



Personalizing Care to Improve Outcomes

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Featuring:





Agenda



- Brief introductions
- Who is Docent Health and what is a Docent?
- Introduction to Dignity Health and CommonSpirit
- About the partnership and program
- Results
- Lessons learned
- Upcoming in the MTP

Meet our presenters





Christine Brocato
Director, Strategic Innovation



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Who is Docent Health?



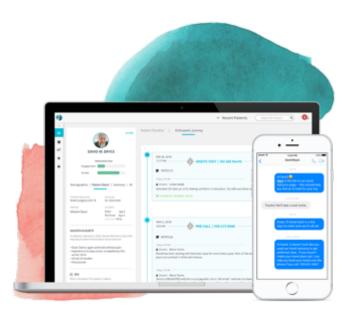
Docent Health, est. 2015

- Influenced by consumer industries
- Concept: address shifts in consumerism by blending technology and human services

The problem we were solving:

- Patients have growing expectations, but often struggle to navigate healthcare journeys and stay activated in their care
- Health systems are struggling to drive loyalty and retention by delivering longitudinal relationships







How Our Technology Works





Data Collection

- EMR Integration, Patient Surveys, Social Determinants of Health



2. Relationship Platform

- Human-Centered Profiles, Interaction History, Segmentation



3. Pathway Automation

- Journey Libraries, Next Best Actions, Workflow Management



4. Patient Communication

Al Text Messaging, Live Chat, Surveys & Forms



5. Care Team Coordination

- Escalations, Alerts, Operational Reporting

The Docent "Special Sauce"



The Team

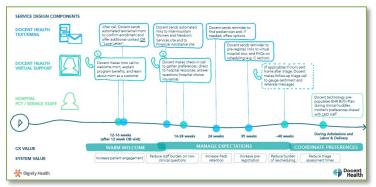
- Non-clinical, hired locally
- High-EQ: focused on hospitality and humanity
- Designed to create consistent, single-point-ofcontact throughout a patient's journey

Designed at the Human Scale

- The technology prompts the right action, with the right information, at the right time
- Maternity starts as early as week 20 (gestational)
- Ortho starts 2-4 weeks pre-surgery
- Continues weeks or months post-discharge



Central California Docent Team



Maternity Journey Map



Example: Starting a New Patient Journey



Screen every maternity patient:

- Childbirth preparation
- Prenatal class registration
- Infant care basics
- Breastfeeding basics
- Baby Safe Infant CPR

- Big Brother/Sister Sibling Class
- Hospital knowledge
- Pediatrician selection
- First child or not
- OB tours and preregistration

Screen every orthopedic patient:

- Pre-surgical education
- Post-surgery plans for home
- Post-acute facility plans
- Home Health knowledge
- Durable medical equipment

- Setting up labs
- Other appointments scheduled
- Transportation arrangements
- Facility/logistical questions
- Caregiver support

Make it human:

- Emotional biorhythm
- Do you know if it's a boy or a girl?
- Do you know what to bring for your delivery?
- What Baby-Friendly designation means to you and your baby
- Family members attending

Make it human:

- Emotional biorhythm
- Cancelation risk
- Family support needs
- Dietary requests
- Special circumstances

- Caregiver support
- Preferred communication channel
- Recovery Goals

THE RESULT:

Patient Segmentation | Patient Emotions | Clinical and Non-Clinical Escalations | Automated Journey "Next Best Actions Text Updates & Reminders | Opportunities for Personalization | Mood | Service Status & Recovery Needs



What it means...



Personalization at scale

Patients who become more engaged and more activated in their care

Care teams with a better, more human picture of their patients

Introduction to Dignity Health/CommonSpirit



Who is Dignity Health?

- 41 hospitals
- 60,000 employees
- California, Nevada, Arizona
- Medicaid patients served: ~740K in 2018
- Based in San Francisco

Who is CommonSpirit Health?

- Merger of Dignity Health and Catholic Health Initiatives
- 142 hospitals
- 150,000 employees, 25,000 clinicians
- 700 care sites in 21 states
- Based in Chicago







Our need: scale personalization



Improving patient experiences by using technology to deliver personalization at scale, and human touch to make it meaningful.

Problem statement:

- Dignity Health's initiatives often focused only on highest need patients
- Even the best care coordination, navigation, or patient experience programs are costly to scale or lack the power to truly connect with patients (i.e., mobile apps, new patient portal)

Background information:

- Initially funded via Innovation, Office of Digital, and Patient Experience
- Mix of innovation, project management, and hospital/service leaders

The Dignity Health & Docent Health Partnership



Dignity Health Innovation & Patient Experience

- The promise of Hello Humankindness
- Holistic care, heightened empathy and engagement

Team members and key stakeholders:

- Chief Strategic Innovation Officer
- Started in May 2016, driven by Innovation and Patient Experience, with partnership with service line leaders
 - ...then added facility leadership, MD offices, Care Coordination, Physician Marketing

Objective

- Deliver on the promise of Humankindness
- Elevate patient experience scores (HCAHPS)







Implementation approach



Approach:

- Start with key pilot hospitals, roll-out service line at a time, and partner with innovative leaders
- Started with CA/AZ hospitals in Maternity and then Orthopedics, looking for gains in experience, competitive differentiation, and potentially growth

Quick Realizations:

- Patient engagement and feedback was very good
- All markets/demographics responded to the program
- PXS was high, but HCAHPS wasn't moving



PILOT SITE!

Marian Regional Medical Center
Santa Maria, CA



PILOT SITE II
Chandler Regional Medical Center
Chandler, Arizona



PILOT SITE III

Memorial Hospital

Bakersfield, CA



What does this mean to Medicaid Moms?



- Adherence to Care Plans
 - Pre-natal appointments
- Awareness and Access to needed information and resources
 - Community and facility resources
 - Prenatal and birthing prep classes
- Health Agency and Empowerment
 - An advocate for your health
 - Increased trust in the health system to surface issues that could be important







Dignity Health Looked at Other Metrics



The Data Realization:

- Dignity Health made a concerted effort to review a variety of health outcomes at the initial pilot sites
- PXS scores improved at Docent sites (65 baseline to 81 overall), but HCAHPS unimproved

MATERNITY

- Higher proportion of full term births in Medicaid/Medi-Cal pts, 92.5% vs 88.1%
- Reduction in maternal average LOS, 2.29 vs 2.46 (~0.2 day)
- 1.8 day reduction in Medicaid/Medi-Cal neonate w/complications LOS

ORTHOPEDICS

- Reduction in 30 day readmission rates for TJR patients (3.5% to 1%)
- 41% increase in home health utilization, versus SNF
- 1.5 day reduction in average LOS for Ortho patients (1.93 vs 3.5)

Best practices



Learnings

- Start with the most energized local leaders to incubate ideas
- The hypothesis may be wrong (HCAHPS)
- But delivering on the promise of Humankindness was always the right north star for the partnership
- Understand stakeholders may adapt/expand (i.e., Care Coordination)
- Whenever engaging with a patient, make sure clinicians, care teams, and other providers are part of the planning process
- May need to adapt ratio of in-person/virtual Docents according to use case and demographics



• Questions?



What's next in the MTP?



- April 23 24 | Join us in Dallas for the Behavioral Health Action Forum
- April 30 | Baylor Scott & White presents on their CHW program

Save the date: Maternal & Infant Care Challenge Area key dates!

- May 13 | Maternal & Infant Care Challenge Area kicks off with a virtual session
- June 20 | Maternal & Infant Care building the business case virtual session
- July 16 | Maternal & Infant Care virtual prep for the Action Forum
- July 23 24 | Maternal & Infant Care Action Forum in Philadelphia

All event details can be found on AVIA Connect



STRENGTH IN NUMBERS

