

Technologies to facilitate coordinated care help to contain costs, provide staffing

by Michelle Leach

As the challenges of finding skilled talent and demographic-driven demand for health care converge, organizations are debuting new approaches to recruitment multidisciplinary care, and advanced technologies to prevent, treat and manage conditions.

Think Whole Person Healthcare is an independent primary care ACO (Accountable Care Organization), which Chief Medical Officer Dr. Joe Miller describes as a “unique patient-centered approach” whose outcomes include not only improved health.

“It also keeps our patients from touching hospitals — either emergency room visits or hospitalizations,” he said. “Aging does not have to equate to more suffering. And when you suffer less, your health costs go down.”

Its primary care physicians are surrounded by a team that includes, according to Miller, a triage nurse, clinical pharmacist, care coordinator and clinical staff that works around patients.

“These are augmented by physical therapists, diabetic educators, nutritionists, dietitians, podiatrists, optometrists behavioral [and] mental health therapists dentists and more in one building, working together to keep patients healthy and improve their well-being,” he said.

Electronic health records mean the team has access to patient records for coordinated care. Miller said X-ray,



Stapleton

CT scan, ultrasound, mammography, Dexa scans are also in one location, with 93 percent of its lab tests in the facility, so the patient and doctor get results at the appointment.

Innovation at Methodist Health System includes procedures for cardiology patients, according to President and CEO Steve Goeser.

“We are always enhancing our clinical trial opportunities and new technology for our cancer patients and exploring new treatments for those suffering chronic pain,” he said.

While he said they produce tremendous benefits, these procedures are also extremely expensive.

“Across the nation, health care payers are ratcheting down on what their financial payment for these revolutionary treatments will be,” Goeser said. “Then you have the families who are ... challenged with high-deductible insurance plans.”

They are spending dollars to reach deductibles, finding themselves strapped to receive the treatments they need.

“Add to that the struggle all health care providers face in providing care for the uninsured through Medicaid and the growing number of baby boomers in our country who are on Medicare,” Goeser said, noting this is creating a shift in patient mix and financial challenges for hospitals. “I think the health care providers in Omaha — CHI, Nebraska Medicine and Children’s — would all agree that our biggest concern is the ability to generate capital to meet the health care needs of the community we serve.”

Specific to Methodist, Goeser said its 3D Mobile Mammography coach will be hitting the road this summer as a mobile unit to provide screenings to women in the community.

“Our mobile mammography coach will make screenings more accessible and more convenient,” he said. “We will be visiting underserved neighborhoods, community centers and local business.”

From the insurance provider perspective, organizations are looking to methods of keeping costs down.

“The price of medical care is the single biggest factor contributing to health insurance premiums,” said Marcia Cady, marketing manager-media relations at Blue Cross and Blue Shield of Nebraska. “These expenditures reflect the cost of caring for those with chronic or long-term medical conditions, an aging population, high

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prescription drug prices and the increased cost of new procedures and technologies.”

BCBS aims to “improve the way health care is delivered” by using evidence-based approaches and reducing costs with value-based care, pharmacy benefit management and direct primary care.

Value-based care is described by Cady as paying providers by how effectively and efficiently patient total care is delivered.

“In order to continue to provide high quality benefits at the lowest cost, we work closely with a transparent Pharmacy Benefits Manager (PBM) to negotiate with drug manufacturers and pharmacies,” Cady said.

“It is important that these drugs are used for the right patient, at the right time for the best cost.”

Regarding business/employee wellness, Nebraska Medicine Diabetes Case Manager Tracie Jackson said programs with even basic activities (like exercise challenges) or periodic info (like lunch programs) present a great way to keep health at the forefront.

“Also, making sure employees have time to eat lunch when at work and time to test blood sugars and take medication — maybe a periodic group walk during the week as employees are more productive when they don’t sit for long periods of time,” said

Jackson, Registered Dietician and Certified Diabetes Educator.

Jackson further suggests leveraging technology, using apps like MyFitnessPal, Calorie King and Spark People to track the likes of food intake, provide info on nutrient content, and weight loss support.

“Providing for coverage of diabetes supplies and education through health insurance is always an incentive for the employee to take better care of themselves,” she said. “Productivity is better when employees are healthy.”

Any and all education provided, Jackson noted, helps to keep the importance of diabetes management in the forefront — employee groups, lunch talks, partnerships with local hospitals, health coaches (through the insurance plan), support of community events like the Corporate Cup or farmers markets.

“Also, providing healthy food choices and information on nutrient content on food provided at the workplace helps make eating better more convenient,” she said.

The home care industry is also supporting the ability for individuals to remain healthy and in their homes as they age.

But the availability of skilled talent remains a concern.

“I do know that our corporate office has acknowledged the shortages nationwide and has put more emphasis on recruitment, onboarding and retention training,” said Inter-

im HealthCare of Omaha owner, President and Administrator/Director of Health Care Services Paula Stapleton. “The Nebraska Home Care Association will be focusing on workforce development initiatives in partnership with the National Association for Home Care & Hospice (NAHC).”

Stapleton also noted the Nebraska Home Care Association is hosting Summer Listening Tours across the state.

“There will be a variety of topics discussed as part of the tour, including recruiting more nurses and clinicians into the home health field and employee retention strategies; regulatory issues; technology to enhance the delivery of health care at home; payment models; and the challenges of providing home care services in rural Nebraska,” she said. “The tour is designed to help promote the benefits of home care and also offer guidance with challenges we

are facing as an industry in Nebraska.”

Stapleton and Nebraska Home Care Association leadership suggest readers visit the new www.HelpChooseHome.com site, accompanied by a social and podcast presence.

Regarding capital projects, Goeser said work begins this fall at Methodist Jennie Edmundson Hospital in Council Bluffs, on a three-story, 60,000-square-foot medical office building — the future home of primary care physicians, women’s health service, and urgent care.

The \$16 million project is slated for completion by 2020.

Goeser also said Methodist Health System’s corporate office building will move to a new three-story, 160,000-square-foot location at 168th and Pacific streets in late 2018.



Dr. Joe Miller, chief medical officer at Think Whole Person Healthcare.