

Healthcare That Works

AAHSA's 39th Annual Meeting
October 23, 2000
Session 76-A



Ann Johnson



Dwana Bush, M.D.



Kathleen Harris

Healthcare That Works

- ◆ Who We Are
- ◆ The measure
- ◆ The method
- ◆ The value
- ◆ The next step

Who We Are

◆ Willow Valley Retirement Communities

- Continuing Care and a Lifecare Community
- Location: Lancaster, PA.
- **Resident population: 2000+**

◆ Our Mission:

“We enrich the life of each Resident”

◆ Levels of living:

- Independent
- Assisted
- Skilled
- Structured (cognitive impairment)

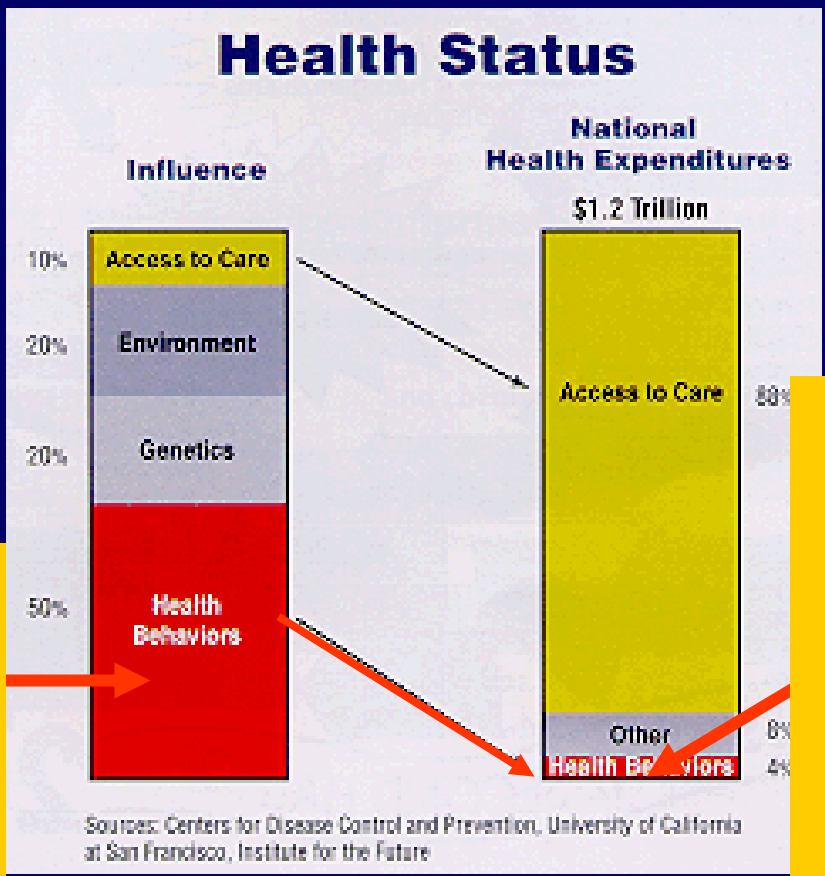
Healthy Community....healthy aging

◆ Be the Champion of Your Own Health

- Healthy aging is a career...lifelong
- “Health is stronger than disease” (Milt Seifert, MD)
- ...from the medical model to a health, life and **“walking strong”** model

DARE TO BE 100! (Walter Bortz, M.D.)

Is Healthcare Working?



Influence of Health Behaviors: 50%

The % of total \$1.2 trillion spent for Health Behaviors: 4%

Healthcare That Works

- ◆ The measure
- ◆ The method
- ◆ The value
- ◆ The next step

The Measure

- ◆ **Functional Health**: Short form, 36 questions:SF-36
- ◆ **Generic measure** of health and well being
- ◆ **Impact** of health and illness
 - **Q1: in general, would you say your health is:**
 - excellent very good good fair poor
 - **Q2: Compared to a year ago, how would you rate your health now?**
 - Much better somewhat better about the same
somewhat worse much worse
- ◆ **Global**: 45 languages, >1600 publications
- ◆ **HCFA + SF-36**: is coming to your neighborhood....

Community-wide Measure

◆ Health Survey Annually

- Population assessed
- Standard data collection process
- Aggregate data analysis, interpretation
- 1999 and on: individual reports

◆ Participants

- 1998: 89%
- 1999: 80%
- 2000: 83%

◆ Outcome data

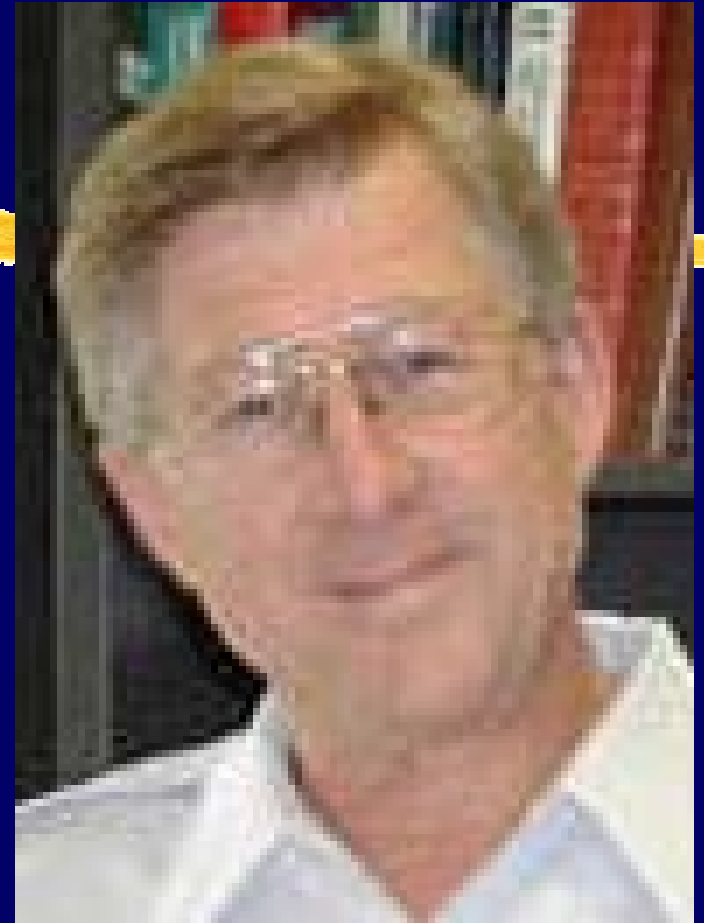
- 1998 and 1999: N = 1,200 1998 - 2000: >1,000

◆ The measure in action:

- Prevention process(es) implemented

Paradigm Shift

From the function
of an organ...
to the function of
a life (John Ware, Ph.D.)



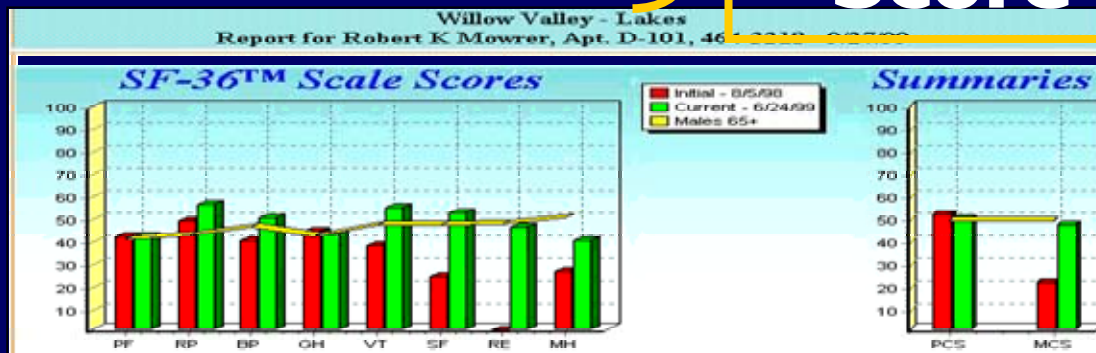
...to great functioning, lifelong,
with high quality
until the end of life...

Functional Health Measure Graph

- ◆ Physical Functioning
- ◆ Role Physical
- ◆ Bodily Pain
- ◆ *General Health*
- ◆ *Vitality*
- ◆ Social Functioning
- ◆ Role Emotional
- ◆ Mental Health

Physical
Component
Score (**PCS**)

Mental
Component
Score (**MCS**)



The Measure: PCS and MCS

A quality of life measure:

- ◆ **Function and well-being**
- ◆ **Extent of social and role disability**
- ◆ **Bodily pain**
- ◆ **Personal evaluation of health status**

**“What is the true product of the HC system?
...PCS, MCS: people that function well...”**

Dwana Bush, M.D.

Community-wide Measurement Process

◆ What to do:

- Build the health paradigm
- Know parameters: measure, population, status
 - different programs, different assessments
- Offer rewards...incentives...
- Data: integrate it, ignite it, use it
- Go online
- Communicate, communicate,...
- Keep it real simple

Community-wide Measurement Process

◆ What NOT to do:

- Design your own measure
- Analyze data yourself
- Re-measure without taking action on initial data
- Proxy
- Wait until normative senior data appears
- Be complacent

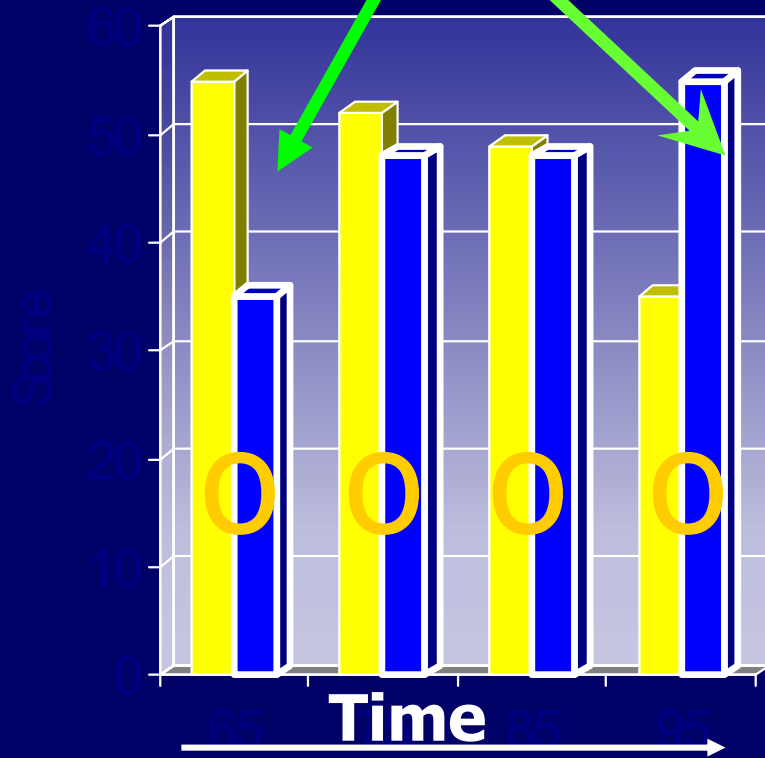
Community-wide Measurement Process

◆ **Vision:**

- Continuing Care Retirement Communities
 - Routinely measure Health and related Quality of Life
- Data:
 - Drives operational planning
 - Development of health programs across the continuum
 - From data to action steps

The Measure... in Action

ACTION POINTS



PCS ■

Age

MCS ■

The Community

- ➔ Community quality of life
- ➔ Enriching life at each level
- ➔ Whole-life health integration
- ➔ Population health
- ➔ Strategic planning
- ➔ Operational planning

The Individual

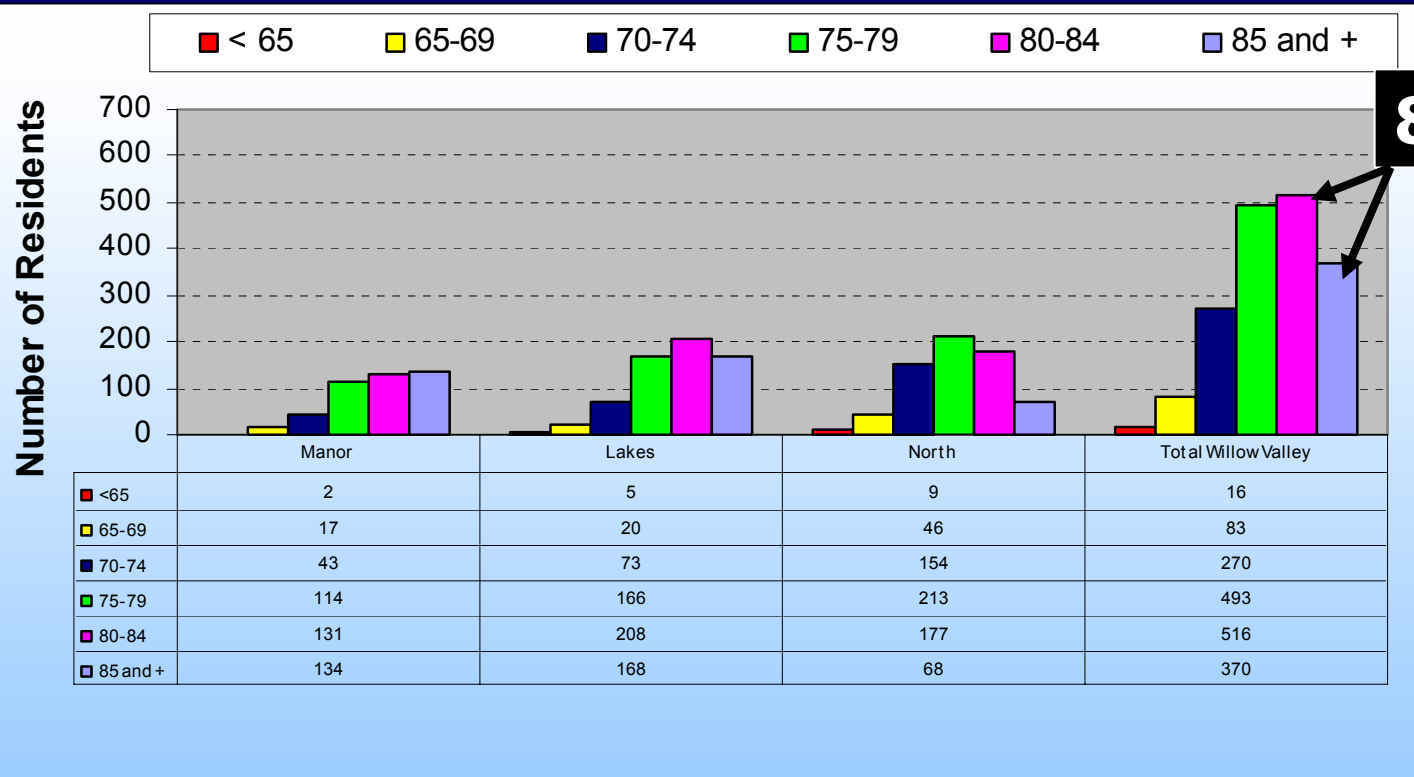
- ➔ Quality of life
 - ➔ Whole-life health integration
 - ➔ Champion
 - ➔ Emotional self-management
 - ➔ Strengthening
 - ➔ Readiness
 - ➔ Personal health goals
 - ➔ Start now....
- ITS NEVER TOO LATE!

The Measure: Strategic Goals

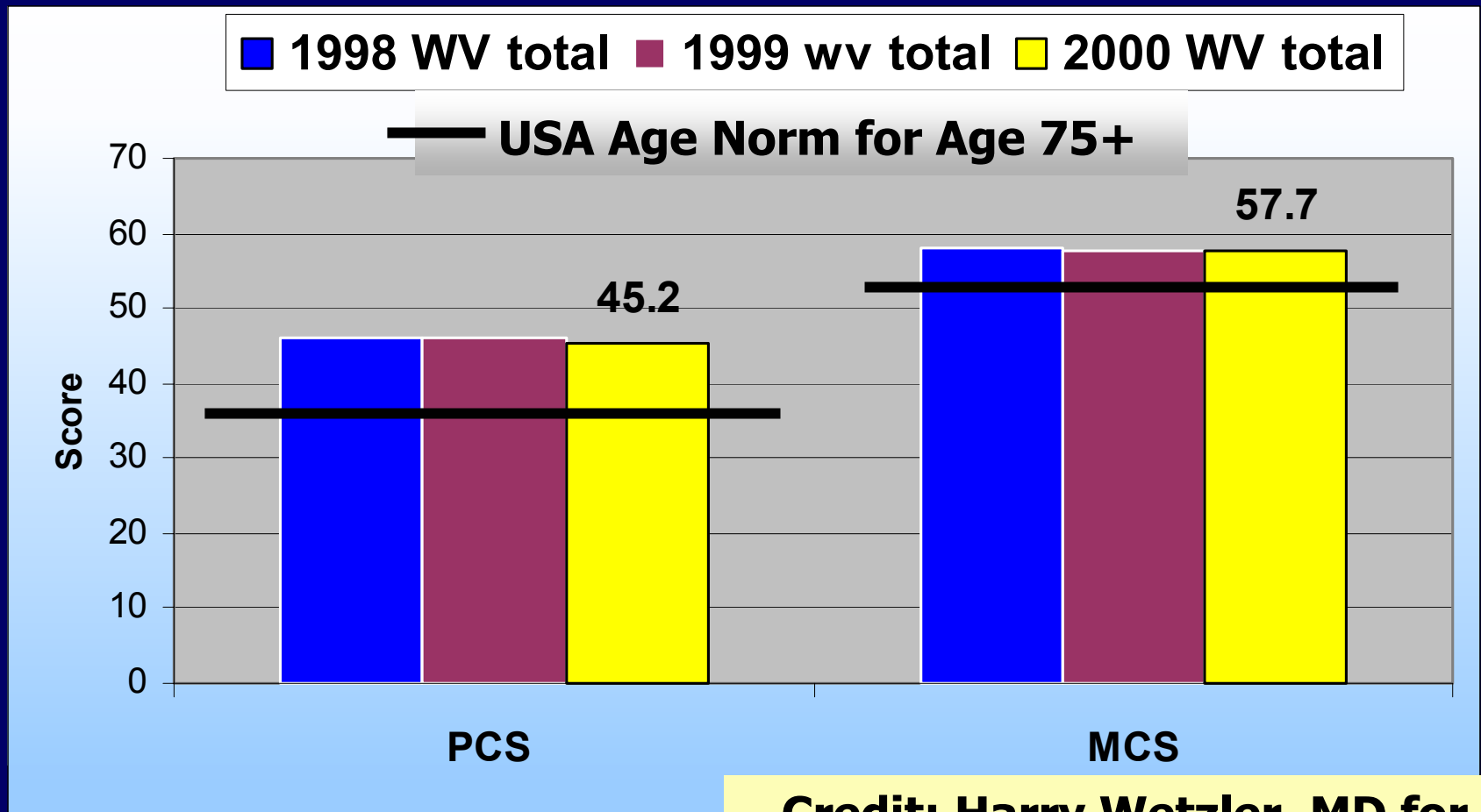
◆ What are the Goals: PCS and MCS

- Enhance self-perceived quality of life
- Prevent, limit, slow and reverse decline
- Whole **team** on same page
- Whole **community** on same page
- The (whole) **patient** on the same page

Resident Age Distribution @ WV



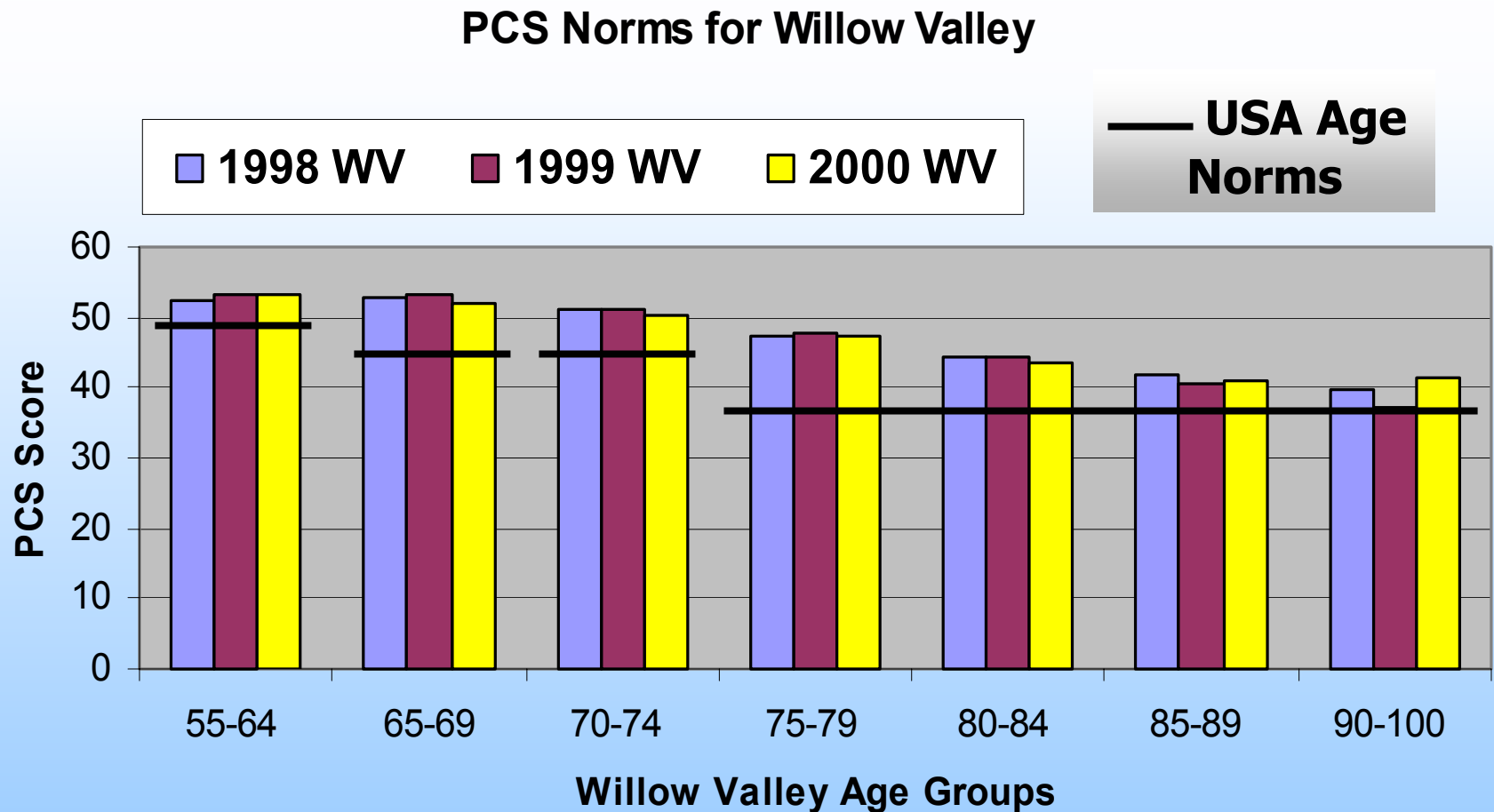
PCS and MCS @ WV* and Comparison with USA Norms



Source: HOS/SF-36 data for Willow Valley

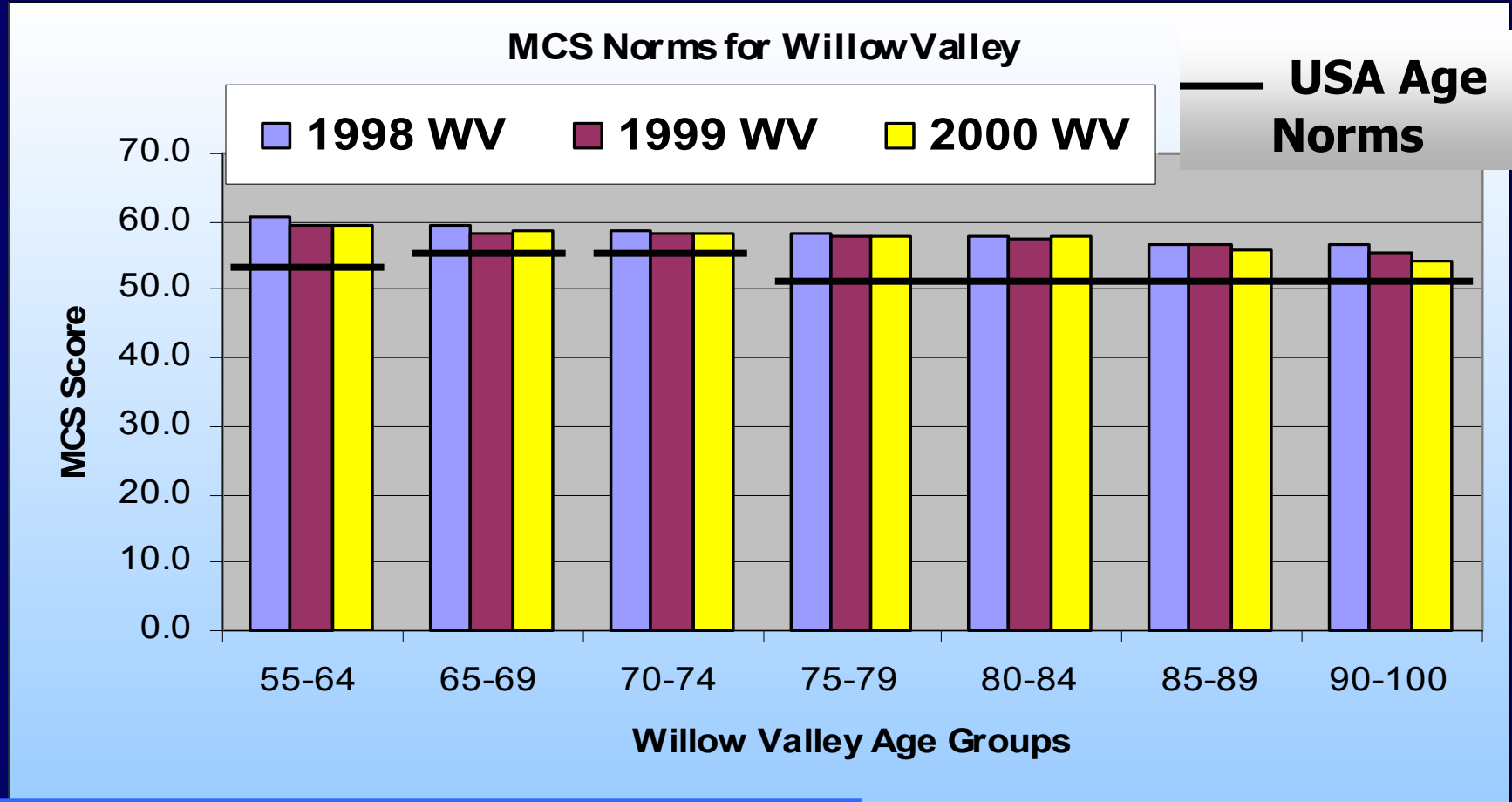
Credit: Harry Wetzler, MD for
statistical analysis

PCS Norms by Age @ WV



Source: HOS/SF-36 data for Willow Valley

MCS Norms by Age @ WV

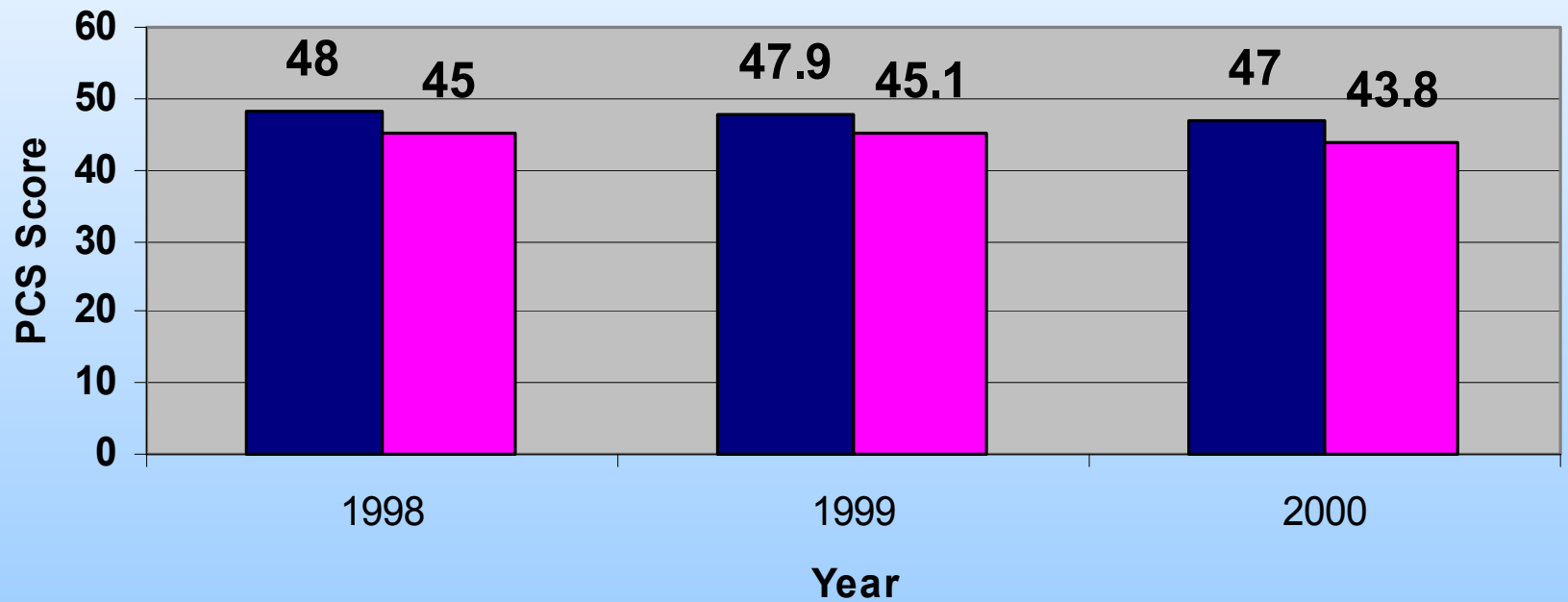


Source: HOS/SF-36 data for Willow Valley

PCS by Gender At WV

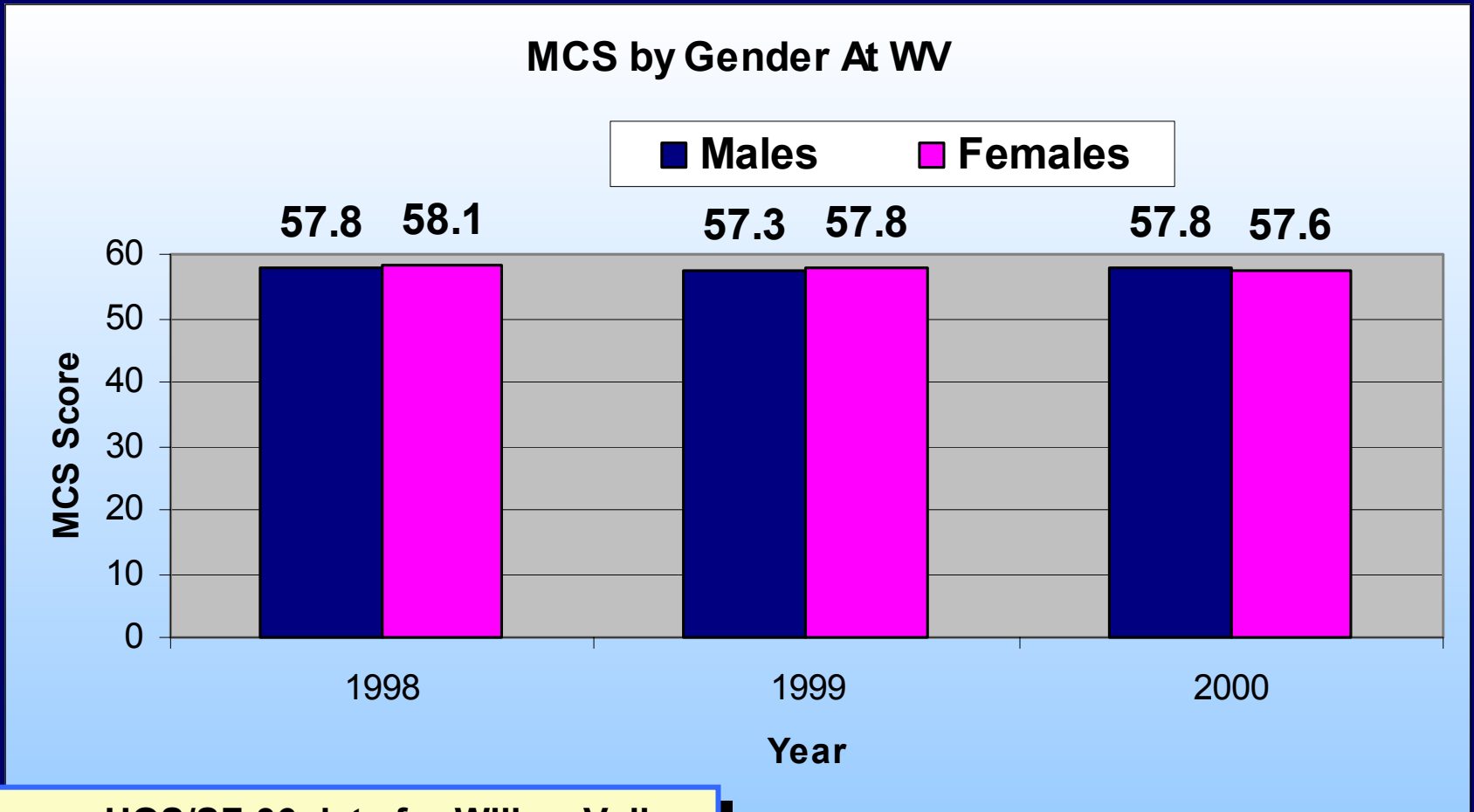
PCS by Gender at WV

■ Males ■ Females



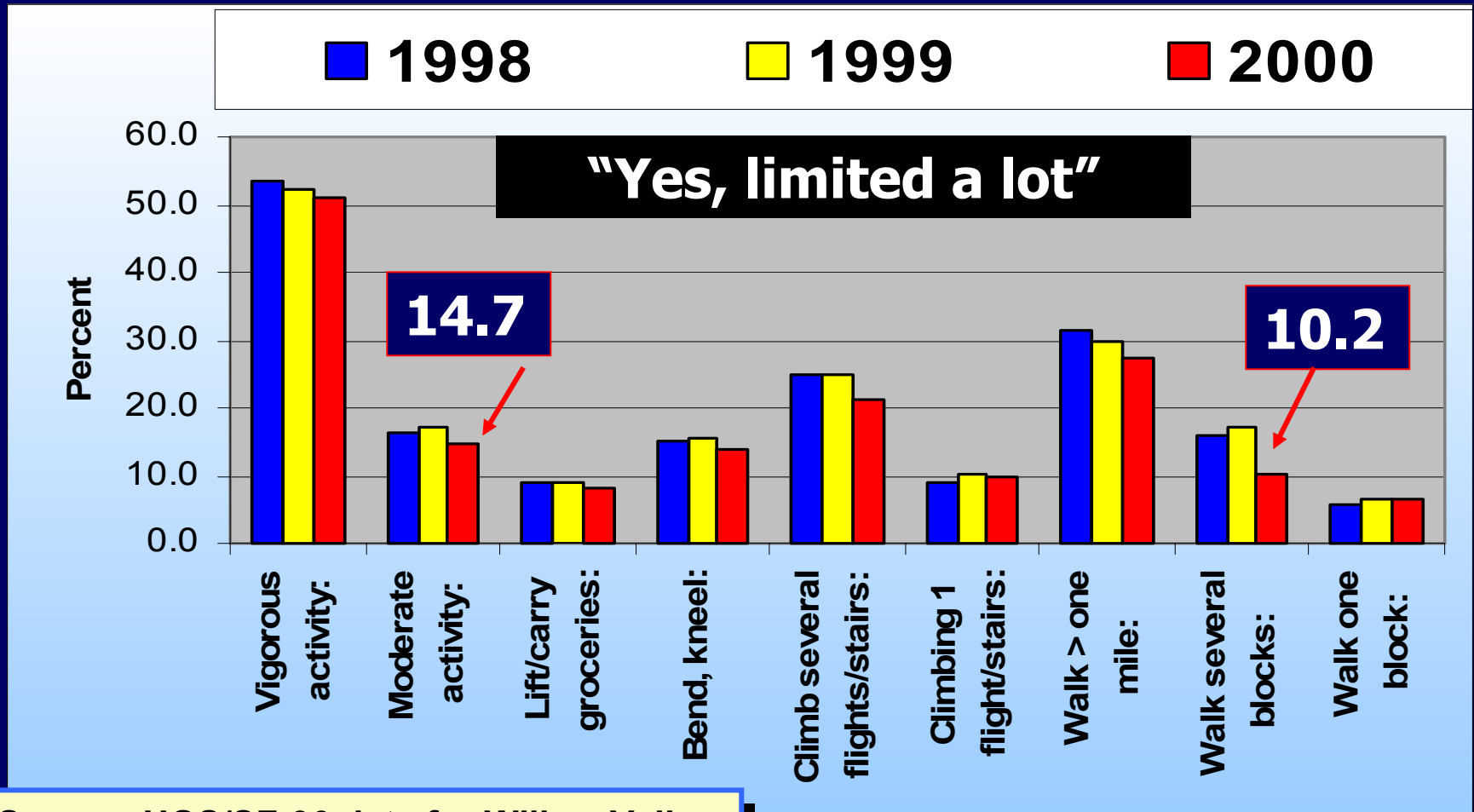
Source: HOS/SF-36 data for Willow Valley

MCS by Gender at WV



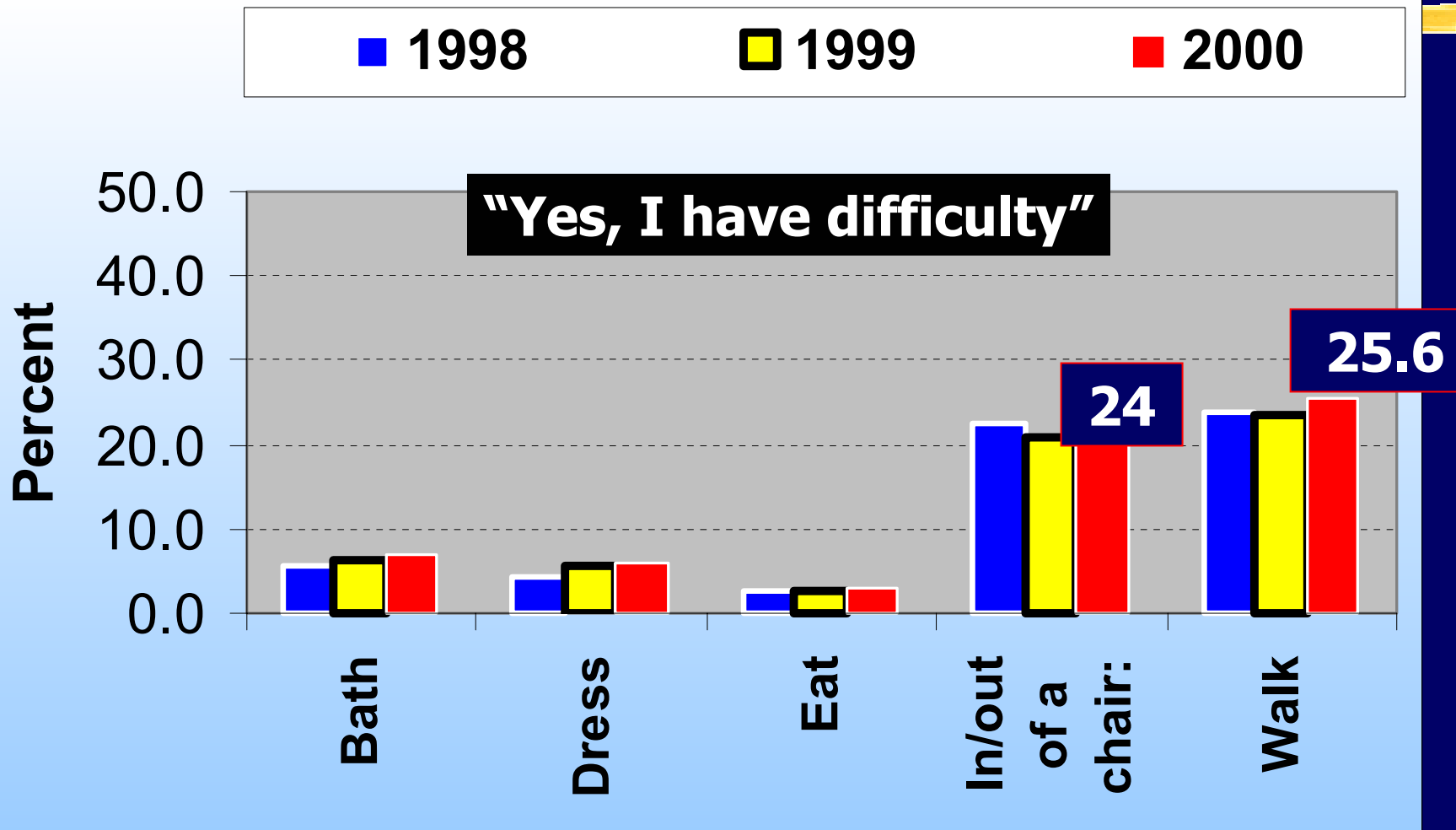
Source: HOS/SF-36 data for Willow Valley

Functional Fitness Indicators @ WV



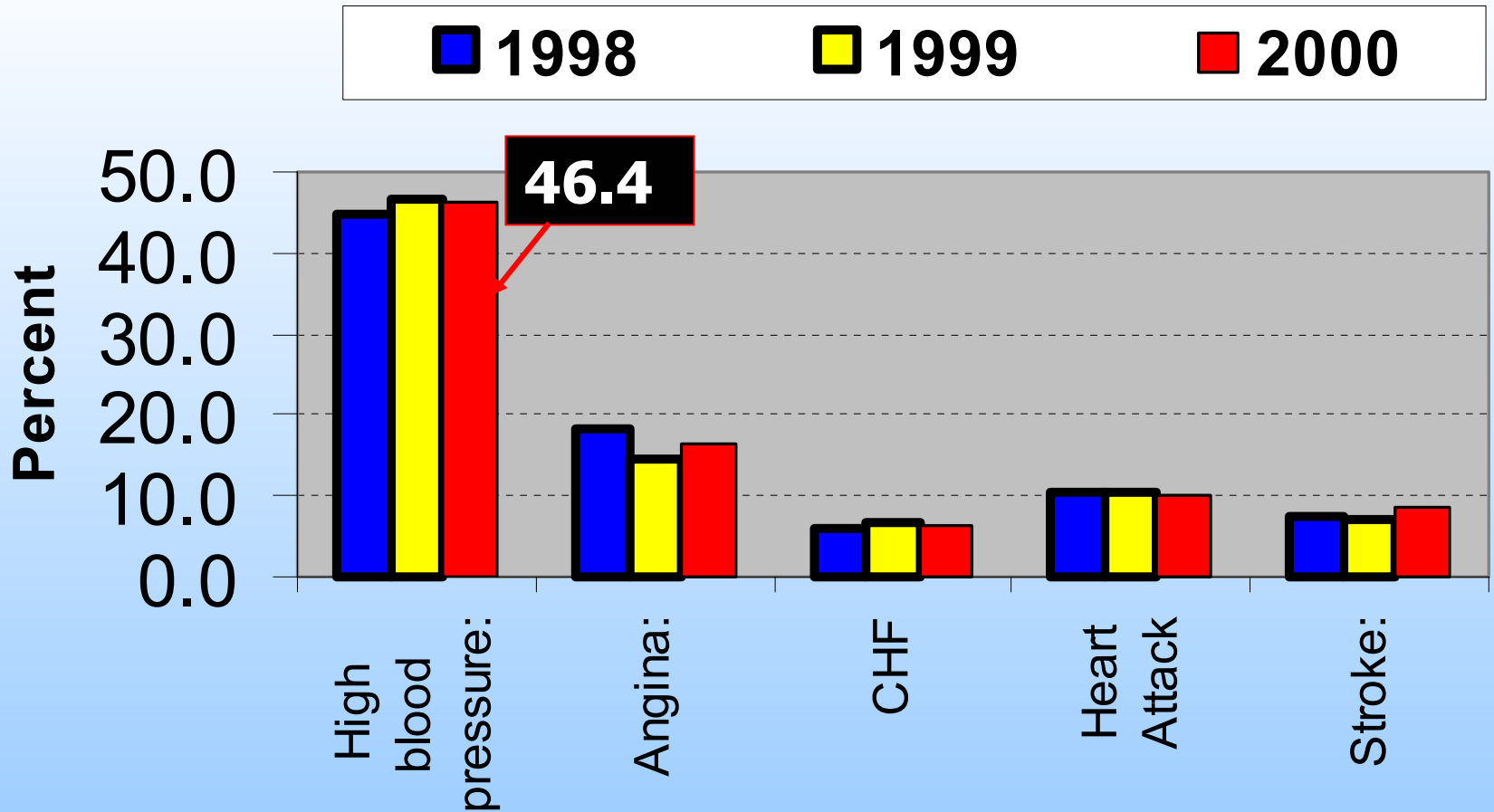
Source: HOS/SF-36 data for Willow Valley

Acts of Daily Living @ WV



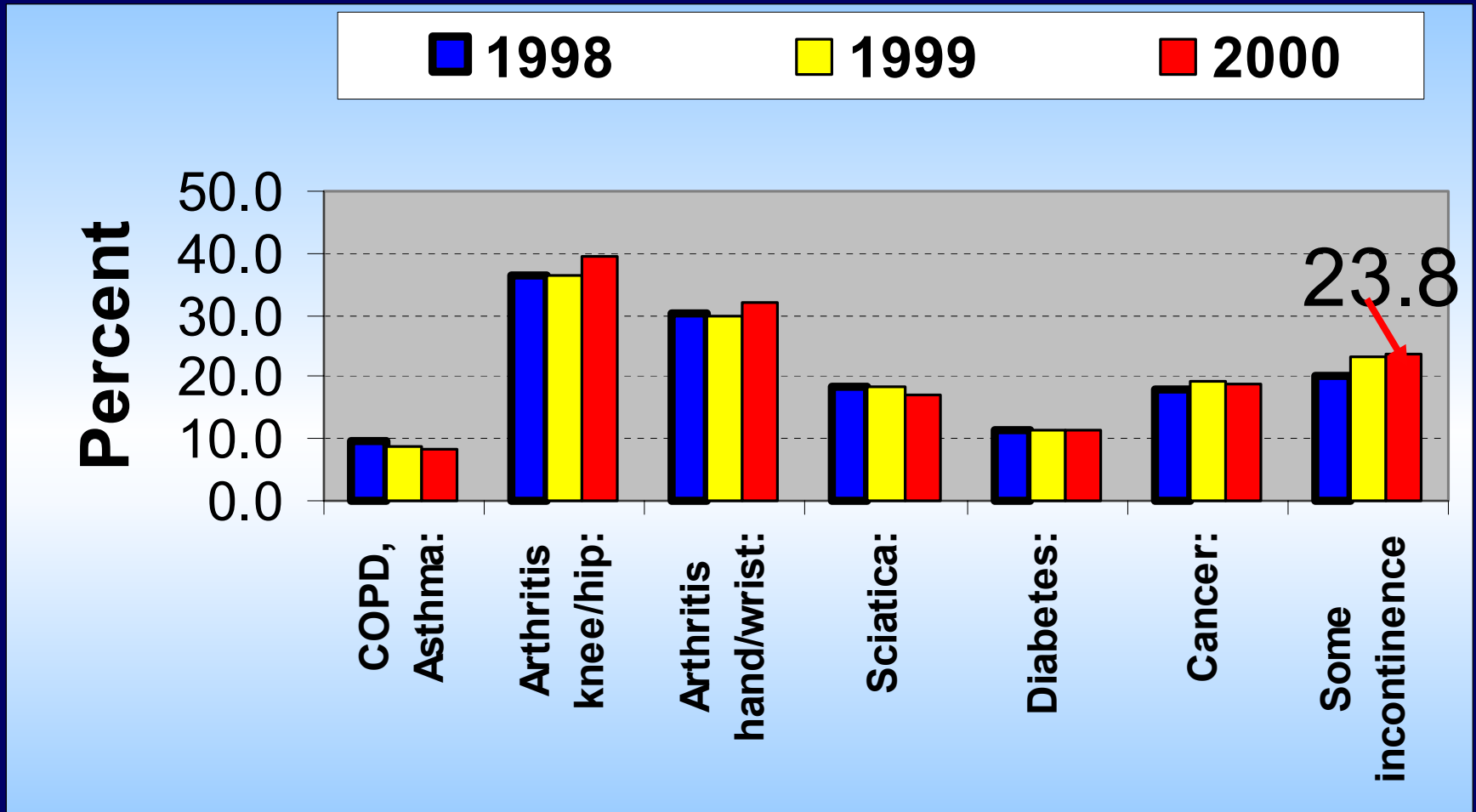
Source: HOS/SF-36 data for Willow Valley

Health Concerns @ WV



Source: HOS/SF-36 data for Willow Valley

Health Concerns @ WV



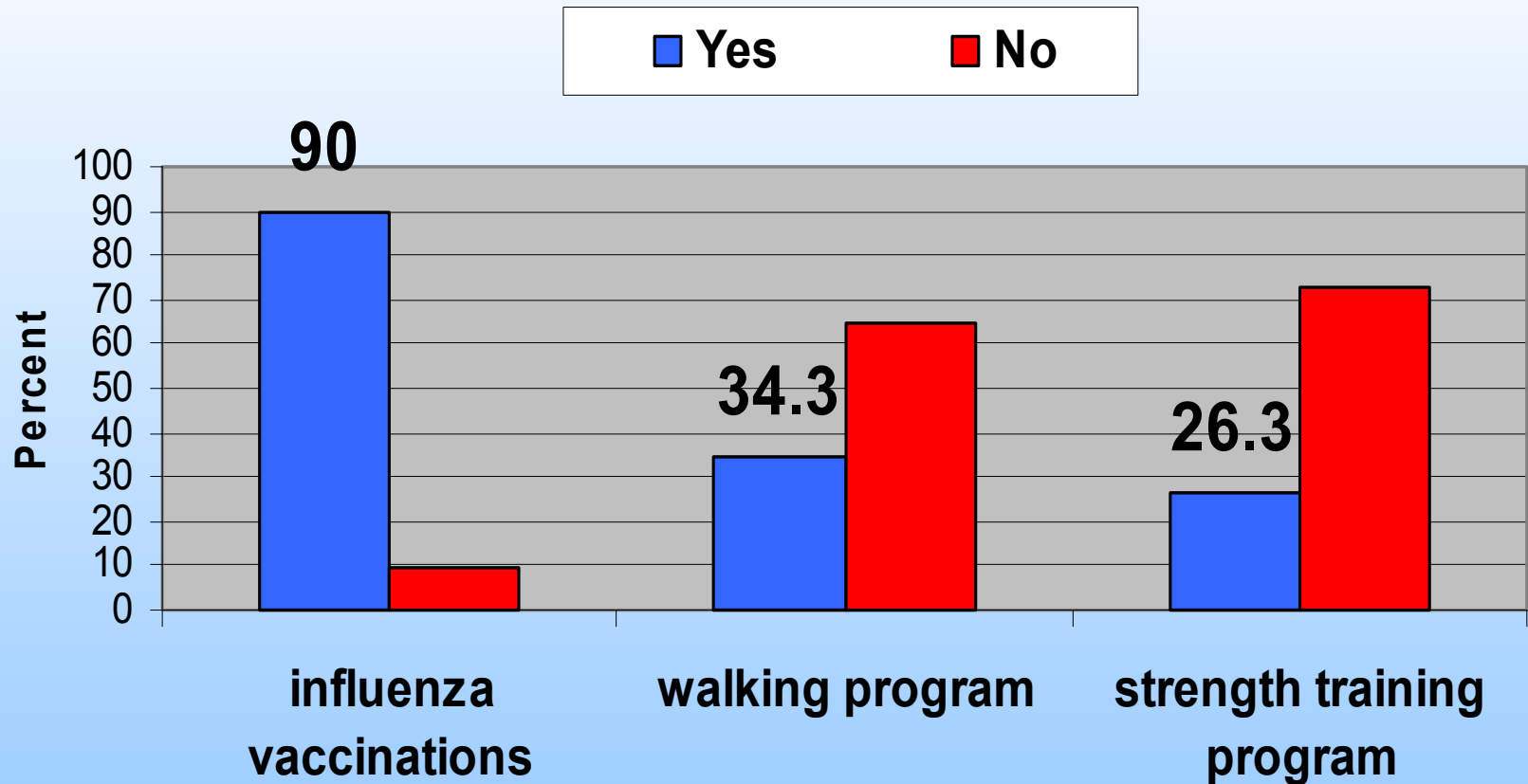
Impact of Health Concerns @ WV

- ◆ High blood pressure
- ◆ Diabetes
- ◆ Depression
- ◆ Congestive heart failure
- ◆ Aging
- ◆ Prevention

PCS and MCS

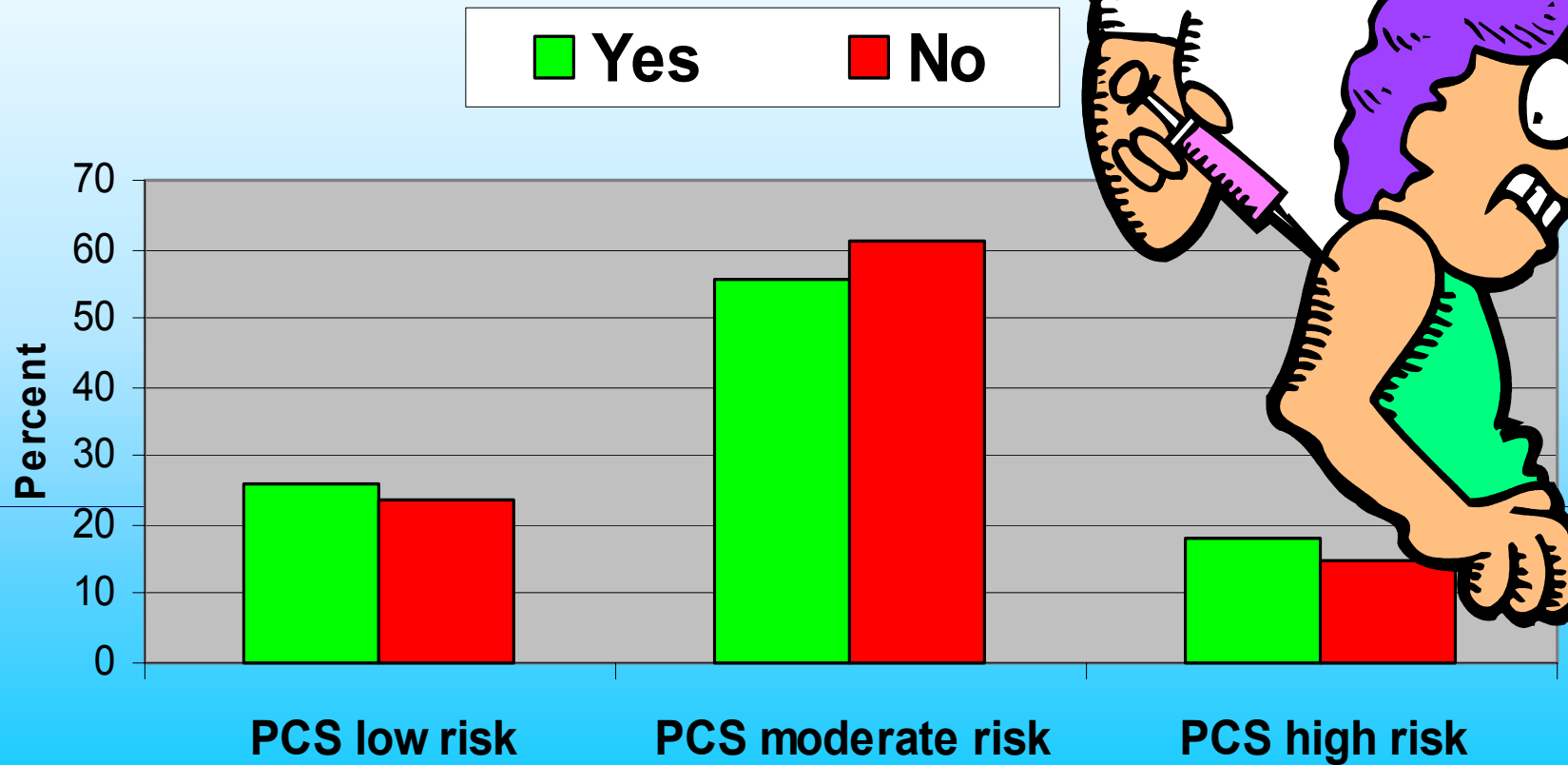
Prevention and Health @ WV

Prevention/Self-responsibility for Health at WV



Prevention and Health @ WV

PCS and Annual Influenza Vac

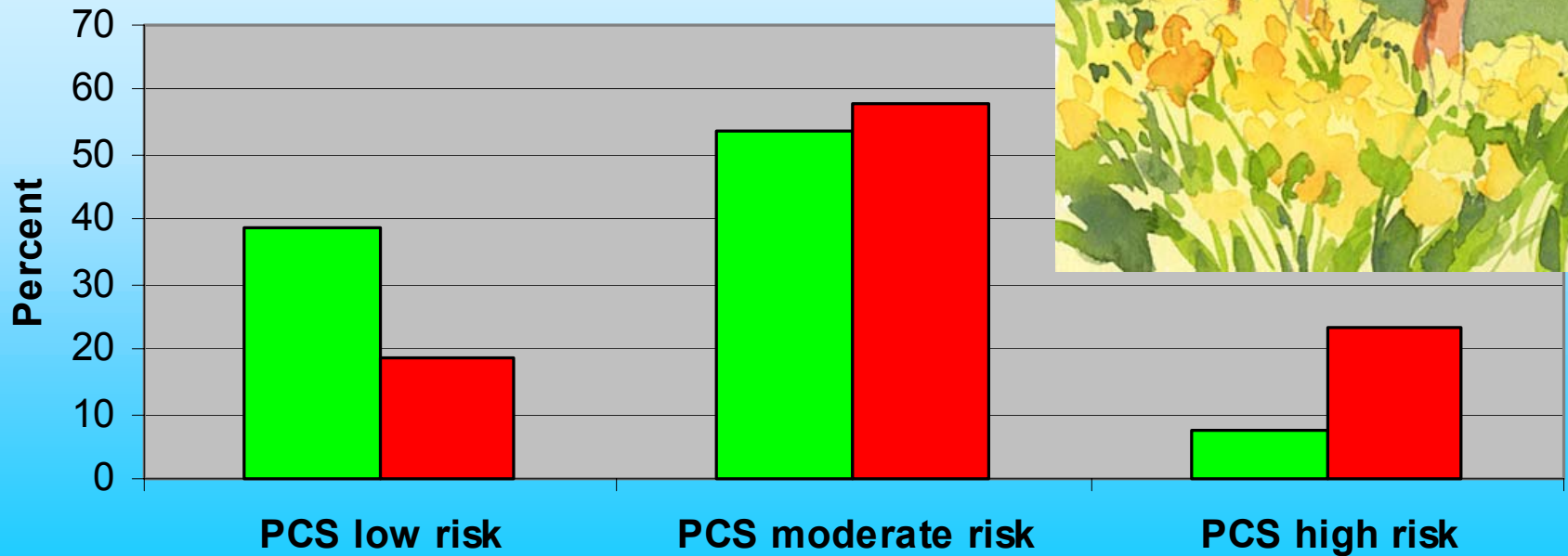


Source: HOS/SF-36 data for Willow Valley

Prevention and Health @ WV

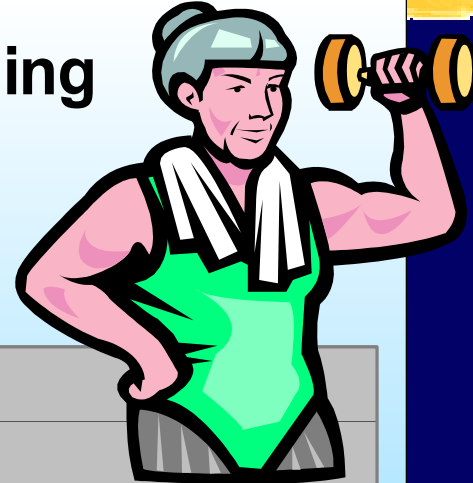
PCS Category & Walking Program

■ Yes ■ No

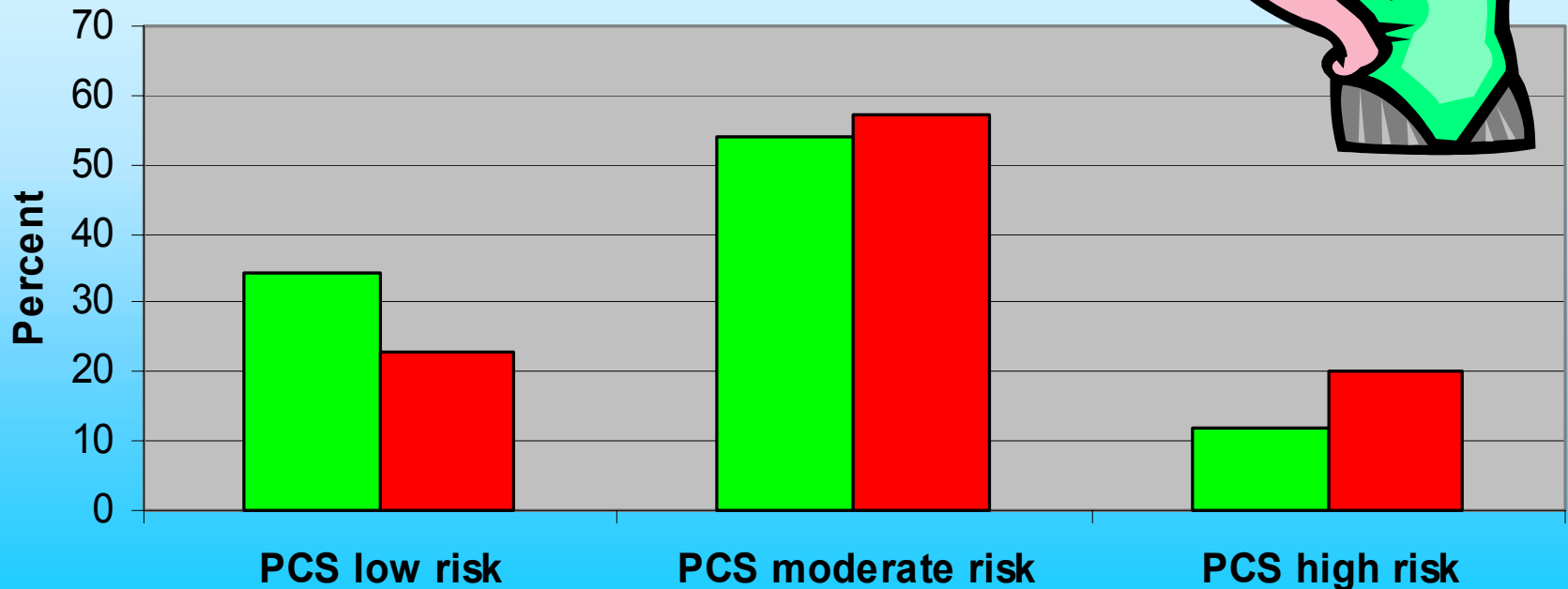


Prevention and Health @ WV

PCS Category and Strength Training



Yes No



WARNING!



**The U.S. Surgeon General
has determined that
lack of physical activity is
detrimental to your
health.TM**

C. Everett Koop, MD

**“ Each one
teach one.”**



James O. Prochaska, Ph.D.: Stages of Behavior Change



- 1. Consensus in health promotion**
- 2. Multiple behaviors change vs one at a time**
- 3. Impact of marketing on health promotion**

Stages of Behavior Change

◆ Precontemplation

- No intention to take action - next 6 months

◆ Contemplation:

- Intends to take action - next 6 months

◆ Preparation:

- Intends to take action within next 30 days; already taken some next steps

◆ Action:

- Has changed overt behavior for < 6 months

◆ Maintenance:

- Has changed overt behavior for > 6 months

To Enhance: PCS and MCS

◆ PCS

- Ability to walk

◆ MCS

- Depression
- Contenance strengthening

■ Methods

Operational planning

Education

Options

Healthcare That Works

- ◆ The measure
- ◆ The method
- ◆ The value
- ◆ The next step

The Method

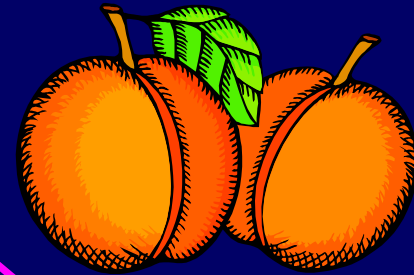
- ◆ **What it is**
- ◆ **What are practical applications**
- ◆ **Why is it Healthcare That Works**
 - **What's the value**

The Method: What it is

- ◆ Self-perception
 - of HEALTH and quality of LIFE
 - “depathologizing” healthcare
- ◆ PCS, MCS and subscales
 - “what the patient says about his or her health”
- ◆ Patient-directed: health paradigm
 - action steps the patient is ready to take
- ◆ Custom Health Support

The Method's Question:

Pd-CHS



**What would need to happen
for you to say your health as a
whole person is excellent?**

The Method: Practical Applications

◆ Modules:

- Health Maintenance
- Walking Strong
- Train for Recovery
- Right-time Surgery
(elective joint replacement)
- Emotional self-management
and Depression
- Sleep and Vitality



**Dwana Bush, MD,
developer of the
Pd-CHS
methodology with a
Willow Valley
Resident**

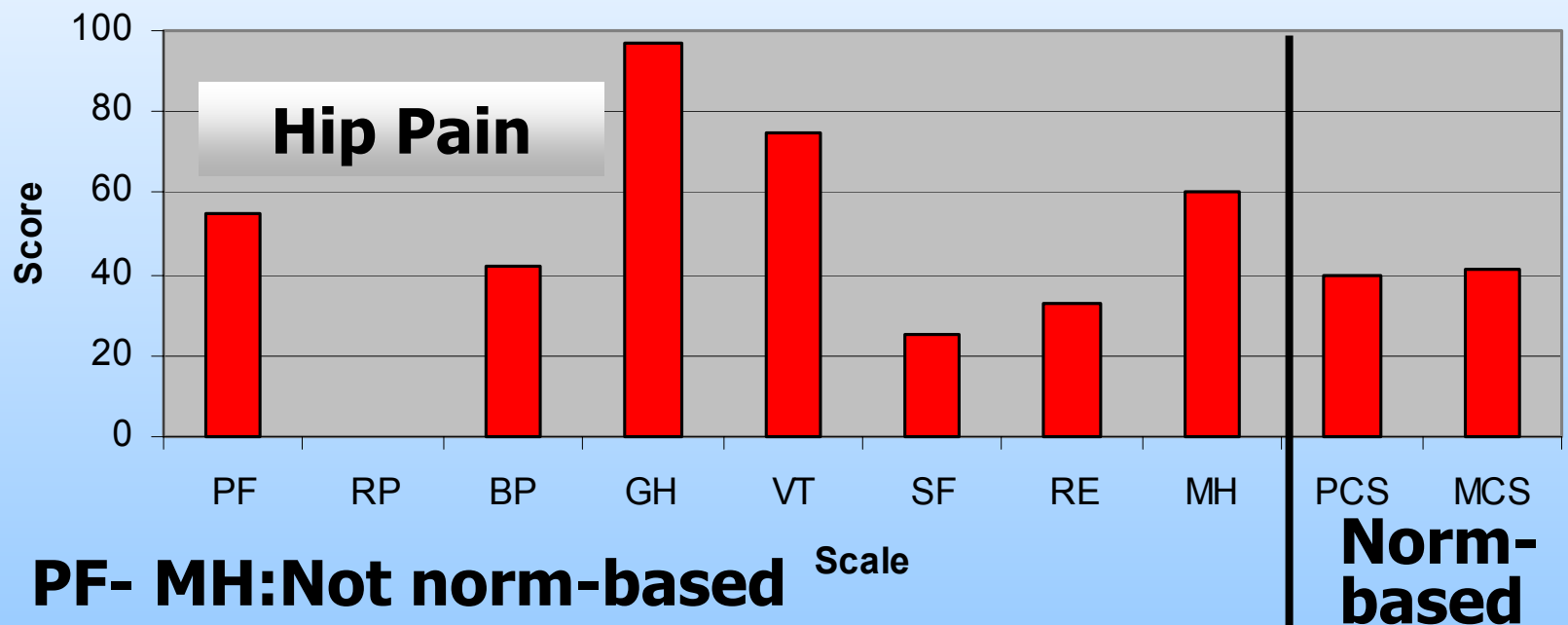
The Method Applied: Jean

Health Events:

- dizziness, fast heart rate and continued hip pain

Jean

■ initial

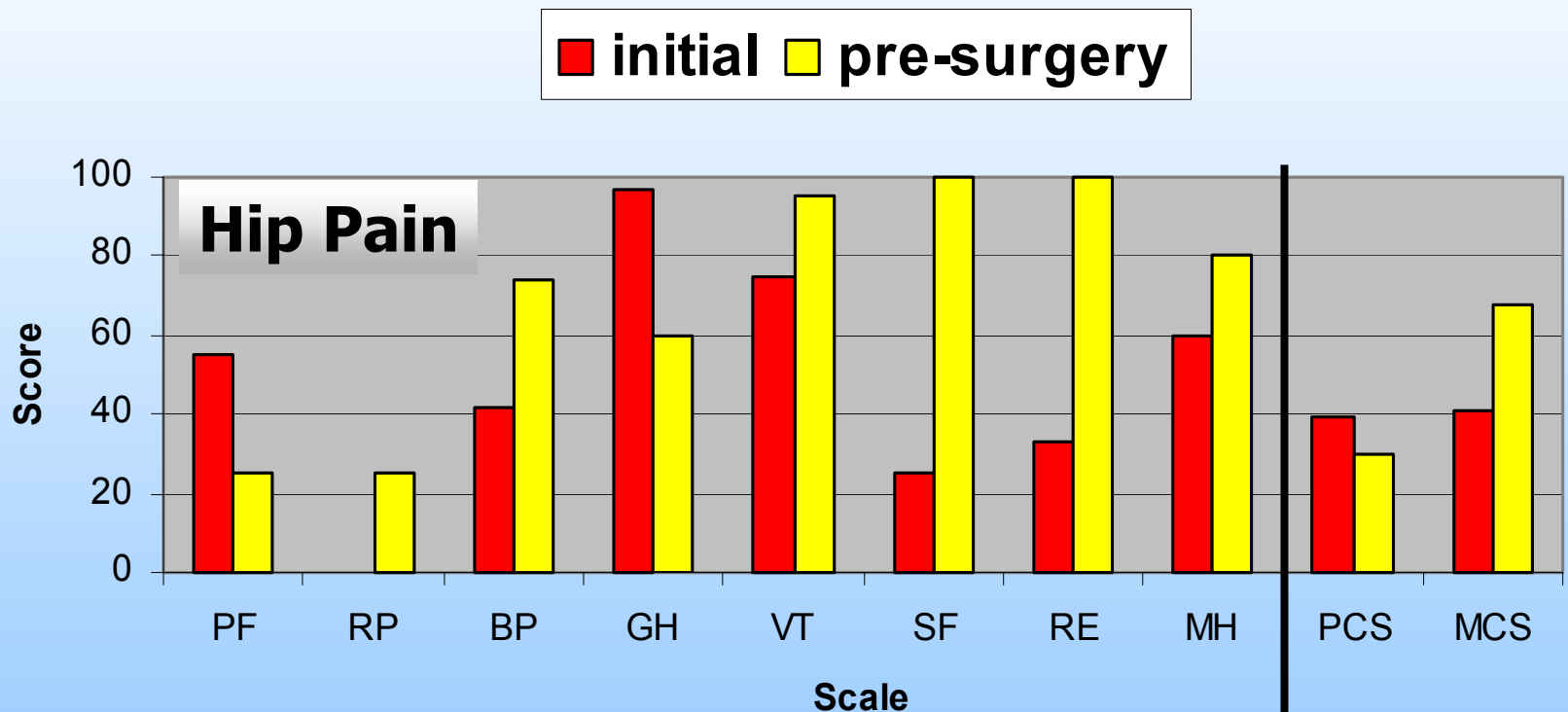


The Method Applied: Jean

Health Events:

- + feelings of depression, ulcer and anemia had resolved
- + WWNTH for you to say your health as a whole person is excellent?: “ I know it’s time to proceed with hip surgery”

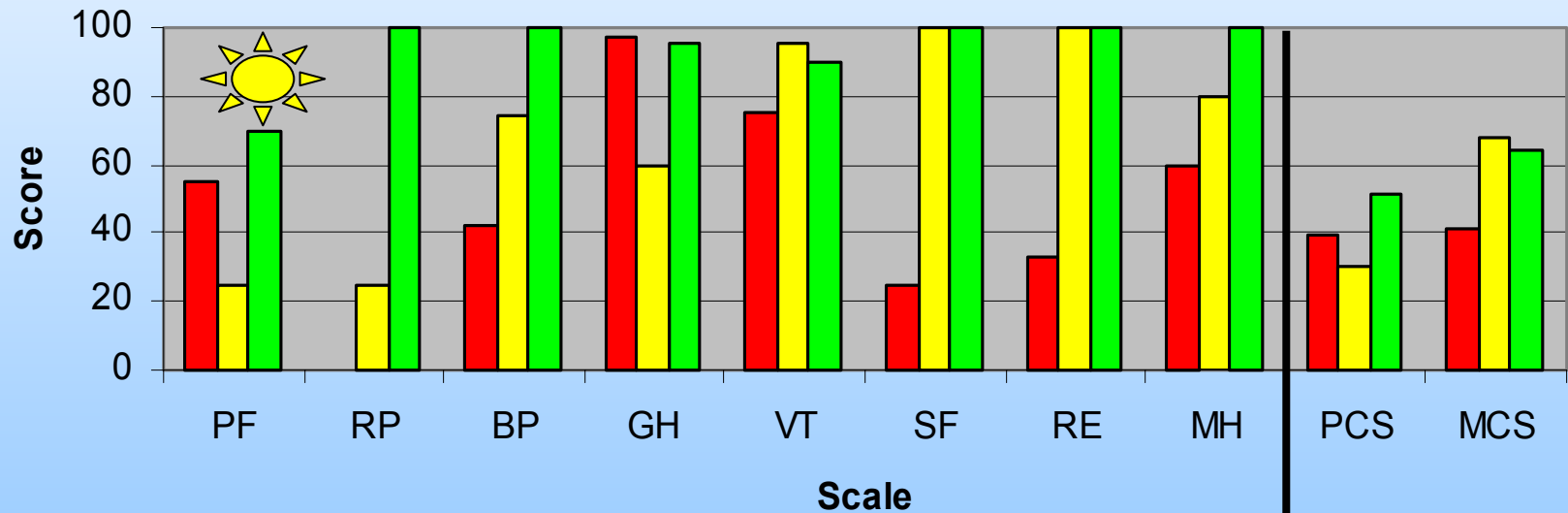
Jean



The Method Applied: Jean

Jean: Right Time Surgery, Emotional Self-Management,
Health Maintenance - WALKING STRONG

■ initial ■ pre-surgery ■ 6 M post surgery



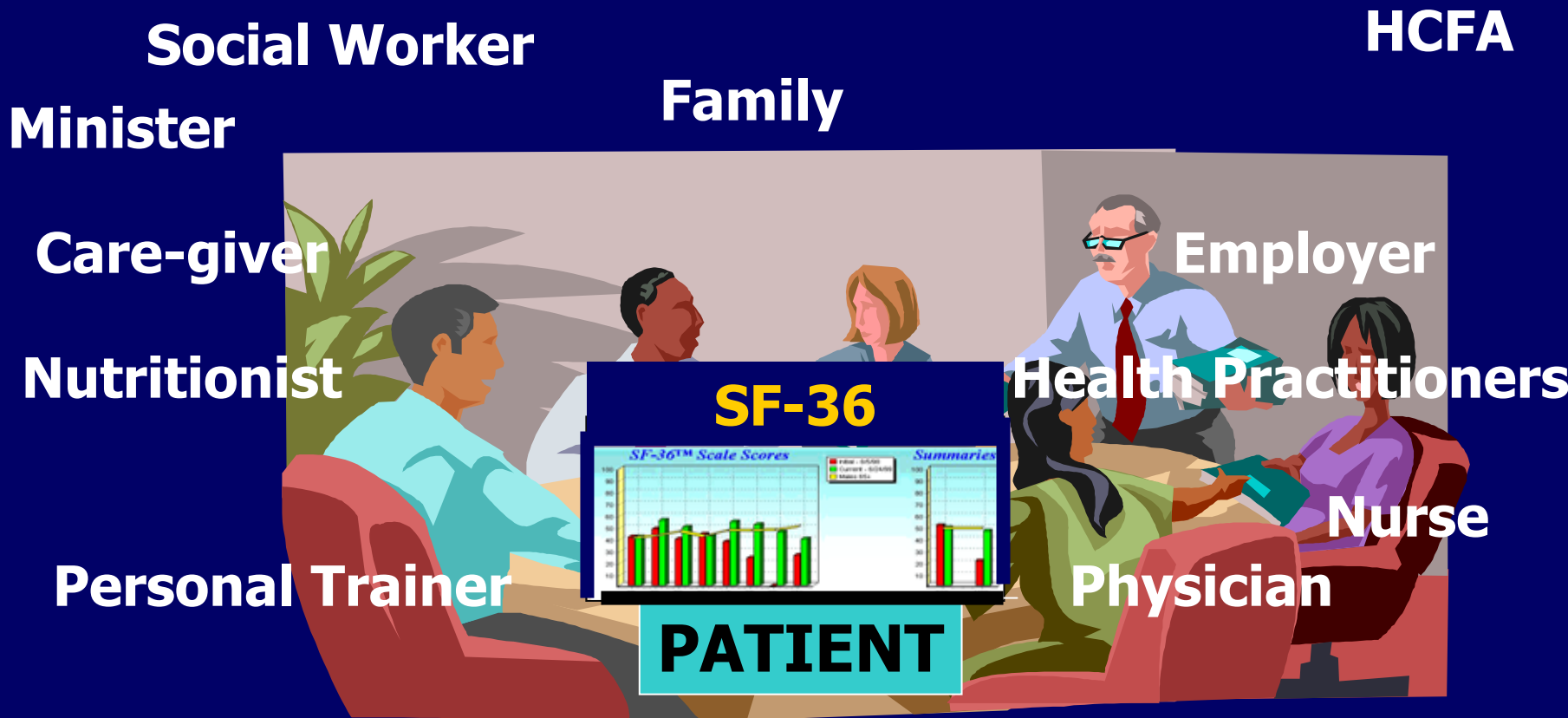
The Method Applied: Jean's Team



"This [technique] could keep me from operating on the wrong patient or on the *right patient at the wrong time.*"

Jean's orthopedic surgeon on the day before her surgery

Reading off the same page...with the "whole person vital sign" Dwana Bush, M.D.



Personal Health Goals

Buying and Selling Value

- ◆ Everyone on the same page:
 - The measure
 - The method
 - The value
 - Enhancing quality of life...measurably
- ◆ Method's Result: PCS and MCS
- ◆ Value: result/cost

Healthcare That Works

- ◆ The measure
- ◆ The method
- ◆ **The value**
- ◆ The next step

The Value

- ◆ Quality of life
- ◆ Higher functioning PCS, MCS
- ◆ Disability is an economic burden

The Value - Outcomes

Use Willow Valley data to:

- Monitor overall level of function for the independent living resident population
- Predict changes in functional status among independent living residents
- Predict utilization of assisted living and nursing care services reflecting variations by level of function
- Evaluate program benefits

Score Groups by Financial Risk*

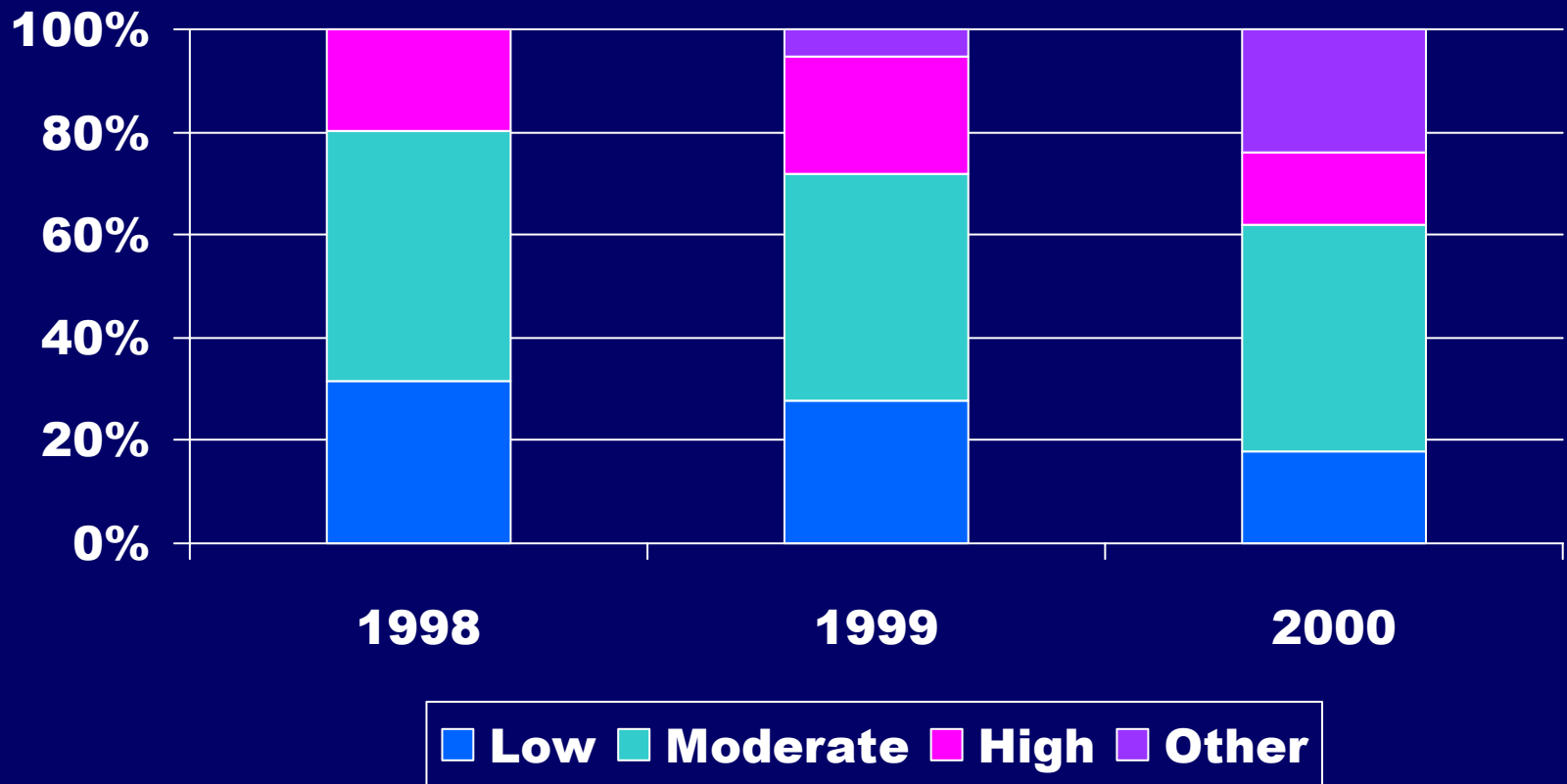
	<u>Percentile</u>	<u>PCS</u>	<u>MCS</u>
Low Risk (no concerns)	< 25 th	52+	59+
Moderate Risk (few concerns)	25 th – 75 th	35 – 51	47 – 58
High Risk (many concerns)	> 75 th	< 35	< 47

***Note these are not clinical score groups**

Number of Residents by Score Group (1998)

	<u>PCS</u>	<u>MCS</u>
Low Risk	374 (31%)	563 (48%)
Moderate Risk	577 (49%)	500 (42%)
High Risk	<u>232</u> (20%)	<u>120</u> (10%)
	1,183	1,183

PCS Status Changes



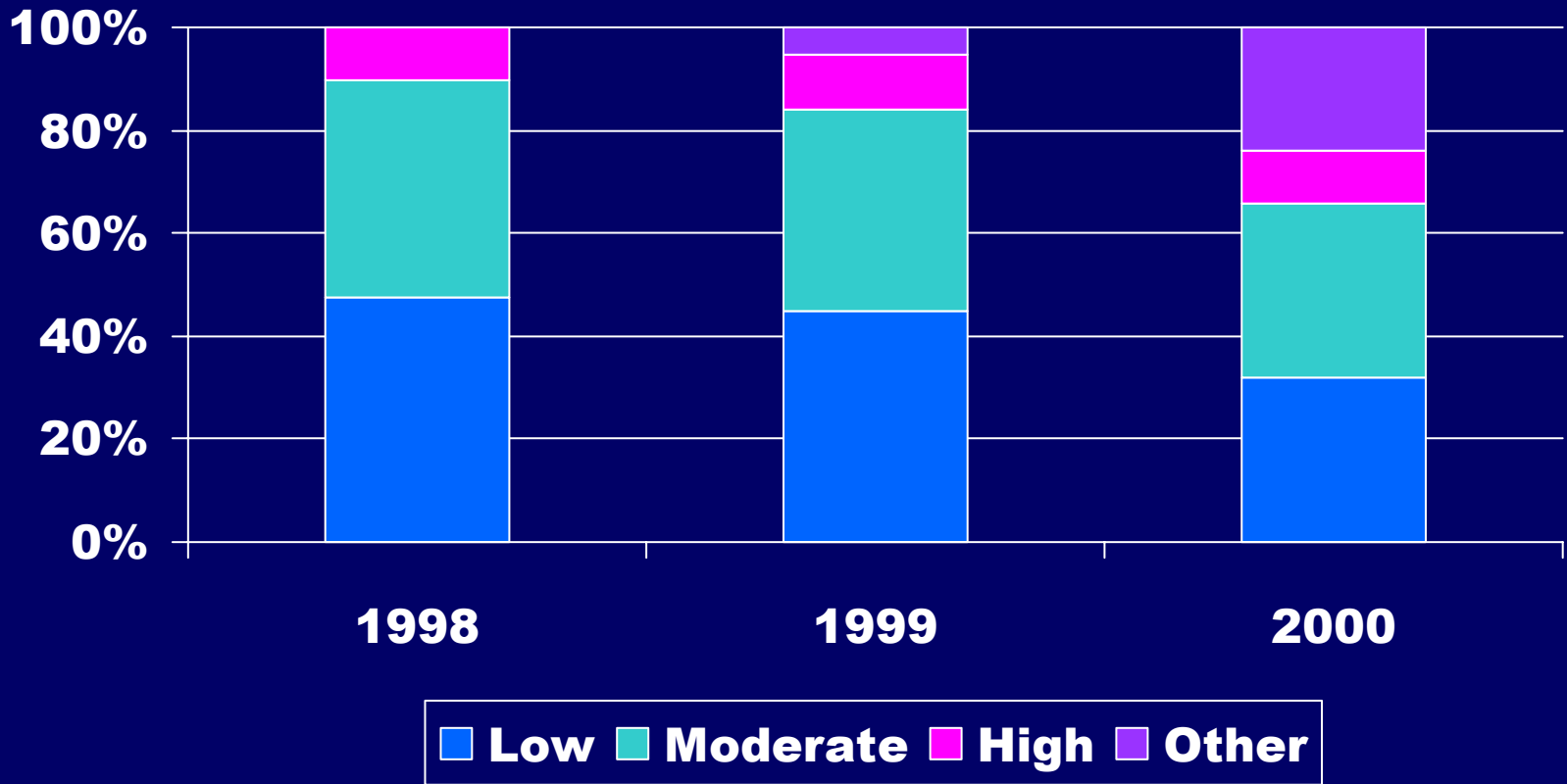
Analysis of PCS Status Changes

- ◆ Status generally declines as residents age
 - Reduction in percentage of residents maintaining low risk status each year
 - Increase in percentage of residents in permanent health care or deceased
- ◆ But some residents did improve
 - 5% of moderate risk group
 - 29% of high risk group

Analysis of PCS Status Changes (cont.)

- ◆ Percentage of residents in “Other” category is increasing
 - Increase in percentage of residents in permanent health care or deceased
 - Increase in percentage of residents from 1998 score group who did not repeat the survey

MCS Status Changes



Analysis of MCS Status Changes

- ◆ Status generally declines as residents age
 - Reduction in percentage of residents maintaining low risk status each year
 - Increase in percentage of residents in permanent health care or deceased
- ◆ But some residents did improve
 - 20% of moderate risk group
 - 27% of high risk group

Analysis of MCS Status Changes (cont.)

- ◆ Percentage of residents in “Other” category is increasing
 - Increase in percentage of residents in permanent health care or deceased
 - Increase in percentage of residents from 1998 score group who did not repeat the survey

Prediction of Status Changes: PCS

Transition Rates - PCS

2000 Status

<u>1998 Risk</u>	<u>Low</u>	<u>Moderate</u>	<u>High</u>	<u>HC</u>	<u>Death</u>	<u>Not Taken</u>
Low	47.9%	31.9%	1.7%	2.2%	2.4%	13.9%
Moderate	5.3	58.5	12.6	4.9	5.5	13.2
High	1.0	28.0	36.5	10.6	13.7	10.2
Not Taken	11.3	26.0	7.0	11.3	10.3	34.0

Prediction of Status Changes: MCS

Transition Rates - MCS

2000 Status

<u>1998 Risk</u>	<u>Low</u>	<u>Moderate</u>	<u>High</u>	<u>HC</u>	<u>Death</u>	<u>Not Taken</u>
Low	46.4%	27.8%	4.9%	3.8%	4.7%	12.4%
Moderate	21.0	44.2	10.0	5.3	6.7	12.9
High	9.3	18.0	36.6	11.2	11.2	13.7
Not Taken	17.7	20.3	6.3	11.3	10.3	34.0

Service Utilization: PCS

July 1998 – June 2000

<u>1998 Risk</u>	<u>Assisted Living</u>		<u>Nursing Care</u>	
	<u>% Used</u>	<u>Days*</u>	<u>% Used</u>	<u>Days*</u>
Low	3.9%	5.8	6.8%	5.2
Moderate	9.3%	12.2	17.2%	13.8
High	17.3%	28.8	34.0%	34.3
Not Taken	15.2%	34.9	22.8%	20.1

* Average Number of Days for all in score group

Service Utilization: MCS

July 1998 – June 2000

	<u>Assisted Living</u>		<u>Nursing Care</u>	
<u>1998 Risk</u>	<u>% Used</u>	<u>Days*</u>	<u>% Used</u>	<u>Days*</u>
Low	7.5%	8.6	14.3%	11.4
Moderate	8.9%	15.1	17.2%	13.8
High	18.4%	29.8	32.5%	38.2
Not Taken	15.2%	34.9	22.8%	20.1

* Average Number of Days for all in score group

Evaluating Program Benefits

- ◆ **Monitoring individual status provides:**
 - **opportunities for intervention to increase functional portion of life and improve quality of life**
 - **comparative data to support care team decisions about health center transfers**

Evaluating Program Benefits (cont.)

- ◆ Ability to predict service usage by status enables use of risk-based underwriting, pricing, and contract design at the time of admission
- ◆ Analysis of data provides indication of areas with greatest need and potential benefits for development of prevention programs

Healthcare That Works

- ◆ The measure
- ◆ The method
- ◆ The value
- ◆ **The next step**

Healthcare That Works: The Next Step

◆ Path:

- The only long term solution to managing health risks and related healthcare costs is keeping people healthy

◆ Population's health

◆ Individual's health

- One person at a time
- Help the person find what works

The Next Step...

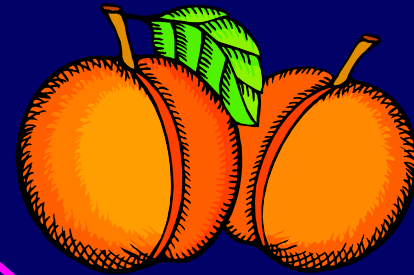
Pd-CHS

◆ What would need to happen-

- for you to say your *health as a whole person is excellent?*

◆ The next step is always easy...

- ...or it is not the next step



Contact information

◆ Dwana Bush, MD

- **Integrative Health Institute**
- Atlanta, Georgia
- 404-255-4289 dbush@integrativehealth.com

◆ Kathie Harris

- **A.V. Powell**
- Chesterfield, Missouri
- 1-800-828-6309 kathie.harris@avpowell.com

◆ Ann L. Johnson, RN

- **Willow Valley Retirement Communities**
- Lancaster, Pennsylvania
- 717-464-6393 ajohnson@willowval.com