Chronically ill and underinsured, Marshall Kettelhut of Austin was like a time bomb. At any time, he might end up in the emergency room or a hospital bed, overwhelmed by his ailments and relying on his taxpayer-funded health plan to cover the bill.

But in the past year, Kettelhut has cut back sharply on his ER visits and has had fewer hospitalizations - thanks, he says, to the doctors, nurses, physician's assistants, case manager and social worker who keep regular tabs on him. They help him manage a daunting array of medical conditions: diabetes, heart failure, chronic obstructive pulmonary disease, obesity, high blood pressure, sleep apnea and irregular heartbeat - as well as bouts of anxiety and depression.

"If it wasn't for these people, I don't know if I'd be here," said Kettelhut, who is 51 and covered by the Medical Access Program through Travis County's Central Health hospital district.

A new world of health care is unfolding for some chronically ill Austin-area residents like Kettelhut, who was a cook at Long John Silver's before he became too sick to work in 2010.

Health care providers are being nudged to change by a convergence of events: the 2010 federal health care law; efforts to overhaul government health coverage by innovating; new government payment schemes that reward - and punish hospitals for performance; and a realization by health care providers that a system of ever-rising costs that pays based on procedures is unsustainable.

Kettelhut is among the first to experience changes that might one day touch almost everyone who receives health care. The treatment he is receiving from two Seton Healthcare Family clinics provides a glimpse into the future of a system being tugged toward paying for quality, not quantity.

"If we are able to spend more time with the patient, their costs are going to go down," said Dr. Norman Chenven, CEO of Austin Regional Clinic. "They won't go to the ER and won't have to be hospitalized. It doesn't take very much to avoid that admission."

Toward that end, major hospital systems in Central Texas have paired with providers such as Austin Regional Clinic to help patients avoid costly and preventable ER visits and hospitalizations. They are targeting the biggest hospital users: chronically ill people, elderly patients and low-income people with complicated health problems.

"What medicine is looking for is value," said Dr. Ernest Haeusslein, Kettelhut's cardiologist and medical director of the Seton Heart Specialty Care and Transplant Center.
Right now, the value is in targeting patients like Kettelhut, Haeusslein said.

No $20 words

Back in 2009, Kettelhut's obesity was spiraling out of control. He's 6 feet 4 inches tall, and his weight peaked at 460 pounds. He was accumulating fluids; his heart was constantly racing. The next two years were a blur of ER visits - sometimes as many as two in a week - and hospitalizations that sometimes reached three in one month, he said.

Although Kettelhut believes his heart disease is inherited, he also realizes he played a role in his condition. He didn't take good care of himself and was "a king-sized idiot" about some of his unhealthy practices, he said, such as smoking, which he has since quit.

One hospital referred Kettelhut to Central Health's Medical Access Program, enabling him to obtain health coverage for the first time as an adult in 2010. But he wasn't able to stay well. An episode of chest pain would cause anxiety and escalate to an ER visit. He didn't know where to turn for help, but his primary care doctor at a Central Health CommUnityCare clinic did.

"She said she wanted me to check this new program out. She said it could be very beneficial to me," Kettelhut recalled.

It was Seton Total Health Partners, the primary care program Seton had opened at University Medical Center Brackenridge for frequent hospital users.

"I liked the vibe of the place," said Kettelhut, who enrolled almost two years ago. "I liked how everybody communicated. They didn't use $20 words to explain a 50-cent cause" for his problems.

After he enrolled, Kettelhut's hospitalizations dropped by half, from seven in 2011 to three in 2012. But his ER visits remained high - nine in 2011 and 11 in 2012 - mostly because of his heart, Seton spokeswoman Ellen Decareau said. He clearly needed more help. The primary care staff referred him to the Seton Heart Failure Clinic last June.

During the first few months, Kettelhut was going to one clinic or the other three or four times a week. Medical staff monitored his health and helped him get on the right medications. Dietitians taught him what foods to eat. A caseworker told him where to find a farmer's market for fresh produce or a food pantry, if he needed one.

A social worker taught him coping skills to calm his fears and anxiety.

"They've taken a lot of stress off of me," he said. "They're there for me. If I've got a problem and I need answers, I can get them."

It took a few months for him to catch on that he had to work for it, he said. "It was them getting in my face, not pulling any punches," Kettelhut said. "They said you can do this - or die."

In the six months since he joined the heart clinic, he has been in the ER once and in the hospital once, Decareau said.

That kind of decline is similar to what Seton is seeing with the other 130 patients in the primary care clinic, Decareau said. At the heart failure clinic, which has 875 patients, Haeusslein is equally optimistic about the results.

Seton officials said it was too early to say how much money their efforts will save.

"One of the things that's really hard about this is you don't get immediate cost savings," Seton executive Greg Hartman said. "You may have to increase costs before you see reductions in cost."

Experts say that prevention for such patients ultimately pays off, though.

"People who get care in a coordinated way are more likely to get the care they need and not get care they don't need," said Dr. Alan Weil, executive director of the National Academy for State Health Policy. Thirty percent to 40 percent of health care is unnecessary and "provides no value," he said.
The local focus The fee-for-service system is one reason for spiraling costs, but duplication of services also ranks high, which is one reason hospital networks like St. David's are investing heavily in electronic patient records, said Dr. Bill Rice, senior vice president of clinical innovation at St. David's HealthCare, Seton's chief competitor. Temple-based Scott & White Healthcare has long had a system of integrated electronic patient records, and "doctors and hospitals (are) working with patients to decide what care is appropriate and what care is redundant and has no value," said Dr. James Rohack, director of the hospital system's Center for Healthcare Policy. Like Seton's work with Kettelhut, Scott & White and St. David's are experimenting with programs that shower resources and attention on the sickest patients. At Scott & White, frail and vulnerable patients meet with an aide before they leave the hospital and are seen afterward at home for a week or two, said CEO Dr. Robert Pryor.

Scott & White also is keeping its clinics open later to prevent overuse of the ER, he said. And it has opened a free clinic. "We are focusing on the 20 percent of the population that causes 80 percent of the health care costs," Rohack said. St. David's is collaborating with Harden Healthcare, a nursing home, hospice and home health company, to send nurse aides to patients' homes. Harden nurses also call the patients to check on them.

"We've really been in a provider-centered health care system. Now, it's a patient-centered system," said Dr. Tom Knight, chief medical officer for St. David's. Central Health is forming a collaborative with Seton to oversee care for 50,000 of the sickest and poorest Travis County residents. The hospital district is using money from a voter-approved tax increase in November to leverage federal money aimed at making the state's Medicaid program more effective and less costly.

Seton and its partners are trying to keep patients from falling through the cracks, said Dr. Greg Sheff, a family practice doctor at Austin Regional Clinic, a Seton collaborator. "It's about building trust and really being accessible for the patient and figuring out what their needs are," said Sheff, president and chief medical officer of the Seton Health Alliance. "It's not magic."

'I love 'em all' But Kettelhut says the attention he has received has produced some magical results. "They made me a partner in whatever goes down," he said. "I've got to be on the same page with them. "I trust them with my life." Haeusslein is proud of his patient. He bantered easily with Kettelhut recently as he listened to his heart and examined his lower legs for fluid retention. Kettelhut was using a crutch after falling and twisting his knee.

"You're the iron man," Haeusslein told him.

Kettelhut's weight was 360 pounds that day, prompting him to recall a time when it was 100 pounds higher. "I was a fat one," he said laughing -something that comes easily to Kettelhut. He no longer lives in constant fear and worry, said his sister, Mary Burnett, 49. "He's more empowered," said Burnett, who lives with her husband and Kettelhut. "He's having to make educated decisions about his own eating habits."

She also has been helped by the program, she said. Staffers have visited their home and helped her better understand her brother's needs. "They've really gone beyond," she said. With help from her and his medical teams, Kettelhut said he is now
managing his health with medication and diet. "I love 'em all up there," Kettelhut said. "Every day's a blessing." Contact Mary Ann Roser at 445-3619.