

# SUPER UTILIZERS & READMISSION REDUCTION

Leveraging Technology to Disrupt the Frequent (Re)admission Cycle



# SPEAKER INTRODUCTION

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- Senior Director of Ambulatory Care Management & Home-based Services
- Network leader, targeted implementations for readmission reduction strategies
- Operational leader for:
  - HonorHealth Home Health – Administrator
  - Transitional Care Nursing Program
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# AGENDA

Results First!

Data & Visual Analytics

Identification of High Utilizers

Development of Complex Care Plans

Cycle of Admission Disruption

# 2021 Results In Review

## Complex Patient Plan Summary

For patients with Complex Patient Plans Created between January 2021 - December 2021

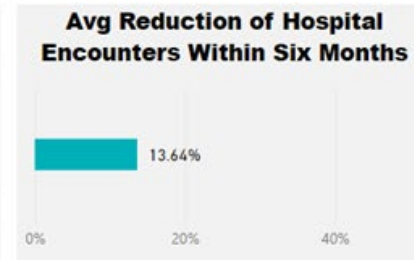
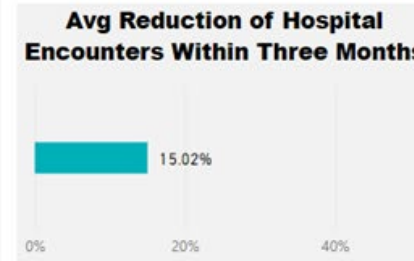
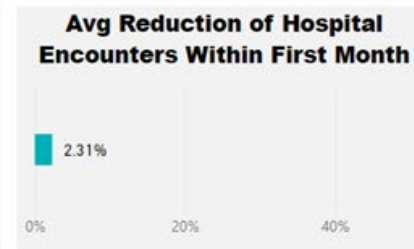
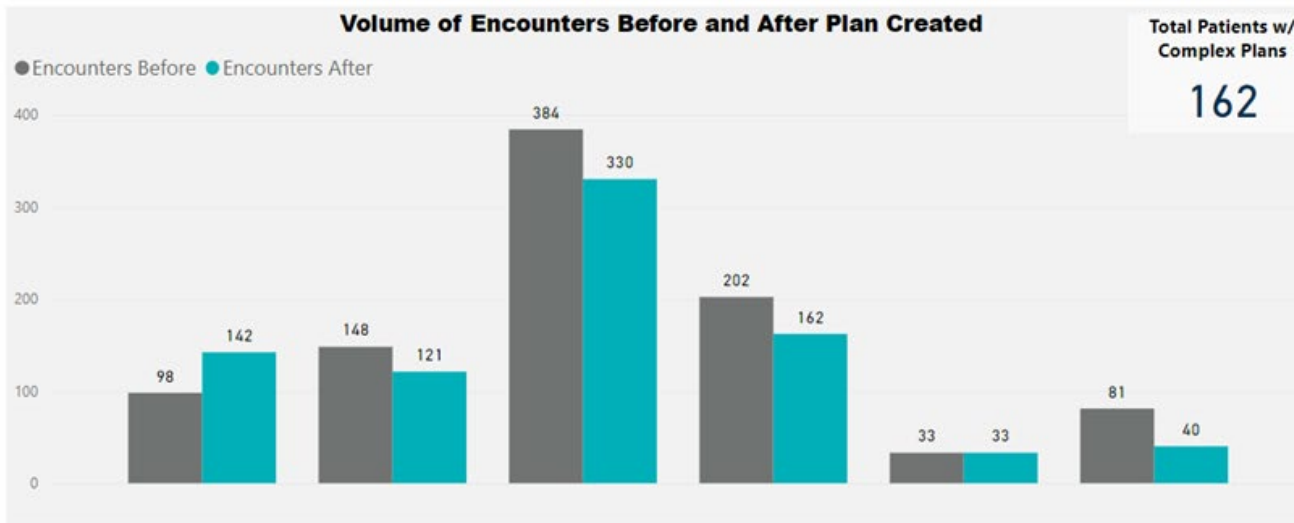
Facility

All

Date Plan Created

1/1/2021

12/31/2021



### Reduction in Encounters by Facility

Encounter Type	Inpatient			Observation			Emergency			Total		
	# Before	# After	%	# Before	# After	%	# Before	# After	%	# Before	# After	%
Facility 1	43	14	-67.44%	16	7	-56.25%	39	121	210.26%	98	142	44.90%
Facility 2	42	28	-33.33%	27	21	-22.22%	79	72	-8.86%	148	121	-18.24%
Facility 3	127	91	-28.35%	73	46	-36.99%	184	193	4.89%	384	330	-14.06%
Facility 4	96	58	-39.58%	24	21	-12.50%	82	83	1.22%	202	162	-19.80%
Facility 5	4	4	0.00%	0	2	0.00%	29	27	-6.90%	33	33	0.00%
<b>Total</b>	<b>360</b>	<b>217</b>	<b>-39.72%</b>	<b>149</b>	<b>105</b>	<b>-29.53%</b>	<b>437</b>	<b>506</b>	<b>15.79%</b>	<b>946</b>	<b>828</b>	<b>-12.47%</b>

# VISUAL ANALYTICS PLATFORM & DATA ANALYSIS

- Identification of frequent utilizers can be obtained by grouping encounters over the desired timeframe to identify the denominator.
- Analysis of reduction in encounters/qualifying readmissions uses a fixed-time interval, based on the date the Complex Care Plan was created, with an equal lookback and look-forward time frame.
- Lookback time period is locked if patient expires.

# IDENTIFICATION OF HIGH UTILIZERS

- Real time availability of data
- Monthly hospital committee review of frequently readmitted patients
- Clinical review for appropriateness of Complex Patient Workflow

Patients with Highest Volume of Readmits

MRN	Readmits	Encounters	Rate	O/E
	17	18	94.44%	2.220
	11	12	91.67%	3.065
	9	11	81.82%	3.211
	8	9	88.89%	4.161
	7	12	58.33%	2.037
	7	12	58.33%	3.247
	7	9	77.78%	2.256
	7	10	70.00%	2.098
	7	10	70.00%	3.118
	7	8	87.50%	3.488
	7	9	77.78%	2.721
	6	7	85.71%	3.183
	6	13	46.15%	0.993
	6	7	85.71%	4.539
	6	8	75.00%	3.887
	6	11	54.55%	1.930
	6	9	66.67%	4.495
	6	8	75.00%	5.141
	6	10	60.00%	2.276
	6	7	85.71%	4.730
	6	11	54.55%	2.220
	6	8	75.00%	3.343
	6	8	75.00%	5.066
	5	7	71.43%	2.700
	5	5	100.00%	10.376
	5	9	55.56%	1.902
	5	10	50.00%	2.400
	5	10	50.00%	2.003

# COMPLEX CARE PLAN DEVELOPMENT

HONORHEALTH® Complex Patient Management Plan	
Patient Name: MRN:	
Overview of Medical Issues	
Emergency Department Plan	
Inpatient Plan	
Special Circumstances: (Psychosocial Barriers & CM/SW recommendations)	
Considerations for Disposition	
Group Name / Physician & Phone # for contacting about questions	
Palliative Care Recommendation	
Longitudinal Care Manager (Transitional Care Manager/CHF Coordinator/Behavioral Health)	
Patient Medical Power of Attorney or Point of Care Contact #	

- Plan development is typically focused on patients who have BOTH active medical diagnoses AND psychosocial complexities
- ED plan is focused on helping align complex decision making and also limiting repeat medical imaging
- Can be modified by either inpatient or ambulatory care teams

# DISRUPTION OF ADMISSION CYCLE

- When the ED provider/SW/CM enters the patient's medical record, their workflow is "interrupted" and forces the provider to review the Complex Care Plan.

BestPractice Advisory -

ⓘ This patient has been identified as a Complex Patient. Please review and update the plan of care.

[Complex Patient Plan of Care](#)

Acknowledge Reason

Accept

✓ Accept    Dismiss



# MONTHLY REVIEW OF CLINICAL APPROPRIATENESS

## New High Utilizers

- High utilizers identified and cases reviewed monthly with UM committee members.
- Complex Care Plan assigned to last encounter care team to develop applicable content – focus on physician and care management team collaboration.

## Repeat Complex Patients

- Repeat admissions for patients with complex plans are reviewed.
- Collaborative review of plan content to ensure relevance and modify as appropriate.

# WORKFLOW LIMITATIONS

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BPA notifications have an EPIC lookback limitation of 90 days.



90-day cycle restarts when a complex plan 'lives' on a more recent encounter.



Interruptive notifications are disabled once 90 days has expired and requires that the note gets copied forward on new encounters.

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Facility

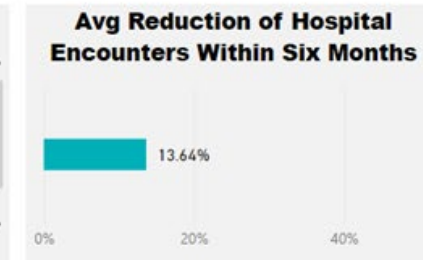
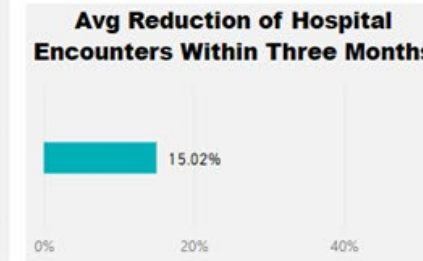
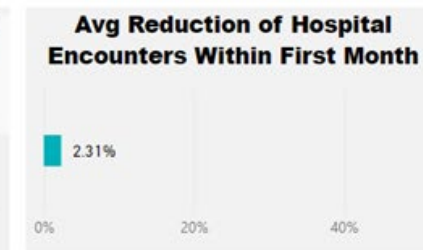
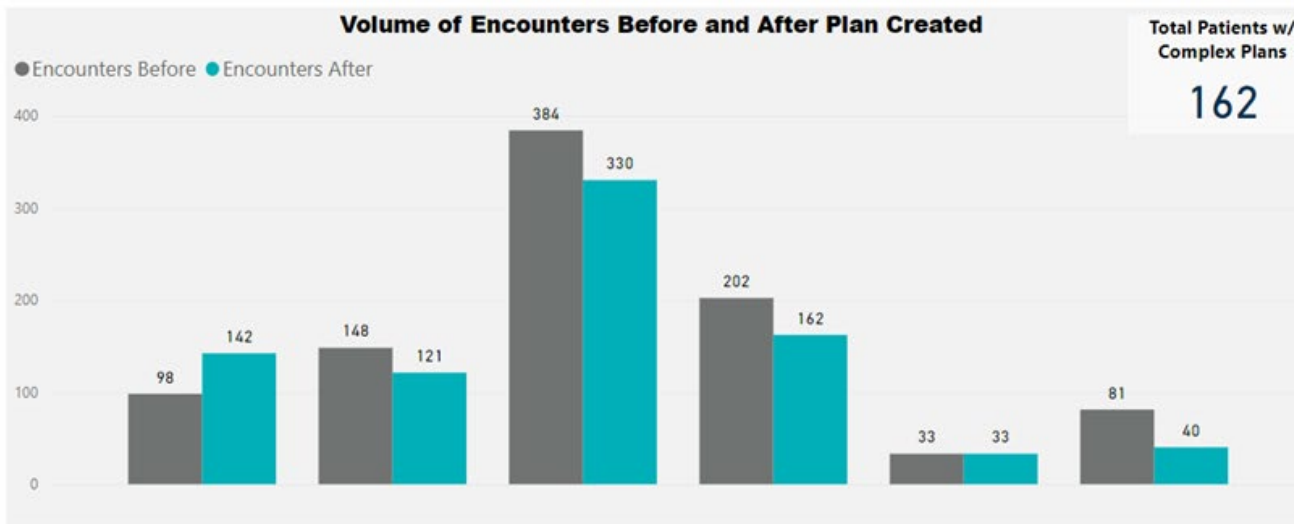
All

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1/1/2021

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<b>Reduction in Inpatient Encounters</b>	<b>Reduction in Obs Encounters</b>	<b>Reduction in ED Encounters</b>	<b>Overall Reduction in Hospital Encounters</b>	<b>Overall Reduction in Inpatient Readmissions</b>	<b>Total # Inpatient Readmissions Reduced</b>
<b>39.72%</b>	<b>29.53%</b>	<b>-15.79%</b>	<b>12.47%</b>	<b>55.91%</b>	<b>104</b>



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