Watch Program Overview

www.healthyharford.org

1.19.17

Agenda

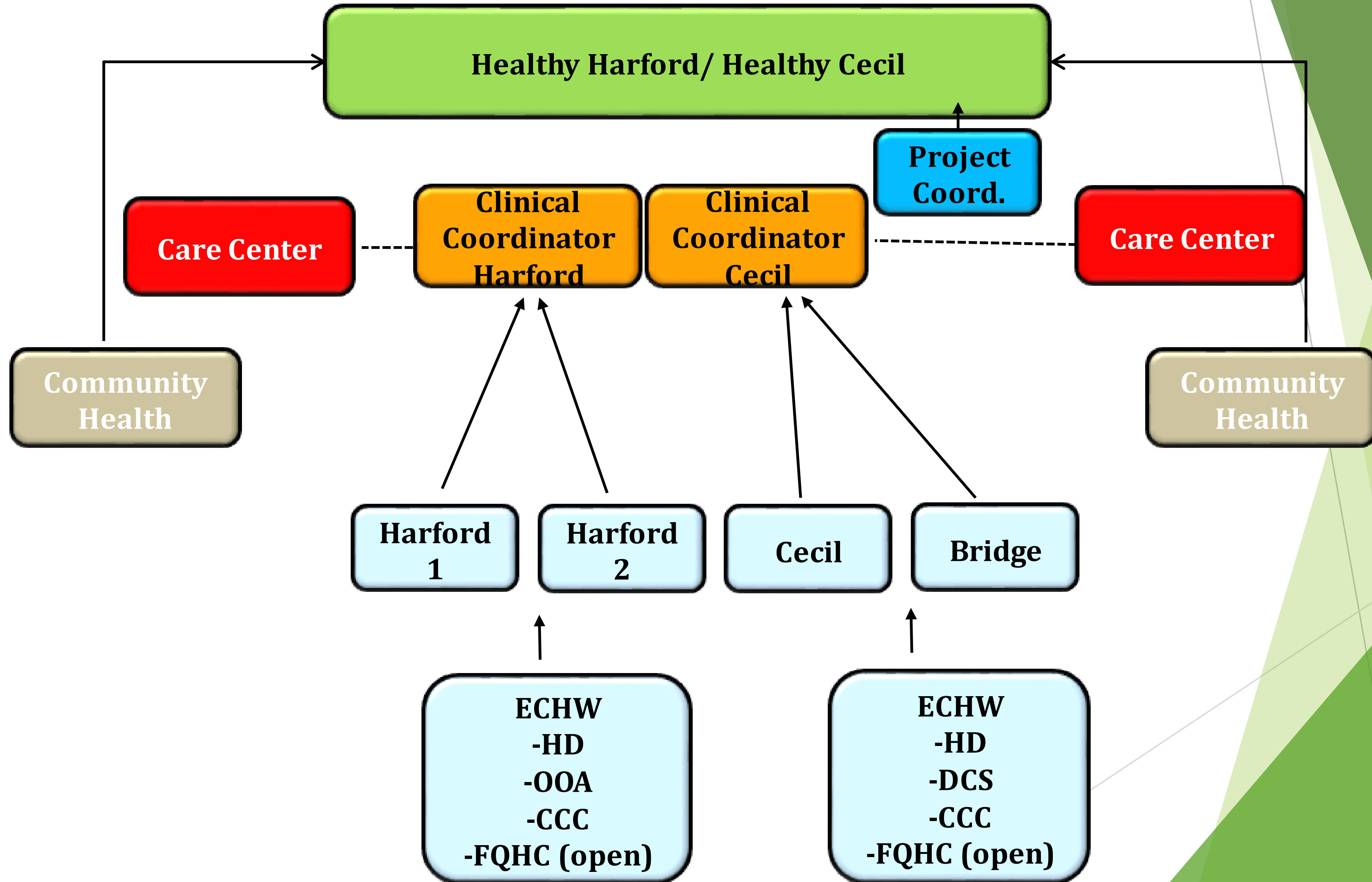
- Our mission
- Who is the WATCH team
- What does the WATCH team do
- Overview of program design
- Program goals/benefits
- Patient experience
- How to refer to WATCH

Mission- Inspire and empower healthy people, healthy families and healthy communities in mind, body and spirit

Vision - Develop a coordinated care network creating the healthiest community in Maryland

Focus- Improve health and wellness in Harford County by promoting healthy lifestyles, building community partnerships and providing care coordination

Who is the WATCH Team?



What Does the WATCH Team Do?

- The WATCH team aims to reach residents in their respect communities to optimize their health and wellness goals to prevent re-hospitalizations through care coordination, health education, and resource support

- The WATCH program ***is not*** home health care but can work with clients while receiving home health care

Overview of Program Design

- Who benefits from our service?
  - People with chronic conditions that are agreeable to short-term in home visits with a team of nurses, a social worker, and community health workers
- Which clients are appropriate referrals for our services?
  - Residents of Cecil or Harford counties
  - 2 or more chronic conditions
  - Covered by ***Medicare*** insurance
  - High Utilizers
    - 5 emergency department visits
    - 3 hospital admissions within the past year
    - Or a combination of both

Overview of Program Design

- Examples of appropriate referrals:
  - Lives alone, little to no support
  - Anxious, has many questions about their disease process or medications
  - Disease management teaching
  - Community referrals for transportation
  - Assistance with housing
    - Applications such as Section 8, Senior housing, and energy assistance
  - Support with food services
    - Food pantry or outreach
  - Recent Falls
  - Non-adherence to treatment plans
    - Medications, office visits, self care, and medical treatments

Overview of Program Design

- Examples of inappropriate referrals:
  - Primary cancer diagnosis
  - Primary mental/behavioral health condition
  - Primary diagnosis of substance abuse or drug overdose
  - Primary pain management
  - Hospice
  - Transplants
  - Maternal/OB

Program Goals/Benefits

- Optimize the health of Cecil/Harford residents
- Reduce avoidable hospital utilization and costs
- Create infrastructure and provider alignment for future ACO/ alternative payment
- Increase quality of care
- Support client's quality of life
- Nurture community partnerships

The Patient Experience: 68 Year Old Male

- Referred from Union Comprehensive Care Center (CCC) to WATCH team
- PMH: COPD, HTN, Seizure disorder, syncope, dementia, bipolar, lithium toxicity and hypothyroidism
- Needs identified: New to oxygen required oxygen teaching, meal assistance, med management, literacy, and housing assistance
- Community Referrals: Meals on Wheels, ensure program, and aided in housing conflicts
- Results: Graduated from WATCH program. No ED/Hospital admits over 60 days. 100% participation in scheduled appointments. Become more independent with daily med administration with use of medi-planner. Demonstrated COPD self management utilizing his home pulse ox, nebulizer, and oxygen
- Testimonial: “Since you started taking care of me, I have felt much better and felt very supported. You girls are all angels. I don’t think I would be here without you”

How Can I Make a Referral?

- To begin referring to the WATCH program, please contact the WATCH team at:

1-800-515-0044

- Additional questions about the program or referral process can be directed to the Clinical Coordinator:
  - Patty Smith
    - Email: psmith@healthycecilharford.com
    - Phone: 443-593-2712

Questions?