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Post Acute Care Transitions Program

Post Acute Re-Admissions? Nurse Practitioners Drive Outcomes!

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Learning Outcomes:

1. Demonstrate strategies for an embedded NP model in a Skilled Nursing Facility (SNF) network to achieve desired outcomes.

2. Identify quality metrics related to re-admissions with SNF network partnerships.

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Key Takeaways:

1. Nurse Practitioners play an important role in driving outcomes in post acute settings.

2. Partnering with preferred providers is a win for both parties, but most importantly, the patient has better outcomes.

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Healthcare Reform / Accountable Care Organizations (ACO's)

- High post-acute spend / readmission rates
- Lack of continuity of care
- High emergency department utilization
- Patient transition issues – no coordination
- Patient / family dissatisfaction

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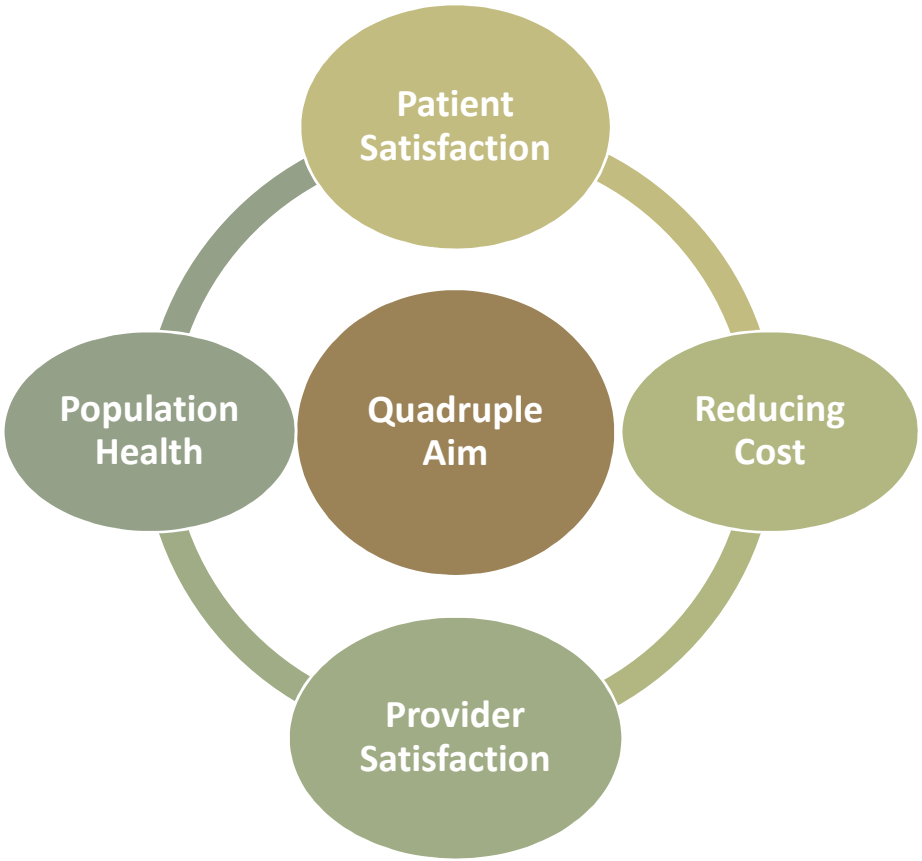
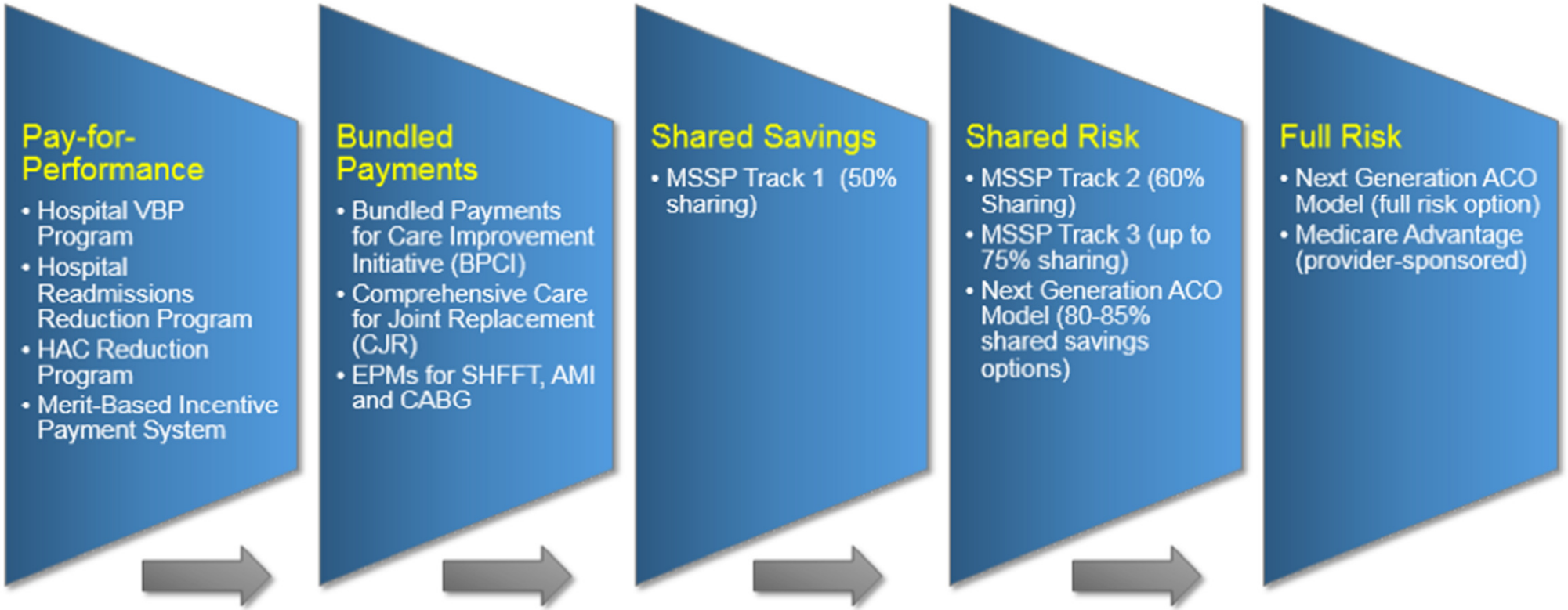
Deliver the Right Care at the Right Time at the Right Place



Next Generation ACO 2016



Next Generation ACO – 2016

- DHS assumed risk for readmission rates and Medicare spend for our ACO population (36,000 patients)

- Focus Strategic Initiatives to improve patient care, quality and safety, lower readmissions and cost

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WHAT WE FOUND

- SNF transfers = high readmission rates
- SNF to home setting = high readmission rates
- Post-acute Medicare $$$$
- No SNF incentive / penalties for outcomes

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Challenges and Gaps – Acute Care Hand off

- Orders
- Dialysis
- Transportation
- Discharge Summaries
- Palliative Care Consults

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Challenges and Gaps – Post Acute

- Meds
- EMR
- SNF Staff Education
- Quality Data

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SNF Selection Criteria

Patient Volumes

- Where are patients already going?
- Local vs. Regional

Quality

- SNF star ratings
- Quality Metrics / Readmission Rates & LOS / Infection Rates, Falls & Wounds, High/Low Performers

Medical Directors

- How engaged are the SNF medical directors?

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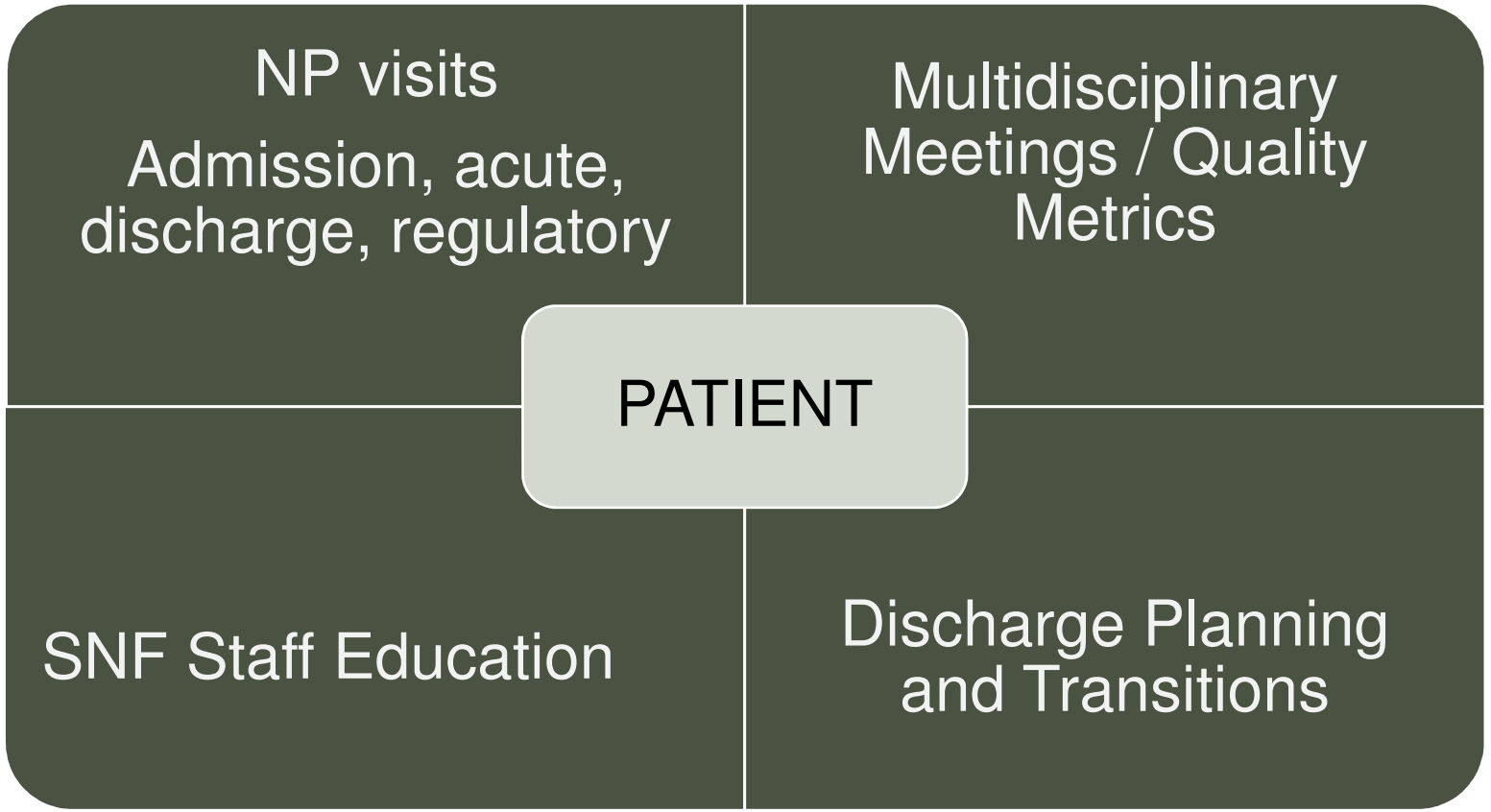
Post Acute NP Program
21 SNF /8 NPs

Collaborating Physician / Medical Director

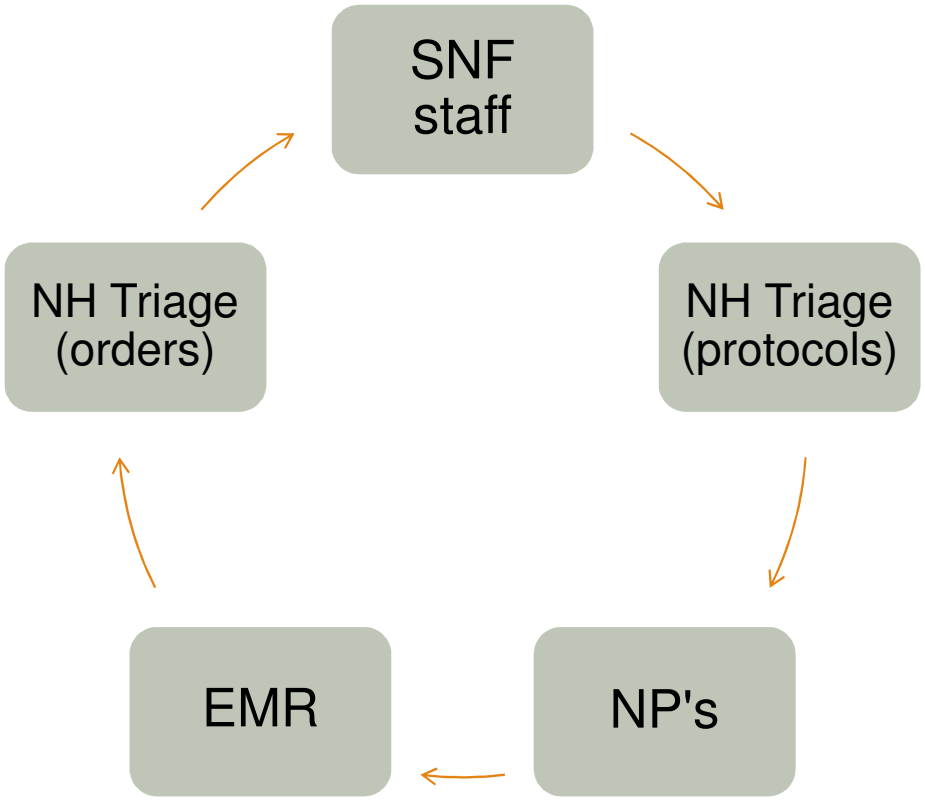
SNF triage service (clinical protocols) through call center

Facility fees - subsidize NP costs (approximately 15% of salary & benefits)

Post Acute NP Program



Communication is Key



Skilled Nursing Facilities: Embedded NP Measuring Success

Baseline Data FY15 vs FY18 (All Deaconess Patients)

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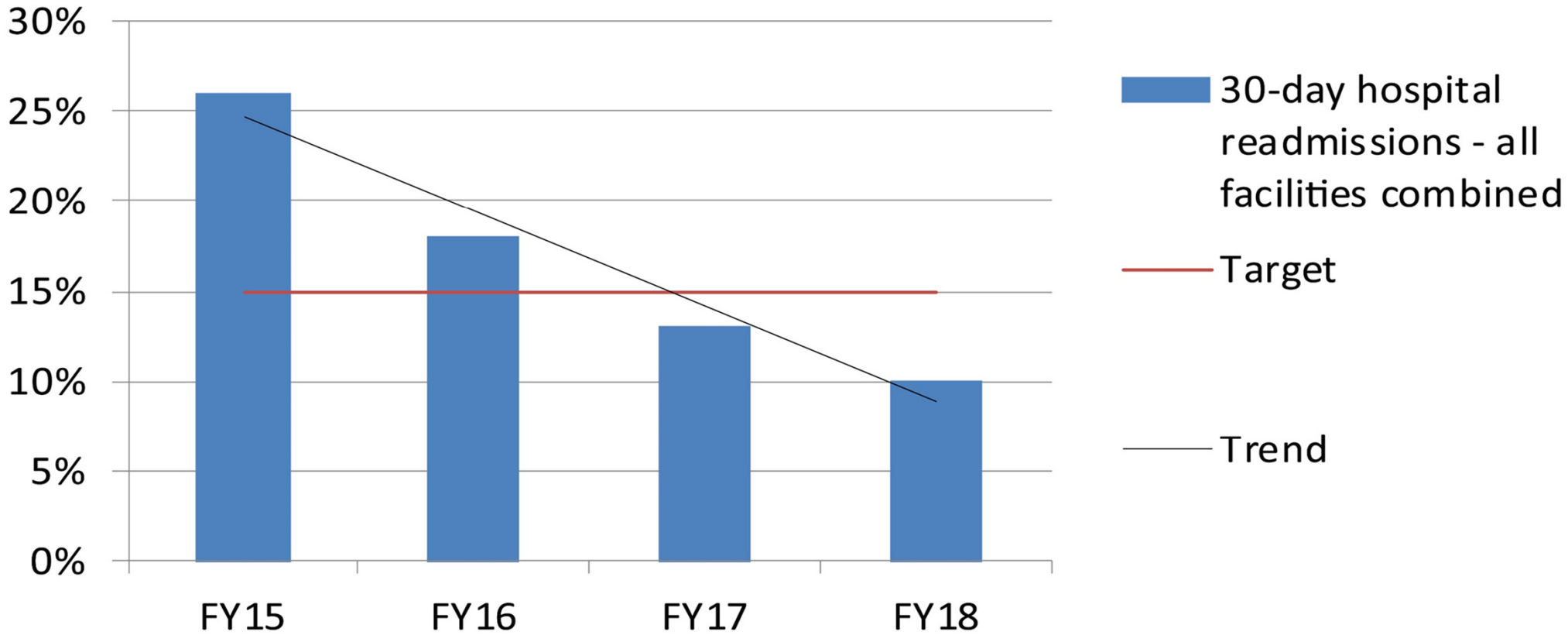
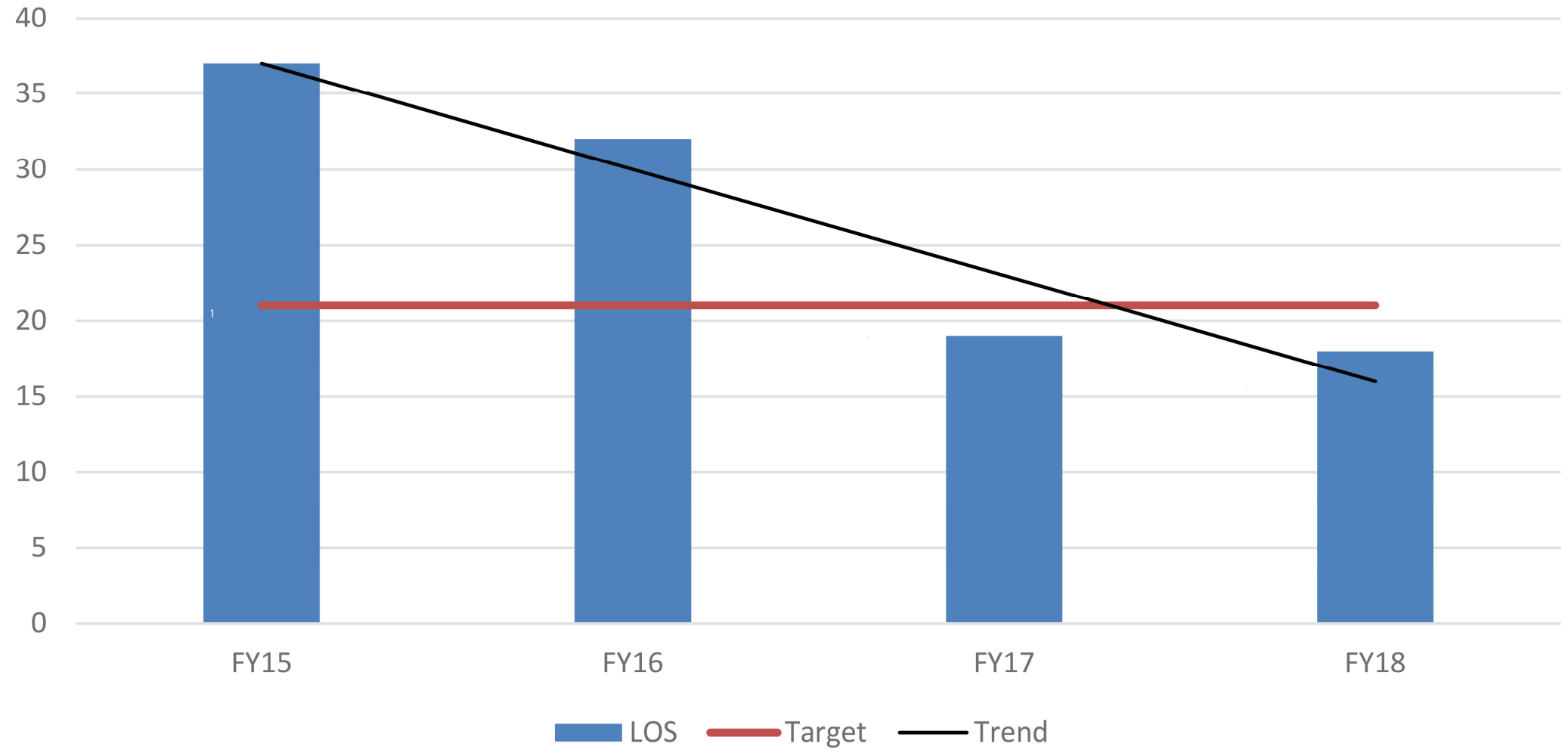
30-Day Hospital Readmissions -- All Facilities Combined



Length of Stay – All Facilities Combined



All Indicators View: Post Acute Care - All Facilities - FYTD

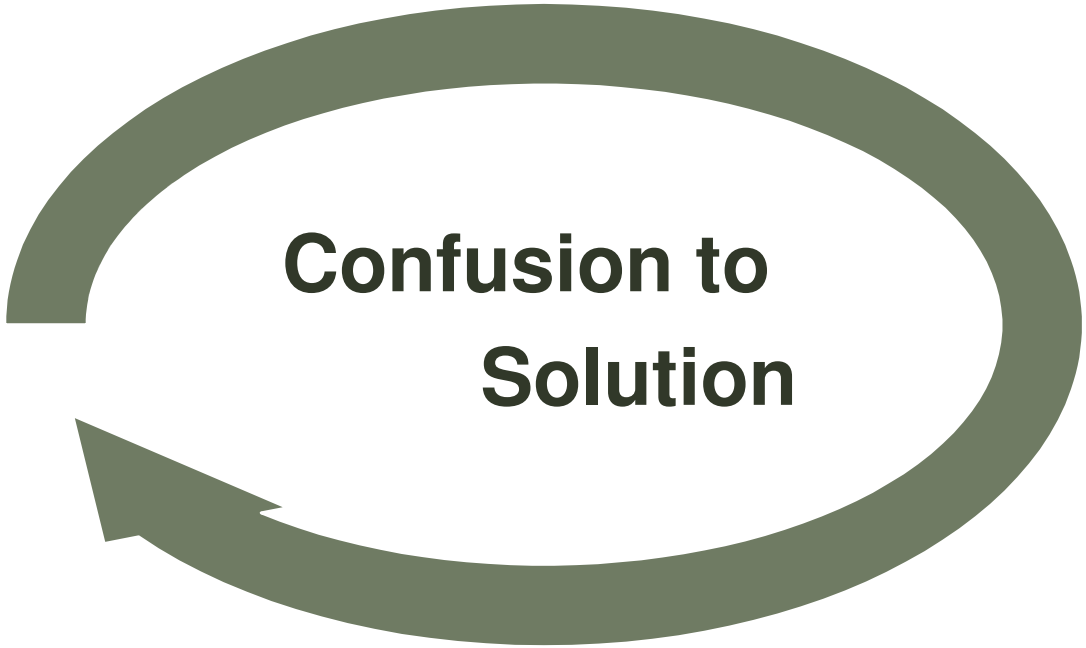
Status	Indicator	Current Value	Target	SPC Alert	Updated
Post Acute Care					
★ ▲	All Facilities 30 Day Readmissions - All DHS Pts (FYTD)	11.5%	15.0%		FY 2019
▼	All PAC Facilities 30 Day Readmissions - All DHS Pts Vol(FYTD)	44	n/a		FY 2019
★ ▼	All PAC Facilities All Cause 30 Day Readmit-All ACO Pts (FYTD)	9.8%	15.0%		FY 2019
▼	All PAC Facilities 30 Day Readmissions - All ACO DHS Pts VOL (FYTD)	12	n/a		FY 2019
★ ▼	All PAC Facilities Pts. sent to ER w/in 72 hrs. of PACS admit (FYTD)	0.0%	13.0%		FY 2019
★ ▲	All PAC Facilities Home Health Usage (FYTD)	60.9%	60.0%		FY 2019
★ ▲	All PAC Facilities Pts. D/C with continuted medical services (FYTD)	80.6%	80.0%		FY 2019
✕ ▲	All PAC Facilities Pts. D/C to home w/DVNA/HH/Hospice (FYTD)	33.1%	75.0%		FY 2019
✕ ▼	All PAC Facilities Medicare LOS (FYTD)	18.15	18.00		FY 2019
★ ▼	All PAC Facilities Pts. scheduled and seen by PCP w/in 7 days of D/C (FYTD)	86.9%	85.0%		FY 2019
★ ▼	All PAC Facilities Pts. w/up-to-date influ. vac or contraindications (FYTD)	90.8%	90.0%		FY 2019
★ ▼	All PAC Facilities Pts. w/up-to-date pneu. vac or contraindications (FYTD)	93.7%	90.0%		FY 2019
★ ▼	All PAC Facilities Falls resulting in injury (FYTD)	1.4%	10.0%		FY 2019
★ ▼	All PAC Facilities Pressure Ulcers - new or worsened (FYTD)	0.9%	3.0%		FY 2019
★ ▼	All PAC Facilities Infection Rate (FYTD)	2.4%	3.0%		FY 2019
★ ▲	All PAC Facilities Provider visits (FYTD)	96.0%	90.0%		FY 2019
★ ▲	All PAC Facilities Advanced Directive (FYTD)	96.7%	90.0%		FY 2019
★ ▼	All PAC Facilities COPD 30 Day Readmit (FYTD)	0.0%	3.0%		FY 2019
★ ▼	All PAC Facilities Pneumonia 30 Day Readmit (FYTD)	0.0%	3.0%		FY 2019
★ ▼	All PAC Facilities AMI 30 Day Readmit (FYTD)	0.0%	3.0%		FY 2019
✕ —	All PAC Facilities CHF 30 Day Readmit (FYTD)	5.3%	3.0%		FY 2019
★ —	All PAC Facilities Pt. death w/in 24 hrs of admit (FYTD)	0.0%	3.0%		FY 2019
★ ▼	All PAC Facilities Pt. death w/in 30 days of admit (FYTD)	0.0%	3.0%		FY 2019

Initiatives - Wins

- Utilization Management
  - NP led Interdisciplinary Team Conference
  - SNF LOS by 5+ days

- Meds to Beds Program
  - Provide 3 day med supply
  - Bill SNF pharmacy
  - ↓ RA rates
  - ↑Patient care, satisfaction

NP Provider Group Alignment



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NP Provider Group Alignment

- Multiple providers in SNF's
  Senior Center NP's, Post-acute NP's,
  Palliative Care NP's

- Aligned NP groups for better care coordination

Next Generation ACO Benefit Enhancements

- 3-day SNF Waiver
- Post Discharge Home Visit Waiver
- Telehealth Waiver

Post Acute Initiatives

Initiative	Progress to Date
3-day SNF Waiver Program Waiver Programs	• 25 preferred provider facilities • 780 waivers to date / 1912 IP days saved • Anthem / Humana Waivers
Acute Throughput	• DC orders, prescriptions • Transportation • Pre-cert approvals in SNF's
Post Acute Services In – Network Utilization	• COPD / CHF Education – SNF's • Risk Stratification Tool, D/C summaries • Community Transitions Program • 58% of patients – SNF networks
Upcoming Initiatives	• NP On call / Telehealth / 24 hour RN triage line / CHW model in the patient home • SNF EMR Interfaces

Next Gen ACO – 3 day SNF Waivers

- Preferred Provider Facilities
- 25 skilled nursing facilities / local & regional
- CMS requirement - star rating of ≥ 3 stars

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Questions ?

Discussion