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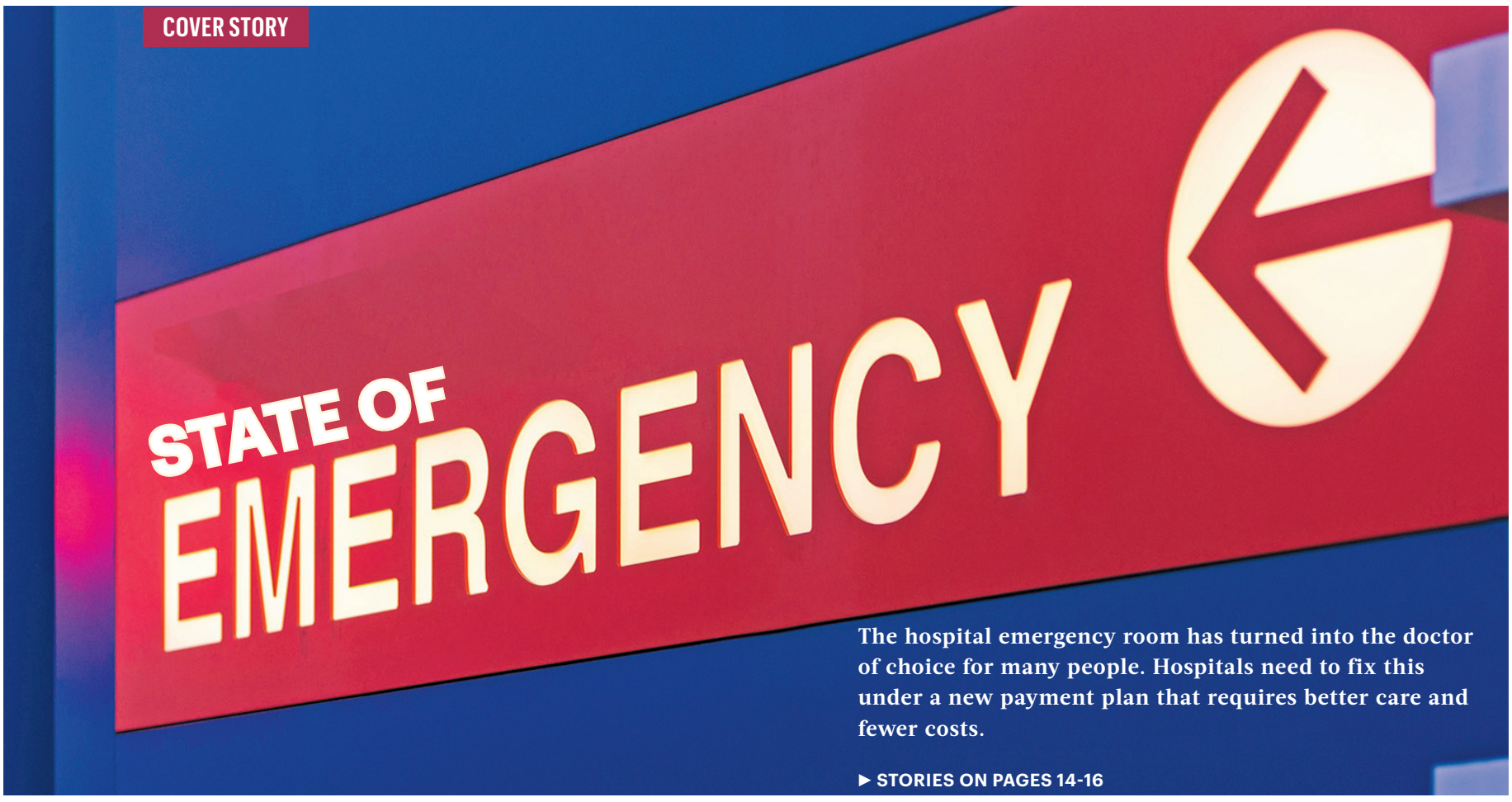
CRACKING IT

A FOCUS ON THE CRAB SCENE 18-21

COVER STORY



STATE OF EMERGENCY

The hospital emergency room has turned into the doctor of choice for many people. Hospitals need to fix this under a new payment plan that requires better care and fewer costs.

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CHESAPEAKE MAKES A QUICK EXIT

The restaurant's closing doesn't mean the revival of the North Charles Street spot was for naught. The Karzai family may just keep the block's momentum alive by taking over the restaurant's management.

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COVER STORY

WHY HOSPITALS NEED TO RETHINK THE ER

ONE HOSPITAL IS TRYING TO SAVE COSTS BY REVAMPING THE ER EXPERIENCE

BY SARAH GANTZ
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It's 11 a.m. on a typical Tuesday and Sinai Hospital of Baltimore's emergency department is over capacity.

Patient beds line the hallways and are tucked in corners by the coffee maker and microwave – anywhere they will fit.

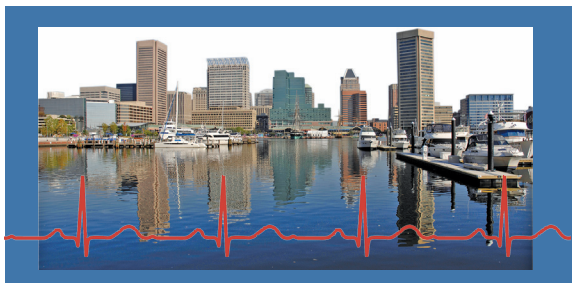
Emergency Medicine Chief Dr. William Jaquis is not sure exactly how many of the 72 people in his 50-bed unit have true emergencies, but he knows it's not all of them.

Jaquis recognizes ER patients, he gets to know them. He knows that if some of them made regular visits to a community doctor for help managing their diabetes, asthma and other chronic health problems, maybe they would not need him.

But after 22 years in the ER, Jaquis knows better than to question why some patients just don't get better.

"I gave up a long time ago trying to say, 'Why are you here?'" Jaquis said. "Because over time I've realized there is nowhere else."

Administrators at Sinai Hospital and parent LifeBridge Health think it's time to start asking that question. LifeBridge Health estimates that systemwide, there were almost 1,500 "high utilizer" patients who had been admitted to the hospital at least twice and have $150,000 or more in hospital charges. These patients accounted for less than 1 percent of LifeBridge's total visits. Yet their health care costs in fiscal 2013 – at least $218.4 million – equaled roughly 17 percent of the system's total gross patient revenue that year. Sinai, the largest of LifeBridge's hospitals, is launching a new program with HealthCare Access Maryland that will aim to intercept patients who frequent the ER with ailments related to chronic health conditions. The Baltimore nonprofit will try to figure out what prevents these patients from getting the right care and help them overcome those barriers.



This story is part of an occasional series about how Maryland's new, unprecedented way of regulating hospital revenue will force Baltimore hospitals to confront the city's deep-seated health problems. The project is supported by a fellowship from the Association of Health Care Journalists and the Commonwealth Fund.

The ER intervention program is the first step in a long-term effort to slow hospital admissions and improve patients' overall health. Sinai will in the future want to find a way to identify potential high-cost patients before they develop the multiple, chronic health problems that become expensive to treat. Meanwhile, the hospital is breaking ground on an expansion to its emergency department to provide immediate relief. The extra space will be used for triage, to quickly evaluate patients when they arrive and determine what care they need. It will also be a space to hold patients whose needs are less urgent – the exact patients HealthCare Access Maryland's community health workers will be trying to wean off the ER.

Emergency departments are common targets for hospital improvement projects because they are known for being overcrowded. These departments are getting even more attention as ER admissions continue to grow. Administrators fear that millions more Americans who now qualify for Medicaid under the federal Affordable Care Act could exacerbate the problem. Insurance gives people the ability to see a doctor without having to foot the entire bill, but it does not necessarily mean they can find a doctor or know how to take advantage of their new policy's benefits.

The stakes are especially high in Maryland. The state has long regulated hospital rates and beginning this year has a new five-year agreement with the federal government to radically change the way hospitals get paid.

Hospital budgets are capped and portions of their revenue are tied to their ability to reduce unnecessary hospital admissions and improve quality. Previously hospitals made more money by treating more patients. Hospitals have only a few years to adjust, which means they will need to quickly come up with cost-cutting strategies that will be sure to show results.

"With limited dollars to spend, we're trying to rifle-shot our approaches, rather than trying to fix everything," said Neil Meltzer, CEO of LifeBridge Health.

Meltzer does not have a lot of evidence that Sinai's

▸ WHERE POLICY MEETS PRACTICE

CHECK LIST

HOSPITALS WORK TOWARD GOALS

Maryland is embarking on a five-year experiment to regulate hospital revenue in an unprecedented way — by basing how much hospitals get paid on how well they take care of their patients. In Baltimore, this will put hospitals face to face with the city's health problems and the outside factors that contribute to poor health. As part of the deal between Maryland and the federal Centers for Medicare and Medicaid Services, hospitals must hit new quality and cost measures.

Identifying patients who frequent the emergency room for problems related to a chronic health condition and connecting them to outside services will help reduce ER costs. If these patients get help managing their chronic conditions, they may not make as many visits to the hospital in the future.

- [x] Save Medicare $330 million
- [x] Limit annual revenue growth to 3.58 percent
- [x] Reduce 30-day readmissions to the national rate
- [ ] Reduce hospital-acquired conditions by 30 percent
- [ ] Report annually on hospital impact in population health

COVER STORY

BY JACLYN BOROWSKI

"I gave up a long time ago trying to say, 'Why are you here,' " says Dr. William Jaquis, head of Sinai Hospital's emergency department, on the ER's most frequent patients.

ER intervention plan will work. He does not know what return on investment the hospital might see.

"We know we have problems in the emergency department," Meltzer said. "And that's a place to start."

On any given day in Jaquis' unit, there are a handful of patients who could be treated elsewhere, or at the very least are able to wait until more urgent cases are handled. But really nailing down who doesn't need to be in the emergency department is difficult. When people come to the emergency room, it's because they often believe they are in trouble.

That's how Theresa Cokley ended up on a hospital bed squeezed in a corner on a Tuesday morning. Her head had been throbbing for three days and the pain became worse overnight. She was dizzy, felt short of breath and even threw up.

Cokley, 31, has a primary care doctor in Baltimore, but instead came to Sinai's emergency room.

"This was closer," she said.

Sinai isn't trying to turn away patients – legally it can't. But the ER is a good place to find people who could benefit from better community health resources.

"Once they come to the emergency department, they have a reason for being there and most of the time the reasons are legitimate," said Dr. Jon Mark Hirshon, an emergency physician in Baltimore who represents the American College of Emergency Physicians. "The question is can we create a situation where their need for the emergency department is less because we've created a situation where they are being taken care of."

For example, regular visits to the doctor could prevent asthma from turning into lung problems and an attack so bad that the ER is the only option.

But getting people to actually go about their health in a different way isn't as simple as just making sure they have a doctor. To really make a dent in the hospital's ER ranks, Sinai and its new partner will have to look beyond access to doctors to find the reasons why some patients stay sick.

"We want to be cautious to say, 'Well, if they just managed their condition the way they're supposed to, they wouldn't be here.'" said Dr. Trissa Torres, a senior vice president at the Institute for Healthcare Improvement whose background is in preventive medicine.

In some cases, such as mental health, resources are lacking and patients do not see doctors because they have trouble finding one. Others who never had insurance – like the 275,000 Marylanders who gained Medicaid coverage this year – may not know any other way than rushing to the ER. Less obvious factors, such as lack of transportation or child care, are often part of the problem.

Much of HealthCare Access Maryland's work with Sinai Hospital patients will focus on addressing those basic needs. Community health workers will be stationed in the ER and be notified when a patient who comes in has made several visits recently. Health workers will make house calls to evaluate at-home barriers for patients, help them schedule appointments and even drive them there, if necessary.

Sinai and HealthCare Access Maryland are optimistic the program will work. But both organizations are aware of their limitations. Patients must already be sick and expensive to treat to trigger the ER intervention program.

In the future, Sinai and other hospitals will need to find ways to anticipate which patients are likely to develop multiple chronic health problems and intervene before they get sick.

▸ HIGH COSTS

Sinai Hospital is the largest hospital in the LifeBridge Health network. Systemwide, a small number of patients account for a large portion of hospital costs in fiscal 2013.

1,456

Patients identified as "high utilizers," meaning they have been admitted to the hospital twice in the past year and have at least $150,000 in hospital costs

<1 percent

Portion of total hospital visits attributed to "high utilizers"

$218.4 million

Minimum total hospital costs attributed to high-cost patients

$1.3 billion

Total gross patient revenue for the system

17 percent

Percentage of total gross patient revenue equivalent to hospital costs among high-cost patients

LIFEBRIDGE HEALTH

BY JACLYN BOROWSKI

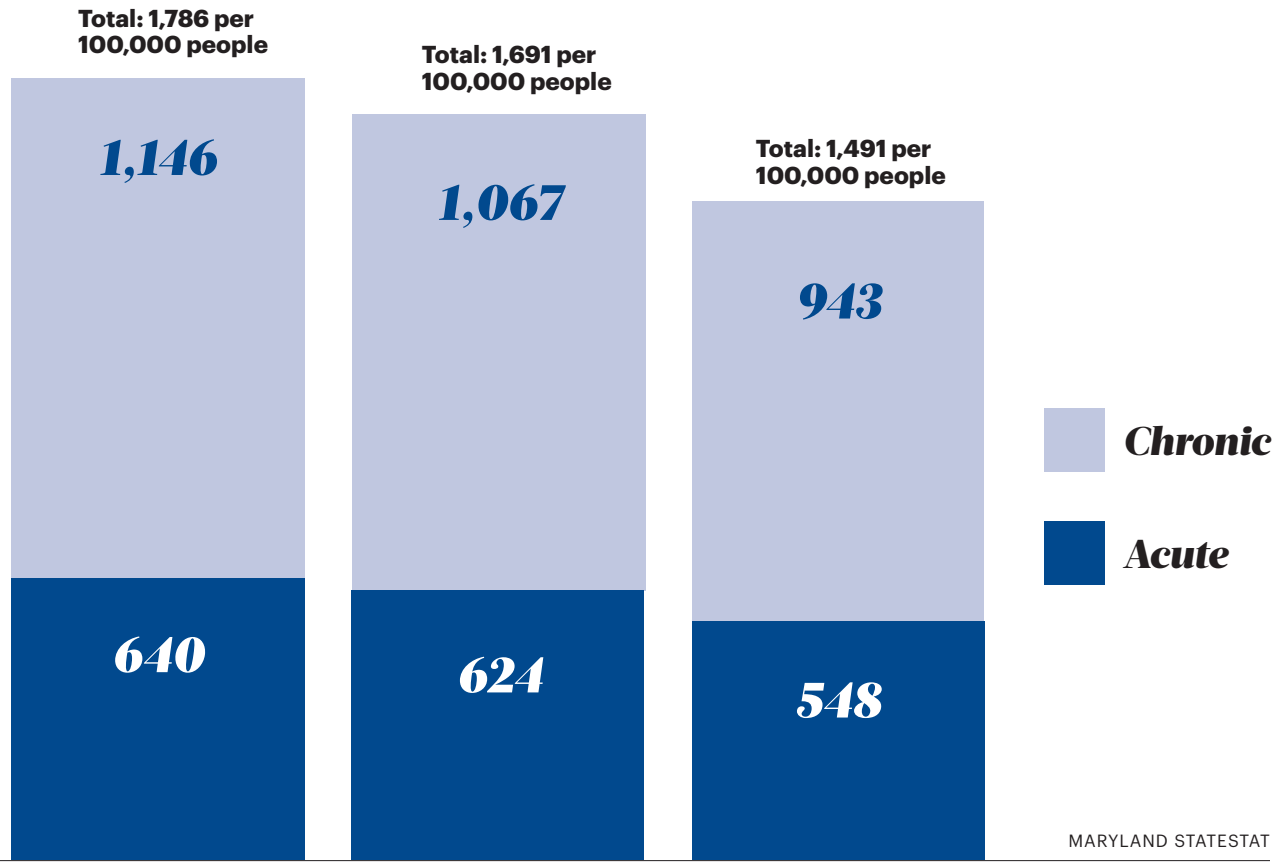
Patients who arrive by ambulance are moved to beds in a hallway near the ER entrance.

COVER STORY

TRACKING PROGRESS

PREVENTABLE HOSPITALIZATIONS

Chronic health problems account for almost two-thirds of preventable hospitalizations, which shows a need for greater emphasis on primary and preventative care.



MARYLAND STATESTAT

STARTING AT HOME

Program starts with the basics to improve patients' health

Willette Goggins' table is set for a party, with a fruit-patterned dining set and a glass vase centerpiece, in an otherwise empty apartment.

Goggins, 50, still has a ways to go to fill up the apartment near Druid Hill Lake she moved into in January. But she's already come so far.

Not too long ago Goggins was homeless and suffering from multiple seizures a week. She had gone to a doctor when the seizures started almost 10 years ago, but the treatment wasn't working. She gave up and ultimately lost her job. When her husband died in 2008 Goggins also lost her home.

Goggins thanks HealthCare Access Maryland for getting her back on her feet and for everything she has – including her prized dining set.

"They gave me hope," Goggins said. "No one had ever tried to help."

The Baltimore nonprofit began working with Goggins through its Operation Care program, a partnership with the Baltimore City Fire Department to help frequent 911 dialers.

The program launched in 2008 and has worked with about 227 people. Early results from the program are promising – 911 calls among people who have participated in Operation Care are down 80 percent, said HealthCare Access Maryland CEO Kathleen Westcoat. The nonprofit plans to model its upcoming emergency department intervention program at Sinai Hospital of Baltimore after Operation Care. If that goes well, the organization could look to spread the program to more hospitals in the Baltimore area.

Operation Care and the nonprofit's program at Sinai Hospital focus on helping people like Goggins, who wind up in the emergency room because of a chronic health problem that is not being managed properly.

Health workers aim to teach these patients how to gain control over their health. Finding the right doctors, scheduling appointments and rides to those appointments are all part of the program. It also addresses a person's living conditions.

"If the basic needs of somebody's life aren't being met, they're not going to be successful in managing their health," Westcoat said.

Operation Care helped Goggins find a place to live. Her health worker got her a voucher through the public housing program and went with her to scout out apartments. The little furniture in Goggins' apartment – a bed, a television stand and her dining room table – all came from HealthCare Access Maryland.

Goggins is doing better. She keeps her appointments, even though there are many of them. She takes her medicine and is becoming more independent.

BY JACLYN BOROWSKI

"They gave me hope," Willette Goggins says of HealthCare Access Maryland.