Getting to the Root Cause: Preventing Trips to the Hospital

Jennifer Gross | September 1, 2020

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Use Analytics to Improve Post-Acute & Long-Term Care Performance

Why We Are Here

- Preventing avoidable trips to the hospital for both short and long-term residents:
  - Contributes to quality of life and care
  - Reduces risks associated with care transitions
  - Reduces cost to payers and patients
- This session will review best practice approaches to reducing hospital admission/readmissions, and highlight key quality improvement solutions available to NM providers through the Value Based Payment (VBP) program

Learning Objectives

Attendees will be able to:

- State at least one difference between PointRight Pro 30 rehospitalization measure and Pro Long Stay hospitalization measure.
- Discuss the difference between the observed and the adjusted rate in the measures
- Identify two strategies that nursing facilities can employ to assist with root cause analysis

ReHospitalization/Hospitalization

Value-Based Programs (VBP) for Both

Rehospitalization vs. Hospitalization

- Definitions of rehospitalization and hospitalization vary depending on the specific program and how it is used.
- For the purposes of today's presentation:
  - Rehospitalization – Patient is discharged from acute care hospital to a skilled nursing facility/nursing facility (SNF/NF) and is discharged back to acute care hospital within 30 days.
  - Hospitalization – Long-stay resident in a SNF/NF is discharged to acute care hospital.
- Both exclude transfers to hospital without discharge from SNF/NF
  - e.g. Emergency Department (ED) visits, observation stays <24 hours

VBP with a National Focus: Medicare VBP

- SNF 30-Day All-Cause Readmission Measure (SNFRM)
  - Risk-adjusted estimate of the number of unplanned readmissions within 30 days from discharge from the prior proximal acute hospitalization
- Population: Medicare Part A FFS beneficiaries
- Data source: Hospital claims
  - Includes readmissions that occur after discharge from SNF
  - Time period for FY 2020: FY 2018 (compared to baseline from FY 2016)
- Program funding: 2% withhold of Part A Medicare FFS payments
  - 60% of the withhold is redistributed as incentive payments

VBP with a National Focus (cont.)

- Planned vs. unplanned readmissions
  - Adapted from CMS's Planned Readmissions Algorithm – specific procedures/principle diagnoses from prior proximal hospital stay where a readmission would not be an indicator of quality issue
  - Examples: Bone marrow/kidney/other transplants; maintenance chemotherapy; readmissions to psychiatric hospitals/units; pregnancy/delivery related
- All other readmissions are counted as unplanned
- **Data from 1/1/20 through 6/30/20 are excluded from current performance measurement due to COVID-19 PHE**

VBP with a State Focus

- Center for Medicare and Medicaid Innovation (CMMI): State-based innovation models; federal funds to aid states in improving care and reducing costs
  - 17 states and DC currently with federal funding for their programs
- Reasons for VBP at the state level:
  - Cost control for Medicare, Medicaid, and CHIP
  - Preventing negative outcomes
- New Mexico's VBP program: **Nursing Facility Value Based Purchasing Program**

NMVBP Program Goals

- **NMVBP Goal:** Improve quality of care, reduce avoidable hospitalizations, and optimize health for all New Mexico Medicaid members receiving services in nursing facilities by 2023.

- **PointRight® Goal:** Deliver proactive solutions to help providers meet the NMVBP program
  - For participating, your facility teams get access to PointRight solutions designed to improve quality in patient care and meet population health goals

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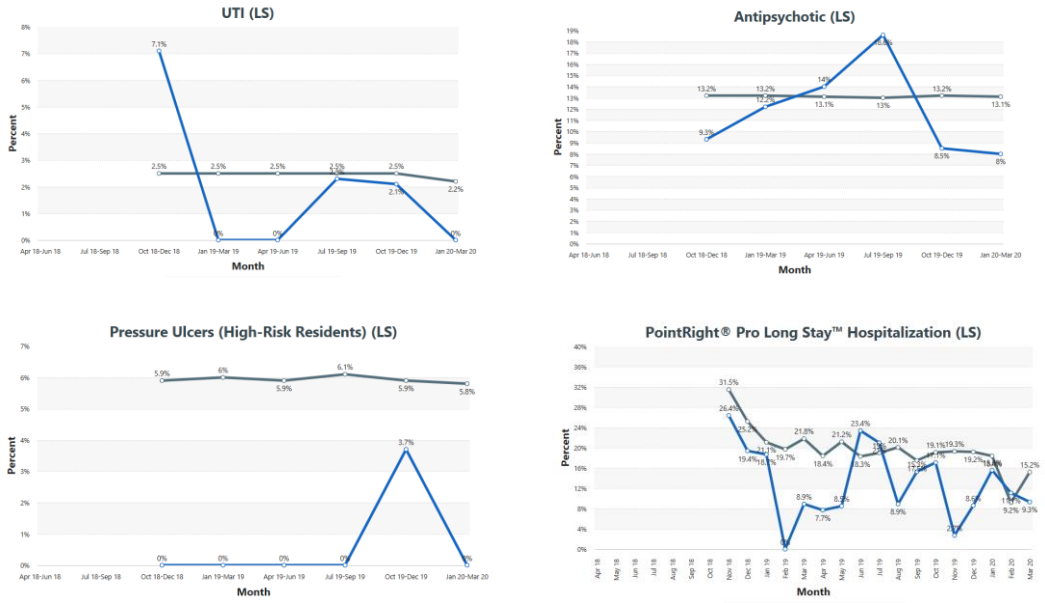
New Mexico Value Based Purchasing Program

4 Quality Measures

- LS Antipsychotic
- LS Urinary Tract Infection
- LS Pressure Ulcer
- PointRight® Pro Long Stay™
  - Risk – adjusted long-stay hospitalization measure



- 100 point maximum per Quality Measure
- 400 point program maximum

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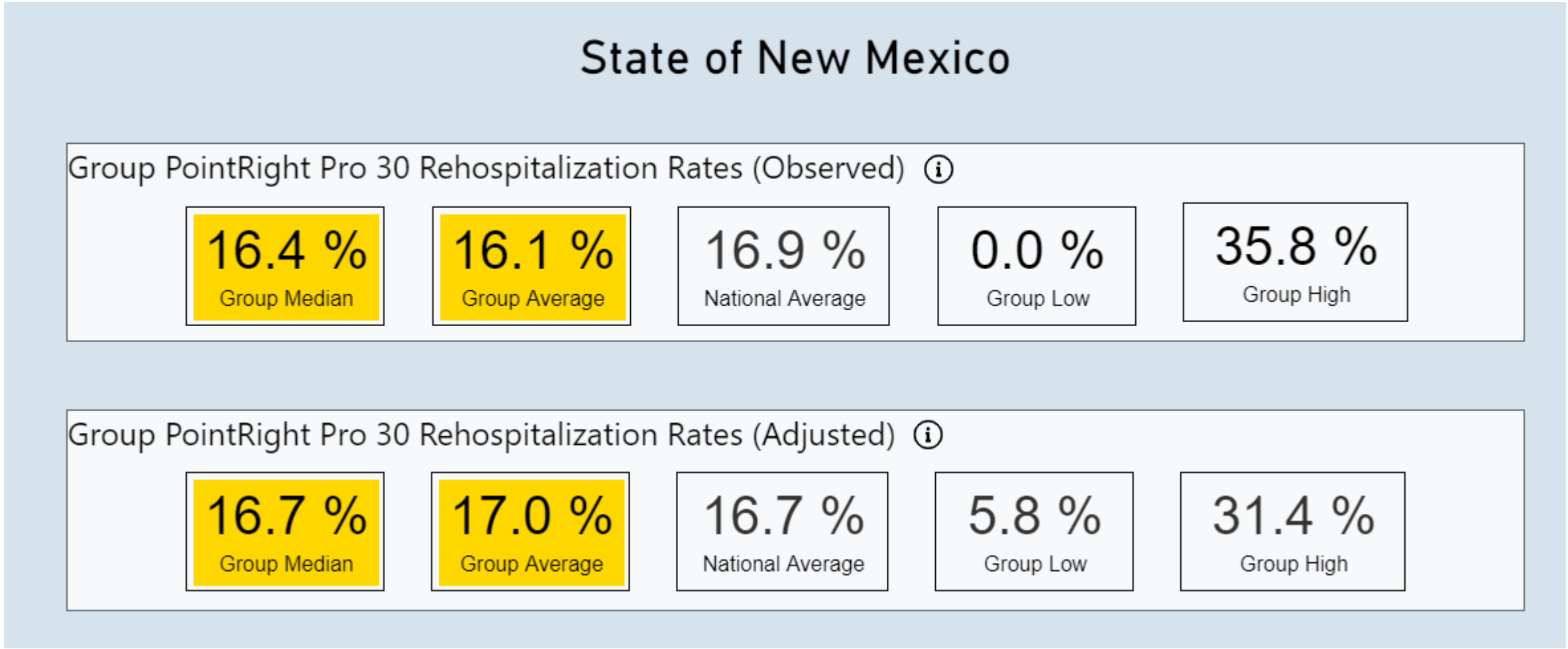
4 NMVBP Financial Incentives

- **Foundational Quality Payment (Quarterly Payment):** up to $3750 per quarter for infrastructure and operations to encourage participation and help offset costs to the facilities for participating in the program. (Tier adjusted)
- **Secondary Quality Payment (Yearly Payment):** to encourage facilities to participate or adopt certain behaviors; CY2020 is for telemedicine (Tier adjusted)
- **Tiered Percentage Quality Payment (Quarterly Payment):** per diem rate established for participating facilities; each facility is eligible to receive the full per diem rate for their Medicaid bed days; tier adjustment is applied based on total points achieved for QM rates (tier adjusted)
- **High-Acuity Add-On Payment (Quarterly Payment):** Additional payment is made to facilities based on resident days with certain conditions; determined from Section I of MDS

New Mexico Rehospitalization



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PointRight Analytic Models

- **PointRight Pro 30© (NQF #2375)** - Risk-adjusted rehospitalization rate
  - Denominator: Admissions to the SNF from acute care hospital with one or more MDS assessments completed
  - Numerator: Discharges back to acute care hospital within 30 days of admission
- **PointRight® Pro Long Stay™ (NQF #2827)** - Risk-adjusted rate of hospitalization of long-stay residents
  - Denominator: Number of long-stay residents in the NF on the first day of each quarter (four-quarter sum)
  - Numerator: Discharges to acute care hospital during the quarter (four quarter sum)

PointRight Analytic Models (cont.)

- Both PointRight models are MDS-based
  - Risk adjustment is based on MDS-based risk factors
  - Excludes: ED visits, observation stays <24 hours, (re)admissions to hospital after discharge to the community from SNF/NF
  - Time period of data is more current than claims data
- MDS data enables root cause analysis down to resident level using PointRight analytics
  - Identify trends and patterns, and/or high-risk populations
  - Track improvement over time

Observed, Expected, and Adjusted Rates

- **Observed:** Rate of rehospitalizations/hospitalizations with no adjustment for acuity
- **Expected:** Rate of rehospitalizations/hospitalizations, estimated based on the clinical indicators of risk on the first MDS for each resident in the denominator
- **Adjusted:** Rate of rehospitalizations/hospitalization that applies PointRight's risk adjustment model

(Observed Rate / Expected Rate) * PointRight National Average

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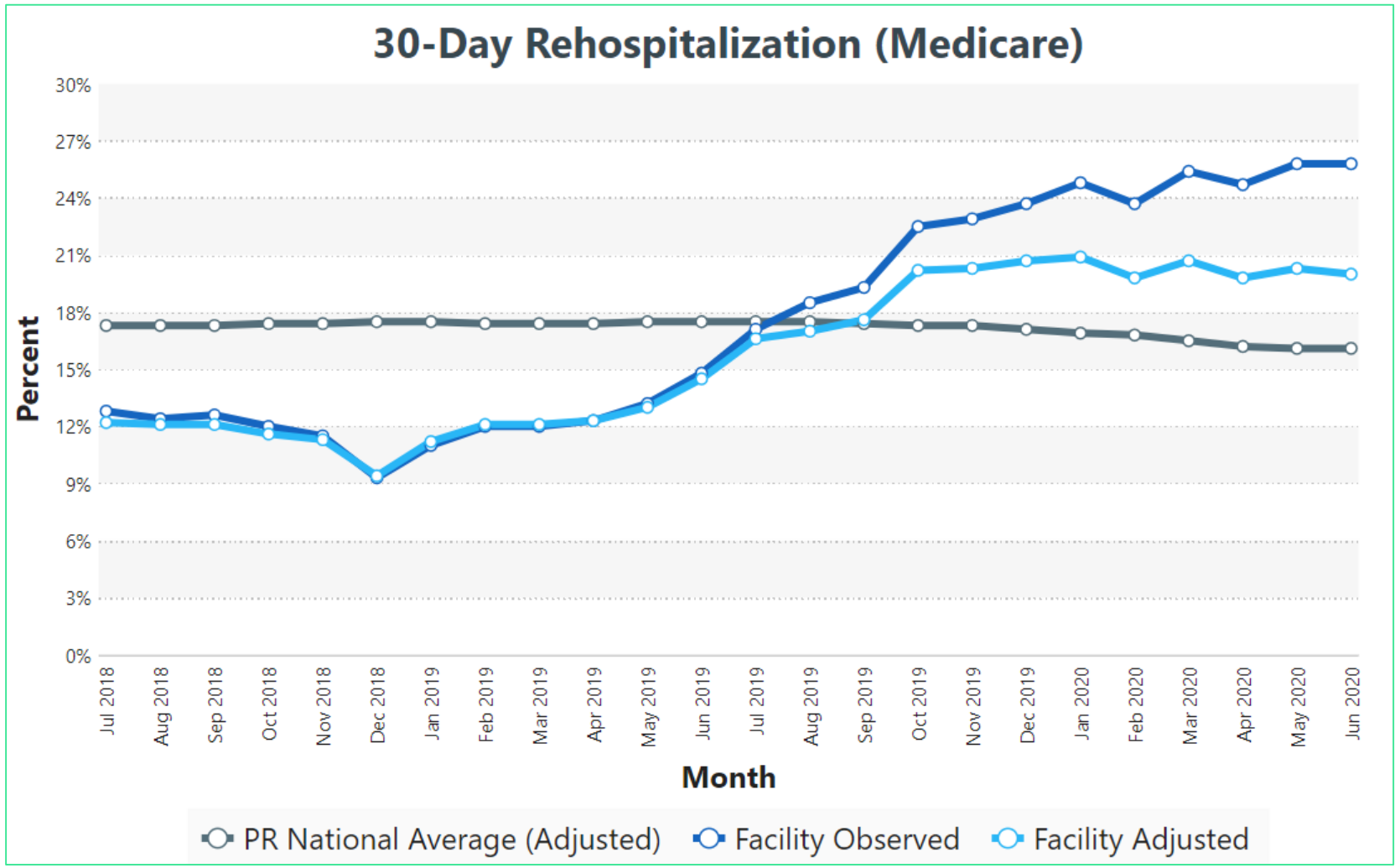
PointRight Analytics to Manage Rehospitalization/Hospitalization

- MDS-based analytics updated daily
  - Support care planning and risk management
- RADAR
  - Care management tool – identify and prioritize high risk residents
    - Descriptive scales (e.g. ADLs, Pain)
    - Predictive scales (e.g. Hospitalization, Mortality)
- NMVBP P4P Scorecard and PointRight Quality Measures (QM)
  - MDS-based QM triggers
  - Drill down to MDS details

ReHospitalization

How PointRight data can help

Case Study #1



- 120-bed SNF, medium volume of referrals. Primary specialty is post-cardiac surgery rehab
- SNF has noted increase in <30 day rehospitalizations, potentially impacting referrals/preferred provider status in hospital network

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Case Study #1: Identify Clinical Cohorts

Medicare Rehospitaliza

OVERALL REHOSPI

Overall

30-Day Rehospitalization

REHOSPITALIZATION BY

Clinical Cohort

Heart Failure

COPD

CVA

Diabetes

Hip Surgery

Knee Surgery

Pneumonia

Recent Surgery

Percentile

85

Percentile

95

75

70

72

⊘

⊘

95

86

REHOSPITALIZATION BY CLINICAL COHORT

Clinical Cohort	Numerator	Denominator
Heart Failure	25	71
COPD	28	97
CVA	16	63
Diabetes	30	114
Hip Surgery	0	2
Knee Surgery	0	5
Pneumonia	13	31
Recent Surgery	20	62

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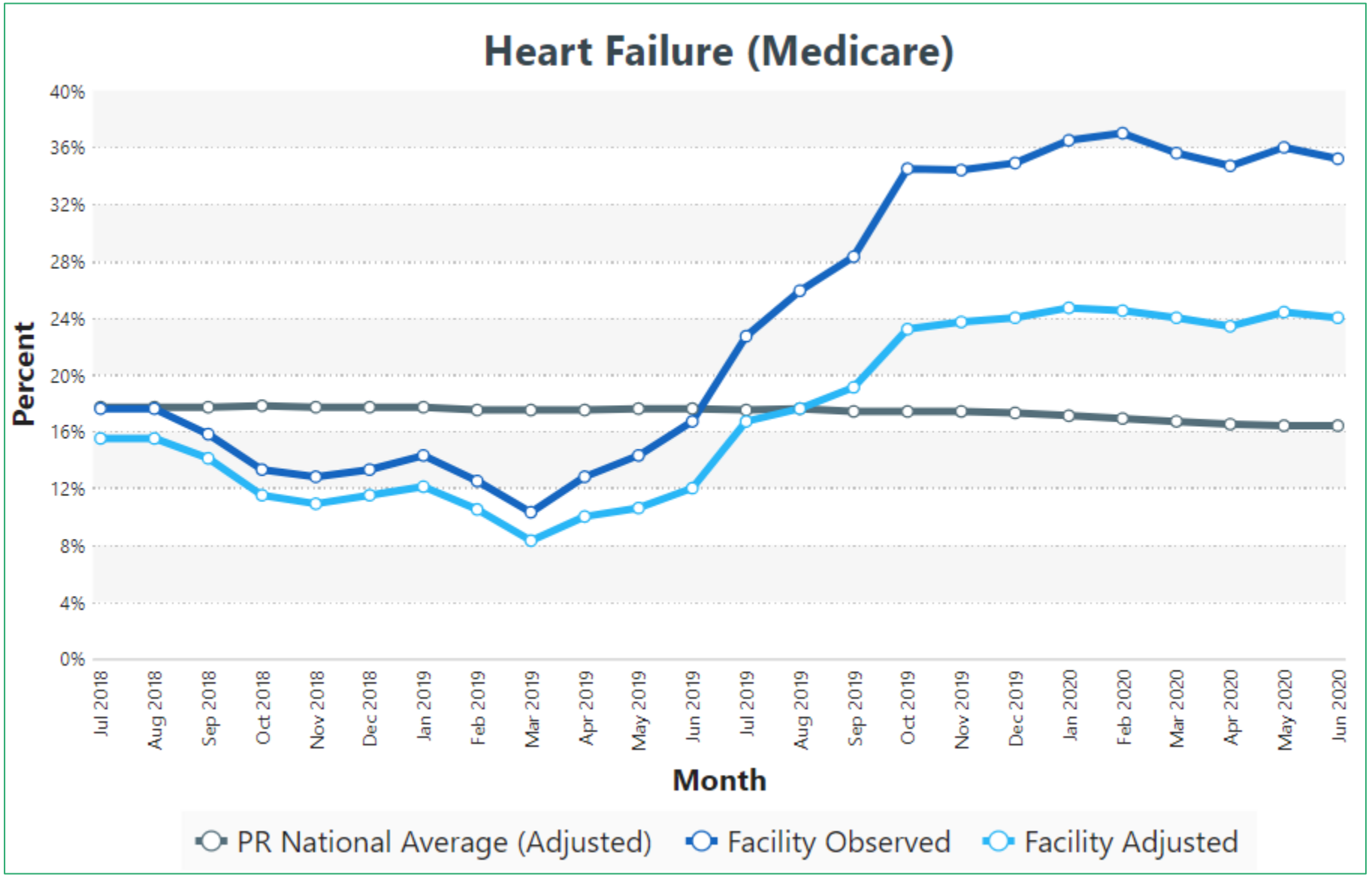
Case Study #1: Analyze Trends



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Case Study #1: Dig Into Details

Name	Entry Date (A1600)	Entry Day	Discharge Assessment ARD	Discharge Type (A0310G)	LOS	Discharge D
BNDKOXH, UUJDKS	05/07/2020	Thursday	05/11/2020	Unplanned	4	Monday
CNBM, BELQW	12/06/2019	Friday	12/31/2019	Unplanned	25	Tuesday
ECETL, WSXFWSQ	01/15/2020	Wednesday	01/29/2020	Unplanned	14	Wednesday
EIAQSBS, KQTOQH	09/19/2019	Thursday	09/25/2019	Unplanned	6	Wednesday
EWMSZC, PVIKOWZ	10/31/2019	Thursday	11/03/2019	Unplanned	3	Sunday
FDDYHOU, ERPAEU	03/11/2020	Wednesday	03/18/2020	Unplanned	7	Wednesday
FZCTRZKI, ITAXHHM	01/21/2020	Tuesday	02/17/2020	Unplanned	27	Monday
HRXJCBH, KEYO	11/20/2019	Wednesday	11/21/2019	Unplanned	1	Thursday
IIFQILZ, HLIXYC	04/07/2020	Tuesday	04/27/2020	Unplanned	20	Monday

Discharge Day	COPD	CVA	Diabetes
Monday	☐	☐	☐
Tuesday	☑	☐	☑
Wednesday	☐	☑	☑
Wednesday	☐	☑	☑
Sunday	☐	☐	☐
Wednesday	☐	☐	☑
Monday	☐	☐	☑
Thursday	☐	☐	☑
Monday	☐	☐	☑

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Root Cause Analysis #1 Findings

- High priority populations
- Comorbidities
- Day of week
- Length of stay before rehospitalization

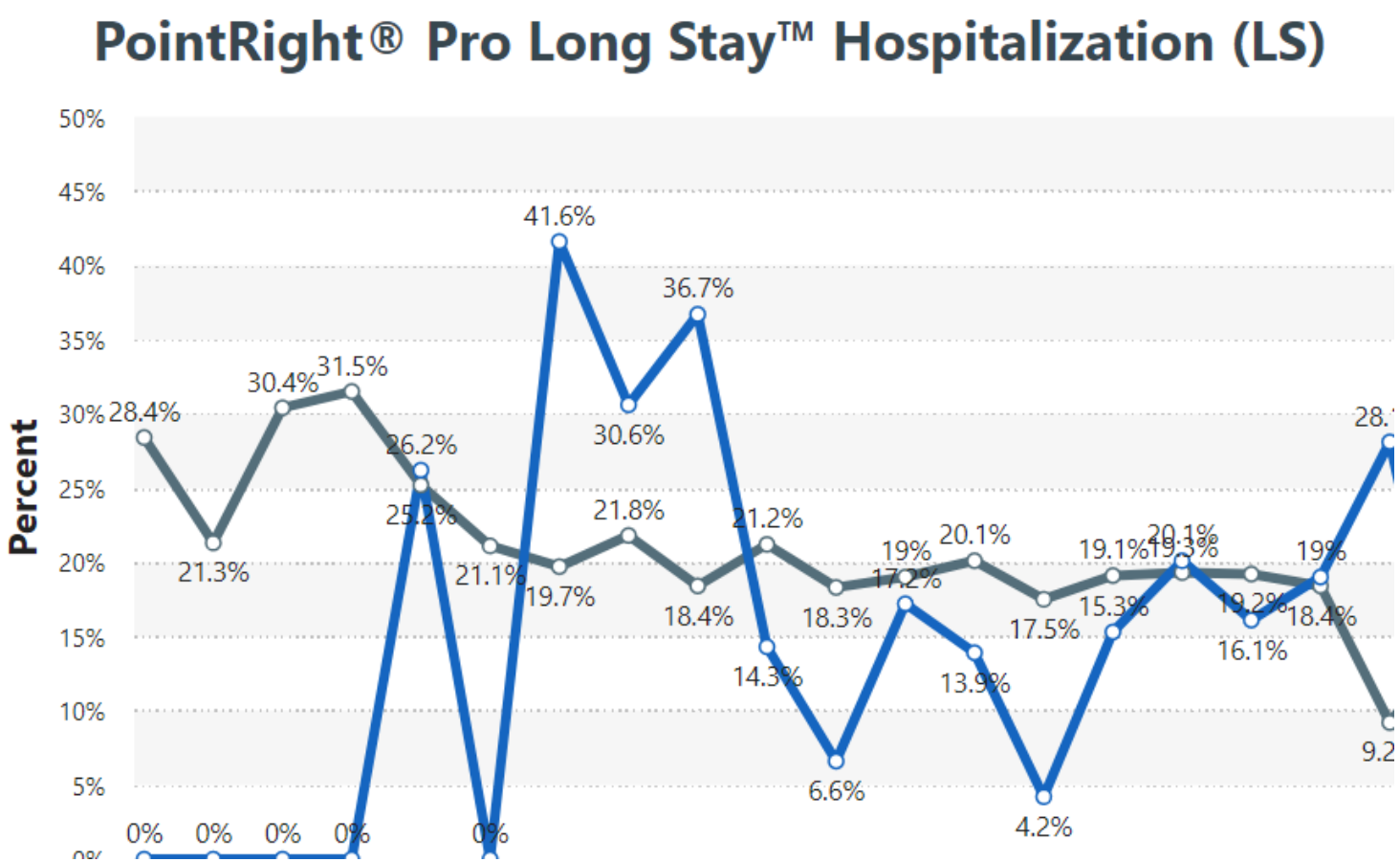
Hospitalization

How PointRight solutions can help

Long-Stay Hospitalization Risks

- Quality Measures
  - Falls (With Injury, Surveyor measure), UTI, Weight Loss, Pressure Ulcers
- Risk areas:
  - Cognitive decline, pain, ADL changes
- Identify high risk and outcome issues
  - RADAR
  - PointRight QM
  - Pro Long Stay

Case Study #2



- NF with 40-bed LTC unit had a previous spike in hospitalizations but had brought their rate down
- Now hospitalizations are increasing again
- Long-term population has not turned over, “aging in place”

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Case Study #2: Identify QM Issues

Long-Stay MDS-Based

Measure	Numerator	Denominator
Falls (Surveyor)	68	180
Falls with Major Injury	3	180

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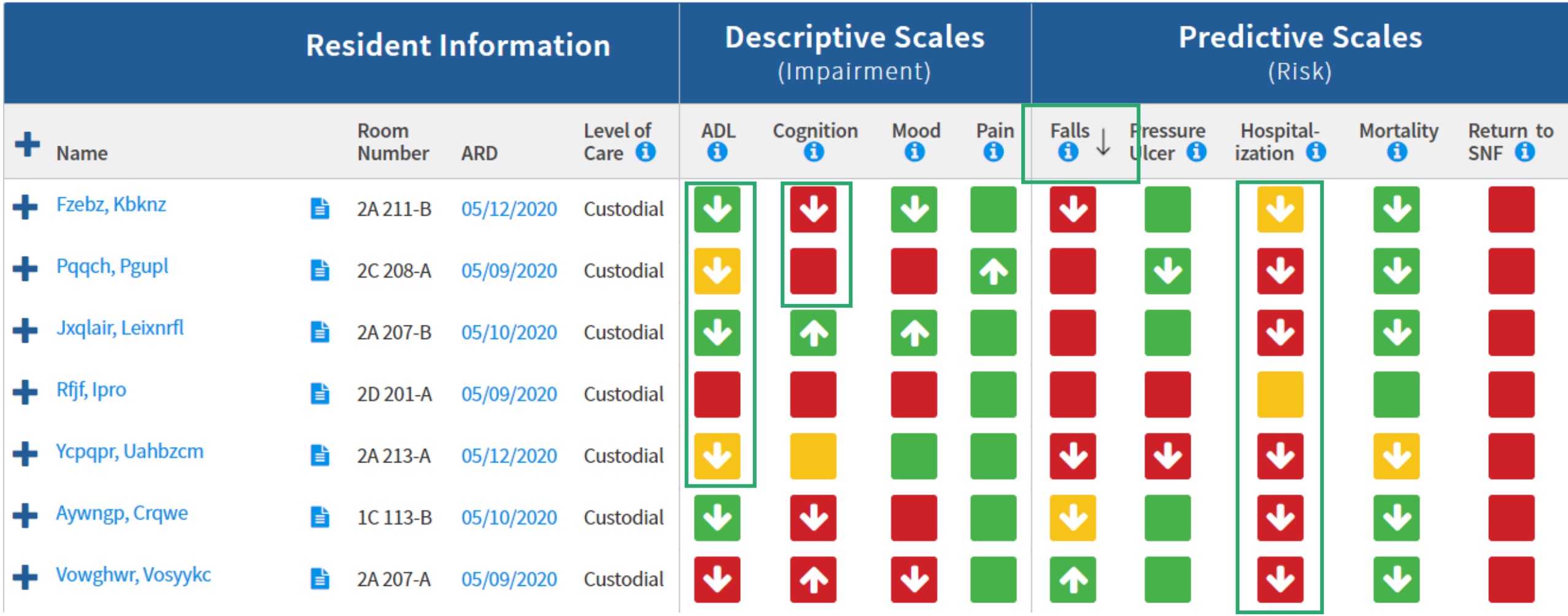
Case Study #2: Look for Risk



Resident Information					Descriptive Scales (Impairment)				Predictive Scales (Risk)				
Name		Room Number	ARD	Level of Care	ADL	Cognition	Mood	Pain	Falls	Pressure Ulcer	Hospital-ization	Mortality	Return to SNF
Fzebz, Kbknz		2A 211-B	05/12/2020	Custodial	↓	↓	↓	—	↓	—	↓	↓	—
Pqqch, Pgupl		2C 208-A	05/09/2020	Custodial	↓	—	—	↑	—	↓	↓	↓	—
Jxqlair, Leixnrfl		2A 207-B	05/10/2020	Custodial	↓	↑	↑	—	—	—	↓	↓	—
Rfjf, Ipro		2D 201-A	05/09/2020	Custodial	—	—	—	—	—	—	—	—	—
Ycpqpr, Uahbzcm		2A 213-A	05/12/2020	Custodial	↓	—	—	—	↓	↓	↓	↓	—
Aywngp, Crqwe		1C 113-B	05/10/2020	Custodial	↓	↓	—	—	↓	—	↓	↓	—
Vowghwr, Vosyykc		2A 207-A	05/09/2020	Custodial	↓	↑	↓	—	↑	—	↓	↓	—

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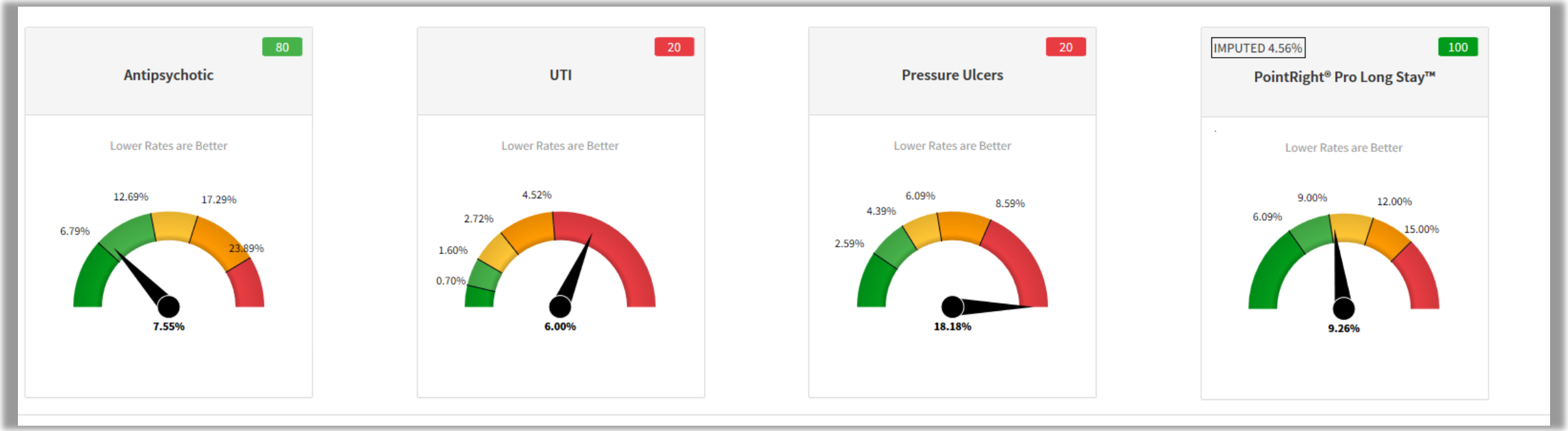
Root Cause Analysis #2 Findings

- High priority populations
- Risk areas
- Changes over time
- Opportunities for restorative

New Mexico VBP P4P Scorecard

Manage NMVBP Performance

Track Quality Measure Rates and Points Earned



View by Quarter:

- Current QM rates and VBP program points
  - View cut points for other Tiers

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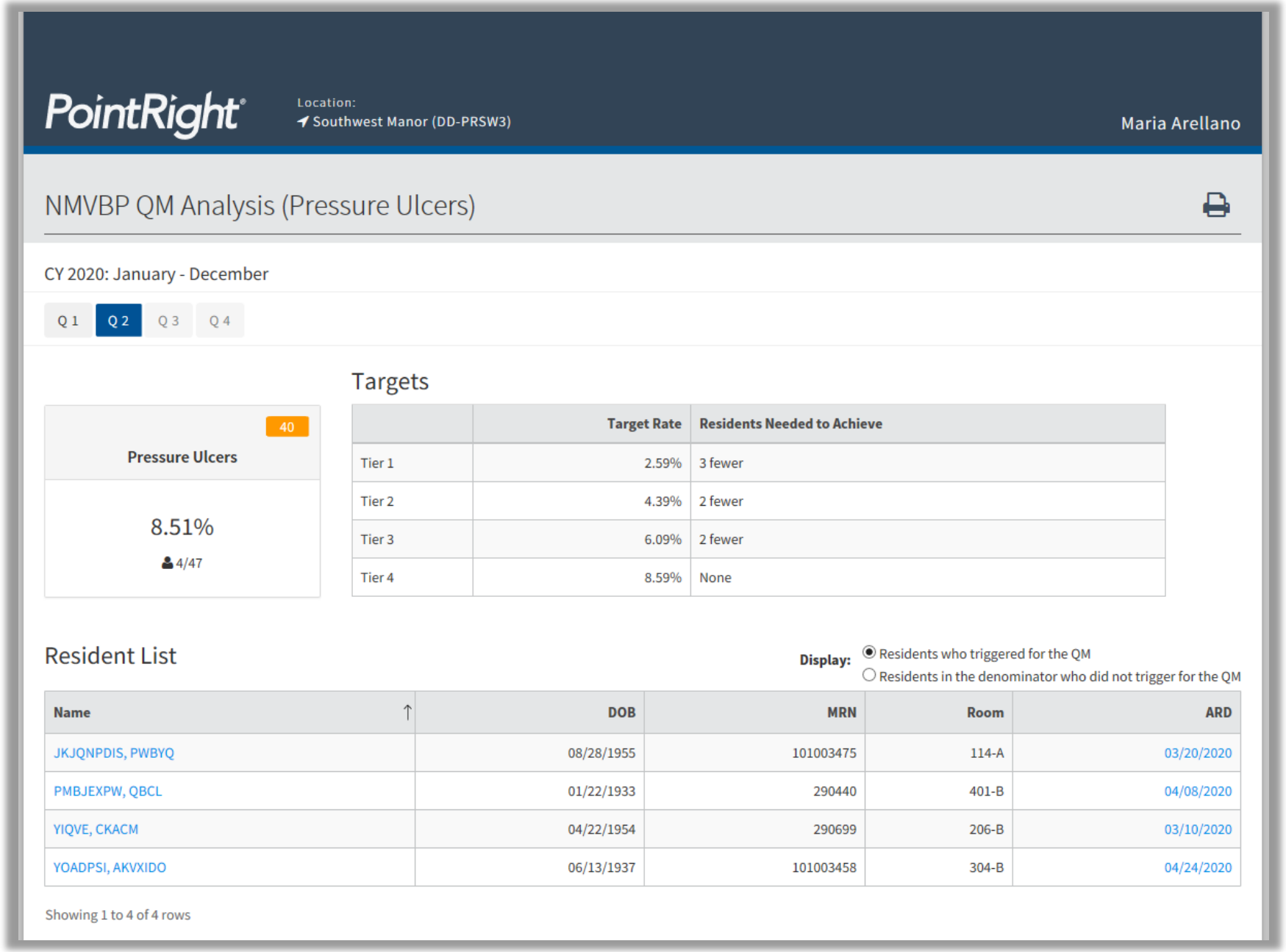

- Click in for QM Analysis View with Resident List and Tier Targets
- Resident and MDS Level Drilldown Capability (next slide)

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CY 2020: January - December

Q 1 | Q 2 | Q 3 | Q 4

Resident List and Bed Days in this Quarter

Display Residents From: Presbyterian Health Plan

Search...

Name	DOB	MRN	ROOM	MCO	Start Date	End Date	Bed Days	High Acuity Bed Days	Flags
VUKEEGCK, TOGQJA	10/28/1943	006799	207	Presbyterian Health Plan	01/01/2020	02/12/2020	42	0	
IKGVWHD, YLCCLPUTL	03/05/1930	006833	206	Presbyterian Health Plan	01/01/2020	02/06/2020	36	0	
SROYN, PFOIY	10/25/1927	00548	208	Presbyterian Health Plan	01/01/2020	03/31/2020	34	0	
KXGX, WZ	02/11/1922	006877	209	Presbyterian Health Plan	01/01/2020	01/15/2020	14	0	
YOZLKU, NCREDO	02/08/1930	5029	214	Presbyterian Health Plan	01/01/2020	03/31/2020	0	0	
XFLBXV, JRDBTBJ	09/26/1979	5100	213	Presbyterian Health Plan	01/01/2020	01/01/2020	0	0	
XBWD, AJAHRV	03/18/1980	5104	213	Presbyterian Health Plan	03/02/2020	03/02/2020	0	0	
VUKEEGCK, TOGQJA	10/28/1943	006799	207	Presbyterian Health Plan	02/19/2020	03/31/2020	0	0	
UCRMW, YOED	10/07/1938	5107	105	Presbyterian Health Plan	01/24/2020	02/16/2020	0	0	
OESWM, EBENECU	08/23/1952	5109	205	Presbyterian Health Plan	01/31/2020	02/05/2020	0	0	

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Get to the Root!

- Know the Measure and how it is used
  - Claims vs. MDS-based
  - Time period
  - Risk Adjustment
- Use your data
  - Identify problem measures
  - Screen for high risk residents
  - Drill into details
- Track and monitor trends

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