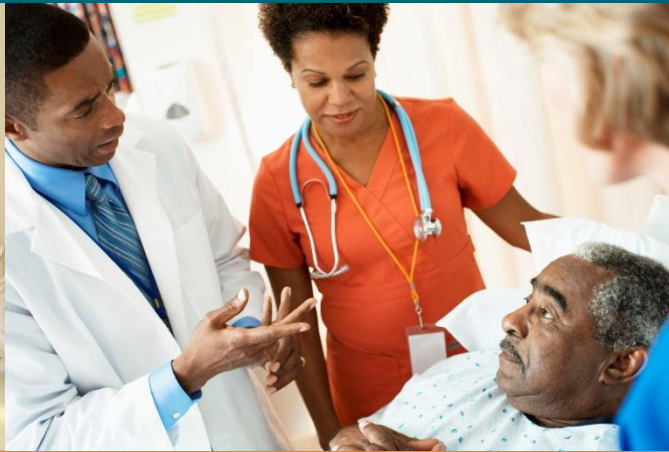


Transitions Successful Practices Panel Presentation

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care management | institute

Results

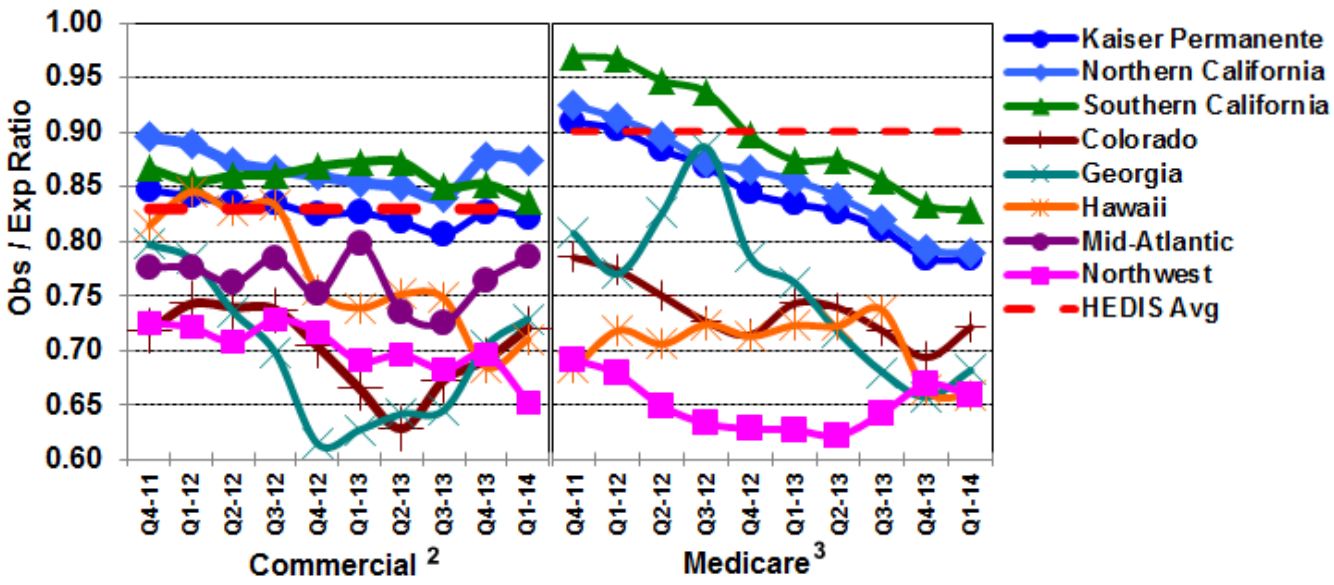
- ❑ **Lower Readmission Rates**
 - ❑ Best in KP
 - ❑ HEDIS 90th percentile
- ❑ **Fewer Discharge medication list errors (57% - 19%)**
- ❑ **Standardized Timely exchange of information**
 - ❑ Discharge templates used 90% of time
- ❑ **Patients are seen in primary care sooner (9.7 to 6.9 days)**
- ❑ **Ongoing focus**
 - ❑ Monthly Physician Review
 - ❑ Leadership team
 - ❑ Ongoing improvements (eg adding LACE to identify risk)
- ❑ **Patient Satisfaction is improving**
 - ❑ best in KP (37 hospitals)
 - ❑ 90th percentile HEDIS

HEDIS All Cause 30-Day Hospital Readmissions Ratio – By Region & Hospital

Population = Commercial & Medicare, HEDIS Measurement Period¹

- Q4-2013 and Q1-2014 results are based on 2014 HEDIS PCR Specifications which include the following updates: (1) exclusion of Medicare Hospice Members from the denominator (2) inclusion of same day admission/discharges from the denominator. For Q4-13, there was on average about a 3.7% increase for the Commercial O/E ratio and 2.5% increase for the Medicare O/E ratio which may be attributable to the specification changes.
- The average Observed/Expected Readmissions ratio for all Plans for performance year 2013 will not be released by NCQA until later this year.
- The all-Plan Commercial average (PY 2012) was 0.83. All Regions except Northern and Southern California performed better than the 2012 average for the rolling year ending in Q1 2014.
- The all-Plan Medicare average (PY 2012) was 0.90. All Regions performed better than 2012 average for the rolling year ending in Q1 2014.

Kaiser Hospitals for rolling year ending in Q1 2014			
	Commercial		Medicare
South SF	0.70	Fresno	0.61
Antioch	0.71	Moanalua	0.65
Sunnyside	0.71	Sunnyside	0.69
Moanalua	0.73	Manteca	0.69
Manteca	0.76	Vacaville	0.69
West LA	0.77	Santa Rosa	0.70
Richmond	0.78	Roseville	0.71
Irvine	0.78	San Rafael	0.71
Vacaville	0.78	Sacramento	0.73
San Rafael	0.80	South SF	0.74
Woodland Hills	0.80	San Francisco	0.75
Fremont	0.81	Moreno Valley	0.76
Santa Clara	0.82	Woodland Hills	0.76
Kaiser Permanente	0.82	Panorama City	0.77
HEDIS MY 2012 Average	0.83	Vallejo	0.78
Southern California	0.84	Modesto	0.78
Vallejo	0.84	Kaiser Permanente	0.78
Fresno	0.85	Northern California	0.79
San Francisco	0.86	Fremont	0.79
Fontana	0.86	Santa Clara	0.80
Oakland	0.86	Riverside	0.80
South Sacramento	0.87	Baldwin Park	0.81
Panorama City	0.87	Anaheim	0.82
Northern California	0.87	Southern California	0.83
Anaheim	0.88	Irvine	0.83
Santa Rosa	0.89	Richmond	0.83
Roseville	0.91	Downey	0.83
Baldwin Park	0.93	Redwood City	0.85
Downey	0.93	Walnut Creek	0.85
Modesto	0.94	South Bay	0.85
San Jose	0.94	Hayward	0.86
Moreno Valley	0.95	Los Angeles	0.86
Los Angeles	0.95	South Sacramento	0.86
San Diego	0.96	San Diego	0.86
Riverside	0.97	West LA	0.88
Ontario	0.97	San Jose	0.88
Walnut Creek	0.98	Antioch	0.89
Redwood City	0.99	Oakland	0.90
Sacramento	1.03	HEDIS MY 2012 Average	0.90
Hayward	1.05	Fontana	0.93
South Bay	1.05	Ontario	0.93



¹ Data sources vary across regions: MIA (CA), DSS (HI), & Regional sources (CO, G, NW Westside results are included in the NW Region results since Q4-13.

Hawaii's decrease in O/E between 2013Q3 and 2013Q4 can be attributed to a change (per NCQA specification clarification) that increased the risk adjustment for expected readmissions.

² Beginning with Q4-12 data, Georgia is using a different data system (Verisk) than what was utilized for prior measurement periods.

³ O/E Ratios for Medicare is not being reported for MAS and therefore the overall KP Medicare total excludes MAS; MAS was not required to report Medicare readmissions for HEDIS.

The NW Transition Care Bundle

What does the patient need?	Transition Bundle Elements
I will have what I need when I return home.	1. Risk Stratification with tailored care
I know when I should call and what number to use when I need help.	2. Specialized phone number on DC Instructions
My regular doctor will know what happened to me in the hospital.	3. Standardized Same Day Discharge Summary
I understand my medications, how to take them, and why I need them.	4. Pharmacist reviewing medications in hospital (Hi risk PharmD phone call)
I will see my doctor soon after my hospitalization. I know someone will check on me when I am home.	5. Follow Up <ul style="list-style-type: none"> ▪ MD appointments made in hospital within 5 (high risk) to 10 days. ▪ RN follow up Call within 72 hours. ▪ RN case management 30 days (high risk)