Technology + Team = Reduced Readmissions

Chad Creech
Chief Development Officer

Dan Hogan
Chief Executive Officer

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Chief Operating Officer

Identified disparity between data and ability to use it

Differentiate my agency from a “commodity” service

Assessment standards (OASIS-C) were being implemented

High-risk medications were going to be process heavy
MY INITIAL SOLUTION…

HIGH RISK MEDICATION INDEXING

…AND RESULTS

7

CEASE AND DESIST LETTERS
## Tackling a Broader Issue

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHF</td>
<td>21.2%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>15.3%</td>
</tr>
<tr>
<td>AMI</td>
<td>18.5%</td>
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## Patient Risk Identification

## Best Practices From Our Experience

1. Allow your data to inform your understanding of your patients and clinicians

2. Find unique ways to provide security and confidence to your hospital partners

3. Be an expert in alternative and value-based payment models
PROFILE: ALTERNATE SOLUTIONS HEALTHCARE

ORGANIZATION
Ownership: Private
Specialty: Hospital System Strategic Partnership
Branches: 12 Provider Numbers / 7 Health System Partners
Rural / Urban: Both

STRATEGY
1. Growth based on strategic hospital partnerships
2. Improved efficiencies for cost savings and economies of scale

QUEST FOR IMPROVED OUTCOMES AND SATISFACTION

- Partners
  Post-acute care continuum is interrupted and partnerships are strained

- Market Uniqueness
  Each market posed different and unique challenges and make scalability difficult

- Outcomes
  Post-acute care continuum is interrupted with poor satisfaction and outcomes
CREATING THE SOLUTION

- Update and refocus current available tools
- Collaboration and goal setting with hospital partners
- Telephonic follow up on high risk diagnoses
- Creation of Rehospitalization Reduction Task Force
- Improved Satisfaction and Outcomes
- Implement and utilize predictive analytics

RESULTS & WHAT WE LEARNED

- **35.9%**
  Average branch reduction in readmissions

- **46.6%**
  Decrease in LUPA rates

- **20.9%**
  Average year over year census growth

**WHAT WE LEARNED**
- Difficulty in follow up from resources and other day staff responsibilities
- Processes exist separate from EMR workflow
- Value is dependent on operationalizing information

**SUCCESS FACTORS**
- Appropriate time allocation to focus on high risk patients
- Implementation of policies and procedures to encourage adoption and utilization
<table>
<thead>
<tr>
<th>BEST PRACTICES FROM OUR EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Create a culture for rehospitalization reduction and reinvest in your staff education regarding avoidable rehospitalization. Develop goals, measure, and create staff accountability.</td>
</tr>
<tr>
<td>2. Reinforce patient teaching and awareness and maximize your patient education methods and tools with an emphasis on increased patient contact.</td>
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<tr>
<td>3. Set Post-Acute Rehospitalization goals and plans with your hospital partners based on mutual accountability goals</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ALACARE HOME HEALTH AND HOSPICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORGANIZATION</td>
</tr>
<tr>
<td>Ownership: family owned since 1972</td>
</tr>
<tr>
<td>Specialty: Integrated service dual provider</td>
</tr>
<tr>
<td>Branches: 25 home health / 22 hospice</td>
</tr>
<tr>
<td>Rural / Urban: Both</td>
</tr>
<tr>
<td>STRATEGY</td>
</tr>
<tr>
<td>1. Improve best-in-class integrated service model</td>
</tr>
<tr>
<td>2. “Right service level at the right time”</td>
</tr>
<tr>
<td>3. Focus on reducing operational costs</td>
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</tbody>
</table>
IMPROVING THE TRANSITION TO HOSPICE

- Manual Process
  More efficient operations can improve satisfaction and reduce costs
- Missed Opportunities
  Patients and families are missing the chance to realize the benefits of hospice care
- Improve Transfer Rate
  Leverage technology to introduce scalability to transition more patients

MANAGING THE WORKFLOW

- Patient Identified
  Implement custom predictive algorithms to more quickly screen potential hospice candidates
- Patient Eligible
  Consolidate EMR information into a single screen to confirm patient eligibility
- Patient Accepted
  Manage patient workflow dynamically and tracked within the application
RESULTS

<table>
<thead>
<tr>
<th>Patient Identified</th>
<th>Patient Eligible</th>
<th>Patient Accepted</th>
</tr>
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<tbody>
<tr>
<td>84.7%</td>
<td>19.9%</td>
<td>9.4% +</td>
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</table>

increase in patients screened
increase in identified hospice appropriate patients
increase in number of patients transferred

BEST PRACTICES FROM OUR EXPERIENCE

1. Industry demands require constant evaluation for improvement in processes

2. Develop measures of success to evaluate effectiveness of implementation across human, organizational, and financial criteria

3. Collaborate with technology partners with specific organizational goals over general solutions
SESSION 711

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