Mobile Care Coordinator Program

Year 1 Quarter 2

Reporting Period: 7/1/2020 through 9/30/2020

GUARDIAN NURSES Healthcare Advocates

SouthernCoastal FUND

The Guardian Nurses Way: Embrace Change & Growth

What got us here may not be what will get us to the next level. Be inspired and excited by opportunities that change and growth bring. Be flexible and open to implementing new approaches and look for them yourself.

We Track Mobilized Nursing Outcomes in Three Areas:

Mobilized Nursing Outcome:

Improving Care

Acute Program

ER Visit Avoided

MCC engaged with member's 25yo daughter during pre-cert call. Patient previously diagnosed with COVID and was having cardiac complications including shortness of breath. MCC spoke with imaging center, explained shortness of breath related to enlarged heart not COVID and testing scheduled. Patient not scheduled to see cardiology 'til one month later, but MCC's concern led her to call and get appointment for next day. MCC continues to support. Patient very grateful and said she probably would have "just given up" if it weren't for GN. **Avoided ER visit: $735.**

Phone A Friend

Direct call from 63yo member with history of multiple surgeries resulting in sinus bone infection making him very uncomfortable and taking pain **medication daily**. MCC prevented delay in care by coordinating with insurance company for required testing. Physician reviewed results and told member "nothing more to do." Second opinion expedited with ENT. Surgery successful, member now pain free. He said he tells his friends the story and they cannot believe that GN was able to do that for him.

13	**Accompaniments**
3	Referred to Appropriate Resources
3	SO Consulting Expedited
2	Connected Member to PCP/Specialist
41	**Hospital/Rehab Visits**
21	Safety Needs Assessed and Addressed
10	Identified Member at High Risk for Readmission
4	**Home Visits**
2	Multi-Disciplinary & Ancillary Needs Coordinated
58	**Total Mobilized Events**

Mobilized Nursing Outcome:

Managing or Reducing Cost Acute Program

6 Readmissions: Fund Notified

Wife Knows Best

MCC engaged with 57yo member (HC #9) from inpatient report with history of multiple bypass surgeries. Member reports dizzy spells and shortness of breath on exertion. He called cardiologist who referred to ER, but member refused. No follow up appointment scheduled. MCC intervened with cardiology office regarding member's refusal to follow up. MCC also conveyed concern to member's wife who called and scheduled appointment. During home visit, MCC educated family on cardiac care and follow up to **prevent re-hospitalization.** Member to be transferred to Complex Care Program for continued monitoring and engagement.

30-Day Readmissions

Admit Date	Admission Diagnosis	Readmission Date	Engaged
8/31	Radiculopathy	9/23	Yes
7/7	Abdominal Pain	8/6	Yes
7/29	Abdominal Pain	8/26	Yes
9/2	Cholecystitis	9/11	Yes
8/31	Heart Failure	9/21	Yes
7/22	Bradycardia	8/3	Yes

Mobilized Nursing Outcome:

High Claimants (>$200,000 YTD)

Claimant	Diagnosis	Total Claims YTD	Status/Anticipated Needs
1.	Lung CA	$391,316.61	Engaged, post-op, indefinite chemotherapy
2.	ALL	$355,733.48	Disengaged, BMT
3.	Aplastic Anemia	$354,880.04	Engaged, BMT, should come off benefits
4.	Bone CA	$296,582.43	Recently Engaged, recent ICU admission
5.	Factor VIII Deficiency	$288,714.41	Engaged, oral surgery, claim will increase
6.	Lung CA	$274,576.59	Outreach
7.	Peds Scoliosis	$261,493.17	Engaged
8.	Lung CA	$250,773.35	Engaged
9.	Heart Disease	$231,697.79	Engaged, prevented admission
10.	Spinal Stenosis	$212,257.68	Retired, should come off benefits
11.	Aortic Aneurysm	$201,318.20	Disengaged

Impact on High Claimants

High Claimant #46
Appeared on high claims report 12/2019: Inpatient $161,094.62
Since engagement with GN: No inpatient admissions
(-$161,094.62 annual)

High Claimant #9
Appeared on high claims report in 9/2020. $231,687.79
Since engagement with GN, no admissions.
(-$ 10,000 annual)

Total High Claims 1/1/19-12/31/19 **$9,136,682.64**
Total High Claims 1/1/20-7/31/20 **$3,119,343.75**

Mobilized Nursing Outcome:

Improving Patients' Experience Acute Program

Second Opinions Matter

MCC engaged with 36yo member with Stage 4 Lung CA (HC #1) after multiple pre-cert outreach calls. During review of the case, MCC encouraged member to get second opinion for pending surgery and treatment plan. Expedited appointment and accompaniment coordinated. Member stated that she did not previously understand her diagnosis and was thankful that she was able to make her own educated decision prior to surgery. Second opinion oncologist made additional recommendations to provide a better outcome.

Surgery completed. Based on pathology results, member will require treatment indefinitely. MCC felt strongly that member would benefit from Palliative Care for symptom management and emotional support. Member was able to discuss the difficult topics that upset her family members after speaking with Palliative Care. Member is considering moving her care to second opinion oncologist at a Center for Excellence. Member is a strong fan of GN and has mentioned multiple times how grateful she is to have the MCC by her side.

Mobilized Nursing Outcome:

Improving Care

Change Is A Good Thing

MCC engaged with 60yo member following discharge post stroke. MCC called member to discuss diagnosis, medications and follow up appointments. Based on MCC assessment, it was clear additional care was needed. New PCP (Center of Excellence) and neurology appointment coordinated. Member raved about her new PCP and sent MCC an email that day saying, “I am blessed you are helping me.” Member now being followed in complex care program.

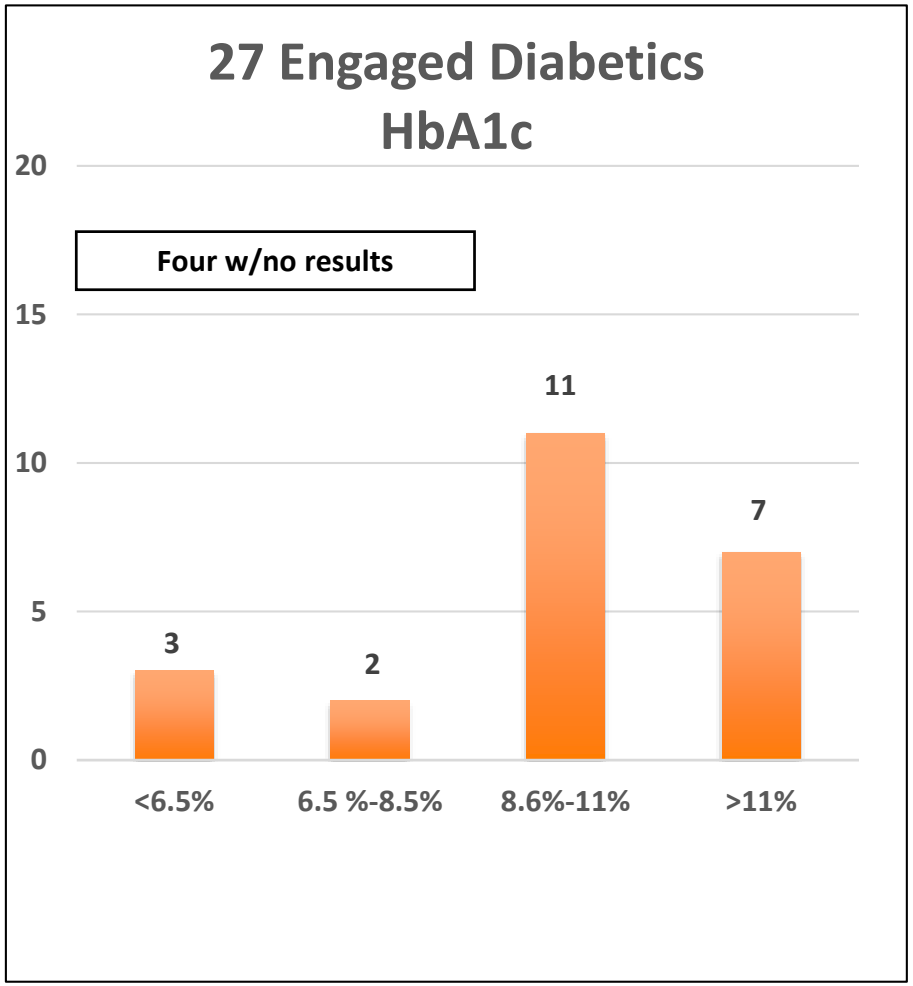
Education Is Key

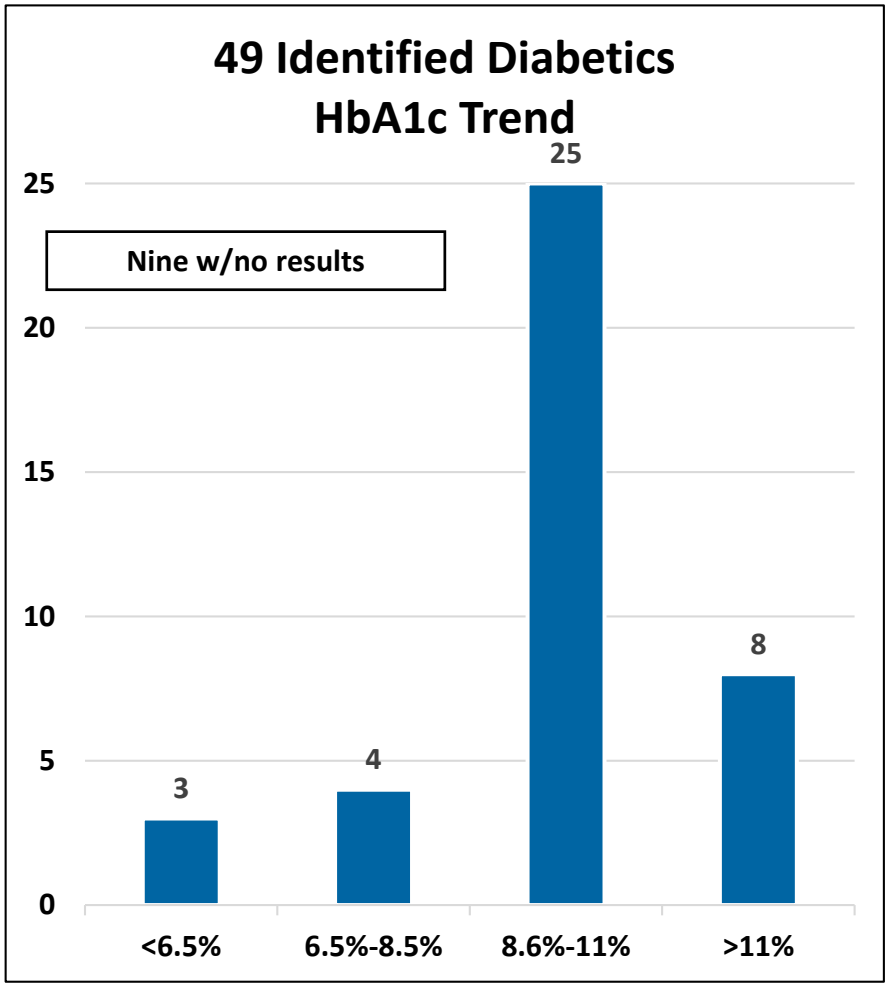
MCC engaged with 56yo diabetic identified on lab report. Member non-compliant and was open to accompaniment. MCC collaborated with PCP at appointment to develop a plan for daily glucose monitoring and assessed member’s understanding after appointment. MCC followed up with member two days later to review blood sugars and insulin dosing. Member was increasing his insulin too frequently, MCC re-educated member on plan for insulin, reviewed a safe range for blood sugar and signs and symptoms of hypoglycemia. MCC continues to check in with member daily to prevent medication error.

Complex Program

6	**Telephonic Outcomes**
3	Connected Member to PCP/Specialist
2	Referred to Appropriate Resources
1	**Accompaniments**
1	Med Reconciliation
1	**Home Visits**
1	Shared Understanding of Treatment Plan
8	**Total Events**

Improving Care: Diabetes





Mobilized Nursing Outcome:

Managing or Reducing Cost Complex Program

Deliver Results

MCC engaged 36yo member with Cystic Fibrosis (HC #12) during high claim outreach call and checks in monthly to assess needs. During the September call, member explained that she was running out of two of her medications and they were no longer covered. CF medications are expensive and crucial for breathing. MCC could hear the anxiety in the member's voice and knew she needed to get the delivery of the medications expedited. MCC reached out to Dina Murray, who was able to assist in getting the member her medications with no out of pocket cost to her. The member was trying to handle it on her own without success. Member received her medications on a Friday, the day of her last dose, and sent MCC a photo of them as proof that they arrived. Member now refers to MCC as her "bestie" and reaches out whenever she has any questions or concerns. Member admits she didn't realize this was a part of what GN did, but she feels so grateful to have this service and will definitely take advantage.

Avoided admission $140,000.00.

Mobilized Nursing Outcome:

Improving Patients' Experience Complex Program

Listen Generously

MCC received direct call from 50yo member who was referred to us by a colleague. He was looking for a drug and alcohol rehab. MCC had a meaningful conversation with member and commented on how proud she was for him reaching out for help. Member requested a rehab that would allow him to remain at his job and continue his masters program. MCC was able to identify several facilities, member reviewed them and decided on 5-day inpatient detox program. Member is currently alcohol free and participating in an intense outpatient program. Member updated MCC stating that he feels like he is worth something; that his life is worth living and he has so much still to offer. MCC continues to engage and support member during his recovery.

Mobile Care Coordinator

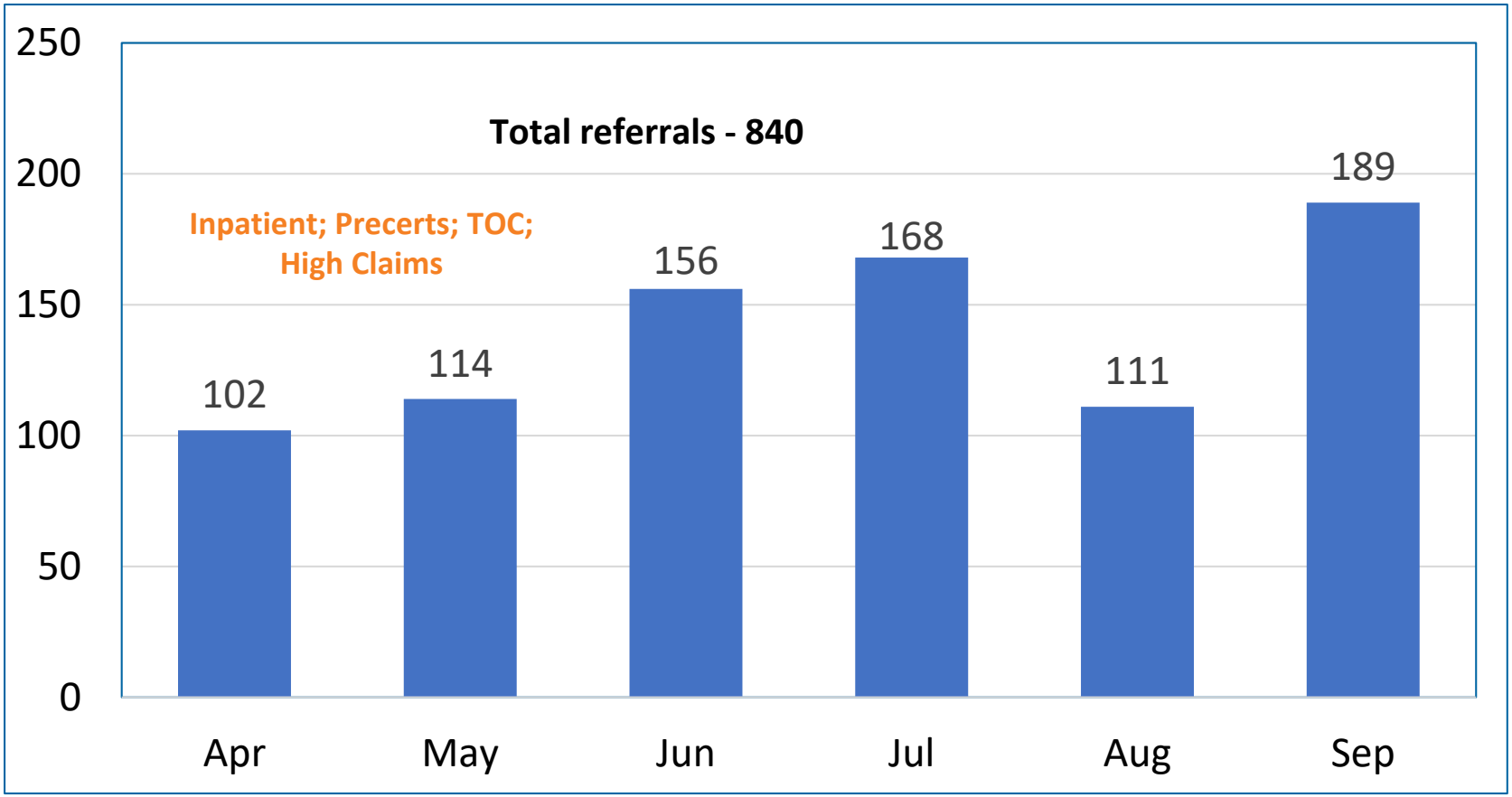
Powered by Guardian Nurses Healthcare Advocates

Southern Coastal FUND

Appendix to Follow

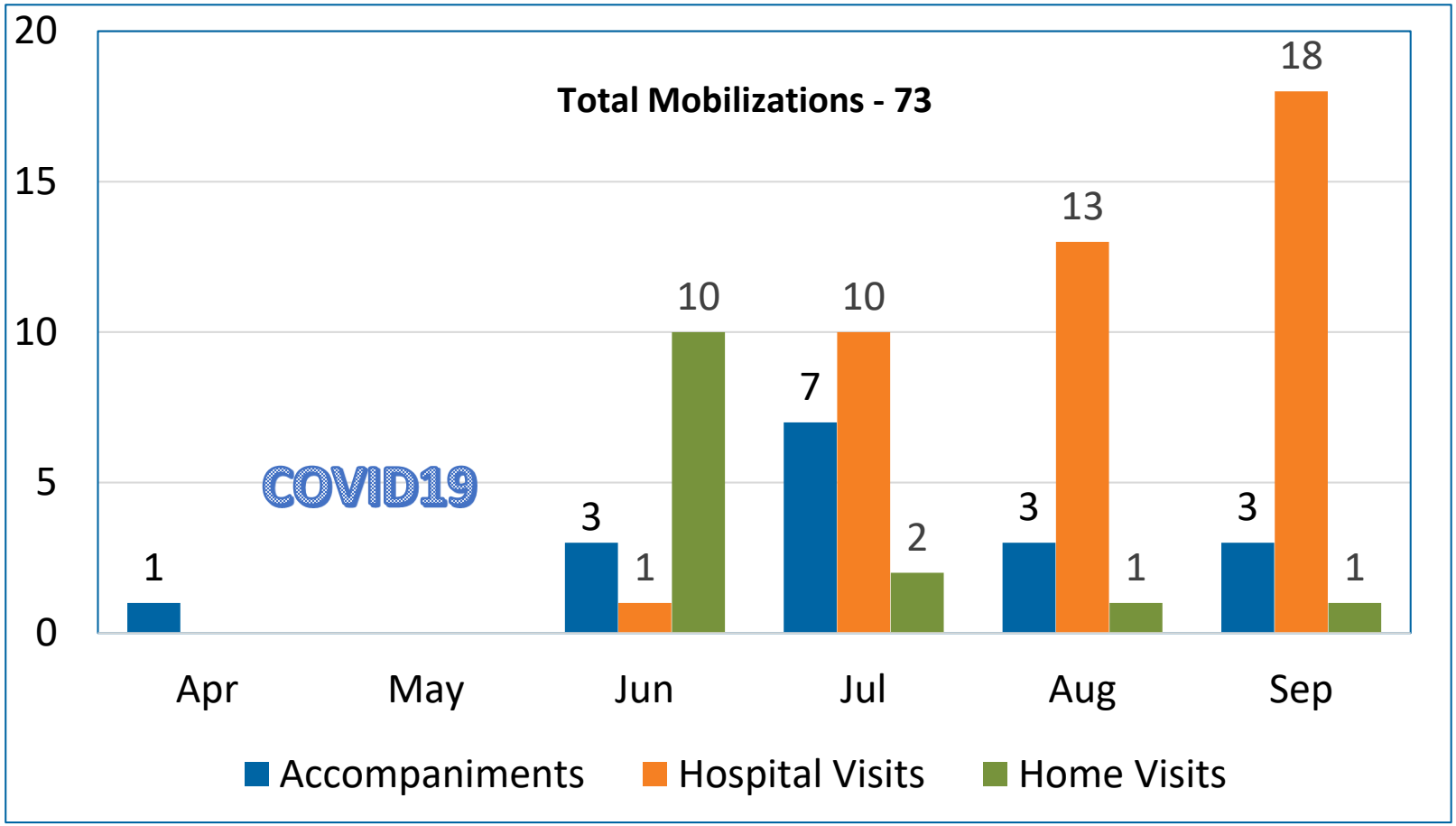
Year 1 Referrals by Month

Acute Program

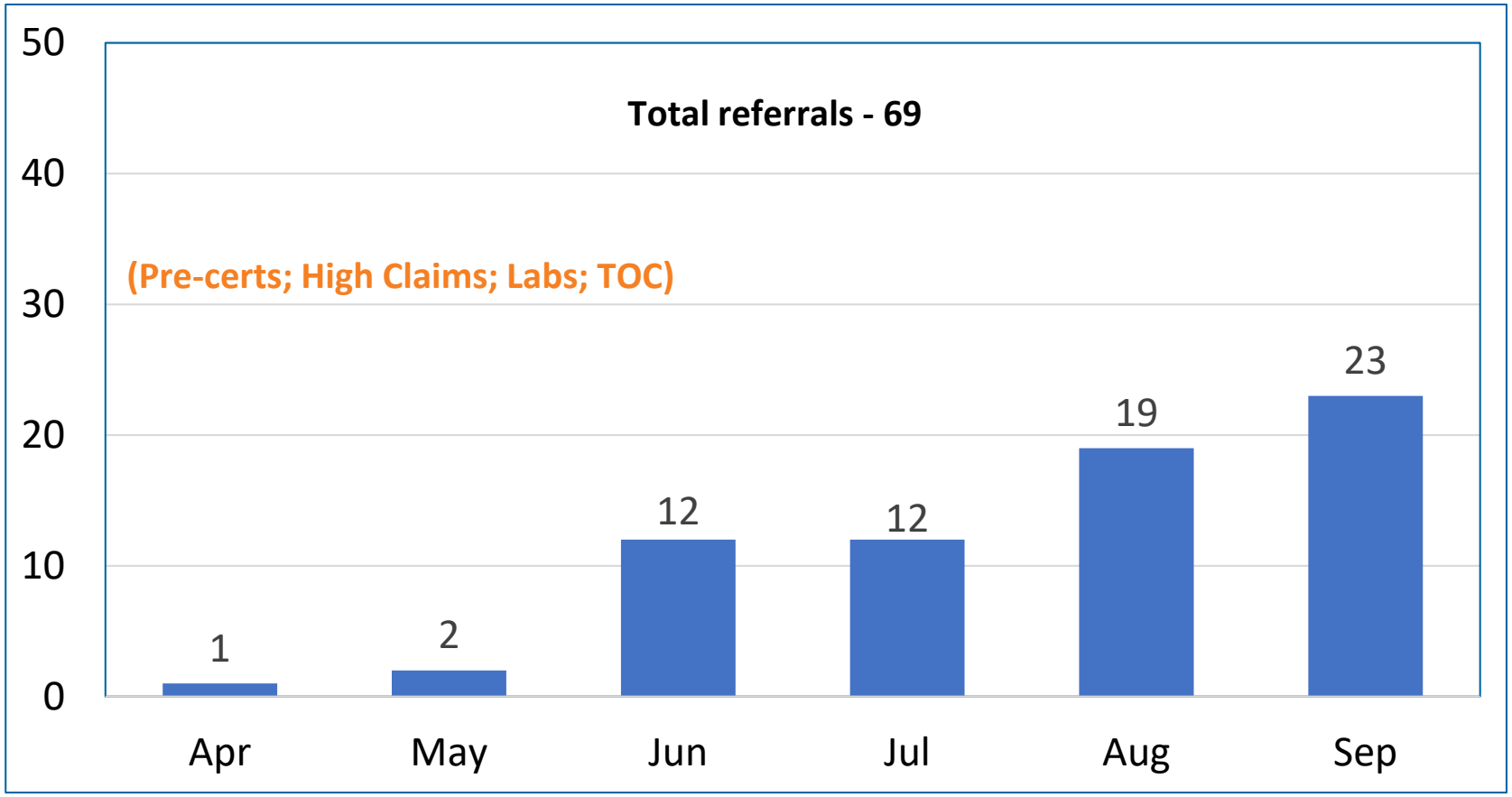


Year 1 Mobilizations

Acute Program



Year 1 Referrals by Month Complex Program



MCC Program Growth – Unique Members Supported