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**NEW WEBSITE SHOWCASES 24 PROMISING MODELS  
THAT ARE TRANSFORMING HOW HEALTH CARE IS DELIVERED**

**Health Workforce Solutions LLC Identifies Promising and Replicable Solutions  
For Lowering Costs, Improving Quality and Keeping Patients Satisfied**

(San Francisco CA) – When a large urban hospital in Florida put nurses in charge of managing and facilitating round-the-clock care for a designated unit of patients, it dramatically cut length of stays, improved medical outcomes, and increased satisfaction levels among patients and staff. The story of how Miami Baptist Hospital’s *12-Bed Hospital* elevated the role of nurses to transform the way care is delivered to patients is one of 24 models of promising health care delivery that are profiled in a website ([www.innovativecaremodels.com](http://www.innovativecaremodels.com)) launched today by Health Workforce Solutions LLC (HWS), a California-based research firm focused on workforce issues in health care.

The Innovative Care Delivery Model site, funded with support from the Robert Wood Johnson Foundation, offers hospital and nurse leaders, quality and patient safety experts, consumer advocates, journalists, and others a one-stop source to learn about new ways hospitals and health systems from around the country are devising approaches to curbing health costs, improving quality and safety, managing chronic disease, increasing patient satisfaction and accommodating nursing shortages (see list of projects attached).

“Given the pressures in health care today, the need for new models of care delivery cannot be overstated,” says David Cherner, Managing Partner of HWS. “We selected these 24 models to showcase on this site because they are truly sustainable and replicable and are having a material impact on cost, quality and patient satisfaction in both hospital and outpatient settings,” he adds.

“The way health care is organized and delivered today is neither sustainable nor ideal - which is why we need to explore creative strategies for delivering care,” says RWJF Senior Program Officer Sue Hassmiller, Ph.D., RN. “There are a lot of lessons to be learned from these 24 models, because of their effectiveness in leveraging nurses and

other health care professionals to deliver services more efficiently and economically, resulting in better quality care in a variety of settings," she adds.

The two dozen models profiled fall into three categories of care delivery: acute care, bridging the continuum, and comprehensive care. Visitors to the site will be able to read a complete description of each model, the impetus for why they were created, the results of the effort, what needs to be considered for replication, challenges and lessons learned, and helpful tools. Each description also includes information about the leaders who helped create or managed the development of each model. The models profiled are from all over the country, from Alaska, to Texas, to Massachusetts. Highlights of models profiled:

- Johns Hopkins' *Hospital at Home* project, which allows patients with specific conditions, including congestive heart failure and cellulitis, to remain at home rather than be treated in the hospital. Physicians and nurses visit the patient at home and can provide comparable and more focused care that is less expensive, results in fewer complications, and increases patient satisfaction. The project has been replicated in a number of different sites, including Portland OR.
- A rural collaborative in West Virginia that uses telemedicine and conducts outreach programs to address chronic health problems and narrow disparities in care. Minnie Hamilton Health System's *Comprehensive Rural Care Collaborative* has improved access to primary care and provided care to more than 10,000 poor people living in rural areas of the state.
- Griffin Hospital's *Planetree* model in Connecticut, which puts patients at the center of the care system. Having transformed itself from a failing institution that couldn't recruit physicians because of its poor image in the community, the facility is now cited as having one of the highest rates of patient satisfaction in the country.
- The Southcentral Foundation's values program in Alaska, which involves a unique primary care team and extended family in the care of Native Alaskans. By embracing the culture and values of the community into its care model, the program involves patients and families in care and as a result has kept people healthier and out of the hospital.
- University of Pennsylvania's transitional care model, which has nurses monitor patients beyond discharge to ensure that they get the appropriate care they need in the community and don't end up back in the hospital. This has been replicated in several sites, including Kaiser Permanente in California.

Although each of the 24 delivery models is distinct in its own way, many share the following common elements:

- Elevate the role of nurses by shifting them from a traditional caregiver role to one that integrates and coordinates care for patients; nearly all of the projects do this.
- Deploy an interdisciplinary team for care that includes nurses, physicians, physical therapists, social workers, and pharmacists.
- Bridge the continuum of care by extending their focus beyond the sponsoring organizations primary setting; nearly half of the models provide care that follows

the patient outside of the hospital in the home, outpatient clinics, or long-term care setting.

- Promote home as the setting of care. Six of the projects profiled extend the typical definition of health care, relying on patient home as the primary location.
- Target high-users of health care, focusing on older adults who are heavy users of health care.
- Sharpen the focus on patients by actively involve patients and their families in care planning and delivery.
- Incorporate new technologies. In some models, new technology served as a catalyst for developing a new model.
- Push for improved satisfaction, quality and cost. All models were prompted by specific problems or concerns about quality, patient and provider satisfaction, or unsustainable costs and utilization.

“What makes these models stand apart is that they represent improvements over the existing system,” says Bobbi Kimball, a nurse who is the principal investigator for the Innovative Care Delivery Model project. “All of these projects have embraced goals around improving cost, quality and satisfaction. These are the true leaders who understand that the future health care system will demand a new level of interdisciplinary teamwork, involve families and patients as active partners in care to a much greater extent, and will have to leverage nurses in new and expanded roles.”

To learn more about these 24 projects and the Innovative Care Delivery Model project, visit [www.innovativecaremodels.com](http://www.innovativecaremodels.com)

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*Health Workforce Solutions LLC (HWS) is a research-based strategic consulting and management firm focused on workforce issues in health care. Founded in 2001, the clients of HWS include hospitals and health systems, health plans, professional practice groups and associations, educational and training institutions, foundations and government agencies.*

*HWS assists its clients in understanding the unique challenges of their workforce environment, in creating strategies to address these challenges, and in developing management and leadership skills to ensure the successful execution and continuous improvement of these strategies. This programmatic philosophy stems from HWS' fundamental belief that health care employers will face two enormous challenges in the next two decades: having enough workers to continue to operate, and ensuring that the workers that they attract have the talent to remake service lines to meet expectations of cost, quality, safety and access. For more information, visit [www.healthws.com](http://www.healthws.com).*

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