



PROMEDICA : A NEW MODEL OF HEALTH CARE

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CLINICAL AND SOCIAL CARE

**NATIONALLY
RECOGNIZED**
for Unmatched
Clinical Care



13
**ACUTE
FACILITIES**



National Leader in Managing
**SOCIAL DETERMINANTS
OF HEALTH**

EXPERTISE in Prevention,
Diagnosis and Treatment of
CHRONIC CONDITIONS



Nearly
70,000
Employees



2,600
**PHYSICIANS
& PROVIDERS**
with Privileges

HEALTH INSURANCE (PARAMOUNT)



Health Insurance Provider
**MORE THAN
600,000 LIVES
COVERED**

PRODUCTS:
Commercial
Dental

Medicare/Medicaid
Workers Comp/
Employer Solutions

POST-ACUTE CARE (HCR MANOR CARE)



NATIONAL LEADER
of Post-Acute Services



450+
Senior Care
facilities

Reliable Partner to
HEALTH SYSTEMS in
30
STATES

Hospice Patients
AVERAGE
10,650/DAY



Home Care
Patients
AVERAGE
3,300/DAY



 **PROMEDICA**

Food Insecurity

- Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.” – USDA*
- Lack of access, at times, to enough food for an active, healthy life
- Food insecurity screenings
 - 284,942 in 2018



Food insecurity is not only having enough money for **NUTRITIONALLY** safe food but also access. Food deserts and transportation present barriers to healthy food.

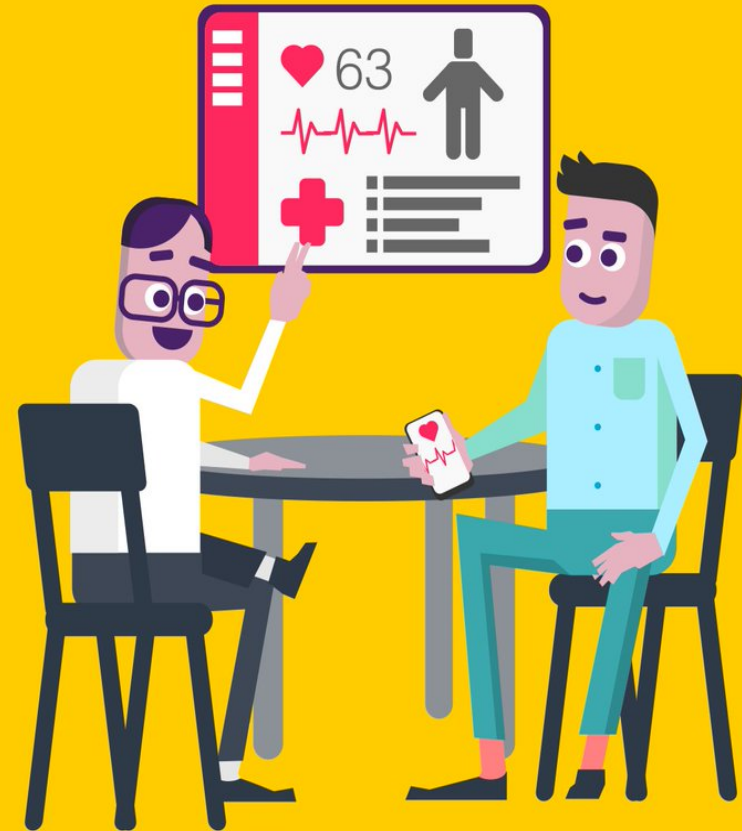
Our SDOH Journey



Health Care Approaches



Traditional healthcare



Collaborative healthcare

Are We Asking the Right Questions?

We do ...

Ask about and encourage exercise

Ask about and encourage people to lose weight

Check vital signs

Check a child's growth

Physical examinations

Provide education to patients

Criticize patients who fail to show up for appointments

But we don't ...

Ask about safety in neighborhoods

Ask about their diet and ability to secure healthy food

Screen for mental health

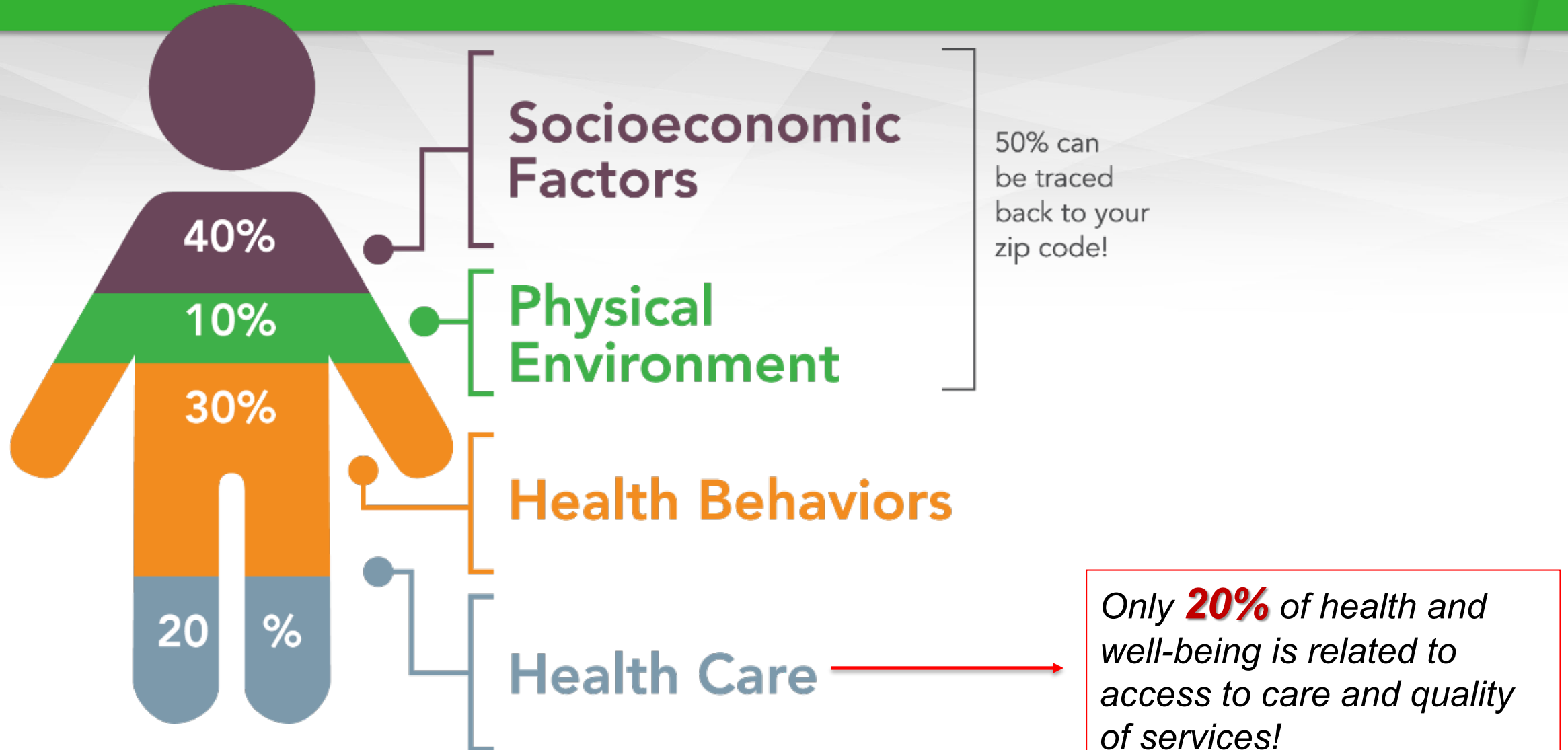
Look for signs of toxic stress

Ask about their insurance information

Ask if they can read

Ask if they have transportation

What Drives Health?



ADDRESSING SDOH IN ACUTE CARE SETTINGS

Aligning Acute Care Navigation Approach with Naylor's Transitional Care Model

- ✓ Shift from discharge planning to a transitional care planning approach
- ✓ Focus on patient activation and engagement
- ✓ Care is comprehensive



ADDRESSING SDOH IN ACUTE CARE SETTINGS

Comprehensive Risk Assessment by Care Navigators

- ✓ Looking beyond clinical care by addressing SDOH
- ✓ Executing the Transitional Care Planning Approach Assessment of Risk
- ✓ Predictive analytics
- ✓ Risk mitigation



SDOH Interventions



- Food as Medicine
 - Food at discharge
 - Food Clinics
- Depression Screenings
- Financial Opportunity Center
- Pathway HUB
 - Community health workers
 - Housing prescriptions
- Linkage to community and social resources

SDOH Outcomes – Food Insecurity

- **971,000** (194% of target) food screenings
- **7,248** Community Hub cases closed
 - 4,394 patients received SDOH intervention of some kind
- **31,302** people served by Food Clinic
- **947** meals provided at acute care discharge
- **809** employees received food
- **376,151** pounds of food reclaimed
- **131,145** customers served at Market on the Green

OF 4,000 ADVANTAGE MEDICAID PATIENTS SCREENED AND REFERRED TO FOOD CLINIC:

- Reduced ED usage (3%)
- Reduced readmission rates (53%)
- Increased primary care visit rates (4%)
- Reduced PMPM (15%)

Implications for Nursing Practice

- Transitional Care Management
- Competencies in the “Art of Nursing Realm”
- Promoting patient activation and engagement
- Top-of-licensure nursing practice/Supporting nursing students and staff
- Shifting from transactional to transformational leadership
- Embedding SDOH into nursing curriculum
- Cultural competency training and experiential learning in community settings

ProMedica's All-in Approach

The Challenge


Overall Health and Well-being is Declining

- The U.S. spends more per person on health care than any nation with comparable incomes.
- More people die of preventable diseases in the U.S. than in any other developed nation.
- The U.S. has a significantly lower life expectancy than any other countries that spend less on health care.

The Strategy

National SDOH Institute

- **Clinical** – Treating the Whole Person
 - Screenings – Connected Care – Reducing costs
- **Community** – Beyond our Walls
 - Anchor Institution – Ebeid – Collective impact
- **Research & Data** – Measuring Impact
 - SDOH Research Center – Provider education – Root Cause Coalition



Highest cost doesn't always equal highest outcome!