DASH: Innovative Urgent Care Services at Home

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Outline

- Background
- Program Design and Key Features
- Operational Success/DASH Stories
- Excellent Patient Experience
- Cost Savings Success
- The Future
Conflict of Interest Statement

I have no financial relationships with any commercial interests
Background

- 3,000 grant applications submitted to CMS (Affordable Care Act funds) – Palliative Care Consultants of SB was one of the 107 groups that received funding

- $4.2 million, 3–year Innovation Grant Award

- Goals of Program for seniors:
  ◦ Provide better care
  ◦ Improve health
  ◦ Prove cost savings to Medicare
Successful Outcome

- Overall goal was to enroll 1,500 seniors and decrease ER visits and hospitalizations by 25%
- Outcome after 3 years – ER visits and hospitalizations decreased by average of 35%
- DASH given one-year extension (7/16)
- Millions of dollars saved to Medicare Program
Program Impact:

Fewer ED visits and hospitalizations

(Rates per 100 patient-days)

Before enrollment: 0.327
After enrollment: Q14: 0.250
After enrollment: cumulative: 0.215

34% decrease

Before enrollment: 0.122
After enrollment: 0.092

33% decrease

ED visits vs. Hospitalizations (Inpatient + Observation)
Large sums of money are spent on care for chronically ill and frail elderly

Many prefer to avoid ER or hospital

Many end up there because hospitals are main location to attain immediate care

It’s easy to call 911 to access this care
We may have the BEST doctors and nurses in the world

But NOT the best health care system, especially for senior care
US is spending much more for older ages

What is DASH?

- A program that creates a new option for seniors who prefer not to go to the hospital

- Allows seniors to call a medical team to come to their residence in a matter of hours
In FY 2014-2015 seniors accounted for almost half of all ambulance transfers.

Source: Santa Barbara County EMS – Image Trend Data System, 2015
SB County Population

STATISTICS (2010–2020):

- Young retirees (65–74) – will increase to 51% of population
- Mature retirees (75–84) will increase to 13%
- Seniors (85 or older) will increase to 11%
DASH combines
  ◦ House Calls
  ◦ Geriatrics
  ◦ Urgent Care
  ◦ Palliative Care
1. Enrollment:
   a) Health History
   b) Geriatric screening
   c) Medication reconciliation
   d) Goals of Care Discussion (AHCD & POLST)
   e) Information and Referral to Community Resources
   f) Communication with PCP/POLST completion
Screened for tobacco use
Tobacco users offered cessation intervention
Screened for fall risk (if safe to do so)
Screened for depression
Depressed enrollees: follow-up plan documented.
Enrollment Story – JD

- Home-bound senior, age 99
- Alert, mentally clear, humorous
- Wheelchair-bound
- Cough/congestion noted on enrollment
- DASH visit the next day.
Alert, mentally sharp 90 year-old woman living in retirement community

Preparing for trip to Australia and 14-day cruise

Daughter had “blank” AHCD in file

No POLST
67 year-old man who had been homeless past year

Major medical issues & many ER visits

POLST discussion

Hugged and thanked me for DASH – “no more ER for me”
2. Staff:
   a) Registered Nurses
   b) Nurse Practitioners
   c) Physicians (Internists, Palliative Care Physicians, ER Physician)
   d) Medical Assistants
DASH Service Model

- 7–7–7 Availability
- Triage Nurse (new as of Jan. 2016)
- In-home assessment
- Response time – < 2 hours
- Medications dispensed/administered
- Lab Work
“DASH is the foremost improvement in medicine, particularly for the elderly.”

– Anthony Carbone, DASH enrollee
Other Features

- Immediate communication with PCP
- Fast track referral back to PCP, Home Health or Hospice
- DASH supporting, not replacing PCP
- Ongoing communication with PCP or Specialist
Overwhelmingly positive

“DASH has been very beneficial to my patients. Their rapid response and excellent care has prevented many Urgent Care and Emergency Department visits for my patients who have difficulty getting to my office. They have been a great asset to the community.”

– Dr. Jeffrey Polito
Enrollee called on Sunday afternoon

RN Visit/consultation with MD – probably tendonitis

Report to PCP

Enrollee called PCP Monday morning – immediate MD appointment
$60 per month for each enrollee or $90 per couple

Free to those in low income housing or who have Medi-cal.

Covers the cost of program that includes rapid access to a medical team 365 days per year.
Most DASH enrollees save money...

- Cost of ambulance ride – $2,000
- Cost of copay for hospitalization – $3,000
- Cost of a month in a nursing home – $10,000
Other “costs” of hospitalizations

- Unwanted tests
- Unwanted treatment
- Complications
- Weak and exhausted
- Confusion
- Family strain and time
- Piling on medications
Most Common Calls/Visits

- Pneumonia
- Emphysema – exacerbation of COPD
- Falls
- Change in Condition
- Change in Mental Status
- Urinary Tract Infections
- Constipation
- Cellulitis
Transition to ER As Needed

- Kidney Stone
- Liver Failure
- Bowel Obstruction
- Fall with a Fracture
Transition to Hospice

- Condition is deteriorating
- Enrollee no longer wants aggressive treatment
- Would benefit from 24/7 care and additional supportive (Hospice) services
Enrollee is asked to express his/her care preferences

ISSUE – family wants to override enrollee preference

DASH support role – bridge the gap of providing care and managing unrealistic family expectations

Time consuming, sensitive work
Casa Naomi

- Small 6-bed facilities serving the Developmentally Disabled

- Visits:
  - Bonnie – Flu and needed hospitalization
  - Larry – Early flu symptoms – treated at facility
  - Terry – Foot wound – treated; referrals to Wound Center and then Visiting Nurses
Other Care Referrals

- Care Managers
- Home Health Agencies
- Hospice
- Transportation
- Mental Health Services
What Our Enrollees Tell Us

- Post-enrollment surveys, sample questions:
  - Was it easy to reach DASH to set up an enrollment appointment?
  - During the enrollment appointment, did the nurse give you clear instructions on when to call DASH?

- Post-clinical visit surveys, sample questions:
  - During your visit, did the doctor/nurse listen carefully to you?
  - Did the doctor/nurse give clear instructions on what to do after the visit?
More than **90 percent** of those surveyed would recommend DASH to their family and friends.

Survey response rate exceeds 50 percent.
“I think it’s the best thing that’s happened in this community since I’ve been here. I’m an old RN and my husband was a doctor and we look at things with a critical eye but this is the most wonderful service that I’ve seen medically in a long time.” “I’m saving myself trips to the ER.”

– Susan Smith, DASH enrollee
“I am very grateful to the DASH staff for their rapid response in addressing urgent care calls and attending to the various needs of my residents. This not only helped avoid unnecessary ER visits and hospitalizations, but also allowed residents to be effectively treated for a number of illnesses in the comfort of familiar surroundings.”

– Katerina Zamyatina, owner of several Assisted Living facilities in Santa Barbara
DASH – A GREAT Alternative To...

- Long, unnecessary wait in ER
- Waiting for hours or days to see your own MD while your symptoms worsen
- Unwanted/unnecessary high medical costs
DASH is a new care option for seniors (age 60 and over) who prefer to avoid going to the hospital.

DASH will send a nurse or a physician to evaluate symptoms, provide treatment and communicate with enrollee’s PCP.

One must be enrolled in advance to use DASH.
The FUTURE

- Sustainability
- Quality of Life
- Cost Savings
- Care Model
- New Medicare Approved Benefit
Questions?
Thank You!