



JOEL ANDERSON
SUPERVISOR, SECOND DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM

DATE: March 14, 2023

06

TO: Board of Supervisors

SUBJECT

REDUCING HOSPITAL READMISSION RATES THROUGH A RURAL HEALTH POST-DISCHARGE PILOT PROGRAM (DISTRICTS: ALL)

OVERVIEW

Sharp Grossmont Hospital (SGH) is a 536-bed medical center and the largest hospital in East County. In addition to providing healthcare treatment for the residents of La Mesa, SGH serves rural communities throughout the entire eastern region of San Diego County, including rural unincorporated communities such as Laguna, Pine Valley, Campo, and located in the greater Mountain Empire region. SGH is recognized for its excellence in cardiac care, oncology services, orthopedics, rehabilitation, stroke care and women's health. This hospital's emergency room and critical care unit is one of San Diego's busiest facilities, treating more than 100,000 patients each year.

The Grossmont Healthcare District (GHD) is a public agency, contracted with SGH, that primarily serves the residents of East County. GHD supports SGH through activities which include operating a community health and wellness library, funding local nonprofits through grants and sponsorships, and offering free wellness programs for residents. GHD is the legal entity offering community health resources to residents in much of East County, including the Mountain Empire region. Through an ongoing partnership they have with San Ysidro Health, GHD contributed over \$1 million for new medical equipment and health services at the Campo Mountain Health and Community Services facility to help ensure sufficient primary care services and health resources for rural residents.

Because SGH is the closest hospital for rural residents in much of the Second Supervisorial District, the majority of Mountain Empire residents requiring hospitalization are transported to SGH to receive medical care. As part of their partnership, GHD worked with SGH to evaluate data trends for 30-day readmissions over the last 5 fiscal years. In the rural communities, which includes Mountain Empire, the rate has increased from 9.1% to 16.8%, whereas non-rural community readmission rates have steadily declined.

With data showing significant increases in rural resident readmission rates, GHD is seeking a proactive and preventive approach to reducing hospital readmissions for rural residents. Through

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a collaboration between San Diego County Fire (County Fire), the Health and Human Services Agency (HHSA), San Ysidro Health, GHD, other members of GHD's Rural Health Coalition, and my office, the concept of a pilot program was developed, where a County Fire firefighter/paramedic and registered public health nurse would be partnered to conduct post discharge follow-ups on rural East County patients. This pilot program will focus on proactively providing at-home check-ins with discharged patients living in rural Second District zip codes, with a special focus on those with the highest level of readmission rates. Upon contact with patients, a County public health nurse would provide clinical discharge support while a firefighter/paramedic would review living conditions and safety hazards in the residence and surrounding property and link constituents to existing programs within County Fire that promote safety.

I am recommending actions to implement this rural post discharge pilot program in partnership with GHD to approve the dedication of one staff year for a firefighter/paramedic and funding for a cost-share with GHD to fund a public health nurse. The recommended actions also direct staff to return to the Board with reported outcomes and recommended next steps for the pilot program, including the potential to expand the pilot to other rural zip codes and engage additional healthcare providers who transport rural residents. In addition, recommended actions would support the exploration of leveraging County Behavioral Health Services initiatives that could be integrated into the program and working with San Ysidro Health and local nursing programs to support program initiatives.

**RECOMMENDATION(S)
SUPERVISOR JOEL ANDERSON**

1. Direct the Chief Administrative Officer to work with the Grossmont Healthcare District to initiate a rural health post-discharge pilot program and establish any contracts to support this initiative.
2. Authorize the Chief Administrative Officer to accept \$60,000 from the Grossmont Healthcare District and allocate \$114,237 to fund a Public Health Nurse for the pilot program. **(4 VOTES)**
3. Direct the Chief Administrative Officer to explore the feasibility of expanding a pilot to other rural zip codes and partnering with additional healthcare entities.
4. Direct the Chief Administrative Officer to explore how County Behavioral Health Services initiatives, funding, and resources, can be leveraged and threaded into the rural health post discharge program activities.
5. Direct the Chief Administrative Officer to explore partnerships with local schools of nursing to implement rural health learning experiences as part of their nursing program curriculum with a focus on a model of care that addresses the unique needs of the rural population.

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6. Direct the Chief Administrative Officer to return to the Board one (1) year from the pilot's launch date to report outcomes on the above recommendations and recommended next steps.

EQUITY IMPACT STATEMENT

The recommended actions support geographic equity by ensuring an equal distribution and delivery of health services throughout the region to vulnerable communities in the rural areas of East County that are disproportionately impacted by health disparities and vulnerabilities.

SUSTAINABILITY IMPACT STATEMENT

The recommended actions will reduce rural health disparities by proactively delivering services through upstream strategies that will ultimately lower hospital readmissions and overall costs, and help with long-term health and wellness of rural East County constituents.

FISCAL IMPACT STATEMENT

There is minimal fiscal impact associated in the current fiscal year and costs will be absorbed in the budget for the County Fire and the Health and Human Services Agency. If approved, the recommendations for this one-year pilot program will result in costs and revenue of \$174,237 to fund a public health nurse. The one-time funding sources are \$114,237 of one-time Health Realignment and \$60,000 from the Grossmont Healthcare District.

There may be fiscal impact related to future recommendations resulting from this pilot program. At that time, staff will return to the Board for consideration and approval with funding source identified. At this time, there will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

At the beginning of the COVID-19 pandemic, the County began to provide services in the unincorporated communities, including the distribution of COVID-19 tests, COVID-19 vaccinations, and efforts to offer flu vaccinations through Emergency Medical Services (EMS) and CAL FIRE personnel. Our Board voted last year to support efforts to expand community paramedicine to reduce the need to drive or transport patients via ambulance by providing alternative treatments in order to reduce hospital readmissions and save lives. We now have an opportunity to advance these efforts by providing additional mobile health services to our vulnerable rural residents.

One of the busiest hospitals in the nation, Sharp Grossmont Hospital (SGH) is a 536-bed hospital that provides medical and surgical care, intensive care, sub-acute and long-term care, rehabilitation and emergency services. SGH is the largest health care facility in East County with programs in emergency and critical care, cardiac care, orthopedics, rehabilitation, behavioral

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health, neurology, women's health, children's health and hospice care. Because SGH is the closest hospital to the Mountain Empire region, over sixty percent of residents from this area requiring emergency services were transported to SGH over the last year.

Mountain Empire residents are some of the most disadvantaged individuals in San Diego County due to the long distances between their homes and the closest medical offices, their rates of health disparities, age, lower incomes, and increased likelihood for hospitalizations. Residents in these communities are more likely to be covered by Medi-Cal or Medicare for their health insurance, which can impede their ability to receive care from a primary care physician due to the reduced reimbursement rate, relative to private health insurance. By proactively reaching these disproportionately impacted individuals with preventive medicine and wellness checks, we will be increasing geographic equity of health and safety services in the region and keeping constituents, particularly seniors, in their homes.

Since 2021, GHD has hosted monthly Rural Health Coalition meetings with key stakeholders and leaders to discuss ways to reduce rural health disparities. One of the topics that has been discussed by coalition members is supporting ways to reduce hospital readmissions from residents of Mountain Empire communities. According to the ambulance transportation data over the last year, more than sixty percent of the 1,237 Mountain Empire patients transported to a hospital went to SGH. Other hospitals, such as Alvarado Hospital, Sharp Memorial, and Kaiser Permanente Zion Medical Center, received the remaining transports due to their ability to treat specialty cases like trauma. In a closer evaluation of rural zip codes, three of eight zip codes (91905, 91906, 91963) account for nearly 80% of the patients readmitted within 30 days. Those zip codes include the communities of Campo, Dulzura, and Boulevard.

The concept of a pilot program deploying a public health nurse and firefighter/paramedic to visit recently discharged patients in a set timeframe is broadly supported by the community, San Diego County Fire, Health and Human Services, and GHD. The proposed program is expected to reduce 30-day readmissions through activities including supporting patients and ensuring proper use of medications, engaging primary care physicians within a week of discharge, and removing geographic barriers that can prevent patients from receiving quality healthcare.

Under the proposed implementation plan, SGH would identify patients discharged from the hospital in the three zip codes encompassing Campo, Dulzura, Boulevard and refer them to follow up care with an in-home visit. The public health nurse and firefighter/paramedic would follow up with the patient and provide an in-home visit that supports:

- Following post-discharge guidance (medications, exercises, changing wraps, etc.)
- Ensuring primary care physician appointments are made and patient has transportation
- Performing holistic evaluation for Knox Box, smoke detectors, defensible space, etc.
- Providing connections to other County services (i.e. social services or enhanced case management if the patient is on Medi-Cal)

While the rural health program staff aren't making home visits, they will be utilized to support community health initiatives such as providing hands-on CPR training, holding Stop the Bleed events, or staffing Live Well Public Health vaccination events in the rural area.

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If the pilot is effective, measured by a decrease in the 30-day hospital readmission rate, then the County and the GHD would work with SGH to evaluate whether the savings and cost avoidance is equal to or exceeds the price of a public health nurse and firefighter/paramedic providing this service in perpetuity. Cost savings and avoidance can be evaluated through:

- Reduction in the Medicare 30-day readmission penalty
- Cost avoidance in Medicare and Medi-Cal patients reimbursement rate relative to private health insurance
- Reduction in ambulance transports and evaluating reimbursement rate from Medicare and Medi-Cal compared to the San Diego County Fire Protection District billing rate

San Diego County Fire has identified an existing firefighter/paramedic that can be redirected for the rural health post-discharge pilot and GHD is proposing to share the cost of an HHSa public health nurse with the County, for the pilot program. Upon demonstrated success of the program, SGH has expressed a commitment to providing ongoing funding for a nurse position that would serve to reduce readmissions to their hospital.

With high opioid overdose rates and behavioral health needs in the Mountain Empire region, the proposed program will also explore how County Behavioral Health Services programs, funding, and resources can be leveraged and threaded into program activities. This could include resourcing to administer Medicated Assisted Treatment (MAT), outreach, engagement and connection to behavioral health services, or responding to behavioral health crises.

In future efforts to expand the pilot program, the recommendations include direction to explore partnerships with local schools of nursing to implement rural health learning experiences as part of their nursing program curriculum with a focus on a model of care that addresses the unique needs of the rural population. Upon exploring expansion and other partnerships with healthcare entities that rural residents are transported to, individual hospital readmission data, costs, and other factors would have to be considered in the report back.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Community Initiative in the County of San Diego's 2023-2028 Strategic Plan by aligning the County's available resources with partners' resources to ensure long-term solvency and reduce hospital admissions costs, by proactively performing health, wellness, and safety checks on the most vulnerable, health disparaged residents of our rural communities.

Respectfully submitted,



Joel Anderson
Supervisor, Second District

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ATTACHMENT(S)
N/A