The Heart Failure Bridge and Transition Team: A Multidisciplinary Intervention to Improve Quality and Reduce Cost of Care for Hospitalized Heart Failure Patients

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Background and Rationale

- Heart failure admissions and readmissions drive cost of care.
- Our institution participated in Medicare Bundled Payments for Care Improvement (BPCI) for heart failure.
- We aimed to develop a transitional care intervention to improve quality and reduce costs.

Objective

To analyze the impact of a multidisciplinary care team on heart failure admissions, readmissions, mortality, and cost.

Methods

Multidisciplinary Care Team:
- Physician Champion
- 2 Nurse practitioners
- Social Worker
- Pharmacist
- Nurse educator
- Transitional care liaison
- IT / Data analytics support

Strategic Principle:
- Identify patients hospitalized with heart failure
- Deliver inpatient interventions
- Coordinate post-hospital care

Process Improvement Model
- Scrum – an agile Lean process improvement methodology.

Results

- Participants in HF bundled payments since July 2015.
- Risk-adjusted 30-day readmissions rates for Medicare patients have decreased.
- Risk-adjusted 30-day mortality has decreased and remains class leading at 6.2%.
- The Quality and Resource Use Report shows a 33% reduction in admissions/attributed patients.
- Our institution has received strong, sustained reimbursements under BPCI for all 8 quarters reported.
- Northwestern Memorial Hospital is one of 17 hospitals in the country with low mortality / low cost for heart failure.

Conclusions

- Empowered multidisciplinary teams can make swift, significant, sustainable, and simultaneous improvements in health care quality and cost.
- Scrum is a simple and powerful process improvement paradigm that is well-suited to care redesign, and can drive rapid results.
- Further work will quantify impact on patient and provider satisfaction and therefore the Quadruple Aim.
- We are expanding this model across our hospital network.

No Relevant Disclosures