

Laying the Foundation

By Jeannine Bayard, MPH, BSN and RuthAnn Jacobson, MPH, RN

In 1977, when we left the University of Minnesota as nurse practitioners specializing in geriatrics and armed with masters degrees in public health, we dove into our health care careers eager to ‘do right’ by our training and create collaborative relationships with our patients and colleagues. Little did we know back then that our commitment to integrated, holistic care and shared passion for community-based nursing would lay the foundation for the nation’s largest single care coordination program for aging, vulnerable and chronically ill individuals.

Evercare, which started in 1987 as an innovative care model for frail elderly living in nursing homes, is a UnitedHealth Group company that now serves more than 67,000 adults in 12 states.

It’s been an exciting, enlightening journey, and we would like to share our story.

The Evercare idea hatched in the late 1980’s. Our clinical training and management experience gave us a unique perspective on care delivery models, and we saw tremendous opportunities to improve the geriatric health care experience.

We observed that when a patient became a permanent resident of a nursing home, the cost of care rose dramatically while health outcomes declined. Physicians served patients in nursing homes as best they could under Medicare regulations that limited visits and fees.

Nursing home regulations often required frequent contacts to the physician for non-acute medical problems. Often, families were not included in medical care planning and didn’t always understand how and why decisions were made.

By changing the delivery model to move more primary medical care into the nursing home, we believed we could reduce the cost of acute medical care associated with hospitalization while improving quality of care by

coordinating services to reduce duplication, fragmentation and delays inherent in the existing approach. We established an interdisciplinary model where geriatric nurse practitioners and physicians teamed up to create personalized care plans based on geriatric principles for nursing home residents. This Primary Care Team, which was responsible for monitoring and treating the ‘big picture’ of a patient’s physical and mental health, worked in collaboration with nursing home staff and patient families.

The Evercare program was based on treating the whole person and was grounded in core care principles:

- Geriatric nurse practitioners would provide primary care, emphasizing functional independence and treating a patient’s physical, social and psychological needs;
- Evercare physicians would have specific expertise;
- The model would maximize care in the nursing home;
- Evercare would focus on prevention;
- Evercare would advocate for patient rights;
- Evercare would educate;
- Evercare would work with nursing homes to promote efficiency and flexibility;
- Evercare would provide focused care coordination to manage all of the patient’s health care needs.

After we prepared our business plan, marketing strategy, financial projections, and obtained approval, we accepted our first Evercare members in 1987.

Translating our ideas into a concrete plan was a challenge, but also a very necessary learning experience.

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After implementing the first stage of the plan—recruiting doctors and nurse practitioners—we were set to accomplish our goals for the year. We anticipated a large number of enrollees.

With great surprise, we learned not everyone shared our vision, or our enthusiasm. The nursing home industry was highly skeptical of any program associated with health care companies, as relationships between the two were frequently contentious. To their surprise, the nurse practitioner as case manager ordered services and authorized payment. They worked directly with staff to achieve goals for the patient and to reduce costs. At the patient's bedside, collaborative decisions were made, while confusion and mistakes were minimized.

Nurses realized that by collaborating with nurse practitioners they could accomplish many goals for patients without transferring the patient to another setting. In addition, nurses learned physical assessment and other skills from nurse practitioners.

As we worked with nurses and others, we built trust and rapport and began to overcome obstacles. Our membership steadily grew as communication increased, medical care in the facility improved and hospitalizations and emergency room visits decreased.

Today, Evercare is internationally recognized for its successful Primary Care Team approach to providing medical services. Its staff has grown to include more than 400 nurse practitioners and 145 registered nurses. Ovation brings proven, award-winning expertise in nurse-driven patient care programs and employs the largest nurse practitioner workforce in the nation.

For nearly 20 years, Evercare has been a national leader in the use of data management and reporting to improve care and service for Medicare enrollees, allowing us to closely track, measure and analyze clinical outcomes, enrollee satisfaction, use of health care services and program costs.

Evercare has consistently demonstrated its ability to improve services and overall quality of life for its enrollees. Patients and families consistently rate their satisfaction with Evercare at 96% or better, and physicians consistently rate Evercare as a program they would recommend to other physicians.

An independent federal study of Evercare's nursing home program concluded that Evercare reduced hospitalizations by 45% with no change in mortality, reduced emergency room visits by 50%, effectively reduced the number of medications taken by enrollees, and earned higher measures of quality for treating illnesses such as flu, pneumonia and depression.

We are proud that the spirit of innovation that drove the creation of Evercare is still deeply ingrained in the company culture. Evercare continues to collaborate on several projects designed to improve the health care system, including programs that enhance services for the aging, vulnerable and chronically ill.

Perhaps more than any other members of the health care profession, nurses are poised to help drive change.

About the authors

Jeannine Bayard, has retired from Evercare and lives with her husband and two children in St. Paul, MN. In recent years, she has turned her attention to the study and management of neurological disorders such as ADHD and Asperger's Syndrome.

RuthAnn Jacobson, retired from Evercare and now lives with her husband in Florida. She continues to consult with Evercare and has spent time in the UK developing and implementing an Evercare model within the British National Health Service.