



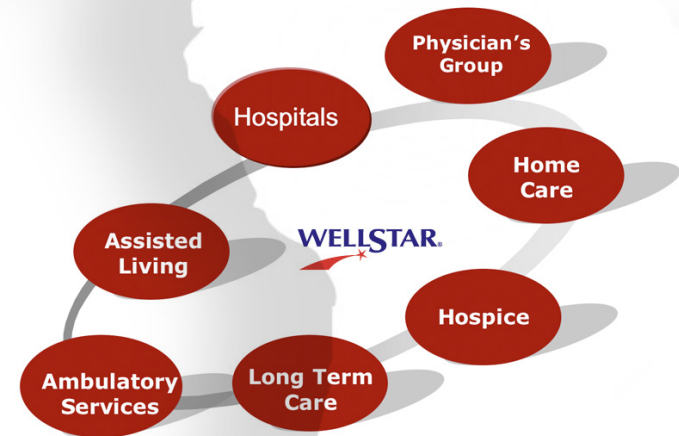
All Dressed Up and No Where to Go

Challenging and Complex Discharges

16th Annual Case Management Conference
and 10th Annual ACMA Meeting
The Westin Boston Waterfront
April 18-22, 2009
Presented by Regina Hasan, LMSW

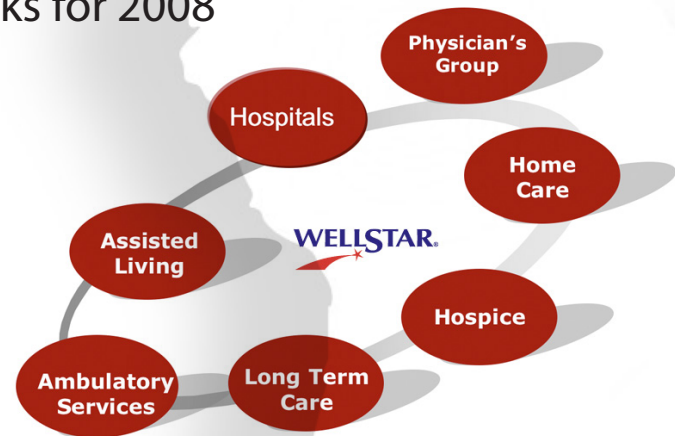
WellStar's Integrated Delivery System

- Five Not-for-Profit Community Based Hospitals
- 1,311 Licensed Beds
- Serve Five Counties in Northwest Georgia
- 1,000,000 + Population
- 300 Employed Physician Groups
- Over 1,000 Board Certified Specialists
- Over 11,000 Employees
- 12,096 Deliveries FY 2008
- 254,564 ED visits FY 2008



WellStar's Awards and Recognition

- Joint Commission Disease Specific Accreditation for Joint, Stroke and Diabetes
- IHI – Recognition for reducing HAI's
- VHA National Awards for Cobb and Douglas Hospitals Georgia VHA Presidents
- VHA Regional for WellStar Clinical Excellence, Community Excellence and Operational Excellence
- Top 100 Most Highly Integrated Health Networks for 2008
- Companies that Care for 2008
- Working Mothers Best 100 Best Companies for 2008



Session Objectives

- Understand the benefits available to your institution and the processes required for transfer, placement and discharge of the patient
- Learn key steps to develop a collaborative model with MexCare, your institution, the patient and his/her family and the admitting institution to ensure a successful transfer, placement and discharge to his home
- Show examples of how have they helped our institution shorten length of stay and reduce our financial burden of unpaid services while maintaining quality care in their home country
- Learn “Best practices’ used by Case Managers to help identify potential transfer candidates and identify key patient issues early in the process



Challenges

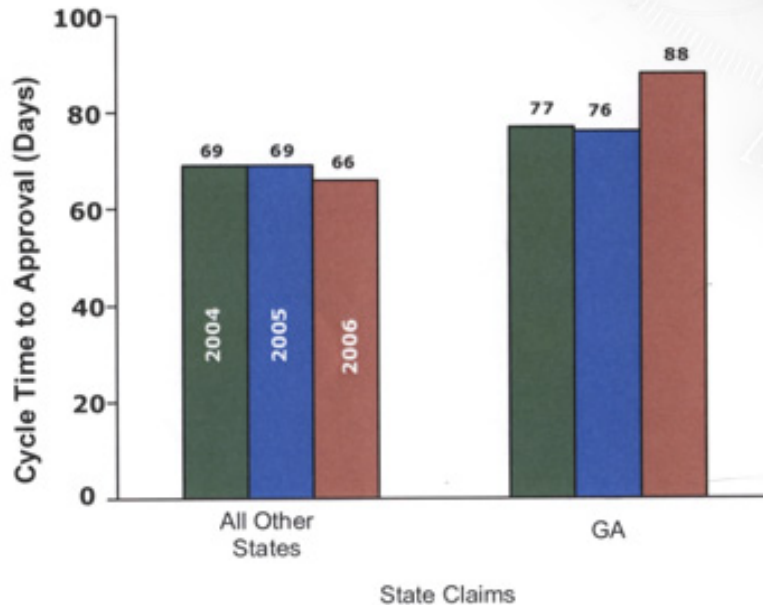
- Under Insured
- Uninsured
- Undocumented
- Pending Medicaid*
- Medicare Part A, no part B or no part D
- Managed Care contracts with limited preferred providers and limited or no coverage for long term care
- Healthcare Illiteracy**
- Lack of Traditional Post Acute Care Resources



Pending Medicaid

State Cycle Times to Approval – GA vs. Other States

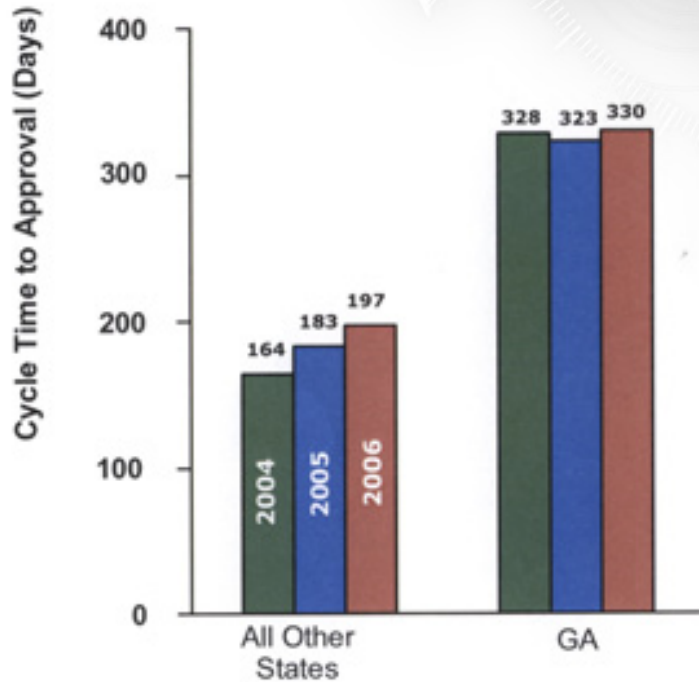
Georgia state claims took 33% longer to get approved than state claims in other states. In 2006, the average Georgia state claim took 14% longer to get approved than in 2004.



Pending Medicaid

Federal Cycle Times to Approval – GA vs. Other States

Federal claims filed with Georgia SSA offices and which were approved in 2006, on average took over 67% longer than similar claims filed with SSA offices in other states



Federal Claims

ChamberlinEdmonds

The Eligibility Specialists

Healthcare Literacy

- The ability to read, comprehend, and analyze information; decode instructions, weigh risks and benefits; and, ultimately, make decisions and take action
- This concept extends to the materials, environments, and challenges specifically associated with disease prevention and healthy promotion
- According to Healthy People 2010, an individual is considered to be “health literate” when he or she possesses the skills to understand information and services and use them to make appropriate decisions about health
- These skills are absent in more than half of the U.S. population
- According to Healthy People 2010, these are the skills and strategies that often lead to longer life, improved quality of life, reduction of both chronic disease and health disparities, as well as cost savings



Georgia Statistics

- Population by Race/Ethnicity
 - White = 5,490,989 or 59%
 - Black = 2,751,766 or 29%
 - Hispanic = 724,258 or 8%
 - Asian Americans/Pacific Islanders = 405,687 or 4%
- Unemployment rates in 2007 = 5% and 2008 = 8%
- State Population at 199% or below the Federal Poverty level (2005-2006 = 3,387,929 or 36%)



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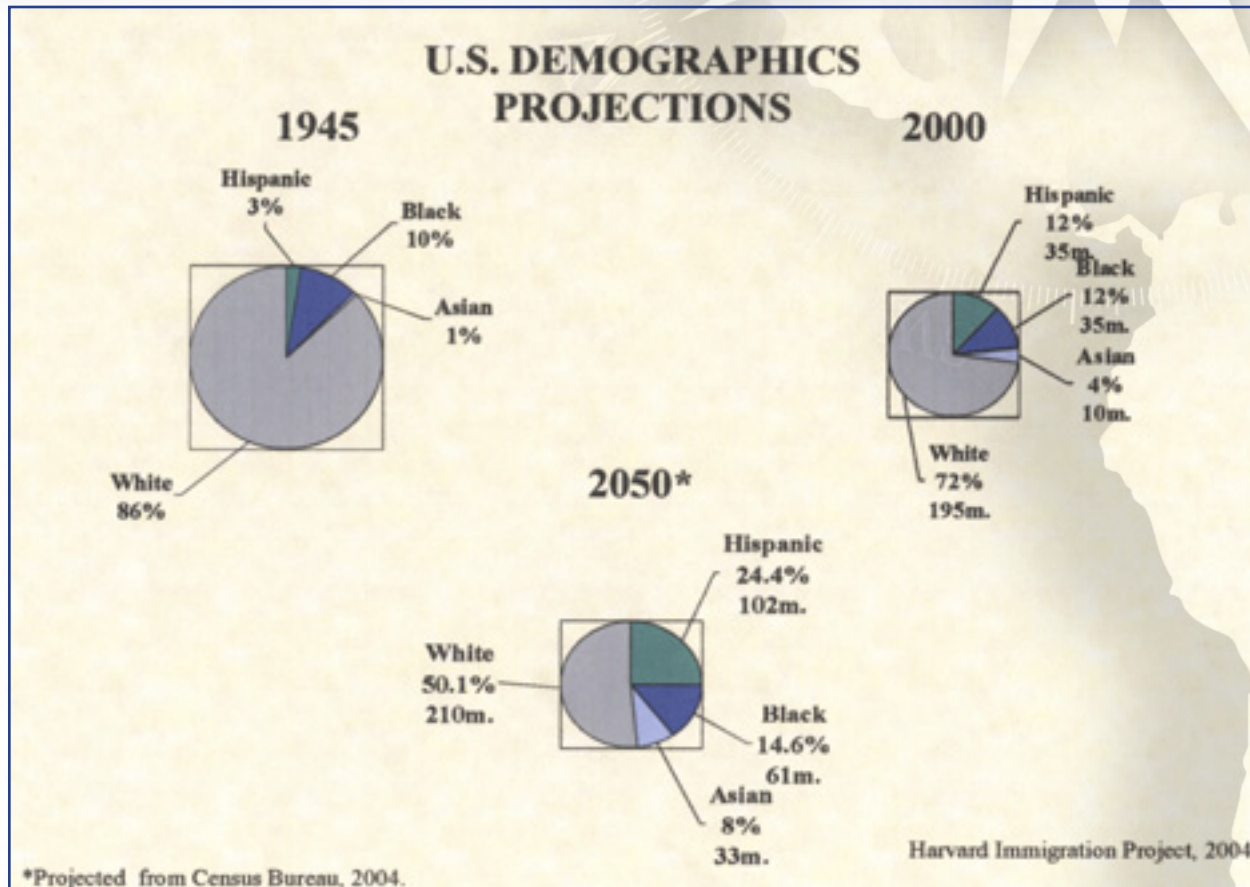
Georgia Statistics-continued

- Temporary Help, Independent Contractors, Day Laborers, Contract Workers = 374,195 (2005)
- Poverty Rate by Race/Ethnicity
 - White = 589,650 or 11%
 - Black = 861,869 or 31%
 - Hispanic = 195,918 or 27%
 - Other = 62,388 or 15%

* Sources: Urban Institute and Kaiser Commission on Medicaid and Uninsured estimates base on the Census Bureau's March 2007 and 2008 Current Population Survey found on www.statehealthfacts.org



U.S. Demographics Projections



Partnerships, Collaboratives, Vendors

- Unconventional Partnerships
 - Homeless Shelters
 - Salvation Army Medical Beds
 - Post Acute Care Recovery Beds
 - Community Clinics
 - United Way
 - Pathways
 - Public Guardianship Program
 - Networking with other community agencies
 - Collaborate closely with hospital disability vendor (CEA)
 - RAP agreement



Partnerships, Collaboratives, Vendors

- Conventional Partnerships
 - MexCare
 - Nursing Homes
 - Home Care Agencies
 - DME Companies
 - KCI – Wound Vacs
 - Personal Care Homes
 - Relationships with local hotels and motels



Interventions

- Comprehensive Assessments in a timely manner a “MUST”
- Identify barriers and communicate barriers to patient/family immediately
- Involve other support systems for patient (church, employer, trusted friend/family)
- Evaluate Healthcare Literacy challenges
- Involve MD early and often
- Determine outside resources if any
- Always consider cost avoidance and pay for post acute care services
- Have a process already established for the difficult complex discharge



Plan For Undocumented ESRD Dialysis Patients

- Patient is identified as undocumented and requiring long term post acute care services
- Discuss option of returning to country of origin
- If patient agrees, make arrangements and discharge

Plan For Undocumented ESRD Dialysis Patients - continued

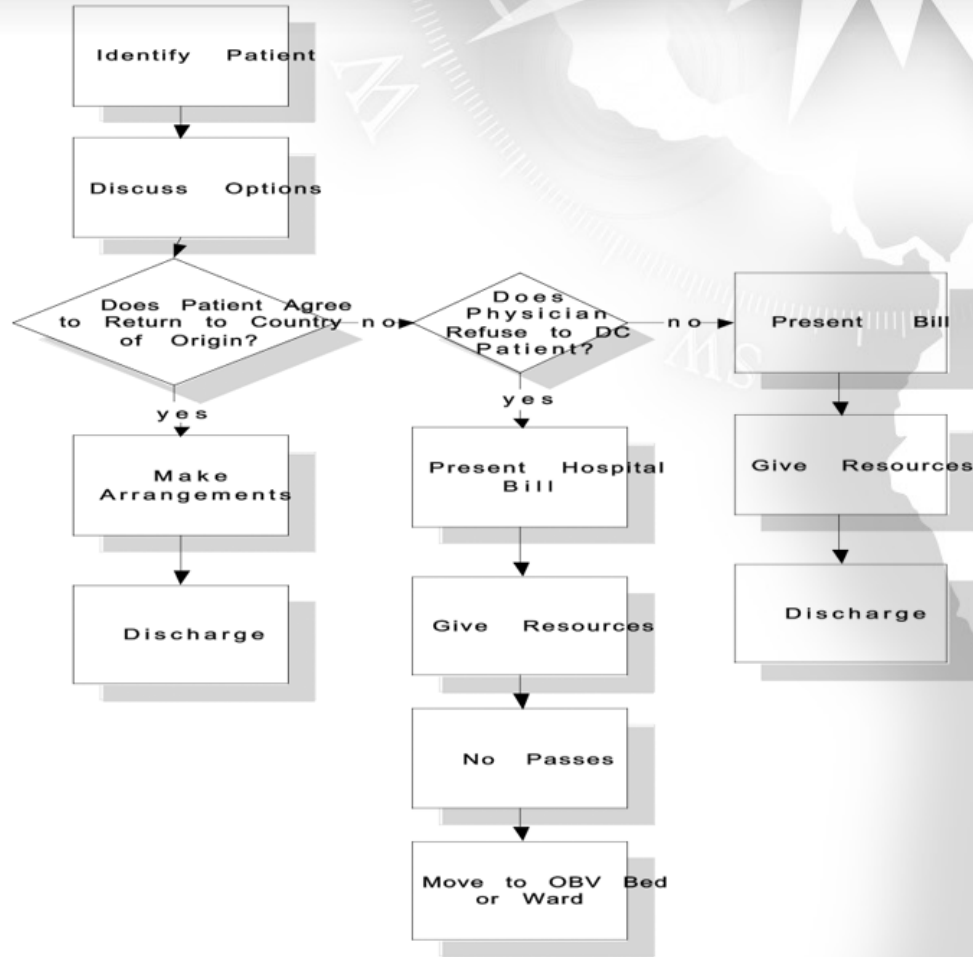
If patient refuses:

- Present patient with hospital bill and ask for payment arrangements
- Present patient with list of resources (dialysis centers) to arrange their treatment and payment arrangements
- Discharge patient if physician refuses to discharge patient
- Patient should not have day passes
- Accommodate patients' medical need in a "ward" or "observation type bed since the patient does not meet criteria for acute care. Patient will not require telephones, television, etc.

10/30/08

Process for ESRD Undocumented Dialysis Patients

Process for ESRD Undocumented Dialysis Patients



October 30, 200

Impact of LOS/Readmissions/Avoidable Days

- Case A – 70 year old male with 106 day LOS due to s/p craniotomy with evac; rsp failure with failed extubation. Hospital to Hospital transfer to Ecuador. Patient expired 10 days after admission
- Case B – 35 year old female with 46 day LOS due to hypotension, septic shock, necrotizing fascitis LLE and morbid obesity. Air/Transfer to Oxaco, Mexico
- Case C – 59 year old male with 39 day LOS due to left hip fracture and ESRD. No identification to use for commercial airline. Air/Dialysis set up
- Case D - 22 year old female with 37 day LOS due to CAP, history of lupus and ESRD. Arranged air and dialysis but patient left AMA



Cost Avoidance / Avoidable Days

MEXCARE SERVICES 2007-2008

2007-2008

Name	Date-Pd	Amount	Vendor	Service	Total Charges	LOS	Days Saved	Daily Rate	Cost Prevention	Cost Savings
	5/2/07	\$68,000.00	MexCare	Air/hospital	\$433,708.00	106	259	\$1,000.00	\$259,000.00	\$191,000.00
	12/2/07	\$38,700.00	MexCare	Air/hospital (necrotizing fasciitis LLE,morbid obesity)	\$240,000.00	46	319	\$1,000.00	\$319,000.00	\$280,300.00
	12/16/07	\$37,275.00	MexCare	Air/dialysis	\$130,000.00	39	326	\$1,000.00	\$326,000.00	\$288,725.00
	2/14/08	\$756.00	MexCare	Air fare to Mexico	\$247,013.00	37	328	\$1,000.00	\$328,000.00	\$327,244.00
	4/10/08	\$40,750.00	MexCare	Air and Dialysis to Guatemala	\$89,850.00	21	344	\$1,000.00	\$344,000.00	\$303,250.00
	4/17/08	\$12,000.00	MexCare	Air and Dialysis to Mexico	\$99,718.00	25	340	\$1,000.00	\$340,000.00	\$328,000.00
	11/4/08	\$27,750.00	MexCare	Ground Transp, dialysis,housing and food for 3mos.	\$159,895.00	32	333	\$1,000.00	\$333,000.00	\$305,250.00
	12/12/2008	\$19,500.00	MexCare	Ground Transport and dialysis	\$570,022.00	211	154	\$1,000.00	\$154,000.00	\$134,500.00
Total		\$244,731.00			\$1,970,206.00		2403		\$2,403,000.00	\$2,158,269.00

QUESTIONS?



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