MUNSON HEALTHCARE
Grayling Physician Network

WEXFORD/CRAWFORD
PHYSICIAN HOSPITAL
ORGANIZATION

Contact Information

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Physician Organization Name: Wexford PHO
Practice Name: Munson Physician Network
Practice Address: 1250 E. Michigan Ave., Grayling, MI 49738
How many physicians in practice: 12 Physicians, 9 APP's
Description of care team (number of care team members and their degrees/qualifications): Michelle Barber, BSN, RN; Cheryl Howard, BSN, RN; Dr. Vincent Schultz, MD; Dr. Aditya Neravetla, MD; Dr. Timothy Thornton, MD; Dr. Lisa Harrington, DO; Michael Johnson, Director of Ambulatory Care.

Executive Summary (5-8 bullet points, must include summary of results)

According to the Office of Disease Prevention and Health Promotion (2019), "research shows that access to primary care is associated with positive health outcomes" (para. 1). As a healthcare system, the Grayling Physician Network leadership identified this as our greatest opportunity for helping our patient population achieve improved clinical outcomes for the following reasons:

1) Being established with a primary care provider ensures consistent management of chronic diseases
2) Allows access to a provider when acute healthcare issues arise
3) Offers patients the opportunity receive support from complex care managers, Medicare Adult Wellness nurses, Diabetic educators, and specialty nurse navigators
4) Benefit from the services of our Resource Team who manages our medication access and patient needs fund programs, and guides patients toward community resources
5) Receive collaborative support from our Behavioral Health team

The provision of care by this multi-disciplinary team gives us the best chance for our patients receiving the right care at the right place at the right time.

Munson Physician Network is a hospital system owned physician network. A benefit of this structure allows transparency when developing strategic plans for meeting the needs of our patients. We chose hospital readmissions as an indicator of how effectively we were managing our patient population. For the first six months of fiscal year 2019 our hospital exceeded the target of 16 readmissions per month. In December, 2018, 31 readmissions were charged to our hospital. Limited access to post-hospital follow-up care for established patients, and zero access for patients in need of a primary care provider was identified as a barrier for effectively caring for our patient population.

We developed a plan as a healthcare system which guaranteed that patients with or without a network primary care provider were seen for follow-up with 7 days of discharge. We accomplished this by:

1) Maintaining designated appointments on our primary care provider (PCP) schedules every day
2) Scheduling patients with our hospital-based clinic provider for hospital follow-up if their PCP could not accommodate the appointment or the patient did not have a PCP.
3) Developing a transition plan to a network PCP for patients who did not have one prior to accessing hospital services.

This intervention resulted in a 40% reduction in admissions for the third and fourth quarters of fiscal year 2019. As a result, this intervention has been developed into a process for the Munson Healthcare system.

Category of Submission (see page 1): Social Determinants of Health

Title of Submission: Access to Healthcare

When did the intervention start and end? (1-2 sentences)

Our Access to Healthcare intervention was developed between January and March, 2019, then transitioned to a system process by June, 2019.

Goal of the Program/Intervention: (1-2 sentences)

The goal of this intervention was to ensure timely post-hospital follow-up for our high-risk patients and to establish an avenue for patients who have sought care through our hospital to be connected to a primary care provider.

Who developed the program/intervention, and how? (2-4 sentences)

This program was developed through the collaboration of our Director of Quality and Care Coordination; Grayling Physician Network physician leadership and Chief Medical Officer; and our care coordination team.

Description of the Program/Intervention (2-3 paragraphs):

Munson Grayling Healthcare formed a collaborative between hospital and physician network leadership in January, 2019 to evaluate access. A root cause analysis revealed that patients established with a primary care provider (PCP) within our physician network were not consistently seen for post-hospital follow-up within 7 days of discharge from our emergency department or inpatient setting due to access barriers. Moreover, there was not a process in place to assist patients who did not have a PCP with establishing with a healthcare provider in the communities we serve. A gap in access appeared to have a direct impact on patient outcomes and resulted in readmissions.

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How were patients identified for the program/intervention? (1-2 paragraphs)

Hospital readmissions and emergency department utilization were known metrics that reflected how effectively we were managing our patient population as a physician network. We chose to concentrate on readmission data to guide this intervention. We analyzed our network access and discovered that our primary care providers (PCP) could not accommodate a post-hospital follow-up within 7 days for established patients, and we did not have apparent access for new patients in need of hospital follow-up. As a result, our patient population was at risk for readmission. Patients discharged from our hospital whose PCP could not accommodate a post-hospital follow-up within 7 days and patients without a PCP were candidates for this intervention.

How was success measured? Please delineate whether metrics were process-based or outcome-based (2-3 paragraphs)

Munson Physician Network is a Munson Healthcare system owned provider network. Hence, hospital readmission data was the metric used to measure the success of this intervention as patients are at risk for readmission within 30 days of discharge in the absence of follow-up.

What were the program results? Include qualitative data/graphs (2-3 paragraphs)

This intervention resulted in a 40% reduction in readmissions for the third and fourth quarter of fiscal year 2019. As a result, this intervention has been developed into a process for the Munson Healthcare system.

Were any new tools, processes, or resources developed to aid in the implementation of the program/intervention? (1-2 paragraphs)

The healthcare access intervention developed to address our increasing readmission rate advanced from a trial to a system process by June, 2019. The following processes were established to ensure sustainability:

1) Daily huddle between the physician network complex care managers and hospital case managers to coordinate the post-hospital transition plan for established and future patients

2) New patient orientation emerged to help patients understand our role as their Patient-Centered Medical Home

3) Network and physician leadership collaborative meet throughout the month to evaluate access and develop action plans related to fluctuations in provider panels.

What are you proudest of regarding this submission? Why does this work matter? (1-2 paragraphs)

We are most proud of serving our patient population by improving access to healthcare. As a rural health provider in an area challenged by poverty and limited resources, it was important to everyone within our organization to meet that social determinants of health needs of our communities. Ensuring access is our first step toward success.

How will your organization use the funds if your submission wins? (1 paragraph)

Munson Physician Network is committed to meeting the needs of our patients, and have identified that outreach and patient education remains a gap due to limited resources. We would apply the funds from this award to build programs to bridge those gaps based on the results of our Community Needs Assessment.

References

Office of Disease Prevention and Health Promotion. (2019, August 28). *Healthy People 2020 - Access to Primary Care*. Retrieved August 30, 2019, from HealthyPeople.gov: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary