

Problem/Goal/Why

Problem: Transitional Care Management (TCM) visits were infrequently completed and required high personal touch for the necessary post discharge, two-day connection with patients. Readmission rate was above goal.

Goal: Create a risk-stratified, reliable system of care for transitions support that is digital by default and leverages our Enterprise Care Coordination team to focus on the highest risk patients.

Why:
 Reduce readmissions and preventable healthcare spending
 Leverage appropriate billing codes that support investments in system of care for transitions

Who We Are

Froedtert Health is a Milwaukee-based integrated healthcare system providing a variety of health-related services including hospitals and health centers, home care, laboratory, health insurance, employer health services and workplace clinics, and digital health solutions.

• Beds	1,266	• Intensive Care Units	10
• Patient Admissions	58,056	• Intensive Care Beds	162
• Patient Days of Care	322,626	• Staff	16,974
• Emergency Visits	194,671	• Total Physicians (includes MCW physicians)	1,739
• Average Daily Census	826	• Nurses	4,526
• Outpatient Visits	1,709,484	• Volunteers	391
• Physician Clinic Visits	1,172,710	• Births	5,431

*data current as of June 30, 2022
 **not reflected in the above totals are the statistics for Froedtert South hospitals, health centers and Holy Family Memorial Hospital

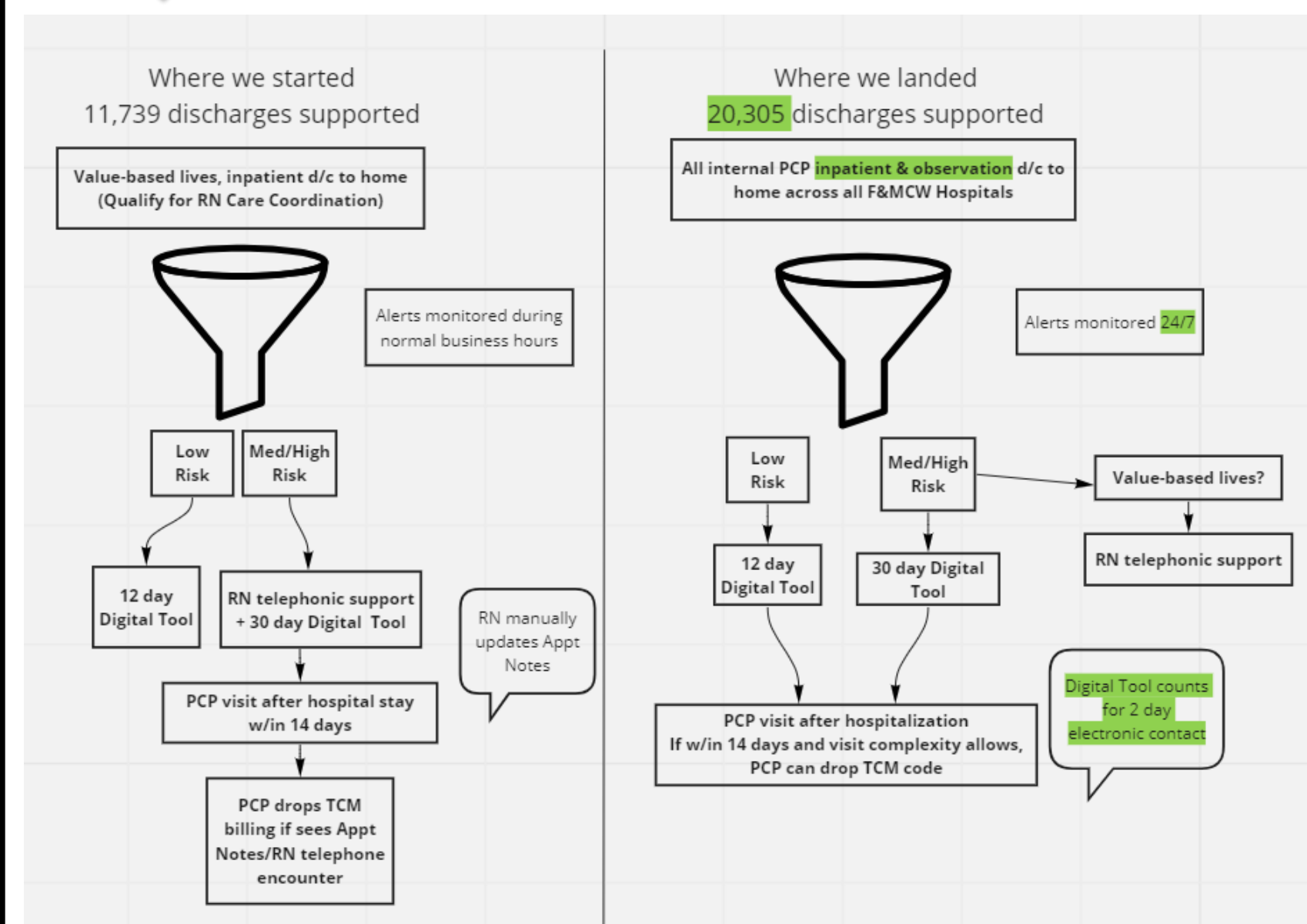
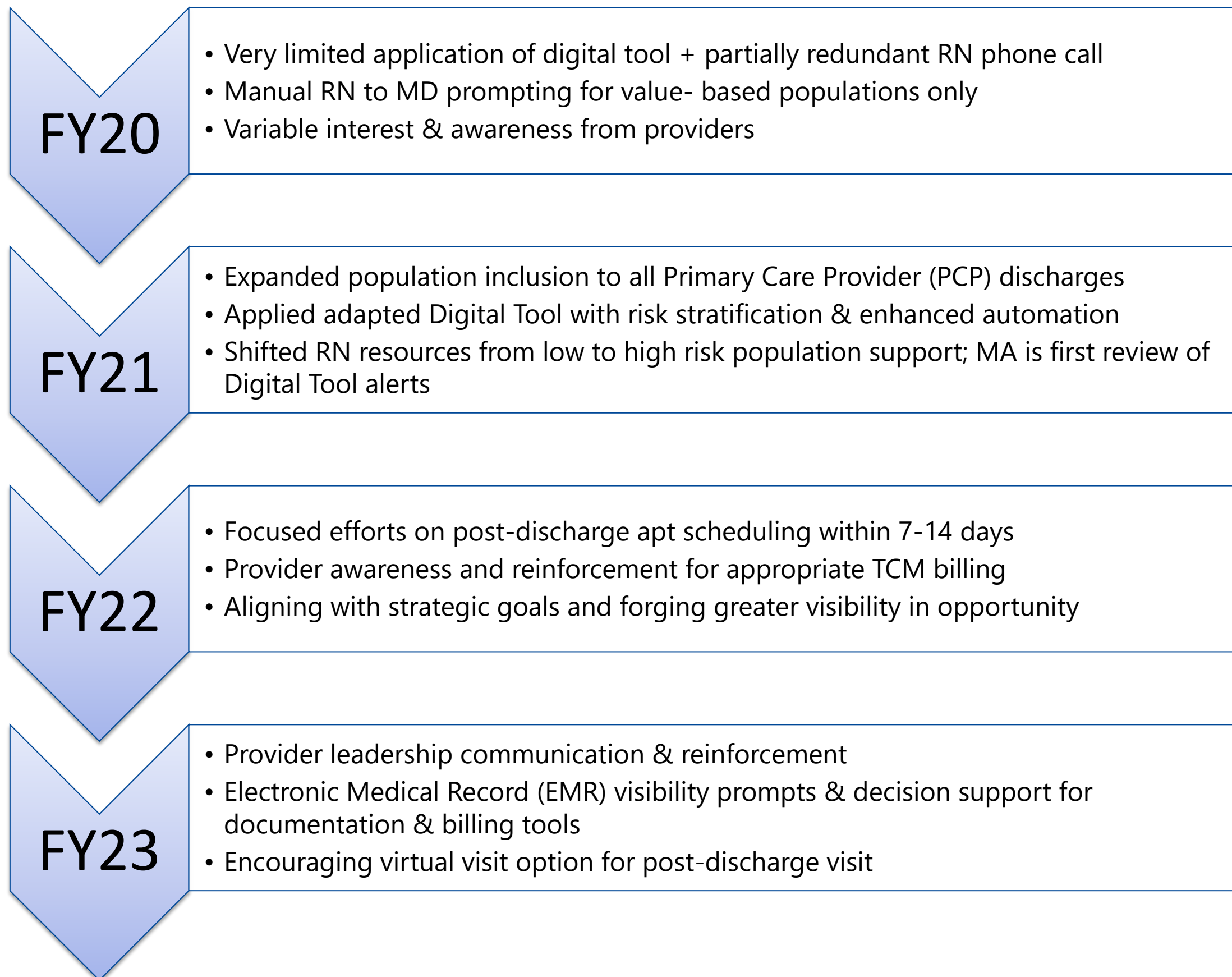


Learning Objectives

- Differentiate outcomes before and after an automated digital support solution was applied to TCM billing rates.
- Identify opportunities to continue improving processes.

Changes Implemented

Iterative Process Improvement Across Multiple Phases



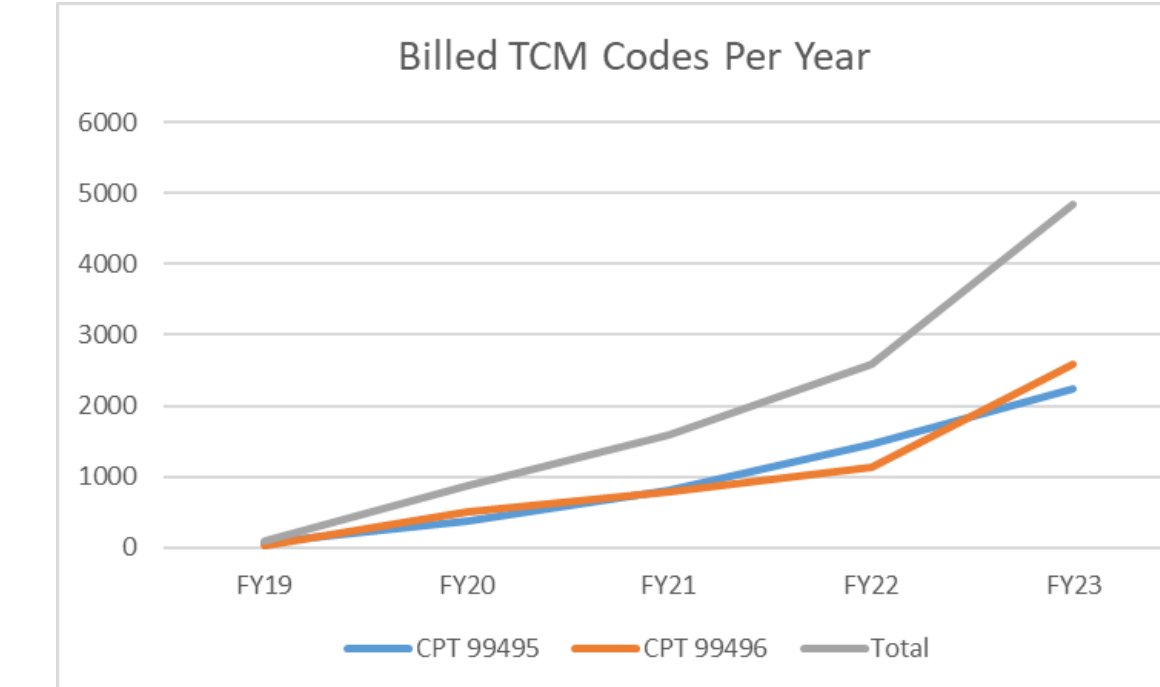
Green = Improvements

Dependencies:

- Digital integration engine for automation
- Leverage existing Virtual Care team for 24/7 back up

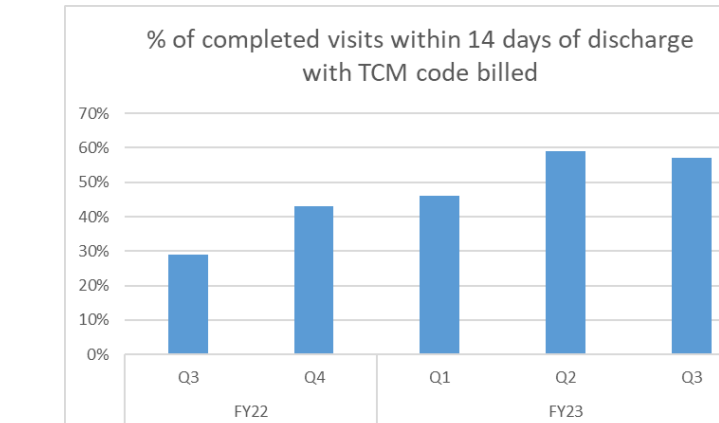
Outcomes

Primary Outcomes



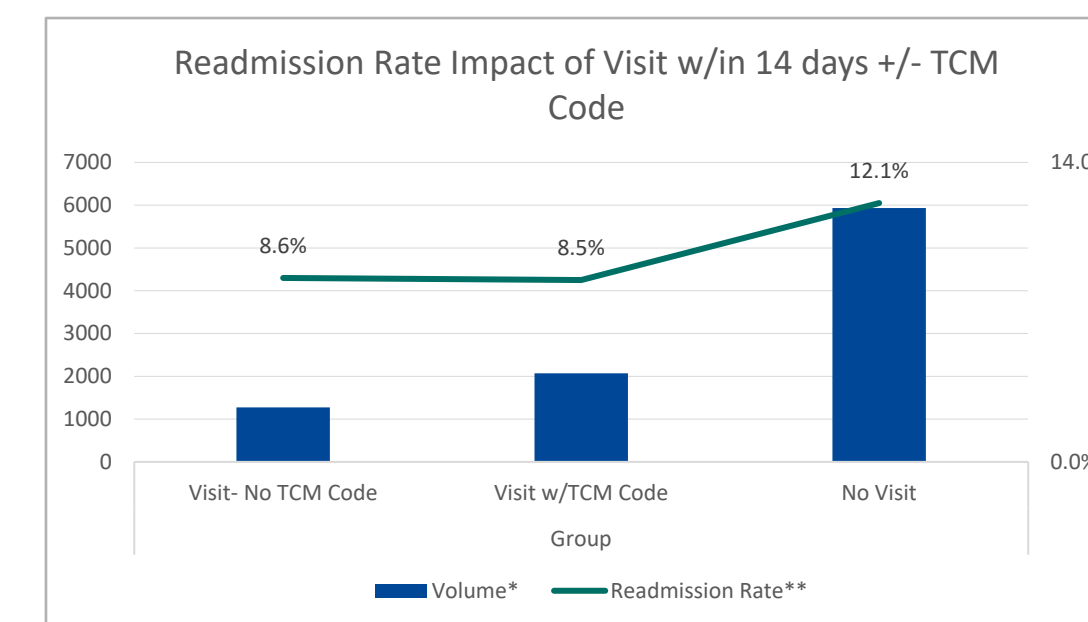
Digital By Default
73% ↑
 in lives covered

Operational Drivers

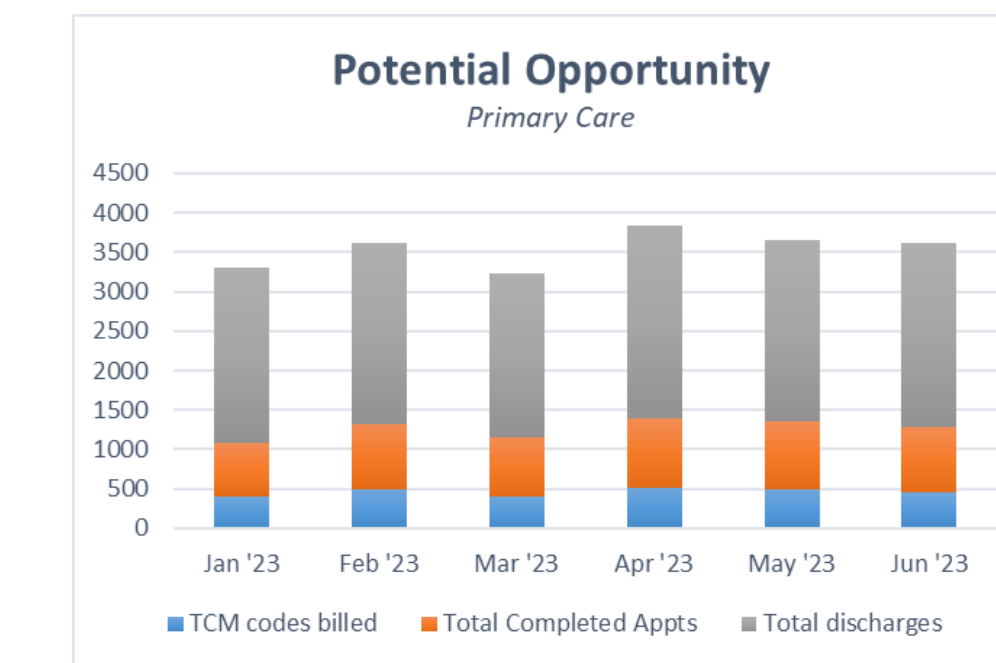


PCP_PROV_NAME	TCM Billed	Total Appts	Percent Billed
Physician A	1	2	50%
Physician B	0	4	0%
Physician C	2	14	14%
Physician D	5	7	71%

Future Areas of Focus



*6 months
 ** p<0.001 patients without a follow-up visit more likely to readmit



Health Equity

SDOH factors

Virtual Access

Conclusion

- Leveraging a digital tool allowed for immediate scalability in the outreach portion of Transitional Care Management.
- Provider leadership and focused reinforcement has demonstrated success in provider billing for TCM services.
- Opportunities still exist on scheduling post-hospital visits and readmission rates.

Disclosures

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies. All images/graphics were created by the authors using software available (Miro, Microsoft Office suite)