Colorado Trustee

For Colorado Hospital Governing Board Members Spring 2017

BOARDROOM BASICS

Mental Health: Understanding the Challenge and Making a Difference

The mental health of our communities is inextricably linked to the overall health of our populations. The prevalence of mental illness, shortage of mental health professionals, barriers to treatment, costs and social impacts should place mental health at the top of hospital and health system board agendas. Yet while mental health challenges have risen to crisis status, it does not get the attention it deserves. Trustees' response to this crisis starts with understanding the challenge and exploring what can be done.

Understanding the challenge of mental health begins with recognizing the prevalence of mental illness, including the fact that many people go untreated.

Mental Illness is on the Rise in Youth. One in five young Americans (13-18 years old) has a serious mental illness. In three years, from 2011 to 2014, major depressive episodes among youth increased from 8.5 percent to more than 11 percent. What's perhaps more troubling is that while mental illnesses are on the rise among youth, only half of them are getting needed treatment. More than 90 percent of youth dying of suicide have mental illness. Suicide is the third leading cause of death for 10-24 year olds and the second leading cause for 15 to 24 year olds.[1, 2]

Adult Mental Illness is Linked to Other Medical Conditions. People with mental illness are more likely to have other co-morbidities. On average, they are more likely to die 25 years early from treatable medical conditions. Nearly one in five adults in the U.S. has a mental illness and more than half of those with mental illness are not getting treatment.[1, 2]

Cultural Disparities and Underutilized Services. African Americans and Hispanic Americans are about half as likely as Caucasians to use mental health services, and Asian Americans are only one-third as likely to use needed services.[1, 3]

The Mental Health of Imprisonment. Local, state and federal prisons all report high rates of mental health problems among their populations.[4]

Homelessness. It is estimated that one-quarter to one-third of the U.S. homeless population has an untreated serious mental illness. The homeless are most likely to use the emergency department (ED) for medical care and upon discharge are more likely to return to the ED within 30 days or to be readmitted to the hospital. Frequently victimized and often arrested, the mortality rates for the homeless with mental illness are significantly higher than for the general population.[6, 7]

The Health Care Impact. It's well agreed upon that the United States lacks the mental health resources needed to care for patients with mental illness. In 2014, more than eight in ten emergency physicians reported that psychiatric patients were being held, or "boarded," in the ED due to an increased volume of patients and lack of other resources.[5]

The system isn't working. About 13 percent of individuals with mental illness are readmitted to the hospital within 30 days of discharge.[4]

Overall, mental health and substance abuse is the leading cause of disease burden in the United States. Among comparable countries, the death rate from these illnesses is highest in the United States. The cost of treating mental illness was $80 billion in 2012.[4]

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c|h|a Colorado Hospital Association

7335 East Orchard Road, Ste. 100 Greenwood Village, CO 80111 TEL: 720-330-6022 FAX: 720-489-9400 www.cha.com

PRESIDENT'S NOTEBOOK

Dear Governing Board Members:

Letter here.

Steven J. Summer
President and CEO

Sincerely,

Steven J. Summer
President and CEO

Do you have ideas for future issues of *Colorado Trustee*?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you'd like to see in future issues of *Colorado Trustee.*

Write or call:
Cara Welch 7335 East Orchard Road, Ste. 100 Greenwood Village, CO 80111
720.330.6073 Cara.Welch@cha.com

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How Did We Get Here?

Psychiatric hospitals or institutions were once considered a model for effective care of the mentally ill. However, often underfunded, understaffed and failing in effective treatment, institutional care drew criticism for poor conditions and violations of human rights. Criticisms and abuses, coupled with the release of a new and effective antipsychotic medication in the 1950's, helped advance the idea of deinstitutionalizing care in favor of outpatient community-based treatment.

In 1963, President Kennedy signed into law the Community Mental Health Act, which shifted resources from state psychiatric hospitals to the development of community-based mental health centers and residential homes. The intent of the law was to build 1,500 centers that would provide timely, effective treatment for people in their own communities. Enactment of Medicaid in 1965 was further incentive for deinstitutionalizing care. By moving patients from state institutions, states could shift the heavy burden of cost in part to the federal government.

"We don't hear about mental health like we should. It is often viewed as "separate" from other medical conditions such as cardiovascular disease or cancer."

-Dr. Michael Rothenfluch, board-certified psychiatrist

While about 90 percent of state hospital beds have been eliminated, only half the centers envisioned by the Community Mental Health Act were built, and long-term funding for center operations was never provided by the Act. As a result, deinstitutionalization has been criticized for shifting patients to nursing and residential homes and to families, many of which have lacked resources and training to care for people with mental illness. When coupled with underfunded community programs and lack of affordable housing, deinstitutionalization is also blamed for homelessness and high rates of arrest and imprisonment of people with mental illness.[8, 9, 10]

Why Aren't People Getting Treatment?

The fact that so many people with mental illness are not getting the treatment they need is a significant health issue. The reasons for not getting care are many and can differ with factors such as socioeconomic status, race and ethnicity, age and gender.

Affordability. Data from the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health indicates that care not covered by insurance or total cost are the dominant reasons for not seeking mental health treatment, regardless of race or ethnicity.[3] The prevalence of serious mental illness is not only higher among uninsured adults, but is about twice as high among adults below 100 percent of the federal poverty level than people at or above it—the patients who can least afford the costs of care have the greatest need.[4]

Insurance Coverage. Benefit coverage for mental health and substance abuse has been one of the ten essential benefits required by the Affordable Care Act (ACA). Prior to passage of the ACA, 18 percent of non-group policies did not include mental health benefits.[11] But being insured and including mental health in insurance benefits isn't always enough. After passage of the ACA, the National Alliance on Mental Illness (NAMI) reported that people with insurance had more difficulty finding in-network mental health providers and facilities than they did finding other health care providers. As a result, their mental health care was often received out-of-network at a greater cost.[12]

Lack of Access. The number of psychiatrists available in the U.S. meets only 44 percent of the country's need.[13] In its list of top health care issues for 2016, PwC noted that more than half of U.S. counties have no practicing mental health clinicians (all of them rural).[14] Unless there is change, the shortage of behavioral health care professionals is projected to worsen. More than half of psychiatric providers are 55 or older, but only four percent of U.S. medical school graduates are applying for psychiatric residency.[15]

What Hospitals Are Doing

Hospitals and health systems across the country are implementing initiatives to strengthen local mental health services, many of which represent community collaborations and partnerships. Below is a short list of recent examples.

Homelessness. NYC Health + Hospitals public health system has partnered with not-for-profit Comunilife to build and manage a housing project for low-income mental health patients on one of NYC Health + Hospitals' hospital campuses.[16]

Adventist Health Portland, CareOregon, Kaiser Permanente Northwest, Legacy Health, OHSU, and Providence Health and Services-Oregon are partnering to invest $21.5 million in developing affordable housing in response to Portland, Oregon's housing, homelessness and health care challenges. One of the three housing locations will include an integrated health center to treat medically fragile and mentally ill people.[17]

Mental Health First Aid. Hospitals in Florida have partnered to form the Mental Health First Aid Northeast Florida Collaboration with the intent to train first responders and residents to recognize and

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respond to the signs of mental illness and substance use disorders.[18]

Meeting Rural Needs. Lafayette Regional Health Center (LRHC), part of HCA Midwest Health, Health Care Collaborative of Rural Missouri (HCC), and Pathways Community Health have collaborated to find primary care doctors, dentists and behavioral health professionals for patients who often use the LRHC emergency department. LRHC shares a psychiatrist with HCC. The collaboration's efforts have allowed LRHC to redirect its resources to other quality and population health initiatives.[19]

Integrating Behavioral Health. Munson Healthcare in Michigan established a Centralized Access Center (CAC), which serves as a single point of entry and patient navigation for behavioral health care. The CAC provides patient evaluations, obtains authorizations from insurers and community mental health services and facilitates referrals and connections to care. Collaboration with other hospitals, agencies and organizations has helped to avoid duplication of services and ensure adequate community resources. Munson Medical Center is a partner in the Northwest Michigan Behavioral Health Network along with many other community organizations. The partners' behavioral health professionals are embedded in local health clinics to provide patient screening and avoid overloading the emergency department.[20]

Criminal Justice. Munson Healthcare, other community providers, community mental health services, law enforcement and court system staff have collaborated to create a mental health court with a docket that offers court-supervised mental health treatment instead of jail for people with mental illness.[20]

Help from Technology. New technologies are emerging to help providers bridge workforce gaps and meet the rising need for effective mental health care. Among

Q&A with a Board-Certified Psychiatrist

Dr. Michael Rothenfluch, a board-certified psychiatrist practicing in Vancouver, WA, provides a first-hand perspective of the challenges he faces daily.

Q: ***Although Washington and Oregon rank near the top for the availability of mental health caregivers, both states have a high rate of mental illness.[2] Does this surprise you?***

A: Yes and no. I wouldn't have expected Oregon or Washington have higher prevalences of mental illness compared to the rest of the country. I wonder if part of the reason is simply incomplete data based on the polling methods (for example, not taking into account active military, homeless or incarcerated populations). Regardless, I am encouraged because at least it appears that we are meeting the demand in terms of our mental health workforce and access to care. Another part of the reason for higher reported prevalences may be because these states tend to be more liberal and may do a better job at raising mental health awareness and reducing stigma. This would allow people to feel more open about admitting if they do suffer with a mental health disorder.

Q: ***More than half of patients get treated for behavioral health issues by their primary care providers. Are organizations integrating primary care and behavioral health together?***

A: Integrating behavioral health into primary care or specialty care settings can often take a big weight off of medical providers who may not feel as comfortable or believe they lack the expertise to manage patients with serious mental health disorders. Integrated care may help overcome the barriers for patients associated with making a new appointment or going to a new facility, and avoids the stigma of having to go to a dedicated behavioral health clinic. In Vancouver, PeaceHealth and The Vancouver Clinic have both recently integrated psychiatric providers into their primary care clinics.

Q: ***How would you characterize collaboration between hospitals, community mental health centers, and other entities?***

A: In many cases, collaboration can be difficult. This is in large part due to time constraints as well as lack of a universal electronic medical record. Without the ease of sharing electronically, information gathering and communication among providers is difficult and can result in fragmented care.

Q: ***Four Portland, Oregon health systems recently launched a partnership to form the Unity Center for Behavioral Health, a single site for mental health. What are your thoughts on this?***

A: Both Oregon and Washington have faced shortages of inpatient psychiatric beds, and unfortunately, this often results in patients waiting for long periods of time in emergency departments while inpatient beds are found. The Unity Center may help to eliminate this wait time for patients and get them the mental health care they need in a more timely manner. On the other hand, I do worry about the segregating of behavioral health care away from all other medical and surgical specialties. I fear this separation may foster increased stigma for those who suffer with mental health disorders.

Q: ***What do you want hospital trustees to know about mental health issues?***

A: Remember that mental health is the third leading cause of disability in this country after heart disease and cancer—yet consider how much attention those conditions receive compared to mental health. In addition, suicide rates have increased drastically over the past decade. Suicide is now the 10th leading cause of death in the U.S., and ranks much higher for ages 5-24. We don't hear about it like we should; it is often viewed as "separate" from other medical conditions such as cardiovascular disease or cancer.

Q: ***What other barriers exist for meeting mental health needs?***

A: Lack of ancillary services is one of the biggest challenges we face as providers trying to meet patient's mental health needs—supported/structured housing, intensive case management, etc. These are resources that patients with serious mental disorders require and are essential to their success, but are in terribly short supply. Part of the problem is much broader and involves reimbursement, which incentivizes one-time, procedurally-based interventions. Until the system changes to incentivize preventative, ongoing care with case management and community support, maintaining an adequate and effective mental health workforce and meeting the mental health needs of the community will continue to be a challenge.

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them are Lantern, a start-up that provides web and mobile coaching and cognitive behavioral-therapy tools; Lyra Health, an employee assistance program that provides online screening and tools to connect patients with the right providers; and Doctor on Demand, which has added psychologists and psychiatrists to its telehealth services. [21]

What the Board Can Do

The American Hospital Association has compiled key resources and tools to support hospitals and health systems in their efforts to respond to mental health care challenges. Among its resources is *Health Challenges in the General Hospital: Practical Help for Hospital Leaders*. The report includes discussion and case examples for six recommendations, each briefly summarized below: [22]

1. Community Needs Assessment: Ensure assessments include specific attention to mental/behavioral health.

2. Hospital Behavioral Health Plan: Review and evaluate the organization's behavioral health plan to account for community needs, patient needs and the economic value of behavioral health to all operations of the hospital.

3. Community Collaboration: Encourage and participate in a community-wide or regional plan. Coordinate with community agencies and support services to ensure treatment in appropriate settings and appropriately limit the hospital's "backstop" role. Develop a formal plan defining the hospital's role and its relationships with others. Seek governmental assistance to allow collaboration to develop needed inpatient behavioral health services.

4. Adequate Financing: Communicate the cost of behavioral health care, including the costs of not treating patients. Seek additional funding for behavioral resources from a range of sources (such as foundations, philanthropies and grants). Advocate for public mental health and its adequate funding.

5. Employer Practices: Incorporate practices recommended by the National Business Group on Health in "An Employer's Guide to Behavioral Health Services" and share the guide with community employers.

Advocacy: Engage with regional, state and national associations to broaden advocacy for behavioral health.

This resource, as well as a number of other practical mental health resources and tools are available at www.aha.org/behavioralhealth.

In addition, the National Council for Behavioral Health recently issued a report, *The Psychiatric Shortage: Causes and Solutions*. The report is a result of work by a diverse panel of experts, and explores current psychiatric crises and potential solutions. It includes recommendations and a call to action specific to key stakeholder groups, including health care organizations. A copy of the report is available at www.thenationalcouncil.org. [23]

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LEADERSHIP PERSPECTIVES

Patients as Customers: How Can Boards Ensure Patient-Centered Care?

The rise in health care consumerism isn't surprising. It's become the norm in many industries for years – comparing prices and reading reviews before buying a television or booking a vacation is typical for most consumers. While it's not as simple to gather data and make comparisons in health care, the trend has been growing thanks to cost shifts to consumers, increased expectations for on-demand service, growing competition from non-traditional formats, new technologies and a transition toward value-based care.

While patients were once generally passive recipients and followers of doctors' orders and advice, "health care consumerism" reflects the increasing engagement of people in managing and making independent decisions about their health care. Through the establishment of health care purchasing exchanges, patient engagement programs and increased responsibility for a growing share of costs, engaged patients are seeking better care, better outcomes, more personalized treatment, convenience, choice and value for their health care dollar. They are becoming more selective in choosing their health care providers, and are paying greater attention to price and quality rankings.

The range of patient choices has expanded as well, including retail clinics, pharmacies, national and international medical tourism and more. Patients, and millennials in particular, want online access to health care information and services. As consumers, patients are often frustrated by a complex system of care that is disjointed, lacks transparency and can be difficult to understand and navigate.

Rising consumerism also means helping patients by giving them the information and tools they need to make informed health care decisions. As they shift from passive patients to engaged health care consumers, people want to know and compare costs, quality and value just as they do when buying a house, a car or making other important purchases. They're also weighing the overall experience they have. In the end, these consumers will decide when, where and with whom they will spend their health care dollars; and their broader experiences as informed consumers in other markets will make the difference in how they make their decisions.

What Consumers Want

Health care consumers want the same things from health care organizations that they want from other companies. McKinsey & Company's Consumer Health Insights survey indicates that "providing great customer service, delivering on expectations, making life easier and offering great value" are the qualities that set consumer-focused organizations apart from others.[3]

Different Consumers Have Different Preferences. Defining these qualities and bringing them to life is not an easy task. We all know great customer service when we see it. We all have expectations and know what things make our lives easier. At the same time, everyone defines these qualities differently.

Millennials want strong patient-provider connections with adequate time for verbal discussion. They support telehealth and want providers to have mobile health apps. Baby boomers in their early 60s are experiencing more health concerns and have become comfortable with using technology. They are researching health topics online and use patient portals to communicate with providers. In contrast, patients over 75 years in age want to get their health information directly from their physician and they rely on their physicians to direct their care.[4] Age is not the only differentiator; geography, education, gender, religion, race and ethnicity are among the many factors that also influence consumer preferences.

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Guidance from the Healthcare Financial Management Association

In response to the rising tide of consumerism, the Healthcare Financial Management Association (HFMA) has released a series of four reports, *Health Care 2020*. Second in the series is Consumerism. Defining consumerism as "a trend that reflects the growing importance of consumer choice in the health care marketplace," the report provides guidance in the following five areas: [2]

- ***Becoming consumer-centric.*** The health care delivery system has historically been provider-centered, but success in a market driven by value is reliant on a strong patient base. Attracting and retaining the loyalty of patients is dependent on the organization's ability to meet their needs and expectations.
- ***Promoting health ownership.*** Enrollment in high-deductible health plans and employers' use of incentives and plan design are driving individuals to take more responsibility for their personal health and health care decisions. To encourage this shift to "health ownership," health plans and providers must give consumers the education, information and tools they need to make smart decisions.
- ***Understanding the individual consumer.*** The ability to meet the needs and expectations of patients requires a deep understanding of their different attitudes and motivations. The organizations that can segment their patient populations and custom tailor an approach for each group are the organizations with the best opportunities for success.
- ***Listening to consumers.*** Organizations can't truly understand their customers and gain their trust and loyalty unless they listen to them. This requires asking about their experiences, listening to suggestions for improvement and learning about their preferences.
- ***Overcoming barriers.*** Consumers want education and are turning to the internet for information about health conditions, treatments, and providers. They need to overcome barriers to access the right information – information that is accessible, understandable, and encourages well thought-out decision making. When patients are given the right information by health care professionals, they can make better decisions and improve their outcomes.

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It's About the Journey. To further complicate efforts to define what customers want most, McKinsey's research found that what consumers believe makes the most difference to them is not necessarily the same as what truly influences their opinions. Many hospitals and health systems focus their customer service on improving parking, offering high-quality food choices, improving the waiting experience and ensuring online access to information, all of which are important to patients' overall experience and satisfaction. But the more important factors to patient satisfaction are the empathy a patient feels from the nursing staff and being kept informed during and after their treatment. These are the intangible factors that tend to be understated by patients.[3]

The more important factors to patient satisfaction are the empathy a patient feels from the nursing staff and being kept informed during and after their treatment. These are the intangible factors that tend to be understated by patients.[3]

Taking consumerism or patient satisfaction beyond HCHAPS or the practices of routine customer service requires understanding, engagement and collaboration. In its CEO Guide to Customer Service, McKinsey & Company consultants note that mastering exceptional customer service is essential to leading in a consumer-driven market. This mastery is dependent on understanding that the customer's perspective is a beginning-to-end experience, or "journey" with an organization. No matter how favorable individual interactions are, the complete experience is not simply the interactions with one or more different "touchpoints" in the hospital or health system (such as reception, admitting or claims). In a recent survey, customers were 73 percent more likely to be satisfied with health insurance and 61 percent more satisfied with hotels when their "journey" worked well, rather than when just the touchpoints did.[5]

Understanding and Offering Patient-Centered Care

The boards and CEOs of hospitals and health systems are in the best position to consider the consumer's entire journey through the organization, from the time they initiate care until they pay off their account. It is the board's job and responsibility to ensure the organization's viability and success in today's new and different consumer-driven health care market. Trustees can begin this process by considering the following questions and assessing the depth of commitment and understanding the board has about its patient population.

- Can your organization segment its patient population?
- Do you know the motivations, attitudes and preferences of each patient segment, or what is most important to each segment?
- Do you know how well your organization is able to meet the expectations of each of its patient segments?
- Does your organization conduct consumer focus groups, patient

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interviews, or have a patient advisory committee?

- Do you have a clear picture of the patient's journey through your hospital or health system?
- Do you have a clear statement that sets the direction and expectations for the customer experience in your organization?
- Have you made consumerism and customer experience part of your strategic plan?
- Does your board include individual(s) from companies known for their customer excellence?
- Have you explored ideas and concepts that might be adapted from other industries and organizations known for their customer excellence?
- How highly satisfied are your employees and medical staff? Is this a priority that starts with the board?
- Does your board ask for employees' opinions about patient experiences and opportunities for improvement?
- Do you know which services have the greatest financial impact on your organization? How well do they meet customer needs and expectations?
- What metrics does the board use to measure improvement in patient experiences?

Discussions, deliberations and debate over the answers to these questions will help the board to define how well-prepared it is to succeed in a consumer-driven market, strategic changes the organization should take, and what steps are needed to define the hospital or health system's vision for meeting patient expectations.

Marketplace Examples: Adapting Business Models to Meet Demand

As many as one in three Americans seek care in the emergency department (ED), and despite reported frustrations with ED cost and quality, many of those may be due to convenience rather than the need for actual emergency care. Nearly half of recent patients in the U.S. reported that they seek care in the ED for non-urgent reasons.[7] This is just one of many trends with an opportunity for hospitals and health systems to learn from to improve quality of care, reduce costs, and better meet patient demands in today's increasingly consumer-focused era. Below are a few ongoing examples:[8]

- ***Providence Health & Services,*** one of the largest health systems on the West Coast, reviewed its traditional care models several years ago and concluded that they did not align with consumer desires. Consumers wanted more choices and more convenient access. Part of this shift means opening 50 Express Care clinics, some in Walgreens stores and others in freestanding locations. The clinics use Providence's electronic health record system, allowing care to easily integrate within the rest of the organization. Providence is also experimenting with in-home visits in Los Angeles and Seattle, where a nurse practitioner provides patients with in-home care.
- ***Novant Health****,* a 13-hospital system in North Carolina, South Carolina, Georgia and Virginia, includes patients in what it calls "a virtual venue of care." The virtual venue includes e-visits and video visits, population health initiatives that reach out to high-risk patients, a call center that supports patient engagement, and online interactions through the organization's patient portal.
- ***UPMC in Pittsburgh*** began branching into the virtual care world through UPMC AnywhereCare eVisits for primary care in 2013, and expanded to e-dermatology in 2016. Anywhere Care is offered in Pennsylvania and Maryland, where patients receive online care from nurse practitioners, physicians, and board-certified dermatologists. UMPC also provides at-home monitoring for congestive heart failure patients, and is expanding the program to include patients with chronic obstructive pulmonary disease and diabetes.
- ***Memorial Hermann Medical Group*** in Houston, Texas is testing out broadened access through urgent care facilities, retail clinics, and televisits. One of those approaches includes partnering with RediClnic, a chain of retail clinics in grocery stores, to integrate the retail clinic's care into its electronic medical record.

"What people really want is on-demand access...particularly those who are well or have conditions that are stable—they just need to get things done, and time has become really important for them."

- David James, MD, CEO of Memorial Hermann Medical Group [8]

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THINKING OUTSIDE THE BOX

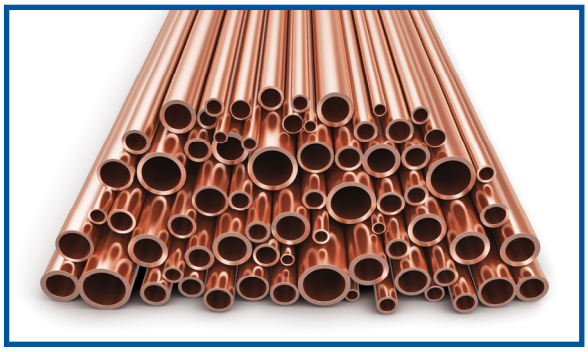
Regularly reviewing emerging trends can help hospital and health system boards bring new light to existing challenges and opportunities and engage in outside the box thinking. Below is a brief list of recent news and trends trustees may find noteworthy.

Addressing Social Determinants of Health at the Grassroots Level. Health care "super-utilizers," described as people with complex problems who frequent emergency rooms for care more appropriately handled by primary care physicians and social workers, comprise just five percent of the U.S. population. But they account for half of all health care spending. In Camden, New Jersey, a partnership was formed more than ten years ago to help hospitals and doctors find these patients and address the root causes of their problems. Rather than medicalizing or criminalizing social problems, the program focused on helping individuals with the right tools. The Camden Coalition uses social workers to find patients in local neighborhoods and work closely with them to address their needs—some of which are as basic as having a place to live. The combination of data and a high-touch approach reduced emergency room visits in the first group of patients by 40 percent. In Houston, a similar approach resulted in unprecedented planning among disjointed city and county agencies, hospitals and non-profit organizations. For example, the hospitals and the fire department pool their data to identify those with the greatest needs, and teams are sent to parks and neighborhoods to find patients. Since Houston's Patient Care Intervention Center was launched, costs have gone down 83 percent and hospital visits have declined by 70 percent. *Source: Varney, Sarah. Tackling Patients' Social Problems Can Cut Health Costs. Kaiser Health News. January 23, 2017.*

Housing the Homeless. Hospitals across the country are working in unique ways to improve housing stability, with a trickle-down effect of improving the health and well-being of their patients and their community. While the role of hospitals in each partnership may vary and a best way to address the homeless challenge isn't clear yet, hospitals have an opportunity to be involved in a long-term solution to many health care challenges affecting not only health care costs, but also community members' quality of life. In New York City, SBH Health System in the Bronx has reduced inpatient capacity and sold part of its campus to a developer to build low-income housing and open an urgent care center and other outpatient facilities. In Portland, Oregon, five hospitals and a non-profit health plan have donated $21.5 million to help build nearly 400 housing units. In other areas, hospitals are donating money toward homelessness initiatives, paying rent for patients in need, or owning and operating apartments or affordable housing units. *Source: Butcher, Lola. Why Hospitals Are Housing the Homeless. Hospitals & Health Networks. January 5, 2017.*

A Medically-Integrated Version of Uber. Research indicates that an estimated 3.6 million Americans miss medical appointments each year due to transportation issues. To help address this challenge, particularly among elderly and low-income patients, Uber has partnered with the non-emergency medical transport company Circulation. The platform developed by Circulation is HIPAA-compliant, and connects Uber with patients, care coordinators and providers. The program's goal is to reduce the number of missed doctor's appointments by providing transportation options for patients (which can be scheduled by the health care provider as a part of the scheduling process). Michael Docktor, M.D., pediatric gastroenterologist at Boston Children's Hospital, said the integrated health care transportation platform can "alleviate the added headaches that come along with traffic and parking challenges in a busy city such as Boston and ensure that parents can focus on their children–not the ride to the hospital." *Source: Landi, Heather. Uber, Circulation Collaborate on Hospital Pilot Program for Patient Transportation. Healthcare Informatics. September 28, 2017.*

Using Copper to Reduce Infections. A partnership between Grinnell Regional Medical Center and Grinnell College found that using copper in the hospital setting substantially decreased the hospital's bacterial burden. The study was conducted over 18 months with more than 1,500 samples. Significantly fewer bacteria were found on copper alloy products such as grab bars, toilet flush valves, IV poles, switches, keyboards, sinks and dispensers. The study found that after cleaning, bacterial numbers in unoccupied control rooms rebounded back to the same levels found in occupied control rooms. However, copper alloy surfaces were found to keep bacterial numbers in both occupied and unoccupied rooms at lower levels. According to Shannon Hinsa-Leasure, Ph.D., Associate Professor of Biology at Grinnell College, "this is key to protecting newly admitted patients from contracting infections through commonly touched surfaces, even when they [the surfaces] are considered clean, and is integral to an effective infection-control strategy." It is estimated that one in 25 patients admitted to a hospital contracts a healthcare-associated infection (HAI). In 2011, an estimated 10 percent of the patients who contracted HAIs died from the infection. Hinsa-Leasure emphasizes the potential copper can have: "although there is an increased cost for installing copper alloy products compared to stainless steel or porcelain, the lives saved and costs reduced by decreasing the number of healthcare-associated infections far exceed the initial



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input. We have to remember that copper alloy surfaces not only kill bacteria on the surfaces but also damage their DNA, which decreases the spread of antibiotic resistance." *Source: Grinnell College Study Finds Copper Alloy Surfaces Reduce Bacteria, Possible Infection in Hospitals. Grinnell Regional Medical Center Website News. September 28, 2016. www.grmc.us.*

Redesigning Plumbing to Reduce Infection Spread. Hospital designs will increasingly focus on ways infections can be prevented or reduced before the risk is even presented. For example, single patient bathroom showers can be modified to include offset drains and sloping sides to minimize the spread of infection and contamination. In addition, experts predict that hospitals will use new plumbing, such as specialty sinks for hand-washing that are shaped to reduce splashes and the spread of dirty water. *Source: Commins, John. Top 5 Healthcare Design Ideas for 2017. HealthLeaders Media. December 21, 2016.*

Eliminating Drug-Resistant Bacteria Through UV Light. According to a study led by Duke Health, ultraviolet light can help disinfect patient rooms from drug-resistant bacteria. The study (recently published in *The Lancet*) tested a type of ultraviolet light called UVC against superbugs in nine Southeast hospitals with more than 21,000 patients. Researchers found that in addition to standard disinfection, UV light machines provided an additional cleaning that cumulatively reduced infection by 30 percent. The impact of the UV light treatment is different depending on the superbug, with the highest impact on methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococci (VRE). According to Deverick Anderson, M.D., an infectious diseases specialist at Duke Health and lead researcher, "this is the first trial that truly demonstrates that the environment is a risk to patients. This is not a debate anymore. The good news is that we can decrease that risk, and the best way is by using an enhanced strategy for cleaning." He noted that "just preventing a handful of cases will make it cost effective. These kinds of strategies are worth investing in." *Source: Durben Hirsch, Marla. Study: UV Light Helps to Eliminate Drug-Resistant Bacteria. Hospitals & Health Networks. January 23, 2017.*

"Just preventing a handful of cases will make it cost effective. These kinds of strategies are worth investing in."

- Deverick Anderson, M.D., an infectious diseases specialist at Duke Health

Rethinking ED Treatment. Experts predict that future emergency departments will be designed to provide immediate access to care in non-emergency settings. This could help reduce congestion in over-crowded emergency areas as non-emergency patients are redirected to "rapid treatment" areas where patients are seen, diagnosed, treated and discharged without entering the main emergency department. *Source: Commins, John. Top 5 Healthcare Design Ideas for 2017. HealthLeaders Media. December 21, 2016.*

Fitbits and Other "Wearables" Decrease Sick Days, Costs. One in five Americans owns a "wearable tech device," such as a fitness tracker that monitors steps taken, heart rate, sleep cycles, and more. According to research at Northwestern University School of Professional Studies, employees enrolled in Humana's "HumanaVitality" program who used wearables on a daily basis had a 44 percent decrease in sick days, and saved 18 percent on health care costs. While the concept is still in the beginning stages, experts estimate that if current trends continue, over the next 25 years wearables could help cut hospital costs through remote patient monitoring, saving more than $200 billion. In addition, insurance companies adopting wearables can use the information for real-time payment adjustments and discouraging unhealthy choices. Experts believe that the market for wearables will grow to 411 million units by 2020. *Source: Chang, Lulu. Wearables Are Already Impacting the Healthcare Industry, and Here's How. Digital Trends. April 10, 2016.*

Growing Demand for Online Laboratory Tests. While currently still a niche market, the demand for online laboratory tests is growing. As consumers increasingly look to the internet for information and on-demand resources, online lab tests provide both ease of use and anonymity. For example, My Lab Box initially focused on screenings for a few sexually transmitted infections through the mail, easing patients from the anxiety of scheduling and discussing STIs, and providing a low-cost option for those with no insurance or high-deductible health plans. Similarly, Cologuard offers an FDA-approved at-home colon cancer screening service, which avoids the traditional uncomfortable colonoscopy. *Source: Barr, Paul. Health Care's Disruption May Be Underway. Hospitals & Health Networks. January 30, 2017.*

Reducing Sudden Infant Death Through Baby Boxes. New Jersey is the first state to adopt a program to reduce infant deaths by distributing more than 100,000 "baby boxes." The program requires new parents to take an online course about safe sleeping practices; in exchange, they receive a portable cardboard bassinet with a firm mattress (a baby box). While the program is focused on education, the inclusion of free items helps bolster participation. The baby box comes filled with free items such as diapers, baby wipes, and more. Based on the most recent data available, 57 of New Jersey's 61 cases of sudden unexpected infant death (93 percent) involved unsafe circumstances. Nationwide, about 3,700 infants died suddenly and unexpectedly in 2015. Such deaths have fallen significantly since the 1990s, when the American Academy of Pediatrics released safe-sleep recommendations, including urging parents to put infants to bed on their backs. *Source: Foderaro, Lisa. Baby in a Box? Free Cardboard Bassinets Encourage Safe Sleeping. The New York Times. Feb. 12, 2017.*