SPRINGHILL MEDICAL CENTER

Springhill Medical Center Partners with Watershed Health to Reduce Avoidable Readmissions

WatershedHealth

Case Study: Springhill Medical Center

263
beds

11,283
acute discharges per year

Allscripts
EHR

SPRINGHILL MEDICAL
IN MOBILE, ALABAMA

Value-based programs include:

- Medicare Shared Savings Program (MSSP)

Springhill Goals

- **Reduce avoidable readmissions** by optimizing collaboration between providers across the care continuum
- **Reduce hospital length of stay** with efficient post-acute management
- **Reduce operating costs** by improving efficiencies for discharge planning and post-acute referrals
- **Ensure complete and consistent hospital documentation, including social determinants of health**, driving improved quality ratings and compliance
- **Create a network of high-performing post-acute providers** who consistently deliver optimal patient outcomes
- **Improve patient experience** driving higher quality ratings
- **Promote care pathway adherence**, driving improved outcomes, quality ratings and compliance

The Watershed Solution:

Watershed's **end-to-end post-acute care management platform** improves patient outcomes and reduces avoidable hospital readmissions. Watershed fosters an environment of continuous improvement for providers by enabling participants to create high-performing networks based on objective, real-time data.

Springhill Results

- 4 week implementation for hospital and post-acute network
- > 50% reduction in all-cause Medicare 30-day readmissions
- > $15M annual reduction in costs associated with readmissions
- > 10% reduction in Length of Stay
- 50% reduction in average time spent per post-acute referral by case manager
- Communication response time reduced from days to hours between providers
- Reduction in time to establish face-to-face services following hospital discharge from days to hours
- Consistent care pathway adherence with complete documentation including social determinants of health and medication reconciliation following hospital discharge
- > 90% of post-acute providers receiving referrals from Springhill participate in collaborative quality assurance when readmissions occur
- Higher performing and lower cost post-acute network created

Watershed by the Numbers:

- > 80% improvement in care pathway adherence
- > 2 million messages exchanged per month
- > 1 million documents shared per month
- > 750,000 health care provider connections
- >80% improvement in medication reconciliation

Springhill Medical Center

Alabama's fragmented healthcare delivery system has long been challenged by the state's high prevalence of chronic disease and large percentage of uninsured residents struggling with unmet social needs. Ranked #46 of 50 in healthcare by US News & World Report, Alabama's post-acute care outcomes are among the worst in the country, with hospital readmission rates more than 22% above the national average. Watershed Health's software platform was designed for such environments, and is delivering unprecedented improvements throughout the state as the company's network continues to grow.

#46/50
in U.S. healthcare

>22%
above average hospital re-admissions

JEFF ST. CLAIR
CEO,
SPRINGHILL MEDICAL CENTER

Challenges at an Independent Community Hospital

Mobile's family-owned Springhill Medical Center has felt the pain of Alabama's high readmission rates – and the consequences that come from them – for years. "We'd long been focused on optimizing patient outcomes, but the shift from fee-for-service to pay-for-performance made it clear that we needed to be more proactive, or suffer significant financial consequences," explains Springhill CEO Jeff St. Clair.

"Springhill does not employ its physicians and owns only a single nursing home, so our ability to collaborate with post-acute providers was limited," explains Springhill CFO Jan Grigsby. Watching payers shift to performance-based reimbursements, the hospital realized they needed to adapt. They doubled down on quality committees and readmission teams and spoke to colleagues nationwide who were having the same challenges. Despite significant investment in an array of post-acute tools, nobody was making much headway.

Enter Watershed

Founded by health professionals who were frustrated by the rate at which their patients were discharged with a promising care pathway only to be readmitted soon after, Watershed's answer to the readmission epidemic was unlike any of the other solutions Springhill had encountered.

Springhill integrated the Watershed platform into their existing EHR and workflows in less than 4 weeks and Watershed proved its value quickly. "With Watershed, I could handle my patients more effectively, and in half the time," said Springhill Care Coordinator Janel Oestriecher. Additionally, Watershed's novel risk stratification process helped uncover patients most at risk for adverse outcomes such as avoidable hospital readmission. But the unparalleled difference was that Watershed leveraged existing hospital and post-acute network resources to drive better patient outcomes. "It turns out that the resources we needed to be successful were here all along," explained Jeff St. Clair. He quickly rallied the hospital's post-acute providers around this new option.

> ***"With Watershed, I could handle my patients more effectively, and in half the time."***
>
> Janel Oestriecher
> Case Manager, Springhill Medical Center

An Easy Sell

"We met with nursing homes, home health agencies, DME providers and more, and shared the positive impact we believed Watershed could have," said St. Clair. "Within 12 months, our readmission results were nothing short of remarkable, and I give our post-acute partners a lot of the credit." Watershed became, in St. Clair's words, a "vaccination from readmission penalties."

With a half-dozen health platform implementations under her belt, Case Management Director Michelle Allen divulged the "secret" to rapid Watershed adoption. "You can tell Watershed was designed by healthcare workers, unlike other platforms I've worked with in the past," explained Allen. "Within hours, providers are masters at using it." Soon, other area hospitals took notice of the shift they were seeing in the post-acute community.

Designed by healthcare workers for healthcare workers

Collaboration Along the Coast

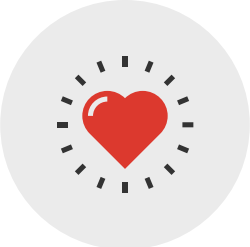
Understanding the value that Watershed could bring to the entire community, the Healthy Gulf Coast Care Transitions Coalition adopted the Watershed platform as a community-wide quality initiative. Made up of hospital and post-acute leadership from across the care continuum, the group worked together to establish region-wide community standards and set mutual expectations in service to their patients.

Post-Acute Providers Embrace Watershed

Saad Healthcare provides home health, hospice and DME services across the gulf coast. Prior to using Watershed, Saad had been frustrated by double-digit readmission rates. “We knew that we could do better,” explains VP of Hospice Phillip Fulgham. “Today, our readmission rates hover in the low single digits. What’s most important is what this means for our patients. They have more time to spend with the people they love. This is why we do what we do, and we’re grateful that Watershed has helped us get to where we are today.”

Payers Pay Attention

As the entire health care continuum along the gulf coast of Alabama began to join the Watershed network and thrive, those responsible for insuring this population took notice. Within three years of Springhill betting on Watershed, a national payer began to leverage the Watershed platform for its members. 18 months later, the largest payer in the state joined in, investing to support the expansion of the Watershed network across the state. By mid-2021, this payer will underwrite Watershed at 36 hospitals and thousands of post-acute providers throughout Alabama.



A Bright Future Ahead

Five years after Springhill Medical Center implemented Watershed, the platform is now on path to optimize over 75% of all hospital discharges in the state of Alabama. The gulf coast results bode well as Watershed expands across the state and beyond. **Reviewing nearly 20,000 hospital discharges in Watershed's initial 5-hospital gulf coast implementation, Watershed showed a 53% reduction in 30-day hospital readmissions.**

CUSTOMER RESULTS SPEAK FOR THEMSELVES:

"You can listen all day long about how great Watershed has been for us. Or you can look at our numbers – each of which represents a life under our care. We cut readmissions in half. And I can assure you that the #1 reason those numbers declined – and those patients fared better – is Watershed Health."

Jeff St. Clair, CEO, Springhill Medical Center

Help people feel better and live longer.

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