

Hospital Strategic Transformation Plan Atlantic General Hospital Corporation

Executive Summary:

In October, 2014 the Board of Trustees of Atlantic General approved the “Atlantic General 2020 Vision” – our strategic guidance for 2015 through 2020 (Exhibit 1). This plan was designed to provide direction in addressing the prioritized needs identified by our CHNA, while meeting the challenges posed by the evolving care delivery models in Maryland. The primary tenets of this plan are incorporated in these “5 Rights”:

Right Care - Patient/Family Centric, Error Free, Primary Care Provider-Driven, Timely Delivery, Best Practice Protocols;

Right People – Needs-Based Provider Recruitment, Service Orientation, Right Training, Continuous Learning;

Right Place – Appropriate Distribution of Primary Care, Availability of Specialists, Telemedicine, Community-Based vs. Hospital Based;

Right Partners – Advanced Acute Care Referral Relationships, Rehabilitation Care, Long-Term Care, Home Health Care, Supportive Care/Hospice, Mental Health Care, Accountable Care;

Right Hospital – The Right Leader for Coordinated Quality Care in our Community.

Atlantic General’s strategic goals extend from the “5 Rights” described in the Strategic Plan, and incorporate the “Triple Aim” of healthcare, as delineated in the State of Maryland Department of Health and Mental Hygiene (DHMH) all-payer system through the Health Services Cost Review Commission (HSCRC). The strategic initiatives approved for fiscal years 2015 and 2016 are:

- Atlantic General Pulmonary Clinic
- Home Sleep Testing
- Pain Management Center
- Worksite and Community Wellness Partnerships
- Patient Loyalty & Convenience Program
- Clinical Documentation Improvement (CDI) and Computer Assisted Coding (CAC)
- Emergency Room Patient Flow Improvement
- Community Supportive Care Services – (Evaluation in 2016 for potential development of strategic Action Plan in 2017)
- Cardiopulmonary Rehabilitation Services - (Evaluation in 2016 for potential development of strategic Action Plan in 2017).

In addition to the Strategic Initiatives evaluated and approved on an annual basis, our “Atlantic General 2020 Vision” incorporates a Master Facilities Plan that envisions the major facilities

expansions or upgrades that will need to be addressed during this period. The current Master Facilities Plan includes:

- Regional Cancer Care Center
- Women’s Health Facility
- Inpatient Care Area Redesign.
- Surgical Services Redesign & Clinical Decision Unit Development
- Emergency Department Capacity Expansion

Continuing to build upon our Mission “To create a coordinated care delivery system that will provide access to quality care,” the AGH 2020 Vision will drive strategic decisions toward integration beyond the acute care facility.

1. Describe your overall goals:

In 2012, Atlantic General Hospital Corporation (Atlantic General) in coordination with local health departments, neighboring hospitals and community stakeholders, conducted a community needs assessment. The needs assessment is a primary tool used by Atlantic General to determine its community benefit plan, which outlines how the Hospital will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of our service area. In addition a community survey was designed to obtain feedback from the community about health related concerns. The Community Health Needs Assessment (CHNA) was approved by the Atlantic General Board of Trustees in May 2013, and it has many strategic implications.

The specific health needs identified by the CHNA include: Obesity, Access to Care, Heart Disease, Cancer, Diabetes, High Blood Pressure, Dental Health, Communicable Disease and Mental Health. These were prioritized by the Atlantic General Board of Trustees’ Planning Committee, based on the following criteria: size and severity of the problem, health system’s ability to impact, and availability of resources that exist locally to address the problem. Based upon those criteria, the following areas were prioritized as “most important” for the hospital to address: obesity, diabetes, access to care, cancer, cardiovascular disease and mental health.

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Right Care - Patient/Family Centric, Error Free, Primary Care Provider-Driven, Timely Delivery, Best Practice Protocols;

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Annually, the organization engages in a strategic budget planning process in order to reevaluate organizational priorities and realign resources to ensure the accomplishment of identified critical objectives. Under the direction of the Planning Committee of the Board of Trustees, and with participation from Medical Staff, Leadership and the community, recommendations are set forth regarding physician recruitment, programs, services, and building projects, ensuring that these are in accord with the Atlantic General Vision/Mission and Strategic Plan.

As the starting point to the planning process, Atlantic General conducted an environmental assessment in order to ascertain the sustainability of strategic decisions, address the interrelationships of Atlantic General with certain external stakeholders and identify the presence of internal barriers to success. The external environmental assessment included a series of discussions with stakeholders (e.g., hospital leadership, planning committee members, medical staff, and community members), demographic research, and an analysis of upcoming regulatory changes both in Maryland and surrounding states. The internal environmental assessment, in addition to these stakeholders, included an employee satisfaction survey and a SWOT (strengths, weaknesses, opportunities, threats) analysis.

Atlantic General’s strategic goals extend from the “5 Rights” described in the Strategic Plan, and incorporate the “Triple Aim” of healthcare, as delineated in the State of Maryland Department of Health and Mental Hygiene (DHMH) all-payer system through the Health Services Cost Review Commission (HSCRC). The resultant goals for 2015 and beyond are:

Right Care

1. Improving Patient Experience

- Exceed patient expectations by delivering convenient patient-centered care at all sites to all patients.

2. Improving Quality of Care

- Implement a coordinated well defined service/model of care that addresses the care gaps in the community and prevention of avoidable utilization for patients with chronic disease.

3. Reduce Patient Costs for Care

- Decrease inappropriate utilization of high-cost services –i.e. Hospital, ER

Right People

1. Improving Patient Experience

- Ensure that all associates, medical staff and volunteers are engaged in our Organizational Values to create an exceptional patient experience in every interaction.

2. Improving Quality of Care

- Develop processes and services designed to deliver timely, appropriate, patient-centered, coordinated care.

3. Reduce Patient Costs for Care

- Create an environment where associates are proud of where they work and are engaged in and rewarded for operational improvements.

Right Place

1. Improving Patient Experience

- Expand telemedicine and patient portal services to provide convenient patient access to the right care.

2. Improving Quality of Care

- Define opportunities that would allow our AGHS patients to obtain their primary/specialty services through our AGHS system via mobile technology when out of the area.

3. Reduce Patient Costs for Care

- Provide convenient locations for the right care to increase patient loyalty for utilization of these services.

Right Partners

1. Improving Patient Experience

- Expand timely access to health care services and remove obstacles to obtaining care.

2. Improving Quality of Care

- Create a shared patient information process with continuum care providers to improve coordination of care and eliminate errors and redundancy.

3. Reduce Patient Costs for Care

- Align community resources for improving consumer literacy associated with accessing health care services, and eliminating redundancy in care delivery.

Right Hospital

1. Improving Patient Experience

- Collaboratively re-design facilities to accommodate convenient, patient-centered care delivery models.

2. Improving Quality of Care

- Facilitate development of coordinated care delivery networks throughout the service area.

3. Reduce Patient Costs for Care

- Collaborate regionally to minimize potentially avoidable utilization by developing systems that align care delivery and reduce variation in care.

2. List the overall major strategies that will be pursued by your hospital:

To achieve the organizational goals described above, Atlantic General invests in key strategic initiatives on an annual basis. Strategic initiatives are developed during the annual budget process using an action planning template (Exhibit 2), which includes mapping the initiative directly to the strategic goals, establishing a pro forma analysis of the resources necessary to enact the plan, and

the 5 year financial impact on the organization. All strategic initiative proposals are submitted for evaluation by each member of the executive team and each member of the Medical Executive Committee using a grading matrix (Exhibit 3). Based upon the resources available for implementation of strategic initiatives and the prioritization by the executive and medical staff leadership, final recommendations are presented to the Board of Trustees for approval. The strategic initiatives approved for fiscal years 2015 and 2016 are:

- a. **Atlantic General Pulmonary Clinic** - An opportunity exists to create a pulmonary clinic for patients with pulmonary diseases who are identified as being at risk for readmission. The current lack of available services causes unplanned pulmonary readmissions, provides care in silos, and increased healthcare system expense. The Action Plan should result in care coordination with the primary care provider, specialists, acute care hospital, local service companies, rehabilitation programs, and long term care providers. There will also be a focus to assist patients with pulmonary issues that have returned home, in order prevent unplanned returns for institution-based care. Implementation of this Action Plan will require FTE's, supplies, IT, capital and minor equipment.
- b. **Home Sleep Testing** - An opportunity exists within the existing Sleep Lab service to provide Home Sleep Tests (HST). HST will expand the capacity to perform more testing for high-risk patients, while creating increased patient and provider satisfaction. The current service/process causes cancellation of scheduled sleep studies because in-lab studies are often denied by insurance providers, creating provider and patient dissatisfaction and subsequent loss of business. The Action Plan should result in an increase of Sleep Lab volumes with both HST and the follow-up, validating testing performed in the more traditional Sleep Lab environment. This Action Plan is important to work on in the 2016 fiscal year, because it affects the availability of up-to-date technology in a growing field while delivering the Right Care in the Right Place for the benefit of the members of our community. Implementation of this Action Plan will require the purchase of rental of capital equipment in the form of HST testing units and supplies. It will also require the possible renovation of an existing off-site location for patient instruction.
- c. **Pain Management Center** - An opportunity exists to establish a multispecialty team for providing assessment, planning and intervention for the chronic pain population. A Pain Management Center will create standardized protocols based on best practice to assure collaborative management of pain and pain/addiction patients, delivered through a full-service pain center that serves as a referral option for the primary care provider. The current services/processes result in a lack of service to patients, frustration by the providers - including specialists such as orthopedics and neurology, and frequent over-utilization of the Emergency Department. The Action Plan establishes a pain center model that places the clinicians and services in a single location, using either a specialty management company, medical management by an anesthesiologist who is board certified/eligible in pain management, or a PCP with specialized training in pain management. This Action Plan should result in coordinated care by an expert team to include a qualified physician leader, interventional pain management specialists, psychiatry, a certified addictions management

provider and a variety of complimentary health services. This Action Plan is important because it affects the efficiency and effectiveness of primary care services in the community; the risks to current providers in management of this complex population; and improved care to medical and surgical patients. Implementation of this Action Plan will require additional FTE's, capital and minor equipment investment, allocation of space, cooperation between AGHS providers, and integration of multiple specialties for provision of services in a single location.

- d. **Worksite and Community Wellness Partnerships** - An opportunity exists with the AGH Employee Health program, PCMH, Faith based Partnership and the Community Education Department to expand wellness services into the businesses/employers and underserved areas in our community. This Action Plan will require one year of exploration to determine the potential for partnerships and referral, trial of methodologies within our own workforce to improve key measures indicative of health improvement and result in development of a wellness program that can be marketed to and tailored to local businesses and underserved communities. The Action Plan should result in improved wellness in our community, increased referral streams into AGH/AGHS services, a decrease in hospital readmissions, and a funding stream that will eventually help offset the costs of the program. This Action Plan is important because it affects the wellness of the communities we serve and is in accordance with our mission and vision. Implementation of this Action Plan will require additional operational expense for the one year planning period.
- e. **Patient Loyalty & Convenience Program** - An opportunity exists to establish a system-wide patient loyalty program that results in the creation of patient-satisfying efficiencies, and patient loyalty to our hospital/health system, and improved transitions of care navigation particularly for the elderly population. The current services/processes cause patients to have to provide their personal information multiple times at multiple locations and confusion. Ineffective communication between patients and providers results in not having access to affordable medications in a timely manner, which could result in patient non-compliance and hospital readmissions. . Medication adherence through support from an in house pharmacy and access to resources for indigent medication support will be necessary. The Action Plan should result in making the patient experience more efficient. This Action Plan is important to work on beginning in the 2015 fiscal year, because it affects the success of many of our strategic and Information System initiatives. Implementation of this Action Plan will require an interdisciplinary team and I/S systems support.
- f. **Clinical Documentation Improvement (CDI) and Computer Assisted Coding (CAC)** - An opportunity exists to improve the quality of documentation in the medical record, beginning when the patient is admitted and ending when the medical record is coded and ready for billing. The current processes cause:
- Inaccurate (lower) case mix index (CMI);
 - Poor quality and conflicting documentation that remains in the permanent record;
 - An ineffective way of querying physicians for appropriate additions and clarification in their medical record documentation;

- Fragmentation in communication between case managers, coders, and physicians;
- Incorrect discharge dispositions being assigned;
- Nonspecific codes being assigned, which will have a greater impact with ICD10;
- Coder and provider frustration.

The Action Plan should result in:

- Improved accuracy in CMI, diagnoses, and procedures, and documentation in the medical record for the future care of the patient.
- Effective, concurrent querying physicians to obtain proper documentation that supports severity of illness (SOI) and risk of mortality (ROM) of the patient.
- Proper APR-DRG assignment.
- Support for ICD10 transition.
- Utilization of computer assisted coding to mitigate ICD10 coder productivity implications.

Implementation of this Action Plan will require: purchase of a CDI and CAC software tool, such as 3M's 360 Encompass product; 1.0 FTE for Clinical Documentation Improvement (RN with coding, CDI experience); assignment of HIM resources for implementation; assignment of IT resources for implementation and software upgrades; provider training.

- Emergency Room Patient Flow Improvement** - AGH has an opportunity to improve triage patient flow as well as point of service collections in the Emergency Department, by renovating the current ED waiting room to allow for two triage rooms and freeing up the current ED triage rooms (located in the registration core) to allow for an ED patient discharge area. The current services/processes cause patients to have triage in the registration core area where there is limited privacy, forces patients who may be very sick to cross the busy waiting room to reach the ED care area, and allows patients that have already been treated to leave the ED without paying their deductibles and co-pay because there is no dedicated discharge area. The Action Plan should result in making the patient experience more private and more efficient, and improve our ED point of service collection rates to meet our organizational goal of 18%. Implementation of this Action Plan will require an interdisciplinary team and I/S systems support.
- Community Supportive Care Services** – (Evaluation in 2016 for potential development of strategic Action Plan in 2017) - An opportunity exists with Community Supportive Care Services to improve the coordination of care for patients having chronic illness. Improvement will result in collaboration between Cancer Care, PCMH, AGHS, community healthcare providers, and local hospices. Early interventions from Supportive Care and Palliative Medicine Services lead to better patient and caregiver outcomes. These include improvement in symptoms, quality of life, patient/family satisfaction, continuity of care, and reduced caregiver burden. This action plan will result in reduced costs, emergency visits, and re-hospitalizations, while providing patient and family-centered support to seriously ill patients. This action plan is important to evaluate in 2016 to link diverse health care services

for effective and efficient care of patient. Well-planned care and treatment that anticipates future care needs, engages the patient, family, and caregivers in patient centered/family oriented care, increases health literacy through the Faith Partnership, and enhances mental health support achieves the Vision/Mission of Atlantic General. Evaluation of partnerships with AHC Behavioral Health, Worcester County Health Department, SU, PRMC, Sheppard Pratt, and NAMI/MD will facilitate sustainability and opportunities for grant funding. Implementation of this action plan will require an outpatient setting, build-out expense, and FTE's.

- i. **Cardiopulmonary Rehabilitation Services** - (Evaluation in 2016 for potential development of strategic Action Plan in 2017) - An opportunity exists to develop cardiopulmonary rehabilitation services in our community through the establishment of an outpatient rehabilitation clinic and a long-term cardiopulmonary rehabilitation and prevention program. These services do not exist at Atlantic General, and this causes the patients we serve to seek care elsewhere or forego recommended care due to inconvenience. This Action Plan is important to develop in the 2016 fiscal year because it affects hospital readmission and ED recidivism. Implementation of this Action Plan will require additional FTEs, capital equipment acquisition, renovation of new or existing space, and IT resources.

In addition to the Strategic Initiatives evaluated and approved on an annual basis, our "Atlantic General 2020 Vision" incorporates a Master Facilities Plan that envisions the major facilities expansions or upgrades that will need to be addressed during this period. The current Master Facilities Plan includes:

- a. **Regional Cancer Care Center** – Due to the transition of the Regional Cancer Care Center to a non-rate-regulated facility, and due to the rapid growth and the opportunity to partner with a radiation oncology service provider, Atlantic General will need to further expand the outpatient treatment facilities by 2018.
- b. **Women's Health Facility** – Due to the current need for women's health services delivery in our community, the growth in the population of women over the age of 50 in our community, and the recent successes in recruiting providers for women's health services, Atlantic General has the opportunity to create a comprehensive Women's Health Facility in our community. This will allow for the co-location of wellness and prevention services, improving patient compliance with health recommendations and reduce redundancy in support services to multiple office locations.
- c. **Inpatient Care Area Redesign** – Due to the workflow changes caused by the deployment of advanced information systems in the inpatient care areas, the space design of the facilities requires modernization to take advantage of the efficiencies to be gained by workflow improvements and patient safety initiatives. Also, patient/family member amenities require upgrading to facilitate a more patient/family centric model of inpatient care delivery.
- d. **Surgical Services Redesign & Clinical Decision Unit Development** – Due to the surgical technology advancements over the past 20 years, the patient flow and operating room space in Atlantic General Hospital requires modernization to fully implement evidence-

based design in infection control and elimination of patient errors. Additionally, the recent transition in care delivery from “inpatient” to “observation” care in those patients who can be discharged in less than two days requires improved facilities to accommodate this means of patient assessment and delivery of care. Many of these patients have care originating in surgical services, so developing facilities together to accommodate post-surgical care will optimize efficiencies.

- e. **Emergency Department Capacity Expansion** – While numerous efforts are being deployed to reduce utilization of ED services, a growing tourism industry and growing retirement population are resulting in continued demand for ED services at Atlantic General. The hospital currently has 19 treatment areas, and annual ED visits are approaching 40,000.

To ensure that these strategic initiatives and capital investments are supported by the operations of the organization, annual Organizational Goals are developed and approved by the Executive Team, Medical Staff Leadership, and the Board of Trustees. Fiscal years 2015 and 2016 Organizational Goals and measures are provided in Exhibits 4 and 5, respectively.

3. Describe the specific target population for each major strategy:

- a. **Atlantic General Pulmonary Clinic** - Individuals with pulmonary diseases (e.g. COPD, asthma, emphysema, etc...) who are identified as being at risk for hospital readmission, high ED utilization, or admission to long-term care facilities.
- b. **Home Sleep Testing** – Individuals who are symptomatic for sleep apnea, which has been linked to high risk chronic conditions such as high blood pressure, heart disease, stroke, pre-diabetes and diabetes, and depression. Our patients include males and females typically between the ages of 45 and 70.
- c. **Pain Management Center** – Individuals with acute or chronic pain conditions whose pain is not effectively managed due to the complexity of their disease process or access to care in our community.
- d. **Worksite and Community Wellness Partnerships** – Working-age adults in our community.
- e. **Patient Loyalty & Convenience Program** – All individuals who utilize healthcare services in our community, with particular focus on design to accommodate unique needs for elderly populations and those with chronic illnesses.
- f. **Clinical Documentation Improvement (CDI) and Computer Assisted Coding (CAC)** – Patients who utilize inpatient services at Atlantic General, and the providers who care for them.
- g. **Emergency Room Patient Flow Improvement** – Individuals utilizing our ED services.
- h. **Community Supportive Care Services** – (Evaluation in 2016 for potential development of strategic Action Plan in 2017) – Individuals and families in our community who are also cared for through Cancer Care, PCMH, AGHS, community healthcare providers, and local hospices.
- i. **Cardiopulmonary Rehabilitation Services** - (Evaluation in 2016 for potential development of strategic Action Plan in 2017) – Individuals in our community who have been diagnosed with chronic cardiac conditions and pulmonary conditions.

4. Describe the specific metrics that will be used to measure progress, including patient satisfaction, quality, outcomes, process and cost metrics for each major strategy:

In addition to the continuous monitoring of the Maryland Hospital Performance System (a.k.a. The Joint Commission ORYX measures) and the Maryland hospital-specific measures associated with the Global Budget Revenue monitoring process (Exhibit 6), the following related measures were used in association with the specific strategic initiatives:

- a. **Atlantic General Pulmonary Clinic** –
 - Primary Target Population – Individuals with COPD
 - Success Measures – Reduction in COPD hospital admissions (2014 = 226 or 6.8% of total admits); reduction in COPD hospital re-admissions (8.3% 2014 re-admission rate); reduction in ED visits overall (36,876 in 2014).
- b. **Home Sleep Testing** –
 - Primary Target Population - Individuals who are symptomatic for sleep apnea, between the ages of 45 and 70.
 - Success Measures –
 - Direct – Increased volume of studies annually
 - Indirect – Reduction in chronic illness associated with sleep apnea
- c. **Pain Management Center** –
 - Primary Target Population – Individuals with chronic, refractory pain
 - Success Measures – Reduction in ED 31-day revisits (2014 = 18.3% for patients with pain [not chest, ear or dental] as primary complaint)
- d. **Worksite and Community Wellness Partnerships** –
 - Primary Target Population – Initial 2 years, Atlantic General employees (future, other businesses/organizations in community)
 - Success Measures – Increased employee participation in “Health Risk Assessment” and “Biometric Screening (>80%); serial improvement in health status measures of blood pressure, body mass index, HDL/LDL, and fasting blood glucose; increasing employee self-reported physical activity; reduced organizational expenses associated with health benefits plan; employees with high-risk chronic illnesses case managed through Employee Centered Medical Home.
- e. **Patient Loyalty & Convenience Program** –
 - Primary Target Population – Patients of our Atlantic General primary care and specialty provider practices; patients who obtain diagnostic testing services at Atlantic General; patients who are navigated through our Patient Centered Medical Home program.
 - Success Measures – Reduction in ED utilization from patients of Atlantic General employed physicians (7,175 visits in 2014, 19% of total visits); improved patient compliance with medication management (tbd through PCMH and EMR); improved patient satisfaction (physician office scores and HCAHPS scores).

- f. **Clinical Documentation Improvement (CDI) and Computer Assisted Coding (CAC)** –
 - Primary Target Population – Medical staff, clinical care delivery staff, medical records staff, insurers, patients.
 - Success Measures – Smooth transition to ICD-10 in hospital and health system; improved documentation of appropriate patient diagnoses based upon audit reports; improved CMI (2014 = 1.1281).
- g. **Emergency Room Patient Flow Improvement** –
 - Primary Target Population – ED Patients
 - Success Measures – Maintaining patient time to ED intervention \leq 30 minutes at least 90% of the time; improved patient satisfaction with ED services; improved collection of copayments and deductibles at time of service to 18% in first year, eventually to industry best practice of 36%.
- h. **Community Supportive Care Services** – (Evaluation in 2016 for potential development of strategic Action Plan in 2017) – Not yet determined
- i. **Cardiopulmonary Rehabilitation Services** - (Evaluation in 2016 for potential development of strategic Action Plan in 2017) – Not yet determined

5. List other participants and describe how other partners are working with you on each specific major strategy:

- a. **Atlantic General Pulmonary Clinic** – This plan proposes to establish a Pulmonary Clinic to be developed regionally that would coordinate the care with the primary care provider, specialists, Atlantic General, local service companies, rehabilitation programs, and long-term care providers.
- b. **Home Sleep Testing** – This plan proposes to increase the capacity, availability, and reliability of sleep testing in our community. Primary care providers, pulmonologists, neurologists, bariatric program providers will participate.
- c. **Pain Management Center** – This plan proposes the development of a new program that establishes collaboration between the patient, the patient’s primary care provider, mental/behavioral health services via the Worcester County Health Department and via telemedicine through providers in Baltimore, and a newly hired pain management specialist (physician).
- d. **Worksite and Community Wellness Partnerships** – Initially, collaboration with an independent health monitoring and coaching firm, the Atlantic General health benefits provider, Atlantic General providers, and Atlantic General employees. Future, Faith-Based Medical Home partnerships and area businesses.
- e. **Patient Loyalty & Convenience Program** – Area physicians and providers.
- f. **Clinical Documentation Improvement (CDI) and Computer Assisted Coding (CAC)** – Atlantic General physicians and providers, third-party consultants.
- g. **Emergency Room Patient Flow Improvement** – ED physicians and providers, insurance carrier representatives.

- h. **Community Supportive Care Services** – (Evaluation in 2016 for potential development of strategic Action Plan in 2017) – Worcester County Health Department, Coastal Hospice, Faith-based Medical Home participants, Patient-Centered Medical Home team, area physicians/providers.
- i. **Cardiopulmonary Rehabilitation Services** - (Evaluation in 2016 for potential development of strategic Action Plan in 2017) – Community pulmonologists, community cardiologists, other regional providers of cardiopulmonary rehabilitation services.

6. Describe the overall financial sustainability plan for each major strategy:

- a. **Atlantic General Pulmonary Clinic** –
 - Service results in pro forma average discounted cash flow loss of (\$51,855) over first 5 years;
 - Reduction of 12 admissions/re-admissions per year at 50% variable costs would result in breakeven offset of program losses;
 - Reduction of 12 admissions/re-admission per year results in a rate capacity gain of \$115,788 under GBR.
- b. **Home Sleep Testing** –
 - Expanded capacity in non-rate-regulated setting provides pro forma payback period for initial investment of < 12 months.
- c. **Pain Management Center** –
 - New service results in pro forma payback period of 3.13 year for initial investment, based upon operational returns;
 - Reduction in ED utilization and recidivism (not quantified financially).
- d. **Worksite and Community Wellness Partnerships** –
 - Based upon a national study, those who improve over time within a target health tier described above reduce health benefits spending by \$153 annually. Those who are in “ideal” categories for all target health tiers described above and maintain that status save \$350 in health benefits spending annually.
- e. **Patient Loyalty & Convenience Program** –
 - Reduction in avoidable utilization of ED services
- f. **Clinical Documentation Improvement (CDI) and Computer Assisted Coding (CAC)** –
 - Improvement in accuracy of provider documentation will result in this program being cost-neutral over the initial 5 year pro forma period.
- g. **Emergency Room Patient Flow Improvement** –
 - Improvement in patient responsibility collections up-front will reduce collections costs and bad debt risk.
- h. **Community Supportive Care Services** – (Evaluation in 2016 for potential development of strategic Action Plan in 2017) – Not yet determined
- i. **Cardiopulmonary Rehabilitation Services** - (Evaluation in 2016 for potential development of strategic Action Plan in 2017) – Not yet determined