

Minimally Disruptive Medicine from policy to practice

Kate Diaz Vickery, MD, MSc
Hennepin County Medical Center
Center for Patient & Provider
Experience



Hennepin County **Medical Center**

Learning objectives

1. Understand how policies may open up opportunity to practice MDM
2. Describe the varied practice of MDM within these policy settings
3. Define and commit to one to two ways you will advance the practice of MDM upon your return home

INTRODUCTIONS:
NAME, INSTITUTION,
WHAT BROUGHT YOU HERE

Policy



the personal and professional context within which
we practice medicine



My example: the Coordinated Care Center

HCMC gives a new push to prevention, with smiles

A highly personal approach is helping Hennepin County Medical Center keep the poorest patients healthier - and out of the hospital.



Policy 1: Coordinated Care Delivery System

June 2010 – February 2011

MINNPOST

Four hospitals testing new health-care approach for 35,000 of the state's most medically vulnerable poor

By Cynthia Boyd | 07/29/10



Email



Share



Tweet



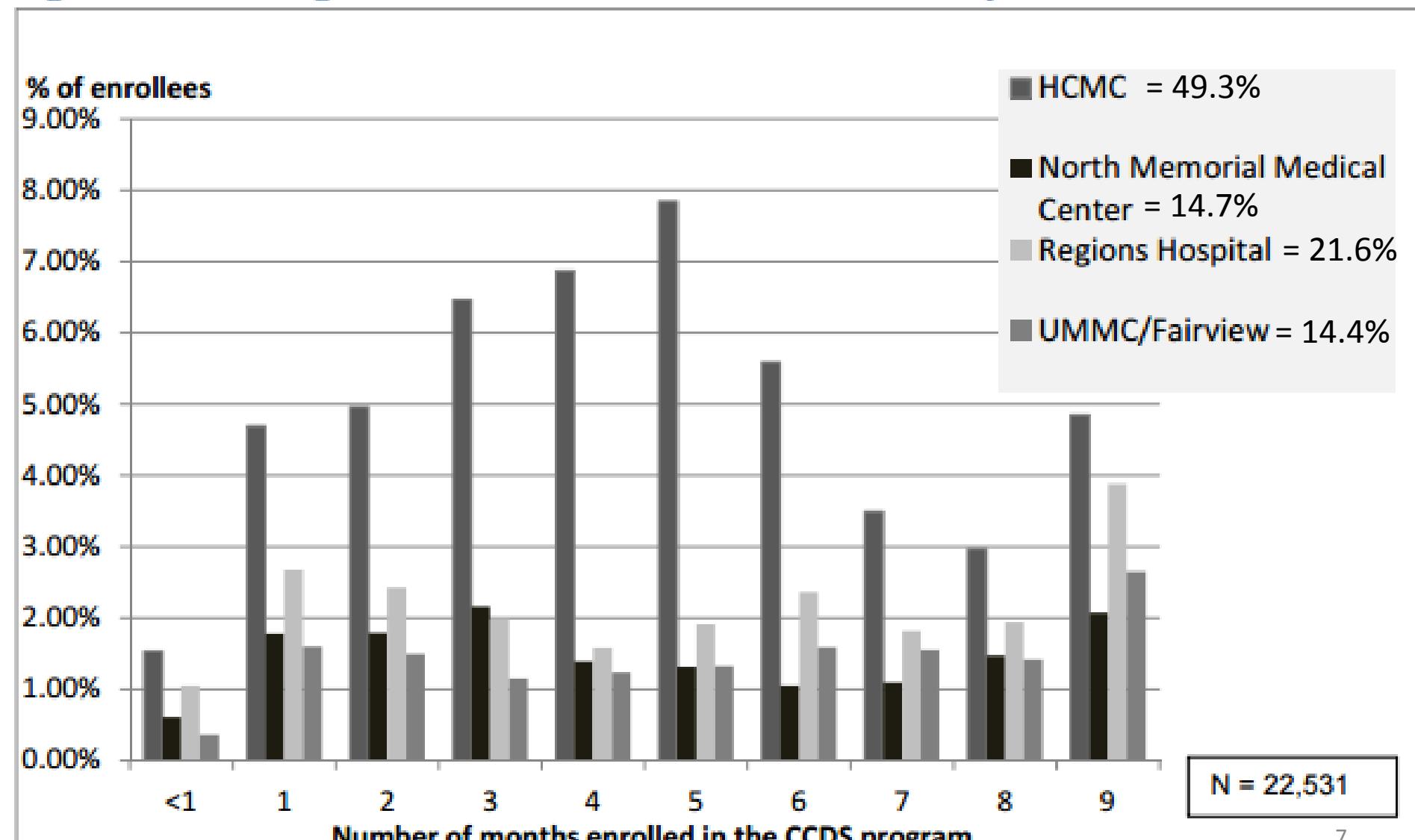
Print

Four hundred of the poorest adults in our community — those for whom the state picks up the medical bills — were hospitalized 10 times or more at Hennepin County Medical Center last year.

It is for them and for 9,100 other needy, medically vulnerable people who hospital staff expect on their doorstep that HCMC this week kicked off its own version of the new hospital-based care approach being provided under the state's revised General Assistance Medical Care (GAMC) program.

Most CCDS patients came to HCMC

Figure 1: Total Length of Enrollment in Months and Percent by CCDS



CCDS patients had high rates of behavioral health & chronic conditions

Table 6: Percent of Enrollees with Diagnoses in Selected Categories

| CCDS | Chemical Dependency | Mental Health | Injury and Poisoning | Chronic Diseases | | | | | |
|-------------------------------|---------------------|---------------|----------------------|------------------|------------------------|-------|--------------|-------------------------------------|----------------|
| | | | | Asthma | Diabetes / Retinopathy | Heart | Hypertension | Cirrhosis and Chronic Liver Disease | Kidney Disease |
| HCMC | 32.5% | 30.1% | 26.4% | 8.0% | 8.5% | 9.6% | 20.0% | 4.7% | 3.2% |
| North Memorial Medical Center | 27.6% | 27.2% | 21.8% | 8.0% | 7.4% | 5.6% | 18.1% | 3.7% | 3.4% |
| Regions Hospital | 29.9% | 37.8% | 29.3% | 7.4% | 8.8% | 9.3% | 19.4% | 3.8% | 4.6% |
| UMMC/Fairview | 30.3% | 34.9% | 20.7% | 6.1% | 8.4% | 6.7% | 15.7% | 5.9% | 3.4% |

Policy 2: Super-utilizers

MEDICAL REPORT JANUARY 24, 2011 ISSUE

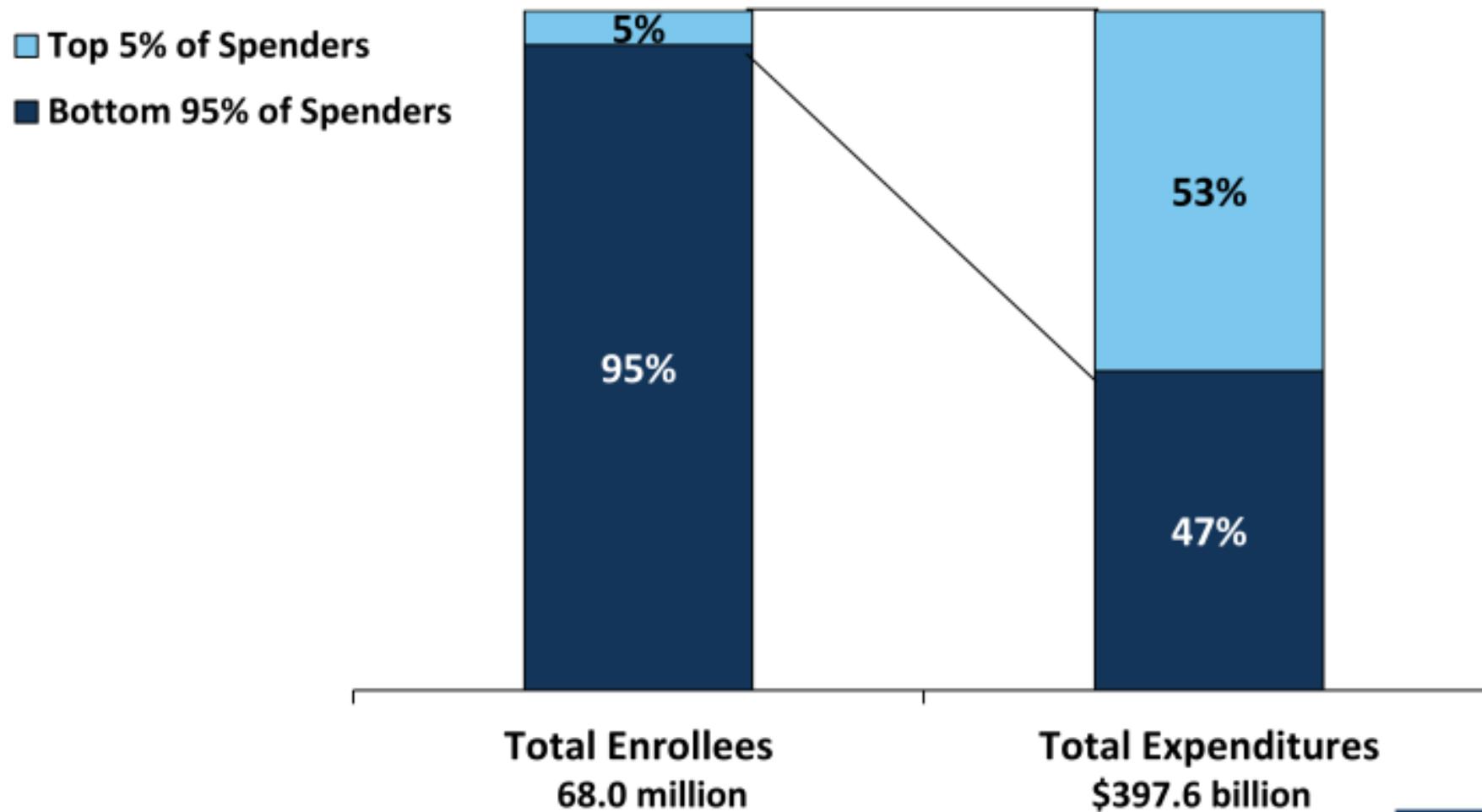
THE HOT SPOTTERS

Can we lower medical costs by giving the neediest patients better care?

By Atul Gawande



Top 5% of Enrollees Accounted for More than Half of Medicaid Spending, FY 2011



SOURCE: KCMU/Urban Institute estimates based on data from FY 2011 MSIS and CMS-64. MSIS FY 2010 data were used for FL, KS, ME, MD, MT, NM, NJ, OK, TX, and UT, but adjusted to 2011 CMS-64.

Policy 3: Accountable Care Organizations in Medicaid



- Hennepin Health:
 - Address social and human services barriers for early Medicaid expansion enrollees (former CCDS population)
 - Encouraged broader adoption of care coordinators, in-reach workers, social workers, integrated behavioral health within primary care
 - Invested in Coordinated Care Center
- Integrated Health Partnerships

NOVEMBER 2014

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

2

304, thth Hospital higher ground 4TBI CCC

Get copy of rent from 4th floor

DAYLIGHT SAVING TIME ENDS

silver

9 (61)

6 AM at 6 A.M.

about Rent.

Started 106 day cont.

Marilia Ser 11 HCMC

8:30 AM

Rheumatology

9 AM

Saw Marcel

emerge

VEERASATI DAY

REMEMBRANCE DAY

AN

Med. Robin in 501

Army

16 1 PM

17 HCMC

OT-1 PM

SLP-KRC 2 PM

Speech Lang 2 PM

Mobile 7.5

OT

Pr. increasing

riching today

23 10/24

CCC 8 PM

24 10/25

HR blue

Speech Pathology

2 PM change

5 PM Party

7 AM CCC

10 AM CCC

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

6 PM

7 PM

8 PM

9 PM

10 PM

11 PM

12 PM

MDM at the Coordinated Care Center

| MDM principle | CCC practice |
|--|--|
| Achieve patient goals of care with the least possible healthcare footprint | Determine patient goals upon invitation to our center; multiple perspectives from various team members |
| Prevent and treat workload-capacity imbalance | Identify drivers of over-use of the hospital, emergency department; Address these priorities/barriers aggressively |
| Use shared decision making | Personalized shared decision making and negotiation around all medical decisions |
| Use medication therapy management | Heavy involvement of doctors of pharmacy to reduce pill burden, explore atypical regimens, and arrange pillboxes |
| Referral to resources to support capacity | Multi-disciplinary team at CCC; Coordinate/prioritize referrals to medical, social service, and community supports |

Your turn...

- How have policies opened up the ability to practice MDM at your institution?
 - Or how might they...
 - Remember! Policy is the personal and professional context within which we practice medicine
 - Personal circumstances
 - Institutional policies
 - Local, state, and national policies

How will you advance the practice of
MDM upon your return home?

Conclusion

- Policy = the personal and professional context within which we practice medicine
- Policy opens up opportunity to advance the practice of MDM
 - Unique to every person, institution, but common themes
- Learn from each other's perspectives
- Commitments to advance MDM

Be in touch!

Katherine.Vickery@hcmed.org

@KateDiazVickery

Your poll will show here

1

Install the app from
pollev.com/app

2

Make sure you are in
Slide Show mode

Still not working? Get help at pollev.com/app/help
or

[Open poll in your web browser](http://pollev.com)