CASE STUDY

Heywood Healthcare

Gardner, Massachusetts

Sharp Reduction in Repeat ED Visits with More Effective Care Management

Like many rural health systems, Heywood Healthcare struggled to address the complicated needs of its behavioral health patients. With a shortage of mental and behavioral health resources in rural Worcester County, Massachusetts, where Heywood is located, these patients tended to turn to the Emergency Department (ED) for ongoing needs as well as acute events. Frequent repeat visits by behavioral health patients put a strain on Heywood's ED and inpatient units and resulted in poor health outcomes in the system's service area.

With a state grant to address barriers to care for behavioral health patients in its region, Heywood partnered with athenahealth to adopt a whole person, patient-focused care management approach. The combination of new, user-friendly care management tools and continuous support provided by the athenahealth Population Health service helped Heywood exceed their goal to reduce repeat ED visits among behavioral health patients, elevate the quality of patient care, and make care team work more efficient.

"We Wanted to Do More"

Before partnering with athenahealth, Heywood treated about 500 behavioral health patients every month in the ED—with many patients coming multiple times. "We realized that behavioral health patients were accessing the ED again and again because they had a hard time getting care outside the hospital," says Selena Johnson, project manager.

Heywood conducted discharge planning but had no system to track patients beyond the hospital visit. "When a patient returned to the ED, we were always starting over in terms of care management," says Jennifer DesJardins, project manager. "Our team tried to track patients on paper, but there was no way to know if a patient had visited the other hospital in our system or been referred elsewhere. We couldn't share information among care teams. There was a lot of duplication of effort."

The healthcare system has a strong commitment to excellence in behavioral health, and wanted to prepare for value-based care. They applied for and received a state grant to improve care coordination among behavioral health patients. "We wanted to do more than tell patients where to go after the ED," says Ms. DesJardins. "We wanted to address the gaps and barriers to care, and make sure they had a network of people who were all on the same page supporting their success."

Surpassing the Original Goal

Initially, Heywood sought to reduce repeat visits to the ED by 10 percent over two years. With athenahealth Population Health, Heywood reports they exceeded their goal and have been trending at a 14 percent reduction in revisits

At a Glance

- Includes:
  - Heywood Hospital – non-profit, 134-bed acute care hospital
  - Athol Hospital – 25-bed non-profit critical access hospital
  - Heywood Medical Group – more than 20 primary care and specialist physicians
  - 4 satellite facilities
- Received a $2.9M Community Hospital Acceleration, Revitalization, & Transformation (CHART) state grant to promote care coordination, population health, patient safety, and access to behavioral health services

Solution

- athenahealth Population Health

Issues

- Paper-based tracking meant limited ability to close care gaps and prevent readmission to ED for behavioral health patients
- No transparency across care settings or ability to share information among care teams
- Frustrating redundancy in services and referrals
- Patients not equipped to be active in their own care

Results*

- Exceeded goal (by 50%) to reduce ED revisits within 30 days
- 360-degree view of each patient enhances and simplifies care team work
- Reduced redundant services by more easily sharing information among care teams
- athenaWell web and mobile app engages patients in their care plan
- Improved patient experience across care settings

for their behavioral health patients, about six months ahead of schedule.

By aggregating many disparate clinical and claims data sources, athenahealth's Population Health tool creates a 360-degree view of patients, including the services they've used inside and outside of the health system's network, care sites where they've received those services, hospital admissions and discharges, and gaps in care that should be addressed.

The Care Manager platform within the Population Health application allows care managers to build a care plan with pre-populated, evidence-based content, track patient care across multiple settings, and share information with care team members.

"athenahealth's care management tools are extremely user-friendly and easy to use, which makes our work much easier and improves care for patients," says Ms. Johnson.

athenahealth ensured that the tool and subsequent reports were set up to meet Heywood's unique population and organizational goals, including compliance with all the data requests under the CHART grant. "With athenahealth, we are true partners," says Ms. DesJardins. "Their responsiveness to our needs has made our care management even stronger."

More Efficient Care Team Work

The Care Manager platform has substantially improved care team work, increased transparency and information sharing among care teams, and reduced duplication of effort.

"With each patient's history maintained in the care management platform in an easy-to-view manner, we can treat and refer much more quickly and effectively," says Ms. DesJardins.

"athenahealth's care management tool gives our team a great advantage," says Ms. Johnson. "No matter where a patient is located in our network, our staff can see how the patient is being treated, where they've been referred, and how to support them. This has significantly reduced redundancy and duplication of services."

Now that the volume of ED visits has gone down, and providers have access to holistic information about behavioral health patients, team dynamics have improved.

"Our providers see themselves as a team, not separate entities," adds Ms. DesJardins. "The care management tool allows them to see the patient as a whole, but also to see the care team as a whole. They no longer operate in silos."

Better Patient Care

Heywood's new care management model has elevated patient care quality as well as the patient experience. Providers can better identify and address gaps in service to prevent patients from coming back into the ED.

"The great thing about the Care Manager platform is it keeps all of our patient care organized and easy to access. No matter who is with the patient—whether it's a patient navigator or physician—they know what's going on," says Ms. Johnson. "They can get patients what they need, when they need it."

Heywood has also piloted the athenahealth patient app, athenaWell, with a number of behavioral health patients to promote self-management. Care managers can use athenaWell to send enrolled patients tasks, get notified when they complete the tasks, and gather self-reported data. Through the app, patients can access their care plans, share care plans with family members, and securely message with care managers, increasing patient engagement and care plan adherence.

"Through the use of the athenaWell app, we're seeing more patients take part in their healthcare," says Ms. Johnson. "We have definitely seen progress in their compliance with doctor appointments and meetings with their behavioral health providers. In some cases, it's helped patients interact with our health and wellness nurse educator instead of visiting the ED."

"Our" Patient: The Future of Care Delivery

Heywood Healthcare is pleased with the success of the care management program, and is looking to expand the model into other departments.

"Care management is the future of healthcare," adds Ms. Johnson. "We are moving towards a time when we can't think of 'my' patient or 'your' patient. It's 'our' patient. We need to be able to work together to support each patient's needs. athenahealth has the best tool out there to support this kind of change in care delivery."

* These results reflect the experience of one particular practice and are not necessarily what every athenahealth client should expect.