Hospital Readmissions: Challenges and Opportunities for Catholic Senior Service Providers

Nov. 19, 2012

Noon – 1:30 p.m. ET

Reflection for Today's Event:

God, Creator, Giver of Life,
For each of us here this day, you have inspired within our souls a desire to respond to the needs of others through ministry in healthcare, to seek ways of caring for ourselves and those we meet on our journey. Keep us resolute in our determination to further your healing mission in Catholic health care. We ask this through Christ, our Lord,

Amen

Your Presenters for Today's Event:

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Resident Fellow
The Urban Institute

The Care Challenge

- 23.5 Percent Readmitted from SNF-Hospital w/in 30 days
  - 419,000 Medicare beneficiaries in 2006
  - 24 percent to 60 percent may be avoidable
  - Wide variation
    - Top 25 percent averaged < 10 percent
    - Bottom 25 percent averaged 25 percent
  - 80 percent for one of five conditions
    - Pneumonia, CHF, UTIs, dehydration, COPD/asthma

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The Regulatory & Business Challenge

- Hospital Readmission penalties
  - 2200 hospitals penalized in Oct., 2012
  - Up to 1 percent this year--$280 million for MI, CHF & Pneumonia
  - Up to 3 percent of total Medicare revenues in 2015+ more conditions
  - Private insurers sure to follow
- SNF readmission penalties
  - Obama
  - MEDPac
- Long-stay nursing home penalties
  - On the way?

Causes?

- Lack of NF Resources
- Poor communication
  - Among NF staff
  - Between staff and other providers
- Little confidence in NH abilities from physicians and families
- Poor relationships w/ hospitals/discharge planners
- Family dynamics
- Poor advance care planning
- Liability worries
- Perverse incentives

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Solutions

Problem	Solution
Lack of resources	Hire/reconfigure staff/culture change Does it pay?
Poor internal communication	Training/technology/culture change
Low confidence by external physicians	Better communication/technology
Poor relationships w/ hospitals	Resident case managers Communication w/ discharge planners
Family issues/liability	Better communication w/ families, EOL planning, POLSTS,DNH
Perverse Incentives	New payment & delivery models: Managed care/ ACOs/ bundled payment

Models for Success

- Hebrew Senior Life
  - 50-bed Recuperative Services Unit (RSU)
    - Standardized admissions document
    - Automatic palliative care consult and ongoing family communication
    - Team Improvement for the Patient and Safety (TIPs) conferences
    - RED for RSU discharges
    - Now expanding to long-stay
- Wheaton Franciscan Healthcare
  - Integrated hospital/SNF/long-stay nursing
    - Regular meetings w/ hospital and NH senior staff
    - Embedded NH admissions coordinators in partner hospitals
    - INTERACT
    - Hospital End of Life Program to increase mobility, reduce catheter and meds (hospital & NH)
    - Enhancing nurse training through NICHE (hospital & NH)
- Archcare

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THANK YOU

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archcare

Catholic Health Association Webinar: Hospital Readmissions
November 19, 2012

ArchCare

ArchCare is the continuing care community of the Archdiocese of New York

- The system that serves frail and disabled individuals in New York City and the Hudson Valley.
- Encompasses 7 nursing homes, a long term acute care hospital, managed long term care plans, home care, and hospice.

CONSUMER DEMOGRAPHICS	
NUMBER OF SNF RESIDENTS (Average Daily Census)	**2,409**
Number Of New SNF Admissions Per Year	**3,836**
Managed Care Enrollment	**1,511**
Number Of Consumers With Developmentally Disabilities Served	**2,145**
MANAGED CARE STATISTICS	
I-SNP Enrollees	**1,236**
PACE Enrollees	**275**
WORKFORCE	
Number of FTE'S	**4,491**

ArchCare & Affiliate Services

Services/ Program	Capacity	Service Area
Nursing Home Care	2,331 beds • 431 subacute beds • 48 Huntington's beds • Approx. 100 dialysis beds	Manhattan (ArchCare = 25% of beds in the county), Bronx, Staten Island, Dutchess, Orange
AIDS Nursing Home Care	156 beds	City-wide resource
Long Term Acute Care Hospital	225 beds (Calvary)	Regional resource
Specialty Hospital	50 beds (OPWDD – Article 16)	Regional resource
ArchCare Senior Life (PACE)	200 - 400 participants	Manhattan, Bronx
ArchCare Advantage	> 1,236 enrollees	Manhattan, Bronx, Staten Island, Dutchess, Orange
Outpatient Clinic (OPWDD – Art. 16)	20,900 onsite visits; 40,300 off-site visits	City-wide resource
Home Care	> 12, 400 CHHA visits (Calvary)	North Manhattan, Queens, Bronx, south Westchester.
	> 820 CHHA census (VNR)	City-wide resource
	~690 LTHHCP census (VNR)	Manhattan, Brooklyn, Queens
Hospice Care	ADC: 206; Home Days: 73,726	Regional resource
Adult Day Health Care	30 slots	Staten Island

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Tactics To Minimize Hospitalizations

ArchCare has undertaken a number of efforts reduce avoidable hospitalizations which include the following:

- Enrolling long term residents into ArchCare Advantage which is a Medicare Advantage Special Needs Plan (SNP).
- Implementing INTERACT and monthly analytics.
- Establishing clinical alliances between ArchCare skilled nursing facilities (SNFs) and hospitals.

ArchCare Advantage

- 2003 Medicare Modernization Act (MMA) authorized Medicare Advantage managed care plans focused on special needs populations
- Three types of SNPs based on defined populations
  1. Dual Eligibles
  2. Chronic Conditions
  3. Institutional
- In 2008, ArchCare launched its Institutional SNP (I-SNP)

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I-SNP Performance: Percent of Beneficiaries By Number of Annual Inpatient Hospitalizations

	Zero	1	2	3 or 4	5 or more
I-SNPs nation-wide*	83.2%	12.1%	3.1%	1.1%	0.4%
ArchCare Advantage (I-SNP)**	82.1%	12.9%	3.4%	1.3%	0.3%
Institutional Medicare FFS*	46.8%	24.4%	13.2%	10.9%	4.6%

* Source "SNP Alliance Annual Profile & Advanced Practice Report," The Lewin Group, February 2012.
** 2011 data.

I-SNP Performance (cont'd)

	National I-SNP	Institutional FFS
Median Risk Score	2.14	1.84
Hospitalization Rate per 1,000 Beneficiaries	1,820 days	7,497 days
Median ER Visits per 1,000 beneficiaries	367 visits	714 visits

Source: "SNP Alliance Profile & Advanced Practice Report" prepared by The Lewin Group for the National Health Policy Group (February 2012)

SNF Operational Tactics

- Implementation of INTERACT.
- Monthly quality reports.
  - Review of 25% sample of total transfers.

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Clinical Alliances – Case Study

- Terence Cardinal Cooke Health Care Center (TCC)
  - 679-bed SNF
  - East Harlem, Manhattan
- Mount Sinai Hospital (MSH) - neighboring hospital.

  - Formal clinical alliance agreement.
  - Monthly meeting of joint management committee
  - Clinical Transitions Manager
  - Medical Director for TCC's sub-acute unit
  - Written transfer protocol
  - Physician to physician contact
  - Clinical rounding - AIDS

These collective efforts resulted in a 18% reduction of hospitalizations from 1,132 to 927 (2010 to 2011)

Summary

- ArchCare has sought to minimize potentially avoidable hospitalizations through a number of efforts on many fronts.
  - System-wide, hospitalizations declined 19% between 2010 and 2011.
  - This represents a reduction of 3.3 to 2.7 hospitalizations per 1,000 SNF resident days.

Reference Websites For Additional Information

National Health Policy Group (NHPG) and the SNP Alliance
http://www.nhpg.org/

"SNP Alliance Annual Profile & Advanced Practice Report"
The Lewin Group (February 2012)
http://www.nhpg.org/media/14847/2011%20snp%20alliance%20profile%20&%20%20advanced%20practice%20report%20final.pdf

INTERACT (Interventions to Reduce Acute Care Transfers)
http://interact2.net/index.aspx

Q&A