NEXUS
MONTGOMERY

The First Four Years
2016 – 2020

NexusMontgomery.org

Board Chair's Message

Nexus Montgomery Regional Partnership was founded in 2016, based on a shared belief: By working together, Montgomery County's four health systems could accomplish more than the sum of our individual efforts.

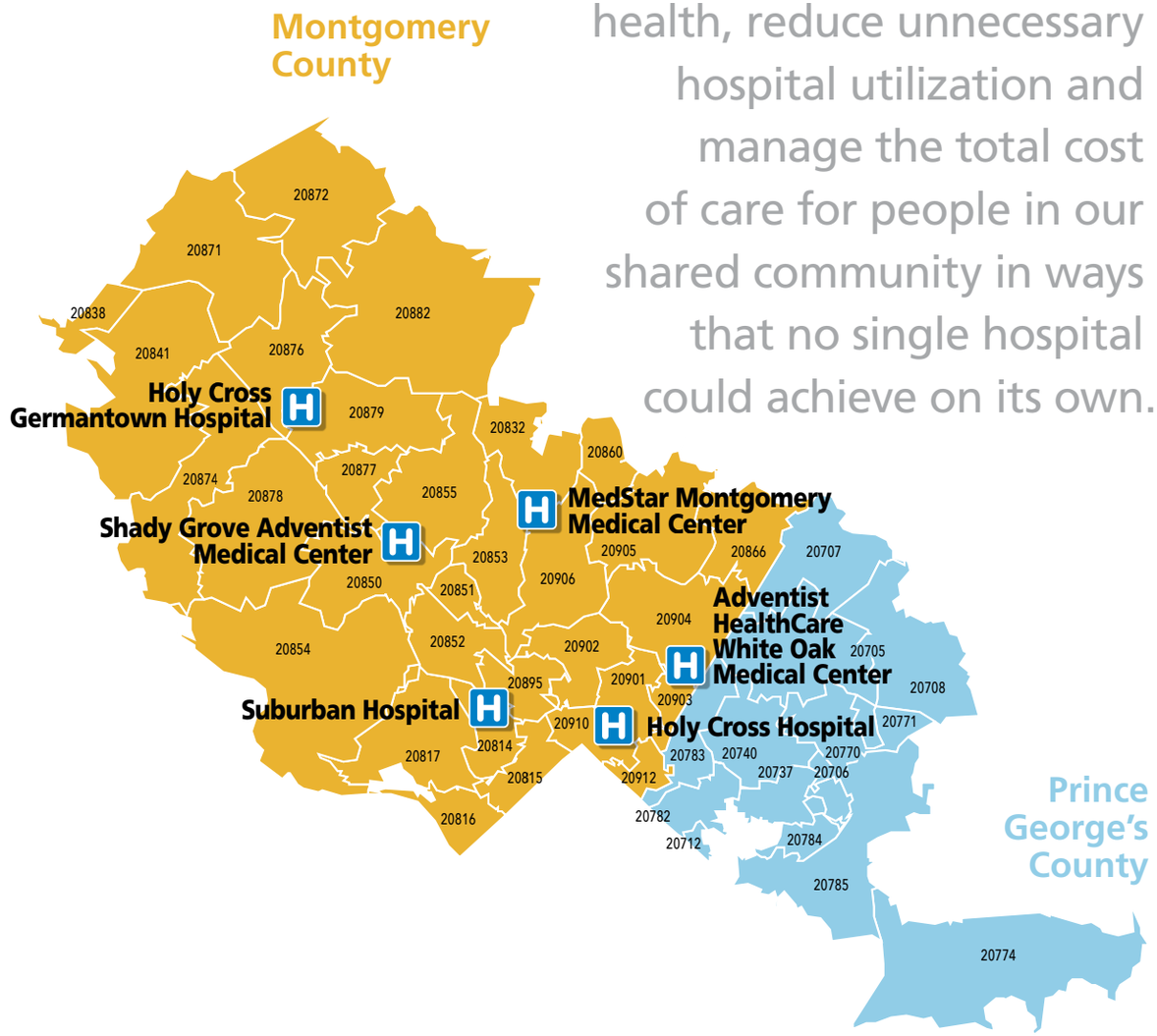
Since our founding, we have increased capacity and access to behavioral health services, health coaching for seniors, and specialty care for uninsured people. To achieve our goal of reducing hospital readmissions, we have streamlined communication among our hospitals and skilled nursing facilities, provided data and support, and shared best practices. We have also launched a community conversation to help people develop and share their advance care plans. Our work has strengthened relationships among our systems, community-based organizations, Montgomery County's Department of Health and Human Services, and health care professionals.

As we reflect on the initial phase of Nexus Montgomery, we are proud of our work and results. We are grateful for your support, and excited for the next steps we will take together.

Sincerely,

Annice Cody
President, Holy Cross Health Network
Board Chair, Nexus Montgomery Regional Partnership

Nexus Montgomery is a collaboration among Montgomery County's hospitals, formed to promote community health, reduce unnecessary hospital utilization and manage the total cost of care for people in our shared community in ways that no single hospital could achieve on its own.



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Introduction

Nexus Montgomery began as a way for hospitals and community partners to test initiatives for better health and care connections. Since the partnership began, its six programs have helped decrease unnecessary utilization at Nexus Montgomery hospitals and contributed to nearly $38M of gross savings in support of the Maryland Total Cost of Care model. That is a positive return on the program investment of $25M from a four-year Health Services Cost Review Commission Transformation Grant.

Although the initial grant that established Nexus Montgomery has concluded, five of the six programs will continue, in some capacity, beyond the grant's conclusion. The Nexus Montgomery partnership infrastructure also continues, having launched a new Diabetes Prevention and Management Program in January 2021 and serving as the vehicle for hospitals to collectively improve health, prevent unnecessary hospital utilization and impact total cost of care in ways no single hospital could on its own.

Nexus Montgomery Programs:

WISH Wellness and Independence for Seniors at Home
Health coaching for seniors

Project Access
Specialty care for the uninsured

Capacity Building for the Severely Mentally Ill
Investment and coordination in behavioral health

Voice Your Choice
Encouraging end of life care planning

Hospital Care Transition
Support for patients after hospital discharge

Skilled Nursing Facility (SNF) Alliance
Improving quality of care for patients discharged to skilled nursing facilities

The Nexus Montgomery Regional Partnership

In our region, patients often receive care from more than one hospital. The six hospitals in Montgomery County realized they could serve the community better by working together. In 2016 they formed the Nexus Montgomery Regional Partnership to connect people at high risk of hospitalization with community resources that can help them remain healthy and independent.

Nexus Montgomery programs improve the health of the entire community by making sure each person has access to the services they need. Nexus Montgomery works to address the medical and social factors that contribute to individuals' health and wellbeing. The result is better care and lower hospital admissions, a win-win for patients and providers.

89,000

people impacted (unduplicated):

2,016	seniors at risk of a hospitalization received individualized health coaching
32,000	improved care transitions between hospital and home or outpatient care
950	patients received specialty care to avoid hospital care for health problems better suited to outpatient treatment
13,260	patients received better-coordinated care for serious mental illness
1,350	of those with serious mental illness received community-based care due to expanded community access
40,500	patient admissions to skilled nursing facilities received improved care

Contributed to total cost of care savings of

$38,000,000

WISH

Most seniors want to stay active, independent, and in their own homes. WISH—Wellness and Independence for Seniors at Home—helped many seniors to make that wish come true.

WISH worked with community partners to identify seniors who may be struggling with their health needs. WISH Health Coaches met with clients to discuss their goals and concerns, and to assess their health and risk factors that could lead to an adverse health event. Together, they developed a personalized plan to meet individual health and wellness needs, and identify and connect to community-based support. Many WISH participants reported improved sense of wellbeing and autonomy. Many have avoided repeat hospitalizations.

POPULATION SERVED:

Individuals 65+ years old, with Medicare and living in a targeted independent living facility

SUCCESSES:

Improved self-reported health

Improved ability to manage chronic conditions

>95% satisfaction with WISH services

IMPACT:

1,200 individuals linked to Community-Based resources

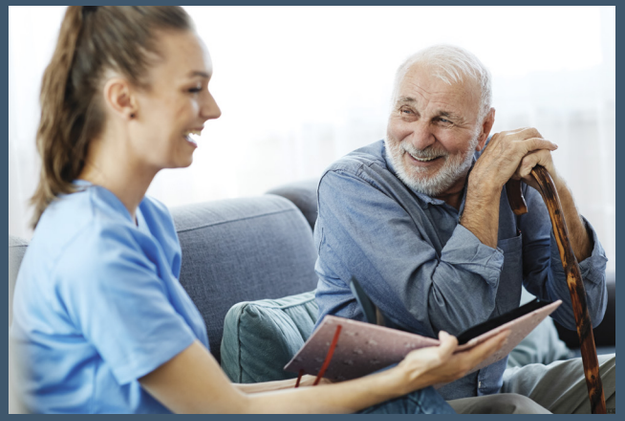
35% of eligible Medicare beneficiaries in WISH participating buildings engaged

$9.3 MIL Medicare Savings

IMPLEMENTATION PARTNER:

The Coordinating Center

Project Access



Project Access is a specialty care referral network that works with primary care clinics, specialty physicians, diagnostic facilities, and local hospitals to provide timely and affordable specialty care to low-income, uninsured patients in Montgomery County.

Nexus Montgomery supported existing services for Montgomery County patients who had had hospital contact within 60 days. It also expanded the program's reach to low-income, uninsured patients in parts of Prince George's County, regardless of hospital contact.

POPULATION SERVED:

Low-income, uninsured patients in need of specialty care and at risk of hospitalization

SUCCESSES:

Expanded population served to include parts of Prince George's County

Connected uninsured patients who have had hospital contact in the past 60 days to necessary specialty care

Grew network of participating specialty providers

IMPACT:

>950 people served with Nexus Montgomery funds

x2 estimated value of services provided compared to cost to the program

85% referral-to-appointment rate

IMPLEMENTATION PARTNER:

Primary Care Coalition

Capacity Building for the Severely Mentally Ill

Nexus Montgomery's Behavioral Health programs aim to improve coordination among those serving individuals with severe mental illness so that patients can receive appropriate care when they need it.

Through this collaboration, Nexus Montgomery supports development of new services to fill gaps in the existing system of care.

Integrated Behavioral Health Workgroup

Mental and behavioral health issues are complex and involve many different service providers. The integrated behavioral health workgroup brought together behavioral health professionals from across our six member hospitals and representatives of county emergency medical services and community health practices. Together, we exchanged experiences, approaches, and best practices to better understand and ultimately reduce high hospital utilization by patients with severe mental illness.

Assertive Community Treatment (ACT) Team

ACT teams support people with severe mental illness by providing ongoing care and support for patients in the community and coordinating access to services such as housing and employment assistance.

With support from Nexus Montgomery, Cornerstone Montgomery added two new ACT teams with capacity to serve 200 individuals with severe mental illness.

Crisis House

Patients experiencing a mental health crisis are often sent to the hospital because there are few other safe options. Crisis Houses provide a safe place to stabilize patients, but access to Crisis House beds was limited. Our investment with partners Cornerstone Montgomery and Sheppard Pratt Health System, has more than doubled the number of beds available in our area. Montgomery County residents will now have access to 40 Crisis House beds, where patients experiencing acute mental health events are evaluated, stabilized, and ultimately connected to other appropriate medical and social services.

Outpatient Mental Health Clinic (OMHC) Referral Program

Nexus Montgomery partnered with Vesta Inc. and Cornerstone Montgomery to improve access to psychiatric follow-up care for patients discharged from the hospital and ED. This was accomplished by expanding the capacity of OMHCs and improving workflows to reduce wait times for services.

Mental Health First Aid (MHFA) Training

The Primary Care Coalition (PCC), Nexus Montgomery's management entity, received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide MHFA training to senior care providers in Nexus Montgomery service areas. The training helps front line care providers identify signs of mental illness and provide their patients with access to therapy, medications, and other resources to maintain their mental health.

"Working with the Nexus group has been an amazing partnership. Focusing on reduction of readmissions and improved client care, as well as community linkage and a shared consciousness towards prevention and treatment for the chronically ill."

— Elise Bhagwat, MS, LCPC, Cornerstone Montgomery

POPULATION SERVED:

Patients diagnosed with a severe mental illness or experiencing a mental health crisis

SUCCESSES:

Created a forum for collaboration among local behavioral health providers

More than doubled local crisis house capacity

MHFA has trained individuals from churches, government agencies, skilled nursing facilities and community-based organizations

IMPACT:

13,260 Severely mentally ill patients served

149 ACT Team cases

549 Crisis House Admissions

$4.2 MIL in total cost of care savings generated from crisis house expansion

IMPLEMENTATION PARTNERS:

Cornerstone Montgomery

Sheppard Pratt Health System

Vesta, Inc.

Voice Your Choice

Voice Your Choice seeks to motivate people to express and document their health care wishes in the event they cannot speak for themselves. The program works with community partners to provide training, webinars and tools that teach people the importance of:

- Talking with trusted relatives and friends about what matters most to them when it comes to health care.
- Selecting a health care agent, an individual who will communicate their wishes when they can't speak for themselves.
- Writing down health care wishes and sharing them with loved ones and health care providers.

Supported by a diverse and engaged steering committee, Voice Your Choice created a shared online platform for advance care planning and developed and delivered an evidence-informed community training curriculum to promote completion of advance care plans.

POPULATION SERVED:

Adults in the Nexus Montgomery service area (see map on page 1)

SUCCESSES:

Created program branding and messaging framework with community steering committee.

Developed training program focused on creation of digital advance care plans and identification of a healthcare agent.

Launched program website and public outreach campaign to connect individuals, health care providers and community facilitators with implementation partners.

Visit **VoiceYourChoice.org** to learn more and complete your advance care plan.

IMPLEMENTATION PARTNER:

Jewish Social Services Agency

Hospital Care Transition

Each Nexus Montgomery hospital operates a Hospital Care Transition (HCT) program to support patients transitioning from the hospital back to their home. Through Nexus Montgomery, each hospital was able to expand its existing programs to serve more patients at high risk of being readmitted to the hospital.

To support these initiatives and to facilitate shared learning and problem solving, Nexus Montgomery established a learning collaborative that brought together hospital care transition staff to share data and best practices, as well as to discuss shared challenges and identify additional resources.

POPULATION SERVED:

Patients transitioning from the hospital to home, with a high risk of readmission

SUCCESSES:

Created communications channels among hospital care transition teams to share best practices and improve coordination for shared patients

Implemented single measurement system to uniformly evaluate the impact of each hospital's HCT program

IMPACT:

10 HCT learning sessions per year

1,388 hospital readmissions prevented

$19.6 MIL hospital cost savings

Skilled Nursing Facility Alliance

The SNF Alliance is a collaborative between Nexus Montgomery hospitals and the 36 Skilled Nursing Facilities from Montgomery County and Prince George's County that receive the majority of patient referrals from Nexus Montgomery hospitals. Through the Alliance, SNFs share best practices, receive support for quality improvement, and engage in activities with the aim of reducing hospitalizations.

Specific areas of focus include:

- Supporting safe and effective transitions from hospital to SNF by ensuring SNFs have the information they need from the hospital before a patient arrives
- Improving communication between SNFs and Emergency Departments when an individual does need to go back to the hospital
- Providing wraparound support for individuals in the first 48 hours at home after SNF discharge
- Individual priority SNFs are provided with one-on-one quality improvement coaching to identify key drivers of hospital utilization and to implement plans to address the identified issues

POPULATION SERVED:

Patients discharged to SNFs and at risk of re-hospitalization within 30 days.

40,500 admissions to SNF impacted

SUCCESSES:

Created a monthly forum to engage all participating SNFs and hospitals

Implemented shared reporting to identify and develop opportunities for improvement

IMPACT:

531 Rehospitalizations prevented

$5.2 MIL total cost of care savings generated

Being a member of the SNF Alliance learning collaborative has provided a framework for our facility's leadership to contemplate and develop a myriad of efforts to improve services throughout our campus.

— Brenda Rice, Hebrew Home of Greater Washington

Cadia became part of Nexus soon after our arrival and acquisition of 5 facilities in Maryland, a critical time. Without their partnership, support and direction it would have been far more difficult to make the necessary improvements on quality. Further, our close working relationship has helped to facilitate shared understanding about our distinct operating environments, and how we can improve transitions in care for patients. We are most grateful for this relationship and partnership.

— Casey Silver, Cadia Healthcare

WISH Independent Living Facilities

- Andrew Kim House
- Arcola Towers
- Asbury Methodist Village
- Avondale Park
- Bauer Park Apartments
- Bedford Court
- Bethany House
- Brooke Grove Retirement Village
- Charter House Senior Apartments
- Churchill Senior Living
- Covenant Village
- Elizabeth House
- Forest Oak Towers
- Friends House Retirement Community
- Hampshire Village
- Holly Hall
- Homecrest House
- Inwood House
- Lakeview House Manor Apartments
- Oaks at Olde Towne
- Randolph Village
- Revitz House
- Ring House
- Rolling Crest Commons
- The Bonifant
- The Oaks at Four Corners
- Town Center Apartments
- Victory Court
- Victory Crest
- Victory Crossing
- Victory Forest
- Victory Haven
- Victory House of Palmer Park
- Victory Oaks
- Victory Terrace
- Victory Tower
- Waverly House
- Willow Manor at Cloppers Mill
- Willow Manor at Colesville
- Willow Manor at Fair Hill Farm

SNF Alliance Facilities

- Althea Woodland Nursing and Rehabilitation Center
- Arcola Health and Rehabilitation
- Asbury Methodist Village (Wilson Health Care Center)
- Bedford Court
- Bel Pre Healthcare Center
- Bethesda Health and Rehabilitation
- Brighton Gardens of Tuckerman Lane
- Brooke Grove Nursing and Rehab
- Cadia Hyattsville
- Cadia Springbrook
- Cadia Wheaton
- Carriage Hill
- Collingswood
- Crescent Cities
- Fairland Center
- Fox Chase
- Friends Nursing Home
- Hebrew Home of Greater Washington
- Hillhaven
- Kensington
- Layhill
- Manor Care Adelphi
- Manor Care Bethesda
- Manor Care Chevy Chase
- Manor Care Hyattsville
- Manor Care Potomac
- Manor Care Silver Spring
- Manor Care Wheaton
- Montgomery Village
- Oak Manor
- Oakview
- Potomac Valley
- Regency Care of Silver Spring
- Shady Grove Center
- Sligo Creek Center
- The Village at Rockville

Nexus Montgomery Hospitals

- Adventist HealthCare Shady Grove Medical Center
- Adventist HealthCare White Oak Medical Center
- Holy Cross Germantown Hospital
- Holy Cross Hospital
- MedStar Montgomery Medical Center
- Suburban Hospital, a member of Johns Hopkins Medicine

Community Implementation Partners

- Primary Care Coalition
- The Coordinating Center
- Cornerstone Montgomery
- Jewish Social Services Agency
- Sheppard Pratt Health System
- Vesta, Inc.

Contributors

Nexus Montgomery is grateful to program staff and hospital leadership who made our first four years a success. While we cannot begin to recognize everyone who played a part in the Nexus Montgomery story, we'd specifically like to recognize:

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thanks

NEXUS MONTGOMERY

8757 Georgia Ave, 10th Floor,
Silver Spring, MD 20910

For more information visit
NexusMontgomery.org

VOICE YOUR CHOICE Steering Committee

Our traveling Nexus Montgomery exhibit table

Mental Health First Aid training at the Lutheran Church of St. Andrew

SNF to Home Pilot Kick-Off

Team Nexus Montgomery!!!