Transforming the Traditional Homehealth Model of Care Through Predictive Modeling

Visiting Nurse Association
of Southeast Michigan

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Problem:

Find a data-driven way to support our clinical interventions for those patients with advanced illness.

"Nobody can predict exactly when an illness will claim the end of someone's life, but what we do know is PatientView can predict that a person will need enhanced services during the final 12 to 24 months of life."
—Linda Pekar

Process

Goals established:

Transform traditional home health model into a blended model to include homecare and hospice services while ushering in palliative care services.

Create individualized care plans providing a higher level of meaningful care leading to improved patient outcomes:

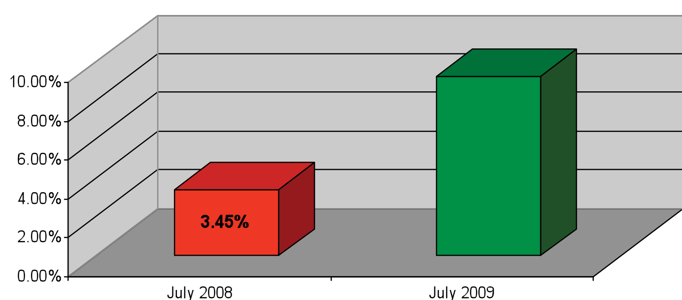
- Patient-Centered Care through Increased Interdisciplinary Services
- Reduced Hospitalization
- Timely & Increased Transition to Hospice
- Growth of Palliative Care Program
- Cost Effective Care/Profitability
- Improved Patient Comfort

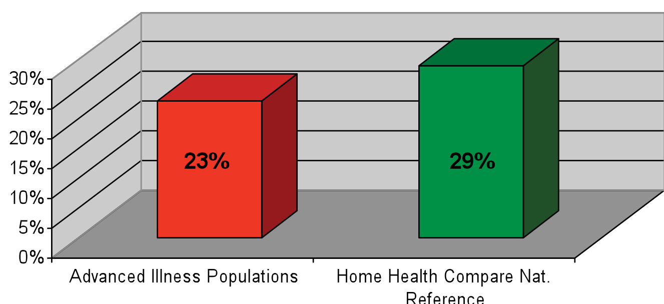
Implementation process:

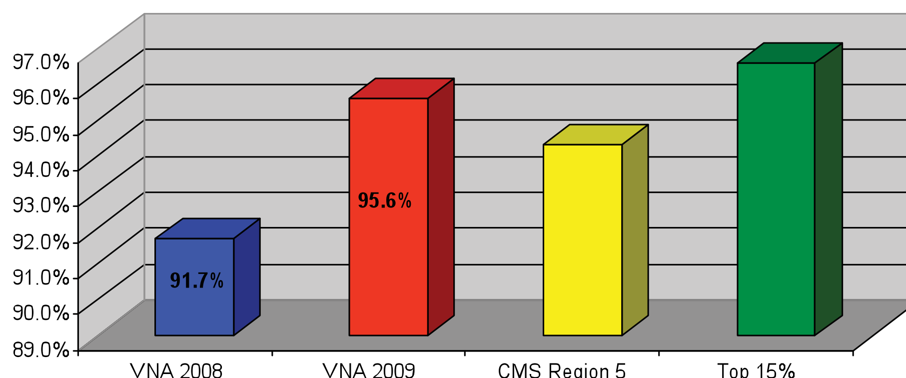
- Implementation of Patient View: Risk assessment through predictive modeling. Identify patients at-risk for ACH. Added to admission call conference process.
- Admission/Recertification Conference Call. Within 24-36 hours from SOC/recert team collaboration to:
  - o Review patient assessment as reflected in the OASIS
  - o Design patient-centered care to effectively drive positive outcomes
  - o Review patient risks: hospitalization, safety/falls, suicide, caregiver/environment
- Implement, cost-effective proactive interventions
- Broadened vision for innovative care

Overall Results

- **Experienced positive Financial Gains.**
- **Patient View added to admission conference call transformed the collaborative platform.**
- **Enhancement of patient-centered home care through a unique interdisciplinary approach.**
- **Able to better meet the increasing complex needs of fragile patients and address their holistic needs.**







OCS HomeCare
Bring home positive outcomes