

Population Health @ HCGH

Prepared for MDH Population Health Summit, 12/4/18 Elizabeth Edsall Kromm, PhD, MSc VP Population Health & Advancement, HCGH



Discussion Agenda

- Developing a community health strategy
 - Value of aligned interests & mandates
 - Community Health Priority Areas

- Building population health infrastructure in a hospital
 - Howard Health Partnership
 - Community Care Team

Value of Aligned Interests & Mandates



For the Hospital

- Community Health Needs Assessment (CHNA)
- All Payer Model
- Total Cost of Care Model

In the Community

- Local Health Improvement Coalition (LHIC)
- Horizon Foundation
- Biennial Health Assessment Survey

Howard County Priority Health Areas





Access to Care

Reduce Emergency Department visits for diabetes, hypertension, and asthma in Howard County and increase the number of Howard County children and adults who access dental care annually.



Behavioral Health

Reduce Emergency Department visits related to mental health conditions and addictionrelated conditions; and reduce suicide rates in Howard County.



Healthy Aging

Reduce Alzheimer's and dementia-related emergencies and reduce fall-related deaths in Howard County.



Healthy Weight

Reduce obesity in Howard County.

Source: Howard County Local Health Improvement Coalition, 2018-20 Action Plan

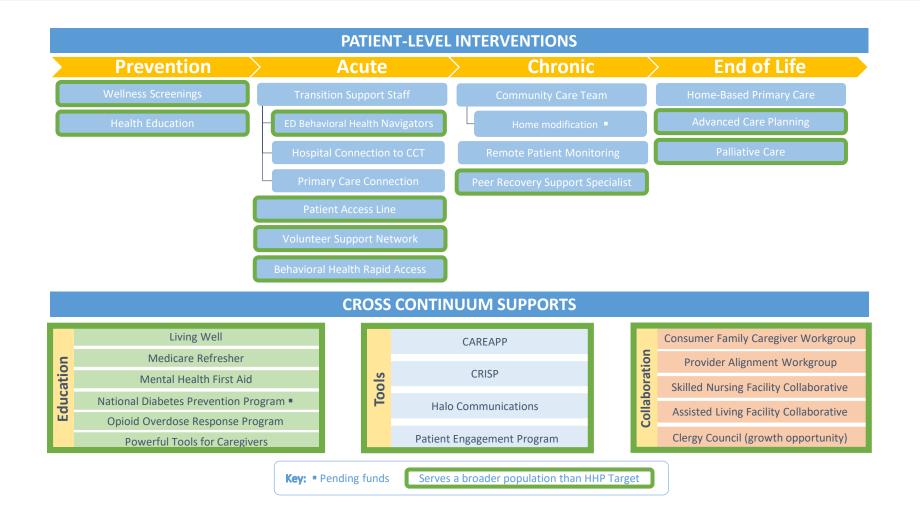
Building Population Health Infrastructure in a Hospital



- All Payer Model offered "glide path" for health system transformation
- Transformation Implementation Program (TIP)
 - Established regional partnerships to manage health of a defined community (initial focus on Medicare)



Howard Health Partnership (HHP)





Community Care Team (CCT)

- Multi-D (CHN, CHW, LCSW)
- Address social & clinical needs
- Client-led care plan development
- 30-90 days depending on clinical complexity & social needs







CCT Results

- ~ 700 clients served since 7/16
 - 2/3 have behavioral health dx
- > 40% acceptance rate
- > 90% graduation rate
- > 98% client satisfaction rate

30-day readmission rate (HCGH only)	FY18 Q1	Q2	Q3	Q4
All Payer High Utilizer	20.0%	19.4%	18.1%	18.1%
HHP Target Population	20.7%	18.6%	19.2%	20.8%
CCT Clients	16.4%	16.3%	9.7%	13.3%

Source: HHP Steering Scorecard, 10/16/18 [BRG/CRISP data]



CCT Results

Pre/Post Analysis:

- > 40% reduction in avoidable hospital utilization
- > \$1million in potentially avoided costs
- † Patient activation

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Additional Progress Made

- Behavioral Health Rapid Access Programs (adults & kids)
- Peer Recovery Support Program
- Telemedicine in Elementary schools
- Chronic Disease Self-management Programs
- Mental Health First Aid Training (adult & youth versions)
- Journey to Better Health (Faith Health Initiative)
- Advance Care Planning Coordinator



Thank you!



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