Slowing the Acute Care Merry-Go-Round
Engaging the Continuum to Deliver Right Care

Collaborating for Senior Living & Acute Care
Holy Family Memorial
• Mark Herzog, FACHE
• President and CEO

Felician Village
• Frank Soltys, CASP, HFA
• President and CEO

Holy Family Memorial Healthcare Network
Holy Family Memorial

- Sponsor: Franciscan Sisters of Christian Charity
- Sponsored Ministries, a 2015 Truven Health Top Health System
- Single-market, tightly integrated system
- Intense local competition
- Inspired Caring & Innovation Key Competencies
- Employed 90 provider multispecialty group practice
- Full service community hospital 67 staffed beds
- Thought Leadership- AHA, ACHE, CHA, Healthcare Forum, NCHL, Remington, Beryl Institute & others

Holy Family Memorial

HOLY FAMILY MEMORIAL’s Mission Statement

Holy Family Memorial is a network of health professionals who, rooted in the healing ministry of Jesus Christ, provide services to help individuals and our communities achieve healthier lives.

Adopted 2008

Core Belief: Doing What’s Right

“Start by doing what is necessary; then do what is possible; and suddenly you are doing what is impossible”

St. Francis of Assisi 1181-1226

“Are you meeting the needs of a community, or the needs of a corporation?”

Sr. Laura Wolf 2013
OUR CORE BELIEFS

Right Care Model

- The most effective evidence based approach possible
- The most cost effective, safest, highest quality and greatest value
- Achieve the greatest long term benefit to the patient and society while minimizing physical and financial risk

Felician Village
Senior Living Community

Felician Village
A Catholic continuing care retirement community serving Manitowoc & the region for 128 years.

- LONG TERM CARE: 84 dually certified Medicare and Medicaid Nursing Home Beds
  - 20 Rehabilitation beds (sub acute)
  - 64 long term care beds
- ASSISTED LIVING:
  - 32 CBRF (high acuity assisted living)
  - 48 assisted living units
- INDEPENDENT LIVING:
  - 120 independent living units made up of Apartments and Duplexes

Our programs serve over 320 senior residents on our Manitowoc campus
Felician Village’s Mission Statement

Mission:
Felician Village continues the healing ministry of Jesus by providing compassionate care that respects the dignity of each person we serve.

Vision:
To be the premier provider and leader in senior living through inspiring innovation, enhancing relationships and fostering excellence.

Values: Compassion, Dignity, Solidarity with the Poor, Transformation, Justice and Peace.

Felician Village
Sponsored by the Felician Sisters,
North American Province of Our Lady of Hope

Strategy: Improve quality of services, reduce overall cost of care, position organization to be the premier provider of choice of Post Acute Care services for Northeast Wisconsin.

The “Why” Behind Our Partnership
Linking Mission and Vision
We’re In This Together

- High readmissions from nursing homes
- Culture of families feeling patients should die at the hospital
- Care coordination often fragmented
- Care system full of risk from hand offs, transfers and culture differences
- Pressure surrounding End Of Life decisions, relationships, and cost

Annual Per Capita Healthcare Costs by Age

Source: Forbes.com

Collaboration & Innovation

- Felician Village testing new campus planning concepts
- Open Innovation: Felician Village and HFM nursing teams envisioning new ways to coordinate care
- HFM willing to disrupt its clinic model
- Vision of a new collaborative, integrated model emerged
Vision for Collaboration

• To create a better way of meeting the needs of senior residents & patients close to home, as part of their regular activities, and to create as seamless as possible an incredible coordinated continuum of care between senior living and acute care with clearly measurable improvement in outcomes

Aligned/Shared Goals

• Improving the service experience
• Improving process & outcome metrics
• Reducing unnecessary trips to the Emergency Department and admissions
• Reducing the risks of handoffs & transfers
• Reducing overall costs for residents needing physician and hospital care

Aligned/Shared Goals

• Market differentiating growth potential
• Putting the patient first – disruptive model for senior living community care
• Create infrastructure & relationships for Clinical Integration/ACO
• Meet needs of increasingly complex Village residents and hospital patients
The “What” From Our Partnership
Collaboration and Mission

Partnership Plan

• **FV** will include in its facility master plan space immediately inside its main campus entrance for a physician clinic, with easy access and dedicated signage and parking
• **HFM** will, through a lease with FV, own and operate a primary care clinic and provide medical direction and support to Village residents
• **HFM and FV** will develop shared standard protocols for CHF, COPD, etc.

HFM’s Keys to Success

1. Clinic focus needed to be a full commitment to reach critical mass & acceptance
2. Start with basic services and expand according to need and experience
3. Clinic led by a star provider committed to this population & an innovative mindset
Felician Village
Keys to Success

1. Sought an “out of the box” element to new campus master plan
2. Services needed to complement FV’s Mission, Values & Strategy
3. Environment of clinic and hospital collaboration, shared learning and innovation

September 2009
The OUTCOMES Of Our Partnership
Impacting Care Experience Through Collaboration
Felician Village
Resident Satisfaction
Overall

2010 2011 2012 2013 2014

HFM Clinic
Clinic Patient Satisfaction
“Would you recommend?”

2011 2012 2013 2014

Total nursing home transports to ED
• 63% Decrease!
Overall readmission rate from nursing home

- 20% Drop & 53% below the National Average!

Growing in Service

<table>
<thead>
<tr>
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<th>2009</th>
<th>2015</th>
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<tbody>
<tr>
<td>Hours of Operation</td>
<td>2 days per week</td>
<td>5 days per week</td>
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<tr>
<td>Staffing</td>
<td>0.5 FTE MD</td>
<td>1 FTE MD</td>
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<tr>
<td>Target Market</td>
<td>Senior Living Facility Residents</td>
<td>Nursing Home Patients</td>
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<tr>
<td>Source</td>
<td>0.5 FTE MA</td>
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<td>Target Market</td>
<td>Independent patients</td>
<td>Felician Village</td>
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<tr>
<td>Source</td>
<td>0.5 FTE Reception</td>
<td>Employees</td>
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<tr>
<td>Target Market</td>
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<td>Services</td>
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<tr>
<td>Source</td>
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<td>Primary Care</td>
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<td>Target Market</td>
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<td>Primary Care</td>
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<tr>
<td>Source</td>
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<td>Lab Services</td>
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<td>Target Market</td>
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<td>Mobile Diagnostic</td>
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<tr>
<td>Source</td>
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Financial Metrics

**FELICIAN VILLAGE CLINIC**

<table>
<thead>
<tr>
<th></th>
<th>Start Up</th>
<th>Full Operation</th>
<th>Full Operation</th>
<th>Full Operation</th>
<th>Full Operation</th>
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<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
<td>2014</td>
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<tr>
<td>Revenue</td>
<td>$166,800</td>
<td>$249,314</td>
<td>$431,909</td>
<td>$478,113</td>
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<td>Deductions</td>
<td>$37,913</td>
<td>$58,731</td>
<td>$120,741</td>
<td>$126,301</td>
<td>$135,611</td>
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<td>Net Revenue</td>
<td>$128,887</td>
<td>$190,583</td>
<td>$311,168</td>
<td>$351,812</td>
<td>$356,444</td>
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<tr>
<td>Operating Expense</td>
<td>$76,984</td>
<td>$99,641</td>
<td>$358,920</td>
<td>$411,192</td>
<td>$411,333</td>
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<tr>
<td>Income from Operations</td>
<td>$51,903</td>
<td>$90,942</td>
<td>$(47,752)</td>
<td>$(59,380)</td>
<td>$(54,838)</td>
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</table>
Provider Perspective

- Fulfilling and better care experience
- Greater confidence shared by staff and providers at FV, HFM and the clinic
- Better way to facilitate end of life dialogue
- The reward of experiencing a patient's need versus taking phone call
- Convenience for all parties

Resident Perspective

“The whole community is well managed and in good appearance. ... Everything we need: church, **doctor**, exercise room, many hallways to walk each day and three restaurants with food choices are right in this community.”

- Felician Village Resident

Lessons Learned

- Culture trumps process and is critical to success in disruptive innovation models
- Aging population requires completely different model of care delivery
- Shortage of primary care physicians significantly impacts the geriatric population
- Physician and nursing leadership buy-in and support essential
Slowing the ED Merry Go Round
Impacting ED use by the Poor and Vulnerable

Healthiest Manitowoc County

Planning Framework:
University of Wisconsin Population Health Institute
Population Health Model

UNIVERSITY OF WISCONSIN

RANKINGS BASED ON THE FOLLOWING:

Policies & Programs  Health Factors  Health Outcomes

FOUR TYPES OF HEALTH FACTORS MEASURED:

- Health Behaviors (30%)
- Clinical Care (20%)
- Social & Economic Factors (40%)
- Physical Environment (10%)

Vision

Community Clinic

- Collaborate with area caregivers to create appropriate access to care for the poor and vulnerable who fall through the cracks of other support programs
- The care system must include primary care, behavioral health and dental care

Evolution

- 2006: Healthy Teeth Clinic: School-based dental care began
- 2011: Local hospitals & public health unite to improve medical access and reduce primary care ER visits for low income families
- 2013: Community Clinic of Manitowoc County opens for medical care
- 2014: Clinic begins behavioral health services
Lakeshore Community Health Clinic

Right Care, Right Setting
REDUCTION IN EMERGENCY DEPT VISITS

Reduction of 18% in ED visits by Medicaid or no pay population to Manitowoc county ED’s since opening of community clinic.

Lessons Learned
• Broad community partnerships take time, patience, and TLC
• Vision, and sticking to it, is essential
• Doing what’s right for the community is not easy, but always the right thing to do
• Mission matters most. Our merry-go-round has slowed significantly!
Power of Partnership

- Over the last decade HFM has led collaborations dramatically improving patient centered care for the elderly, the poor and the vulnerable
- As measured by UWPHI, our community Clinical Care system has improved from 31st out of 72 WI Counties to 15th since 2010, a 52% improvement!
Mark Herzog

During Mark’s tenure since 2001, Holy Family Memorial has been recognized nationally for innovation, safety, and delivery system transformation. Mark has presented the HFM transformation story to diverse audiences such as ACHE, AHA, CoDev International Open Innovation Conference, National Center for Healthcare Leadership, and the Griffith Leadership Center Symposium.

Mark holds a MHSA from the University of Michigan and BA from St. Lawrence University, Canton, NY.

Frank Soltys

Frank Soltys is the President/Chief Executive Officer of Felician Village, a continuing care retirement community in Northeastern Wisconsin. Frank has over 25 years of senior living experience 15 of which has been in Senior Executive positions.

An Indiana native, Mr. Soltys holds a Bachelors degree in Music Composition and Theory from Indiana University and has completed post graduate work toward an MBA. Frank is a Fellow in the LeadingAge Leadership program and has been a featured speaker on operational issues in CCRC’s on a State and National Level. Frank has also been an adjunct professor for Healthcare Studies at Southeastern Missouri State University.