Information Technology Connects Collaboration in the Care Continuum

Presenters

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Objectives

- To Increase Knowledge in the Use of Technology to promote collaboration in homecare and hospice operations.
- To Increase Knowledge of the Care Continuum Collaboration.
- To Identify methods to utilize Information Technology to benchmark outcomes.
- To Increase knowledge of methods to utilize information technology to promote collaboration in the continuum of care and future care models.

Who We Are

- Bristol Hospice, LLC
- Hospice Locations in California, Hawaii, Texas, Georgia, Oregon and Utah
- Expanded into Homecare continuum in designated markets: Oregon, Utah
- Services to rural and urban areas
- Medicare and Medicaid Certified, Licensed and or CON, as indicated
- Accredited/deemed Status by Community Health Accreditation Program (CHAP)
Quality Outcome Atmosphere

- New Healthcare Reform
- National Quality Forum (NQF)
- Institute for Healthcare Improvement (IHI)
- Public Reporting
- Pay for Performance
- PEACE Project

IT Systems and Quality Outcomes

- Health Reform Quality Reporting
  - Requires report on quality measures determined by the Secretary
  - The contracting entity is the National Quality Forum
  - Hospice Quality measures
    - Future HIS
  - Homecare Quality measures
    - OASIS
Promote Collaboration Through Technology

› Health IT is a Cornerstone of the Future of Healthcare
   ◦ Improve Quality and Care Coordination
   ◦ Patient Safety and Satisfaction
   ◦ Operational Efficiency
   ◦ Improve Billing and Collections
   ◦ Clinical Research
   ◦ Reduce Waste, Fraud and Abuse
   ◦ Building a Care Collaborative Model
     • Improve response time, focus on rehospitalizations, etc.

Promote Collaboration Through Technology

› Optimizing EHR provides benefits to your Organization
   ◦ Improves operational performance through the use of dashboards and process improvement
   ◦ Promotes collaboration of Clinical, Finance and Operations through Benchmarking
   ◦ Strive for and celebrate successful outcomes
Using the EMR to Focus on Care

Reviewing Goals and Outcomes
Graphing Pain

Reviewing Multiple Patient Pain Scores
Collaboration thru Benchmarks

- Thought – if you are not going to use it – don’t collect it.
- 360 review allows you to identify what is working, where you excel and where you have ‘opportunities for improvement’.
- Leadership and team will need to prioritize the work to be successful – sometimes easier said than done.
- Keep data manageable – use Dashboards and other ways of summarizing information.

Operationalize Your IT Benchmarks

- Select Benchmarks to measure internally and externally.
- Find a process to improve
  - FOCUS PDSA and QAPI Loop
- Organize a team to implement the process.
- Understand the causes of process variation/root cause analysis.
- Select the process improvement.
- Measure results through outcomes and benchmarks.
- Recognize the benchmarking results and successes.
Operationalize Your Benchmarks

- Hospice and Homecare Organization
  Benchmark Metrics may include
  - Budget items – such as budget to actual monthly comparisons and benchmarks
  - Expense management – DME, Supplies, Pharmacy
  - Care Coordination with focused outcomes
  - Collaboration in benchmarks i.e. Rehospitalizations

Operationalize Your Benchmarks

- Hospice and Homecare Organization
  Benchmark Metrics may include
  - Employee and staffing costs
    - Recruitment, Retention and Turnover
    - Overtime and Productivity
    - Travel costs
  - QAPI Indicators identified as Strategic Plan Goals
  - Benchmarks reviewed with operational performance
  - Public reported benchmarks
  - Continuum of care benchmarks i.e.
    - Rehospitalizations, response time
Our Benchmark IT Journey

- Commitment to the Outcomes and QAPI Program
  - Education is key for the success of
    - Clinical, Operation, Financial Leadership
    - Boards and Governing Body
    - Medical Director and Physicians
    - Hospice and Homecare Staff
    - Hospitals
    - Physicians
    - Patient/Families
    - Community

Collaboration Utilizing IT

- Promote Operational Performance and Collaborations Utilizing Health Information
  - Improve Quality and Care Coordination
    - Concurrent access to patient health information
    - Concurrent benchmark capacities leading to timely QAPI response
    - Coordination and collaboration with health providers
  - Ensure HIPAA and Regulatory Requirements
  - Promote Patient Safety
    - IOM Reports up to 98,000 Americans die each year from medical errors
Collaboration Utilizing IT

- Patient Satisfaction
  - Promotes data collection for Patient satisfaction benchmarks
  - Data may become the voice for our industry to demonstrate outcomes
- Improve Billing and Collections
  - Regulatory changes, 15 minute increments, auto-calculations, etc.
  - Promotes coordination of clinical documents and billing office functions
  - Concurrent financial benchmarks
  - Rehospitalization Outcomes

Collaboration Utilizing IT

- Clinical Research
  - Promotes data collection for clinical research projects related to both clinical and financial outcomes.
- Reduce Waste, Fraud and Abuse
  - Focus on effective efficiencies and through the use of Health IT
- Research Projects
  - Utilize data to participate in research projects.
Cultivating A Data Driven Culture

- Develop a data driven QAPI Operation.
- Establish benchmarking to promote QAPI and improved operational performance.
- Utilize IT to support the QAPI program and benchmarks in all operation processes.
- Strive to improve efficiencies and effectiveness.
- Recognize benchmark results and Celebrate successes.

Cultivating A Data Driven Culture

- Flexibility
- Customize each report
- Enhanced ability to drill-down into your data
Focus on QAPI and Outcomes

PDSA

How does this cycle fit within the QAPI framework?

- This process will be effective for agency specific metrics
- **Rapid cycle** use of this model has proven to be highly successful for agencies

Analysis for Utilization

**Step 1: Overall Incident Rate**

- Incidents per 1000 patient days

**Step 2: Incident Rate by TYPE**

- Identifies high falls rate

**Step 3: Incident Reporting Summary Report**

- Drill down into falls-specific details
Bristol Hospice’s Strategies for Sustainability

- Company wide commitment to Utilizing IT and QAPI Benchmarks
- Utilize IT as a Foundation
- Benchmarks reflecting company’s commitment
- Hard – wire change process – set the expectation
- Cycle of review established within the operation
  - Prioritize the PI process driven by IT benchmarks
  - Utilize the QAPI Feedback Loop
- Promote Collaboration and Innovation!

Build Collaboration with Benchmarks

- Utilization of Benchmark Reports/Dashboard
  - Operational Dashboard
  - Operational Score card
  - Productivity Reports
  - Quality Benchmarks
  - Family Satisfaction
  - Clinical Outcomes
  - Infection Control Reports
  - Other identified tools/reports
- Compare past, present and future ~ utilize QAPI Rapid Response
- Care Collaboration in Outcomes i.e. Rehospitalizations
What Does CMS Know?

- Are you managing the information CMS knows about your organization in a way that helps you understand the insights you are providing to your largest payer?

Review Your Claims Data

- Are you reviewing the same information CMS is reviewing?
- Are you confident CMS is receiving an accurate picture of the services you provide to your patients?
- Claims information and cost report data should reflect the actual activities and cost of services you provide so that any impact on future reimbursement will be appropriate.
CMS and Visit Data

- Hospices began providing CMS detailed visit information by week, by patient, by discipline, by location and level of care on their claims in 2008.
- Beginning in 2010, visit length is also reported on claims.
- Medicare uses this information to determine the cost of care.

CMS Expects Bedside Documentation

- Documenting visits bedside and reporting visit time will provide valuable information for future planning and analysis.
- This improves patient care when all documentation is completed and reported to other team members at the time of the visit.
- Be sure to include ordered services and care in the documentation.
CMS and Visit Data

- Reviewing reports that summarize the information provided to CMS can help determine if the documentation shared is complete and accurate.
- Which is better for your organization – staffing based on patients per staff member or staffing based on the type and length of visits provided?

Claims Information

- Patient Name, Address, Date of Birth
- Diagnosis
- Attending Physician
- Dates of service
- Level of care by day
- Location of care by day
Claims Information

- Visits by discipline by week by level of care
- Visit charge amount by discipline
- Admission date
- Length of each visit

Begin Using Claims Data to Evaluate Staffing Patterns

- Review reports that show visits by week, by discipline, by level of care, by location and by diagnosis.
- Look at graphs of visits within 48 hours of a change in level of care.
- View visits per week by discipline.
- Are these results what you expect for success in your organization?
Visits Within 48 Hours of Change in Level of Care

Data Analysis

- Do you see any patterns of care that surprise you?
- What happens when you expand the parameters further and look at patients over a longer period of time?
- Are you raising questions about how care is provided?
Do you see a variance in visits by discipline by diagnosis?

Are you visiting patients in one level of care more often than another?

Are you visiting patients within 24 hours of a change in level of care?

Does this affect quality of care?
Data Analysis

- Do your patients receive similar services regardless of the team serving them?
- Do you see a variance in visits based on number of days in service?
- Do any of the visit reports reflect a pattern of care that raises questions in your mind about how you are providing care?

Data Analysis

- Review these items each month to determine if there are patterns of service that deserve further scrutiny.
- It is important to understand the services you provide and what you are telling CMS about those services.
NHPCO 2009 SUMMARY

- Days of care by level of care – average is same in 2009 and 2008
  - Routine Home care: 95.9%
  - General Inpatient: 2.9%
  - Continuous Care: 1.0%
  - Respite Care: 0.2%

- How do you compare and why?

LOS Distributions

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<tr>
<th>Description</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<tbody>
<tr>
<td>Hospice Patient Deaths (Percentages)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>% of pts who died within 1-17 days</td>
<td>22.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>22.00%</td>
<td>22.00%</td>
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<tr>
<td>% of pts who died within 18-34 days</td>
<td>6.26%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>11.10%</td>
<td>0.00%</td>
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<tr>
<td>% of pts who died within 15-30 days</td>
<td>6.30%</td>
<td>0.00%</td>
<td>0.00%</td>
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<tr>
<td>Total # who died in first 30 days of care</td>
<td>37.56%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>58.60%</td>
<td>14.30%</td>
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<tr>
<td>% of pts who died within 31-45 days</td>
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<td>0.00%</td>
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<td>Total # who died in first 60 days of care</td>
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<td>0.00%</td>
<td>77.60%</td>
<td>16.20%</td>
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<td>Total # who died in first 90 days of care</td>
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<td>Total # who died in first 150 days of care</td>
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<td>0.00%</td>
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<td>Total # who died in first 730 days of care</td>
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<td>0.00%</td>
<td>0.00%</td>
<td>77.60%</td>
<td>71.40%</td>
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<td>Total # who died in first 365 days of care</td>
<td>75.66%</td>
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<td>0.00%</td>
<td>77.60%</td>
<td>71.40%</td>
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Other Basic Data

Manage for Excellence

- Good data and high quality reporting must be combined with a meaningful investment of management time to create focus and energy around key strategic objectives.
Manage for Excellence

- Know what you are telling CMS about your organization.
- Use the governmental reports to enhance your decision making processes.
- Create reporting tools to enhance continuous improvement opportunities.
- Patient care and accounting working together will achieve the best results.
Innovation and Success

- Improve Operational performance utilizing IT Data Driven QAPI processes throughout the organization
  - Utilize and measure quality benchmarks related to financial/operation decisions
    - Example: Operational Scorecard
    - On-call indicator/on-call structure
    - Overall care indicator/staffing model
    - Pain management indicator/Pharmacy/staffing model
    - Rehospitalizations
    - OASIS Benchmarks
    - Align Continuum Benchmarks and Outcomes

Care Continuum and the Future

- **Evolving regulations** that impact Hospice and Homecare operation and financial decisions – Always remember our Collaboration Goals.

- **Economic** environment affecting patients and families and our staff.

- Utilize IT in a changing healthcare environment to build efficiencies and outcomes.
Care Continuum and the Future

- **Embrace** the changes necessary to create a sustainable homecare and hospice continuum model which includes distinguishable values, mission, and vision for the future.

- Operate an effective operating model utilizing *quality and outcomes as our foundation*.

- Support the Hospice and Homecare Industry *legislative* initiatives.

Utilize Your Resources

**What internal resources do you have available?**

- Technology – i.e. data and reports that can be directly extracted from EMR, financial database, etc.
- Internal content experts – who has skill sets to evaluate data and summarize information for team/leadership?
- Information from non-traditional quality improvement focus – i.e. Operational benchmarks, Employee Turnover, Finance, Education/Training, as well as more obvious: intake, Risk Management, Billing and Records

**What external resources do you have available for compiling and analyzing data?**

- Vendors – there are several to consider
- National and State Associations
Resources and Tools

➢ QAPI Forms & Reports ..... 

➢ Useful Web Links:
  http://www.nahc.org
  http://www.nhpco.org/research
  http://www.nqf.org
  http://www.healthcarecomm.org
  http://www.ihi.org
  http://www.nih.gov

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