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RURAL

Improving Communications and Readmissions

Introduction

As Colorado's State Office of Rural Health, the Colorado Rural Health Center (CRHC) receives the Federal Medicare Rural Hospital Flexibility (FLEX) Grant through the Health Resources and Services Administration (HRSA) to provide support and resources to Colorado's 29 rural Critical Access Hospitals (CAHs).

CAHs, which have a federal designation allowing them to receive 101 percent of Medicare cost reimbursement, must meet certain criteria including being located in rural areas and at least 35 miles (or 15 miles in the case of mountainous terrain or only secondary road access) from other hospitals, and have no more than 25 inpatient beds. Because CAHs are often overlooked in national and statewide healthcare initiatives, CRHC created *i*CARE (Improving Communications and Readmissions) as an opportunity to engage Colorado CAHs and their clinics in a statewide improvement project aligning with national trends and funding priorities demonstrating sustainable improvements and outcomes.

*i*CARE's three primary goals are: (1) improve communication in transitions of care, (2) maintain low readmission rates, and (3) improve clinical processes contributing to readmissions, particularly for heart failure, pneumonia and diabetic patients.

In 2012 CHRC expanded the *i*CARE program to include the provider based rural health clinics (RHCs) affiliated with the hospitals. The focus and goals for the clinics is around chronic disease management, specifically diabetes. In its current year, fifteen CAHs and twelve provider based RHCs from around Colorado volunteered to participate in *i*CARE. These hospitals and their provider based health clinics have formed project teams consisting of Quality Directors, Case Managers, Nursing Staff, and Clinic staff.

iCARE
Improving Communication and Readmission

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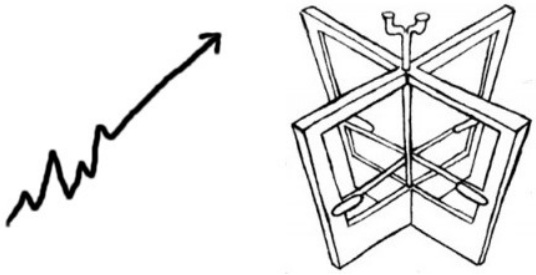
The Problem

Hospitalizations account for almost one-third of the $2 trillion spent on healthcare in the United States[1]. Many of these hospitalizations are considered necessary and appropriate, but a significant number of these patients are returning to the hospital after a recent stay.[1] According to the Centers for Medicare and Medicaid (CMS), 30-day readmission measures are estimates of unplanned readmission for any cause to any hospital within 30 days of discharge.[2] Rates at the 80th percentile or lower are considered optimal by CMS, but recently hospitals' avoidable readmission rates have come under scrutiny because of the high savings potential associated with them. For instance, a report by the Robert Wood Johnson Foundation estimated that the cost of readmissions for Medicare patients is $26 billion annually, with more than $17 billion for unneeded readmissions that would not need to happen if patients got the right care.[3]

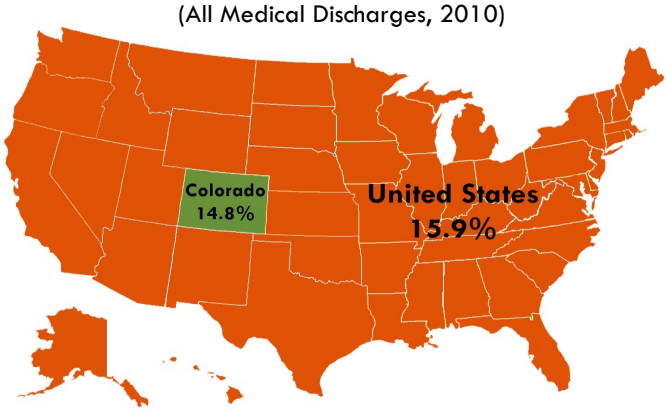


$17 Billion in Unnecessary Readmissions

Hospital readmissions are argued to be one of the leading problems facing the US health care system and known as the revolving door syndrome at hospitals.[3] This has many looking to identify system-level interventions to reduce readmissions.[4] Addressing hospitals avoidable readmissions in Colorado has the potential to save Coloradoans over $80 million in healthcare dollars and collectively help patients avoid an extra 34,000 days in the hospital.[5]

Although readmission rates among Colorado CAHs, by virtue of their volume, may be small, there is opportunity for Colorado to stay ahead of national trends, spotlight the great services Colorado's CAHs and rural clinics are providing, make improvements in processes that will help maintain low readmission rates and continue to showcase the hospital and clinic's status as leaders in their community.

Percent of Patients Readmitted within 30 Days of Discharge
(All Medical Discharges, 2010)



Initial problem assessment and analysis for the *i*CARE program were accomplished through group discussion and sharing of challenges and solutions. Data related to heart failure, pneumonia, and 30-day readmission rates were also analyzed from CMS Hospital Compare as well as the Quality Health Indicators benchmarking tool.

Project Design

CRHC's *i*CARE program was initiated in 2010 in response to the growing scrutiny nationally and statewide on hospital's avoidable readmission rates and lack of initiatives addressing this issue from a rural relevant vantage point. With primary funding through the Federal Medicare Rural Hospital Flexibility (FLEX) Grant, the CRHC received additional funding in 2012 through the Colorado Department of Public Health and Environment's (CDPHE) Cancer, Cardiovascular Disease and Pulmonary Disease Grant Program. With this additional funding the program was expanded beyond the CAHs to provide *i*CARE resources to provider-based Rural Health Clinics affiliated with the hospitals that were already participating. The *i*CARE program goals are to eventually support the full spectrum of rural providers and communities, such as Emergency Medical Service, pubic health and long-term care providers. The *i*CARE program allows Colorado's rural providers the chance to participate in a statewide initiative while at the same time offering tools, resources, and technical assistance to implement the changes they would like to see in their facilities and communities.

The aim of this project is to engage CAHs and RHCs in a statewide initiative focusing on three primary goals: (1) improve communication in transitions of care, (2) maintain low readmission rates, and (3) improve clinical processes contributing to readmissions, particularly for heart failure, pneumonia and diabetic patients (three of the most prevalent conditions in the patient populations of CAHs and their clinics).

The *i*CARE teams participate in monthly webinars which provide a forum to bring the geographically separate participants together for education, and sharing of hospital challenges and best-practices. The webinars cover topics such as patient transfer processes, communication techniques, patient education practices, and heart failure and pneumonia clinical processes. Each team submits a project plan and is asked to define and identify a goal/s for the project. CAHs are encouraged to submit data for heart failure, pneumonia, and readmissions to facilitate trending and measurement. These measures also align with the federal Office of Rural Health Policy's Medicare Beneficiary Quality Improvement Project (MBQIP) as well as the Centers for Medicare and Medicaid Services (CMS) Hospital Compare.

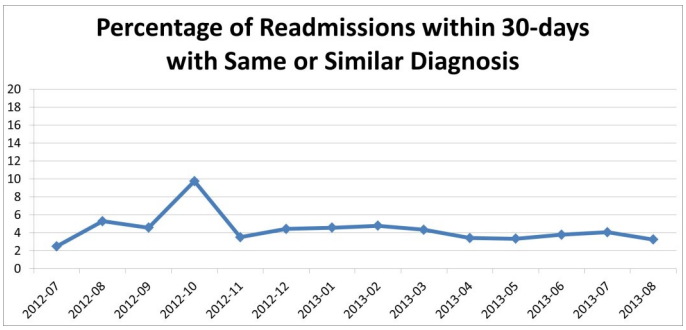
RHC's are encouraged to submit a series of thirteen core diabetic data measures acquired from the National Center for Quality Assurance (NCQA). Aggregate data is shared and discussed during the monthly project webinars. Participants are given access to the CRHC *i*CARE Portal, a password-protected website containing links to resources, templates, and other relevant project information.

CRHC also offers free technical assistance in the form of process mapping for workflow improvement and quality improvement webinars. In addition, diabetic self-management guides are distributed to all RHCs to provide education to the patients while giving providers baseline assessment tools to gauge individual patient health management knowledge. CRHC has also partnered with the Southeastern Colorado Area Health Education Center (SECAHEC) to provide additional *i*CARE services to participating clinics.

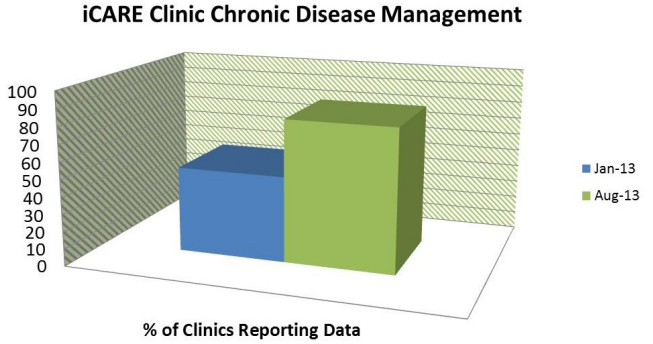
Fifteen rural communities are currently participating in *i*CARE representing all parts of the state from the Eastern Plains to the Western Slope, including: Del Norte, Estes Park, Holyoke, Julesburg, Kremmling, Meeker, Salida, Springfield, Walsenburg, Woodland Park, La Jara, Rangely, and Yuma.

Project Results

The *i*CARE program utilizes the following measurements for program evaluation: (1) *i*CARE Participation, (2) 30-Day Readmission Measure, (3) Pneumonia Immunization Measure, and (4) NCQA Core Diabetes Measures (13). Tracking these clinical quality measures allows participants to identify areas where process improvements can benefit their patients.



The average 30-day readmission rate for *i*CARE hospitals is around 5 percent. The average Pneumonia Immunization rate for *i*CARE hospitals has continued to be above the state average.



The *i*CARE program has also had success with data collection processes in the RHCs. In the nine months since RHCs have been participating in *i*CARE, reporting of program data has increased from 50 percent to 83 percent of clinics reporting.

Conclusion

Many national intervention strategies have shown statistically positive benefits on readmissions rates, with many leading to better patient outcomes.[6] In Colorado, the *i*CARE program relies on the nature of CAHs as the hub of healthcare in their rural communities, and well-positioned leaders in facilitating improvements to enhance care transitions into and out of their facilities.

Similarly, RHC's have a significant impact on the communities they serve as they are typically the only health clinic in the county providing primary care services. Consequently, they face challenges related to adequate staffing to meet the needs of the practice, use of modern technology and in some cases reliable access to Internet necessary for HIT due to the geographical areas. However, when compared with their larger urban counterparts, CAHs and RHC's have to be able to provide high quality care with fewer resources which makes it imperative to ensure clinical processes are efficient and effective. Despite the challenges associated with their unique location and limited resources, CAHs and RHCs are dedicated to providing high quality patient care.

Other Colorado Initiatives to Reduce Readmissions

- Healthy Transitions Colorado is a collaborative effort, focused on aligning and accelerating existing efforts to improve transitions of care for Coloradans; http://healthy-transitions-colorado.org/progress/.
- Colorado Hospital Association and UnitedHealthcare Initiative Shows Double-Digit Decrease in Readmission Rates, Nearly $3 Million in Health Care Savings in First Year; http://www.cha.com/pdfs/Press_Release/cha-uhc-project-red-080113.pdf.

Sources:

[1] Institute for Healthcare Improvement (2013). Reduce Avoidable Readmissions. Retrieved from http://www.ihi.org/explore/Readmissions/Pages/default.aspx

[2] Centers for Medicare and Medicaid (2013). Readmission Reduction Program. Retrieved from http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html

[3] The Robert Wood Johnson Foundation (2013). The Revolving Door:: A Report on U.S. Hospital Readmissions. Retrieved from http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178

[4] McHugh, Matthew D. PhD, JD, MPH, RN; Ma, Chenjuan PhD, RN. Hospital Nursing and 30-Day Readmissions Among Medicare Patients With Heart Failure, Acute Myocardial Infarction, and Pneumonia. *Medical Care, 51 (1).* Retrieved from http://journals.lww.com/lww-medicalcare/Abstract/2013/01000/Hospital_Nursing_and_30_Day_Readmissions_Among.11.aspx

[5] Healthy Transitions Colorado (2013). Care Transitions Collaborative Aims to Eliminate 8,700 Hospital Readmissions, Save $80 Million Dollars. Retrieved from http://healthy-transitions-colorado.org/blog/press-release-introducing-healthy-transitions-colorado/

[6] Goodman, David MD, MS; Elliot Fisher MD, MPH; Chiang-Hua Chang PhD. After Hospitalization: A Dartmouth Atlas Report on Readmission Among Medicare Beneficiaries. Retrieved from http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178

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MORE INFORMATION

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