

The Power of Capturing Outcome Data at The FREE Foundation



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Presenter

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The Problem

- In Virginia, almost **one of every five** adults does not have health insurance!!
- This means that ~20% of the state's adult population does not get needed healthcare services, medicines and equipment
- Even some with insurance could not get all of the equipment they needed to fully recover

The Consequences

- The consequences of this shortfall were dramatic to the individuals, to their families & to the healthcare system
- Without the needed equipment, people could not recover or return to a life of independence
- Often their health declined upon returning home without necessary devices

The Costs

- The costs that results are numerous and dramatic:
 - Hospital stays
 - Emergency room visits
 - Doctor's office visits
 - Stays in SNFs and ALFs
 - Lost wages of individuals who can not return to work
 - Lost wages of family caregivers forced to quit their jobs to become caregivers

The Costs

- The average daily cost of a hospital stay is \$1,149¹, so a typical 5-day stay to address the results of a fall or other problem runs \$5,745
- The average cost of an ER visit is \$1,896²
- A typical doctor's visit runs \$155³

The Costs

- The average annual cost of a stay in a SNF is \$74,095⁴ and in an ALF is \$35,616⁵. Assuming 50-day stays for recovery = costs of \$10,150 & \$4,879.
- The financial impact of a job loss (family of 3 at the poverty level) is \$17,170⁶

A Solution for Virginia

- In the late 1990's, a rehab doctor in Roanoke Virginia, in the Southwest part of the state, saw the problem first hand
- He also saw the direct consequences in the patients he was treating
- He decided to do something about it



A Solution for Virginia

- He recruited a group of dedicated healthcare professionals who shared his concerns and vision
- Together, they secured funding to start the FREE Foundation from a local hospital foundation
- That foundation was the first to suggest that FREE capture outcome data to help substantiate the impact of funding

A Solution for Virginia

- FREE began gifting new mobility equipment to Roanoke area adults who had exhausted all other sources of aid
- FREE volunteers screened applicants and selected the best equipment for their needs
- As the community became aware of FREE, it became clear that buying new equipment was not an effective solution

A Solution for Virginia

- The FREE model shifted to refurbishing and reutilizing equipment donated by the community
- This created a significant financial leverage, allowing FREE to expand its service area to reach most of western and central Virginia and to serve more clients per dollar spent

A Solution for Virginia

- A partnership with Goodwill Industries made it easy to receive donations and grow
- A partnership with other reutilization programs in Virginia led to the formation of VATNet -- an effort with funding support from the U.S. Dept of Education to provide a statewide reutilization program

Capturing Outcome Data

- FREE began capturing outcome data at the beginning of 2002
- A data set was developed to:
 - Show equipment donors the therapeutic and financial impacts of gifted equipment
 - Show grantors and contributors the therapeutic and financial impacts of their funding
 - Continually test, monitor and validate our service model

Capturing Outcome Data

- A questionnaire was developed to capture the desired outcome data
- Gift recipients were interviewed one month after receiving their equipment
- Recipients were probed to determine if the equipment they received was solving the need that brought them to FREE

Capturing Outcome Data

- Questions are asked that are designed to determine if recipients have:
 - Become more independent (able to care for themselves/walk/do other tasks) after receipt of the equipment
 - Had fewer falls
 - Reduced the number of hospital stays & ER and doctor visits
 - Been able to continue living in their current residence without having to move to a facility that provides a higher level of care

Measurable Outcomes



| | Greater Independence | Decreased Falls | Decreased ER Visits | Decreased Hospitalizations | Staying at Home |
|-------------|-----------------------------|------------------------|----------------------------|-----------------------------------|------------------------|
| 2002 | 93% | 85% | 88% | 92% | 100% |

Measurable Outcomes

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|-------------|---------------------------------|----------------------------|--------------------------------|---------------------------------------|----------------------------|
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| 2003 | 99% | 94% | 98% | 95% | 95% |

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| 2004 | 98% | 83% | 95% | 94% | 99% |
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| 2007 | 99% | 84% | 85% | 82% | 98% |
| 2008* | 93% | 97% | 94% | 98% | 99% |

* First three quarters of 2008

Results

- Knowing the outcomes allows us to project the financial savings that result from the equipment we gift
- We can quantify the number of hospital, ER and doctor visits that are eliminated and assign a real dollar value to that savings
- We can quantify the real dollar value of not having to give up a job or move to a higher, more costly level of care

Results

- We have received consistent positive feedback from grantors who value our ability to show measurable results
- Knowing their dollars will yield measurable outcomes makes grantors more willing to invest
- Our ability to demonstrate quantitative outcome data has been instrumental in securing approximately \$1 Million for FREE and our VATNet partners

A Model for Others

- In large part, our ability to show quantitative outcomes led Christopher and Dana Reeve to ask FREE to develop a replicable community-based model
 - They funded the effort
 - Dana did PSAs for FREE
 - Our model is developed and a startup & operations manual is available to any community with interest



Foundation for Rehabilitation Equipment & Endowment

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BACKUP SLIDES

Footnotes

1. American Hospital Association, "2006 AHA Annual Survey," Health Forum LLC, an affiliate of the American Hospital Association, 2006. Cited at More Information tab at <http://www.conseco.com/wsc/health/hospitalinsurance.shtml>
2. Emergency Room Department Report to Florida Legislature, Appendix H, January 2006.
<http://www.floridahealthstat.com/publications/erd2005.pdf>
3. Agency for Healthcare Research & Quality, U.S. Department of Health & Human Services, MEPS Statistical Brief #166, March 2007
http://www.meps.ahrq.gov/mepsweb/data_files/publications/stat166/stat166.pdf

Footnotes

4. MetLife Market Survey of Nursing Homes & Homecare Costs, September 2005.
<http://www.metlife.com/WPSAssets/41453139101127828650V1F2005%20NH%20and%20HC%20Market%20Survey.pdf>
5. MetLife Market Survey of Assisted Living Costs, October 2006.
<http://www.investmentnews.com/assets/docs/CI16665412.PDF>
6. U.S. Department of Health & Human Services, 2007 Poverty Guidelines. <http://aspe.hhs.gov/poverty/07poverty.shtml>

What FREE Does

FREE provides assistive mobility devices:

- Wheelchairs
- Walkers, canes, & crutches
- Power wheelchairs
- Scooters
- Bathroom equipment
- Other specialty assistive devices

Who FREE Serves

- We serve adults in Virginia
 - In need of rehabilitative equipment
 - With physician-determined medical need
 - Without other means to acquire equipment
 - No insurance or Medicare or Medicaid or personal funds to provide the device
 - Have confirmed financial need

Why FREE Recycles

- Increased volume & selection of equipment
- A means for the community to help itself
- Decrease bulk environmental waste
- It's the right thing to do!
- Cost savings

Cost Savings

| Item | Average Retail Cost for One | Recycling Ratio |
|---|-----------------------------|-----------------|
| Low-end items: Walkers, canes, & Bathroom devices | \$100 | 1:2 |
| Wheelchair | \$900 | 1:4 up to |
| Power Chair | \$7000 | 1:15 up to |



Resources

- Funding
 - U.S. Department of Education
 - Christopher Reeve Paralysis Foundation
 - Commonwealth Neurotrauma Initiative
 - Health & Community Foundations
 - Individuals and Corporate Sponsors
 - Fundraising events
- The dedicated efforts of our volunteers

Diagnosis of People Served 2005

