

Knoxville Community Data Update BBBHC

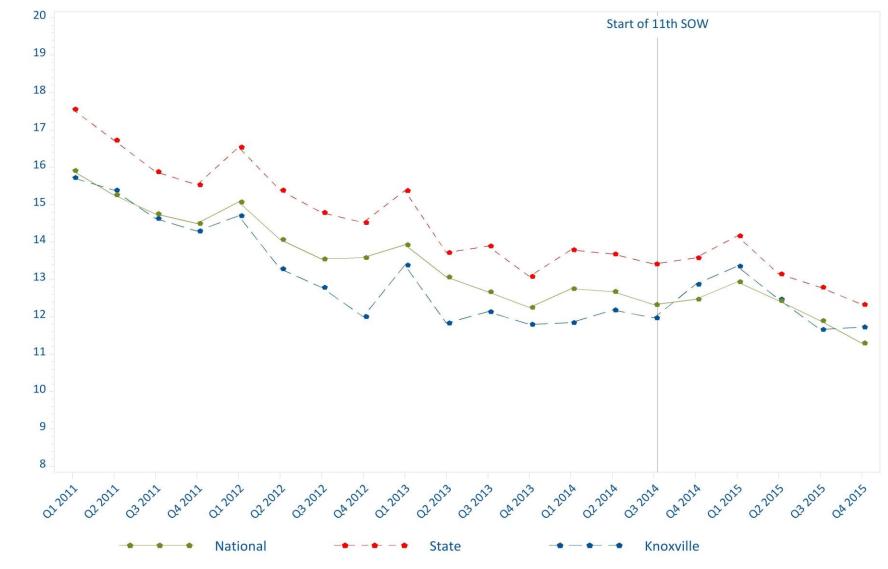
Corley Roberts, MHA, CPHQ, ACSM EP-C, EIM Quality Improvement Advisor, Qsource/atom Alliance croberts@qsource.org







Tennessee Knoxville Quarterly 30-Day Readmissions per 1,000 Beneficiaries



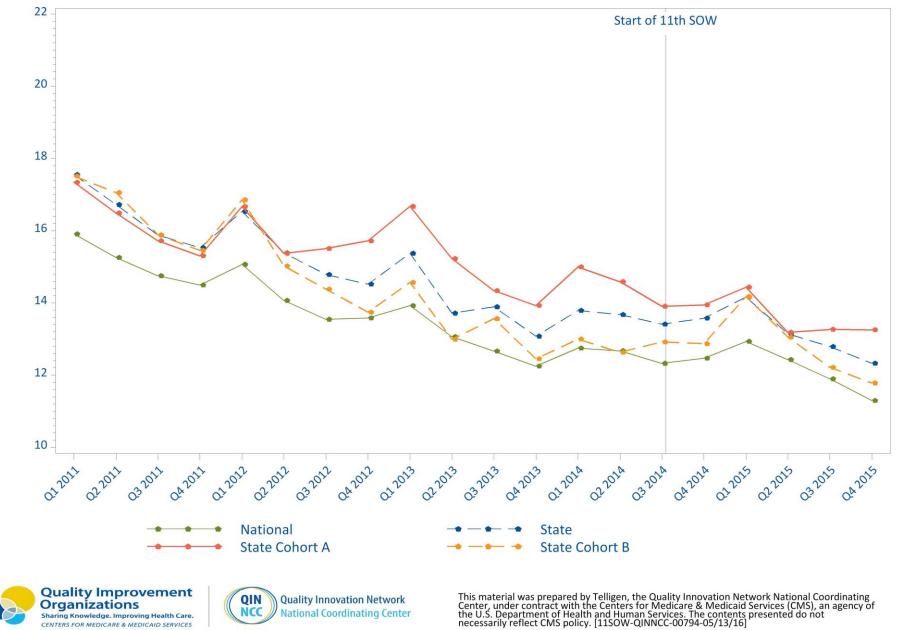


Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES



Quality Innovation Network National Coordinating Center This material was prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. [11SOW-QINNCC-00794-05/13/16]

Tennessee National, State, and State Cohorts A and B Quarterly Readmissions per 1,000 Beneficiaries



CENTERS FOR MEDICARE & MEDICAID SERVICES

Discharge Status

2015Q1-2015Q4 Hospital Inpatient Claims Medicare Population

Community State % 30 Day ReAdmits All 30 Day ReAdmits 30 Day ReAdmits All 30 Day ReAdmits % % Change 01: Discharged to home/self care (routine charge). 3138 50.2% 47733 48.4% 1.8% 6245 23114 02: Discharged/transferred to other short term general 46 6245 0.7% 47733 1.7% 800 -0.9% hospital for inpatient care. 03: Discharged/transferred to skilled nursing facility 1478 6245 23.7% 22.8% 10884 47733 0.9% (SNF) with Medicare certification in anticipation of covered skilled care 04: Discharged/transferred to intermediate care 59 0.9% 1.3% 6245 47733 638 -0.4% facility (ICF). 05: Discharged/transferred to another type of 0.0% 6245 0.0% 16 47733 0.0% institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or 06: Discharged/transferred to home care of organized 1271 6245 20.4% 20.7% 9898 47733 -0.4% home health service organization. 07: Left against medical advice or discontinued care. 1.4% 99 1.6% 0.2% 6245 685 47733 30: Still patient. 6245 0.1% 47733 0.1% 0.0% 5 33

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

Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICARD SERVICES



DRG Code 2015Q1-2015Q4 Hospital Inpatient Claims Medicare Population



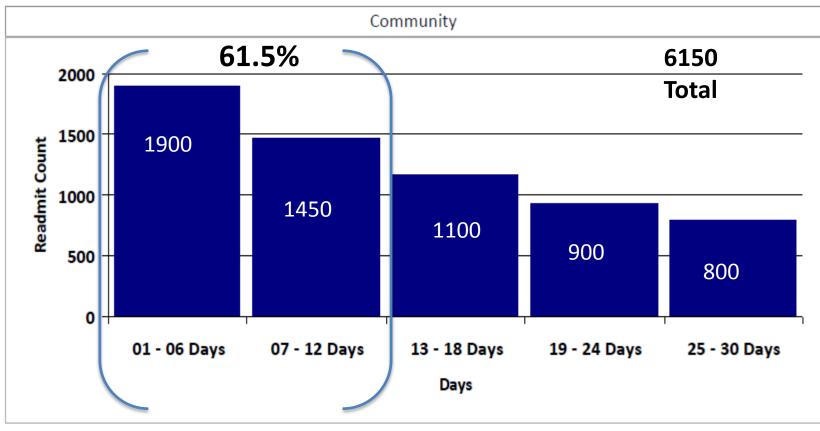
		DRG Code					
	Community				State		%
	Admits	30 Day ReAdmits	%	Admits	30 Day ReAdmits	%	Change
871: SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ 1 HOURS W MCC	1778	391	22.0%	11483	2319	20.2%	1.8
885: PSYCHOSES	1147	359	31.3%	10276	2518	24.5%	6.8
291: HEART FAILURE & SHOCK W MCC 3	771	223	28.9%	5581	1478	26.5%	2.4
189: PULMONARY EDEMA & RESPIRATORY FAILURE	683	183	26.8%	3898	943	24.2%	2.6
193: SIMPLE PNEUMONIA & PLEURISY W MCC	809	170	21.0%	4680	1014	21.7%	-0.
190: CHRONIC OBSTRUCTIVE PULMONARY 5 DISEASE W MCC	731	157	21.5%	4498	986	21.9%	-0.4
682: RENAL FAILURE W MCC	477	119	24.9%	3635	846	23.3%	1.
292: HEART FAILURE & SHOCK W CC	475	109	22.9%	4820	1199	24.9%	-1.9
392: ESOPHAGITIS, GASTROENT & MISC DIGEST 9 DISORDERS W/O MCC	569	107	18.8%	4757	776	16.3%	2.
683: RENAL FAILURE W CC 0	485	93	19.2%	4421	901	20.4%	-1.3
Claims	7925	1911	24.1%	58049	12980	22.4%	1.8

Top 10: DRG_CODE

Community – Days to Readmission

Range of Days to Readmission

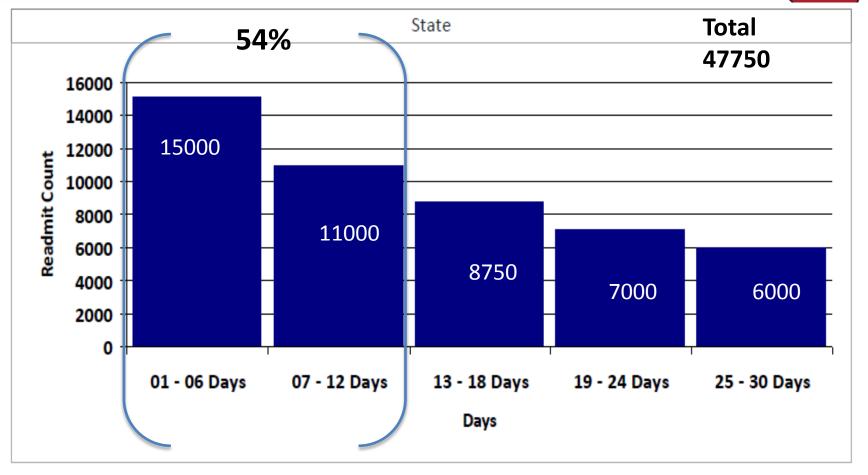
30 Day Readmission in Days Ranges







State – Days to Readmission







Community Zip Codes with Disposition

2015Q1-2015Q4 Hospital Inpatient Claims Medicare Population

Community Zip Codes

	Community 👢			ReAdmits Index Hosp Disposition				
	Admits	30 Day ReAdmits	%	01*	03*	06*	50*	OTH*
37773 LONE MOUNTAIN	2	1	50.0%	1	0	0	0	0
37730 EAGAN	12	5	41.7%	2	2	1	0	0
37915 KNOXVILLE	204	85	41.7%	62	6	6	0	11
37927 KNOXVILLE	35	12	34.3%	12	0	0	0	0
37929 KNOXVILLE	3	1	33.3%	1	0	0	0	0
37866 SHARPS CHAPEL	60	19	31.7%	9	5	4	0	1
37845 PETROS	26	8	30.8%	3	4	1	0	0
37902 KNOXVILLE	52	14	26.9%	4	6	4	0	0
37742 GREENBACK	213	57	26.8%	29	13	9	0	6
37917 KNOXVILLE	1084	277	25.6%	168	51	40	2	16
37802 MARYVILLE	94	24	25.5%	12	5	5	0	2

01* Home – Self Care

03* Skilled Nursing Facility

06* Home care with HH services



Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES



better care

Top 11

Summary

What might be some causes in the variation observed in community readmission trends?

Seasonal? Diagnosis? Staffing or program changes? Demographics?

Where are most of the patients being discharged to?

- Speaks to discharge information and processes
- Speaks to PAC (post acute care) utilization

Are we concentrating our efforts?

- Ø on the few with a big impact? Diagnosis? Age?
- If the second se
 - Speaks to care coordination, communication, PAC, processes
- If on zip code areas? Where do patients live? Resources?
 - **1 Hot spotting**





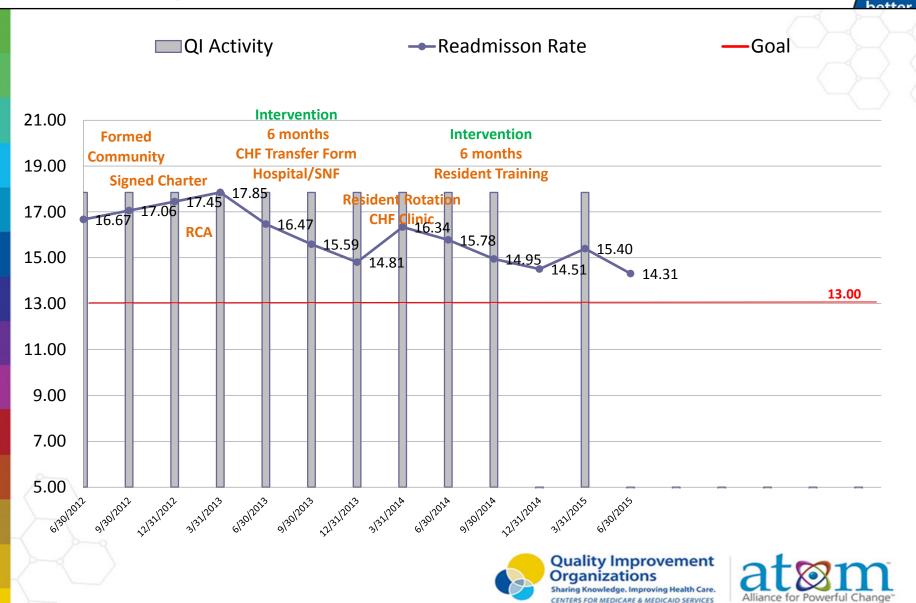


How are community coalitions showing collective impact on reducing unnecessary readmissions?





Sample Community Impact Statement

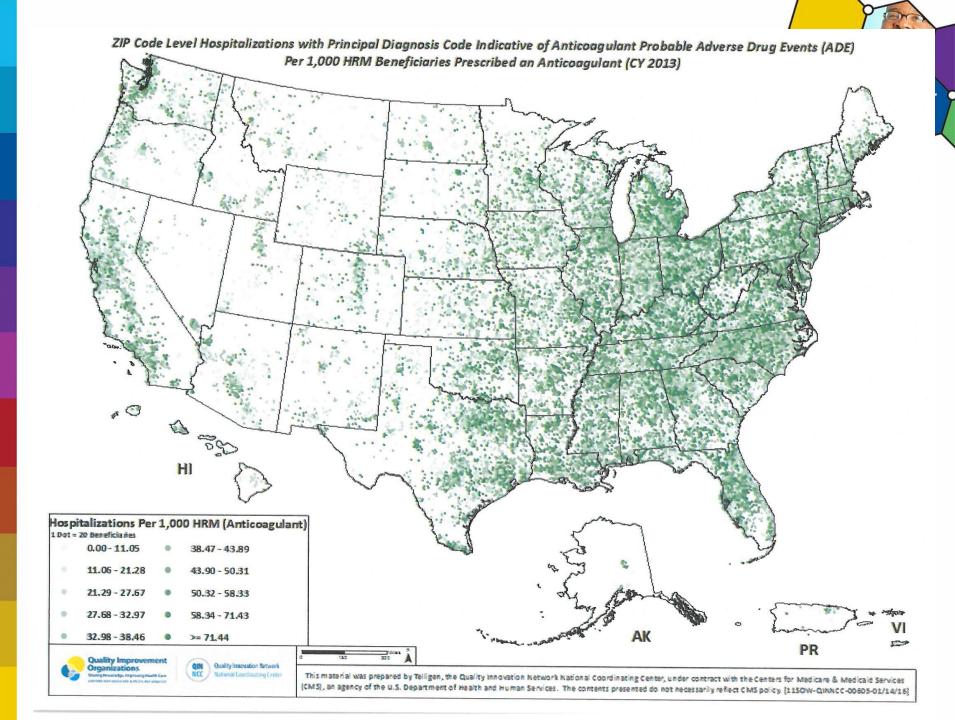


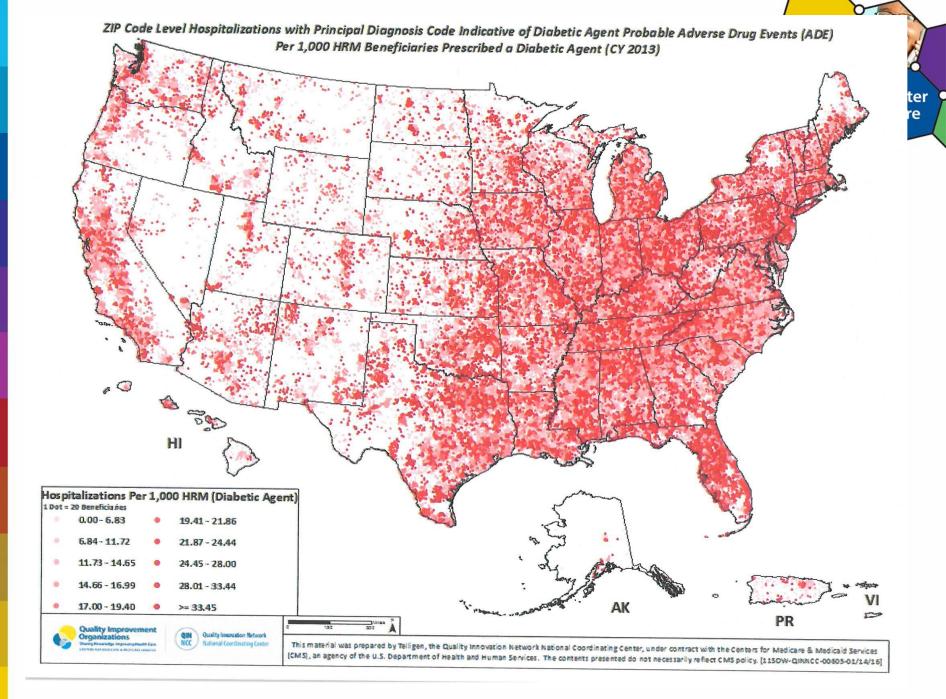


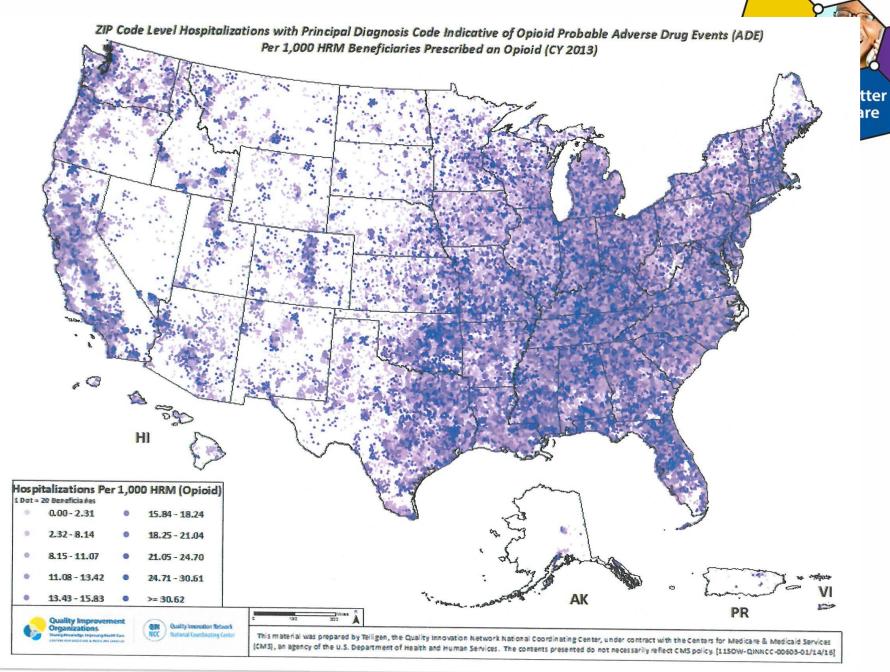
Medication Safety Update







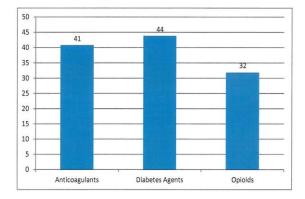




300 283 250 200 150 100 50 47 0 Anticoagulants Diabetes Agents Opioids

Tennessee Adverse Drug Event Rate per 1000 Medicare Beneficiaries

Tennessee State Adverse Drug Event Rank



Data source: CY 2013 Medicare Part A and D claims data







Thank **You** for your contribution and commitment to this work!

Presented June 23, 2016



