Quality Transitions of Care Learning Cohort
Session #6

March 30, 2023

12:00 – 1:00 PM CT

Objectives:

- Tools to Assist with CCM Implementation
- Review HQIC Goals and Return on Investment
- Discuss Measures to Monitor
- Review of Current Statistics
- Review Tests of Change - Barriers/Successes
- Staying Engaged - Sustainability
- Age-Friendly and Safe Transitions
- Complete Polling Question

**NHA**

ChartSpan

- Shane

HQIC Goals

IMPROVE PATIENT SAFETY

- Target: Reduce all-cause harm in hospitals by 9% or more in recruited hospitals to include reducing Adverse Drug Events (ADEs) by 2024.
    - Sub-Goal: Reduce all-cause harm in hospitals by 9% or more by 2024.
    - **Sub-Goal: Reduce readmissions by 5% for the recruited population by 2024.**
    - Sub-Goal: Reduce ADEs in hospitals by 13%
    - Sub-Goal: Reduce Clostridioides Difficile (C. difficile, formerly known as Clostridium Difficile) in hospitals

01 Improve behavioral health outcomes with a focus on reducing opioid misuse

02 Increase patient safety by reducing all-cause harm by preventing ADEs and *C. difficile*

03 Increase quality of care transitions with a focus on reducing hospital readmissions

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Return on Investment TCM
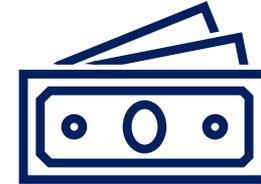
$176.50

CPT Code 99495 monthly reimbursement rate per patient

X

10

10 patients receive moderate-complexity TCM services per month

=

$1,765

Monthly Reimbursement

or

$21,180

Annual Reimbursement

Billing Transitional Care Management CPT Codes: Understanding TCM's Reimbursement Potential (thoroughcare.net)

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Return on Investment CCM

$62

———————

CPT Code 99490 monthly reimbursement rate per patient

X

50

———————

Clinic staff provide non-complex services to 50 patients per month

=
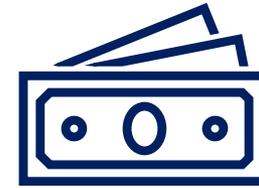
$3,100

———————

Monthly Reimbursement

or

$37,200

———————

Annual Reimbursement

Return on Investment Readmissions

$7,300

X

24

=

$175,200

Average cost of an inpatient readmission

Average of 2 readmissions/month for a CAH
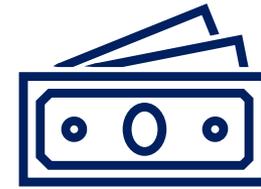
Annual Cost of Hospital Readmissions

Measures to Monitor

- All Cause Readmission Rate– Nebraska Self-Reported
- Tell_Core_Read1
- Tell_Core_Read2
- ED 72-Hour Readmission Rate
- Rate of patients that access the Emergency Department more than once in 30-days
- Rate of patients that return to the ED with 72 hours of discharge or previous ED visit
- Rate of patients that attend a follow-up visit with a PCP within 48 hours of an ED visit
- Rate of patients that can identify a PCP during and ED visit.

Building your Case for Quality

Baseline				Target		
January 1- December 31, 2022				By December 31, 2023		
Readmission Cases	Cost per Case	Rate	Total Cost of Waste	Readmission Cases	Rate	Cost Savings
47	$7,300	8.79%	$343,100	40	7.5%	**$51,100**

Understanding your Current State

- Pull individual data from CDS

- What does your current data show?

- Where would you like it to be?

**Understand your current state**
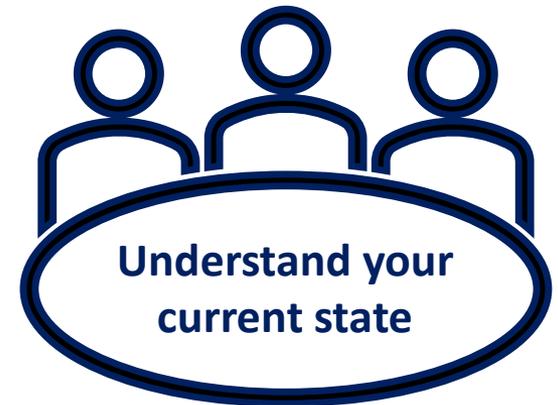
NE Current State

Readmission Rate (SR)
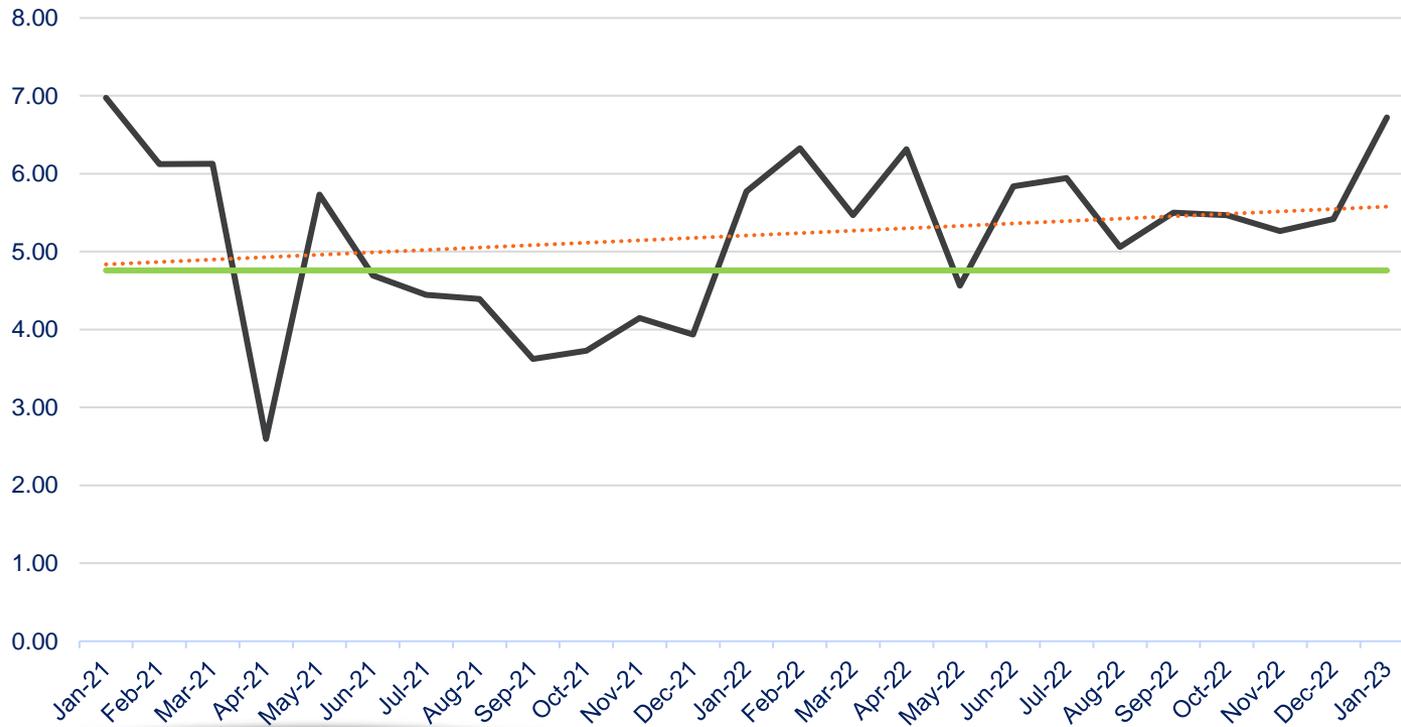
Nebraska Goal:

4.76

NE Current State

Readmission Rate (Claims Read_1)
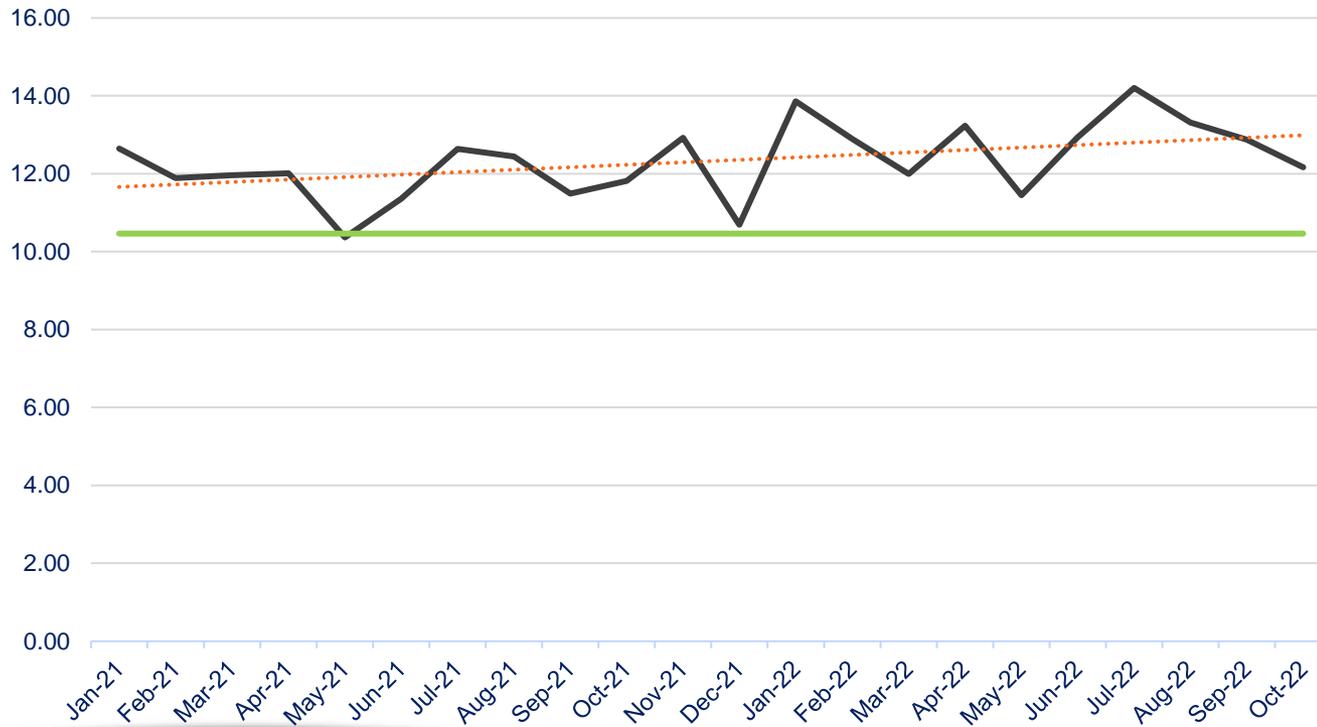
Nebraska
Goal:

10.46

NE Current State

Readmission Rate (Claims Read_2)
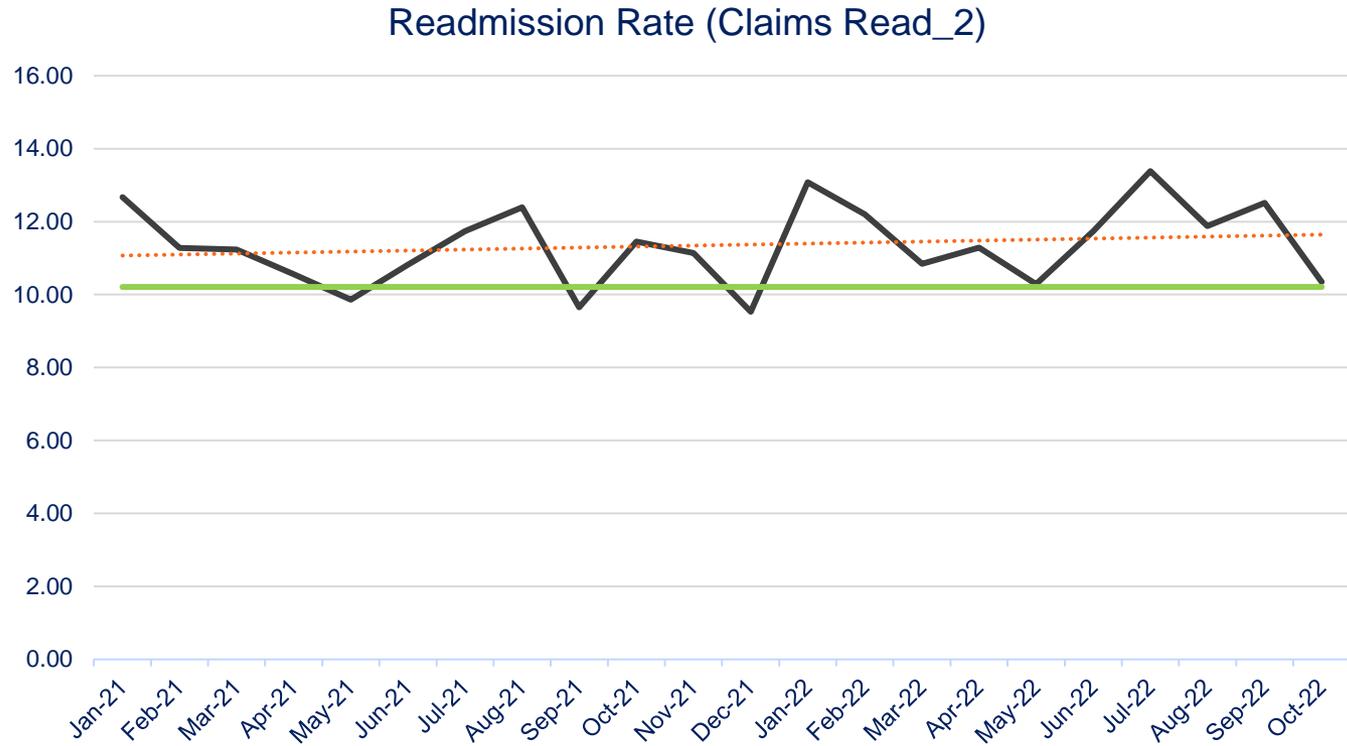
Nebraska Goal:

10.21

Open Discussion

- What has your team started?
  - Successes
  - Barriers

- Review of goals set during Session #1

- 6-month outlook
  - Where do you want to be in 6 months?

Sustainability

- If you haven't started, START
  - Start small and spread
  - Educate staff and patients
  - Continue small tests of change

- Keep Staff Engaged
  - Share data
  - Celebrate successes
  - Engage patients and families

Process vs. Outcome

Process Measures	Outcome Measures
Follow-up phone calls	Readmissions
Follow-up PCP visit coordination	ED Utilization
Improved discharge planning	Cost
Screening for SDoH Needs	Adverse Events
HCAHPS Analysis	
Education	Patient Satisfaction
Coding	Patient Overall Health and Engagement
Documentation	Outcomes
	Revenue
	Clinical Efficiency

Age-Friendly Health System Aim

- Build a movement so all care with older adults is equitable age-friendly care:
  - Guided by an essential set of evidence-based practices (4Ms)
  - Causes no harms
  - Is consistent with What Matters to the older adult and their family

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Grant Opportunity

This HRSA program implements activities that improve and expand delivery of health care services through care coordination strategies in rural areas. Over the four-year period of performance, approximately 10 award recipients will use this funding to improve health outcomes through coordinated, community-wide, sustainable programs in rural communities. Eligible applicants include all domestic public or private, non-profit or for-profit entities, including community-based organizations, federally recognized tribes, tribal organizations, and faith-based organizations.

Award Ceiling: $300,000

Read the notice of funding here https://www.grants.gov/web/grants/view-opportunity.html?oppId=346212

POLL Questions

Tools & Resources

Chronic Care Management Services

Transitional Care Management Services

Next Steps

- Review Implemented Tests of Change

- Navigate Barriers and Shift as Needed

- Evaluate and Monitor Successes

- Spread Changes

- Review ROI

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Wrap-Up

- Questions

Thank You!

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