
Sutter Health
Advanced Illness Management (AIM)®

Health Care Innovation Award

The project described is supported by
Grant # 1C1CMS33100501-00 from
Centers for Medicare and Medicaid Services,
Center for Medicare and Medicaid Innovation.

Sutter Health

- 19+ Counties in Northern California
- 5,000 **Physicians**
- 50,000 **Employees**
- 24 **Hospitals**
- 24 **Surgery Centers**
- **Sutter Care at Home** - Home Health , Hospice, Home Infusion Therapy, Medical Equipment & Respiratory Therapy

Sutter Health

Advanced Illness Management (AIM®) Today

Our Locations & Service Area

Bay Area counties where AIM is available

Valley Area counties where AIM is available

Sutter Care at Home office

Sutter Health hospital

Currently no plans to expand to Napa, Nevada and Amador counties.

rev 10/15

What is AIM?

- Approximately 3000 persons served daily
- Approximately 16,000 enrolled to date
- 14 teams serving 19 counties
- RN & MSW Teams
- Coached by Palliative Care Certified Medical Director

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We Plus You

AIM At-a-Glance

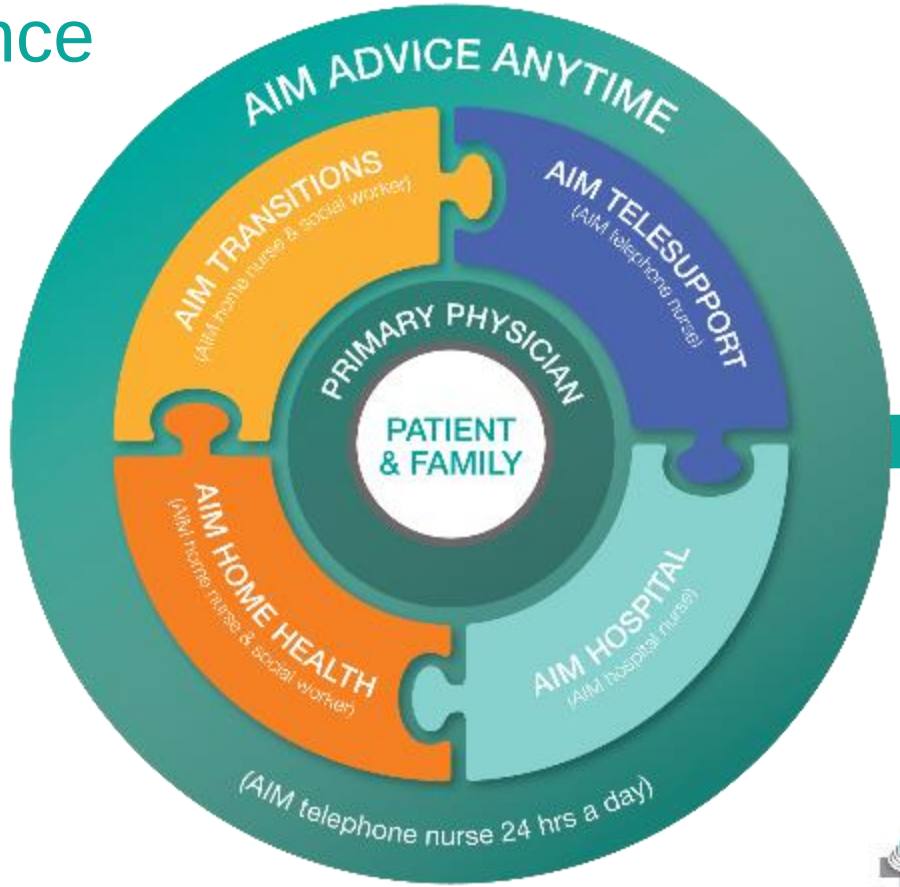
Referral Sources

Hospital

Physician

Home Health

Hospice



Discharges

Hospice

Death

SNF

Other

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AIM: Who do we serve?

90% Overall Satisfaction
Remained consistently high in the mid 90% range over time, well above 80% target.

Clinical Eligibility

"High burden" of disease and <u>ONE</u> of the following:

- Rapid/significant clinical, functional or nutritional decline
- Recurrent hospitalizations or ED use
- Provider would not be surprised if patient died in the next 12 - 18 months

Descriptor	AIM Population Served in 2015 (n = 4,722)
Age	▪ 81.7% of enrollees older than 65 year; 78% >75 years
Source of Referral	▪ 1,900 physicians across 19 counties • 47.2% referred during a hospital stay • 35% referred by a physician's office
Diagnoses at Enrollment	▪ 58.5% with 2+ chronic illnesses ▪ 30% with a cancer diagnosis ▪ 74% with clinical, nutritional, or functional decline
Utilization at Enrollment	▪ 62% with recurring ED visits and hospitalizations
Payer	▪ 87.3% were insured by Medicare or Medi-cal and of those: • 70.5% FFS Medicare or Medi/Medi • 21.9% Medicare Advantage (MA) or MA/Medi-Cal plan

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Backbone Standard of Practice for AIM

AIM Care Pillars

- Advance Care Planning (Personal Goals)
- Red Flags & Symptom Management Plans
- Medication Management
- Follow Up Visits
- Patient Engagement & Self Management Support

Dual Approach to Care: Curative + Palliative

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AIM PILLAR

Advance Care Planning (Personal Goals)

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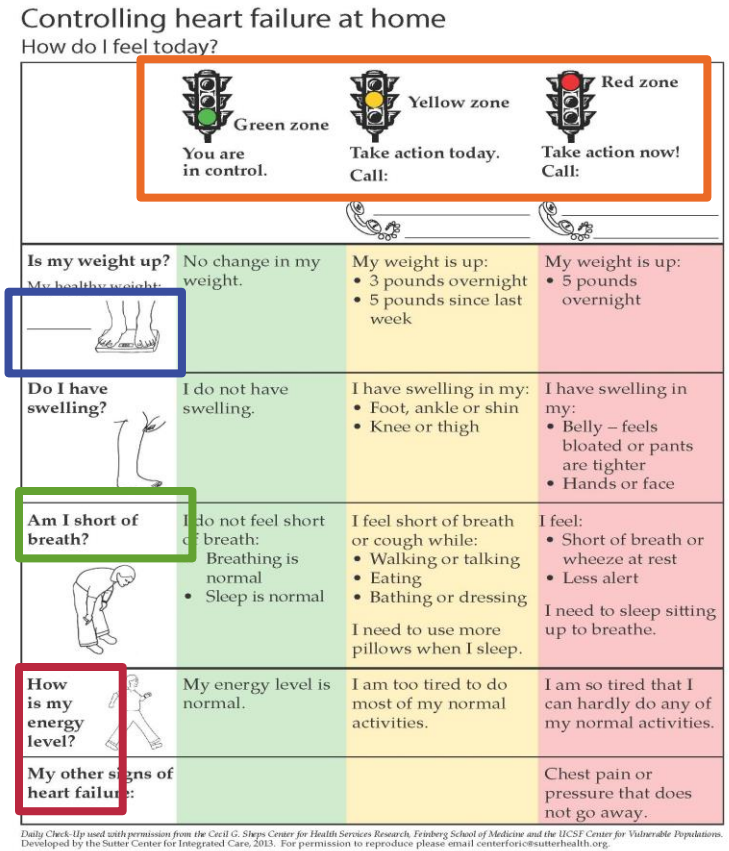
Stoplight Forms

Developed by clinicians and patients. Field tested.

- Common symptoms patients with advanced illness face
- High risk medications
- Psycho-social-spiritual Concerns
- 11 languages + English
- Now available for clinicians in the hospital and in the ambulatory system across all of Sutter service area



Controlling heart failure at home

How do I feel today?

	Green zone You are in control.	Yellow zone Take action today. Call:	Red zone Take action now! Call:
Is my weight up? My healthy weight:	No change in my weight.	My weight is up: • 3 pounds overnight • 5 pounds since last week	My weight is up: • 5 pounds overnight
Do I have swelling?	I do not have swelling.	I have swelling in my: • Foot, ankle or shin • Knee or thigh	I have swelling in my: • Belly – feels bloated or pants are tighter • Hands or face
Am I short of breath?	I do not feel short of breath: • Breathing is normal • Sleep is normal	I feel short of breath or cough while: • Walking or talking • Eating • Bathing or dressing I need to use more pillows when I sleep.	I feel: • Short of breath or wheeze at rest • Less alert I need to sleep sitting up to breathe.
How is my energy level?	My energy level is normal.	I am too tired to do most of my normal activities.	I am so tired that I can hardly do any of my normal activities.
My other signs of heart failure:			Chest pain or pressure that does not go away.

Daily Check-Up used with permission from the Cecil G. Sheps Center for Health Services Research, Feinberg School of Medicine and the UCSF Center for Vulnerable Populations. Developed by the Sutter Center for Integrated Care, 2013. For permission to reproduce please email centerforic@sutterhealth.org.

Familiar Coding

Universal Symbols

Plain Language

Font Size

AIM PILLAR

Patient Engagement and Self Management Support

Health literate tools and methods used in AIM for Patient Engagement:

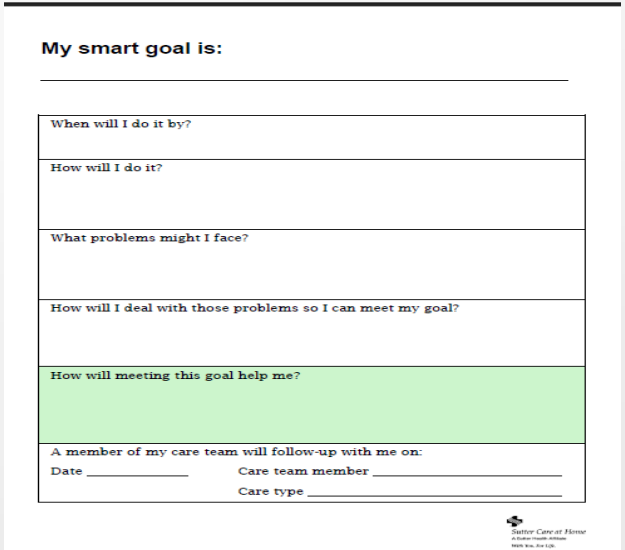
- Person-centered goals
  - SMART Goals (Specific, Measurable, Achievable, Realistic, Timely)
    - “I will” Tool
  - Motivational Interviewing
- Personal Health Record (PHR)
- Patient-friendly medication list
- Stoplight tools
  - Chunk and Check (Teachback method)

Process: Personal Goals

What are your Personal Goals?

- What do you want for your life?
- What's important to you today, next week, a month from now?
- How do you want to be living each day?
- Where and with whom do you want to be?
- What motivates me/inspires you?
- What impact is your illness having on the achievement of your goals?

Tool: Smart Goals



My smart goal is:

_____

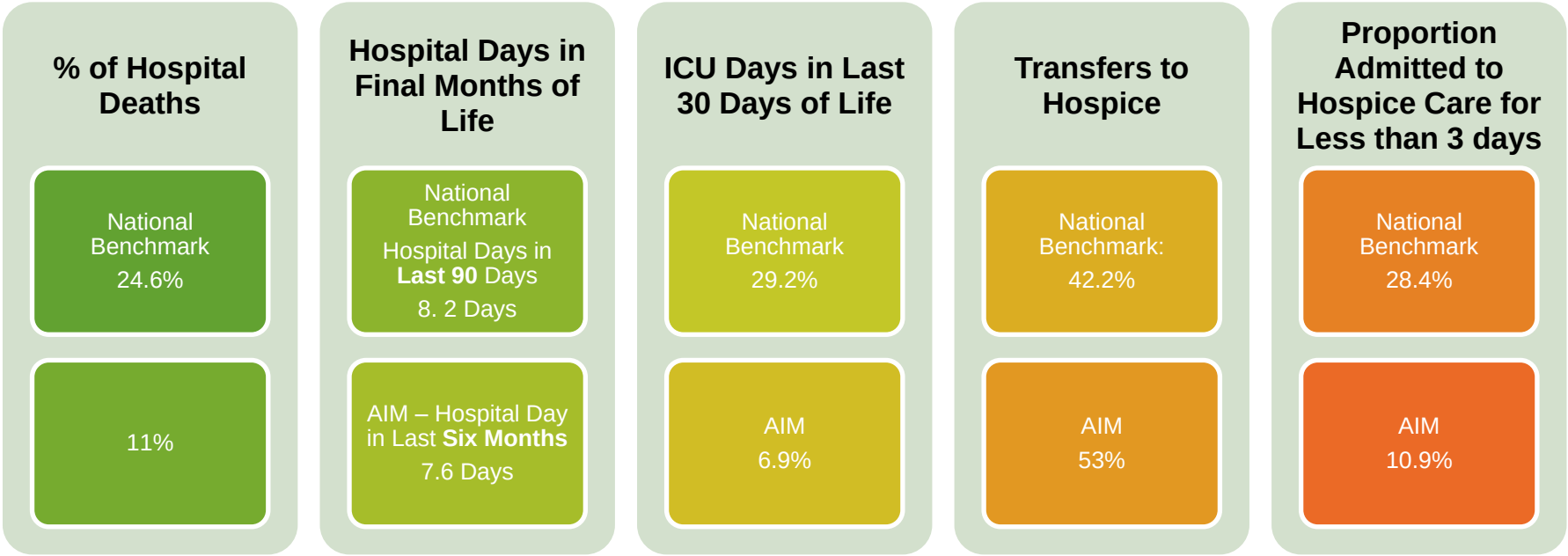
When will I do it by?
How will I do it?
What problems might I face?
How will I deal with those problems so I can meet my goal?
How will meeting this goal help me?
A member of my care team will follow-up with me on: Date _____ Care team member _____ Care type _____

Sutter Care at Home

Comparison of AIM Measures with National Benchmarks*

(Results not yet confirmed independently by CMS evaluators)

Q1 2016 Results



* Teno JM, Gonzalo PL, Bynum JPW, Leland ME, Miller SC et al. Change in end-of-life for Medicare Beneficiaries: Site of death, place of care, and health care transitions in 200, 2005, and 2009. JAMA 2013;309:470-477.

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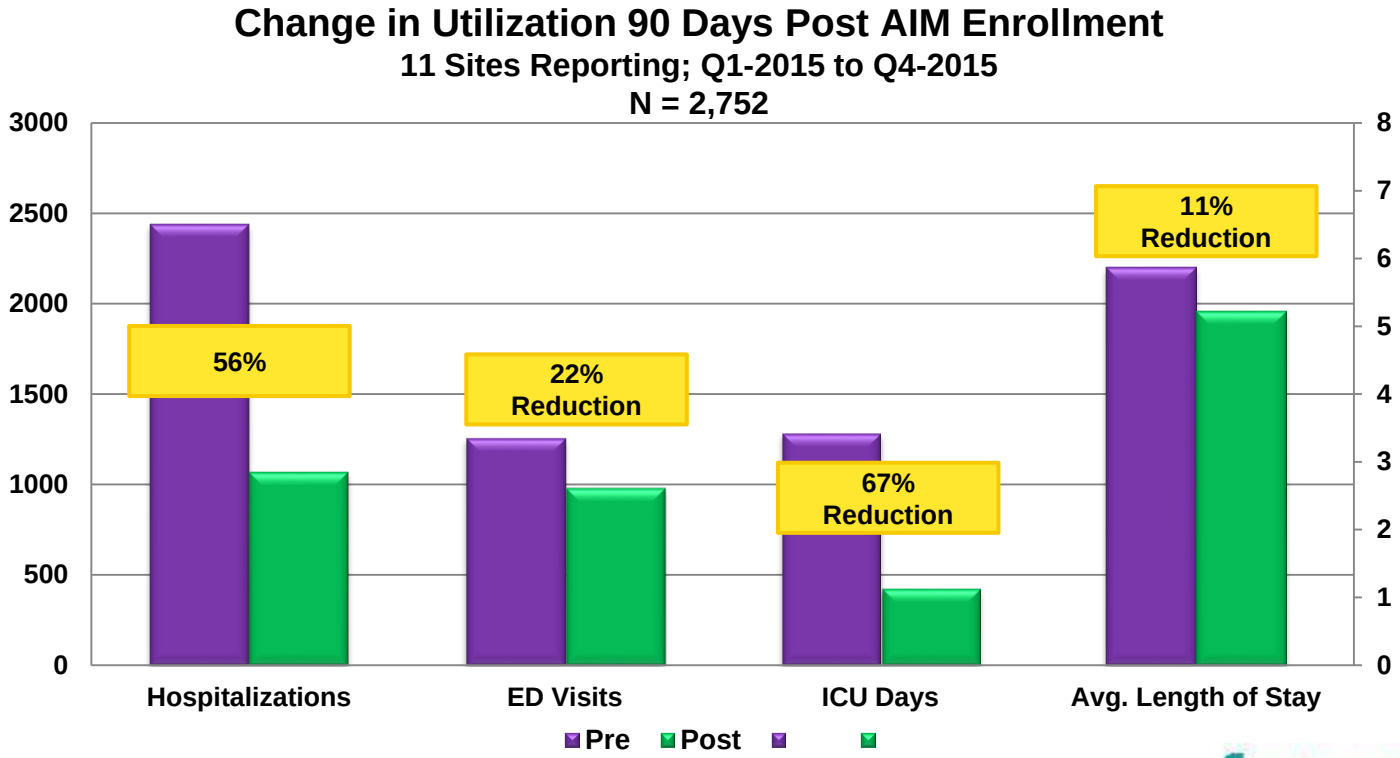
AIM Estimated Impact on Utilization

(Results not yet confirmed independently by CMS evaluators)



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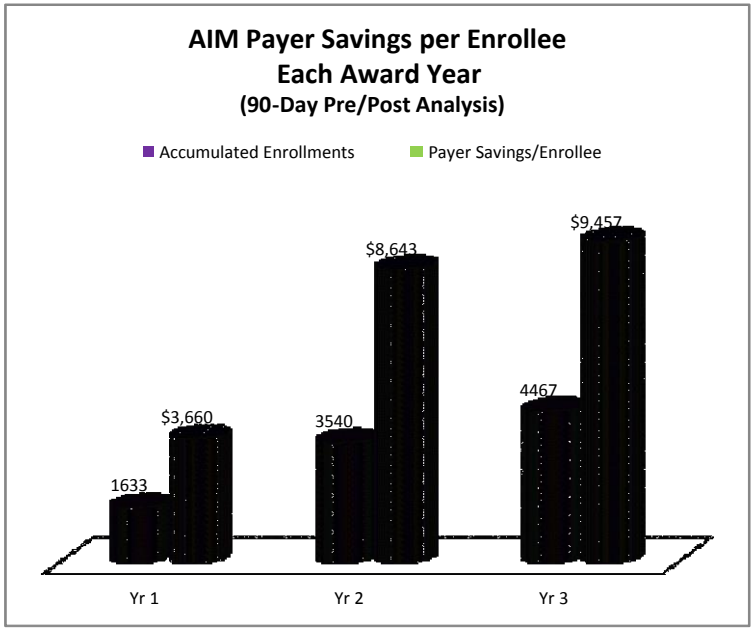
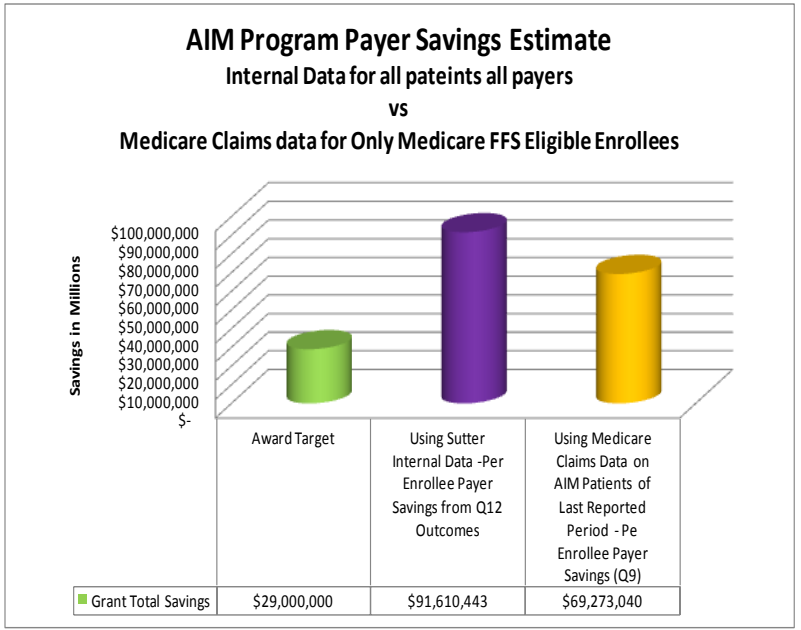
AIM Estimated Impact on Total Cost of Care

July 2012-June 2015 *(Results not yet confirmed independently by CMS evaluators)*





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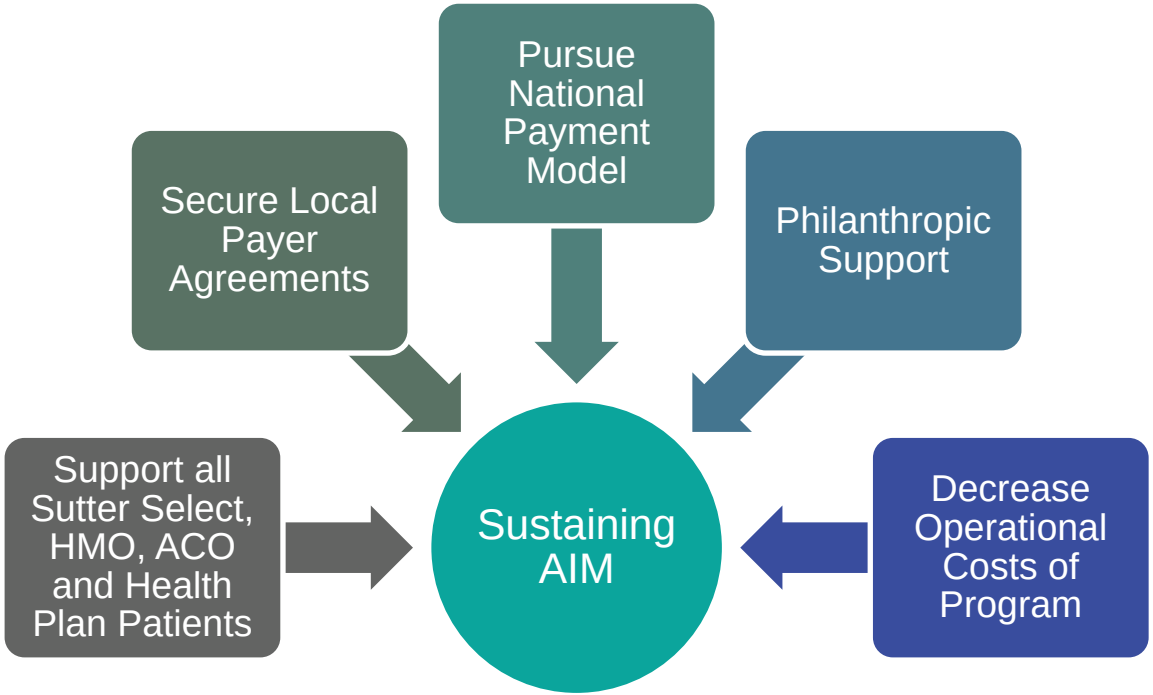
What's Driving the Outcomes?

- Focus on Personal Goals
- Health Literate Care
- Patient/Family Engagement in Self Management Support
- Ability to Identify and Address Symptoms early
- Easy Access to Palliative Care Support
- Continuous Nature of Support and Coordination

Sustaining AIM

- Clinical transformation efforts across Sutter are fully aligned to continue to achieve triple aim goals.

- The powerful improvements AIM has demonstrated in quality, patient experience and utilization for patients & families facing serious illness, as well as its impact on total cost of care, has led to the program being fully self-funded since grant closure in June 2015.



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