**AMR Integrated Healthcare**

*Patient Navigation Draft Measures*

Establish Comprehensive Patient Navigation System for Low Acuity 9-1-1 Callers and Frequent ER Users

Project Goal: Navigate and redirect patients who access emergency services to the most appropriate care settings to enhance the use of medical homes and reduce the inappropriate use of emergency services.

Project Options:

* 9-1-1 Nurse Triage Program
  1. Warm hand-off of low-acuity 9-1-1 callers from local 911 EMD service to AMR Nurse Triage and Integrated Navigation system, to facilitate appropriate care dispositions, such as primary care, specialty care, dental care or in-home/self-care, in-home follow-up by MIHP.
  2. CAD to CAD interface to support warm handoff
  3. Link or provide access to local community resources scheduling software.
* Admission/Re-admission/Frequent User Program
  1. Identify frequent users of emergency services suffering from CHF, COPD, recurrent falls, diabetes and chronic pain.
  2. Provide proactive in-home visits by AMR Community Health Paramedics
     1. Educate patients on disease management
     2. Assist with medication reconciliation and compliance
     3. Assess home environment to reduce risk
  3. Connect patients to social service networks to provide holistic care
  4. Coordinate care and communication with patient’s PCP or Medical Home.
* Observation Admission Avoidance Program
  1. Refer patients from the emergency department to AMR’s Community Health Program (CHP) for in-home follow-up and care coordination with the patient’s primary care provider (PCP), or Medical Home, as opposed to admitting the patient to 23-hour observation admission.
  2. Link Healthcare system EHR program with AMR Logis CAD and reporting programs to provide seamless care coordination and information sharing.

Key Measures:

* **Process Measures – Observation Admission Avoidance:**
  1. Measure - Establish baseline metrics:
     1. Number observation admissions and cost of admissions
     2. Number of potential observation admissions than may be avoided through this program and cost savings
  2. Measure - Educate physicians and case managers on program
     1. Number of physicians educated on program
     2. Number of case managers educated on program
  3. Measure – Link Healthcare System EHR and AMR Logis program
     1. Establish interface
     2. Test access and upload for patient data between AMR and partnering systems
     3. AMR and partnering systems are able to view discharge instructions and AMR assessments/interventions conducted at patient’s home
* **Process measure – 9-1-1 Nurse Triage Program**
  1. Measure – Establish baseline metrics
     1. Number of ALPHA and OMEGA calls received by AMR 9-1-1 Center
     2. Number of potential referrals for alternate disposition other than ambulance to emergency department
  2. Measure – Establish link between partnering healthcare systems and appointment scheduling system and AMR Nurse Triage system
     1. Interface established
     2. Information able to be accessed, viewed and scheduled
  3. Measure – Expand call triage hours to 24/7
     1. Hire and train 4 additional nurses for triage program
  4. Measure – Patient Referred
     1. Number of patients referred to alternate disposition
     2. Costs avoided from patient referral
  5. Measure – Patient Satisfaction
     1. Patient survey questions and Likert scale established
     2. Phone survey conducted at 1 week from encounter
* **Process measure – Admission/Re-admission/Frequent User Program**

1. Measure – Establish baseline metrics
2. Define frequency of patient encounters used classified as frequent users of 9-1-1 or emergency room
3. Identify patients who meet frequent user definition
4. Calculate use of 9-1-1 and hospital emergency rooms in defined time parameter
5. Calculate the costs of these services
6. Measure – Enroll Patients
   * + 1. Enroll identified patients into AMR CHP
       2. Establish care plans with patient and PCP
       3. Conduct in-home visits, patient education and care coordination/referrals for ancillary services
7. Measure – 9-1-1 and ER use reduction
   * 1. Measure 9-1-1 and ER use post enrollment
     2. Measure cost savings from reduction of this use
8. Measure – Patient Satisfaction
   * 1. Patient survey questions and Likert scale established
     2. Phone survey conducted at 3 and 6 months from referral

* **Improvement Measures – Observation Admission Avoidance:**
  1. Measure – Patients Referred
     1. Number of patients referred to the program
        1. Metric: Patient Count
  2. Number of observation admissions avoided
     1. Patient Count
        1. Metric: Number of patients who did not revisit the emergency department prior to PCP follow-up appointment
        2. Metric: Number of patients who re-visited the emergency department prior to PCP follow-up appointment
  3. Cost savings of admissions avoided
     1. Patient Count
        1. Metric: Average cost of observation admission per admission
        2. Metric: Number of observational admissions avoided
  4. Measure – Patient Satisfaction
     1. Patient Telephone Interviews
        1. Metric: Number of patient satisfaction surveys completed
        2. Metric: Number of patients who rate satisfaction as above average
* **Improvement measures – 9-1-1 Nurse Triage Program**
  1. Measure – Patient Referred
     1. Patient Count
        1. Metric: Number of patients referred to alternate disposition
  2. Measure - Costs avoided from patient referral
     1. Encounter Analysis
        1. Metric: Average cost of ER visit for Primary Care complaint
        2. Metric: Average cost of PCP visit for Primary Care complaint
        3. Metric: Cost avoidance of patient navigation
  3. Measure – Patient Satisfaction
     1. Patient Telephone Interviews
        1. Metric: Number of patient satisfaction surveys completed
        2. Metric: Number of patients who rate satisfaction as above average
* **Improvement measure – Admission/Re-admission/Frequent User Program**

1. Measure – 9-1-1 and ER use reduction
2. Patient Count
3. Metric: 9-1-1 and ER use pre-enrollment
4. Metric: 9-1-1 and ER use post enrollment
5. Measure - cost savings from reduction of this use
6. Utilization Data
   * + 1. Metric: Average cost of ER visit for primary care complaint
       2. Metric: Average cost of in-home visit by AMR CHP
       3. Metric: Average cost of PCP visit
       4. Metric: Cost savings of patients enrolled in CHP
   1. Measure – Patient Satisfaction
7. Patient Telephone Interviews
   * + 1. Metric: Number of patient satisfaction surveys completed
       2. Metric: Number of patients who rate satisfaction as above average