| **Goal 1:**  **Objectives:** | **The Santa Cruz community leadership assumes ownership of the Long Term Acute Care (LTAC) Efficiency Study**   * **~~Identify appropriate community leadership representation.~~** * **~~Establish Leadership Team (LT).~~** * **Conduct LT meetings.** | | | | |
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| **Key Action Steps** | **Timeline** | **Objectives or 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 LTACs.~~ | ~~November 16, 2012~~ | ~~An engaged LT, representing diverse constituencies:~~   * ~~Healthcare coalition~~ * ~~Hospitals~~ * ~~LTACs~~ * ~~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 Health Improvement Partnership (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 Colorado Foundation for Medical Care (CFMC) in person or by remote conferencing, as appropriate. | ~~November 16, 2012~~  ~~December 7, 2012~~ | ~~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 person~~  ~~3 via Webinar~~ | ~~E. Littman~~ | ~~The CMS Innovation Advisor listened to the recording: she was unable to participate in meetings due to schedule conflicts.~~ |
| March 22, 2013 | Review and discuss results of:   * Final quantitative RCA * Report of January 10, 2013, Community Discovery and Dreaming Interviews   Review and approve recommended tests of improvement for informed LTAC decision processes at Dominican and Watsonville hospitals | **Metric:** Percentage of LT members who participate in 3/22/13 organizational meetings  **Target:** 75 percent (including face-to-face and telephone attendance)  **\*\*Result as of 3/22/13: 92 percent** | E. Littman |  |
| \*\*May 7, 2013 |  | **\*\*Metric:** Percentage of LT members who participate in 5/7/13 organizational meetings  **\*\*Target:** 75 percent (including face-to-face and telephone attendance)  **\*\*Result as of:** *Not yet begun* | \*\*E. Littman |  |
| \*\*August 23, 2013 |  | **\*\*Metric:** Percentage of LT members who participate in 8/23/13 organizational meetings  **\*\*Target:** 75 percent (including face-to-face and telephone attendance)  **\*\*Result as of:** *Not yet begun* | \*\*E. Littman |  |
| 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  **\*\*Results as of 2/28/13:**  100 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 agreement~~s.  ~~As of 2/28/13 one targeted LT member had changed positions and organizations and sent in formal notification that she would no longer be able to participate on the LT. That left the LT with 12 targeted members.~~  LT members decided that they would like to form a smaller workgroup to work between meetings to develop policy recommendations. Several LT members volunteered for the workgroup. |

| **Goal 2:**  **Objectives:** | **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 LTAC target population** | | | | |
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| * **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.** | | | | |
| **Key Action Steps** | **Timeline** | **Expected Outcome** | **Evaluation Metrics**  **Target Results** | **Person/Area Responsible** | **Comments** |
| ~~2.1 Obtain verbal and written input from the LTAC LT on the initial RCA.~~ | ~~December 7, 2012~~ | ~~Develop a prioritized list of additional analyses to explain the low LTAC utilization, including:~~   * ***~~Population Health~~***~~: e.g., regression analysis of demographic LTAC predictors.~~ * ***~~Access/Quality~~***~~: e.g., patient-outcome measures for LTAC 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 second RCA occurred at the December 7, 2012, LT meeting. The discussion focused on limitations of data to fully understand the causes of low LTAC 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 10 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~~](mailto:admin@hipscc.org) ~~by Friday, February 8, 2013.”~~ |
| 2.2 Inform LTAC 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:** | A. Silvey | ~~A conference was 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.~~  ~~As of 2/6/13: A conference call was held between members of the LT and HSAG analysts and a list of seven additional analyses were agreed upon to complete the quantitative RCA.~~ |
| 2.3 Collect LTAC 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 LTACs). | **Metric:** Final RCA adopted by LT with data addendum  **Target:** March 2013  **\*\*Result as of:** Completed and presented at March 22, 2013 LT meeting | E Littman | ~~It is the responsibility of LT members to collect data from the health plan and/or facility they represent~~.  \*\*Dr. Julio Porro of the Central California Alliance for Health presented findings from 2010-2012 Medi-Cal LTAC data for   * Admissions * Bed days * Length of stay * Readmissions |
| 2.4 Agree on Triple Aim (TA) metrics to guide the action planning and implementation work of the LTAC LT. | March 2013 | A list of TA metrics for the LTAC Study will be added to the HIP global and project-specific measures. | **Metric:** The list of TA measures and the methodology are endorsed by the LT.  **Target:** March 2013  **Result as of 2/28/13:** 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: LTAC services*  *Target Population: LTAC 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:**  **Objectives:** | **The Santa Cruz LTAC LT will plan and implement a LAN representing a diversity of provider, consumer, and payer perspectives on utilization of LTAC services.**   * **Recruit a diverse group of community participants for the LAN.** * **~~Design the first LAN meeting to obtain robust qualitative data from diverse perspectives on LTAC utilization.~~** * **~~Conduct the first LAN meeting.~~** * **\*\*Implement an effective mechanism for ongoing communication with LAN members regarding the project.** | | | | |
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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 LTAC LAN from a broad range of provider, consumer, and payer groups. | December 14, 2012  \*\*July 2013 | Members of the LTAC 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 LTAC 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 health care leaders will participate in the January 10, 2013, HIP Council (HIPC) meeting to discuss the LTAC 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.  \*\*As of 2/28/13: The goal for the additional 30 community members was revised to target Medicare beneficiaries and Latino community members. |
| ~~3.3 Pilot LAN meeting questions with the HIP (Leadership) Council.~~ | ~~January 10, 2013, from~~  ~~7:30 a.m. to 9:00 a.m.~~ | ~~Health care leaders will understand the scope and approach of the LTAC 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, 2013~~  ~~12:00: Lunch~~  ~~1:00 p.m. to 4:00 p.m.: Meeting~~ | ~~LAN meeting participants will provide robust qualitative data on reasons for low LTAC 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 LTAC patient/family interviews is needed.~~ |
| \*\*3.5 Develop a LTAC page under the HIP program tab | \*\*February 28, 2013 | \*\*The LTAC program page on the HIP Web site will be used to keep the community informed of upcoming events, ongoing activities, and results of tests of improvement. | **\*\*Metric:** The LTAC project has a separate listing and link on the program tab.  **\*\*Target:** February 28, 2013  **\*\*Result as of 3/28/13:** Web page updated. | \*\*E. Littman |  |

This material was prepared by Health Services Advisory Group of California, Inc., the Medicare Quality Improvement Organization for California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. CA-10SOW-S.SC-032813-01