| **Goal 1:** | **The Santa Cruz community leadership assumes ownership of the Long Term Care Hospital (LTCH) Efficiency Study** |
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| **Objectives:** | * **Identify appropriate community leadership representation.**
* **Establish Leadership Team (LT).**
* **Conduct LT Meetings.**
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| **Key Action Steps** | **Timeline** | **Expected Outcome** | **Evaluation Metrics****Target Results as of (date)** | **Person/Area Responsible** | **Comments** |
| 1.1 Recruit 10 to 12 LT members from diverse constituencies affecting utilization of LTCHs. | November 16, 2012 | An engaged LT, representing diverse constituencies:* Healthcare coalition
* Hospitals
* LTCHs
* SNFs
* Palliative care
* Rehabilitation
* Hospice
* Beneficiaries
 | **Metric:** Number of targeted LT members who respond in writing that they intend to join the LT.**Target:** 10 to 12 LT members**Result as of 12/7/12:** 13 LT members were recruited, plus the local CMS Innovation Advisor for a total of 14. | E. Littman | The LT includes 8 HIP core coalition members and 6 members recruited to represent the broader constituency—including long term care, beneficiaries, and community. |
| 1.2 Conduct organizational LT meetings at HIP offices and include HSAG and CFMC in person or by remote conferencing, as appropriate. | November 16, 2012December 7, 2012March 22, 2013 | LT members will be familiar with the initial Root Cause Analysis (RCA) and begin participating in the design of quantitative and qualitative research, including Jan 10, 2013, Learning & Action Network (LAN). | **Metric:** Percentage of LT members who participate in either 11/16 or 12/7 organizational meetings**Target:** 100 percent**Result as of 12/7/12**: 93 percent:10 in person3 via Webinar | E. Littman | The CMS Innovation Advisor listened to the recording: she was unable to participate in meetings due to schedule conflicts. |
| 1.3 Obtain LT members’ commitment to actively participate in workgroup activities in-between scheduled team meetings. | December 31, 2012 | LT members will understand that their commitment includes active participation in meetings, completing assignments, and following up with constituents. | **Metric:** Percentage of LT members who sign a participation agreement**Target:** 100 percent**Result as of 1/31/13:** 38*percent* | A. Silvey | We are following up via e-mail on obtaining the signed Participation Agreements. We ran out of time at the December 7, 2012, meeting and were unable to get signatures.E-mails were sent to all 13 LT members on 1/29/13 requesting signed agreements. |

| **Goal 2:** | **The Santa Cruz LT selects Triple Aim metrics that measure the health status, access/quality of care, and the global cost of care for the LTCH target population** |
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| **Objectives:** | * **Develop an RCA report that includes Triple Aim metrics.**
* **Analyze the LAN qualitative analysis to identify Triple Aim metrics.**
* **Develop a consensus on key Triple Aim metrics for the Action phase.**
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| **Key Action Steps** | **Timeline** | **Expected Outcome** | **Evaluation Metrics****Target Results** | **Person/Area Responsible** | **Comments** |
| 2.1 Obtain verbal and written input from the LTCH LT on the initial RCA. | December 7, 2012 | Develop a prioritized list of additional analyses to explain the low LTCH utilization, including:* ***Population Health***: e.g., regression analysis of demographic LTCH predictors.
* ***Access/Quality***: e.g., patient-outcome measures for LTCH diagnoses.
* ***Costs***: e.g., SNF, Hospital, and Hospice, expenditures in California and other study communities.
 | **Metric:** Second RCA**Target:** February 2013**Result as of 12/7/12:** Vigorous discussion of the initial RCA occurred at the 11/16/12 LT Webinar, with additional follow-up e-mail discussion; Discussion of the 2nd RCA occurred at the December 7, 2012, LT meeting. The discussion focused on limitations of data to fully understand the causes of low LTCH utilization and the importance of adding provider, consumer, and patient voices to the analysis. | A. Silvey | HIP representatives participated in the IHI Triple Aim Prototyping Initiative, and HIP became an IHI Triple Aim Improvement Community in the fall of 2012. One of the reasons for becoming an Improvement Community is to engage a broader coalition of healthcare providers, community organizations, and consumers in improving health in Santa Cruz County.In order to capture the patient voice, at the January 10th meeting several participants volunteered to interview other local residents who have a personal or professional story of a local person with unusual health care needs whose needs were met. A follow-up e-mail was sent to all LAN participants (Jan. 10, 2013 meeting), as well as others— including people who registered and were unable to attend, the study Leadership Team members, and people who have contacted the HIP staff since the January 10 event seeking more information. The e-mail requested, “If you or someone you know has a story to add to the analysis, please contact admin@hipscc.org by Friday, February 8, 2013.” |
| 2.2 Inform LTCH LT of qualitative findings from the LAN meeting. | February 2013 | Identify additional items to test in an RCA.  | **Metric:** Final RCA adopted by LT**Target:** March 2013**Result as of:** *Not yet begun* | A. Silvey | A conference call has been scheduled for Wednesday, February 6, 2013, between LT members and HSAG analysts, to get input from the LT on additional quantitative analysis and obtain consensus on a final data checklist. |
| 2.3 Collect LTCH utilization data, comparable to Dartmouth Atlas data, from other data sources. | March 2013 | Create an addendum to the Medicare FFS RCA that compares utilization for patients with other sources of payment (e.g., Alliance/MediCal, SNFs, and LTCHs). | **Metric:** Final RCA adopted by LT with data addendum**Target:** March 2013**Result as of:** *Not yet begun* | E Littman | It is the responsibility of LT members to collect data from the health plan and/or facility they represent. |
| 2.4 Agree on Triple Aim (TA) metrics to guide the action planning and implementation work of the LTCH LT. | March 2013 | A list of TA metrics for LTCH Study will be added to the HIP global and project-specific measures. | **Metric:** The list of TA measures and methodology is endorsed by the LT.**Target:** March 2013**Result as of 12/7/12:** Introducing TA framework to LT | E. Littman | Project-specific TA measures will be developed, depending on the LT decision for the initial improvement project.*For example:**Improving provider/ patient education re: LTCH services**Target Population: LTCH diagnoses in ICU HRR hospitals**Population Health: LOS in ICU**Patient Experience:**Survey of discharge satisfaction survey**Cost: Hospital costs**Data collected by hospitals* |

| **Goal 3:**  | **The Santa Cruz LTCH LT will plan and implement a LAN representing a diversity of provider, consumer, and payer perspectives on utilization of LTCH services** |
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| **Objectives:** | * **Recruit a diverse group of community participants for the LAN.**
* **Design the first LAN meeting to obtain robust qualitative data from diverse perspectives on LTCH utilization.**
* **Conduct the first LAN meeting.**
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| **Key Action Steps** | **Timeline** | **Expected Outcome** | **Evaluation Metrics****Target****Result as of (date)** | **Person/Area Responsible** | **Comments** |
| 3.1 Plan the first LAN meeting based on the “Knowledge Café” model.  | December 7, 2012 | LT members will develop questions to obtain robust qualitative data from diverse participants at the January 10, 2013, LAN. | **Metric:** Participant evaluation of the January 10, 2013, LAN meeting**Target:** At least 80 percent of respondents complete the evaluation form.Overall evaluation scores will average at least 4.0 on a scale of 1–5, with 5 being the best score.**Result as of 1/10/13:** 36/45 evaluations were completed (80 percent). The overall evaluation score averaged 4.7. | A. Silvey | Risa Hayes (of CFMC) advised the team on the Knowledge Café model and questions that were developed by other study sites.As of 1/10/13: Targets were met or exceeded. Responses by participants to each LAN evaluation question averaged 4.3-4.7 on a scale of 1–5, with 5 being best. “Overall, I think today’s meeting was worthwhile” was rated 4.7, on average. |
| 3.2 Invite 150 to 200 community members to participate in the LTCH LAN from a broad range of provider, consumer, and payer groups. | December 14, 2012 | Members of the LTCH LAN represent diverse groups, including:* Hospitals
* SNFs
* Home Health
* Hospice
* Rehabilitation
* Physician groups
* Community organizations
* Health plans
* MediCal/Medicare beneficiaries
* Seniors
* Disabled
* Latino
* State policy
 | **Metric:** The number of community members who agree to participate in the LAN, as evidenced by participating in more than 1 LTCH Study activity.**Target:** 75 people will participate in the LAN.**Result as of 1/10/13:** 45 participants and 20+ facilitators attended the Jan. 10, 2013, LAN meeting. | E. Littman | In addition to the January 10, 2013, LAN meeting, 25 healthcare leaders will participate in the January 10, 2013, HIP Council (HIPC) meeting to discuss the LTCH study.As of 12/18/13: E-mail invitations were sent to 115 individuals representing all of the specified groups. As of 1/10/13: 30 new community members are needed to participate in LAN activities. |

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| 3.3 Pilot LAN meeting questions with the HIP (Leadership) Council. | January 10, 2013, from7:30 a.m. to 9:00 a.m. | Health care leaders will understand the scope and approach of the LTCH study. | **Metric:** Number of HIPC members who review Appreciative Inquiry (AI) questions and provide comments prior to the Jan. 10, 2013, LAN meeting. **Target:** 10**Result as of 1/10/13:** 8 | A. Silvey | As of 12/18/12: The HIP Council members were informed about the special January 10, 2013, meeting. HIPC members were not invited to the LAN meeting, except for LT members.AI was discussed at the HIPC meeting on 1/10/13. |
| 3.4 Conduct the first LAN meeting. | January 10, 201312:00: lunch1:00 p.m. to 4:00 p.m. meeting | LAN meeting participants will provide robust qualitative data on reasons for low LTCH utilization and action ideas for quality improvement. | **Metric:** Number of community members who attended the LAN meeting**Target:** 75**Result as of 1/10/13:** 45 | E. Littman | Following the January 10, 2013, LAN meeting, the LT will advise on whether additional information from LTCH patient/family interviews is needed. |

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