

Welcome to the Leveraging Data Reports to Drive Quality Improvement— A Webinar Series for MA Hospitals CHIA's All-Payer Hospital Report

Thank you for joining. Our presentation will begin shortly.

If you haven't already, please dial
into the audio line:

888-895-6448 Passcode: 519-6001

Slides are available for download @ <http://www.healthcarefornewengland.org/event/chias-all-payer-hospital-report/>

Today

- Introduction to CHIA's All-Payer Readmissions Work
- Overview of CHIA's Hospital-Specific Readmissions Profiles
- Implications for Practice and Quality Improvement
- Questions & Answers

CHIA's All-Payer Readmission Analyses

- Medicare Fee-For-Service vs. all-payer population
- CHIA's adaptation of the Yale/CMS hospital-wide all cause unplanned readmission measure for the all-payer population – first public reporting in June 2015
- Annual statewide reports and hospital-specific readmissions profiles
- Expansion to include primary psychiatric discharges to look at behavioral health comorbidity

Today

- Introduction to CHIA's All-Payer Readmissions Work
- Overview of CHIA's Hospital-Specific Readmissions Profiles
- Using the Data for Practice and Quality Improvement
- Questions & Answers

Overview of the Readmissions Profiles

- Profile reports available at CHIA's website:
<http://www.chiamass.gov/hospital-wide-adult-all-payer-readmissions-in-massachusetts/>
- Companion to annual statewide readmissions report
- Produced annually for acute care hospitals
- Audience: Hospitals & other stakeholders working to reduce readmissions
- Purposes:
 - Raise awareness, stimulate reflection & discussion on readmissions
 - Provide potentially actionable information
- Quick & easy to use:
 - Brief
 - Graphical
 - Hospital-specific results provided in statewide context

Profiles Methodology

- Based on Yale/CMS Hospital-wide All-Cause Unplanned Readmission Measure
- All-payer population (Commercial, Medicaid, Medicare)
- Includes readmissions to other MA acute care hospitals
- Data drawn from CHIA's Hospital Inpatient Discharge Datasets
- Major exclusions: Obstetric and primary psychiatric
- Risk-adjustment: Generally not risk-adjusted
- Suppression:
 - Cells with < 11 suppressed
 - Un-suppressed available

Walkthrough: Cover Page

Massachusetts Acute Care Hospital Readmissions Profile: July, 2014 to June, 2015 Sample Hospital April 2017

In December, 2016 the Center for Health Information and Analysis (CHIA) released *Hospital-Wide Adult All-Payer Readmissions in Massachusetts: 2011-2015*, its second annual report on hospital-wide all cause readmissions in the Commonwealth. That report applied the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by the Centers for Medicare and Medicaid Services (CMS) and the Yale Center for Outcomes Research to the adult all-payer population in the Commonwealth. It included detailed readmission statistics for the state as a whole and hospital-specific readmission rates for 61 acute care hospitals. This readmission profile series provides more in-depth information on each hospital.

This profile contains readmission statistics for Sample Hospital presented in the context of the statewide figures and of the patient population that Sample Hospital serves. CHIA hopes that these reports will be useful to hospitals and to other stakeholders working to reduce readmissions in the Commonwealth. The profile is based on data submitted by Massachusetts acute care hospitals to CHIA's Hospital Discharge Database (see www.chiamass.gov/case-mix-data/). Most of the statistics presented in this profile are available for all Massachusetts acute care hospitals in an Excel workbook from <http://www.chiamass.gov/hospital-wide-adult-all-payer-readmissions-in-massachusetts/>.

It is important to note a few features of the Yale/CMS readmissions methodology as modified by CHIA for Massachusetts reporting.

- The calculations reflect the all-payer population. CMS reports on Medicare Fee-for-Service patients only.
- Readmissions from Sample Hospital back to Sample Hospital as well as those back to other acute care hospitals in the Commonwealth are included.
- The calculations exclude primary psychiatric and obstetric discharges.
- The calculations include adults (age 18+) only.
- This profile primarily covers the state fiscal year FY15, from July, 2014 to June, 2015. Some data displays include additional years.
- Breakouts with fewer than 11 data points (e.g. discharges, readmissions, or patients) are suppressed to protect patient privacy.

With the exception of the table on this page and the first figure on the next, the readmission rates reported here are not risk-adjusted. The patterns and trends reported in this profile reflect this hospital's patient case-mix, practice patterns, and any licensure for providing specialized inpatient services. All analyses were based on discharge data as submitted to CHIA by Massachusetts acute care hospitals. Further detail is available in the Technical Appendix for CHIA's recent third annual statewide readmissions report.

This report contains the following information profiling readmissions at Sample Hospital. Except where indicated below, all displays cover the period from July 2014 to June 2015.

- Overview readmissions statistics
- Risk-standardized readmission rates by hospital type
- Readmission rates by quarter (July 2010 to June 2015)
- Number of readmissions by time since discharge
- Readmission rates by age
- Readmission rates by payer type
- Readmission rates by discharge setting
- Diagnoses with the highest numbers and rates of readmissions
- Readmissions to other hospitals
- Readmissions among frequently hospitalized patients (July 2012 to June 2015)

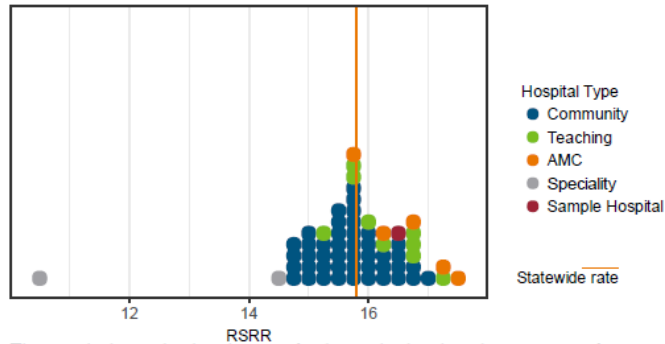
Overview Readmissions Statistics, July 2014 - June 2015

This table contains the overall readmission statistics for Sample Hospital for state fiscal year 2015. The statewide figures are provided for comparison.

	Sample Hospital	Statewide
Eligible Discharges	26,399	493,847
Readmissions	4,177	78,096
Readmission Rate	15.8%	15.8%
Risk-Standardized Readmission Rate	16.6%	15.8%

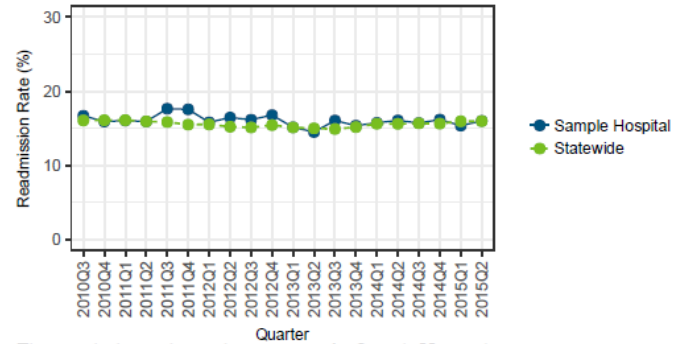
Walkthrough: Overview Stats

All-Payer Risk-Standardized Readmission Rates by Hospital Type, July 2014 to June 2015



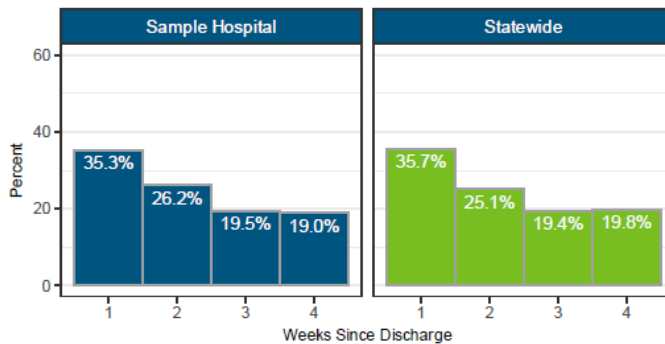
This graph shows the distribution of risk-standardized readmission rates for hospitals. Sample Hospital is indicated by the red dot. Please see the statewide report for information on how hospital types are defined.

All-Payer Readmission Rate by Quarter, July 2010 to June 2015



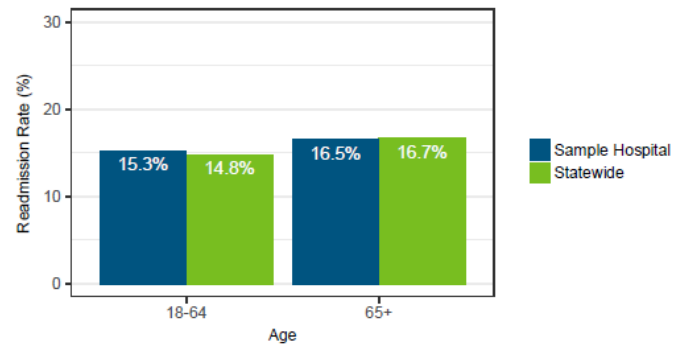
This graph shows the readmission rate for Sample Hospital over time in comparison to the statewide rate. Cells with < 11 cases are suppressed.

Length of Time Between Discharge and Readmission, July 2014 to June 2015



These plots show the percentage of readmissions by week from the time of the initial discharge. Cells with < 11 cases are suppressed.

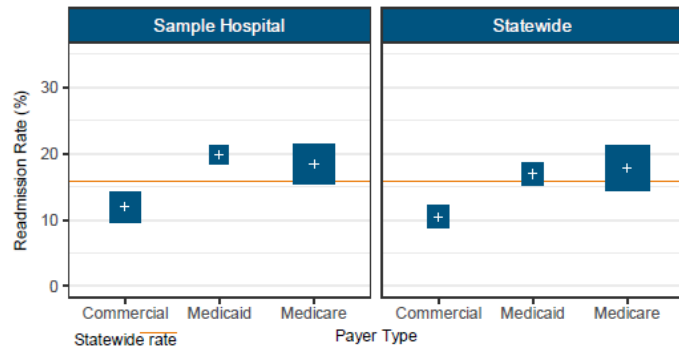
All-Payer Readmission Rates by Age, July 2014 to June 2015



This graph shows readmission rates by age for Sample Hospital and for the state. Cells with < 11 cases are suppressed.

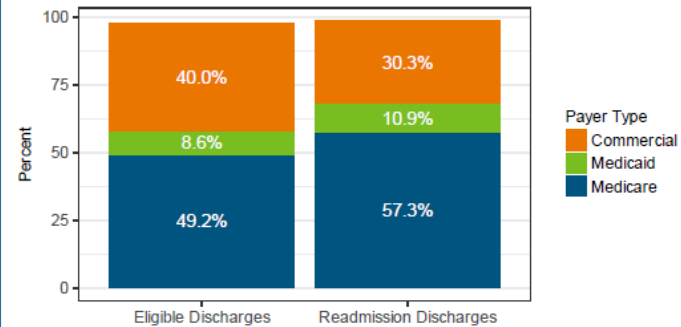
Walkthrough: Payer and Discharge Setting

All-Payer Readmission Rate by Payer Type, July 2014 to June 2015



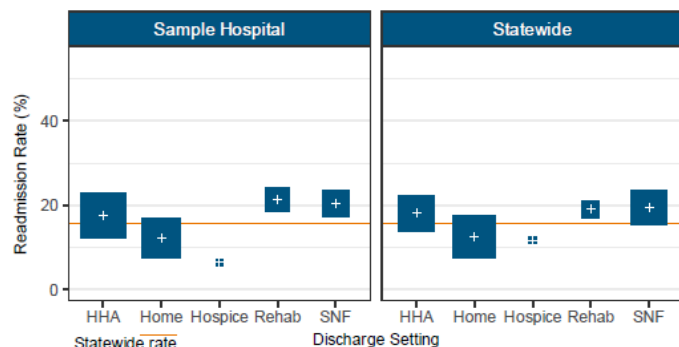
These plots show hospital and statewide readmissions broken out by the expected payer type. Vertical position of the box indicates the rate, and the size of the box is proportional to the number of readmissions. Cells with < 11 cases are suppressed.

Payer Type Profile, July 2014 to June 2015



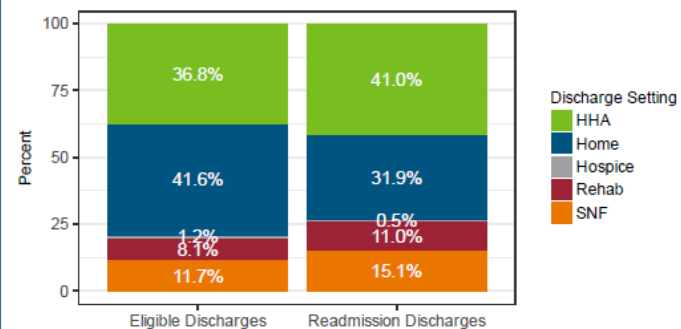
This chart compares the payer profile of discharges from Sample Hospital that resulted in a readmission to the payer profile of all eligible discharges at Sample Hospital. Note: "Self-Pay" and "Other" categories not shown. Cells with < 11 cases are suppressed.

All-Payer Readmission Rate by Discharge Setting, July 2014 to June 2015



This graph shows readmission rate by the setting to which the patient was originally discharged. Note: SNF = skilled nursing facility, HHA = home with home health agency care.

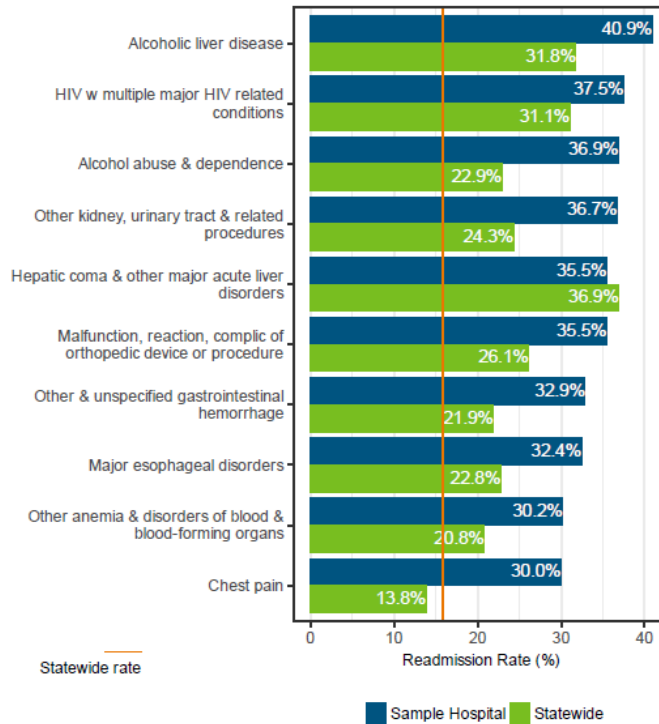
Discharge Setting Profile, July 2014 to June 2015



This graph shows the distribution of discharge settings for readmission discharges compared to all the eligible discharges at Sample Hospital. Cells with < 11 cases are suppressed.

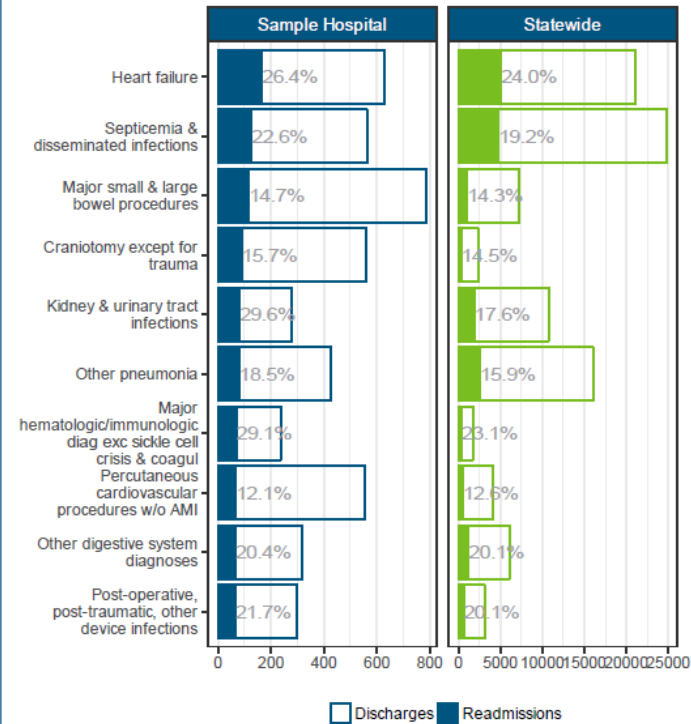
Walkthrough: Discharge Conditions

Top Diagnoses with Highest Rates of Readmission, July 2014 to June 2015



This plot shows the discharge conditions with the highest rates of readmissions for Sample Hospital and corresponding figures for those conditions statewide. Up to the top 10 conditions are shown but only conditions with 25 or more discharges and 11 or more readmissions are included.

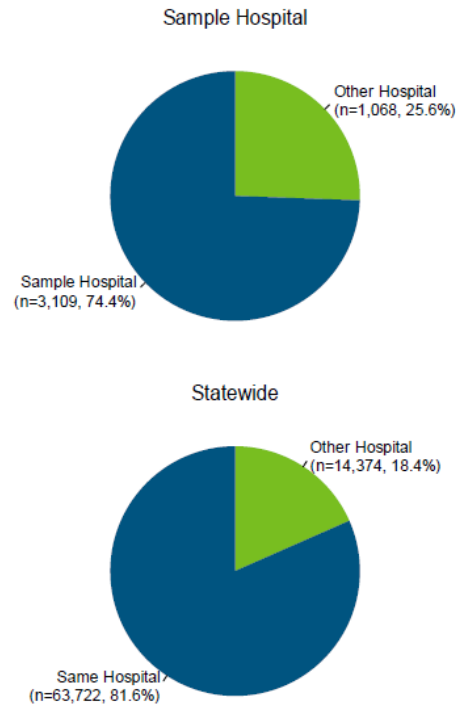
Top Diagnoses with Highest Numbers of Readmissions, July 2014 to June 2015



These plots show the discharge conditions with the highest numbers of readmissions at Sample Hospital and the corresponding figures for those conditions statewide. The outlined bars represent the total number of discharges for each diagnosis, and the filled-in bars show the number of readmissions. The figures next to each bar give the readmissions rate. Up to the top 10 conditions are shown but only conditions with 25 or more discharges and 11 or more readmissions are included.

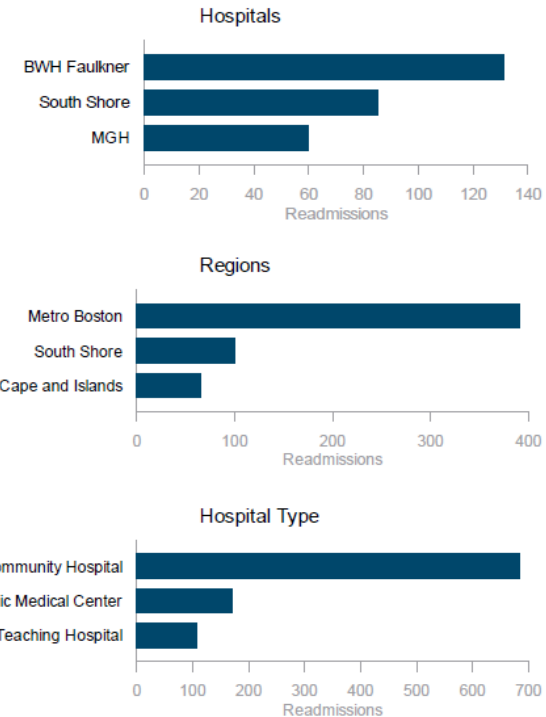
Walkthrough: Readmissions to Other Hospitals

Readmissions to Other Hospitals, July 2014 to June 2015



This figure shows the proportion of the readmissions from Sample Hospital that were to another hospital, along with the corresponding statewide figure.

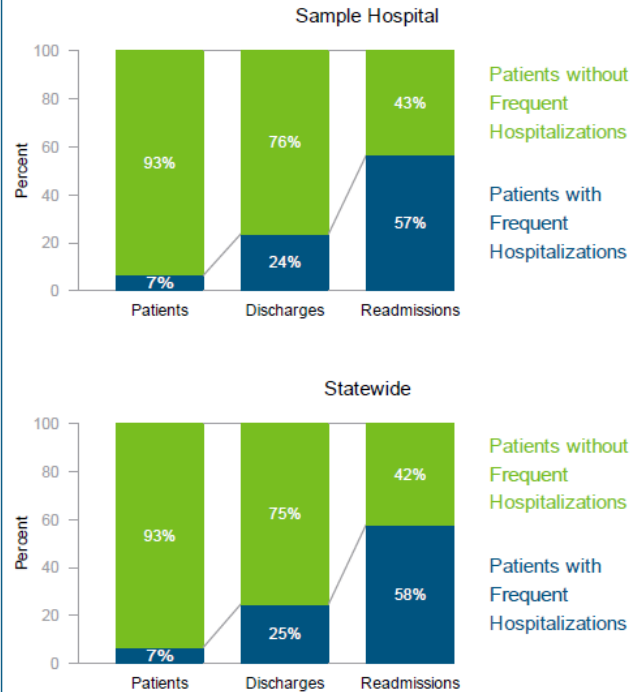
Characteristics of Readmissions to Other Hospitals, July 2014 to June 2015



This display provides more information on discharges from Sample Hospital in which the patient was subsequently readmitted to another hospital. The top portion of the figure shows the top three other hospitals to which patients from Sample Hospital were readmitted. The middle portion shows the regions in which these patients were readmitted. The bottom portion shows the types of hospitals to which they were readmitted. The percentage for each bar represents the percentage that group represents of the total number of readmissions from Sample Hospital that were readmitted to other hospitals. Due to data privacy concerns, only groups with 11 or more readmissions are listed. For definitions of the geographic regions, please see the statewide report.

Walkthrough: Frequently Hospitalized Patients

All-Payer Readmissions among Frequently Hospitalized Patients, July 2012 to June 2015



In the statewide report, CHIA reported readmissions for frequently hospitalized patients, defined as those with four or more admissions in any one-year period from July 2010 to June 2014. This chart shows the percentage of patients, discharges, and readmissions accounted for by frequently hospitalized patients at Sample Hospital.

Hospital Readmissions among Frequently Hospitalized Patients by Payer Type, July 2012 to June 2015

	Number of Patients	Percentage within Group	Number of Discharges	Number of Readmissions	Readmission Rate (%)
Patients with Frequent Hospitalizations	2,894	100.0%	18,992	7,112	37.4%
Commercial	852	29.4%	5,545	2,045	36.9%
Medicare	1,739	60.1%	11,253	4,184	37.2%
Medicaid	266	9.2%	1,913	777	40.6%
Patients without Frequent Hospitalizations	41,499	100.0%	60,736	5,462	9.0%
Commercial	20,280	48.9%	27,736	2,035	7.3%
Medicare	17,078	41.2%	27,150	2,906	10.7%
Medicaid	2,659	6.4%	3,896	387	9.9%
Total	44,393		79,748	12,574	15.8%

This table shows the breakdown of patients at Sample Hospital with frequent hospitalizations by payer type, and the associated readmission rates for these groups. Note: Percentages within groups do not sum to 100 because the table excludes "Self-Pay" and "Other" categories which together sum to less than 5% of discharges. Patients with frequent hospitalizations are defined as those with four or more admissions in any one-year period from July 2012 to June 2015. Cells with fewer than 11 cases are suppressed to protect patient privacy. Additionally, cells that might be used to derive the contents of suppressed cells are also suppressed. All such cells are indicated by "-".

For more information, please contact:

CHIA
center for health information and analysis
617.701.8100
www.chiamass.gov

CENTER FOR HEALTH INFORMATION AND ANALYSIS
501 Boylston Street
Boston, MA 02116

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- Introduction to CHIA's All-Payer Readmissions Work
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- Questions & Answers

IMPLICATIONS FOR PRACTICE

Amy E. Boutwell, MD, MPP

President, Collaborative Healthcare Strategies

Expert Advisor, CHIA Readmission Studies Program

Consider

- What is your hospital's readmission reduction goal?
 - What? (reduce readmissions)
 - For whom? (which groups of patients)
 - By how much? (compared to current performance)
 - By when?

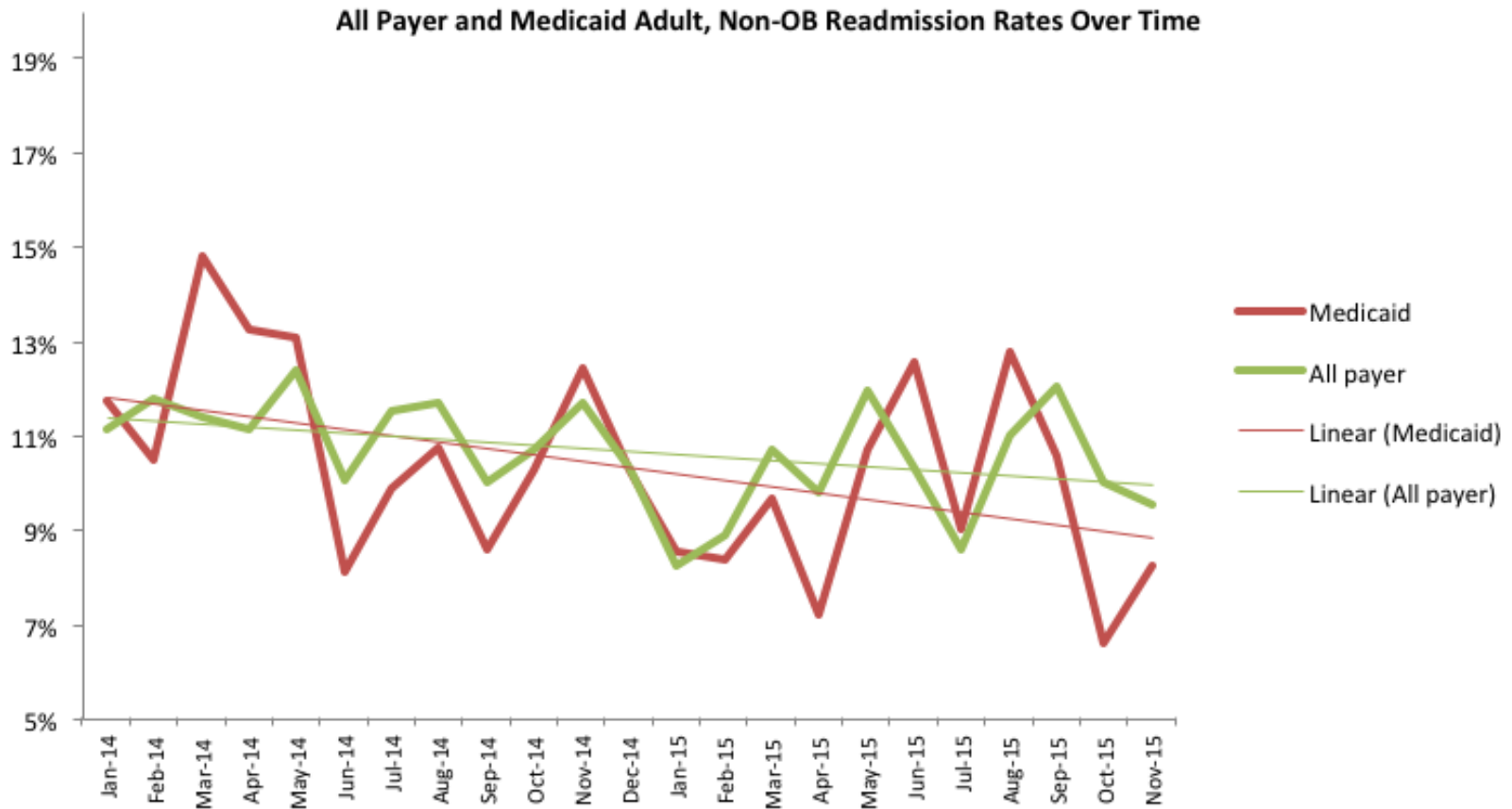
Consider Your Readmission Reduction Goal

- Clinical quality improvement
 - Specific set of diagnoses, payer-blind
- Readmission penalty avoidance
 - Medicare with specific discharge diagnoses
- Optimize shared savings
 - Patients if in ACO or bundled payment arrangement
- Delivery system transformation
 - Hospital-wide, all cause, all-payer

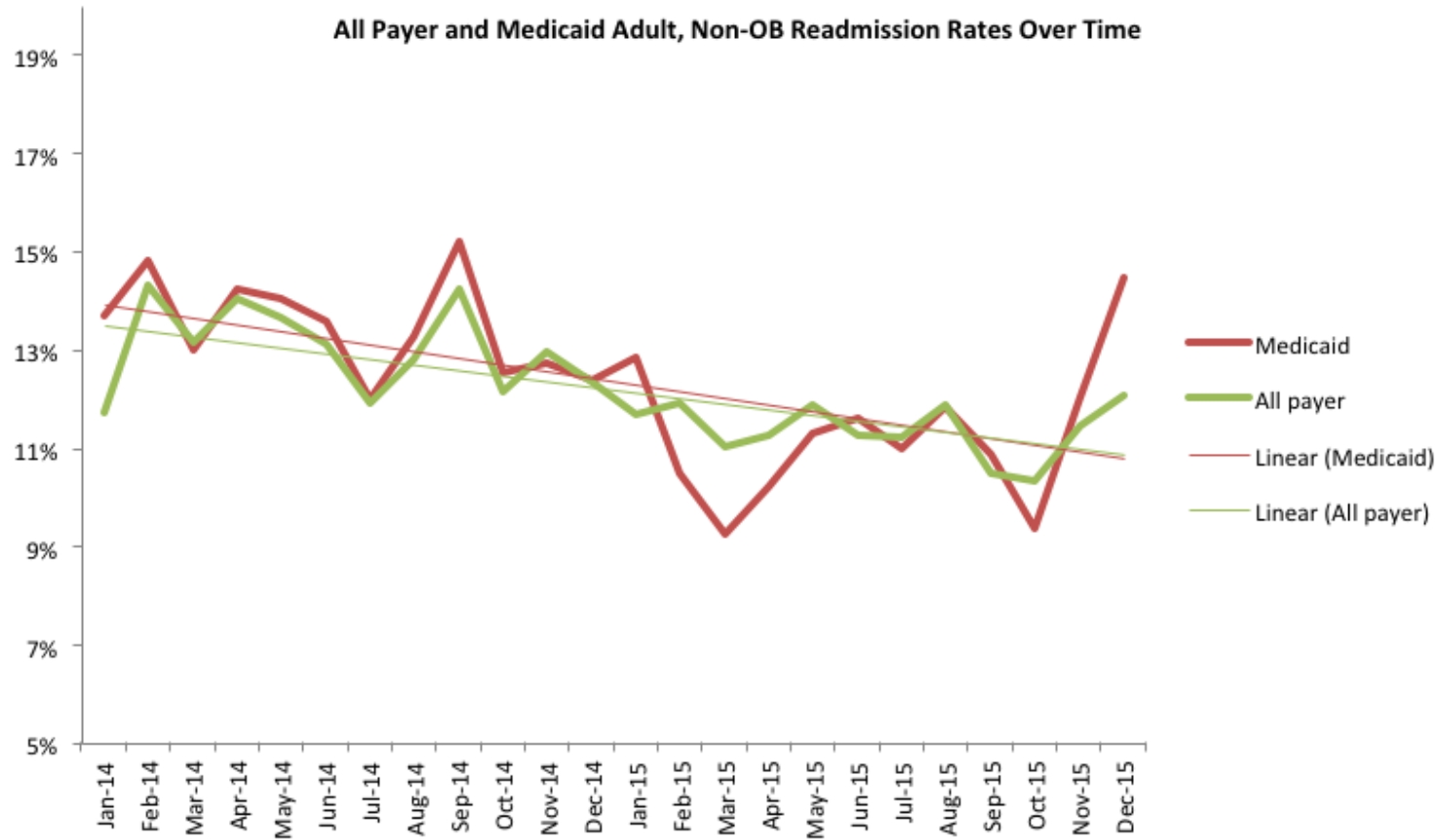
THIS IS POSSIBLE

It is possible to reduce all-payer hospital wide readmissions

All Cause All Payer 30-day Readmissions Community Hospital in Maryland



All Cause All Payer 30-day Readmissions Safety Net Hospital in Illinois



HOW CAN WE GET THOSE RESULTS?

Take a fresh look at your data, identify drivers of readmissions

Readmission Penalties:

Stimulated Action, Provided Focus, but also Created Blinders

1. Diagnosis-based focus
 - HF, AMI, PNA...now COPD, hip/knee replacement
 - NOT the 5 most frequent diagnoses leading to readmissions

2. Medicare focus
 - Medicare focus to the exclusion of other high risk patient groups
 - Medicaid adults have higher readmission rates than Medicare FFS

3. Limited our understanding of who is at risk of readmission
 - Why look for diagnoses? Why not other needs?
 - Other meaningful needs s/a frequent utilizer, social complexity, behavioral health comorbidities, functional status

AHRQ Reducing Medicaid Readmissions Project

- Identify the similarities & differences in readmission patterns for Medicare v. Medicaid patients
- Explore whether the “best practices” to reduce readmissions apply to the Medicaid population as well
- Create a guide for hospitals to expand and adapt strategies to reduce readmissions – to apply to a broader, all payer population

Hospitals with hospital-wide results

- Know their data –
Analyze, trend, track, display, share, post
- Broad concept of “readmission risk”
Way beyond case finding for diagnoses
- Multifaceted strategy
Improve standard care, collaborate across settings, enhanced care
- Use technology to make this better, quicker, automated
Automated notifications, implementation tracking, dashboards



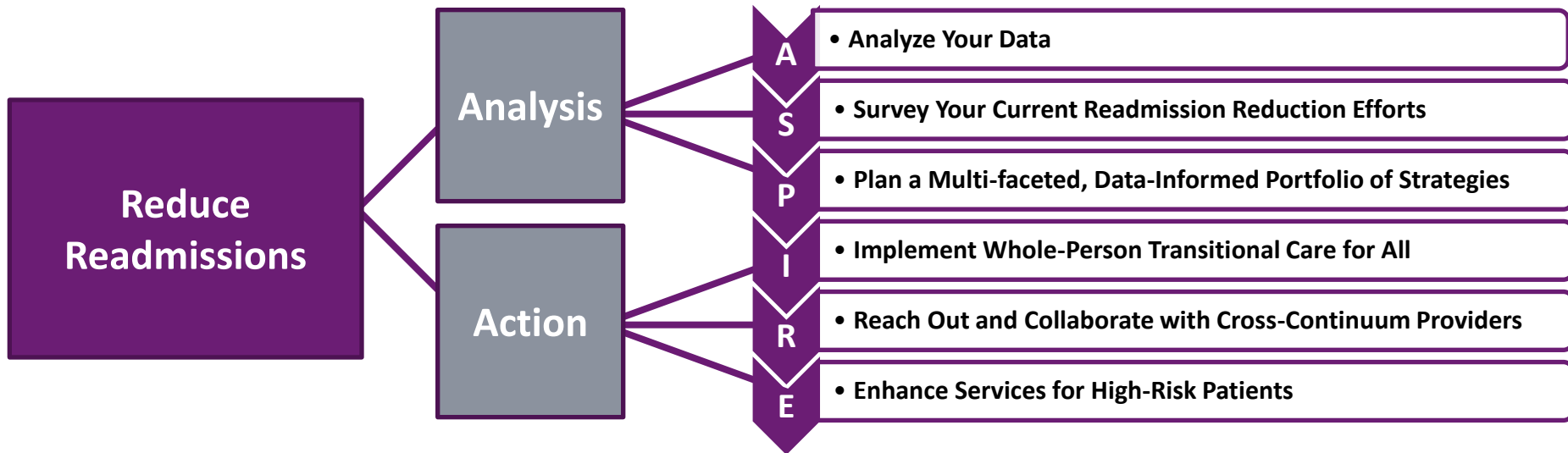
Designing and Delivering
Whole-Person Transitional Care:
*The Hospital Guide to Reducing
Medicaid Readmissions*

ASPIRE



The guide comes with 13 customizable tools to be used in hospital teams' day-to-day operations.

The ASPIRE Framework



15-Point Analytic Plan: All Payer and Payer-Specific

1. Total discharges (exclude deaths and transfers to inpatient care settings)
2. Total readmissions
3. Readmission rate
4. Proportion of discharges and readmissions, by payer
5. Days between discharge and readmission, <4 days, <10 days, 11-30 days
6. Top 10 diagnoses resulting in highest number of readmissions
7. Percent of all readmissions accounted for by the top 10 diagnoses
8. Proportion of all discharges with any behavioral health (including substance use) condition
9. Proportion of all readmissions with any behavioral health condition
10. Discharge disposition (home, home with home health care, skilled nursing facility)
11. Readmission rate by discharge disposition
12. Number of patients with a personal history of high utilization (4 or more admissions / year)
13. Number of discharges among this group (“high utilizers”)
14. Number (and percent of total) of readmissions among this group (“high utilizers”)
15. Readmission rate among high utilizers

Tool 1: Data Analysis Tool

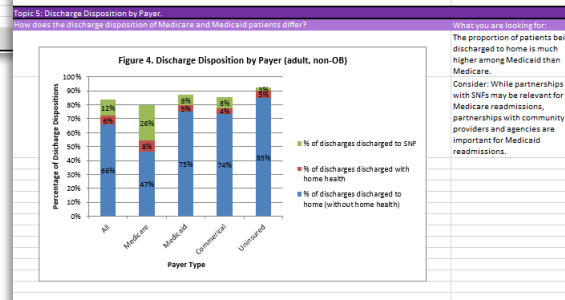
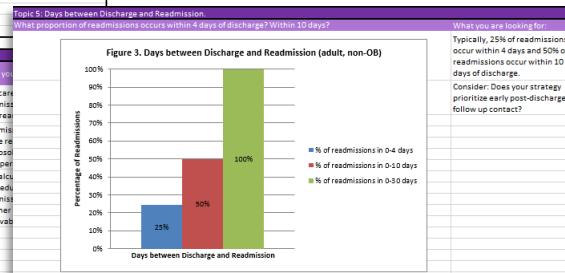
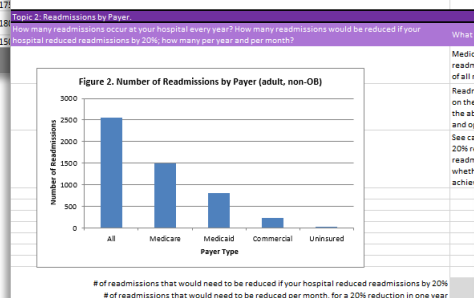
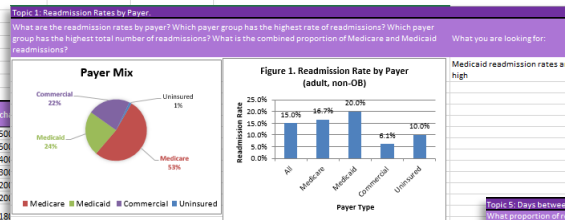
Hospital-wide All Condition, All-Payer, and Payer-Specific Readmission Analysis (adult, non-OB) - EXAMPLE

	All	Medicare	Medicaid	Commercial	Uninsured
# discharges	17000	9000	4000	3800	200
# readmissions	2550	1500	800	230	20
Readmission rate	15.0%	16.7%	20.0%	6.1%	10.0%

	All	Medicare	Medicaid	Commercial	Uninsured
% of total discharges by payer	100.0%	52.9%	23.5%	22.4%	1.2%
% of total readmissions by payer	100.0%	58.8%	31.4%	9.0%	0.8%

	All
# of readmissions within 0-4 days of discharge	625
# of readmissions within 10 days of discharge	1275
# of readmissions between days 0-30 of discharge	2550
% of readmissions in 0-4 days	25%
% of readmissions in 0-10 days	50%
% of readmissions in 0-30 days	100%

Top 10 Discharge DX resulting in readmission	# readmissions	# discharges
Heart Failure	120	50
Sepsis	100	50
Psychosis	80	40
COPD	70	30
Renal Failure	50	20
Pneumonia	30	20
Esophagitis and other digestive disorders	30	18
UTI	25	17
Alcohol/drug abuse or dependence	25	16
Cellulitis w/o MCC	20	15
Total, Top 10	550	
Total, All Readmissions	2550	

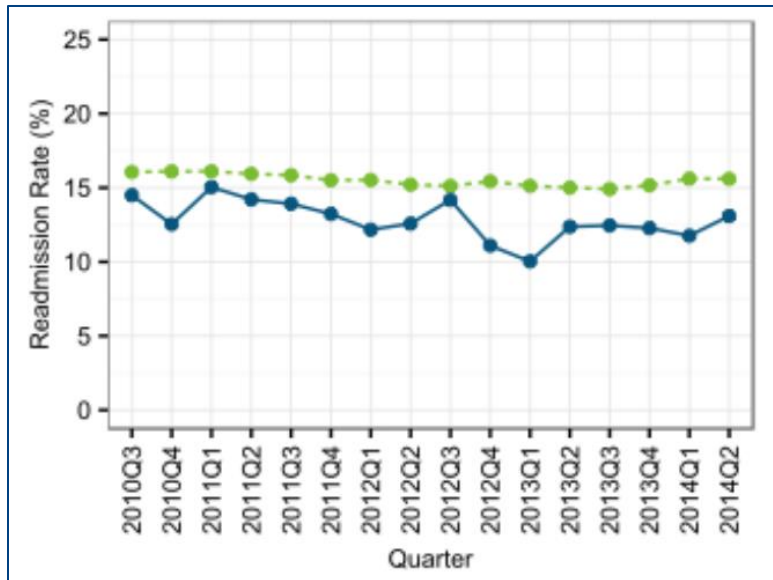


KNOW YOUR (OWN) DATA

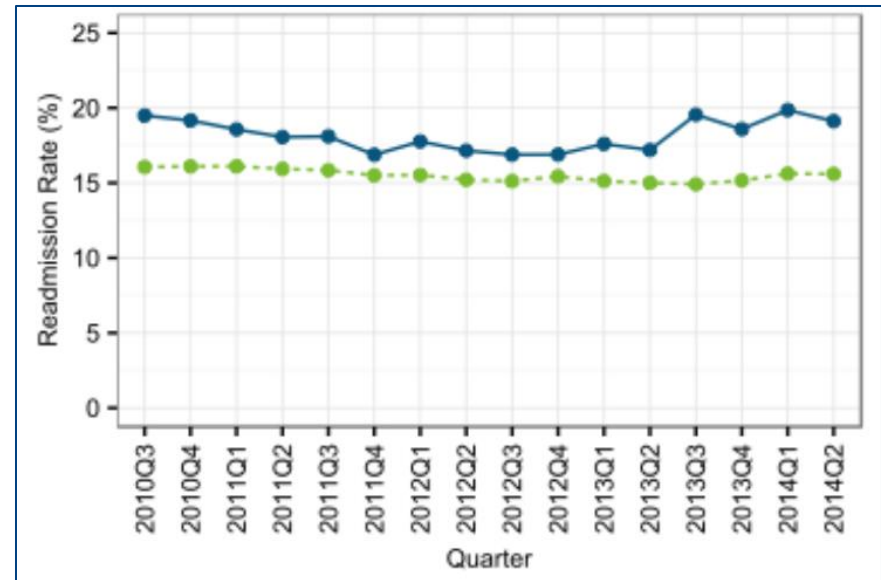
Analyze, track, trend, raw unadjusted data to identify opportunities

All Cause All Payer Trend Over Time

Example Hospital A

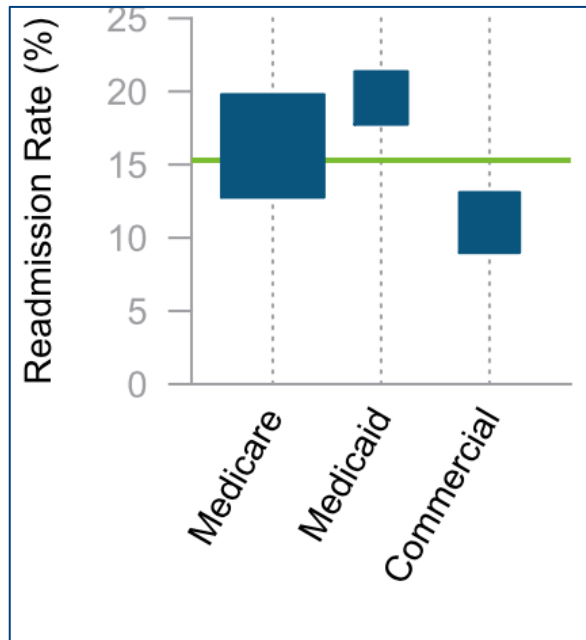


Example Hospital B

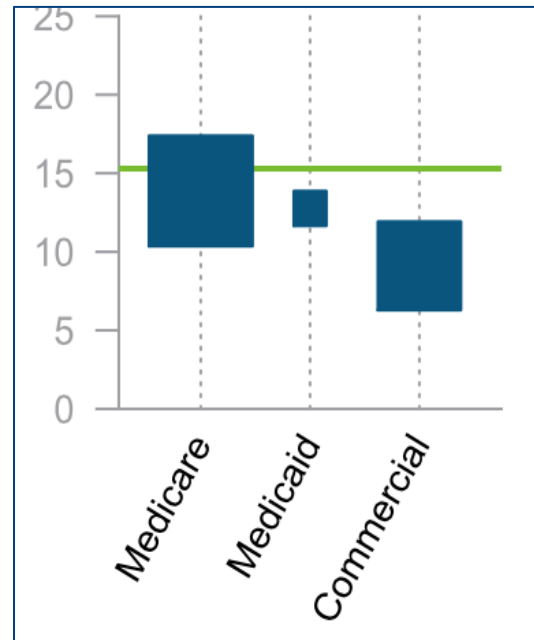


Readmissions by Payer- Your Hospital v Statewide

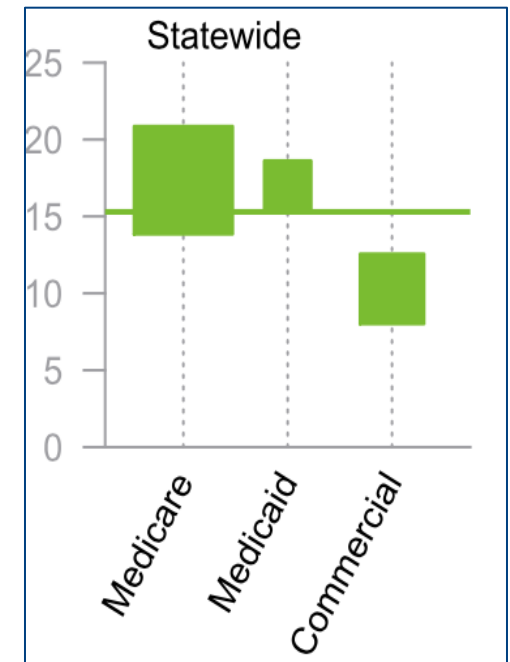
Example Hospital A



Example Hospital B



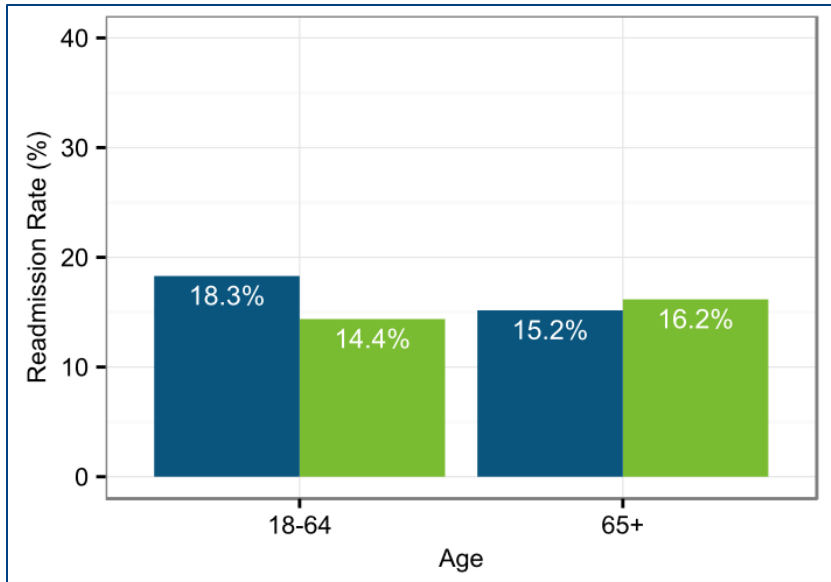
Statewide Pattern



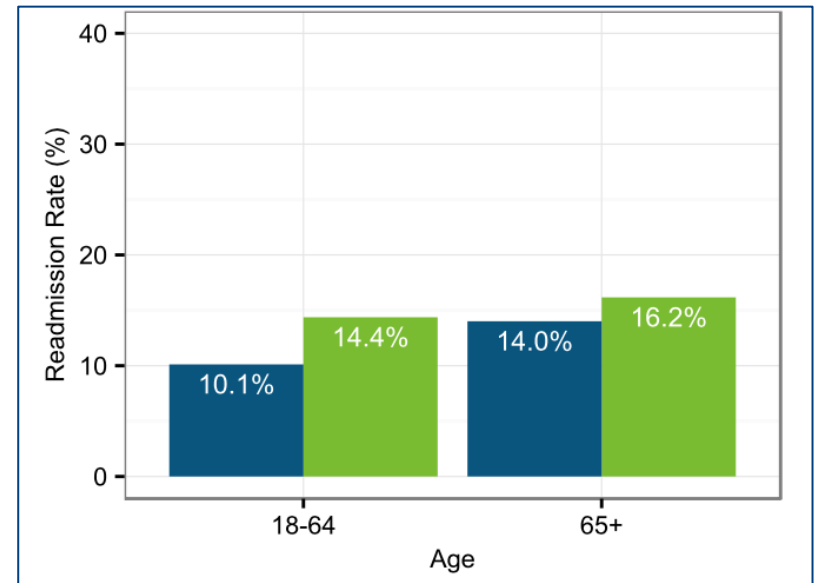
Are you targeting Medicaid?

Readmissions by Age Group

Example Hospital A



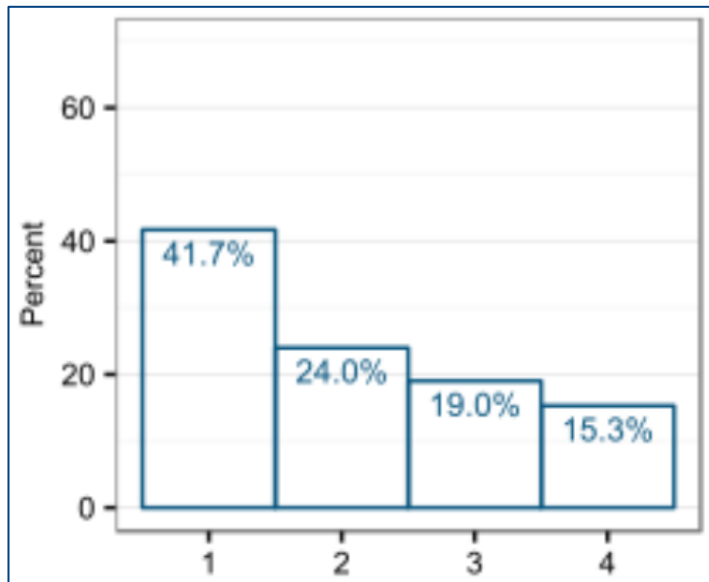
Example Hospital B



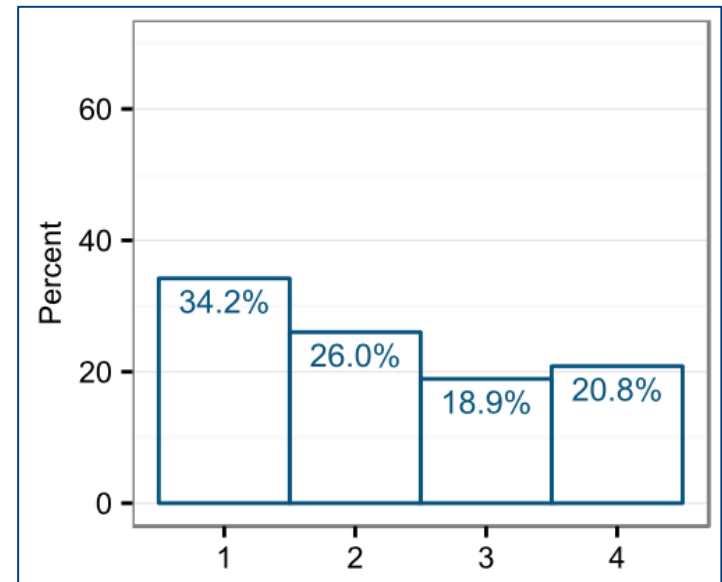
Are you targeting adults <65?

Days to Readmission

Example Hospital A



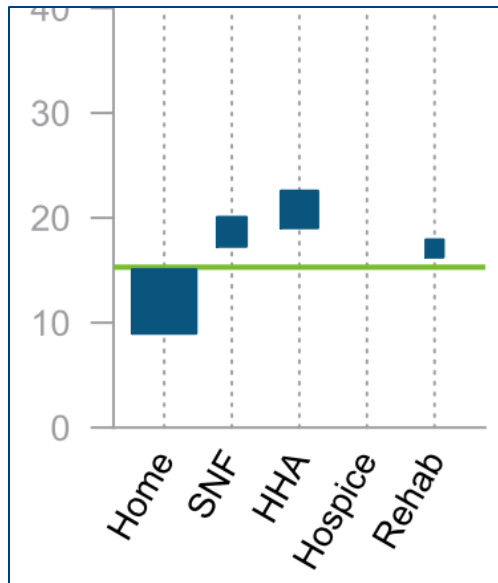
Example Hospital B



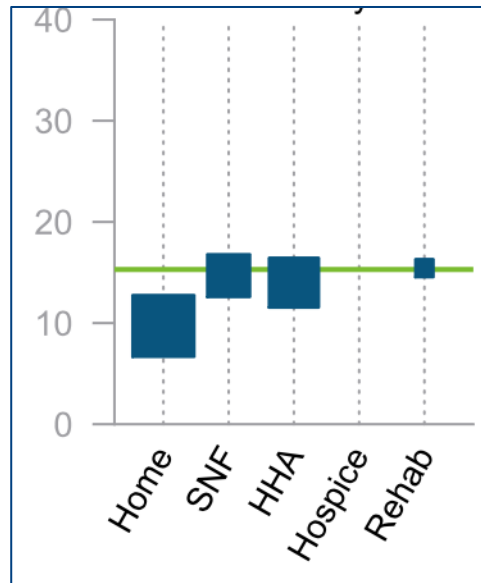
Are you focused on early readmissions?

Readmissions by Discharge Disposition

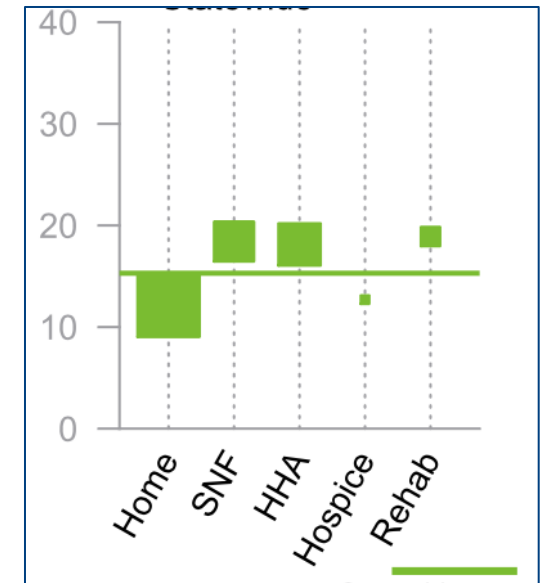
Example Hospital A



Example Hospital B



Statewide Pattern

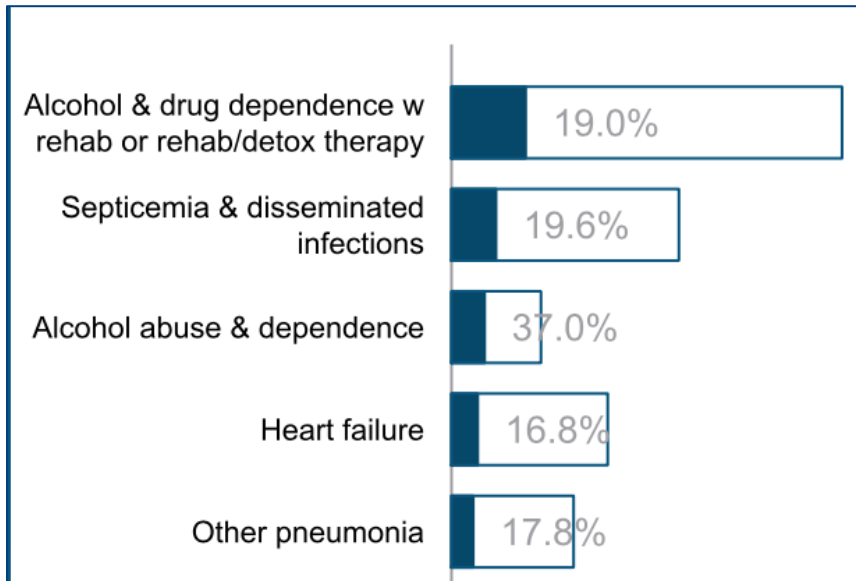


Are you targeting HHA discharges?

Hospital-Specific Patterns Vary

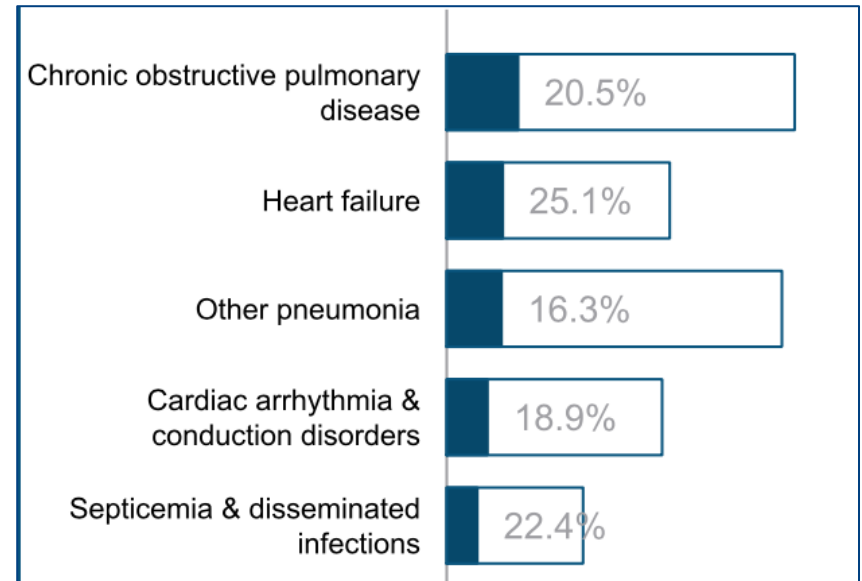
Top 5 discharge diagnoses leading to the most readmissions at each hospital:

Example Hospital A



Are you providing enhanced services to patients hospitalized for SUD?

Example Hospital B

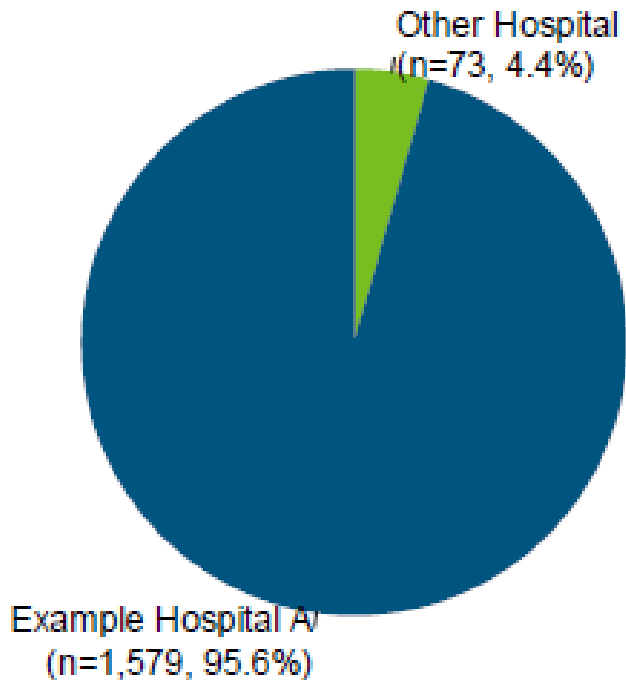


Are you providing enhanced services to patients hospitalized for COPD, HF, PNA?

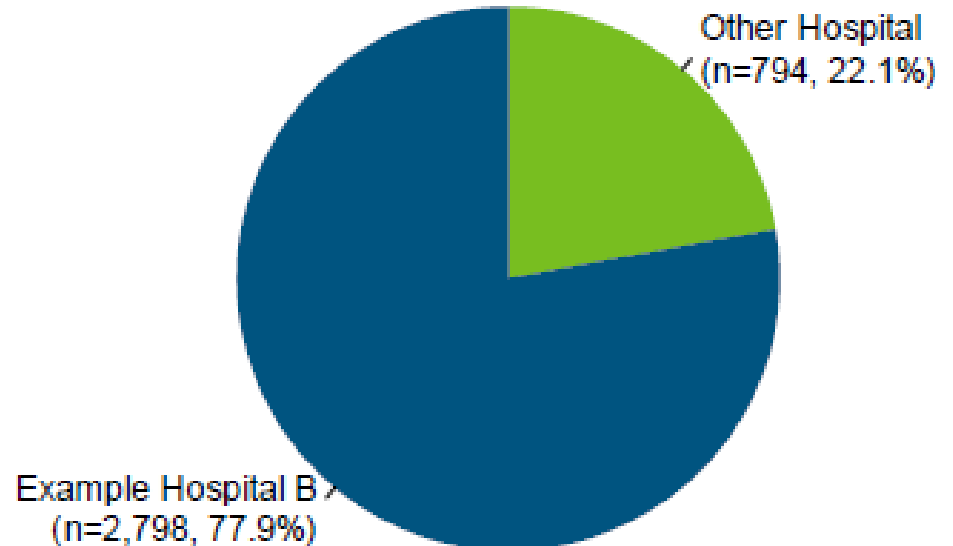
Are you both focused on reducing readmissions for sepsis patients?

Readmissions to Other Hospitals

Example Hospital A



Example Hospital B



Have you developed a strategy to collaborate with other hospitals?

USE YOUR OWN DATA TO TARGET EFFORTS

Read the national studies, but target based on your local patterns

Take a Data-Informed Approach

1. What is our aim?
2. What does our data show?
3. Who should we focus on?

Many teams start in the ***reverse*** order!

Data-informed Targeting Criteria

Goal: reduce hospital-wide readmissions

- Adult, non-OB Medicaid patients
 - Medicare <65
 - Substance use disorder
 - High utilization (4+ admissions/12 months)
-
- Hospital-wide readmission rate: **13%**
 - Target population readmission rate: **37%** (3x hospital average)

➤ **That's data-informed targeting!**

Designing Services for High Risk Target Populations

- There may be several target populations at high risk of readmission identified by your data analyses
- Consider the following high risk target populations:
 - Adults with behavioral health comorbidities;
 - Adults residing in group homes or other residential settings;
 - Adults with a personal history of repeated hospitalizations in the past year
- One “standard” transitional care model **would not likely** meet the needs and address the root causes of readmissions for all these populations
- Design “enhanced services” to **meet the needs** of each target population

Summary: Developing a Data-Informed Strategy

- **Which** patients do you currently focus on?
 - **Why** are you focused on them?
 - Do your hospital-specific data reveal **other** high risk groups?
 - Do your hospital-specific patterns **differ from** state-wide patterns?
- Do you have a data-informed strategy based on **your own** patterns?

THANK YOU FOR YOUR COMMITMENT TO REDUCING READMISSIONS!

Amy E. Boutwell, MD, MPP

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Today

- Introduction to CHIA's All-Payer Readmissions Work
- Overview of CHIA's Readmission Profile Reports
- Using the Data for Practice and Quality Improvement
- Questions & Answers

Thank you for joining us for the Leveraging Data Reports to Drive Quality Improvement— A Webinar Series for MA Hospitals

Please join us next Thursday, May 4th at 12pm for
NE QIN-QIO's Medicare, Fee for Service Hospital Specific Report

You can register for the webinar here:

<http://www.healthcarefornewengland.org/event/ne-qin-qio-medicare-fee-for-service-hospital-report/>