Community Data Update

Knoxville Community Readmissions Coalition

January 25th, 2018

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Readmissions in 30 Days Quarterly

Community: Knoxville

July 2014 - June 2017

Hospital Inpatient Claims Medicare Population

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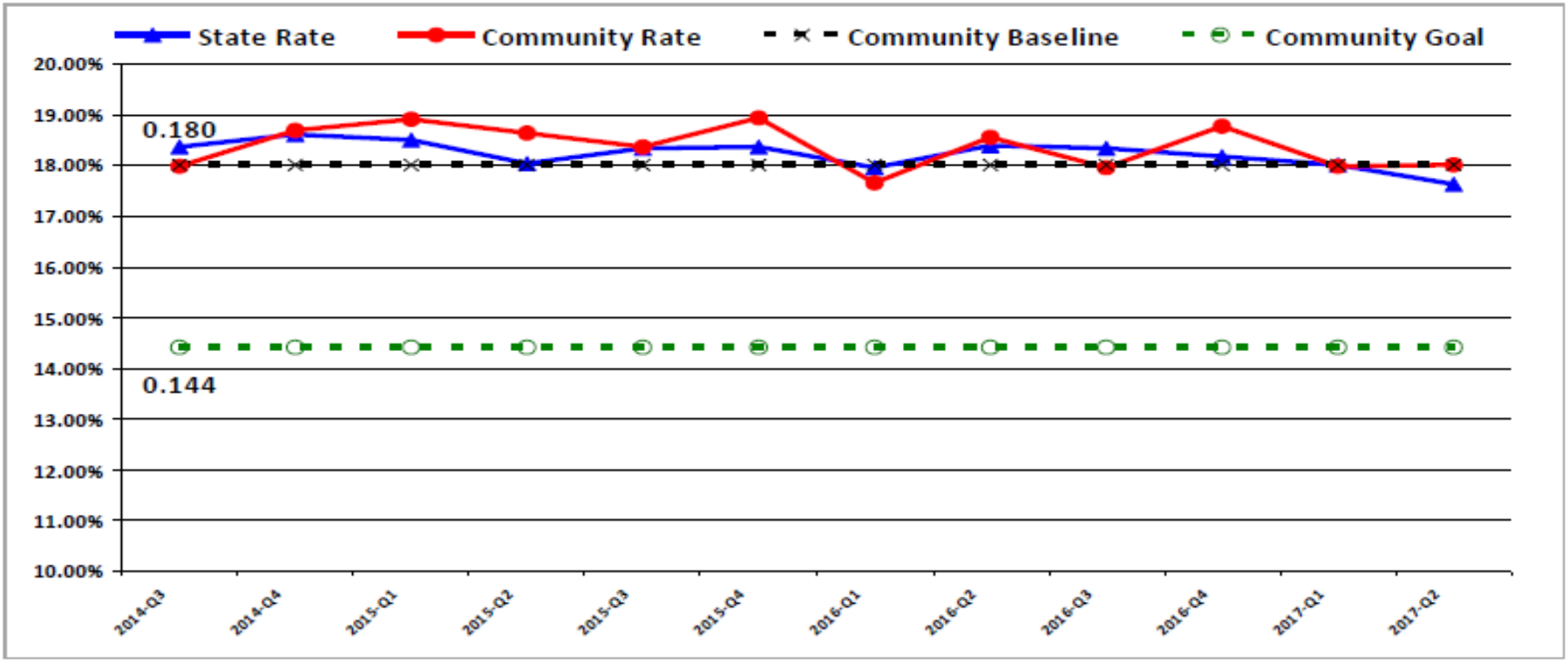
30 Day All Cause Readmission Rate (Goal Target Date: July 31, 2019)



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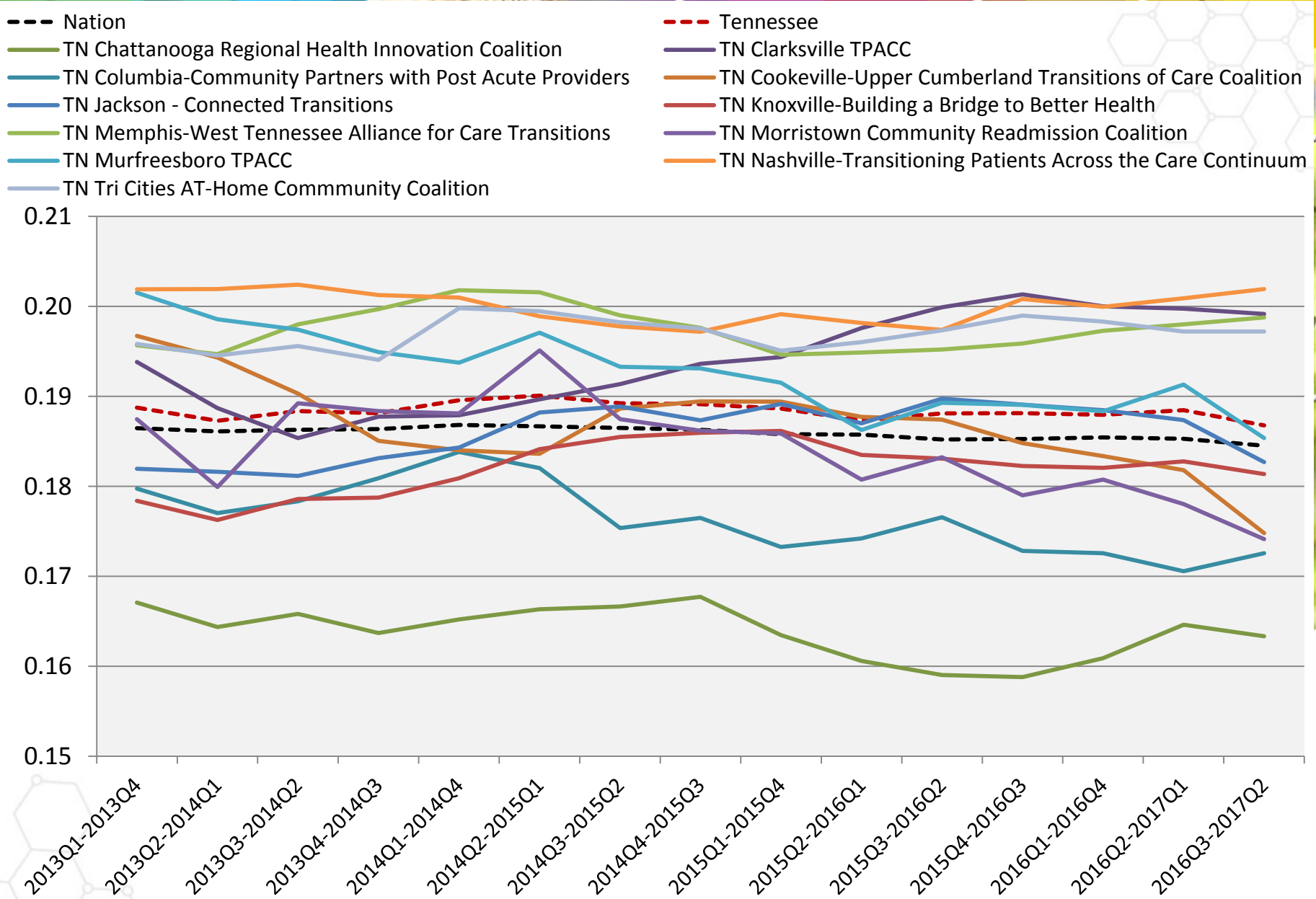

Hospital Medicare 30 Day Re-Admissions Rate

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30 day Readmissions

2016Q3-2017Q2
Hospital Inpatient Claims Medicare Population

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Top 10: DRG_CODE

DRG Code

		Community			State			%
		Admits	30 Day ReAdmits	%	Admits	30 Day ReAdmits	%	Change
1	871: SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	1714	404	23.6%	12942	2672	20.6%	2.9%
2	291: HEART FAILURE & SHOCK W MCC	972	288	29.6%	7847	2071	26.4%	3.2%
3	190: CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1179	272	23.1%	6830	1458	21.3%	1.7%
4	885: PSYCHOSES	975	264	27.1%	9516	2453	25.8%	1.3%
5	189: PULMONARY EDEMA & RESPIRATORY FAILURE	577	159	27.6%	4213	1005	23.9%	3.7%
6	193: SIMPLE PNEUMONIA & PLEURISY W MCC	670	110	16.4%	3648	683	18.7%	-2.3%
7	682: RENAL FAILURE W MCC	419	100	23.9%	3250	775	23.8%	0.0%
8	470: MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	2019	100	5.0%	12617	596	4.7%	0.2%
9	640: MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	299	98	32.8%	1745	497	28.5%	4.3%
10	292: HEART FAILURE & SHOCK W CC	381	98	25.7%	3215	764	23.8%	2.0%
All Claims		9205	1893	20.6%	65823	12974	19.7%	0.9%

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3 day Readmissions

2016Q3-2017Q2
Hospital Inpatient Claims Medicare Population

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Top 10: DRG_CODE

DRG Code

		Community			State			%
		Admits	3 Day ReAdmits	%	Admits	3 Day ReAdmits	%	Change
1	871: SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	1714	60	3.5%	12942	475	3.7%	-0.2%
2	190: CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1179	48	4.1%	6830	248	3.6%	0.4%
3	885: PSYCHOSES	975	41	4.2%	9516	432	4.5%	-0.3%
4	291: HEART FAILURE & SHOCK W MCC	972	36	3.7%	7847	281	3.6%	0.1%
5	470: MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	2019	24	1.2%	12617	122	1.0%	0.2%
6	189: PULMONARY EDEMA & RESPIRATORY FAILURE	577	19	3.3%	4213	150	3.6%	-0.3%
7	193: SIMPLE PNEUMONIA & PLEURISY W MCC	670	12	1.8%	3648	107	2.9%	-1.1%
8	682: RENAL FAILURE W MCC	419	11	2.6%	3250	117	3.6%	-1.0%
9	640: MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	299	9	3.0%	1745	64	3.7%	-0.7%
10	292: HEART FAILURE & SHOCK W CC	381	5	1.3%	3215	110	3.4%	-2.1%
All Claims		9205	265	2.9%	65823	2106	3.2%	-0.3%

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Discharge Disposition

Community: Knoxville

2016Q3-2017Q2

Hospital Inpatient Claims Medicare Population

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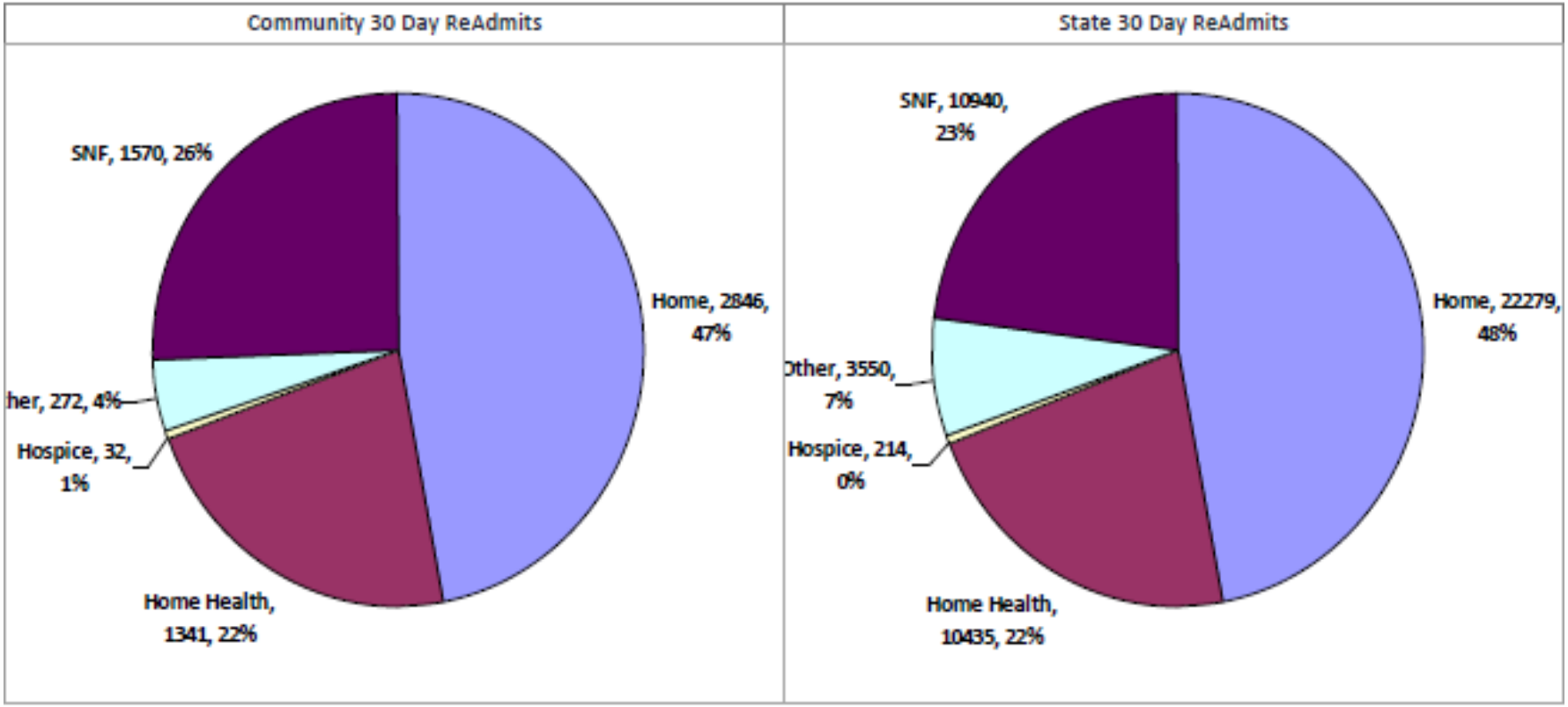
HSE_CLM_STUS_CD

The code used to identify the status of the patient as of discharge



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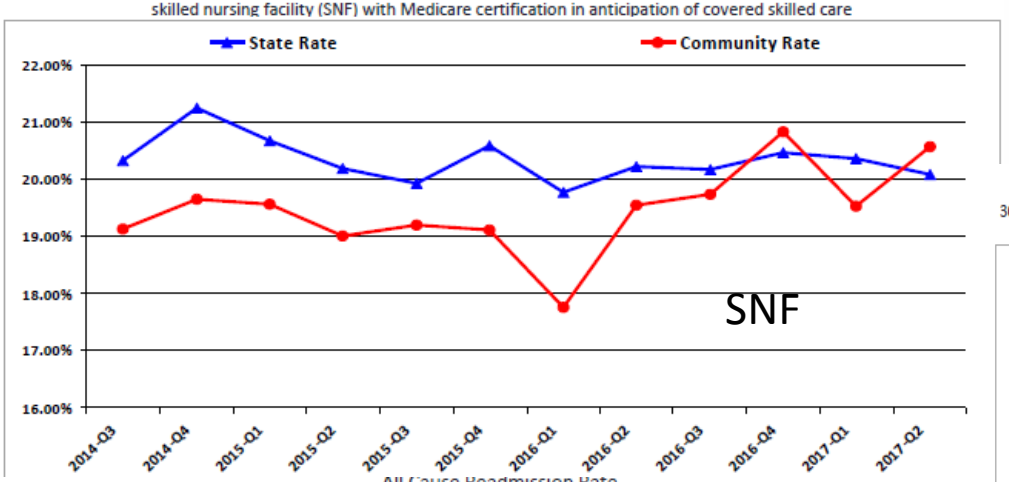
Discharge Disposition Trends

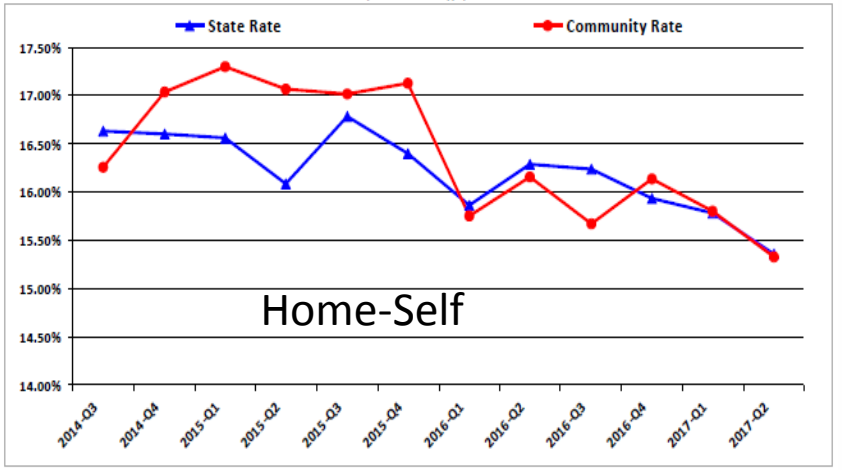
All Cause Readmission Rate

30 Day HSE_CLM_STUS_CD - The code used to identify the status of the patient as of discharge: 03: Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care



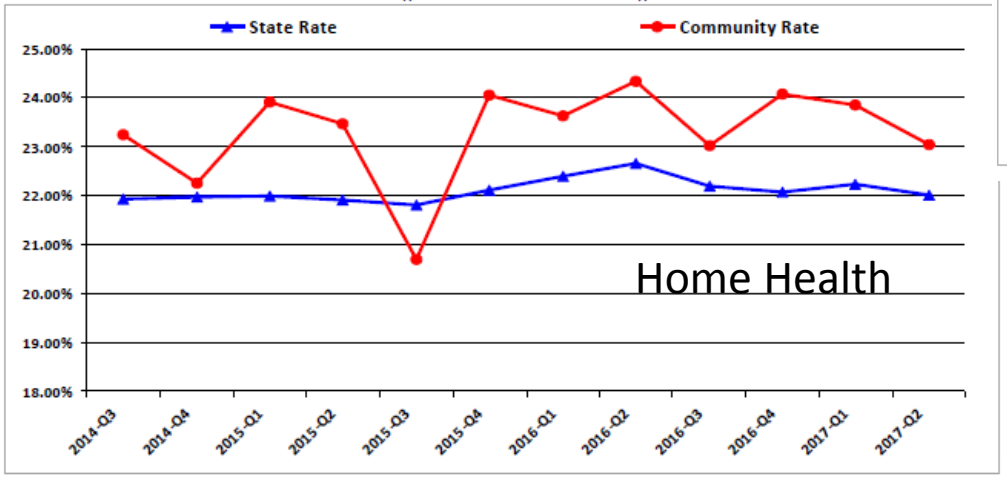
All Cause Readmission Rate

30 Day HSE_CLM_STUS_CD - The code used to identify the status of the patient as of discharge: 01: Discharged to home/self care (routine charge).



All Cause Readmission Rate

30 Day HSE_CLM_STUS_CD - The code used to identify the status of the patient as of discharge: 06: Discharged/transferred to home care of organized home health service organization.



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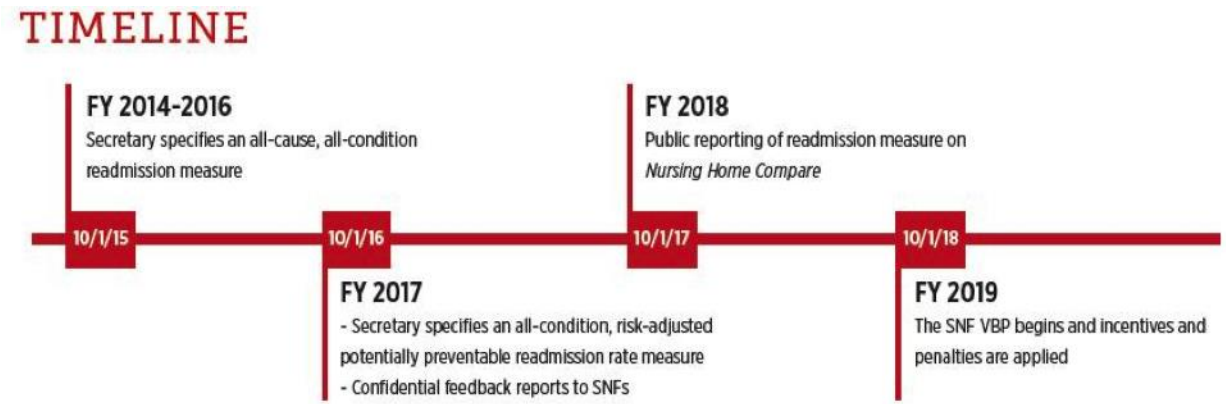
SNF Payment Adjustments Tied to Quality

- Skilled Nursing Facilities (VBP) *Value Based Purchasing*
  - Adjustments made based on performance: penalties/incentives
  - **Public reporting** of readmissions October 1st 2017 (FY 2018)
    - CMS will withhold 2% payment (give back 50-80% based on reporting)
  - **Penalties or incentives applied October 1st 2018** (FY 2019) for performance scores from October 1st 2017. (Previous Year Data)



HHA Payment Adjustments Tied to Quality

- Home Health Value-Based Purchasing Program (HHVBP)
  - Nine (9) state pilot with payment adjustments tied to performance
    - Tennessee included
    - Impacts Medicare-certified HHA (Home Health Agencies)
  - Incentive to provide higher quality and more efficient care

Performance Years	Calendar Year for Payment Adjustment	Maximum Payment Adjustment (up or down)
2016	2018	3%
2017	2019	5%
2018	2020	6%
2019	2021	7%
2020	2022	8%

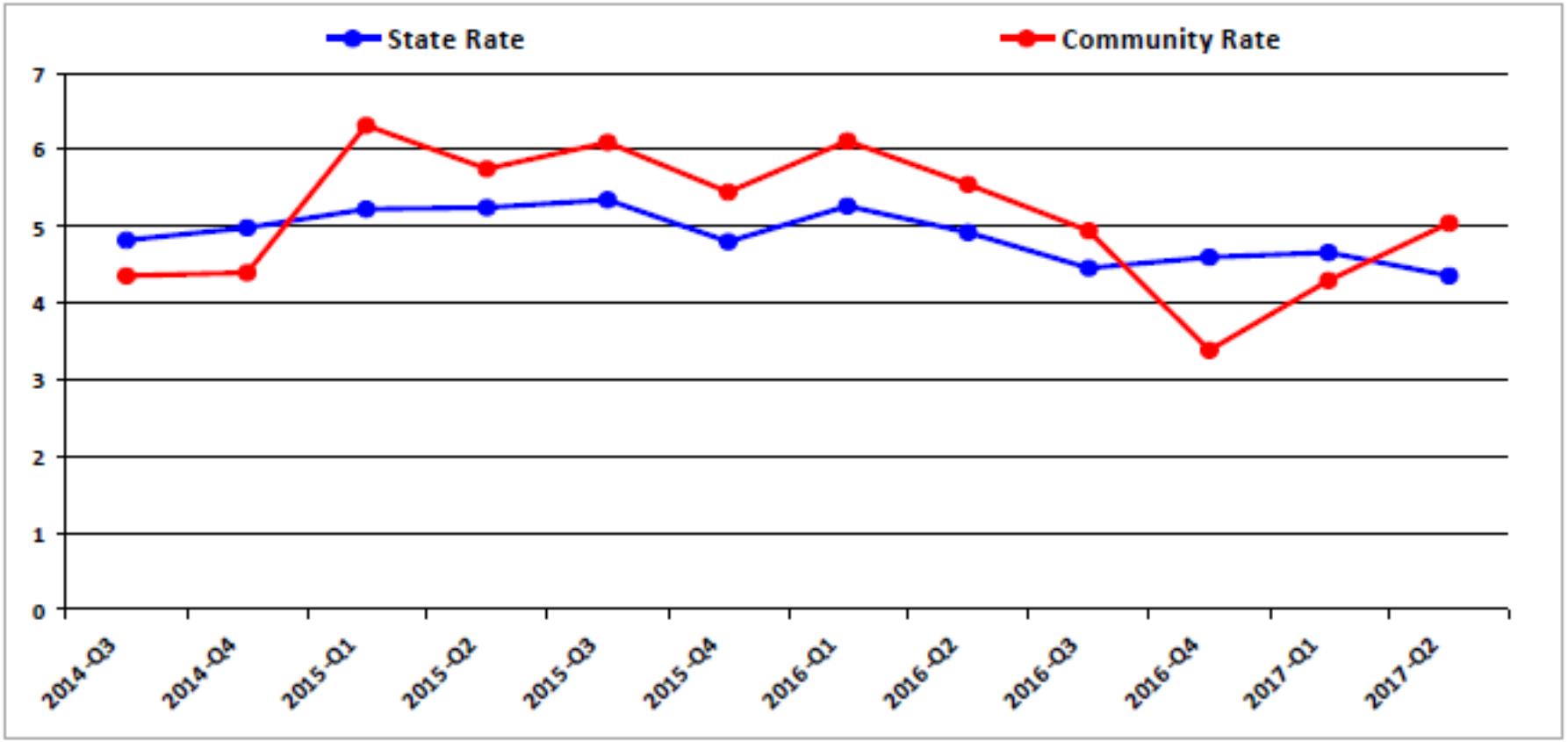
- 6 process measures
- 8 outcome measures **(Readmissions and ER visits)**
- 5 HHCAHPS measures
- 3 New measures **(Advanced Care Planning)**

C Diff (Clostridium difficile)

July 2014 - June 2017
Hospital Inpatient Claims Medicare Population

Primary Diagnosis 008.45(ICD9) or A047(ICD10)

Intestinal infection due to Clostridium difficile (Rate Per 1,000 Admissions)



What is C Diff?

- C Diff contagious infections are caused by a bacteria carried in the intestine
- C Diff Infection often activated by antibiotics taken to treat other illness
- Often the hand picks up C Diff from a surface that has minute amounts of fecal waste. The bacteria can then find it's way into the mouth via touch, food etc

- Transmission does take place in hospitals and care facilities
  - *The spores from an active illness enter the environment following diarrhea*

- Many people arrive at the hospital as carriers of the infection

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What can Health Care facilities do to prevent C Diff?

- Support better testing practices, tracking, and reporting of infections and prevention efforts (hospitals, nursing homes, skilled nursing facilities, chronic care facilities, and assisted living and residential care facilities). NOTE* NH CoP require Infection Prevention and Control in QAPI Plan 2018 and Infection Preventionist on staff by 2019.
- Ensure policies for rapid detection and isolation of patients with *C. difficile* are in place and followed.
- Assess hospital cleaning to be sure it is performed thoroughly, and augment this as needed using an Environmental Protection Agency-approved, spore-killing disinfectant in rooms where *C. difficile* patients are treated.
- Notify other healthcare facilities about infectious diseases when patients transfer, especially between hospitals and nursing homes.
- Participate in a regional *C. difficile* prevention effort.

https://www.cdc.gov/hai/organisms/cdiff/cdiff_settings.html

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NH Areas for Improvement

- TN NH Collaborative (250 NHs) Top 3 Areas for Improvement or missed opportunities in 13 quality indicators as part of a composite score (≤ 6% desired goal).
- Highlighted in RED may impact sepsis.

  - Incontinence
  - Antipsychotic Medications
  - ADL Decline (Activities of Daily Living)
    - Weight Loss
    - Seasonal Flu Vaccine
    - Pneumococcal Vaccine
    - UTI
    - High-Risk Pressure Ulcers
    - Moderate to Severe Pain
    - Falls with Injury
    - Depression
    - Indwelling Catheter
    - Physical Restraints

(2017Q1 for Long Stay Quality Measures)

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Opportunities

- Practices
  - Discharge disposition (HHA, SNF, Home-Self, Hospice)
  - Medication safety and errors (anticoagulants, diabetes meds, opioid)
  - PCP post hospital discharge (follow up practices, TCM – Transitional Care Management)
- Post-Acute Care facility outreach and engagement
  - Skilled Nursing Facilities (working on sepsis related contributors, readmits)
  - Home Health Agencies (Timely Initiation of Care within 48 hours)
  - Pharmacy (med rec, prescribing patterns)
  - Caregivers (Home-Self)

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Thank **You** for your contribution and commitment to the mission!

Presented January 25th, 2018

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