



Community Data Update
Knoxville Community
Readmissions Coalition
July 27th, 2017

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

Lindsey Jett, CPhT
Quality Improvement Advisor, Qsource/atom Alliance
ljett@qsource.org



QIN-QIO: atom Alliance

Multi-state alliance for powerful change composed of three nonprofit, healthcare quality improvement consulting companies.

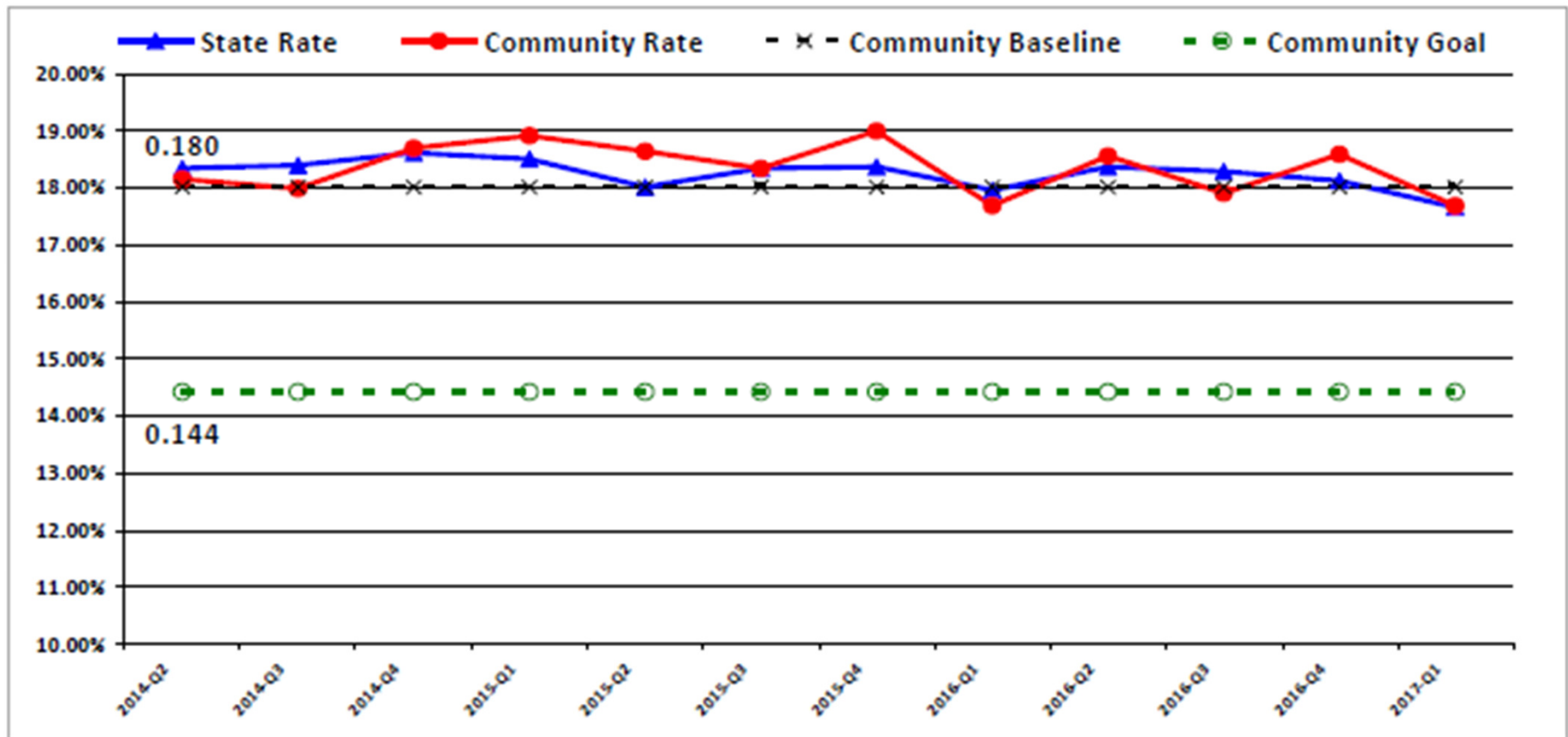




Community: Knoxville
April 2014 - March 2017
Hospital Inpatient Claims Medicare Population



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



Morristown – Satellite Community



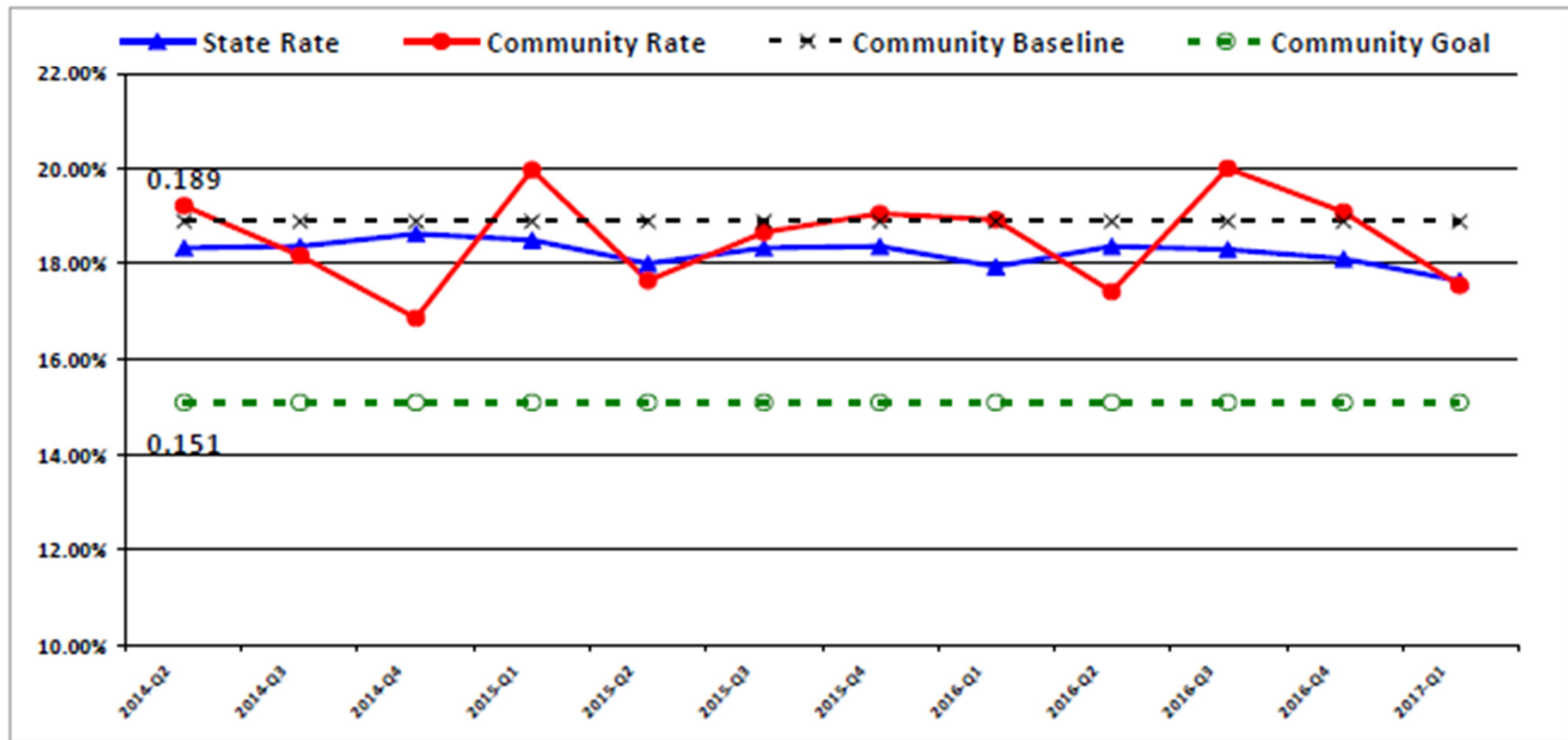
Community: Morristown

April 2014 - March 2017

Hospital Inpatient Claims Medicare Population



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



Qsource rolling out State Plans for Communities



Sepsis

- Education and awareness
- Community specific data
- Action plans

Opioid

- Statewide opioid campaign
- Community specific HRM (high risk medication) data
- Action plans

Sepsis Driving Readmissions



- ❖ Sepsis is the leading cause of death in U.S. hospitals and the disease with the **highest rate of readmission to a hospital within 30 days.**
(Agency for Health and Research Quality, U.S. Department of Health and Human Services)
- ❖ The vast majority of sepsis cases (as many as 92%) **originate in the community**, prior to hospitalization. *(Journal of American Medical Association)*
- ❖ Mortality from sepsis increases 8% every hour that treatment is delayed.
- ❖ As many as 80% of sepsis deaths could be prevented with rapid diagnosis and treatment.
(National Center for Biotechnology Information, National Institutes of Health)

Frequency, Cost, and Risk Factors of Readmissions Among Severe Sepsis Survivors*

_Goodwin, Andrew J.; Rice, David A.; Simpson, Kit N.; Ford, Dee W.
Critical Care Medicine. 43(4):738-746, April 2015.



- 🌀 26% of severe sepsis survivors readmitted within 30 days
- 🌀 48% readmitted within 180 days
- 🌀 Average cost of readmission ~ \$25,000
- 🌀 Most common reason for readmission was sepsis (22%)

Sepsis leading diagnosis for readmissions



Community: Knoxville

2016Q2-2017Q1

Hospital Inpatient Claims Medicare Population



Top 10: DRG_CODE

DRG Code

	Community			State			% Change
	Admits	30 Day ReAdmits	%	Admits	30 Day ReAdmits	%	
1 871: SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	1729	403	23.3%	12764	2633	20.6%	2.7%
2 291: HEART FAILURE & SHOCK W MCC	917	262	28.6%	7084	1859	26.2%	2.3%
3 885: PSYCHOSES	948	257	27.1%	9517	2405	25.3%	1.8%
4 190: CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	995	219	22.0%	6042	1269	21.0%	1.0%
5 189: PULMONARY EDEMA & RESPIRATORY FAILURE	597	159	26.6%	4103	1009	24.6%	2.0%
6 193: SIMPLE PNEUMONIA & PLEURISY W MCC	756	124	16.4%	4108	779	19.0%	-2.6%
7 292: HEART FAILURE & SHOCK W CC	439	122	27.8%	3739	902	24.1%	3.7%
8 682: RENAL FAILURE W MCC	423	103	24.3%	3400	825	24.3%	0.1%
9 640: MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	296	100	33.8%	1740	476	27.4%	6.4%
10 392: ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	560	97	17.3%	4406	755	17.1%	0.2%
All Claims	7660	1846	24.1%	56903	12912	22.7%	1.4%

Sepsis leading diagnosis for readmissions

Community: Knoxville

2016Q2-2017Q1

Hospital Inpatient Claims Medicare Population



Index Admission Principal Diagnosis Code
A419: SEPSIS, UNSPECIFIED ORGANISM

HSE_CLM_STUS_CD

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

	Community			State			% Change
	Admits	30 Day ReAdmits	%	Admits	30 Day ReAdmits	%	
01: Discharged to home/self care (routine charge).	855	154	18.0%	5505	904	16.4%	1.6%
02: Discharged/transferred to other short term general hospital for inpatient care.	4	2	50.0%	95	43	45.3%	4.7%
03: Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care.	611	152	24.9%	4601	1141	24.8%	0.1%
04: Discharged/transferred to intermediate care facility (ICF).	36	6	16.7%	361	69	19.1%	-2.4%
05: Discharged/transferred to another type of institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or		0		2	0	0.0%	
06: Discharged/transferred to home care of organized home health service organization.	410	120	29.3%	3025	764	25.3%	4.0%



Call to Action



Qsource

- Created statewide strategic plan for sepsis provider awareness and education
- Rolling out in communities across state
- Working with stakeholders and partners to implement data driven approaches
- Attend and share resources for sepsis learning opportunities
- Provide communities specific sepsis data for readmissions and trending

Cookeville Community

- Community data and overview
- Expert speaker for members
- Sepsis workgroup
- Holds national certification - The Joint Commission Disease-Specific Care

Call to Action



Nashville Community

- Community data and overview
- Expert speaker for members

Columbia Community

- Community data and overview
- Expert speaker for members
- Hospital Chair of Community (Maury Regional) provides statewide education for providers.
- Holds national certification - The Joint Commission Disease-Specific Care

Call to Action



Morristown Community

- Community data and overview
- Expert speaker TBD

Knoxville Community

- Community data and overview
- **Next step?**

Jackson Community

Clarksville Community

Memphis Community

Tri Cities Community

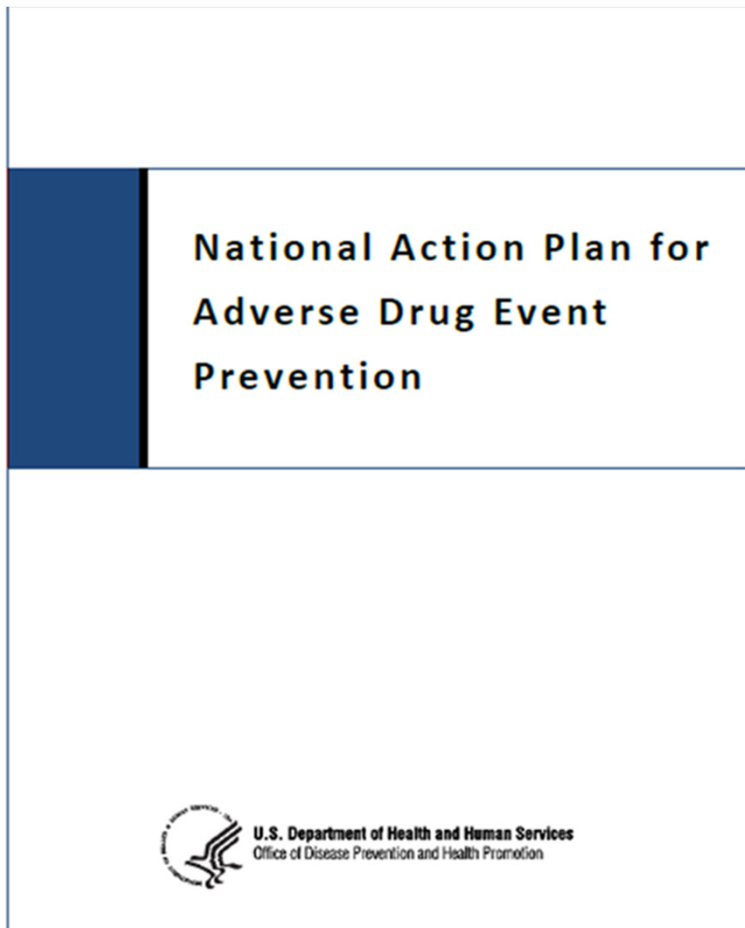
Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.

Risk of sepsis **reduced by**

- 1. preventing infections**
- 2. practicing good hygiene**
- 3. staying current with vaccinations**

Majority of sepsis **originates in community.**

atom Alliance and Safety of HRMs



HRMs

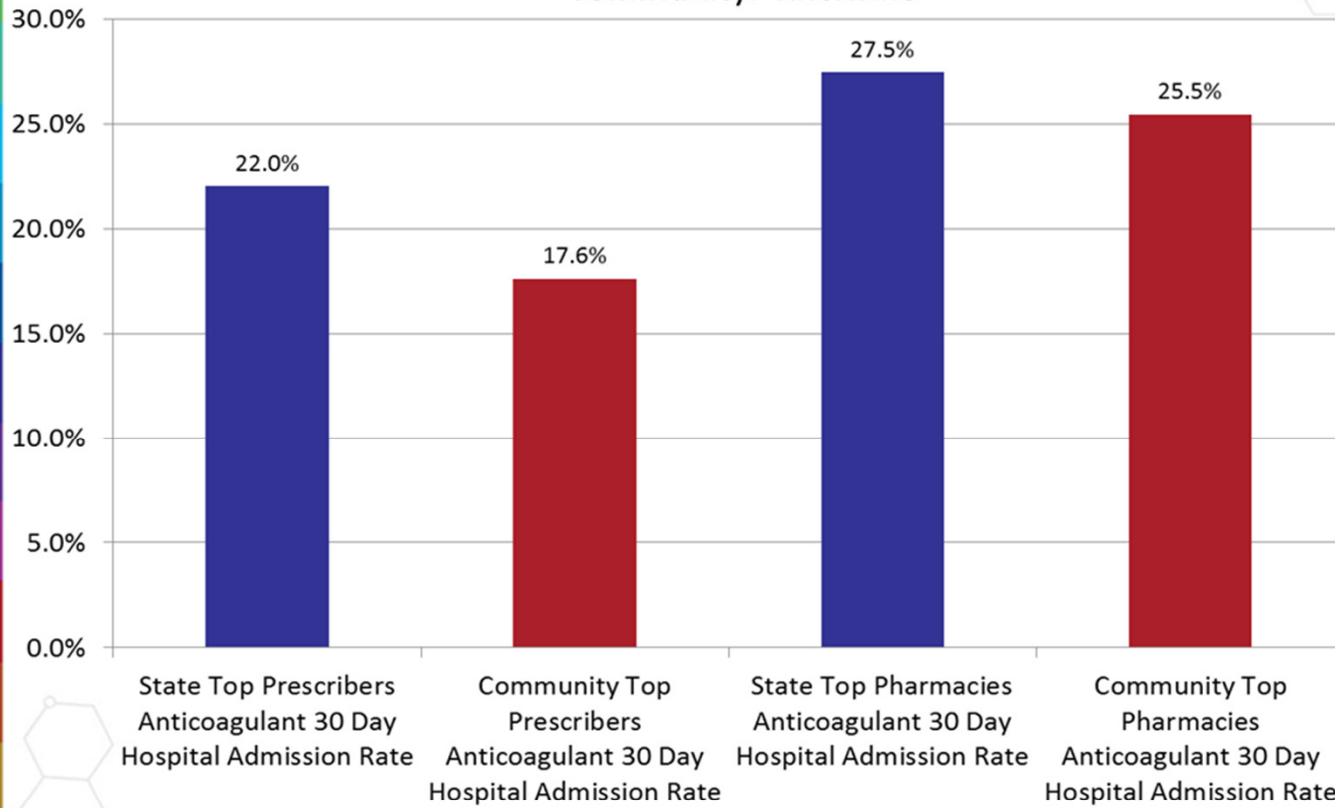
- Anticoagulants
- Diabetes agents
- Opioids

<http://health.gov/hcq/pdfs/ADE-Action-Plan-508c.pdf>



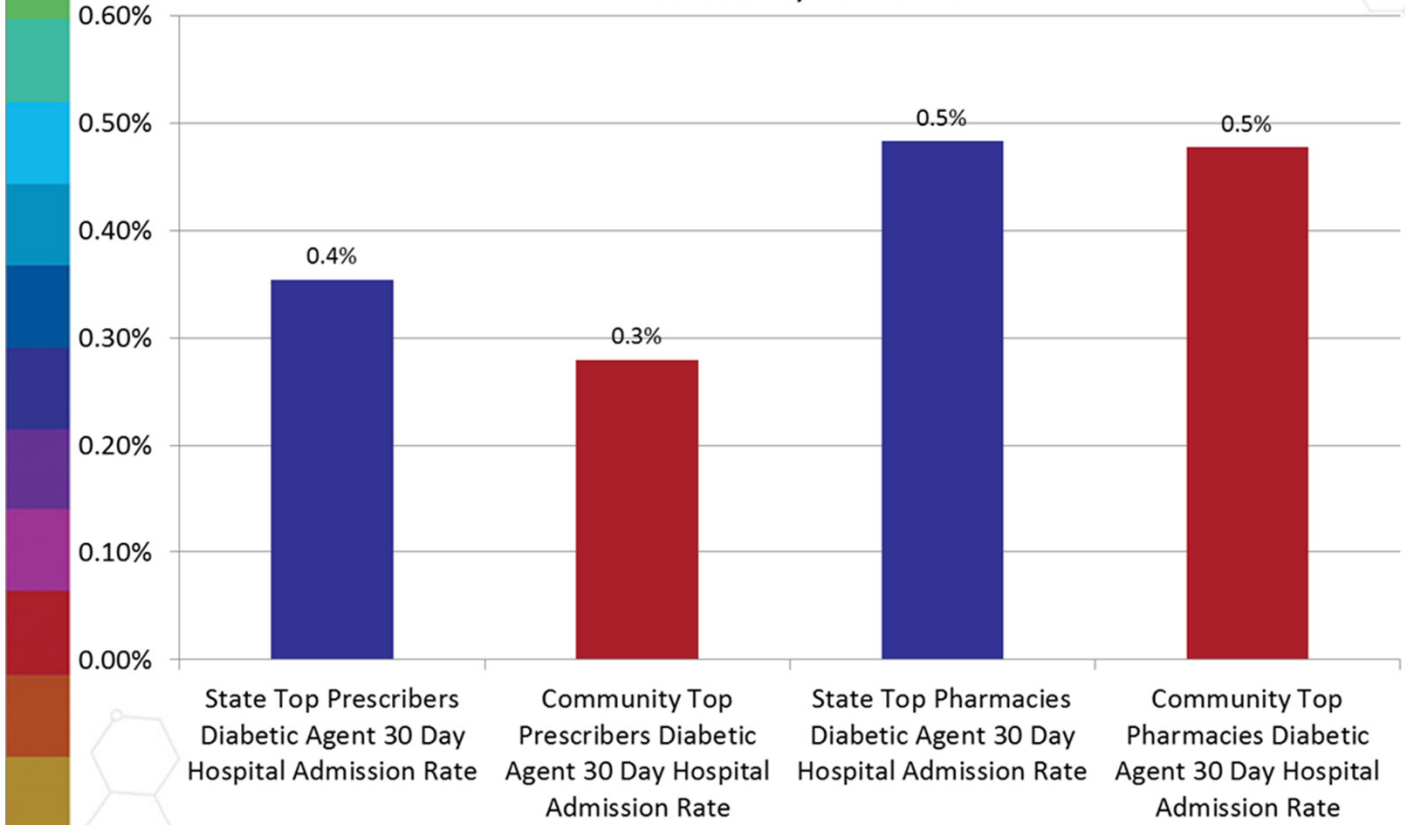


Medicare Part D and Part A Claims: August 2015 - March 2016 Anticoagulants Community: Knoxville



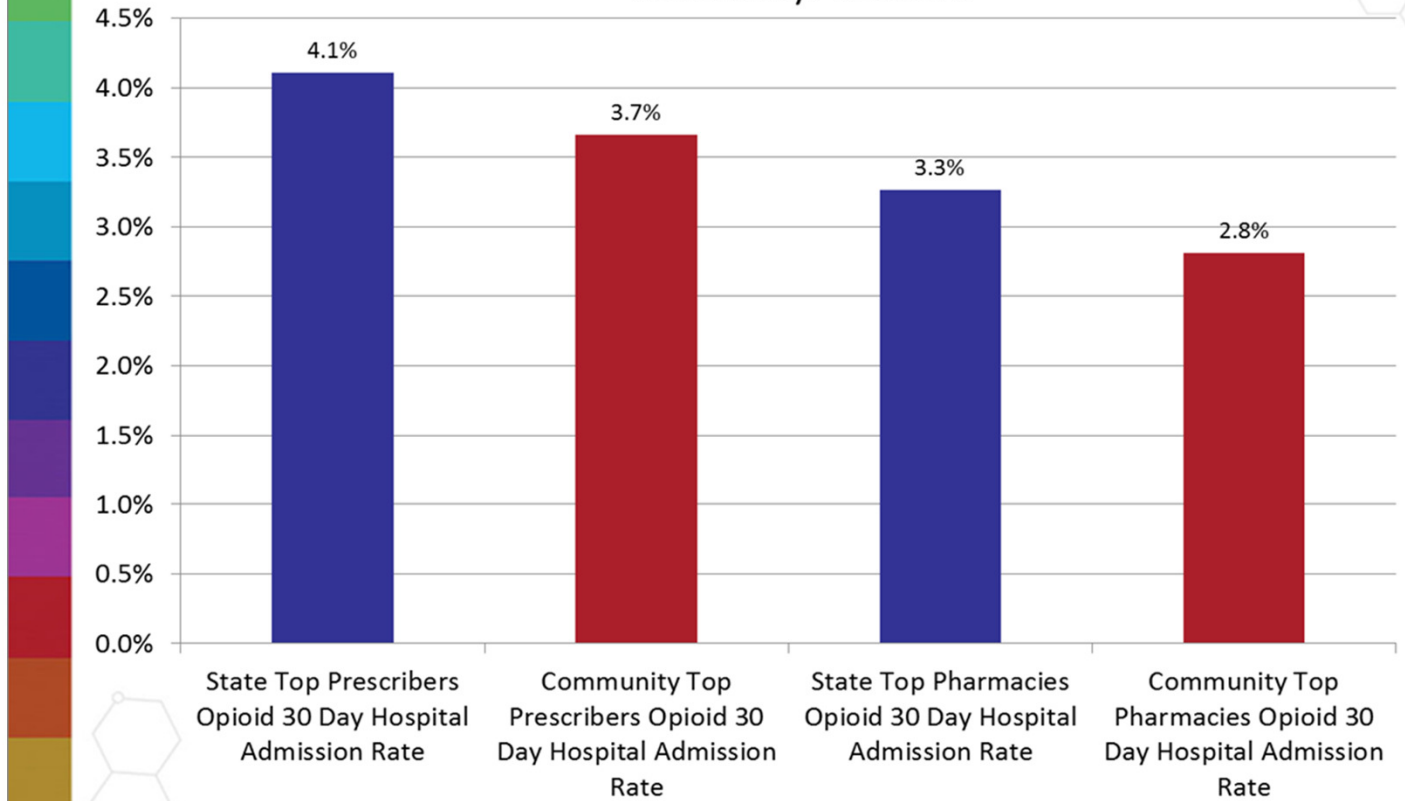


Medicare Part D and Part A Claims: August 2015 - March 2016 Diabetic Agent Community: Knoxville





Medicare Part D and Part A Claims: August 2015 - March 2016
Opioid
Community: Knoxville

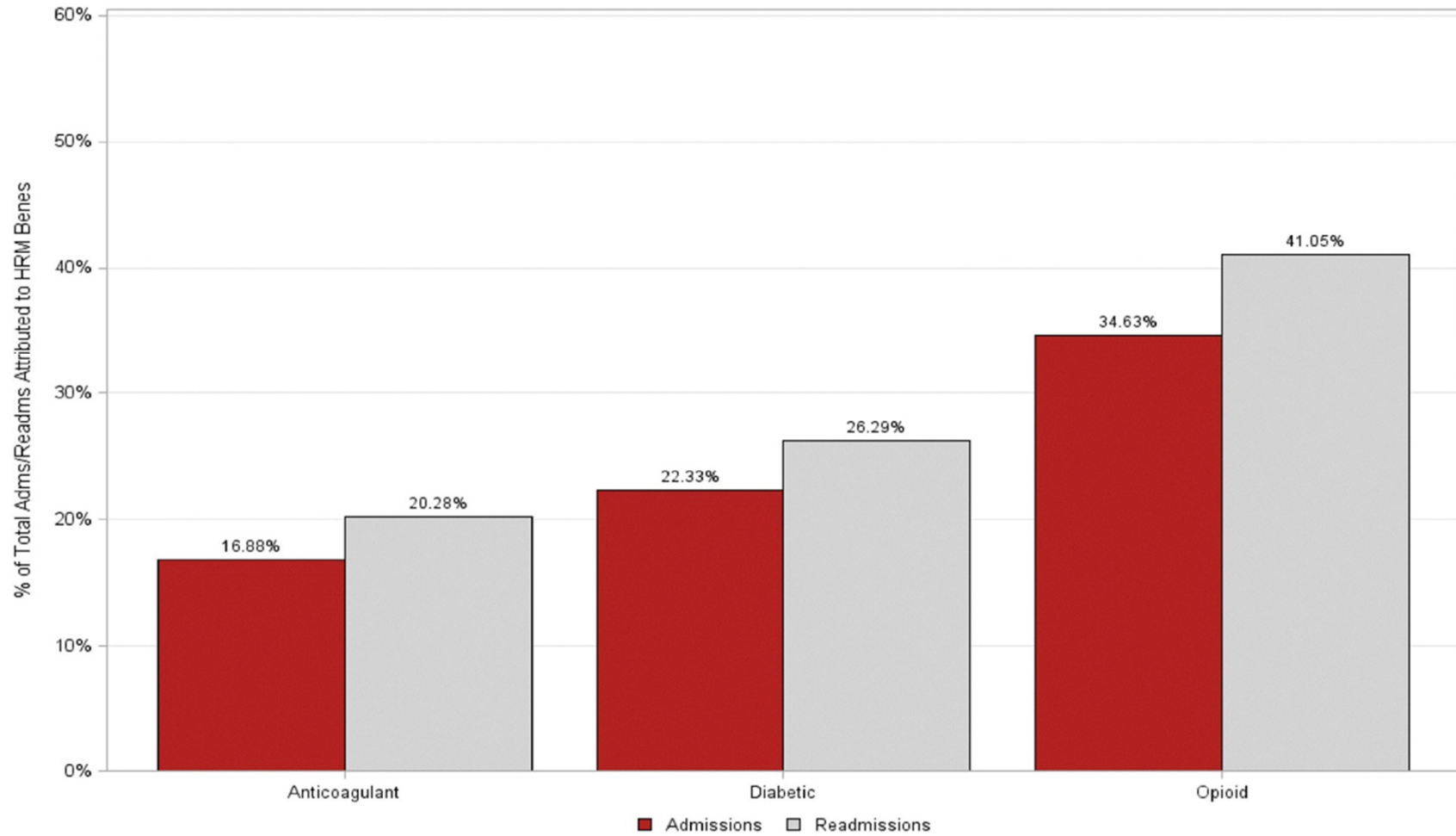




Percent of All-Cause Admissions and Readmissions Attributed to HRM Beneficiaries

Oct 2015 - Sep 2016

Tennessee

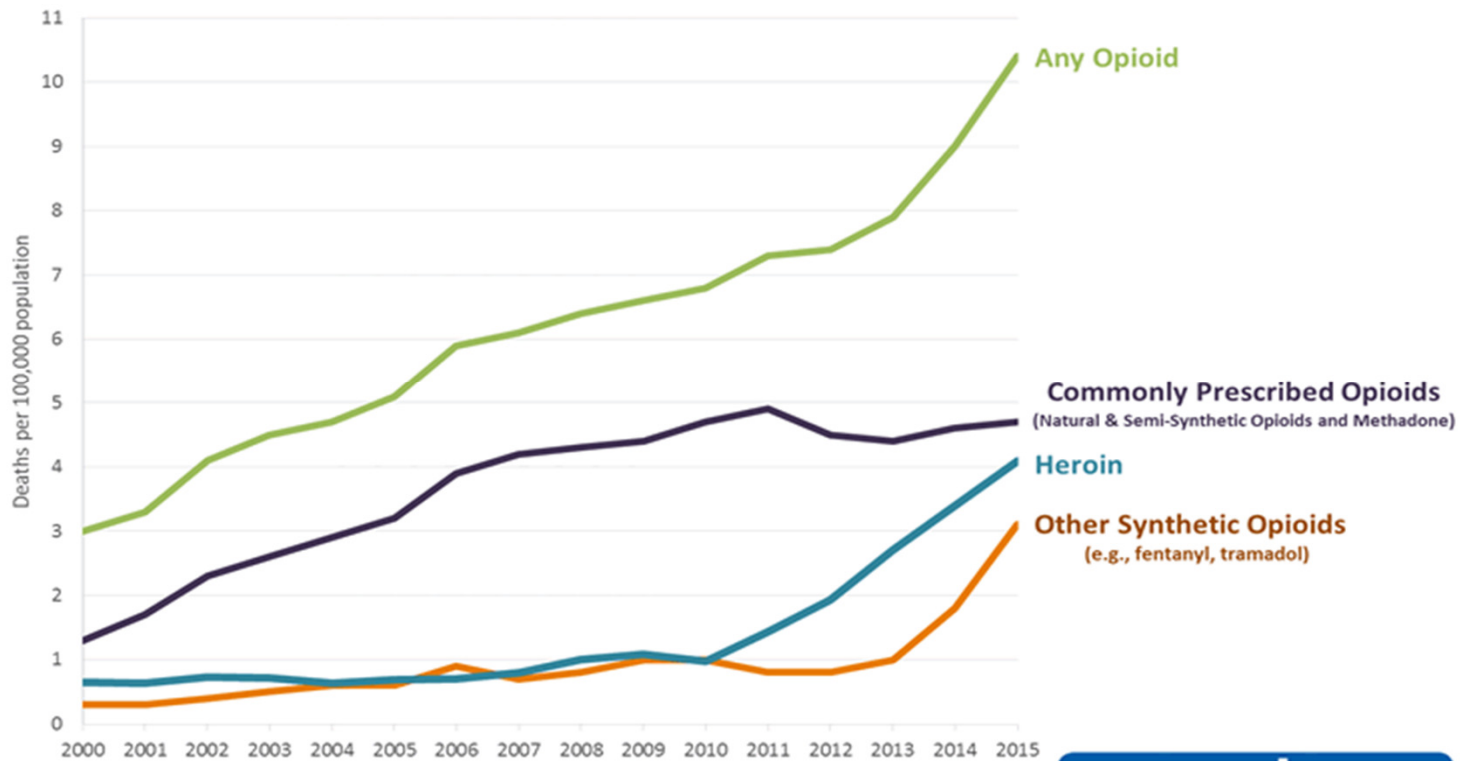


Opioid Prescribing in 2015 three times higher than in 1999!

2016 CDC/NCHC Report



Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

What can be done?



- ❖ Educate healthcare providers and the public about pain management, addiction, and opioid overdose and provide guidance on safe and effective pain management.
- ❖ Increase access to overdose-reversing drugs, such as naloxone. <http://tpce.learningexpressce.com/>
- ❖ Use state-based PDMPs which help identify patients at risk of addiction or overdose. Promote routine provider use.
- ❖ Track opioid-related trends and use data to better understand and respond to the epidemic.



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

Presented July 27th, 2017