Prototype Précis

**Name of the Prototype:** 3 Strikes and You’re IN!

**Team Members:** Andrea Beach, Kristen Dawson, Caom Hansen, Stephanie Sponsler, Krishna Vedala

**Value Proposition:** We help emergency rooms and hospitals reduce the number of ER frequent fliers by utilizing proactive human-to-human guidance and care call supports.

**Customer Segment(s):** Emergency Room Departments within the Greater Tulsa Metropolitan Area are intended to be the primary benefactors of this project. High frequency ER Flyers will also benefit from receipt of support and social service guidance.

**What pain is being endured by the Customer Segment(s) due to the current situation?** “Frequent ER Flyers” (defined as patients with 3-10 visits to ER per quarter) strain health care system resources by overutilization of ER resources.

**What gain could be appreciated by the Customer Segment(s) if the Value Proposition under consideration were implemented?** Implementation of this prototype will help reduce the high traffic flow and financial burden currently placed upon ER Departments. Frequent Flyers will appreciate gains through more efficient and comprehensive healthcare and social support in terms of health education and greater access to community resources.

**Describe the Prototype that will be created to demonstrate the salient features of the Value Proposition to the target Customer Segment(s):** Our prototype aims to empower an existing intervention team (SOONER HAN) by utilizing selected MSW and MPH students from the University of Oklahoma to identify high frequency patients. Once the patient is identified, the model aims to proactively develop genuine rapport with bi-weekly telephonic care calls to patient providing continued support and social service guidance. The prototype hypothesizes that by utilizing proactive human-to-human guidance and care call supports, that the high frequency ER Flyers will have a greater likelihood of rerouting their health care habits and trends towards a healthier pattern of preventative wellness and less dependence on the services of Emergency Rooms. Positions of graduate students will be funded through research grants from OU-Tulsa and financial support from SOONER HAN.

**Champion:** David Richardson (Champion)

**Administrative Facilitator:** Matt Clark

**Key Partner(s):** SOONER HAN, RX Assistance, Medical Care, 211, Community Aid, Community Service Council, & OU TULSA.
Brief interpretation - Physicians split with ~ half deeming this project sustainable and the other evaluating it as budget neutral. Social work was unanimously positive regarding the financial plan. Most financial plan detractors were a subset of medical students and PAs.
3 Strikes You’re IN!

Additional Comments
Great identification of needy population
A great idea for one of our biggest problems
Very good. Should collaborate with merging emergency medicine
Great example of how the ER visits have already gone down due to follow-up care!
Great program
I like the idea!
Smart!
How will you account for the perceived shortage of available social workers after implementation of this prototype?
the coverage ability makes me doubt how well this will work and help all the frequent flyers in the ER.
Great thought!! Benefits social work program, patients, and community
Great idea!
Awesome!!
Good idea
As this develops, there may be a need to look into what to do if patients are unable to be reached for whatever reason.
This is something Tulsa needs!!!
Difficulty in sharing information and logging patients.
Call center staff might get ahold of 1 out of 3 patients.
Great project that focuses on the individual patient offering a small start in fixing a larger problem.