

St. John's Health System Recognized for Reducing Cost of Quality Care

St. John's Health System in Springfield, Mo., recently received national recognition for their success in the Physician Group Practice (PGP) demonstration project. They were able to demonstrate a decrease in the cost of care for Medicare patients while meeting or exceeding high quality standards. But if you ask Della B., a 73-year-old Medicare recipient in Blue Eye, Mo., the focus all is on the help she has gotten from her case manager, Lynn Kimrey, and others at St. John's.

"Lynn calls me every so often and asks me about my medicine and how I'm doing," Della said. "She's a swell person. She answers my questions about medicines, tells me when I need a mammogram and even helped me become part of the Meals on Wheels program. When you live on \$790 a month, every little bit helps."

Kimrey, a registered nurse, started working with Della in 2006, after Della suffered heart failure that resulted in required retirement and subsequent loss of health insurance. Kimrey became Della's case manager because she needed assistance in managing issues related to her health and was covered by Medicare.

"A lot of what we do is teaching self-management skills," Kimrey explained. "When Della was released from the hospital, I focused on educating her on managing heart failure at home, medication safety and reconciliation, personal and home safety, and care coordination between her St. John's physicians. I informed her of the availability of Nurse on Call and when to call them. With case management assistance, Della changed her Medicare prescription drug plan to a plan that was more affordable for her. Case managers provide their patients with the resources to help them take the best care of themselves, including preventive care and chronic care management."

Tools that Benefit Patients and Caregivers

The PGP demonstration project, of which Della is a part, is sponsored by the Centers of Medicare and Medicaid Services (CMS). It provides incentives for better coordination of Medicare Parts A and B services and also recognizes physicians for improving health outcomes. As part of their participation in the project, St. John's focused on redesigning

care to improve quality and slow the growth of Medicare expenditures.

St. John's was evaluated on care and outcomes for 30,493 Medicare patients during its third year of participation in the five-year-long demonstration project. St. John's received \$3.2 million, part of \$25.3 million in performance payments that Medicare awarded to five of the 10 demonstration sites as a result of the savings. However, the care redesign that St. John's undertook actually benefited more than 60,000 patients, according to J.T. Rogers, MD, St. John's primary care department chair.

"It's been difficult, but it was the right thing to do," said Dr. Rogers. "We created a registry to track patient care and identify any gaps related to 32 quality measures that CMS specifies for conditions such as diabetes, coronary artery disease and congestive heart failure, and preventive activities such as high blood pressure and colon and breast cancer screenings. The registry has been empowering for the staff because we're able to more effectively track who hasn't gotten the services they need."

Another benefit is a behavior modification trend that occurs with patients over time. "If we're bringing up the need for regular eye exams with diabetic patients, they are more apt to think eye exams really are important," Dr. Rogers said.



Case managers, like Lynn Kimrey, RN, help Medicare patients manage chronic illness as part of the Physician Group Practice demonstration project at St. John's Health System in Springfield, Mo.

Care redesign has involved a wide range of tools – some as basic as giving patients a book in which they may list their medications, numbers to call and a page to list the questions they want to ask their doctors on their next visit; others as complex as systems to track the progress of patients with chronic health conditions.

One of these systems, St. John's Tele-Heart, is being used to help patients with heart failure. "They automatically are enrolled in an interactive voice response technology program. Patients call in daily to a recorded message, and answer a series of questions. If their responses are outside the normal parameters, the information goes to a nurse who then contacts them," explained Donna Smith, director of medical management business development with St. John's and one of the leaders of the demonstration project.

Other aspects of care redesign adopted by St. John's include a visit planner function and "call in, get in" access to care. These ensure that the patient sees a primary care provider rather than seeking higher cost care in the emergency department.

"I hear physicians say, 'I'm really taking better care of my patients now,'" Dr. Rogers said. "It all comes down to priorities and time. The tools we have developed help us to be a little more organized and focused on prevention. They also have helped our patients see that good care is a collaborative effort that they participate in, rather than being the doctor's imperative." •

Mercy Caritas Recipients Named for 2009

A total of 16 programs, serving families and communities throughout the Sisters of Mercy Health System (Mercy), will receive grants ranging from \$5,000 to \$50,000 as 2009 recipients of the Mercy Caritas grant program. Mercy Caritas was established by Mercy in 1987 to provide funds to health and human services programs that meet unique community needs. Now in its 22nd year of operation, Mercy Caritas is providing \$500,000 in grants to the recipients listed below. •

DIAGNOSTIC REFERRAL PROGRAM FOR THE UNINSURED

Independence, Kan.

Covers the costs of specialty physician care and subsequent diagnostic testing/procedures for uninsured patients identified by the Montgomery County Community Clinic and referred to Mercy Physician Group and Mercy Hospital.

GLORIA S. AINSWORTH DAY CARE CENTER – PREVENTIVE HEALTH AND WELLNESS PROGRAM

Ardmore, Okla.

Provides access to preventive healthcare and wellness programs at times that are convenient to hourly wage earners so that they do not have to take time off from work.

GYNCA/NEW HOPE OUTREACH AND SUPPORT

Springfield, Mo.

Assists women facing gynecologic cancer with non-medical financial needs, including utilities, rent/mortgage, auto repairs, fuel and groceries.

HAMILTON HOUSE CHILD AND FAMILY SAFETY CENTER

Fort Smith, Ark.

Provides a safe place for sexually abused children to undergo sexual assault exams, forensic interviews and counseling, as well as assistance for families in finding other medical, legal and financial services.

MERCY FAMILY CENTER – PROJECT FLEUR-DE-LIS™

New Orleans, La.

Provides mental health services to caregivers, children and families exposed to traumatic events.

MERCY HEALTH CENTER – MERCY TRANSPORTATION

Fort Scott, Kan.

Provides access to healthcare by offering rides to physician, physical therapy and outpatient appointments.

MERCY HOMECARE

Fort Scott and Independence, Kan.

Provides telehealth services and early detection resources to individuals in rural areas with chronic conditions and gives them a direct link to nurses, physicians and healthcare services that may otherwise be unavailable.

MERCY MINISTRIES OF LAREDO – MERCY MOBILE CLINIC

Laredo, Texas

Eliminates barriers to healthcare access by bringing healthcare and family health services into the community.



The Mercy Ministries of Laredo mobile clinic is one of 16 programs chosen to receive funding through the Mercy Caritas grant program.

MESSAGE FROM THE PRESIDENT

The Future of Healthcare Has No Boundaries

As the nation awaits the results of national healthcare reform efforts, the Sisters of Mercy Health System (Mercy) is moving forward, undertaking our own effort to transform healthcare

from within. The most obvious element of this Mercy transformation is a "new model of care" that is truly centered on the needs and preferences of our customers. Our goal is to create a consistently exceptional and comprehensive experience no matter where or how patients receive care from Mercy.

One way we have begun to accomplish this goal is through the use of technology such as the Epic electronic health record system. I recently heard a story that is a perfect example of how this technology is bringing our goal of "one patient, one record" to life, while enhancing the care our patients receive.

When Jim Byrum, MD, a pediatrics and internal medicine physician in Bentonville, Ark., treated a nine-month-old child recently, he noticed in the electronic health record system that a shot he had not administered was given to the child two months prior. He asked where the child was seen and the parent told him the child was treated at a Mercy clinic in Oklahoma City while they were visiting the area. Dr. Byrum looked closer at the record and saw a note from the Oklahoma doctor, detailing exactly what was done during the child's visit there. Equally important, the doctor in Oklahoma City had Dr. Byrum's records available to view when seeing the child, so there were no questions about previous care and the possibility of duplicative treatment was greatly reduced.

Another example of how Mercy is seeking to extend services and bring the Mercy experience to other customers is through our proposed relationship with St. John's Regional Medical Center in Joplin, Mo. The proximity of St. John's Regional to communities already served by Mercy in



southwest Missouri, northwest Arkansas and eastern Kansas makes this relationship a natural extension for us. It allows Mercy to strengthen our regional presence, leverage our ability to better serve customers, and erase the geographic borders that have traditionally led us to think of our service areas as separate from one another.

This shift in mindset is crucial as we formulate our new care model, which blurs the lines between locations and even between in-person and virtual ways of touching our patients. As we begin to recognize and experience – both internally and externally – that we are one health ministry, equipped with the technology and human resources to provide the same care in small and large communities alike, we are taking a major step toward making our new care model a reality. Working together, Mercy will create a new patient care experience that changes how we deliver care and how our patients experience it, and that positions us to remain relevant in rapidly changing times.

Sincerely,

Lynn Britton
President and Chief Executive Officer
Sisters of Mercy Health System

