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# Draft

# Dimensions Healthcare System

**Population Health Management Initiative**

**Hospital Strategic Transformation Plan For Prince George’s Hospital Center & Laurel Regional Hospital**

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## Executive Summary

This document serves as a summary of Dimensions Healthcare System’s (DHS) approach to developing a leading population health management capability in collaboration with community providers and other agencies. This population health strategic plan is in concert with the System’s initiatives of developing a stronger primary care / ambulatory care network supported by a new regional medical center.

DHS’ aim is to have the PGRMC project be a catalyst for bringing population health management approaches to Prince George’s County and replenishing the community with vital primary care resources. We believe that these are two essential pillars in establishing a sustainable economic model for DHS and, most importantly, improving the health status of the residents of the County.

Specific to population health strategies and initiatives, Dimensions will be focusing on seven key population health goals as its priorities in CY2016. They are as follows:

* Improve access to primary / ambulatory care to promote utilization of healthcare resources in appropriate settings.
* Reduce unnecessary Emergency Department utilization.
* Reduce unnecessary inpatient utilization by reducing readmissions and ambulatory sensitive conditions admissions. Reduce current ALOS of inpatients.
* Redesign hospital clinical services to achieve maximum efficiency and effectiveness
* Transform Dimensions Healthcare System to support the improvement of the health of residents of Prince George's County / Southern Maryland region.
* Collaborate with hospitals, academic institutions, and community-based organizations to improve health care delivery & care coordination.
* Collaborate with Prince George's County Government / Health Department to develop new clinical services and care delivery platforms.

DHS’ goals for population health are aligned with the principals of the nation’s “Triple Aim” vision as well as the State of Maryland’s initiatives of reducing unnecessary hospital utilization. Our efforts are taking into consideration public health reports, studies, and publications that demonstrate the need for improved primary care access, health prevention programs, and health management of residents who are experiencing chronic disease and multiple morbidity conditions.

Dimensions believes that its population health vision, strategic goals, and specific initiatives embodied within its efforts represent a unique opportunity to redesign the way the healthcare ecosystem is structured and rethink the way healthcare is delivered in Prince George’s County. Specific details of DHS’ plan are explained more within the body of this document as well as attached exhibits.

**DHS’ Corporate Mission & Vision As it Relates To Population Health**

DHS’ population health plan has been developed in consideration of DHS’ mission, vision, and its corporate strategic plan. DHS’ mission and vision follow:

**New Mission Statement**

**“Enhance the health and wellness of our patients and communities, providing state-of-the-art clinical care and community leadership with compassion, dignity and respect.”**

**New Vision Statement**

**“To be the healthcare system of choice, recognized for clinical, academic, and service excellence, through compassionate and innovative healthcare.”**

Several Critical Success Factors (CSFs) were identified that are relevant to DHS successfully position itself as a strong and sustainable healthcare system. These CSFs include:

1. ***Gaining operational and clinical process efficiencies across all three facilities to minimize variations of care, reduce costs of care, and improve financial performance.***
2. ***Improving care coordination and abilities to share health information among hospitals, physicians, ambulatory sites, post-acute care facilities, and other community providers. Dimensions must transform itself from providing episodic/siloed care to clinically integrated/coordinated care. Clinical integration with financial integration will need to be achieved for provider alignment.***
3. ***Developing a population health management infrastructure designed to reduce unnecessary admissions/hospital utilization, while promoting utilization of primary care and ambulatory services, in coordination with other healthcare initiatives to improve the overall community health status.***

DHS’ overall strategic plan is comprised of six core strategic goals. DHS’s fourth strategic goal illustrated below, demonstrates its priorities related to population health management:

**IV. Integrated, Value-Based Healthcare**

“Achieve clinical and financial integration of information resulting in more effective healthcare delivery among the health system & other community providers.”

* Develop a population health management infrastructure to reduce unnecessary utilization of hospital resources.
* Develop a formal structure / integrated network of community providers and institutions (e.g., FQHCs, Health Department, post-acute care facilities, and other agencies) to improve access and coordination of care.
* Develop the necessary IT platforms to support clinical decision-making, clinical integration, access of health information to community providers, and provide linkages of clinical and financial data.

**Population Health Planning**

DHS engaged Lumeris, a national population health management consulting firm, to assist DHS in completing an assessment and develop strategic priorities on DHS’ approach to population health management. DHS’ assessments, strategic priorities, and specific initiatives follow.

1. **Environmental Assessment**

**Several public health studies on health status of Prince George’s County residents (RAND Report and Public Health Impact Study by the University of Maryland School of Public Health), identified key public health issues including:**

***High Chronic Disease Burden***: Prince George’s County residents suffer from higher rates of chronic diseases, including diabetes, heart disease, hypertension, asthma and cancer, than those residing in neighboring counties.

***Diverse Population Characteristics***: The County maintains socially, culturally, and economically diverse residents, which implies that leading population health management practices will be essential to move the needle on health status. The diverse population and economic resources along with primary care shortages lead to significant issues with health and healthcare disparities.

***Lack of a Strong Primary Care Base***: Workforce models showed that there is a significant need for primary care providers in the County. The ratio of primary care physicians per 100,000 population in Prince George’s County is below that of all surrounding jurisdictions and the state. In addition, the County saw a high number of ambulatory care–sensitive hospitalizations. These are patients who were admitted for conditions that could have been treated in an ambulatory setting.

***Significant Patient Outmigration***: Patient trends suggest a meaningful portion of residents seek care outside of the County due to access and quality concerns. Among all inpatients who reside in Prince George’s County and experience hospital inpatient care, approximately 37% were discharged from a Prince George’s County hospital. This has negative implications on providing a continuum of care of post-hospitalized patients.

***Medicaid and undocumented patient population:*** DHS, particularly Prince George’s Hospital Center, has one of the highest percentage of Medicaid patients in the County and a significant number of undocumented patients.

1. **The Vision and Specific Goals of Dimensions Population Health Program**

DHS’ overarching vision and goal for its population health program is:

*“Improved health status of the residents of Prince George's County / Southern Maryland region by engaging in collaborative initiatives to improve community health and care coordination, reduce healthcare disparities, and promote appropriate utilization of healthcare resources.”*

DHS has identified specific objectives it desires to achieve including the following:

1. Reduce hospital readmission rate.
2. Decrease PQI – Ambulatory sensitive condition admissions.
3. Decrease hospital length of stay.
4. Decrease hospital service denials.
5. Improve access to primary care and other ambulatory care providers within the communities.
6. Develop collaborative programs to treat and monitor patients with behavior health conditions
7. Improve patient satisfaction.
8. Develop mechanisms and efficient processes to provide appropriate care to patients and connect those patients to appropriate clinical providers.
9. Develop community health prevention & disease management programs.
10. Improve competencies in risk stratification to be able to partner with payors.

DHS’ objectives are aligned with HSCRC’s focus for improved care delivery resulting in :

* Chronic disease support
* Long term and post-acute care integration & coordination
* Physical and behavioral health integration & coordination
* Primary care support
* Case management and other supports for high needs and complex patients
* Episode improvements, including quality and efficient improvements
* Clinical consolidation and modernization to improve quality and efficiency
* Integration of community resources relative to social determinants of health & activities of daily living

DHS’s Overall Goals, Major Strategies, and Specific Initiatives are described within the next section. Additional information can be found within the Attachments.

1. **Population Health Overall Goals, Major Strategies, & Specific Initiatives For CY2016**

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| Hospital Strategic Transformation Plan (HSCRC Format) |
| 1. **Describe your overall goals:**

DHS’ overarching vision and goal is to achieve improved health status of the residents of Prince George's County / Southern Maryland region by engaging in collaborative initiatives to improve community health and care coordination, reduce healthcare disparities, and promote appropriate utilization of healthcare resources. Achievement of this vision will be supported by three overall goals that follow:* + 1. Collaborate with healthcare providers to develop highly effective population health management capabilities.
		2. Improve access to needed primary / ambulatory care services.
		3. Integrate value-based principles within Dimensions Healthcare System.
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| 1. **List the overall major strategies (3-10) that will be pursued by your hospital individually or in collaboration with partners (and answer questions 3-6 below for each of the major strategies listed here):**

During CY2016, DHS will be working on seven Major Strategies that support the three Overall Goals of DHS’ population health program. Each of the seven Major Strategies along with Specific Initiatives are briefly described below. Additional information on each of the Specific Initiatives can be found in Attachment A. **Major Strategy #1: Collaborate with hospitals, academic institutions, and community-based organizations to improve health care delivery & care coordination.** *Strategic Initiatives:* *Totally Linking Care (TLC-MD) collaborative* *Transitional Care Program* **Major Strategy #2: Reduce unnecessary Emergency Department utilization**.  *Strategic Initiatives:* *Health Enterprise Zone Community Care Coordination Team* *Heart Health Program & Congestive Heart Failure Clinic*  *Diabetes Clinic* *Asthma Clinic* **Major Strategy #3: Reduce unnecessary inpatient utilization by reducing readmissions and ambulatory sensitive conditions admissions. Reduce current ALOS of inpatients.** *Strategic Initiatives:* *Health Enterprise Zone Community Care Coordination Team* *Heart Health Program & Congestive Heart Failure Clinic*  *Diabetes Clinic* *Asthma Clinic* *Navigator Programs***Major Strategy #4: Collaborate with Prince George's County Government / Health Department to develop new clinical services and care delivery platforms.** *Strategic Initiatives:* *Health Enterprise Zone Community Care Coordination Team* *Dimensions Behavioral Health Coordination Project*  *Dimensions Health Enterprise Zone Specialty Practice* *Community Health & Wellness Partnerships***Major Strategy #5: Improve access to primary / ambulatory care to promote utilization of healthcare resources in appropriate settings.** *Strategic Initiatives:* *Heart Health Program & Congestive Heart Failure Clinic*  *Diabetes Clinic* *Asthma Clinic* *Family Health & Wellness Centers* *Dimensions Health Enterprise Zone Specialty Practice***Major Strategy #6: Redesign hospital clinical services to achieve maximum efficiency and effectiveness.** *Strategic Initiatives:* *Building of the new Regional Medical Center* *Modernizing Laurel Regional Hospital for the future***Major Strategy #7: Transform Dimensions Healthcare System to support the improvement of the health of residents of Prince George's County / Southern Maryland region.**  *Strategic Initiatives:* *Building of the new Regional Medical Center* *Modernizing Laurel Regional Hospital for the future*  |
| 1. **Describe the specific target population for each major strategy:**

**Major Strategy #1: Collaborate with hospitals, academic institutions, and community-based ………**1. Those identified as high-needs patients within TLC-MD hospitals (High Needs Population); 2. Those who live in TLC-MD's service areas (the area for each hospital from which 85% of the hospitalized patients living in Maryland come) (HSA Population) 3. Those who live in Prince George's, Calvert, and St. Mary's counties (Counties Population). 4. High utilizers/readmitters that were admitted to PGHC/LRH.5. Prince George's County’s HEZ**Major Strategies #2 & #3: Reduce unnecessary Emergency Department utilization**. **Reduce unnecessary inpatient utilization.**The HEZ target area -- Zip code 20743. The demographic profile –majority Black with a considerable number of immigrants from Africa and the Caribbean, as well as Hispanics. Within the zip code, Capitol Heights, MD, leads the County in negative statistics relative to preterm births, low birth weight (LBW), infant mortality, poverty, crime, protective orders, school readiness, child abuse, late/no prenatal care, teen birth.A review of the Prevention Quality Indicator (PQI) ratings for the County’s urban zip codes indicates that Capitol Heights leads in almost every PQI, e.g., hypertension and conditions associated with obesity such as diabetes, heart failure, and angina.PGHC and LRH primary and secondary service areas. PGHC Primary and Secondary Service area made up of an estimated 555,420 people. The PGHC Prince George’s County and DC service area has a population that is 78.8% African-Americans, 6.3% White (non-Hispanic) and reported as 10.8% of Hispanic origin, 2.1% of Asian origin, 0.1% of other ethnic origin. The LRH primary and secondary service areas cover portions of four different counties: Prince George’s County, Anne Arundel County, Howard County and Montgomery County, MD. More than 245,000 people make up the LRH primary and secondary service areas. The LRH primary and secondary service areas have a population that is 45.5% African-American, 26% White (non-Hispanic), 15.4% of Hispanic origin, 10.1% of Asian origin, and 2.8% of other ethnic origin.Specific patients identified with Disease Specific Diagnosis (DM, CHF, COPD, and Hypertension). High utilizers/readmitters that were admitted to PGHC/LRH.**Major Strategy #4: Collaborate with Prince George's County Government / Health Department to develop new clinical services and care delivery platforms.**1. 40,000 Medicare and Medicaid beneficiaries that DHS manages.2. ZIP Code 207433. PGHC and LRH service area as described above.**Major Strategy #5: Improve access to primary / ambulatory care to promote utilization of healthcare resources in appropriate settings.**1. PGHC and LRH service area as described above.
2. Those identified with Disease Specific Diagnosis (DM, CHF, COPD, and Hypertension). 2. High utilizers/re-admitters that were admitted to PGHC/LRH.
3. Prince George's County HEZ target area.

**Major Strategies #6 and #7: Redesign hospital clinical services to achieve maximum efficiency and effectiveness. Transform Dimensions Healthcare System to support the improvement of the health of residents…**The LRH primary and secondary service areas cover portions of four different counties: Prince George’s County, Anne Arundel County, Howard County and Montgomery County, MD. More than 245,000 people make up the LRH primary and secondary service areas. The LRH primary and secondary service areas have a population that is 45.5% African-American, 26% White (non-Hispanic), 15.4% of Hispanic origin, 10.1% of Asian origin, and 2.8% of other ethnic origin. |
| 1. **Describe the specific metrics that will be used to measure progress including patient satisfaction, quality, outcomes, process and cost metrics for each major strategy:**

**Major Strategy #1**

|  |  |
| --- | --- |
| **Patient Satisfaction** | **HCAHPS improvement** |
| **Quality:** | **MHAC improvement** |
| **Outcomes:** | **HSCRC list: A through H** |
| **Process:** | **HSCRC list: I through N** |
| **Cost metrics:** | **ROI – see excel chart for details** |

**Major Strategy #2**

|  |  |
| --- | --- |
| **Patient Satisfaction** | **HCAHPS improvement** |
| **Quality:** | **MHAC improvement** |
| **Outcomes:** | **HSCRC list: A through C, and F through G** |
| **Process:** | **HSCRC list: J through L, and N** |
| **Cost metrics:** | **ROI – see excel chart for details** |

**Major Strategy #3:**

|  |  |
| --- | --- |
| **Patient Satisfaction** | **HCAHPS improvement** |
| **Quality:** | **N/A** |
| **Outcomes:** | **HSCRC list: D through G** |
| **Process:** | **HSCRC list: J through L, and N** |
| **Cost metrics:** | **ROI – see excel chart for details** |

**Major Strategy #4:**

|  |  |
| --- | --- |
| **Patient Satisfaction** | **HCAHPS improvement** |
| **Quality:** | **N/A** |
| **Outcomes:** | **HSCRC list: D through G** |
| **Process:** | **HSCRC list: J through L, and N** |
| **Cost metrics:** | **ROI – see excel chart for details** |

**Major Strategy #5:**

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| --- | --- |
| **Patient Satisfaction** | **HCAHPS improvement** |
| **Quality:** | **N/A** |
| **Outcomes:** | **HSCRC list: D through G** |
| **Process:** | **HSCRC list: J through L, and N** |
| **Cost metrics:** | **ROI – see excel chart for details** |

**Major Strategy #6:**

|  |  |
| --- | --- |
| **Patient Satisfaction** | **HCAHPS improvement** |
| **Quality:** | **N/A** |
| **Outcomes:** | **HSCRC list: D through G** |
| **Process:** | **HSCRC list: J through L, and N** |
| **Cost metrics:** | **ROI – see excel chart for details** |

**Major Strategy #7:**

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| --- | --- |
| **Patient Satisfaction** | **HCAHPS improvement** |
| **Quality:** | **N/A** |
| **Outcomes:** | **HSCRC list: D through G** |
| **Process:** | **HSCRC list: J through L, and N** |
| **Cost metrics:** | **ROI – see excel chart for details** |

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| 1. **List other participants and describe how other partners are working with you on each specific major strategy:**

**Major Strategy #1: Collaborate with hospitals, academic institutions, and …..** TLC-MD members include: Doctor's Community Hospital, Ft. Washington Medical Center, Calvert Memorial Hospital, St. Mary's Hospital, and Southern Maryland Hospital Center.**Major Strategies #2 & #3: Reduce unnecessary Emergency Department utilization**. **Reduce unnecessary inpatient utilization**Prince George's County Health Department; Prince George's Fire and EMS; Gerald Family Care; Greater Baden Medical Services; Global Vision Healthcare; Family & Medical Counseling; University of Maryland School of Public Health; Sodexo; Prime Time Sister Circles; Doctors Community Hospital.**Major Strategy #4: Collaborate with Prince George's County Government / Health Department to develop new clinical services and care delivery platforms.**Prince George’s County government, Prince George’s County Health Department, and other community providers.**Major Strategy #5: Improve access to primary / ambulatory care to promote utilization of healthcare resources in appropriate settings.**Prince George's County Health Department, Gerald Family Care, Greater Baden Medical Services, Dimensions Healthcare Associates, PGHC Internal Medicine Residency Program, and PGHC Family Practice Residency Program.**Major Strategies #6 and #7: Redesign hospital clinical services to achieve maximum efficiency and effectiveness. Transform Dimensions Healthcare System to support the improvement of the health of residents…**Dimensions Health System initiatives with consultation and assistance/support from University of Maryland Medical System, University System of Maryland, Prince George's County Government, and State of Maryland for development of regional medic al center. |

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| 1. **Describe the overall financial sustainability plan for each major strategy:**

**Major Strategy #1: Collaborate with hospitals, academic institutions, and community-based organizations to improve health care delivery & care coordination.****Major Strategy #2: Reduce unnecessary Emergency Department utilization.****Major Strategy #3: Reduce unnecessary inpatient utilization by reducing readmissions and ambulatory sensitive conditions admissions. Reduce current ALOS of inpatients.****Major Strategy #4: Collaborate with Prince George's County Government / Health Department to develop new clinical services and care delivery platforms.****Major Strategy #5: Improve access to primary / ambulatory care to promote utilization of healthcare resources in appropriate settings.****Major Strategy #6: Redesign hospital clinical services to achieve maximum efficiency and effectiveness.****Major Strategy #7: Transform Dimensions Healthcare System to support the improvement of the health of residents of Prince George's County / Southern Maryland region.**  |

 **Attachments**

**Attachment A: Summary Elements of Transformation Plan**

**Attachment B: Supplemental Metrics Information**

**Attachment C: Supplemental Financial Information**