

# CMS Special Innovation Project: Using Data to Drive Dramatic Improvement

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# Special Innovation Project

## *Using Data to Drive Dramatic Change in Albany*

- **CMS used the Dartmouth Atlas to compare local health care communities (Hospital Referral Regions) across the nation for variation in cost and quality**
- **CMS identified nine (9) potential areas of concern when they analyzed the data using risk-adjusted standardized per capita cost**



# Areas of Concern Identified by CMS

1. Diabetes
2. Chronic kidney disease
3. Chronic obstructive pulmonary disease (COPD)
4. Congestive heart failure (CHF)
5. Duals (Medicare/Medicaid)
6. Serious chronic illness
7. Prevention quality indicator (PQI) readmissions
8. Potentially Avoidable Hospitalizations for dual eligible SNF residents
9. **LONG TERM CARE HOSPITALS (LTCH)**



# MedPAC Report to Congress, March 2012

## Long-Term Care Hospital Services

- **“In market areas without LTCHs, the very sickest patients may stay longer in an acute care hospital before being discharged to a lower level of care.”**
- **“Analysis of claims from 2010 showed that the average case mix for LTCH admissions was lower in communities with the highest use of LTCH compared with communities with the lowest use of LTCHs.”**
- **“Suggests that an over supply of LTCH beds in a market may result in admissions to LTCHs of less complex cases.”**
- **“Could these patients be treated more efficiently in a less costly setting?”**



**FIGURE  
10-1**

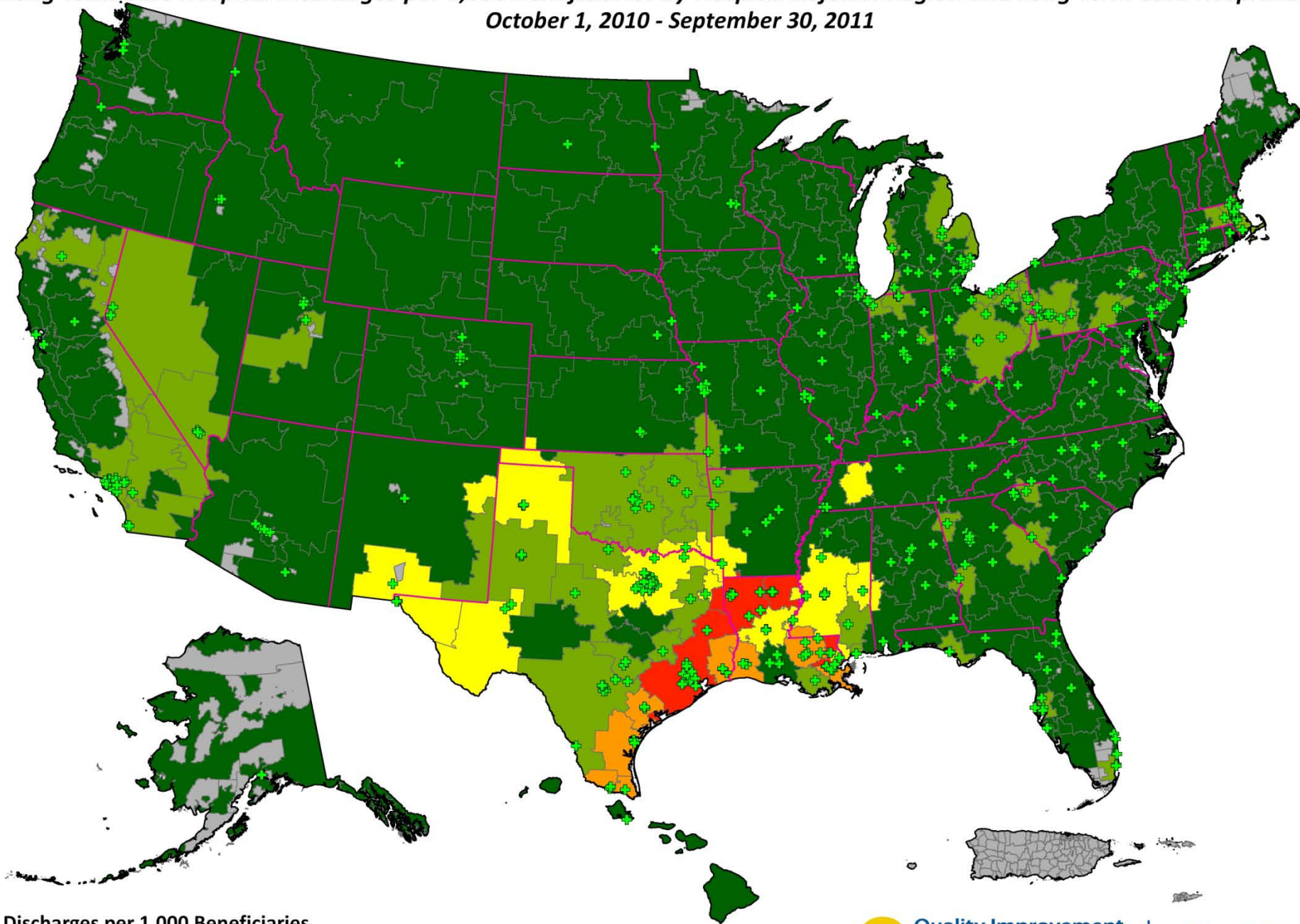
Long-term care hospitals are not distributed evenly across the nation, 2010



Source: MedPAC analysis of cost report data from CMS.



**Long Term Care Hospital Discharges per 1,000 Beneficiaries by Hospital Referral Region and Long Term Care Hospitals**  
 October 1, 2010 - September 30, 2011



**Discharges per 1,000 Beneficiaries**

- |              |               |                                  |                         |       |
|--------------|---------------|----------------------------------|-------------------------|-------|
| 0.14 - 5.00  | 10.01 - 15.00 | 20.01 - 34.27                    | Long Term Care Hospital | State |
| 5.01 - 10.00 | 15.01 - 20.00 | ZIP Codes not included in an HRR | HRR Boundary            |       |

# The Chosen Ones

		Number of Beneficiaries	Total per capita RA-STD \$'s	LTCH per capita RA-STD \$'s	LTCH Share of All PAC (RA/STD \$'s)	Average Risk Score
	Nation	25,832,920	\$7,500	\$80	6.4%	1.15
High LTCH HRR	LA - Shreveport	75,149	\$9,104	\$785	31.5%	1.19
	TX - Houston	371,152	\$8,559	\$431	21.8%	1.15
Low LTCH HRR	NY - Albany	187,577	\$6,568	\$3	0.4%	1.19
	CA - Santa Cruz	20,484	\$6,027	\$2	0.2%	1.13

# Purpose

- Investigate variations in patient care between high and low efficient areas (CA, NY, TX, LA)

## High Efficiency

- Santa Cruz, California
- Albany, New York

## Low Efficiency

- Shreveport, Louisiana
- Houston, Texas

- The Albany hospital referral region (HRR) was noted to have high efficiency (low cost) and low utilization when compared with other areas in the nation

- No LTCHs in Albany or Santa Cruz HRR





# Purpose

- Use data to identify strengths and weaknesses of health care in the Albany Hospital Referral Region (HRR)
- Investigate patient care and referrals patterns, including cost for LTCH and the populations they serve
- Engage health care and community service providers, patients and caregivers
- To determine commonalities and differences between different regions in the nation
- Identify best practice interventions utilized within the community



# LTCH Definition

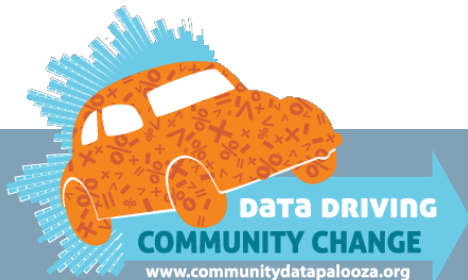
- **Meet the same Medicare requirements as an acute care hospital**
- **Have an average length of stay > 25 days**
- **In NYS, LTCH are special needs hospitals (pediatric, end-stage cancer)**



# Typical LTCH Patient

## Patient Populations

- Require hospital level of care (long-stay acute care patient)
- Respiratory system diagnosis requiring ventilator support
- Multiple/clinically complex illness
- Complex wound care
- Infection (Sub-acute endocarditis, osteomyelitis)



# LTCH National Data (2010)

- **412 LTCHs**
- **Medicare is the predominant payer**
- **\$5.2 billion spent**
- **118,300 beneficiaries**
- **134,700 stays**

*Source: MEDPAC's Report to Congress: Medicare Payment Policy, March 2012*

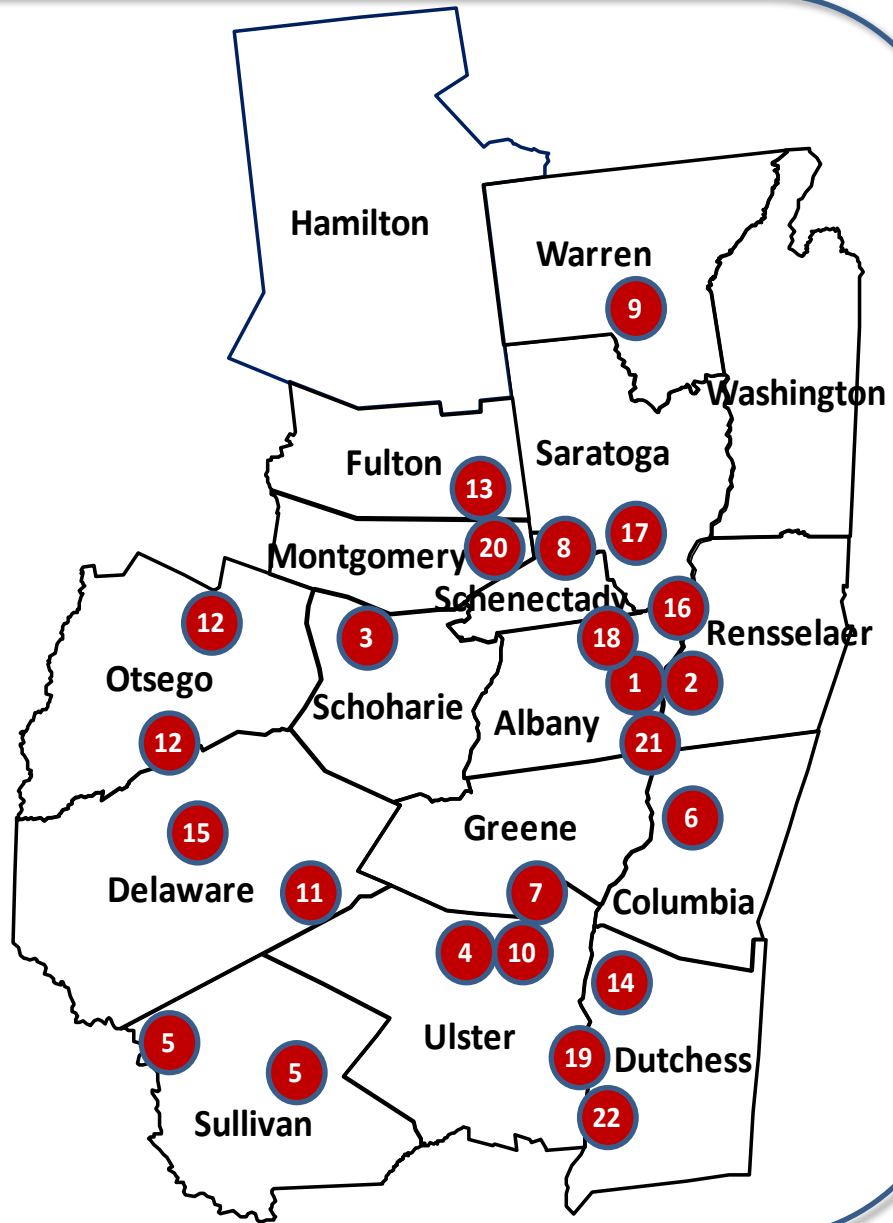


# Albany Hospital Referral Region (HRR)

- **19 hospital service areas (HSA)**
- **17 county region**
- **22 hospitals (No LTCHs)**
- **221,713 Fee For Service (FFS) Medicare beneficiaries (2011)**
- **Total Medicare Fee for Service payments for NYS residents \$1,178,311,225 (2011)**
- **\$5,315 per beneficiary (2011)**



#	Hospital Name
1	Albany Medical Center
2	Albany Memorial Hospital
3	Bassett Hospital of Schoharie
4	Benedictine Hospital
5	Catskill Regional Medical Center (2)
6	Columbia Memorial Hospital
7	Ellenville Regional Hospital
8	Ellis Hospital
9	Glens Falls Hospital
10	Kingston Hospital
11	Margaretville Memorial Hospital
12	Mary Imogene Bassett Hospital (2)
13	Nathan Littauer Hospital
14	Northern Dutchess Hospital
15	O'Connor Hospital
16	Samaritan Hospital
17	Saratoga Hospital
18	Seton Health System
19	St. Francis Hospital
20	St. Mary's Hospital
21	St. Peter's Hospital
22	Vassar Brothers Medical Center





# Why Study This Topic?

- **Investigate variations in LTCH use in different regions of the nation**
- **Small population of patients: very expensive care**
- **How is this population of patients currently cared for in the Albany HRR?**



# Deliverables

- **Conduct community root cause analysis**
  - **County level**
- **Develop community Plan of Work**
  - **Strengths and opportunities to further improve**
  - **Innovative ways!**
- **Conduct Plan-Do-Study-Act (PDSA) cycles**
  - **At least two PDSA cycles**
- **Establish project Web site with link to national SIP site**
  - **Community access to metrics**



# Deliverables

## Formulate community developed metrics

- **All cause 30-day readmission rates**
- **Emergency Department utilization**
- **Hospice utilization**
- **Observation status rate**
- **Acute Care Length of Stay**
- **Medicare FFS Cost per case compared to**
  - **National LTCH patients with similar diagnoses**
  - **NYS patients with LTCH characteristics managed in SNFs**
  - **NYS patients with LTCH characteristics managed in out of state LTCHs**
- **Mortality rates**
  - **In-hospital**
  - **Community**



# Areas of Focus

- **What should policymakers know when they look at the national map?**
- **Where should these patients go?**
- **How can we know that LTCH referral is the best option?**
- **How can we better show the role of LTCHs in community care patterns?**
- **Appropriate referral to End of Life services?**
- **How does value (cost/outcome) vary?**

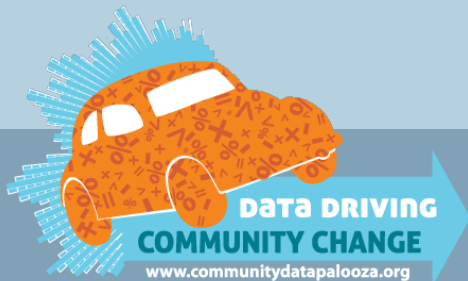


# Community Questions

- **What services are currently in place in your community to care for this patient population?**
  - What are the strengths of these services?
  - What are the services that could be improved?
  - Is there potential to improve patient outcomes?
  - What could be measured to determine improvement?
- **New programs/partnerships?**
- **Training?**
- **Policy issues?**
- **Funding?**

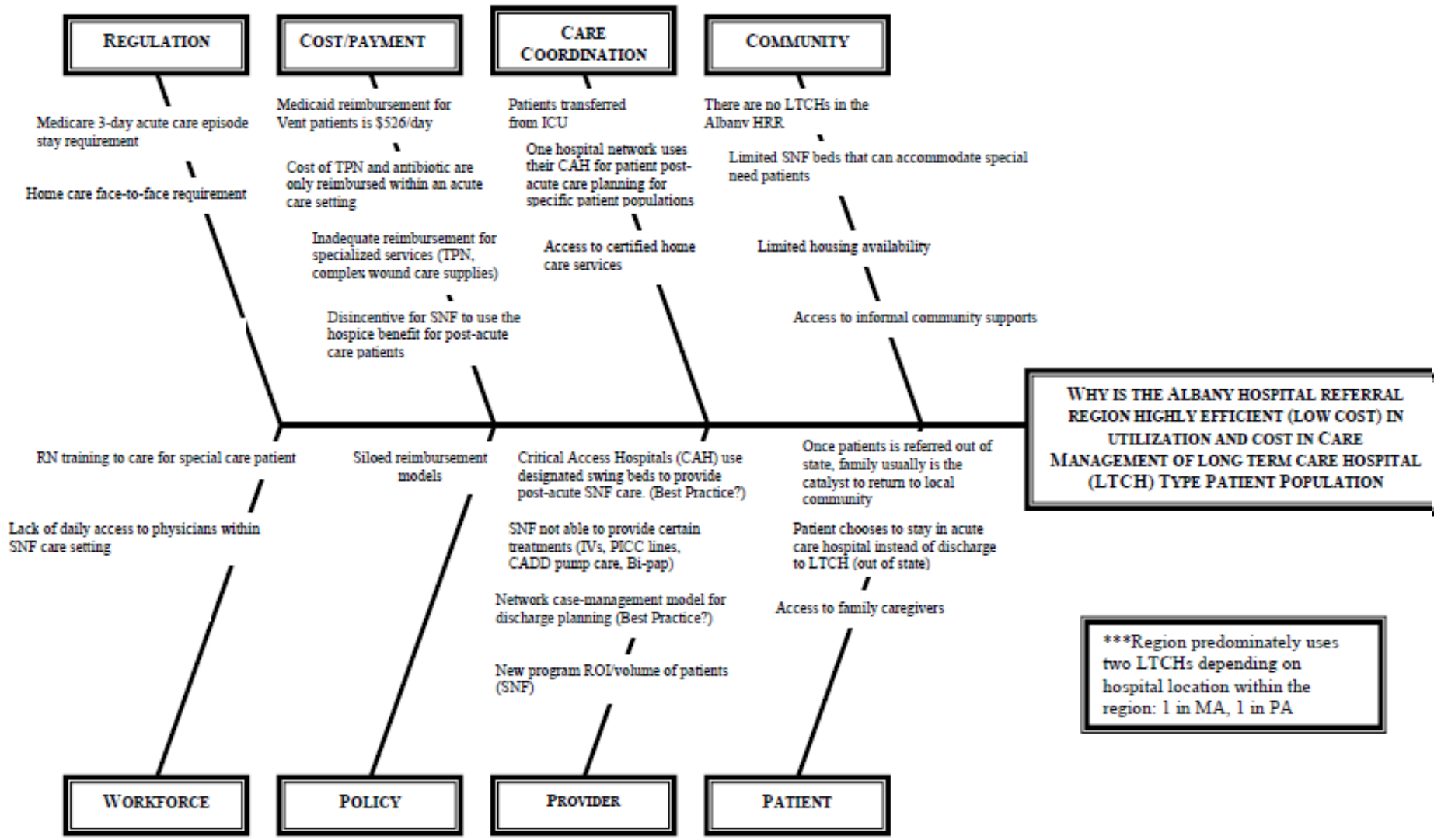


# Initial Root Cause Findings





# USING DATA TO DRIVE DRAMATIC IMPROVEMENT IN ALBANY



# Next Steps?



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



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