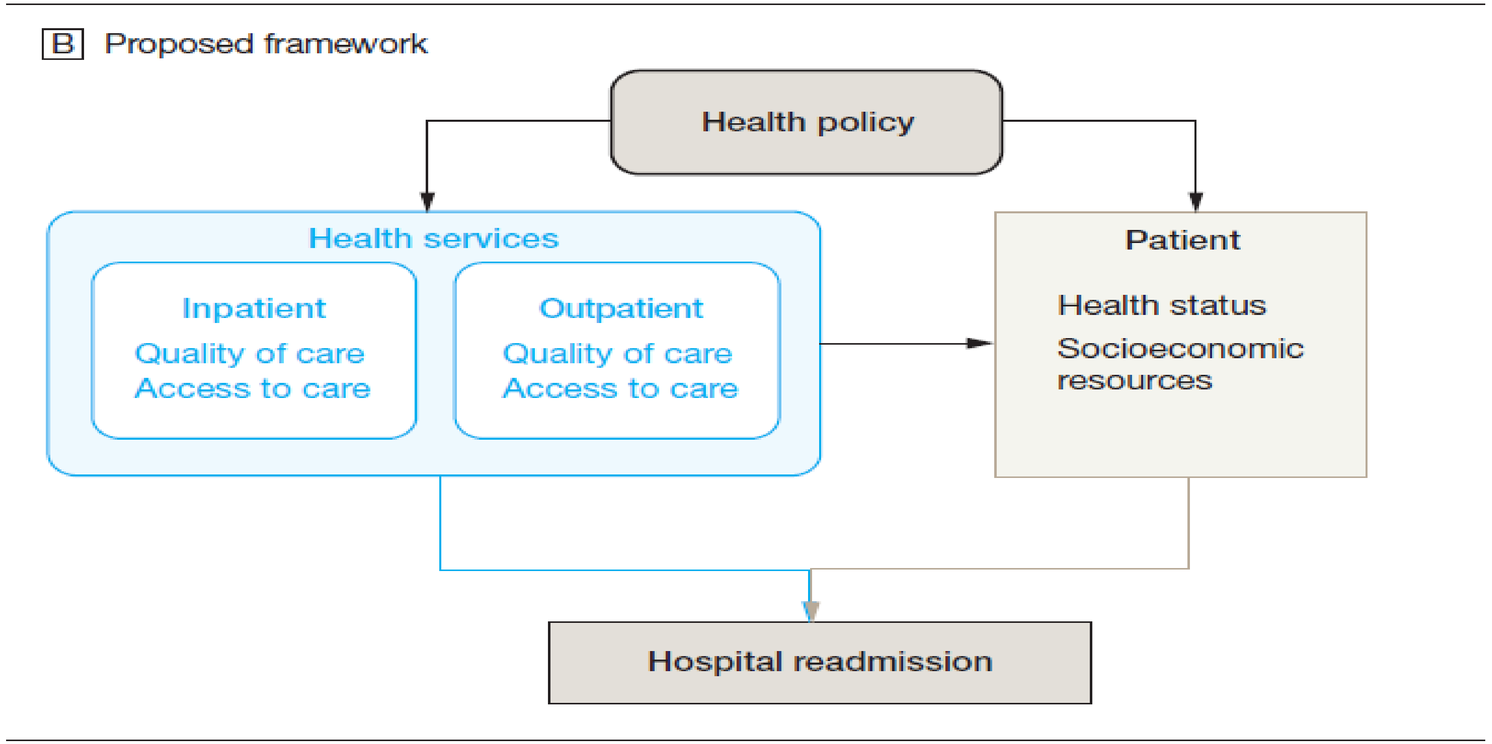
Parkland Health & Hospital System Readmission Rates

August 30, 2016

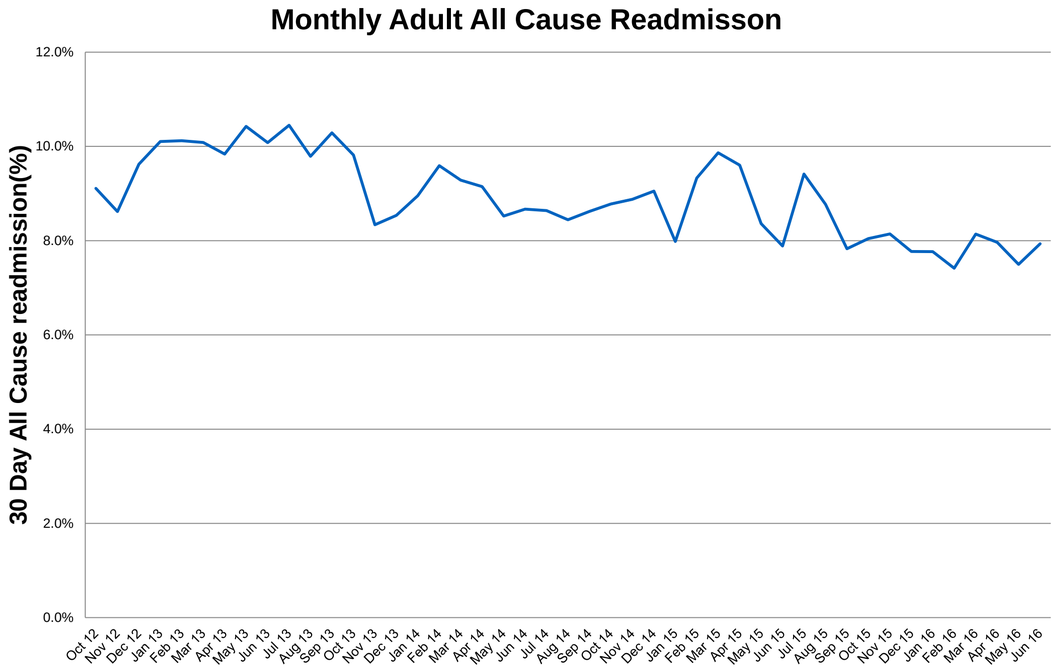
Determinants of Readmission

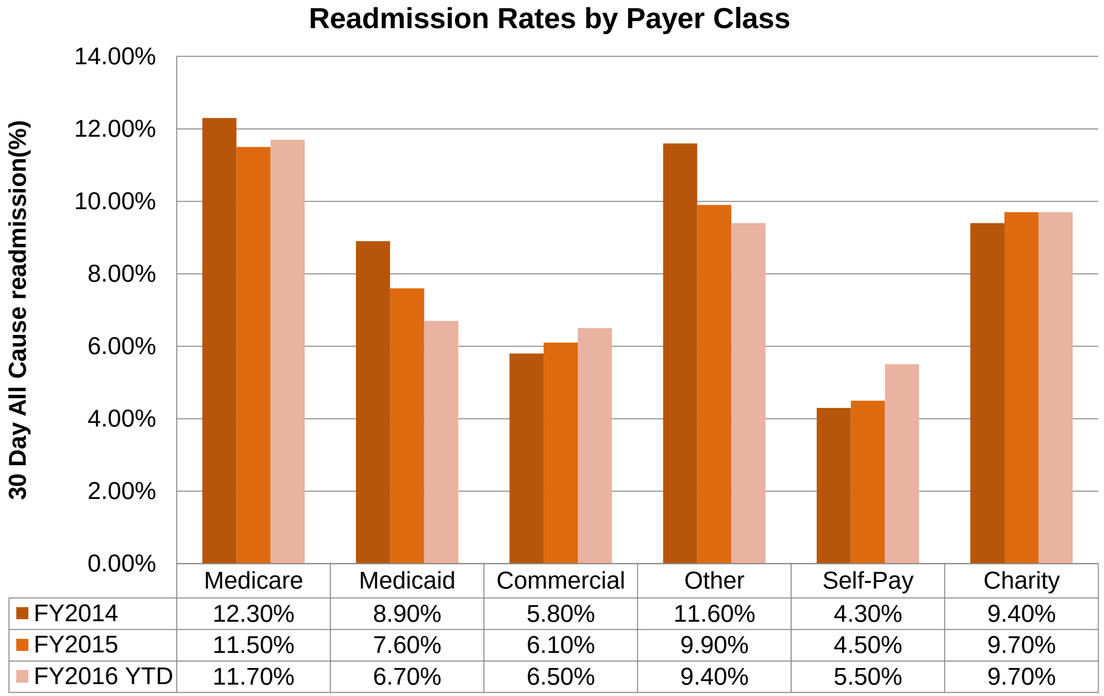
- Appropriate Care screening
- Outpatient Access
- Navigation assistance
- Rx Understanding and access
- Dietary counseling



Kangovi and Grande, JAMA, 2011

Readmission Rates





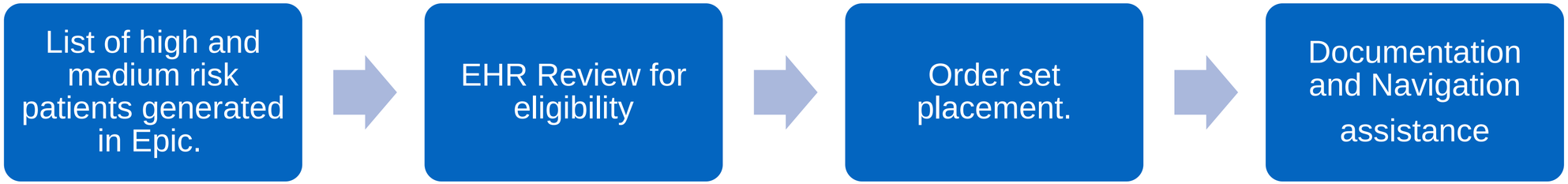
	Medicare	Medicaid	Commercial	Other	Self-Pay	Charity
FY2014	12.30%	8.90%	5.80%	11.60%	4.30%	9.40%
FY2015	11.50%	7.60%	6.10%	9.90%	4.50%	9.70%
FY2016 YTD	11.70%	6.70%	6.50%	9.40%	5.50%	9.70%

- Reduction by Proportion payer groups/MLIU greater for Medicaid than self Pay or charity patient

“Case management begins in the ED”

- Inpatient appropriate level of care screening with Milliman/InterQual
- Social work screening for patients with prior hospitalization to identify opportunities for reducing readmission
- Drug and Alcohol counseling
- IMPACTS: Reduction in inpatient observation stay ratio , one day stays and provider liable inpatient accounts

Risk Score Workflow



Pieces™ Facilitates Efficient and Effective Resource Allocation Based on Risk Classification

Interventions*	Risk Classifications		
	High-Risk	**Med-Risk**	**Low-Risk**
24-hour inpatient transitional care unit (TCU) consult	✓		
Floor case manager / social worker consult		✓	✓
Pharmacy pre-screen / discharge consult	✓	✓	
24 – 72 hour (post-discharge) TCU or care coordination assistant follow up phone call	✓	✓	
30 day (post-discharge) PCP follow up appointment	✓	✓	
7 – 10 day (post-discharge) destination (specialty) follow up appointment *as appropriate*	✓	✓	
Additional patient disease-based intervention assessment**	✓		

** Interventions are those deployed for all cause readmission*

***Includes enrollment in pilot intervention programs, based on adverse event/disease classification*

FU Capacity: Acute Response Clinics (ARC)

- Appropriate Care: Alternate ED destination for diagnostic follow/observation
- Post Discharge Follow Up destination for primary care coupled with capacity investments in specialty clinics as well

Parkland

High risk groups

- Chronic Disease Management plans through registry
  Diabetes -registry and global diabetes program
  - Focus on OPAT and diabetic foot infections
  - DM registry to improve glycemic control and lipid management

- **HIV**
  - HIV registry

- **CHF/CKD**
  - Registry: management of ACEi-ARB
  - Specialist Expansion

- **Palliative Care**

Risk screening for medication reconciliation

- Use Pharmacy resources to perform complex medication reconciliation
- Pharmacy MTM visits in COPC to address compliance and titration issues for chronic disease

Scoring to queue a pharmacy team to do a med history:

On PTA med list -
Warfarin - 5 points
Insulin - 5 points
Phenytoin - 5 points
Fentanyl Patches - 5 points
Greater than 8-10 meds on list - 5 points
PTA meds missing dose or sig field - 10 points

Certain Disease states -
DM - 2 points
Chronic Lung Disease - 2 points
Heart Failure - 2 points
Renal Failure - 2 points
Liver disease - 2 points
Age >65 years - 5 points

Other
No of prescribers - 5 points
No of patients with >= 1 hospitalization - 5 points
No of patients with >= 1 ED visit - 5 points
Potentially high dose alert went off on ordering - 5 points
Duplicate therapy from previous AVS - 10 points
No funding showing - 10 points