Introduction to Improving Care Coordination and Medication Safety

by

CIMRO of Nebraska
Kansas Foundation for Medical Care
Quality Health Associates of North Dakota
South Dakota Foundation for Medical Care

October 25, 2016
Welcome and Reminders

- Welcome!
- Thank you!
- Slides and recording will be available on the GPQIN website
  
  http://greatplainsqin.org

- *2 to mute your line - *2 to unmute
- Utilize chat

Sally May, RN, BSN, CH-GCN
Senior Quality Improvement Specialist
Quality Health Associates of North Dakota
What you can expect . . .

Care Coordination LAN
- We heard you . . . opportunities to learn from each other
- Community experience
- Partnership with you

LAN Structure
- Webinars
  - Care Coordination
  - Medication Safety
  - Chronic Disease Management
- Topic-Specific Coaching Calls
- 4th Tuesday of month October-June
  - (3rd Tuesday in December)
- 12:00-1:00 p.m. CT
Promoting Effective Communication to Improve Coordination of Care

Paula Sitzman, RN, BSN
Quality Improvement Advisor
Care Coordination Goals

- Reduce hospital admission and readmission rates by 20% by July 2019
- Increase community tenure, as evidenced by number of nights Medicare fee-for-service beneficiaries spend at home, by 10% by July 2019
- Reduce the prevalence of ADE, ED visits, observation stays, hospital admissions or avoidable readmissions as a result of the care transition process
Improving Care Coordination

- Establish partnerships to improve communication among hospitals, skilled/LTC nursing facilities, home health agencies, pharmacists, physicians and other community stakeholders

- Develop partnerships with patients and families to improve readiness for transitions of care, chronic disease self-management and to reduce medication harm
# 30-Day Readmissions

## All Locations

**01/01/2015 – 12/31/2015**

<table>
<thead>
<tr>
<th></th>
<th>Discharges</th>
<th>30-Day Readmission</th>
<th>30-Day Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Plains QIN</td>
<td>239,907</td>
<td>38,013</td>
<td>15.84%</td>
</tr>
<tr>
<td>United States</td>
<td>9,897,826</td>
<td>1,819,662</td>
<td>18.38%</td>
</tr>
</tbody>
</table>
# Hospital Discharges by Location

**01/01/2015 – 12/31/2015**

<table>
<thead>
<tr>
<th></th>
<th># All Discharges</th>
<th>% to Home</th>
<th>% to SNF</th>
<th>% to Home Health</th>
<th>% to Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Plains QIN</td>
<td>239,907</td>
<td>53.9%</td>
<td>25.4%</td>
<td>9.8%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
# 30-Day Readmissions by Discharge Locations

01/01/2015 – 12/31/2015

<table>
<thead>
<tr>
<th></th>
<th>Home</th>
<th>SNF</th>
<th>Home Health</th>
<th>Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30-Day Readmission Rate</strong></td>
<td><strong>15.0%</strong></td>
<td><strong>16.5%</strong></td>
<td><strong>19.8%</strong></td>
<td><strong>1.8%</strong></td>
</tr>
<tr>
<td>Great Plains QIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Risks for Readmission

- Readmission within last 30 days
- Hospitalization or ED visit within past 12 months
- Multiple co-morbid conditions
- CHF, COPD, diabetes, renal disease, cancer
- Dementia
- Polypharmacy, Adverse Drug Events (ADE)
- Falls, fracture
- Surgical complications
Other Factors Related to Readmission Risk

- Communication
- Transition to the next healthcare setting or home
- Medication list
- Changes in patient condition
- Advance care planning
- Patient and family preferences
- Resources needed not available
How Does a Community Provide Coordinated Care?

- Improve communication
- Accurate medication lists
- Involve patient and family in transition
- Consider patient/family health literacy
- Consider patient risk for readmission
- Improve Advance Care Planning
Medication Safety

Jayme Steig, PharmD, RPh

Quality Improvement Specialist - Pharmacy
Quality Health Associates of North Dakota
Medication Safety

- The issue nationally:

  - Medically related injuries: ADEs account for 1/3 of hospital adverse events.
  - Annual ADEs account for:
    - 280,000 hospital admissions
    - 3.5 million office visits
    - 1 million emergency department visits

  - Of adults 65 and older:
    - 59% reporting taking 5-9 medications
    - 19% reporting taking 10+ medications

Source: National Action Plan for Adverse Drug Event Prevention
## Medication Safety

### The issue regionally

<table>
<thead>
<tr>
<th>State</th>
<th>Total Medicare Consumers</th>
<th>% at High Risk for ADE</th>
<th>Anticoagulants</th>
<th>Diabetic Agents</th>
<th>Opioids</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas</td>
<td>404,445</td>
<td>6.7%</td>
<td>13.7%</td>
<td>14.5%</td>
<td>25.1%</td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td>260,660</td>
<td>8.1%</td>
<td>12.2%</td>
<td>11.3%</td>
<td>22.9%</td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>97,604</td>
<td>8.4%</td>
<td>14.9%</td>
<td>11.1%</td>
<td>25.6%</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>125,298</td>
<td>7.6%</td>
<td>12.6%</td>
<td>10.6%</td>
<td>22.7%</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>37,079,097</td>
<td>5.8%</td>
<td>13.3%</td>
<td>13.2%</td>
<td>23.8%</td>
<td></td>
</tr>
</tbody>
</table>

Source: 2013 Medicare Part D claims analysis
Medication Safety

Source: QIN-QIO National Coordinating Center based on 2013 Medicare Part D claims
Medication Safety

Probable ADE Rate - Any Diagnosis Code

Probable ADE Rate - Principal Diagnosis Code

Source: QIN-QIO National Coordinating Center based on 2013 Medicare Part D claims
Medication Safety Goals

- **Aim**—Improve medication safety to reduce and prevent adverse drug events by implementing practices that align with the National Action Plan for Adverse Drug Event (ADE) Prevention

- **Goals**—Reduce the incidence of adverse drug events by 35% by March 2018
  - Reduce high risk medication consumer admissions and readmissions 1% by March 2018
Medication Safety Interventions

Examples include:

- Medication reconciliation
- Medication adherence programs
- Chronic disease management
- Consumer and family engagement
- Screening for ADE
- Environmental scans
- Opioid safety
ADE and Medication Safety
Environmental Scan

123 responses representing 162 practice locations

74% track ADEs

Most track ADEs via Electronic Records

Varying Use of Standardized Screening Tools

## Care Coordination Environmental Scan

<table>
<thead>
<tr>
<th><strong>Successes</strong></th>
<th><strong>Provided by</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>We have implemented a &quot;Do Not Use&quot; strategy where we place meds that are not current in a bag if patient does not want to dispose of them. We monitor charting for medication teaching/discussion; expectation is for some sort of documentation for each visit.</td>
<td>HHA in Nebraska</td>
</tr>
<tr>
<td>Care Coordinators within the clinic work with pharmacy staff to discuss med concerns</td>
<td>Physician’s office in South Dakota</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Challenges</strong></th>
<th><strong>Provided by</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff turnover and training</td>
<td>FQHS in South Dakota</td>
</tr>
<tr>
<td>Keeping physicians in the loop; hospitalist may change treatment and primary physician is unaware</td>
<td>PPS Hospital in Nebraska</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Lessons Learned</strong></th>
<th><strong>Provided by</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication is key—need to work with the hospitals and discharge planning to make sure correct medication list is given and that the client can fill scripts (too expensive) and can take them.</td>
<td>Public Health Department in North Dakota</td>
</tr>
<tr>
<td>Great lessons were learned in developing an ED transfer form—less information was most successful.</td>
<td>SNF in Nebraska</td>
</tr>
</tbody>
</table>

Orders per readmit requiring clarification
Medication Safety LAN Goals

- Sharing of experiences, best practices, challenges
- Coaching opportunities
- Spread
- Share and assist with tools to screen for ADEs
Chronic Disease Management

Vanessa Lamoreaux, BA
Project Manager
Kansas Foundation for Medical Care
Health

- State of complete physical, mental and social well-being and not merely the absence of disease or infirmity
We Aren’t Getting Any Younger

- By 2030, more than 20% of the US will be 65 or older
  - 13% in 2010
  - 9.8% in 1970
We Were More Active

1970

2015

Percent of obese adults (Body Mass Index of 30+)

- 0 - 9.9%
- 10 - 14.9%
- 15 - 19.9%
- 20 - 24.9%
- 25 - 29.9%
- 30 - 34.9%
- 35%+
We Eat Differently

1960

- Families sitting at a table together with a home cooked meal.

2016

- Families in a hurry with take-out pizza.
We Have More Chronic Conditions

- Chronic conditions are the leading cause of death and disability
- In 2012 about half of adults had one or more chronic condition
  - 1 in 4 had 2 or MORE chronic conditions
Chronic Care Management

- Explore ways to improve chronic care management
  - Care Delivery Strategies
  - Community Strategies
- Support your PDSA journey
- Develop framework to make and sustain gains
Community Experience

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Program Manager
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Contact Information

Siouxfallscares.com

Tony Mau
tony@rahsesd.com
605.275.0070
Leave in Action

- Sign up for the Learning and Action Network

- View website resources
  - Care coordination
  - Medication Safety
    - [http://greatplainsqin.org/initiatives/medication-safety/](http://greatplainsqin.org/initiatives/medication-safety/)
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Coming Events . . .

November 22
12:00-1:00 p.m. CT
Care Coordination

“Our Experience”
GPQIN Community