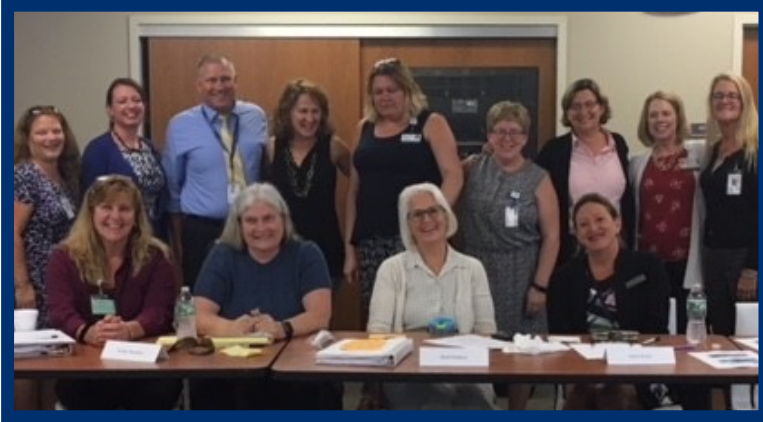


Pilots Improving Health Care

ACTION TEAM



With support from FLPPS the Pilots Improving Health Care Action Team enrolled in the MAX Series and assembled an interdisciplinary Action Team to address the diverse medical, behavioral, and social needs of their High Utilizer patient population.

UR MEDICINE/NOYES HEALTH

Tammy West
Liz Gray
Ahsen Sheikh, MD
Tim Peterson
Gail Feathers

TRI-COUNTY FAMILY MEDICINE

Kiera Kuhn

LIVINGSTON COUNTY NURSING & REHAB

Kathy Crye

AHP

Reid Perkins

VNA WESTERN NY

Sandy Johnson

UR MEDICINE HOME CARE

Amber Gerringe

S2AY

Andrea Haradon

URMC DSRIP

Jeanine Wilder

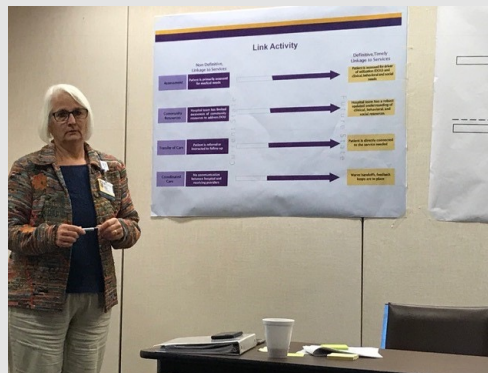
Wendy Parisi

FLPPS

Janet King

Carol Tegas

WORKSHOPS



Pilots Improving Health Care

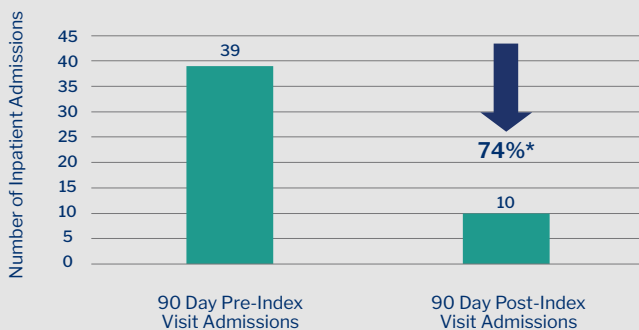
MAX PATIENT STORY

- Patient, Bob, 64 year old male. He was coming to the hospital and admitted 7 times from July 2018-October 2018.
- Bob has limited social supports at home. He had issues with hyperkalemia and dehydration and was reluctant to use homecare.
- The MAX team connected him with VNA homecare.
- His dialysis treatment was modified to receive IV fluids afterwards.
- Bob was not been back to the hospital since October.
- How the Drivers of Utilization were addressed: Noyes Discharge Planners collaborated with WNY VNA to develop an individualized care plan



PROJECT IMPROVEMENT DATA

High Utilizer 90 Day Pre vs. Post Index Visit Hospital Utilization



Noyes Hospital on Reduction in IP Utilization

- Index admission in October 2018
- 20 high utilizer patients

* Does not account for the impact of regression to the mean

SUCCESSSES AND LESSONS TO SHARE

Now we know each other
(hospital, community, SNF, OPWDD)
Mindset has improved on care transitions
(now Regional)
Things are less siloed (hospital, Tri county)
Communication has improved

Information gleaned in Drivers of Utilization
interview at hospital is now shared
Allowed for collective thinking
Interviewing patient puts them in the center
More partnerships