



Person-Centered Care Adventist Health White Memorial

March 27th, 2019

Apurva Shah, Mara Bryant



A Little About Us . . .

Our Mission

Living God's love by inspiring health, wholeness and hope

Our Vision

We will transform the health experience of our communities by improving health, enhancing interactions and making care more accessible.

- **Inner-city, safety-net hospital that works closely with the public hospital system**
- **Not-for-profit, faith-based, teaching hospital**
- **Full-range of inpatient, outpatient, emergency and diagnostic services**
 - ▶ Behavioral Medicine
 - ▶ Cardiac & Vascular Care
 - ▶ Intensive & General Medical Care
 - ▶ Oncology Services
 - ▶ Orthopedic Care
 - ▶ Rehabilitation
 - ▶ Specialized & General Surgery
 - ▶ Women's & Children's Services
 - ▶ Stroke Care

Boyle Heights

A little About Our Community...

- **Population**

- Over one million people live in our primary market - this population is expected to grow about 2.3% percent by 2020
- Homeless population in City of LA 34,189- 20% increase compared to 2016

- **Ethnicity**

- 86.5% of the population in our primary market is Hispanic and 7% Asian

- **Social Determinants of Health**

- 34% of our households earn below \$25,000- twice the State of California
- Approximately 27% unemployment rate
- 50% of adults aged 25 years or older living in the Primary Service Area, do not have a high school diploma
- Gang Violence in the Community
- 35 gangs in the area



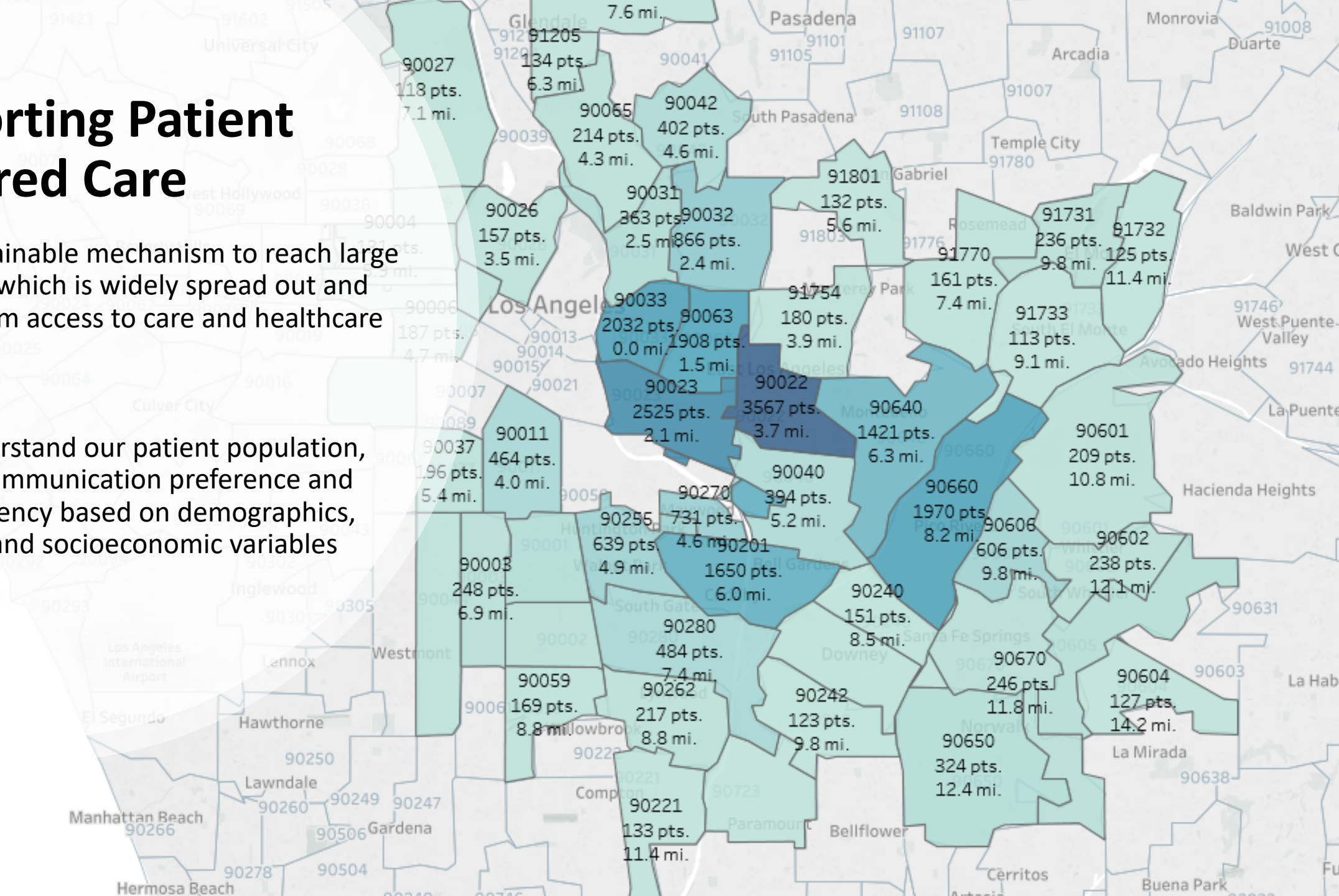


Our Team

- AHWMM
 - Executive champion | Mara Bryant
 - Project lead | Apurva Shah
 - Case manager | Marlene Broman
 - Research advisor | Maria-Hayes Bautista
 - Committees | Capitation Taskforce, Patient -Customer Experience Council
- access.mobile
 - Executive champion | KP Yelapaala
 - Strategy | Sara Yelapaala
 - Behavior science, Research and Data Analysis | Zach Olsen
 - Project manager | Corey Goodwin

Supporting Patient Centered Care

- Create sustainable mechanism to reach large population which is widely spread out and provide them access to care and healthcare services
- Better understand our patient population, including communication preference and content saliency based on demographics, conditions and socioeconomic variables



Patient Engagement via SMS Texting

- Use SMS to understand AHWM full- risk capitation patients
 - Reachability
 - Desired health content
 - Drivers of health behavior
- Three phases, available in Spanish and English, segmented and analyzed
 - 1: Provide Introduction
 - “Greetings from AHWM....”*
 - 2: Explore preferences
 - “Would you rather receive messages about....?”*
 - 3: Identify engagement drivers
 - “Have you heard of services/ program...?”*



Partnerships

- Community and Post-Acute Partners
 - AltaMed
 - AHWM Population Health Department
 - AHWM Welcome Baby Program
 - access.mobile
- Natural Mutual Interests
 - Desire a healthy community
 - Improved access to care
- “Difficult” than expected
 - SMS – not a HIPAA compliant platform
 - Buy-in for pilot - trying to have people give a chance to new technology
 - IT approvals and implementation – Lack of EMR integration



AltaMed
QUALITY CARE WITHOUT EXCEPTION™

Adventist Health White Memorial's Welcome Baby Program

Offering extra support to new & expecting mothers

Adventist Health White Memorial has launched its Welcome Baby program, a home visitation program offered to all families who deliver at our facility. Entirely grant funded by First 5 LA, the goal of Welcome Baby is to work with families to enhance the parent-child relationship and maximize the health, safety and security of the baby, while linking families to support services as needed.





Process changes

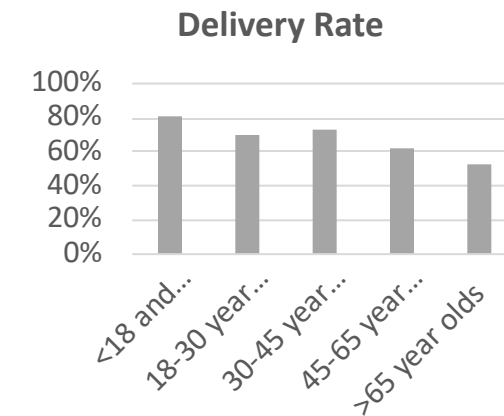
- AHWM
 - Going beyond our walls for population we are at full risk
 - Data analysis – claims data, high utilizers, patient phone interviews
 - Text messages and replies
 - Connecting patients to community partners
- Post – acute partners
 - access.mobile:
 - A/B testing for phone numbers and demographics data
 - Targeted text messaging by micro-segments, Close the loop for patient responses
 - AltaMed – connect the patients back in the system
 - Population Health – connect the patients to specialty clinics

Implementation Experience

- Challenges
 - Assumption patient population not “tech savvy”
 - SMS texting not HIPAA compliant- complex IT and corporate approval process
 - Unknown receptivity of SMS text messaging
 - Unknown patient preferences and interest in type of health content
- Pleasant Surprises
 - High delivery, low opt-out, high engagement rates
 - Epidemiological data can provide insight to population health beliefs, attitudes, self-care skills and preferences
 - Teams exploring options to enroll beyond the patients, creating content with visuals and exploring models which convert the knowledge into usable access.
 - Multiple communication pathways to reach elderly via family and caregivers

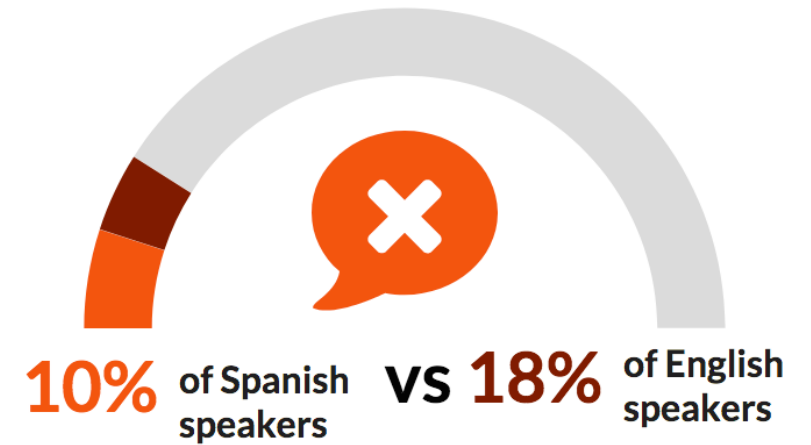
Text Engagement Has High Accessibility As Indicated By Delivery rates

- Overall high delivery rate of 70% across the pilot sample, with significant variation across segments particularly by age
- Consistent delivery rates over time provide high confidence in the reliability phone numbers once verified
- Older populations had lower delivery rates, with the over 65 segment at 52%



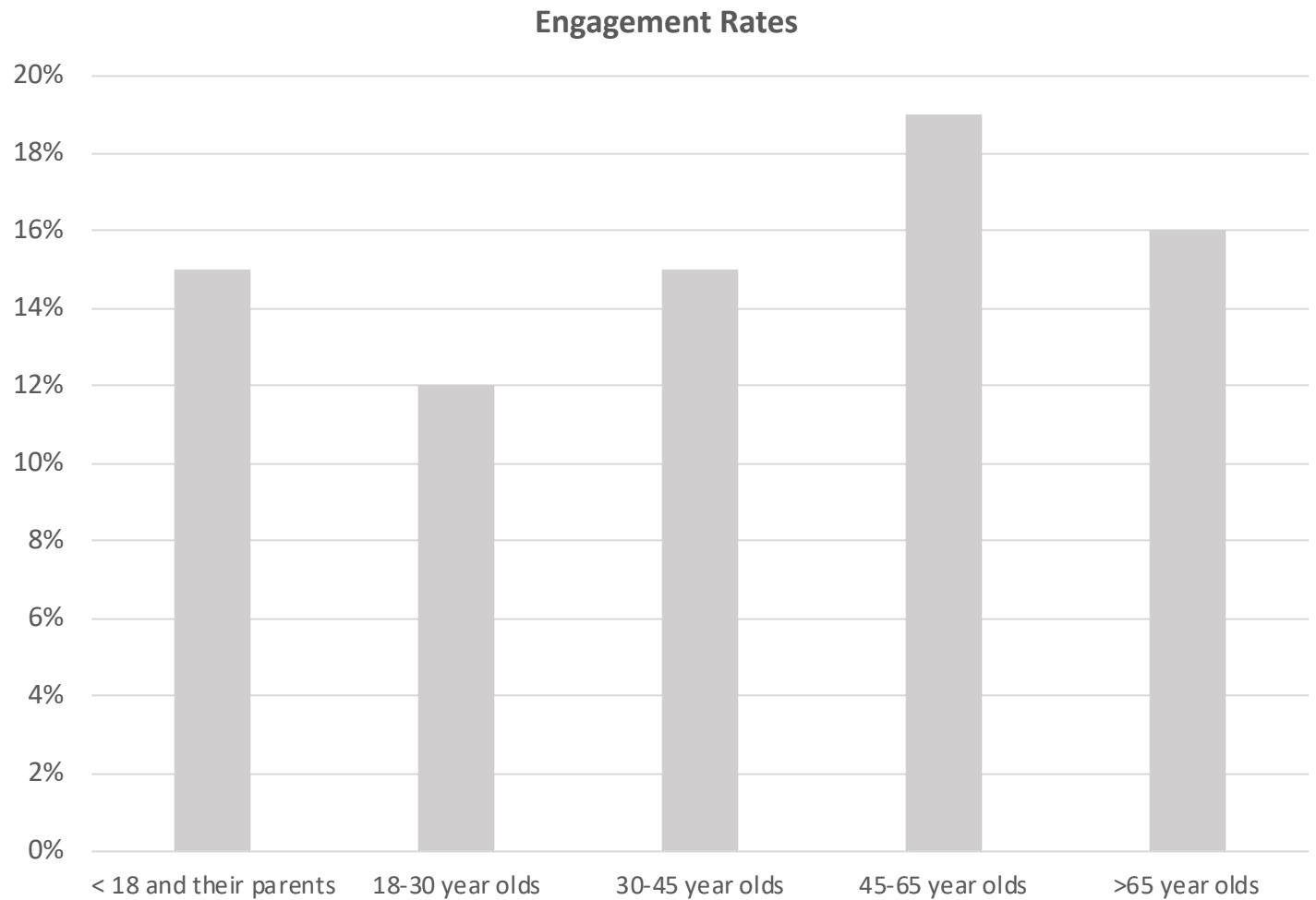
Patients Amenable To Text Messages With Minimal Fatigue as Indicated By Low Opt-Out Rates

- Overall pilot opt-out rate of 14% with a per message opt-out message rate ranging from 2% to 4%
- Stable to declining opt-out rates through campaign indicates minimal engagement fatigue
- Lowest opt-out rate for Heart Failure related messages
- When no specific condition is associated with a patient, message saliency ideally determined with smaller subsets of the population



Targeted messaging drove higher engagement

- Variation in engagement by generation
- 45-65 year-olds most engaged likely due to the saliency/targeting of messages
- Messages related to specific needs and preferences are more likely to engage



SDOH: Messages Addressing Barriers To Care

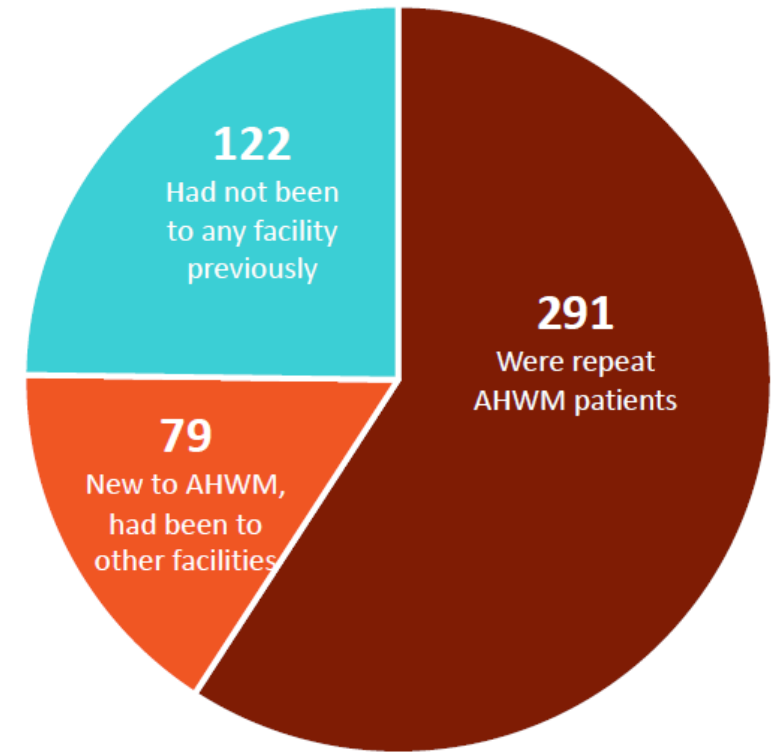
Message offering information about transportation options to people based on demographics including how far away they live from the campus had strong response.

- Patients twice as likely to express interest in transportation when live further away, largely outside AHWM target zip-codes
- Older populations expressed greatest interest, likely due to limited mobility
- Demonstrated a) interest in programs that address social determinants of health and b) text messaging as a channel to communicate SDOH



Financial Data

- Low up-front cost
 - No new FTE added
 - PMPM cost for Texting \$0.11 vs \$30.3 for “Traditional” RN care navigators
- 2% Reduction in 2018 out-of-network claim expense compare to 2017
- Since pilot initiation, 492 capitation patients who received the texts have come into AHWM for visit
 - Data suggest trends in transiency- Follow-up Qualitative survey to understand attribution



Lessons Learned

- Good pilot for using texting in inner-city low income neighborhood – Critical to development
- Texting an effective channel for patient activation and Disease management – High Delivery rates, Low opt out rates, and High engagement rates
- The generation is progressing – as patients age, Technology will be an effective way to engage them
- Lot of bias inside organization about texting that was unfounded
- Engagement and opt-out vary significantly by generation - Targeted messaging and Micro-Segments are necessary for optimal results
- SMS is not a HIPAA compliant platform unless there are “opt-ins”



Patient - Centered Care Using SMS Texting

Tell me and I forget, teach
me and I may remember,
involve me and I learn.

Benjamin Franklin

- Efficient way to reach out to large population with effective preventive health reminders
- Moved into population health with very little upstart cost.
- Newer generation follows consumer driven models
- Expanding pilot to five different tracks including health screening and HEIDS measures
- Improve health literacy and health-system literacy in our population
- Address barriers to access – Because of high mobility of our patient population, Large amount never connect with PCP until they get in “trouble”
- Reaching the population proactively to get them manage their own health and provide care with interventions designed to increase patient activation and promote positive patient behavior



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