



Lee Memorial health System

*Placement and care of the unfunded
Latin American Nations*

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Learning Objectives

- How MexCare services have helped my institution shorten LOS and reduce financial burden of unpaid services.
- Explain key steps to develop a collaborative model to assist with the transfer, placement and discharge of a patient to a Latin American facility
- Learn best practices used by case managers to help identify transfer candidates and key patient issues early in process.

Lee Memorial Health System

- Located on the coast of Southwest Florida
- 1,600 Acute Care Operational Beds
- Not For Profit Public Hospital System with 10 Member Elected Board of Directors
- 8,300 Employees, 2,500 Volunteers & 900 Staff Physicians, 85 Employed Physicians
- 7 Hospitals, Sub Acute, Physician Group, Convenient Cares, and Home Health
- 67,855 Admissions Annually, 47% from ED,
- 4.4 ALOS
- 147,636 ER Visits/year
- CMI 07'– Medicare 1.54 total- 1.37

Department of Care Management

- Department of >140
- Integrated Interdisciplinary Team
Consisting of:
 - Case Managers
 - Medical Social Workers
 - Palliative Care
 - Disease Management Programs
 - Utilization Management
 - Transfer Center

Case Management as a Dyad

- Assigned Geographically-unit based

Case Manager

- Unit assignment 25-35
 - Level of Care Appropriateness
 - High Risk Assessment
 - Resource & Utilization Mgmt
 - Coordination of care
 - Quality and Risk Mgmt
 - Clinical Improvement
 - Discharge Planning

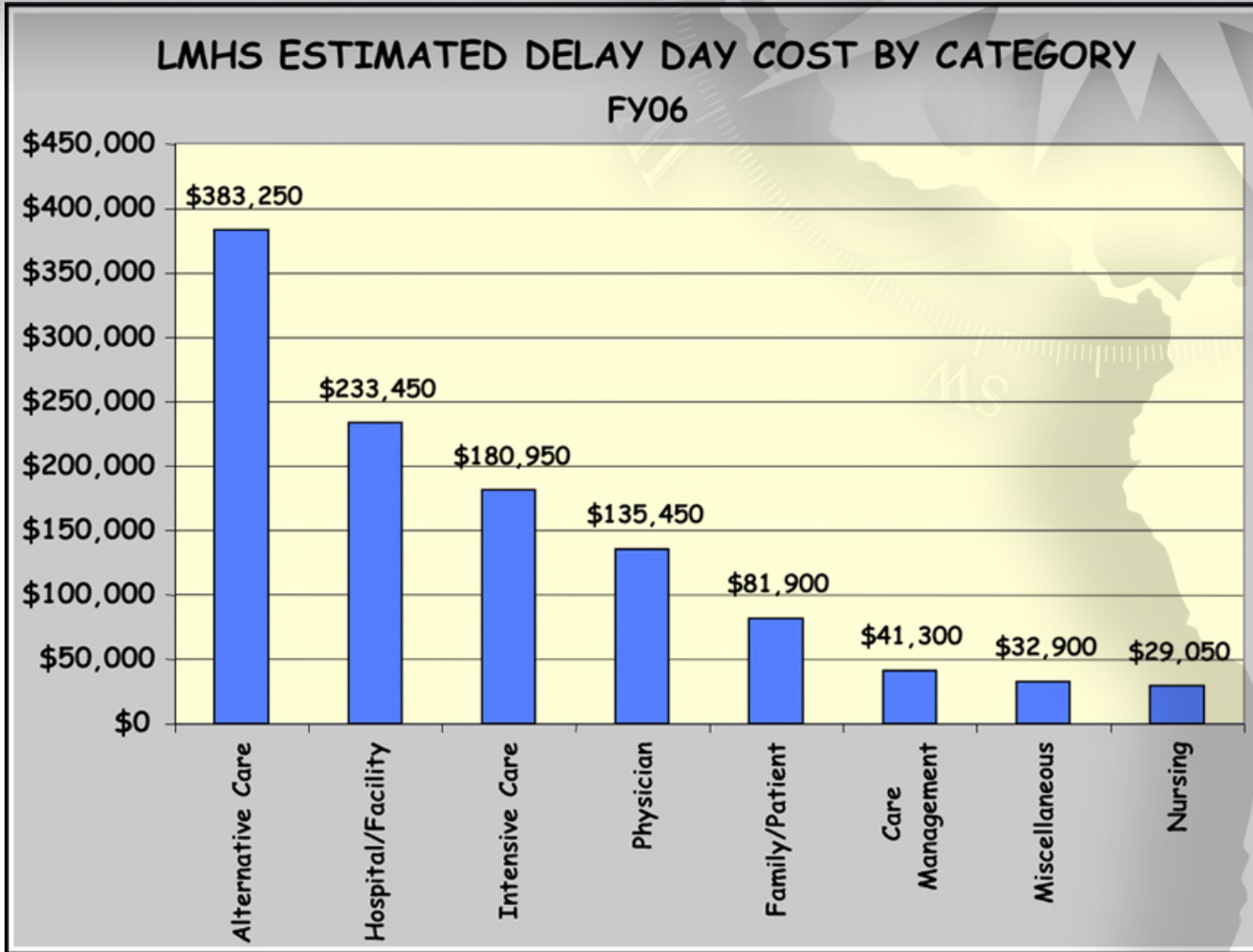
Medical Social Worker

- Unit Assignment 30- 40
 - Patient Needs Assessment
 - Placements
 - Community Referrals
 - Crisis Intervention /Support
 - Coordination of follow-up
 - Financial Assistance
 - Discharge Planning

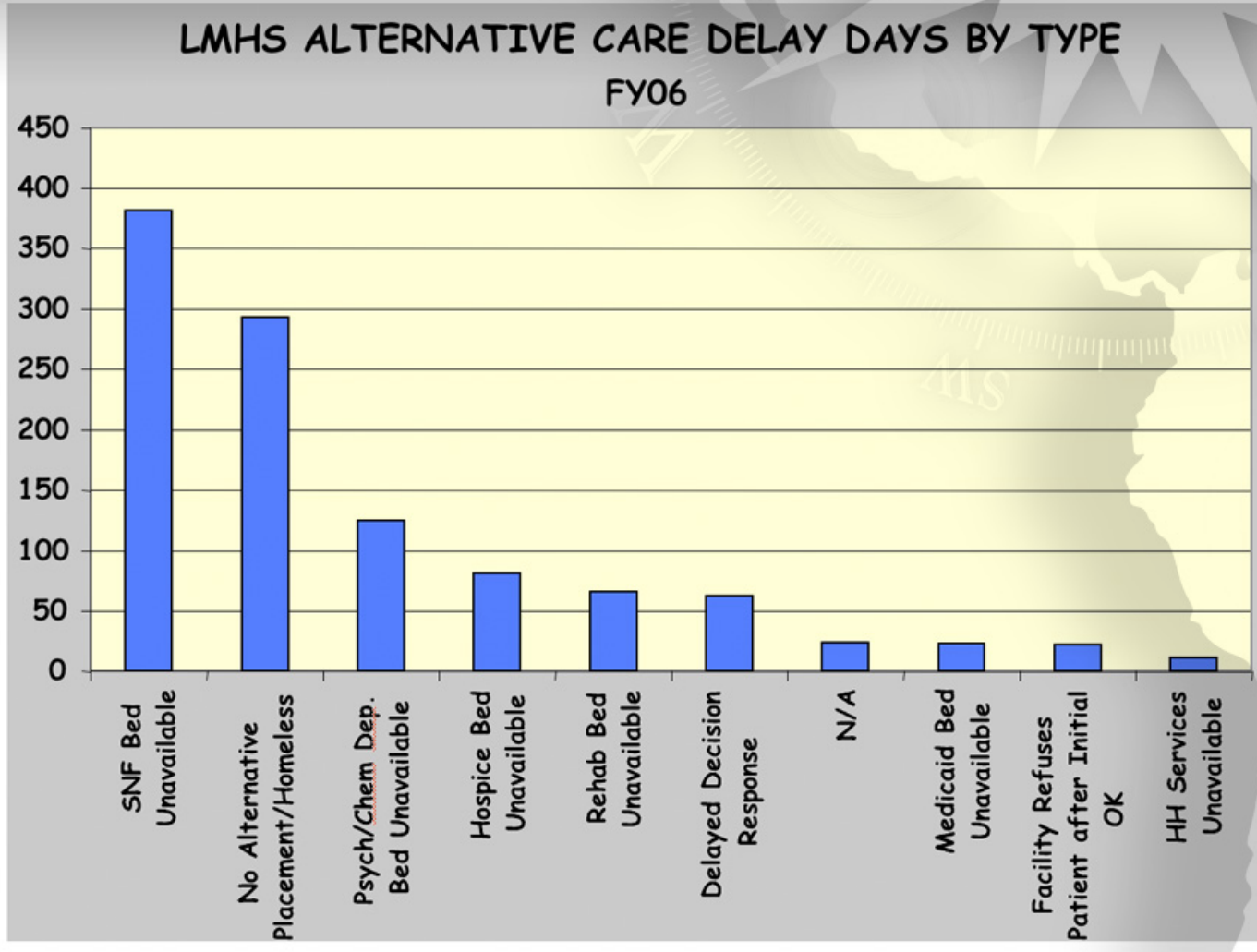
Care Management Programs

- ED Case Management
- Core Measures
- Medical Advisor Support
- New Staff/Physician Orientation
- 7 Day Review Meeting
- Clinical Improvement
- Indigent Initiatives
- Hospitalist Support
- Automated DC Planning / Utilization Management
- System Delays Trending & Interventions
- IHI Collaborative
- Disease Management

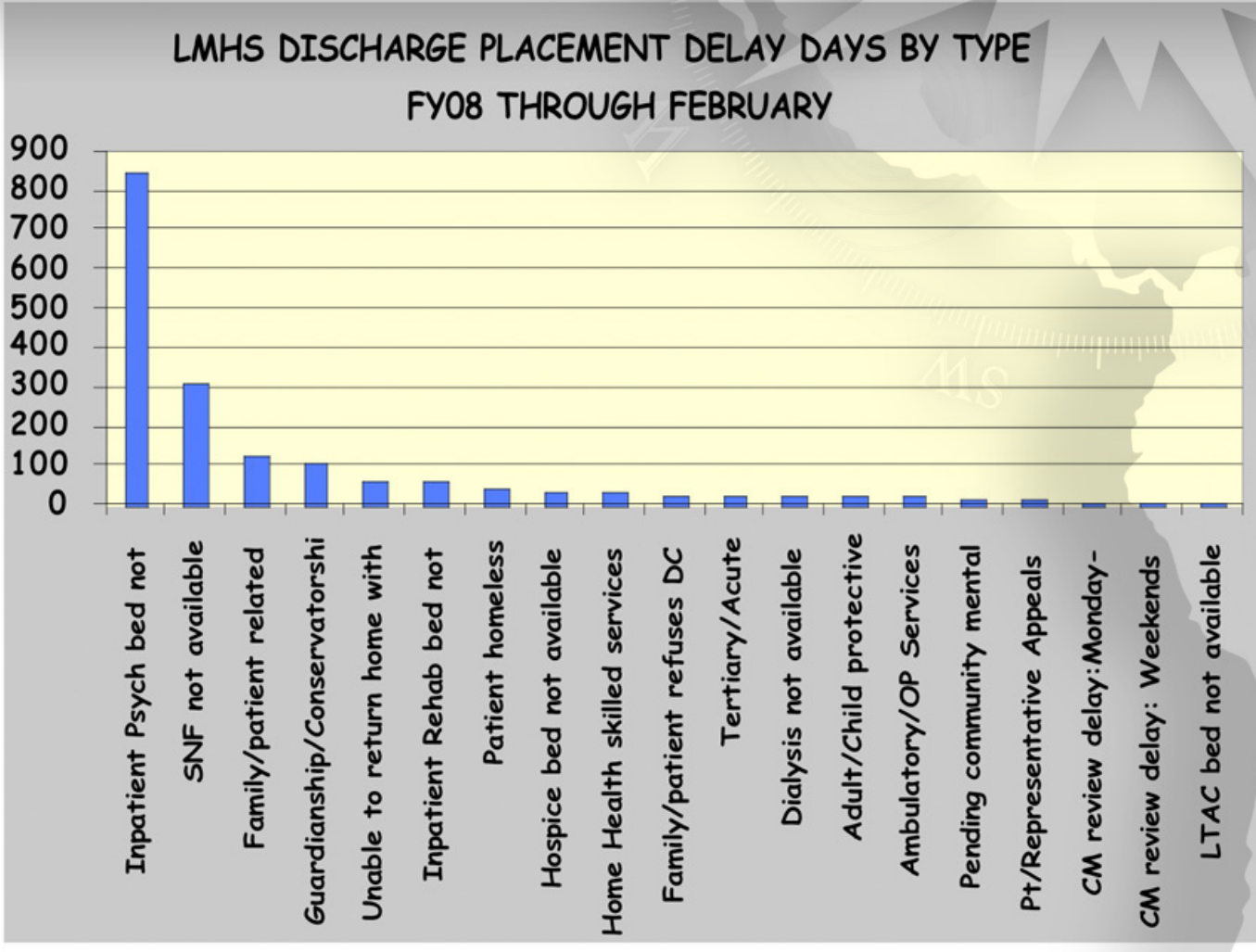
LMHS Estimated delay day cost by category



LMHS Estimated delay day cost by category



LMHS Estimated delay day cost by category



Caring for Undocumented Patients

- Assessment & Engagement
- Staff Development & Education
- Post-Acute Care
- Community Based Approaches
- Process for transition to home country

Assessment & Engagement

- Explore your own attitudes
- Practice tolerance/respect for different cultures
- Be aware of special risks to migrant patients
- Ask the patient/family to educate you on their specific health beliefs and cultural values
- Allow for patient or 'family' to determine who will be designated decision maker

(Potocky-Tripodi, 2002, pp. 232-233)

L.E.A.R.N. Model

- **Listen** with sympathy and understanding to the patient's perception of the problem.
- **Explain** your perceptions of the problem and your strategy for treatment.
- **Acknowledge** and discuss the differences and similarities between these perceptions.
- **Recommend** treatment while remembering the patient's cultural parameters.
- **Negotiate** agreement.

(American Medical Students Association 1999, pp.7-8)

Staff Development & Education

- Establish primary language – bilingual staff, interpreters, translated materials
- Educate direct care staff on specific techniques that are unique to the patient
- Involve Cultural Diversity Team with educational needs of staff

Old Process for patient transfer

- Locate hospital closest to home town
- Medical/Patient info to the consulate
- Consulate will contact local family
- Consulate notify hospital destination home vs. hospital
- MD determine return – commercial vs. air ambulance
- Picture of patient to consulate for a travel document
- Obtain Travel document
- Obtain Travel document
- Send copied chart and recent radiology films
- Arrange transport to the airport
- Arrange for travel companion

{ Simple process takes months }

New Process for patient transfer Real Time Response

- Begin DC planning options with patient and support system early on
- Once patient is medically stable and safe to transfer to an alternative setting
- Call MexCare, average response time is <2 hours
- MexCare on ECIN discharge software system

New Process for patient transfer Real Time Response



MexCare Advantage

- A network of full service hospitals, physicians and Dialysis treatment centers in Mexico, Guatemala, El Salvador, Honduras, Jamaica, Haiti, Brazil, Argentina and other locations
- Placement facilities close to home
- Significant reduction in cost of unpaid service
- Unite patients and families together
- Involve family members with the care of the patient

MexCare Advantage

Provider network

- Full service hospitals with an array of specialties located in Latin America
- Dialysis treatment centers throughout Latin America
- Bilingual communication with referring hospital

MexCare Advantage

Provider network

- **Mexico:**
Monterrey, Saltillo, Queretaro, Guadalajara, Morelia, Puebla, Mexico City, Acapulco, Veracruz, Villahermosa, Tapachula, Tabasco, Leon, Tijuana, Ciudad Obregon, Guanajato, Irapuato, Tuxla Gutierrez, Oaxaca, Jalapa, Uruapan, Celaya
- **Guatemala:** Huehuetenango, Guatemala City
- **Honduras:** Teguciagalpa, San Pedro Sula
- **Jamaica:** Teguciagalpa, San Pedro Sula
- **Brazil:** Rio de Janeiro
- **Haiti:** Port-Au-Prince
- **Argentina:** Bueno Aires

MexCare Advantage

Benefits to Patient

- Patient/family consent before transfer
- Physician/staff/patient rapport enhanced by cultural similarities
- Closeness to home and family promotes well being
- Family educated in the home care of the patient

MexCare Advantage

Benefits to hospital

- Reduce cost per discharge
- Agreed up front L.O.S. and discharge plan
- Provide care choices for patient/family
- Improve bed utilization

Examples of MexCare Cases

	Country	LOS days	DX	COMMENTS
1	Guatemala	17	Brain Stem Infarct	Able to ambulate with walker, Lack Cognition, Assist ADL
2	Guatemala	140	TBI	MVA x3 Trached / Peg
3	Mexico	21	Quad C5- C6	Self Explanatory
4	Mexico	19	TBI/ Sub subarachnoid	Unresponsive/ Trach/ Peg
5	Guatemala	39	T12 burst Fracture	Paraplegic
6	Mexico	108	TBI	Hired a PI to find family
7	Guatemala	35	TBI	Ped vs. car Assist with ALDs cognitive impairment
8	Mexico	8		
9	Brazil	25	TBI/Sub subarachnoid	Trached /Peg
10	Haiti	77	TBI/ Sub subarachnoid	Trached /Peg

489 Total Days

44 Average LOS

5 out of 10 cases < 30 days

MexCare Case Overview

- Transferred 13 inpatients with MexCare
FY07 - 9 cases FY 08 – 4 cases
- Average LOS per case 4 -12months decreased to 1-3 months average 44 days
- Estimated cost savings of \$ 948,775 through FY 07 & 08
- Reunited 13 patients with families in other Countries

Creative Techniques

- Get MexCare involved early
- Get buy in from Physicians/Admin.
- Travel commercial airline with escort
- Medical transport, fly 2 pts. together
- Send equipment to receiving hospital
- Private investigator locate family

Creative Techniques



A Picture is worth 1000 words...

Creative Techniques

Hi! Just thought you would like to hear some “good news” (follow up) for all the hard work you did in getting Juan back to Guatemala recently. Last week we received a phone call from him!! He is doing great and is so happy to be back with his family. He is taking a few steps--something he could not OR would not do for us. I guess his family can push a little harder than we could. He also said his children are wonderful.

This kind of thing is what makes all of our jobs worthwhile. Thank you for your help in getting this young man back where he needed to be--with his family!!

Connie and Kathy

References

- American Medical Student Association 1999. Cultural competency in medicine.
 - <http://amsa.org/programs/gpit/cultural.htm>.
- Potocky-Tripodi, M. 2002. Best Practices for Social Work with Refugees and Immigrants. Columbia University Press

Questions?

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