ideas to manage cost, and very few had any innovative ideas or desire to try something new. There was a general apathy toward solutions and most of my interviewees felt that the financial system around ESRD payments was too complex and entrenched to create change that would significantly decrease cost.
3. Based on my interviews and research I refined my CHIP to analyze the impact of a single ESRD Specialty NP, and examine preliminary outcomes, before expanding the program to additional markets.

### Goal:

To decrease overall cost of care for Landmark ESRD patients and reduce avoidable utilization.

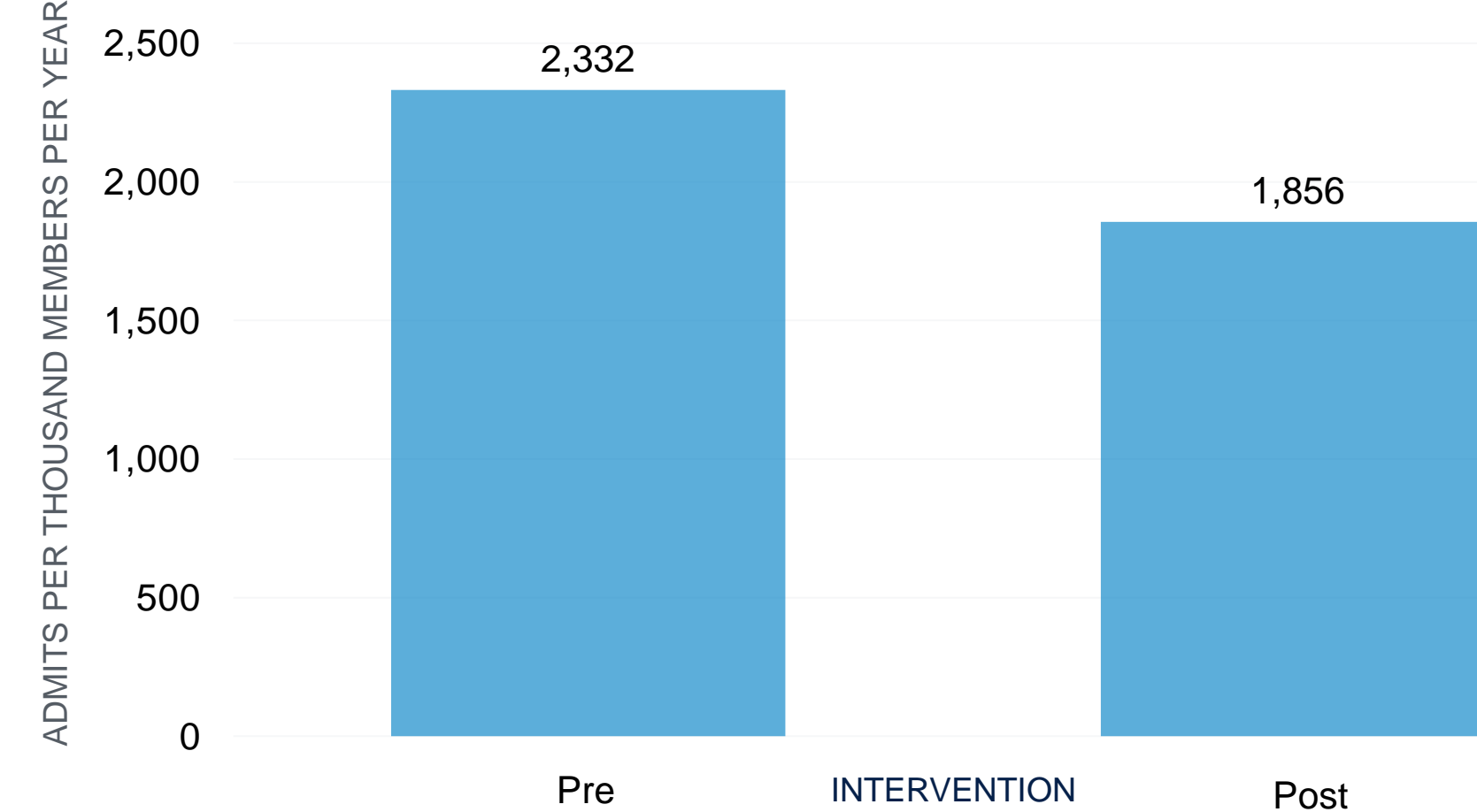
### Outcome-oriented Objectives:

- Conduct a pre and post comparison of a new ESRD Specialty NP program
- Reduce ESRD in-patient admissions by 20% over a 6 month period
- Reduce medical cost per member per month (PMPM) for ESRD patients by 5% over a 6 month period

## Results

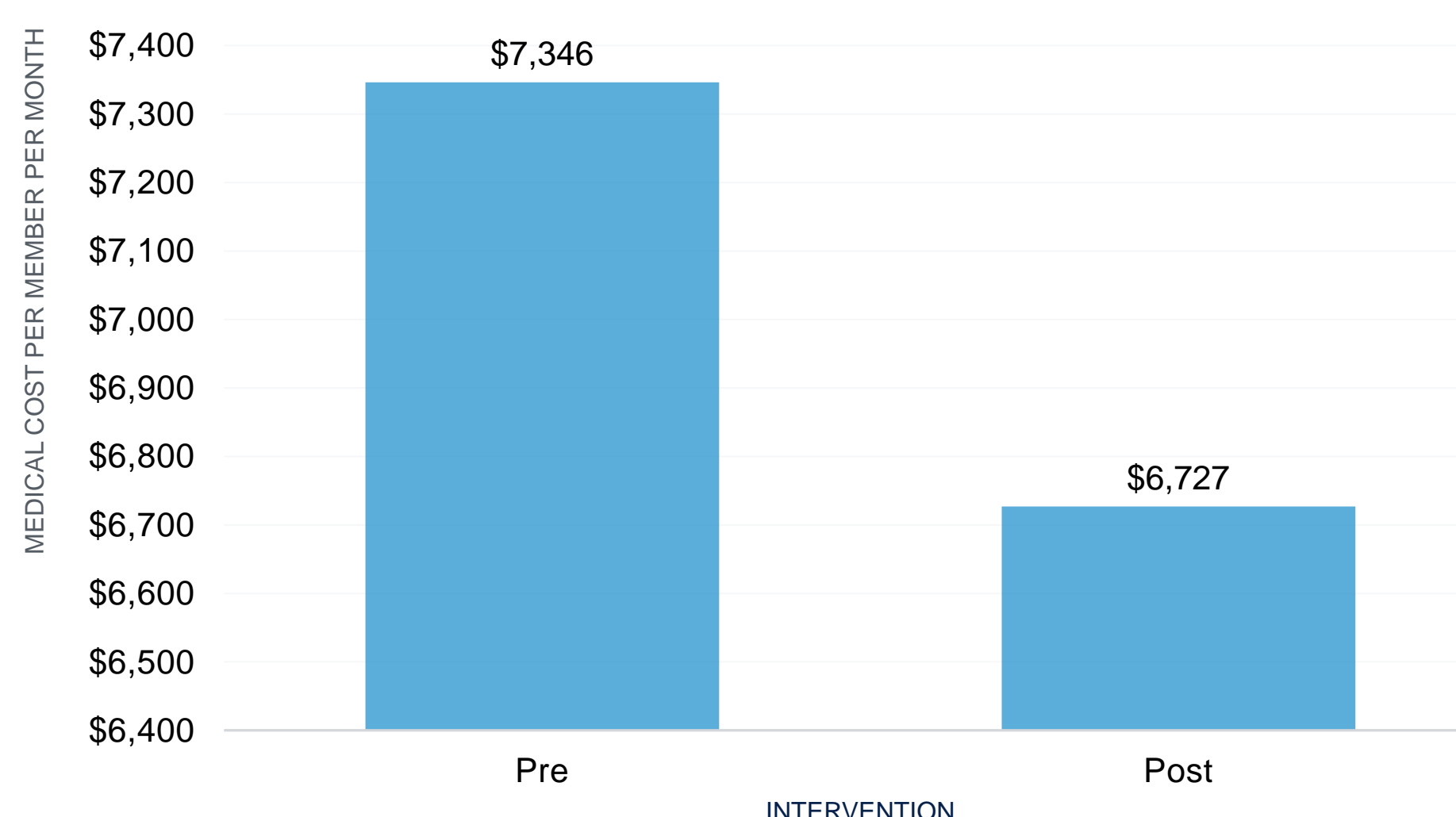
### In-Patient Admits PTMPY

**10% Reduction in IP Admits PTMPY After Patients Re-paneled to ESRD Specialty NP**



### Medical Cost PMPM

**>8% Decrease in Medical Cost PMPM After Patients Re-paneled to ESRD Specialty NP**



- Results based on claims data through February 2018
- Inclusion criteria - minimum 3 months pre intervention with Landmark non ESRD Specialty provider and 3 months post intervention with ESRD Specialty NP; 9 month rolling timeframe
- n = 48 Duals and MediCal patients
- Limitations- small sample size, short intervention period, variability in patient acuity

## Lessons Learned

- My project met the objectives I'd hoped for and, with limited data and a small sample size, is showing a positive trend in medical cost reduction.
- If someone wanted to implement the program at their organization they would need to start by getting executive buy-in, designing a program that is aligned with organizational goals, finding a champion, and being transparent about expectations and time management.
- Conducting a project while working for a dynamic, innovative organization expanded my skills as a leader, a strategic thinker, and an opportunist. I learned when to ask for support and who to go to when I needed help navigating organizational barriers.
- Never forget that while appropriate utilization and reduction in cost of care are important, human lives are impacted by the programs we design and the care we provide. Every patient has a story, a family, and life circumstances that we may know nothing about. Every patient deserves to receive compassionate care that meets their needs no matter where they live, how they live, or their socioeconomic status.

### Next Steps:

- The project is finished and the organization has posted two additional ESRD Specialty NP positions, one in El Segundo and one in San Mateo.
- I'll be presenting outcomes of the project on a future All Hands call at Landmark and nominating the ESRD NP for a Landmark Hero Award.

## Mission Model Canvas

<b>Key Partners</b> <ul style="list-style-type: none"><li>• LMH Executive team (budget approval for staff)</li><li>• Landmark Health (LMH):</li><li>• LMH Healthcare Economics team (identification of cohort utilization by claims data; assist with measuring cost and savings)</li><li>• LMH ESRD workgroup (developing clinical guidelines, hiring, training)</li><li>• LMH Marketing team (add media to program offerings)</li></ul>	<b>Key Activities</b> <ul style="list-style-type: none"><li>• Hire ESRD Specialty NP</li><li>• Develop training program for ESRD NP to manage patients prior to dialysis and already receiving dialysis</li><li>• Measure savings pre and post ESRD management</li></ul>	<b>Value Propositions</b> <ul style="list-style-type: none"><li>• Landmark CFO- decreases cost of avoidable in-patient admissions and medical cost related to ESRD.</li><li>• Patient- increase quality of life by spending less time in ED/hospital with avoidable complications.</li><li>• PCP- saves PCP time and resources, augments the care provided to patient about renal disease.</li><li>• Nephrologist- decreases patient/family/PCP calls, decreases workload.</li></ul>	<b>Buy-in &amp; Support</b> <ul style="list-style-type: none"><li>• Present to Landmark Executive Committee</li><li>• Add to Business Development</li><li>• pitch presentation</li><li>• Add to website</li><li>• Add to outcomes and marketing materials</li></ul>	<b>Beneficiaries</b> <ul style="list-style-type: none"><li>• Landmark CFO- responsible for budget including IP Admits and Medical Cost for ESRD patients.</li><li>• Patient- patients on dialysis with co-morbid conditions need training and education about diet, AV fistula care, ADLs, medications.</li><li>• PCP- pts with CKD 4/5 in need of education and training in preparation for hemodialysis</li><li>• Nephrologist- ESRD NP provides care, manages care coordination, coordinates dialysis related procedures, manages AV fistula and urgent care needs.</li></ul>												
	<b>Key Resources</b> <ul style="list-style-type: none"><li>• Staff with specific expertise: ESRD Specialty NP</li><li>• Resources to build best practice guidelines and job aides for ESRD staff (ESRD workgroup)</li></ul>		<b>Deployment</b> <ul style="list-style-type: none"><li>• Offer ESRD management as a separate program to new health plans interested in contracting with Landmark</li><li>• Offer ESRD program to health plans already contracted with Landmark as an additional service</li></ul>													
<b>Mission Budget/Cost</b> <p>Salary and Training Cost Estimates: 1 ESRD NP = \$200,000</p> <table><tr><td>Avg salary</td><td>\$130,000</td><td>Supplies 3%</td><td>\$ 4,000</td></tr><tr><td>AIP 20</td><td>\$ 26,000</td><td>Training 10%</td><td>\$13,000</td></tr><tr><td>Benefits 20%</td><td>\$ 26,000</td><td>Phone &amp; Mileage</td><td>\$ 1,000</td></tr></table>			Avg salary	\$130,000	Supplies 3%	\$ 4,000	AIP 20	\$ 26,000	Training 10%	\$13,000	Benefits 20%	\$ 26,000	Phone & Mileage	\$ 1,000	<b>Mission Achievement/Impact Factors</b> <ul style="list-style-type: none"><li>• Decrease in cost of care for Landmark ESRD patients by reducing avoidable utilization.</li><li>• 20% reduction in in-patient stays for ESRD patients by June 2018.</li><li>• 5% overall reduction in cost of care for ESRD patients managed by an ESRD Specialty NP by June 2018.</li></ul>	
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