

## Background

The Virginia Commonwealth University Health System (VCU Health) serves central Virginia as a leading academic medical center and key referral center for the community. And, as the only academic medical center in the region, VCU strives to be on the precipice of health care reform, generating innovative solutions for patients to provide the best care.

In complying with reforms driven out of the Affordable Care Act, VCU sought out the consulting experts at Health Dimensions Group to improve patient experience as they move along the continuum of care. HDG presented VCU with

the recommendation for the development of a SNF preferred network and the need for improved coordination of care across the entire VCU Health continuum. HDG worked with VCU to develop this model, along with the SNF network, to better synergize care transitions for patients.

We recently spoke with Ryan Raisig, Director of Care Coordination at VCU Health System, to discuss VCU's success working with HDG on the development of a SNF network and a centralized care coordination model.

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**Our intent, from the very beginning, has been to create relationships with facilities that are going to stand the test of time. Partnering with HDG was necessary to do a comprehensive analysis. We wanted to make sure that we were getting facilities that wanted to partner with us, that wanted to improve, who were open to looking at where health care is going, and thinking outside of the box. Through our positive community relationships and the ground work done by HDG we received a very positive response.**

**Ryan Raisig**, Director of Care Coordination  
VCU Health

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## Interview

**Health Dimensions Group (HDG):** Can you tell me how the initial engagement with HDG and VCU Health came about?

**Ryan Raisig (RR):** It started about a year prior to our actual engagement, when some of my colleagues were at a conference where two consultants from HDG were presenting on post-acute work and care transitions. My colleagues were very impressed with the presentation, so they reached out to those folks from HDG. It was very timely because we were also looking at doing some work with post-acute providers and care coordination at the time. We had some subsequent follow-up calls on how HDG might be able to assist us and it seemed to be a good fit. We were looking for someone who had a shared vision of where the industry was headed with post-acute care, and it was demonstrated consistently through multiple conversations with HDG that we had similar views on this.

**HDG:** The conclusion after the first engagement with HDG was the recommendation for VCU to develop a SNF network, correct?

**RR:** Yes, the first engagement was focused on what our strategy should be. At the time, we didn't know whether we wanted to go out and build a nursing home, or convert some beds we already had, so we started with a blank slate. First, we looked at what strategies we needed to employ and started thinking about where the long-term care market is going to be in ten or twenty years. At the end of the initial engagement, the recommendation from HDG was to build a partnership network, versus trying to buy an existing facility.

**HDG:** How did the desire to look at coordination of care, redesign, and how that interplayed with post-acute programming come about?

**RR:** It wasn't part of the original engagement, but it became very apparent to the folks we were working with at HDG that we had a lot of very strong programs, but the opportunity was there to better synergize those programs, and work more collaboratively across the continuum of care. So while many of our programs were doing a great job with care management, care coordination, management of complex patients, referrals to post-acute resources, etc., they were often siloed from one another. The recommendation from HDG to remedy this was to continue to go about creating the nursing home network, but to also look at strategies for system-wide care coordination infrastructure that would help to manage that flow across the continuum.

**HDG:** How has the care design work helped to do that?

**RR:** The work that HDG has done has brought to light some of the opportunities that existed within the institution. It's demonstrated to the executive team what other health systems are doing to effectively manage patient flow. It also brought some of these programs together that existed in the silos we described, to talk about better workflow and process management. It's created some avenues of communication and understanding that are paving the way for us to get to a more synergistic approach to the delivery of this care management.

**HDG:** What about the work with the skilled nursing facilities? Why did you choose to create the network?

**RR:** We set out to do this for a few reasons. The first is that we have been working for a number of years to make sure that we've got a continuum of care that wraps around the patient, so that transitions of care are seamless and integrated, and so that providers are communicating with one another. This way the patient knows what to expect along the way; they aren't just bumping along the continuum from one encounter to the next. The nursing home network is helping to create the bidirectional communication that's necessary to create that wraparound service. This has helped us to get the attention of the nursing homes. They want to work with the VCU geriatricians and physicians to be able to follow the patients in the nursing home environment. They want to participate in education provided by VCU clinicians, and then vice versa, they want to educate our clinicians on things they might not understand about the nursing home environment.

**HDG:** It sounds like there has been a high level of engagement from the nursing homes? What do you attribute that to?

**RR:** We were cautiously optimistic going into it, but we are very pleased with the level of engagement. As the region's safety net provider, our patient population includes a wide array of demographics, social factors, and health related complexities. While we knew that some of the nursing homes would be eager to work with us for those reasons, we were unsure how others would respond. Through our positive community relationships and the ground work done by HDG we received a very positive response. HDG did a great job up front of setting clear expectations with the nursing homes and communicating the advantages of network participation. That clear communication really helped to alleviate any misperceptions that were out there.

**HDG:** What did you find were the benefits of doing this level of engagement with HDG to create the network rather than just picking your top ten facilities to be in the network?

**RR:** Our intent, from the very beginning, has been to create relationships with facilities that are going to stand the test of time. It would be a false assumption that because a facility was in our top ten referring facilities for the last three years, that we want to partner with that facility. It doesn't necessarily mean that we have a strong cultural fit with them and that we have aligned goals and incentives. Partnering with HDG was necessary to do a comprehensive analysis; we didn't want to just scratch the surface. We wanted to make sure that we were getting facilities that wanted to partner with us, that wanted to improve. Part of our expectation was that we were looking for facilities who were open to looking at where health care is going, and thinking outside of the box. Had we excluded facilities that didn't meet the cutoff point, we would have potentially missed out on some great partnerships.

**HDG:** What are your long-term goals for the network?

**RR:** Our long-term goals for the network are to create seamless transitions for patients leaving VCU Health and going into either a skilled nursing home or long-term care. We want to improve patient outcomes, we want to reduce negative and unplanned events, and we want to increase patient satisfaction. We can't do these things in silos, they need to be done in collaboration. We, at VCU Health, need to have a strong understanding of what the nursing home environment looks like. While the nursing homes need to have a strong understanding of what our discharge process looks like, so that we can better strengthen those communication channels and pathways. The long-term goal is that we build something that lasts and improves outcomes for patients that are leaving VCU and going into the nursing home environment.

#### About HDG

As one of the country's leading full-service post-acute and senior services management and consulting firms, Health Dimensions Group partners with clients to deliver solutions that help solve their most complicated needs.

Call us today at 763.537.5700 to learn how HDG can help your organization navigate a path for success.