


Care Coordination Quickinar Series
1. Care Coordination During a Pandemic

Jenna Burke, Quality Improvement Specialist
Lindsay Holland, Director, Care Transitions
Health Services Advisory Group (HSAG)

January 18, 2022

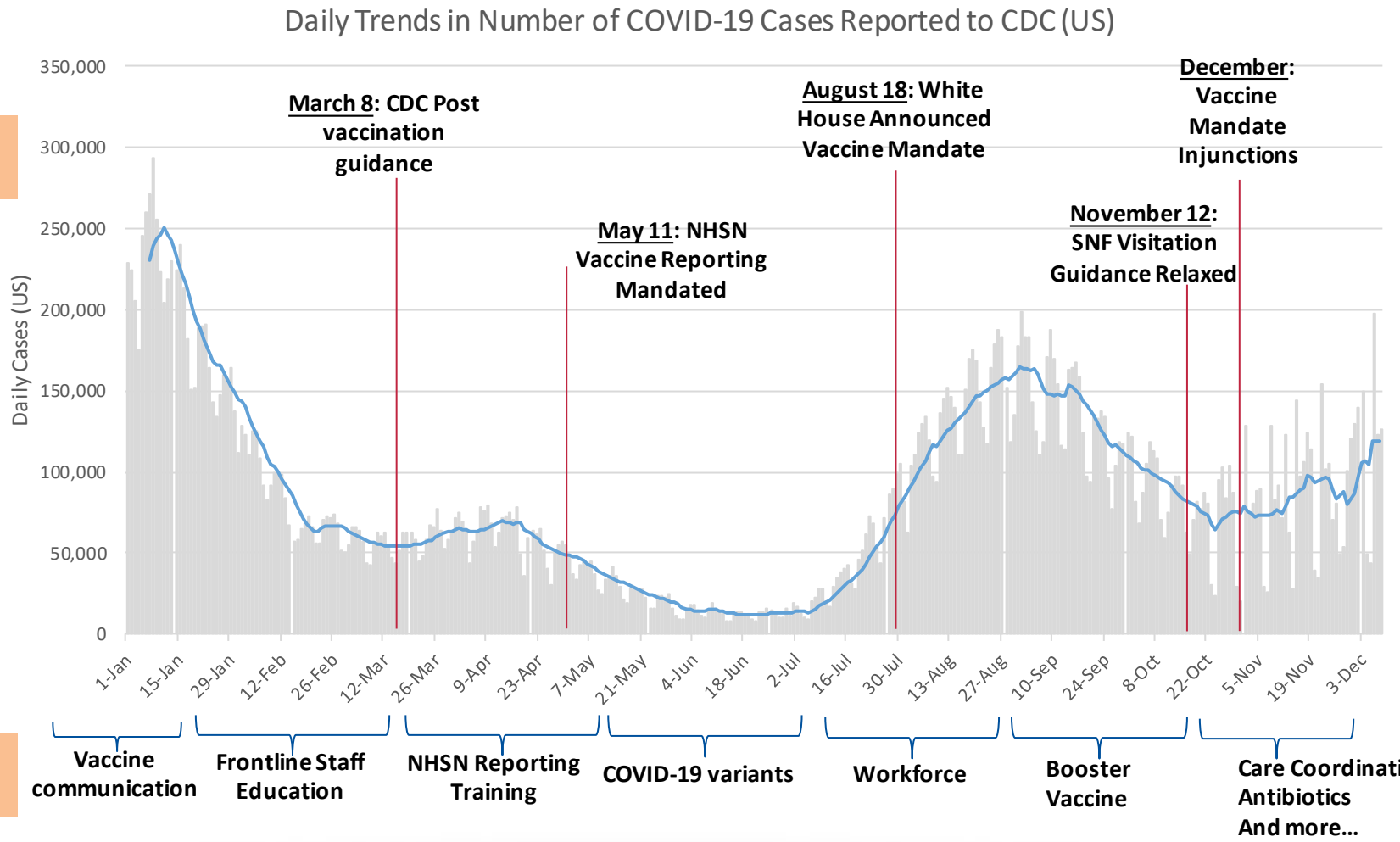
OBJECTIVES

- Examine care coordination throughout the pandemic.
- Review the CMS HRRP and SNF VBP penalties.
- Map out the care coordination journey for 2022.
- Introduce HSAG's care transition assessment and website.

CMS = Centers for Medicare & Medicaid Services
HRRP = Hospital Readmissions Reduction Program
SNF VBP = Skilled Nursing Facility Value-Based Purchasing

2021: The Year in Review

National Milestones



Hot Topics

https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

Lessons Learned Throughout the Pandemic

The importance of information sharing and communication has a renewed focus.

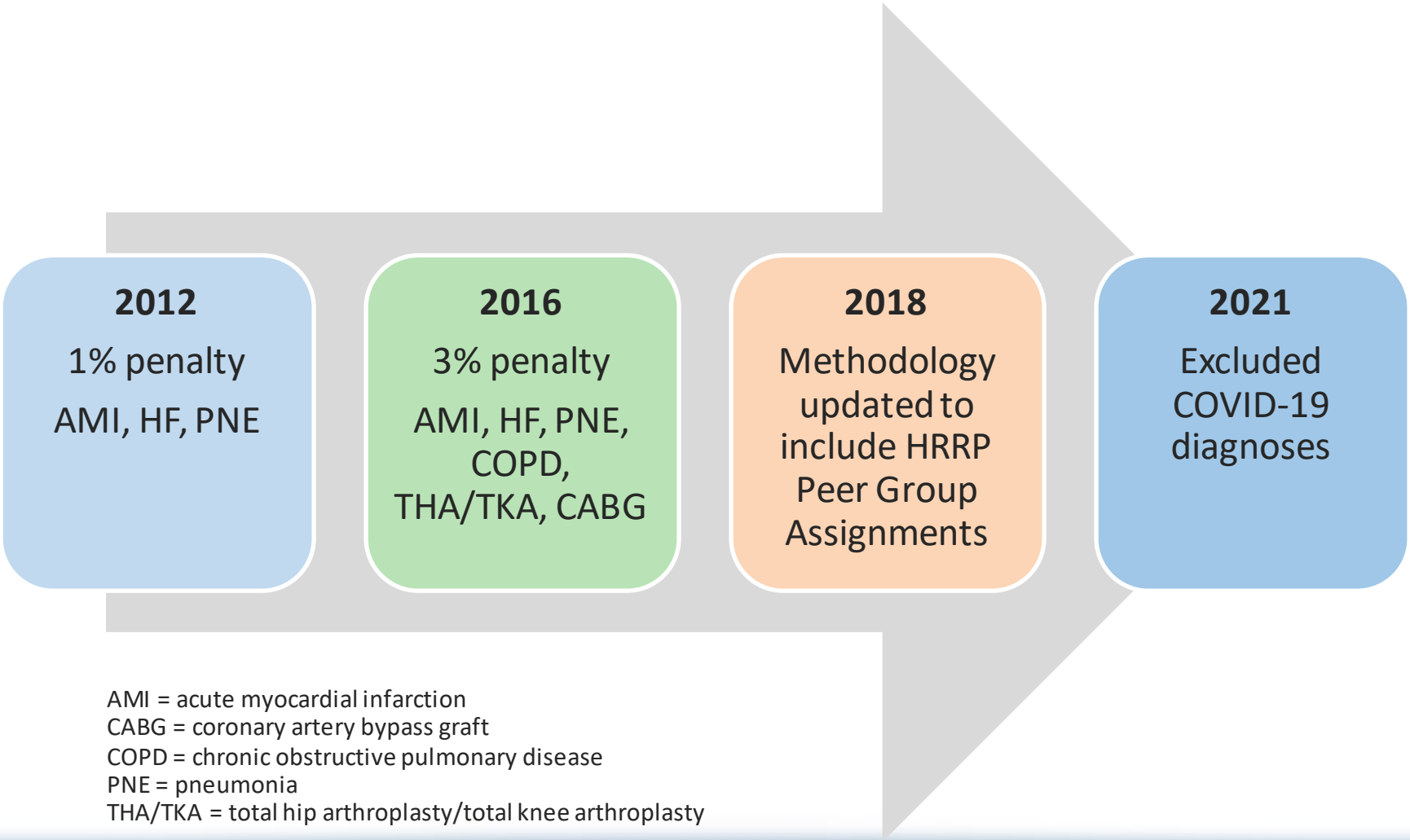
Telehealth is an effective way to provide a variety of services.

Innovation has been accelerated and healthcare providers are accomplishing things that once were thought impossible.

We are reminded of the importance of mental health among staff and patients.

Building and maintaining strong partnerships are essential for the future of care.

A 10-Year Linear View of the CMS HRRP



AMI = acute myocardial infarction
CABG = coronary artery bypass graft
COPD = chronic obstructive pulmonary disease
PNE = pneumonia
THA/TKA = total hip arthroplasty/total knee arthroplasty

Data files provided to Health Services Advisory Group (HSAG) by the Centers for Medicare & Medicaid Services (CMS) were used for analysis in this report. The data files include Part-A claims for Medicare Fee-for-Service beneficiaries.

HRRP Progress Over the Past 10 Years

Heart Failure	The readmission rate dropped from **24.8%** to **20.0%**
Heart Attacks	The readmission rate dropped from **19.7%** to **15.5%**
Pneumonia	The readmission rate dropped from **20.0%** to **15.8%**

Readmission Penalty Question

In 2021, what percentage of hospitals received penalties due to excess readmissions?

A. Less than 5%
B. 5–10%
C. 10–20%
D. 20–30%
E. 30–40%
F. 40–50%
G. Greater than 50%

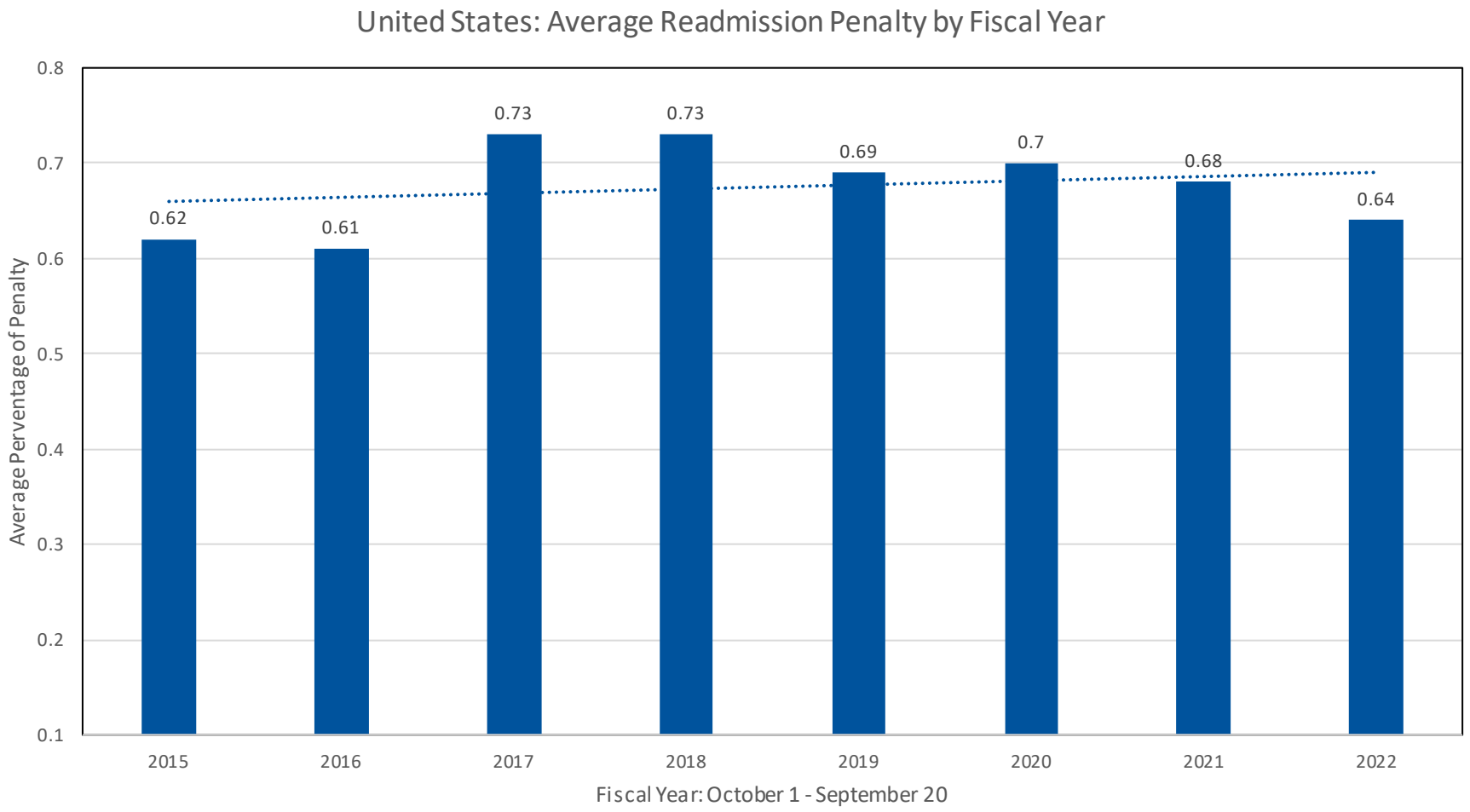
Readmission Penalty Question

In 2021, what percentage of hospitals received penalties due to excess readmissions?

47%

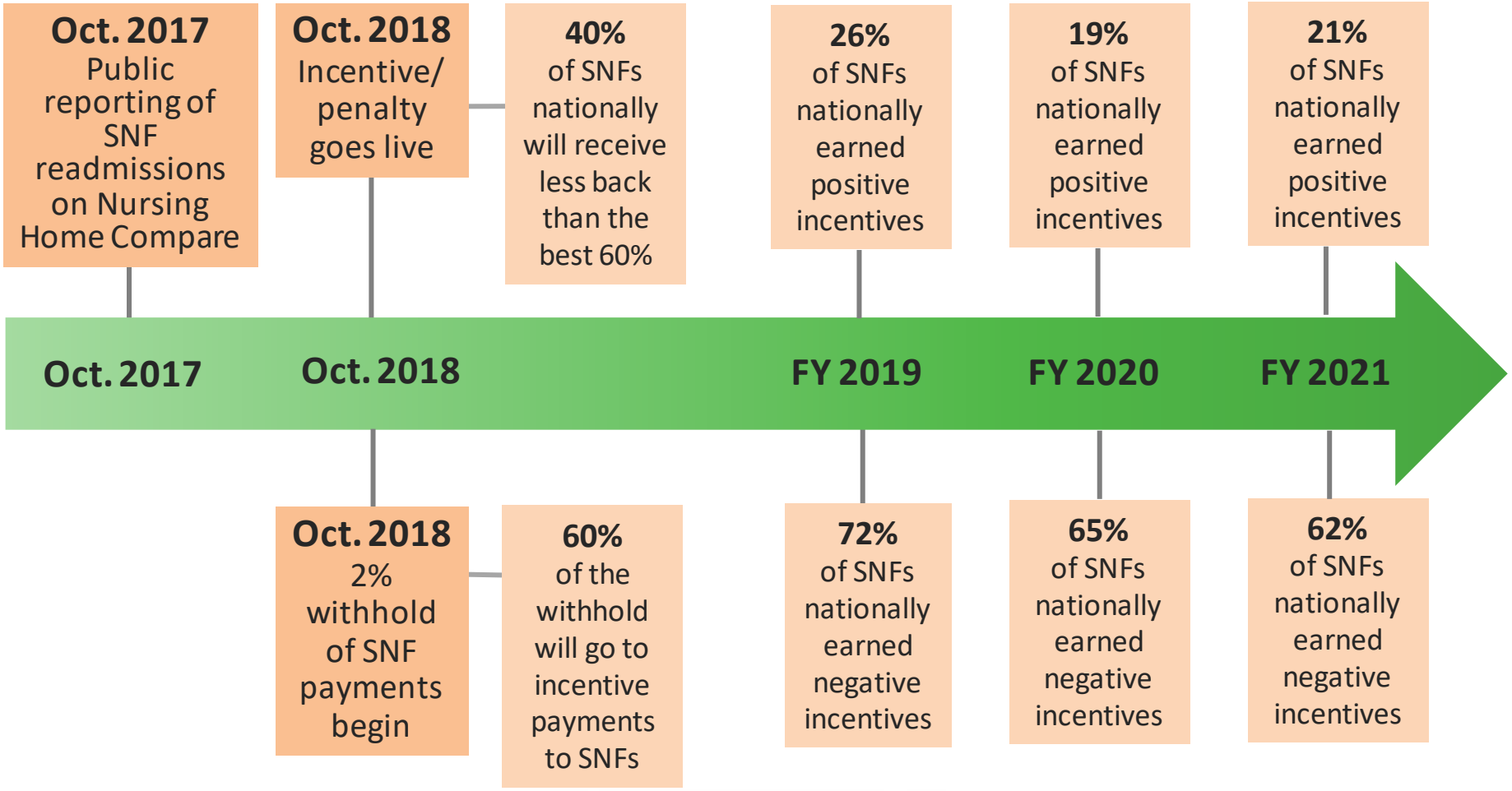
nearly half
of all hospitals

Nation's Average Penalties



Source: Kaiser Health News and the U.S. Centers for Medicare & Medicaid Services Medicare Readmission Penalties By Hospital, Year 5, published August 2, 2016.

SNF Readmission Penalty Timeline



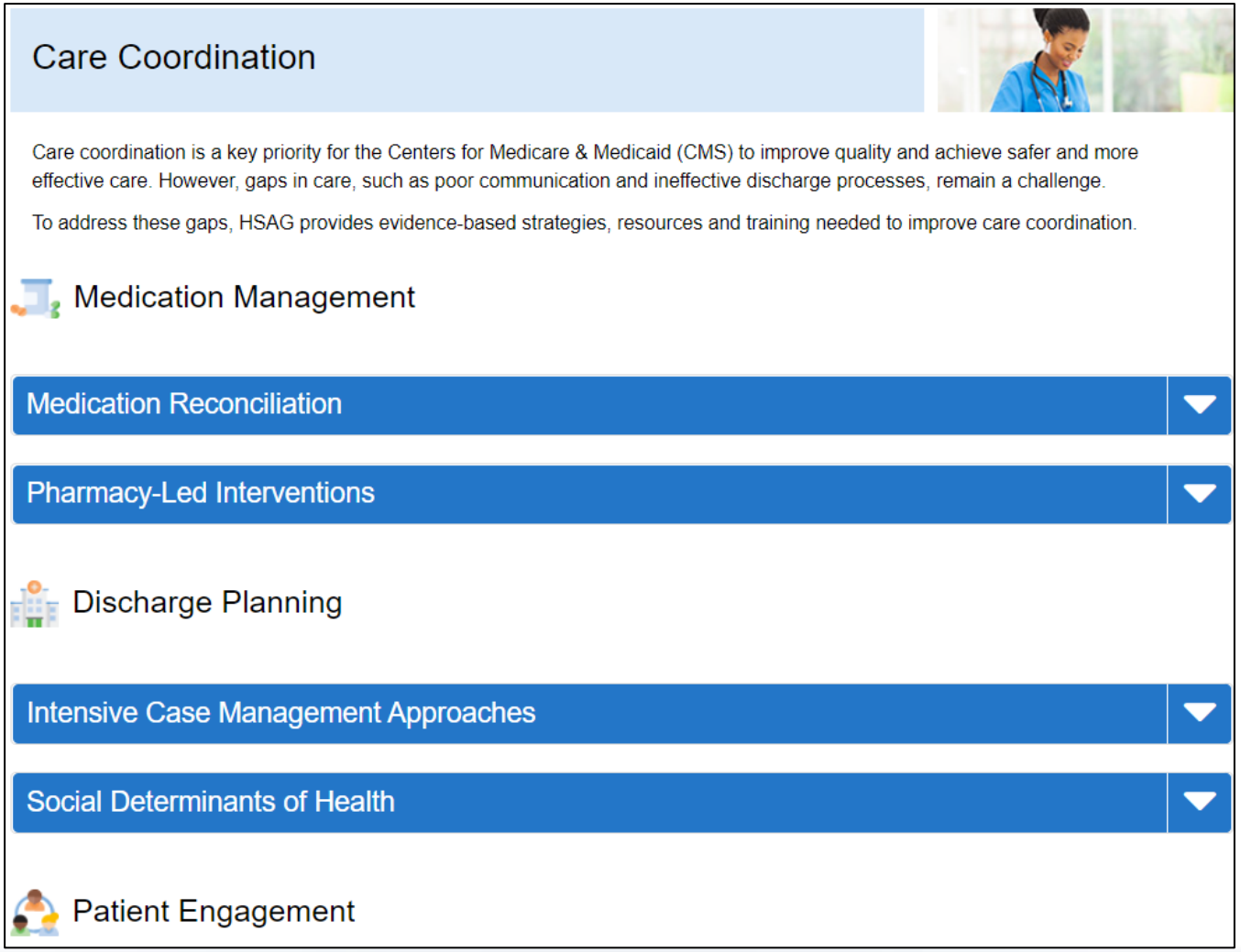
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html

Now is the Time to Re-focus Our Lens on Care Transitions

2022 Care Coordination Journey

1. **Assessment:** Complete the care transition assessment and root-cause analysis (RCA) to identify your program's strengths and opportunities for improvement.
2. **Strategy Selection:** Evaluate findings, review resources, and select the most appropriate strategy to address your gap.
3. **Implementation:** Develop a strategy tree and implement tactics.
4. **Monitor Results:** This is how you can determine if the strategy is working and make adjustments to your intervention accordingly.
5. **Learn:** Attend HSAG Care Coordination quickinar sessions to learn from subject matter experts.

HSAG Care Coordination Website

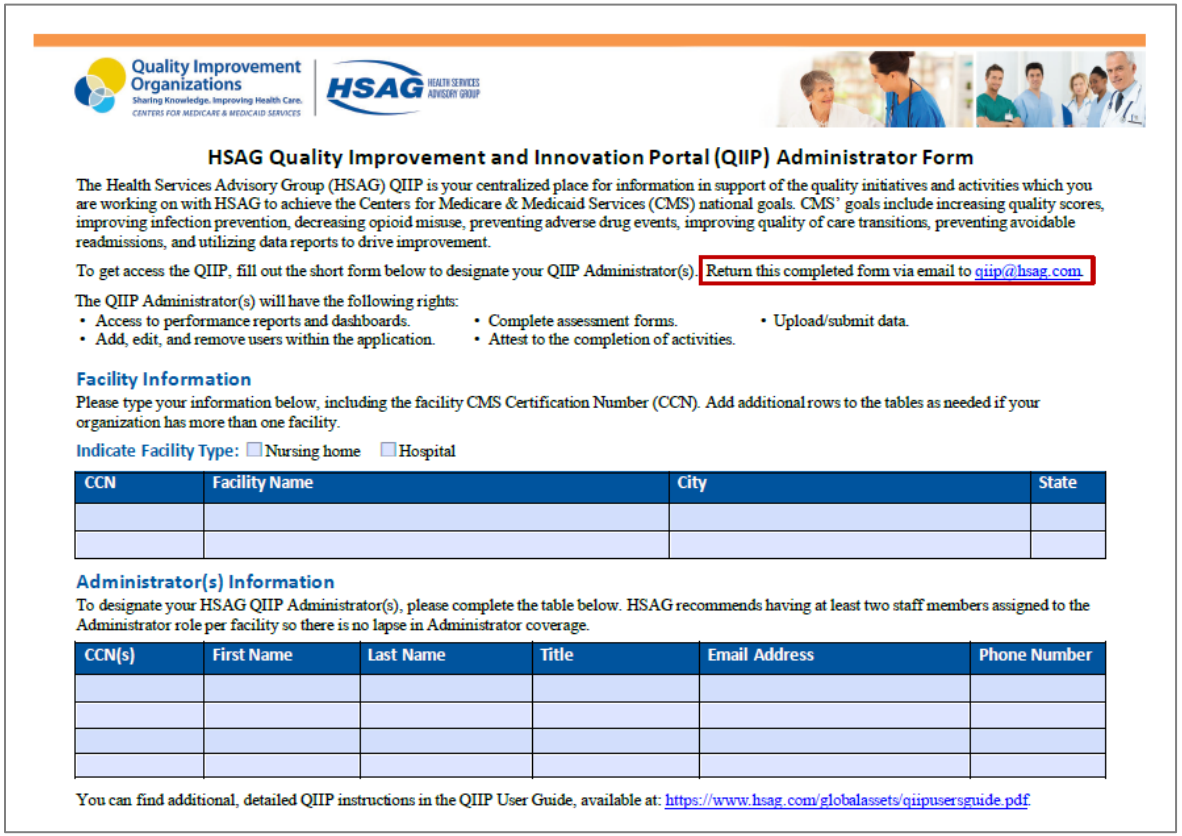


https://www.hsag.com/cc-resources

Do You Have Access to the Quality Improvement Innovation Portal (QIIP)?

Registration form instructions:

1. Download form.
2. Complete facility information.
3. Include staff you wish to have access to the data portal.



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form

The Health Services Advisory Group (HSAG) QIIP is your centralized place for information in support of the quality initiatives and activities which you are working on with HSAG to achieve the Centers for Medicare & Medicaid Services (CMS) national goals. CMS' goals include increasing quality scores, improving infection prevention, decreasing opioid misuse, preventing adverse drug events, improving quality of care transitions, preventing avoidable readmissions, and utilizing data reports to drive improvement.

To get access the QIIP, fill out the short form below to designate your QIIP Administrator(s). Return this completed form via email to qiip@hsag.com.

The QIIP Administrator(s) will have the following rights:
- Access to performance reports and dashboards.
- Add, edit, and remove users within the application.
- Complete assessment forms.
- Attest to the completion of activities.
- Upload/submit data.

Facility Information

Please type your information below, including the facility CMS Certification Number (CCN). Add additional rows to the tables as needed if your organization has more than one facility.

Indicate Facility Type: ☐ Nursing home ☐ Hospital

CCN	Facility Name	City	State

Administrator(s) Information

To designate your HSAG QIIP Administrator(s), please complete the table below. HSAG recommends having at least two staff members assigned to the Administrator role per facility so there is no lapse in Administrator coverage.

CCN(s)	First Name	Last Name	Title	Email Address	Phone Number

You can find additional, detailed QIIP instructions in the QIIP User Guide, available at: https://www.hsag.com/globalassets/qiipusersguide.pdf.

https://bit.ly/qiipform

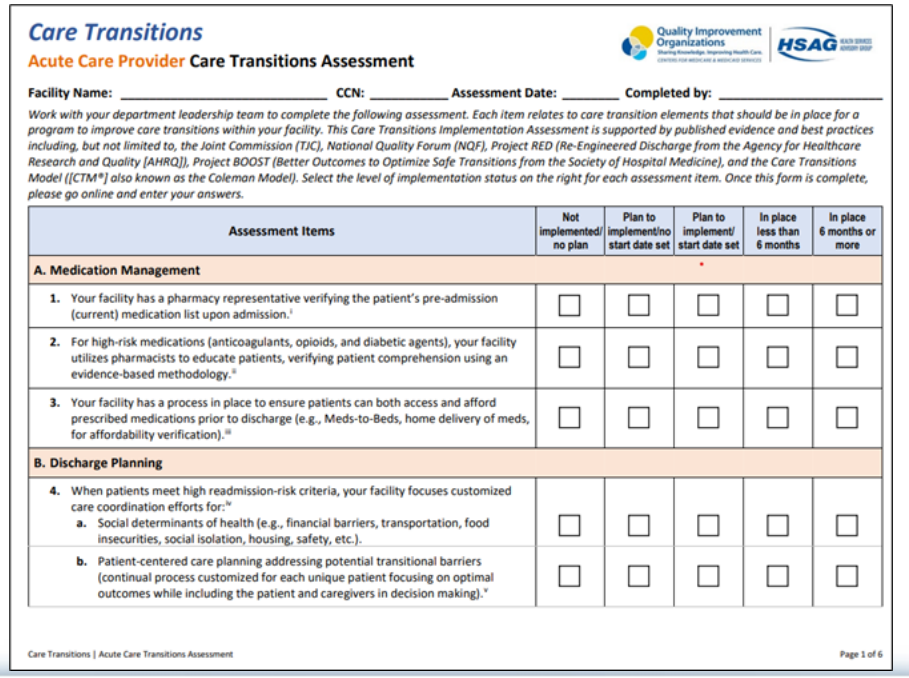
HSAG HEALTH SERVICES ADVISORY GROUP

Our Next Quickinar

Care Transition Assessment Overview

Tuesday, February 1, 2022 | 11 a.m. PT

bit.ly/cc-quickinars



Care Transitions

Acute Care Provider **Care Transitions Assessment**

Quality Improvement Organizations | HSAG

Facility Name: _____ **CCN:** _____ **Assessment Date:** _____ **Completed by:** _____

Work with your department leadership team to complete the following assessment. Each item relates to care transition elements that should be in place for a program to improve care transitions within your facility. This Care Transitions Implementation Assessment is supported by published evidence and best practices including, but not limited to, the Joint Commission (TJC), National Quality Forum (NQF), Project RED (Re-Engineered Discharge from the Agency for Healthcare Research and Quality [AHRQ]), Project BOOST (Better Outcomes to Optimize Safe Transitions from the Society of Hospital Medicine), and the Care Transitions Model ([CTM®] also known as the Coleman Model). Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Medication Management					
1. Your facility has a pharmacy representative verifying the patient's pre-admission (current) medication list upon admission.[i]	☐	☐	☐	☐	☐
2. For high-risk medications (anticoagulants, opioids, and diabetic agents), your facility utilizes pharmacists to educate patients, verifying patient comprehension using an evidence-based methodology.[ii]	☐	☐	☐	☐	☐
3. Your facility has a process in place to ensure patients can both access and afford prescribed medications prior to discharge (e.g., Meds-to-Beds, home delivery of meds, for affordability verification).[iii]	☐	☐	☐	☐	☐
B. Discharge Planning					
4. When patients meet high readmission-risk criteria, your facility focuses customized care coordination efforts for:[iv] a. Social determinants of health (e.g., financial barriers, transportation, food insecurities, social isolation, housing, safety, etc.).	☐	☐	☐	☐	☐
b. Patient-centered care planning addressing potential transitional barriers (continual process customized for each unique patient focusing on optimal outcomes while including the patient and caregivers in decision making).[v]	☐	☐	☐	☐	☐

Care Transitions | Acute Care Transitions Assessment — Page 1 of 6

HSAG Health Services Advisory Group

Care Coordination Quickinar Series

Care Coordination During a Pandemic
Tuesday, January 18, 2022 | 11:00–11:30 a.m. PT

Care Transitions Assessment Overview
Tuesday, February 1, 2022 | 11:00–11:30 a.m. PT

Gap Root-Cause Analysis (RCA)
Tuesday, February 15, 2022 | 11:00–11:30 a.m. PT

Strategy Tree Development and Implementation
Tuesday, March 1, 2022 | 11:00–11:30 a.m. PT

Readmission Super Utilizers
Tuesday, March 15, 2022 | 11:00–11:30 a.m. PT

Hot Spotting and Resources
Tuesday, April 5, 2022 | 11:00–11:30 a.m. PT

Measuring Progress | QIIP Performance Dashboard
Tuesday, April 19, 2022 | 11:00–11:30 a.m. PT

The Role of Health Equity in Care Coordination
Tuesday, May 3, 2022 | 11:00–11:30 a.m. PT

The Impact of Health Literacy
Tuesday, June 7, 2022 | 11:00–11:30 a.m. PT

Teach-Back: A Strategy to Impact Health Literacy
Tuesday, July 5, 2022 | 11:00–11:30 a.m. PT

Community Collaboration Meetings
Tuesday, August 2, 2022 | 11:00–11:30 a.m. PT

REGISTER NOW! More info at: https://www.hsag.com/cc-quickinars

To Do's by Next Quickinar (Feb. 1, 2022)

1. Ensure you have QIIP access https://qiip.hsag.com
2. Check out HSAG's care coordination website.
3. Invite colleagues to register for the entire quickinar series.

Please Take 5 Seconds and Let Us Know

We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing care coordination practices.


Thank you!

Jenna Burke
480.232.5433
Jburke@hsag.com

Lindsay Holland
818.813.2665
Lholland@hsag.com




Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.
Publication No. QN-12SOW-XC-01142022-01